

**UnitedHealthcare Community Plan  
Buprenorphine Enhanced Supportive Medication-Assisted Recovery and  
Treatment (BE-SMART) Attestation**

I, \_\_\_\_\_, hereby attest that by placing a check next to either of  
**Name of Provider, Group or Facility**  
the specialties listed below, that I (or affiliated prescriber of an agency or a facility) meet the  
UnitedHealthcare Community Plan specialty criteria requirement(s) and would like the  
specialty designation/s added to my provider record and agree to accept referrals.

**PHYSICIAN**

- \_\_\_\_\_ **Buprenorphine MAT** (Must submit DEA registration certificate with the DATA 2000  
prescribing identification number with this attestation)
- \_\_\_\_\_ **Naltrexone Injection MAT**

**NURSE PRACTITIONERS AND PHYSICIANS ASSISTANTS**

Hereby attest that by placing a check next to either of the requirements listed below, that I (or affiliated  
prescriber of an agency or a facility) meet the UnitedHealthcare Community Plan specialty criteria  
requirement(s) and would like the specialty designation/s added to my provider record and agree to accept  
referrals.

- \_\_\_\_\_ Buprenorphine MAT (Must submit DEA registration certificate with the DATA 2000  
prescribing identification number with this attestation)
- \_\_\_\_\_ Naltrexone Injection MAT
- \_\_\_\_\_ The NP or PA has an active DATA 2000 Wavier
- \_\_\_\_\_ The NP or PA is contracted into the MCO's enhanced buprenorphine MAT Provider  
Network
- \_\_\_\_\_ The NP or PA has a supervising physician with an active DATA 2000 Waiver
- \_\_\_\_\_ Shall prescribe buprenorphine products only to patients who are treated through the  
organization that employs the provider
- \_\_\_\_\_ The NP or PA has a supervising physician that is contracted within the UHCCP BE-  
SMART Network

**SUPERVISING PHYSICIAN REQUIREMENTS**

- \_\_\_\_\_ The supervising physician will not exceed the limit for number of buprenorphine-  
prescribing NPs and PAs that can report to him or her:
  - CMHCs and FQHCs, the supervising physician can oversee a total of four (4) NPs and  
PAs.
  - Nonresidential office-based opiate treatment (OBOT) facility, the supervising physician  
can oversee a total of two (2) NPs and PAs.
- \_\_\_\_\_ The NP or PA will not exceed their individual patient prescription limit as set forth by the  
legislation:
- \_\_\_\_\_ Is supervised by or collaborates with a physician who reviews one hundred percent (100%)  
of the charts of the patients being prescribed a buprenorphine product
  - CMHCs and FQHCs, an NP or PA can only write buprenorphine prescriptions for 50 or  
fewer patients at a given time.
  - Nonresidential office-based opiate treatment (OBOT) facility an NP or PA can only  
write buprenorphine prescriptions for 100 or fewer patients at a given time.

\_\_\_\_\_ The NP or PA attests to the most recent BE-SMART Program Description as approved by TennCare and UHCCP (attached).

NPs and PAs are knowingly subject to the requirements outlined in the associated MAT Network Program Description. Provider hereby attests that the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the UnitedHealthcare Community Plan network.

\_\_\_\_\_  
Printed Name of Provider/Group/Facility

\_\_\_\_\_  
Tax Identification Number/EIN

\_\_\_\_\_  
Provider/Practice Email Address

\_\_\_\_\_  
Provider/Practice Secure Fax Number

\_\_\_\_\_  
Printed Name of Authorized Signature

\_\_\_\_\_  
Authorized/Signature

\_\_\_\_\_  
Date

**Please return this form by email to [Email] or by fax [Fax].**