



P.O. Box 30449  
Salt Lake City, UT 84130-0449

[Date]

[Care Provider Name]

[Address 1]

[Address 2]

[City], [State] [ZIP Code]

**Re: Please Help Us Support Patients with Substance Use Disorders and Opioid Use Disorder**

Dear [Care Provider Name]:

At UnitedHealthcare Community Plan of New Jersey, we want to help ensure we have an adequate network to support our members who are struggling with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). To do this, and to meet the New Jersey OBAT requirements, we're working to identify medical care providers who offer MAT services and employ navigators\* to help these patients with their journey to recovery.

**How You Can Help**

Please complete the enclosed Medication-Assisted Treatment (MAT) and Office-Based Addictions Treatment (OBAT) Questionnaire, sign the attestation and send both items to your Network Management contact or email it to [NewJersey\\_PR\\_Team@uhc.com](mailto:NewJersey_PR_Team@uhc.com).

**Resources**

For more information about the OBAT program, please refer to the State of New Jersey Department of Human Services Division of Medical Assistance & Health Services Newsletter Volume 29 No. 06 dated March 2019 by visiting [www.njmmis.com](http://www.njmmis.com) > Recent Newsletters > Volume 29 No. 06 - *Subject: Office Based Addictions Treatment (OBAT) and Elimination of Prior Authorization for Medication Assisted Treatment (MAT) for All MAT Providers, Effective: January 1, 2019.*

If you have questions about this assessment, please contact your Provider Relations Advocate. Thank you.

Sincerely,

/s/

[Signatory Name]

[Signatory Title]

Enclosure

*\*A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence.*

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## Medication-Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT) Questionnaire

Please answer all questions and sub-questions for any yes answer if you provide MAT services.

1. Do you provide MAT services?  
 Yes  
 No
2. What type of MAT medication(s) do you use to treat opioid addiction?  
 Buprenorphine (and buprenorphine products)  
 Naltrexone  
 Methadone
3. Do you employ a navigator\*?  
 Yes  
 No

*\*A Navigator is an RN, LPN, SW, Baccalaureate degree with two years lived experience, or an Associate degree with four years lived experience, who helps patients get the services they need. These services can include support services, counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or Centers of Excellence (COE).*

### **OBAT Care Provider Standards:**

- ✓ Complete the DATA 2000 waiver to prescribe buprenorphine
- ✓ Prescribe approved MAT medications onsite by qualified prescriber
- ✓ Follow standard best practice guidelines for prescribing of MAT
- ✓ Physician, nurse or other qualified health care professional provides education consistent with the nature of the problem(s) and the patient's and/or family's needs related to substance use, MAT and associated health conditions
- ✓ Participate in training or consultation offered through the COE, as needed
- ✓ Develop and maintain integrated care relationships
- ✓ Provide, or arrange for, substance use counseling, as needed
- ✓ Consistent with American Society of Addiction Medicine (ASAM) guidelines, offer counseling in conjunction with MAT or refer for counseling, which includes establishing a care provider network for referral to services not provided by the OBAT
- ✓ Assess and maintain risk management criteria such as Prescription Monitoring Program checks, random drug screening and client service plans for adherence
- ✓ Utilize multi-disciplinary staff to provide MAT, counseling and care management
- ✓ Provide individualized care and use navigator support to help patients obtain needed support services, such as counseling, social services, recovery supports, patient and family education, and/or referrals to Premier Providers or COE, as needed.

### **Attestation**

I understand that UnitedHealthcare may require documentation to verify that I meet the criteria pertaining to the MAT services designated in the OBAT Care Provider Standards section above, if applicable. I'll cooperate with a UnitedHealthcare documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge, and, by signing this attestation, agree to provide MAT services.

I understand and agree that a facsimile or photocopy of this Attestation shall be as effective as the original.

**Your signature is required to complete this attestation.**

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**Care Provider Name**

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**Name *(if different from the care provider named above)***

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**Signature**

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**Date**