



Questions and answers: **Office Based Addictions Treatment**

March 21, 2019

The Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Division of Mental Health and Addiction Services (DMHAS) launched a new program to cover and support Medication Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT). This program allows for the delivery and coordination of multiple reimbursable services provided by Primary Care Providers (PCP) and community behavioral health specialists to NJ FamilyCare members with an addiction diagnosis.

Below are answers to frequently asked questions about OBAT.

Q1. How was this program developed?

A1. The New Jersey model is a hybrid of other state models including elements of the Hub and Spoke model in Vermont, the Office-Based Opioid Treatment model in Virginia and utilization of Centers for Excellence in Pennsylvania and Rhode Island. The New Jersey system will be called the MATrx system.

Q2. What are the goals of the program?

A2. The goals of the MATrx program are to:

- Increase statewide capacity for the provision of MAT to patients with substance use disorder
- Increase provider capacity
- Increase quality through continuing education, training and consultation
- Connect OBAT providers with behavioral health supports
- Improve treatment retention through the use of peer support and care coordination “Navigator” services

Q3. How will I be reimbursed for these services?

A3. Since the majority of NJ FamilyCare recipients are covered under managed care plans and receive their primary care through contracted physician practices, NJ FamilyCare has designed the program to reimburse physicians for OBAT services through their managed care contracts.

Q4. What qualifications do you need to be a part of the MATrx system?

A4. The MATrx consists of three types of providers.

1. **OBAT providers:** PCPs, advanced practice nurses and physicians assistants with a Data 2000 Waiver, who meet established standards for participation. OBAT providers must employ Navigators (registered nurse, licensed practical nurse, social worker, bachelor’s degree with two years live experience or an Associate’s degree with four years live experience).



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2. **Premier providers:** independent clinics or Department of Health licensed physician practices capable of providing fully integrated care (MAT, counseling and primary medical care). Fully integrated care providers are not eligible for the use of a Navigator to coordinate counseling with medical services, but may utilize peers to assist beneficiaries and obtain community services to ameliorate substance use related psychosocial needs.
3. **Centers of Excellence (COE):** a state contracted provider capable of providing mentorships, provider peer services and developing future office based MAT providers through provider training. COEs must provide MAT and medical services directly or may contract with a physician practice or premier provider capable of providing MAT. If the COE or its contracted MAT provider does not provide counseling services, they may utilize Navigators. If the COE is fully integrated, they may utilize peers to assist clients obtaining community services that will assist them with their sobriety. COEs are required to provide clinical advice for complex medical cases or cases with multiple failed attempts. For beneficiaries who needs are beyond the competency of their current provider, the COE will accept primary responsibility for the beneficiaries SUD care.

Q5. What if I am not Data 2000 waived for prescribing buprenorphine?

A5. You can take advantage of DMHAS' training opportunities to become Data 2000 waived and participate in this OBAT model when you receive your Data 2000 waiver status.

Q6. Is prior authorization needed for MAT treatment, OBAT services or prescriptions?

A6. Effective **April 1, 2019**, no prior authorization shall be allowed for medications and/or bundled services that include administering medication for the treatment of opioid use disorder. Safety edits, posted as a result of prospective drug utilization review, are allowed. For claims billed through the pharmacy program, formulary preferences may be utilized.