



## MAT/OBAT and Navigator Attestation

### INSTRUCTIONS

Physicians and other health care professionals that provide Medication Assisted Treatment (MAT) or Office Based Addiction Treatment (OBAT) to patients enrolled in Horizon BCBSNJ or Horizon NJ Health plans must complete this form to attest that you and your practice meet all requirements and comply with all guidelines established by the NJ Division of Medical Assistance and Health Services and the Division of Mental Health and Addiction Services in regard to providing MAT or OBAT to our members with an addiction diagnosis.

Completed and signed forms may be mailed to:

**Horizon BCBSNJ Credentialing & Recredentialing Department**  
**Three Penn Plaza East, PP-14C**  
**Newark NJ 07105-2200**

### MAT/OBAT ATTESTATIONS

Horizon BCBSNJ and Horizon NJ Health follow guidelines established by the NJ Division of Medical Assistance and Health Services and the Division of Mental Health and Addiction Services in regard to recognizing practices as eligible to provide Medication Assisted Treatment (MAT) and Office Based Addiction Treatment (OBAT) to our members with an addiction diagnosis.

Please complete the following information so that our systems may reflect your ability to provide MAT services to patients enrolled in Horizon BCBSNJ plans and your ability to provider MAT/OBAT services to patients enrolled in Horizon NJ Health plans.

Buprenorphine Waiver/Certification

Practitioner Name \_\_\_\_\_

Practitioner Specialty \_\_\_\_\_

Practitioner Type 1 NPI \_\_\_\_\_

Practitioner DEA Number \_\_\_\_\_

I attest that:

- I am a physician/physician extender who is Data 2000 waived for prescribing buprenorphine as part of an OBAT program. *Practices MUST employ Navigators as part of an OBAT program. Please also complete the NAVIGATOR ATTESTATION section on the next page.*
- I attest that I am a physician/physician extender who is Data 2000 waived for prescribing buprenorphine as part of Medication Assisted Treatment (MAT) program.
- I am not certified to prescribe buprenorphine as part of an OBAT or MAT program. If you'd like to become certified to prescribe buprenorphine as part of an OBAT or MAT program, please contact your Provider Representative or Provider Services at **1-800-682-9091**.

Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

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## NAVIGATOR ATTESTATION

If your practice provides Office Based Addictions Treatment (OBAT) services to patients enrolled in Horizon NJ Health plans please review the following information and select the appropriate box below about your use of Navigators.

A Navigator in an Office-Based Addiction Treatment (OBAT) practice must either be:

- A Certified Medical Assistant
- A Registered Nurse (RN)
- A Social Worker
- A Licensed Practical Nurse (LPN) with two years of lived experience;
- An individual with a baccalaureate (BA) degree and two (2) years of lived experience; or
- An individual with an associate's degree and four (4) years of lived experience or
- A Certified Medical Assistant with four (4) years of lived experience.

*Lived experience is defined as having knowledge of substance use disorders or mental illness gained through direct, personal experience through one's own successful recovery process as well as individuals who have gained direct experience with successful treatment of substance use disorder and/or mental illness through either a personal relationship or professional contact with individuals suffering from substance use disorder or mental illness.*

Physicians, APNs and PAs **may not** serve as Navigators.

Practice Name \_\_\_\_\_

Practice Type 2 NPI \_\_\_\_\_

Practice Tax Identification Number (TIN) \_\_\_\_\_

Practice Address \_\_\_\_\_

Authorized Contact Name \_\_\_\_\_

Authorized Contact Phone \_\_\_\_\_

Authorized Contact E-Mail \_\_\_\_\_

As a representative authorized to speak on behalf of the practice in regard to our use of Navigators as part of an OBAT program, I attest that:

- No, the practice DOES NOT employ Navigators for OBAT.
- Yes, the practice DOES employ Navigators for OBAT who meet the criteria noted above.

If you answered "Yes" above, please provide the following information about the Navigators in your practice. Include a separate sheet as necessary.

Navigator (1) Name \_\_\_\_\_

Navigator (1) Specialty \_\_\_\_\_

Navigator (1) Type 1 NPI \_\_\_\_\_

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Navigator (2) Name: \_\_\_\_\_

Navigator (2) Specialty \_\_\_\_\_

Navigator (2) Type 1 NPI \_\_\_\_\_

Navigator (3) Name \_\_\_\_\_

Navigator (3) Specialty \_\_\_\_\_

Navigator (3) Type 1 NPI \_\_\_\_\_

Navigator (4) Name \_\_\_\_\_

Navigator (4) Specialty \_\_\_\_\_

Navigator (4) Type 1 NPI \_\_\_\_\_

Navigator (5) Name \_\_\_\_\_

Navigator (5) Specialty \_\_\_\_\_

Navigator (5) Type 1 NPI \_\_\_\_\_

Navigator (6) Name \_\_\_\_\_

Navigator (6) Specialty \_\_\_\_\_

Navigator (6) Type 1 NPI \_\_\_\_\_

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