



**BUPRENORPHINE ENHANCED
SUPPORTIVE MEDICATION
ASSISTED RECOVERY AND
TREATMENT (BESMART) PROGRAM**

Programmatic Updates

April 15, 2021

Webinar Guidelines

ATTENTION:

**Please write your name
and affiliated
organization in the chat
box upon entering the
webinar**

Housekeeping

- This is a WebEx Event
- Attendees will remain muted and off-video for the entire webinar.
- The webinar will be recorded and available after completion.
- Questions are encouraged! Please direct all questions through the chat function on the webinar.
 - When asking a question, please make sure to give your full name and organization that you represent
 - The moderators will do their best to answer as many questions as possible

The webinar will begin at 12:05 PM CT

Agenda

1. Current State of BESMART
2. Changes to Buprenorphine Dosage Limits
3. Key TennCare Pharmacy & OptumRx Updates
4. Steps to become a BESMART Provider
5. Questions

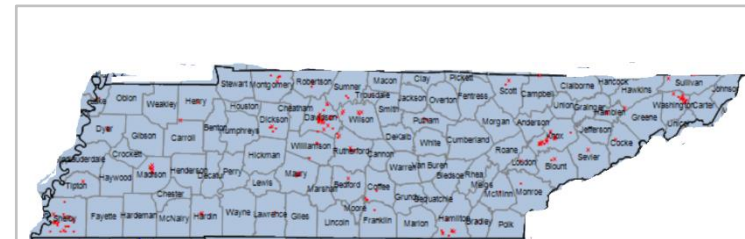
What is the BESMART Program?

Buprenorphine **E**nhanced **S**upportive **M**edication **A**ssisted **R**ecovery and **T**reatment program:

A specialized provider network focused on contracting with high quality medication assisted treatment (MAT) providers to provide comprehensive care to TennCare members with opioid use disorder (OUD)

BESMART Snapshot:

- Launched in January of 2019 as the BMAT or Enhanced MAT program
- Rebranded to BESMART in 2021
- BESMART is only for prescribing buprenorphine. There are separate Program Descriptions for Naltrexone and Methadone
- Providers must attest to the BESMART Program Description to be in the program and receive the benefits
- The Managed Care Organizations (MCOs) determine the providers in their BESMART networks

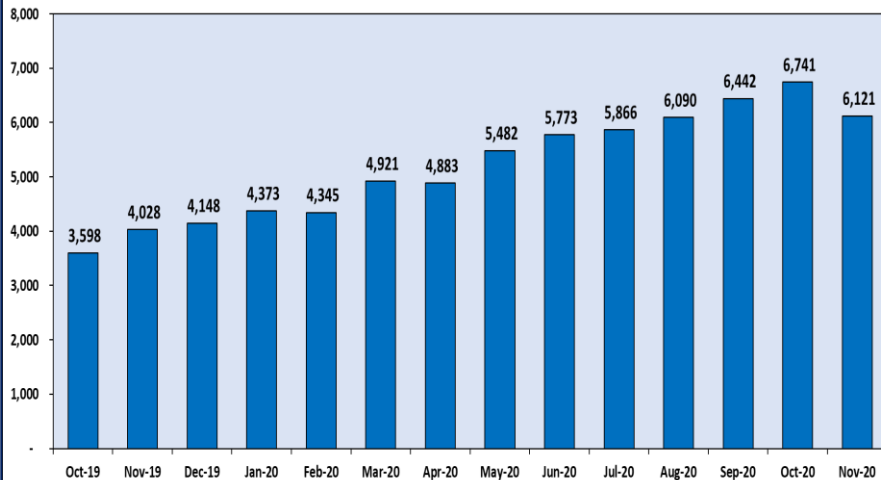


There are currently **278** contracted
BESMART providers across all three
MCOs

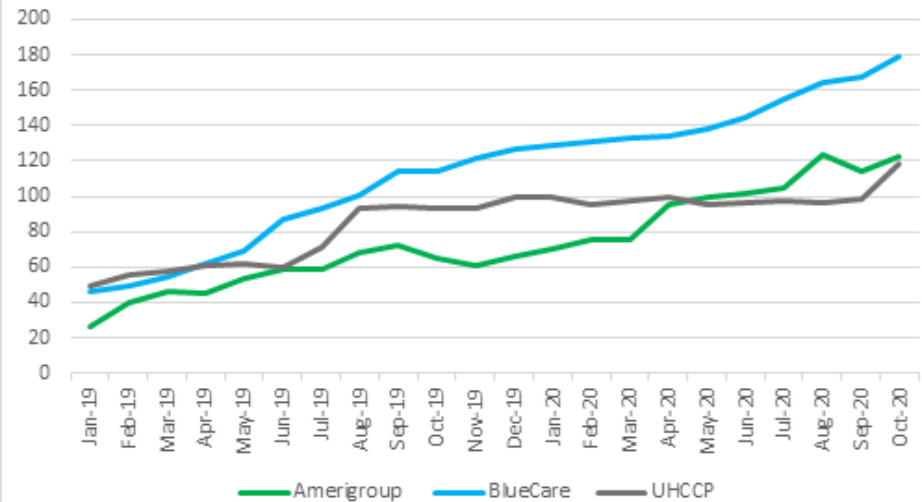
Impact of BESMART

- ❖ The prevalence of OUD in TennCare decreased from 2.7% to 2.4% from 2019 to 2020
- ❖ The number of providers in the BESMART Network continues to grow
- ❖ More members are being served through the BESMART Network

Total Number of Unique Members Served During the Reporting Month
November 2019 to November 2020, Total of AGP, BCBS, UHC



MAT Providers by MCO



Partnering through the BESMART Program

Problems Identified

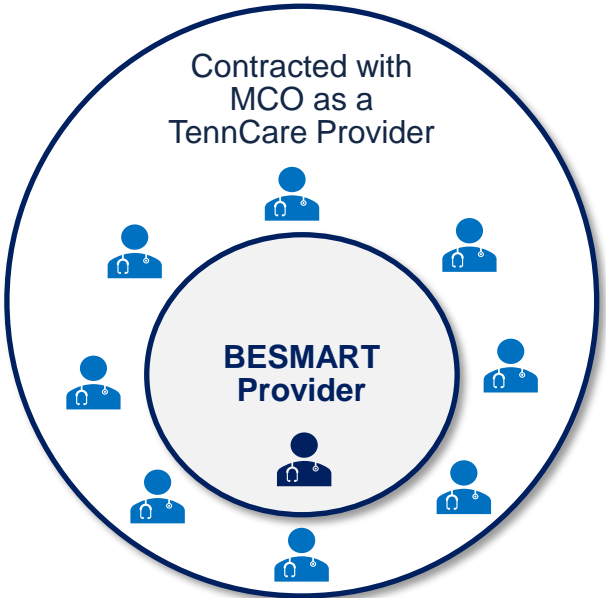
- Inconsistency in the member experience
- Inconsistency in the provider experience
- Cash pay and diversion of MAT
- Lack of partnership between TennCare, the MCOs, providers, and members



Outcomes of BESMART

- Members have better access to high-quality MAT providers
- Stronger partnership between the MCOs, TennCare, and Providers
- Ability to evaluate and share quality outcomes through data
- Aligned provider expectations around MAT
- Ability to increase flexibilities for BESMART providers as a result of a transparent partnership

What does it mean to be a *contracted BESMART Provider*?



Buprenorphine Enhanced and Supportive Medication Assisted Recovery and Treatment (BESMART) Network Provider Requirements and Program Description
Division of TennCare™

Overview of the Buprenorphine Opioid Use Disorder Medication Assisted Treatment (MAT) Program

The Division of TennCare, along with the contracted Managed Care Organizations (MCOs) – Amerigroup, BlueCare Tennessee and UnitedHealthcare – has determined the need for a comprehensive network of providers who offer specific enhanced services for members with opioid use disorder (OUD). These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be a part of this network.

Medication Assisted Treatment for persons diagnosed with opioid use disorder is the use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to treatment. Research shows that when treating opioid use disorders, a combination of medication and behavioral therapies is most successful in sustaining recovery. The duration of treatment should be based on the needs of the person served. The Food and Drug Administration (FDA) has approved several medications for use in the treatment of opioid use disorder, which include buprenorphine-containing products.

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM). This comprehensive and supportive Medication Assisted Recovery and Treatment outlines clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination, or other ancillary services for those members who are being treated with buprenorphine products. For providers who prescribe naltrexone-based products, refer to the Naltrexone MAT Program Description.⁵ For providers who prescribe methadone for OUD treatment in certified facilities, refer to the Opioid Treatment Program (OTP) Description.⁷

To provide buprenorphine MAT and recovery services within the BESMART Network, a provider must meet all federal and Tennessee state requirements to prescribe buprenorphine. Additionally, providers must also comply with all requirements in this document, including:

- Meeting the network provider eligibility criteria and complying with the TennCare pharmacy benefit.
- Providing and documenting treatment in accordance with all program components outlined below.
- Participating in required Quality of Care activities.

Network Provider Eligibility and Pharmacy Benefits

The required treatment elements for providers prescribing MAT using buprenorphine and buprenorphine-combination products that have been approved for use in the treatment of opioid use disorder in the BESMART program are as follows:

- All providers must hold an active DATA 2000 waiver, which may be associated with any state.

Network

- The BESMART Program is a sub-network within each MCO's Networks
- Must have specific contract with each MCO for BESMART to participate in the program
- You must be a TennCare provider to participate in BESMART

Program Description

- The BESMART Program Description is the same for all three MCOs
- The Program Description was developed based on national and state guidelines
- Program Description: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

Reminder: All providers must complete the BESMART attestation to remain in the program and receive the benefits previously mentioned

Benefits for Providers in the BESMART Program

Benefits of Contracting as a BESMART Provider

Clinical and care coordination support from MCOs

Increased data on quality and health outcomes

Enhanced reimbursement from the MCOs for defined BESMART services

Access to monoprodukt buprenorphine

Shortened Prior Authorization form

Members can access increased buprenorphine treatment dosage options through BESMART providers

Agenda

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2. Changes to Buprenorphine Dosage Limits

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4. Steps to become a BESMART Provider

5. Questions

Changes to TennCare Buprenorphine Prescribing Rules



2012: Buprenorphine dosage rules filed



2017: Begin of the build of the enhanced MAT Network



2019: Official launch of the enhanced MAT Network



2021: Rebranding and Program Description updates to BESMART Program



2021: Buprenorphine rules updated, and new dosage limits covered for BESMART members

| | | | |
|--|--|---|--|
| Department of State Division of Publications 312 Rosa L. Parks Ave., 8th Floor, Snodgrass/TN Tower Nashville, TN 37243 Phone: 615-741-2650 Email: publications.information@tn.gov | | For Department of State Use Only Sequence Number: 03-18-21 Notice ID(s): 3268 File Date: 3/9/2021 | |
| Notice of Rulemaking Hearing | | | |
| <i>Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.</i> | | | |
| Agency/Board/Commission: | Tennessee Department of Finance and Administration | | |
| Division: | Division of TennCare | | |
| Contact Person: | George Woods | | |
| Address: | Division of TennCare 310 Great Circle Road Nashville, TN 37243 | | |
| Phone: | (615) 507-6446 | | |
| Email: | george.woods@tn.gov | | |
| <i>Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:</i> | | | |
| ADA Contact: | Talley A. Olson, Director TennCare, Office of Civil Rights Compliance Division of TennCare 310 Great Circle Road Nashville, TN 37243 | | |
| Address: | (855) 857-1673 | | |
| Phone: | TTY dial 711 and ask for 855-857-1673 | | |
| Email: | hcafa.fairtreatment@tn.gov | | |
| Hearing Location(s) (for additional locations, copy and paste table) | | | |
| Address 1: | Division of TennCare 310 Great Circle Road, Conference Room 1 East A | | |
| City: | Nashville, TN | | |
| Zip: | 37243 | | |
| Hearing Date: | May 3, 2021 | | |
| Hearing Time: | 5:00 pm <input checked="" type="checkbox"/> CST/CDT <input type="checkbox"/> EST/EDT | | |
| Additional Hearing Information: | | | |
| Members of the public may submit written comments for consideration at the hearing until 5:00 p.m. Central Time on May 3, 2021. Written comments should be sent via email to george.woods@tn.gov . If attending in-person, please bring identification so that you may be checked into the building. COVID Building Entry Protocols: As part of the Tennessee Pledge, TennCare observes and is compliant with the following building entry protocols: <ul style="list-style-type: none"> At this time, all persons working or meeting in the TennCare building are required to wear a face mask. We recommend meeting attendees bring their own mask, however, if an attendee does not have one, a mask will be provided to any attendee upon entry. Additional personal protection equipment (PPE) such as a face shield are permitted but are not a | | | |
| SS-7037 (March 2020) | | 1 | |
| | | RDA 1693 | |

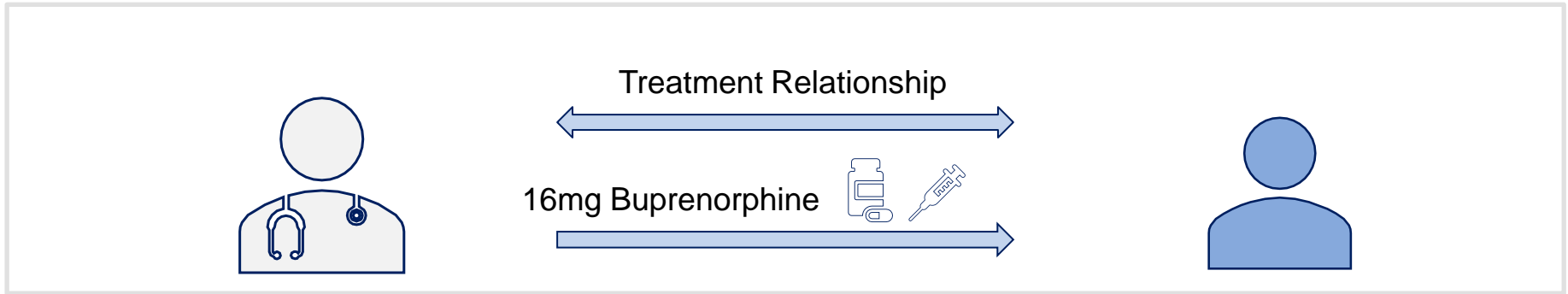
Effective **April 15, 2021**, members with opioid use disorder (OUD) being treated by BESMART Providers can receive coverage for higher doses of buprenorphine.

Summary of New BESMART Buprenorphine Limits

TennCare members who receive OUD treatment by a BESMART Provider will be eligible to receive buprenorphine product coverage with the following daily dosage limits:

1. **Up to 16mg** of buprenorphine products per day throughout induction, stabilization, and maintenance phases as medically necessary
2. If specific clinical criteria is met, may receive a **maximum daily dosage of 24mg** of buprenorphine products for the defined length of time established in in the clinical criteria

Deep Dive: 16mg



BESMART Provider

- Follow best practice guidelines about tapering down or off treatment
- Follow best practice guidelines about utilizing lowest effective dose of MAT
- Understand the BESMART Program Description

TennCare Member

- Members can receive up to 16mg of buprenorphine containing products daily

Deep Dive: 24 mg

BESMART Provider

- BESMART providers can prescribe maximum daily dosage of 24mg of buprenorphine for **specific populations** shown below
- Cannot exceed 1 year in duration for 24mg

BESMART Eligible Member Populations

Pregnant participants confirmed by provider attestation

Postpartum participants for a period of 12 months from delivery date as shown by medical records or insurance claim

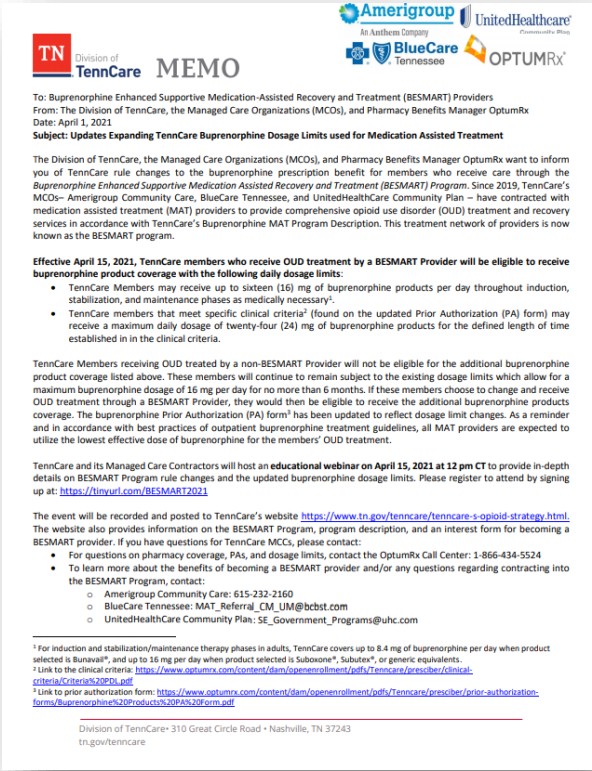
Recent intravenous (IV) drug users confirmed by prescriber attestation and a positive urine drug screen

Current users receiving greater than 50mg of methadone for OUD treatment transitioning to buprenorphine agonist therapy

Current users of 16mg - 24mg per day of buprenorphine demonstrated by paid claims data from the participant's previous health insurer

For 1 year from the effective date of this rule, members who do not qualify under the criteria of this part but receives greater than 16mg per day of buprenorphine can be eligible for maximum daily dose of 24mg

Changes to TennCare Buprenorphine Prescribing Rules



Overview of New Buprenorphine Prescribing Rules

| | BESMART | Non-BESMART |
|---------------------------------------|--|--------------------------|
| Maximum daily dose for first 6 months | 16mg | 16mg |
| Rules after 6 months | Coverage for 16mg can continue | TennCare will cover 8mg* |
| Maximum covered dose | 24mg for specific predefined clinical conditions | 16mg |

*Exception to this limit could be made based on relapse

The MCOs distributed the memo to BESMART Providers between March 29th – April 1st



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Your feedback is Critical for the TennCare Pharmacy Benefit

- ❖ TennCare is aware of the recent issues that providers have encountered with the pharmacy benefits and understand the pain point
- ❖ TennCare and OptumRx are outreaching to pharmacies to alert them about the new buprenorphine rules
- ❖ TennCare and OptumRx are dedicated to supporting providers and members
- ❖ Your feedback & assistance troubleshooting is encouraged and appreciated

Providers should contact their regional PBM Provider Educator with prior authorization & claims questions

OptumRx Contacts

EAST TN:

Heather Cline, PharmD
(952) 324-4308
Heather.Cline@Optum.com

MIDDLE TN:

Ginger Stoves, PharmD
(956) 662-6361
Ginger.Stoves@Optum.com

WEST TN:

Jud Jones, PharmD
(952) 324-4045
Robert.J.Jones@Optum.com

Key Pharmacy Links

- **Main TennCare Outpatient Formulary page:**

https://www.optumrx.com/oe_tenncare/landing

- **Buprenorphine Prior Authorization Form:**

<https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/home-page/pa-forms/Buprenorphine%20Products%20PA%20Form.pdf>

- **TennCare Preferred Drug List page:**

<https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/home-page/preferred-drug-list/Criteria%20PDL.pdf>

- **TennCare Coverage Criteria page:**

<https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/home-page/preferred-drug-list/Criteria%20PDL.pdf>

Please note, these documents contain separate subsections labeled for “BESMART Providers Only” and “All other TennCare providers”

Overview of Updates to Buprenorphine Prior Authorization (PA) Form

As a result of the BESMART Program requirements:

1. Further streamlining of BESMART Provider questions
2. Additional questions to align with the new buprenorphine limits for members treated by BESMART providers
3. Addition of questions and criteria related to Nurse Practitioners and Physician Assistants prescribers
4. Concomitant use questions have been removed for BESMART providers from the PA Form
5. Prior Authorization approval limits have changed for BESMART Providers*
 - Initial PA approval is valid for 6 months
 - All renewals are valid for 12 months

TennCare Prior Authorization Form
Buprenorphine Products

Member Information (required)

Prescriber Information (required)

TennCare BESMART Network Provider ONLY

All Other TennCare Providers

Provider Signature (Required)

Date

Link to PA Form:

<https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/pa-forms/Buprenorphine%20Products%20PA%20Form.pdf>



*Does not apply to members locked-in to a pharmacy

Buprenorphine Prior Authorization (PA) Form: Updates (1/6)

Formally contracting as a BESMART Provider establishes a standard of care that significantly **streamlines** the PA requirements.

Page 1



Prior Authorization Form Buprenorphine Products



**PLEASE NOTE: ALL BUPRENORPHINE OR BUPRENORPHINE/NALOXONE REQUESTS MUST BE SUBMITTED VIA FAX or ePA.

| Member Information (REQUIRED) | | | Prescriber Information (REQUIRED) | | |
|-------------------------------|--------|------|---|-------------|------|
| Member Name: | | | Provider Name: | | |
| Insurance ID#: | | | NPI#: | X-DEA#: | |
| Date of Birth: | | | DEA#: | Specialty: | |
| Street Address: | | | Office Phone: | Office Fax: | |
| City: | State: | Zip: | Supervising Physician and DEA# (if applicable): | | |
| Phone: | | | Office Street Address: | | |
| | | | City: | State: | Zip: |
| | | | Is the prescriber a TennCare provider with a Medicaid ID? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | Is the prescriber a single-patient contract holder for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

To be in the TennCare Buprenorphine Enhanced Supportive Medication-Assisted Recovery and Treatment (BESMART), the provider must have a separate BESMART contract with the Managed Care Organizations (MCOs).

Key Elements

1. Can be submitted electronically or via fax
2. X-DEA number required
3. Supervising Physician name & DEA required if a Nurse Practitioner or Physician Assistant is prescribing

Buprenorphine Prior Authorization (PA) Form: Updates (2/6)

Nurse Practitioners and Physicians Assistants must be BESMART Providers to prescribe buprenorphine

Page 1

PLEASE READ: Nurse Practitioners (NP) and Physician Assistants (PA) seeking to prescribe buprenorphine-containing products to TennCare members must be a TennCare BESMART Provider. Requests from NPs and PAs not contracted in the BESMART Network will be denied. Please answer the following questions to determine if you are eligible to prescribe these medications for TennCare patients:

1. What is your provider type?
 Physician (MD, DO) Nurse Practitioner (NP) Physician Assistant (PA)
2. Are you contracted with at least one TennCare MCO as a BESMART Network Provider **and** attested to the Program Description?
 Yes No
 - a. If **YES**, provider is eligible to prescribe buprenorphine medications. Complete the BESMART network section of the prior authorization form.
 - b. If **NO**, only physicians are eligible to prescribe. Complete the non-BESMART Network section of the form.

Key Elements

1. Providers must indicate if they are a MD/DO, NP, or PA
2. Only physicians can complete the “non-BESMART” program questions following this section

Buprenorphine Prior Authorization (PA) Form: Updates (3/6)

Ensure the Provider is completing the correct side of the chart based on BESMART status

Page 1

| IF <u>YES</u> TO THE QUESTION ABOVE: TennCare BESMART Network Provider ONLY | | IF <u>NO</u> TO THE QUESTION ABOVE: All Other TennCare Prescribers | |
|---|---|--|--|
| Requested Buprenorphine Product | | Requested Buprenorphine Product | |
| Preferred | Non-Preferred | Preferred | Non-Preferred |
| <input type="checkbox"/> Bunavail® <input type="checkbox"/> Buprenorphine/naloxone SL Tablet <input type="checkbox"/> Buprenorphine/naloxone Film | <input type="checkbox"/> Buprenorphine mono <input type="checkbox"/> Other: _____ <u>Indication:</u> <input type="checkbox"/> Pregnancy/breastfeeding <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ Complete Question 4 on Page 2. | <input type="checkbox"/> Bunavail® <input type="checkbox"/> Buprenorphine/naloxone SL Tablet | <input type="checkbox"/> Buprenorphine mono <input type="checkbox"/> Other: _____ <u>Indication:</u> <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ Complete Question 15 on page 5. |
| 1. Requested Strength: _____ 2. Number of Units/Day: _____ 3. Rx Directions: _____ 4. Total Number of Units/Rx: _____ | | 1. Requested Strength: _____ 2. Number of Units/Day: _____ 3. Rx Directions: _____ 4. Total Number of Units/Rx: _____ | |

Key Elements

1. Only BESMART providers have access to buprenorphine/naloxone film
2. For BESMART providers, breastfeeding is now considered a PA approval pathway for buprenorphine monoproduct



Buprenorphine Prior Authorization (PA) Form: Updates (4/6)

This section is for BESMART providers prescribing to members within the 16mg quantity limit

TennCare BESMART Network Provider

NOTE: For induction and stabilization/maintenance therapy phases in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? Yes No *If Yes, please answer question 5 below.*

1. Are you a contracted with at least one TennCare MCO as a BESMART provider, attested to the MAT Program Description and have a valid TennCare ID? Yes No
If No, skip to the "All other prescribers" section.

2. Diagnosis: Treatment of opiate addiction/ODU Other: _____

3. Will buprenorphine be used for treatment of depression or pain? Yes No

4. If requesting a non-preferred agent, please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this prior authorization request:

Key Elements

- 1. Indicated that members may receive up to 16mg per day
- 2. If needing more than 16mg per day, question 5 must be answered (*next slide*)
- 3. Concomitant use questions have been removed for BESMART providers from this section of the PA Form



Buprenorphine Prior Authorization (PA) Form: Updates (5/6)

This section is for BESMART providers prescribing to members above the quantity limit

IF REQUESTING ABOVE THE QUANTITY LIMIT for buprenorphine containing products, complete question 5.

Page 2

5. Please provide a clinical rationale for the requested dosage with one of the following reasons:

- Pregnant patients confirmed by provider attestation.
- Postpartum patients for a period of 12 months from delivery date. Please provide medical records or insurance claim.
- Recent intravenous drug users confirmed by prescriber attestation and a positive urine drug screen.
- Current users receiving greater than 50 mg of methadone for OUD treatment transitioning to buprenorphine agonist therapy. Please provide paid claims data from the enrollee's health insurer, provider attestation, or medical records.
- Current users of 16 mg to 24 mg per day of buprenorphine. Please provide paid claims data from enrollee's previous health insurer.
- For one (1) year from the effective date of Rule 1200-13-13-.15, a member who does not qualify under the criteria of this part but receives greater than sixteen (16) mg per day of buprenorphine as demonstrated by the controlled substance monitoring database shall be eligible to receive a maximum daily dose of twenty-four (24) mg.

*****If the most recent prior authorization approval for buprenorphine/naloxone or buprenorphine was requested by a different prescriber, please ensure transfer of care has occurred. *****

Key Elements

1. If requesting above the quantity limit, please select the clinical rationale for that dosage and provide necessary supplemental information if indicated
2. Note, the question regarding the previous PA being requested by a different provider has been removed and changed to a reminder

Buprenorphine Prior Authorization (PA) Form: Updates (6/6)

The Provider must sign and date the PA form

Page 2

Prescriber Signature (Required)

Date

By signature, the prescriber attested to the BESMART Program Description and requirements
(e.g. check CSMD, provide care coordination, ensure access to counseling services)

Fax this form to: 1-866-434-5523

Phone: 1-866-434-5524

OptumRx will provide a response within 24 hours upon receipt.

Key Elements

1. The PA form can be submitted via fax or electronically. It cannot be submitted over the phone
2. Please contact your regional OptumRx Representative with questions or feedback

OptumRx Contacts

EAST TN:

Heather Cline, PharmD
(952) 324-4308
Heather.Cline@Optum.com

MIDDLE TN:

Ginger Stoves, PharmD
(956) 662-6361
Ginger.Stoves@Optum.com

WEST TN:

Jud Jones, PharmD
(952) 324-4045
Robert.J.Jones@Optum.com

Non-BESMART Providers PA Section (1/2)



Prior Authorization Form
Buprenorphine Products



IMPORTANT! Nurse Practitioners and Physician Assistants not contracted in the BESMART Provider Network are not eligible to prescribe buprenorphine medications. Requests received will be denied.

**All Other TennCare Prescribers
(Excluding Nurse Practitioners and Physician Assistants)**

NOTE: For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? Yes No

1. Is the prescriber a TennCare provider with a Medicaid ID? Yes No
2. Is the prescriber a single-patient contract holder for this patient? Yes No
3. Diagnosis: Treatment of opiate addiction Other: _____
4. Will buprenorphine be used for the treatment of depression or pain? Yes No
5. Is this prescription written under the "X" DEA Number such that this patient counts towards the patient limits established for individual physicians by the DATA 2000 waiver? Yes No
6. Controlled Substance Monitoring Database (CSMD) check is required on date of request. Do you attest that you comprehensively reviewed the last six (6) months in the CSMD for this patient on the date of the prior authorization request? Yes No
7. **IF RECIPIENT IS BEGINNING BUPRENORPHINE MEDICATION ASSISTED THERAPY**
(If continuing therapy, skip to #8)
Projected Treatment Plan (MUST complete entire section, and then skip to question #11):
 - a) Anticipated Induction/Stabilization dose (Target < 16mg/day): _____ mg Start Date: _____
 - b) Anticipated Maintenance dose (Target <=8mg/day): _____ mg Start Date: _____
 - c) Expected frequency of office visits: _____ Start Date: _____
 - d) Expected frequency of counseling/psychosocial therapy visits: _____ Start Date: _____
 - e) Name of Practitioner who will be providing counseling: _____

IF PATIENT HAS RECEIVED any buprenorphine product IN THE LAST SIX MONTHS, complete questions 8-11

8. Has the recipient had any concomitant opioid usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? Yes No
8a. IF YES to question 8, prescriber attests that concurrent opioids have been discontinued, retrieved or destroyed. Yes No
9. Has the recipient had any concomitant benzodiazepine usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months?
9a. IF YES to question 9, prescriber attests that concurrent benzodiazepines have been discontinued, retrieved or destroyed.

For all non-BESMART TennCare Prescribers to Complete:

- Medicaid ID
- Diagnosis
- X-DEA number present for prescriber
- Check of CSMD
- Phase of treatment
- Concomitant opioid use
- Concomitant benzodiazepine use

*Reminder: The new buprenorphine limits do **not** apply to Non-BESMART Providers*

Non-BESMART Providers PA Section (2/2)



Prior Authorization Form
Buprenorphine Products



10. Has the recipient demonstrated compliance with counseling visits since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? Yes No

11. Was the most recent prior authorization approval for buprenorphine/naloxone or buprenorphine requested by a different prescriber? Yes No

IF YES, please answer 11a-11c:

11a. Prescriber Name: _____
Contact: _____

11b. Is this prescriber in your practice group? (If yes, skip to next question. If no, go to question 11c) Yes No

11c. Have you contacted this prescriber and successfully transitioned care to your practice? Yes No

IF REQUESTING ABOVE THE QUANTITY LIMIT for buprenorphine containing products, complete questions 12-14 (Otherwise, skip to Question 15).

12. Is the recipient being treated for an initial induction/stabilization phase? Yes No

13. Is the recipient being actively treated for opioid addiction and has concomitant need for non-recurring short-term pain management? Yes No

14. Is the recipient pregnant, or has she been pregnant while receiving buprenorphine during the last 6 months? Yes No

14a. *If YES, please provide pregnancy due date:* _____

15. If requesting a non-preferred agent, please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this prior authorization request.

Prescriber Signature (Required)
(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Date

Fax this form to: 1-866-434-5523
Phone: 1-866-434-5524
OptumRx will provide a response within 24 hours upon receipt.

- For all non-BESMART TennCare Prescribers to Complete:**
1. Counseling visits
 2. Indication if previous PA approval was from a different X-DEA
 3. Requesting above the quantity limit or non-preferred agent
 4. Prescriber Signature

Buprenorphine PA Submission Process & Contact Information

Electronic PA Submission:

1. Complete PA form on CoverMyMeds
2. Outcome of PA will be available within 24 hours via fax
3. Provider may call OptumRx to determine outcome

Faxed PA Submission:

1. Complete paper PA form
2. Fax PA form to number on form: 866-434-5523
3. Outcome of PA will be available within 24 hours via fax
4. Provider may call OptumRx to determine outcome

OptumRx Call Center (Prior Authorizations):

Phone: 866-434-5524

Fax: 866-434-5523

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Agenda

1. Current State of BESMART
2. Changes to Buprenorphine Dosage Limits
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4. Steps to become a BESMART Provider
5. Questions

For Current BESMART Providers

- All providers within the BESMART Program should have received the new BESMART Program Description for attestation
- **All providers must complete the BESMART attestation for each MCO to remain in the program and receive the benefits previously mentioned**
- As a reminder, the BESMART Program Description is the next iteration of the Buprenorphine MAT (BMAT) Provider Network Program Description
- Even if you have attested to the BMAT Program Description in the past, you are required to re-attest to the BESMART Program Description
- For Questions or Concerns, please see the contact information on the following slide.

Buprenorphine Rules for Nurse Practitioners and Physician Assistants

As outlined in T.C.A. and TennCare Rules, Nurse Practitioners (NPs) and Physician Assistants (PAs) **must** participate in at least one MCO's network of BESMART providers in order to be reimbursed for the prescription of buprenorphine.

To be eligible to contract with TennCare as a BESMART Provider, a NP or PA must also meet the following criteria:

Contracted in the BESMART Program

Has a supervising physician that is contracted within the MCO's BESMART Program

Specializes in family, adult, or psychiatric medicine

Part of an OBOT, CMHC, or FQHC

Holds an X-DEA Number & TennCare Medicaid ID

Follows member limits according to the legislation

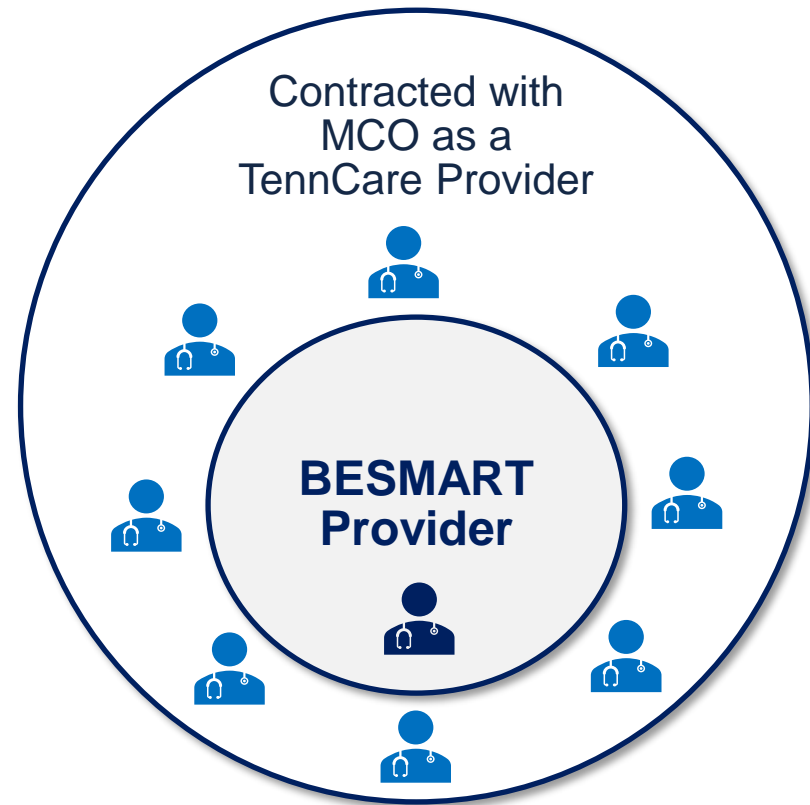
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*All criteria required for NPs and PAs to prescribe buprenorphine to TennCare members is listed on the TennCare Opioid Strategy Webpage: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

Prospective BESMART Providers

At the discretion of the MCO, to be in the BESMART Program a provider **must**:

- Have a Medicaid ID
- Be a licensed Physician (MD, DO), Nurse Practitioner (NP), or Physician's Assistant (PA) that meet defined criteria*
- **Review & be able to / on track provide all services** outlined in the program description requirements
- **Attest** to the MAT program description for each MCO they contract with
- **Contract** with each individual MCO**



*NPs and PAs are now eligible for the BESMART Program following PC761 and PC771. For more information, please reference the complete guidance on the TennCare Opioid Strategy Webpage: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

** Each MCO manages their own provider network

For Prospective BESMART Providers

1

Understand program description and evaluate your current care model

2

Identify any potential gaps or areas for increased support from MCOs

3

Obtain Medicaid Provider ID if needed

4

Indicate interest in joining BESMART and ability to meet program standard

5

Contract/Re-Contract as a BESMART provider with appropriate MCO(s) to join network*

6

Continue to provide high quality MAT care to TennCare members

Complete Provider Interest Form

If you are interested in receiving more information or participating in the BESMART Program, please click the link below to complete the *Provider Interest Form*.

**Completing this form does NOT guarantee contracting with the Managed Care Organizations.*

Direct link to Provider Interest Form: <https://stateoftennessee.formstack.com/forms/bmatp>

Buprenorphine Enhance Supportive Medication Assisted and Recovery Treatment (BESMART) Program

The Division of TennCare along with the contracted Managed Care Organizations (MCOs)-Amerigroup, BlueCare and United Healthcare- have developed an enhanced network of buprenorphine providers who offer specific treatment for members with opioid use disorder (OUD), currently known as our BESMART Program.

All providers that are contracted by the MCO to prescribe buprenorphine in the BESMART Program must attest to provide treatment as outlined in the Program Description (located on the TennCare Opioid Strategy Website) to be included in this network.

Please complete the following Provider Interest Form if you are interested in potentially contracting with an MCO to be in the BESMART Program.

Please complete the form if you are interested in becoming a BESMART provider. Completion of the provider interest form does NOT guarantee contracting with the Managed Care Organizations.

What is your provider type? *

- MD/DO
- NP
- PA

Submit Form

Survey will take less than 2 minutes to complete



The Provider Interest Form is located on the TennCare Opioid Strategy webpage: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

The Webinar will be posted on TennCare's & the MCOs' Website

Link to Webpage with Webinar:

<https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

**Webinar will be posted as a separate link on the Opioid Strategy page*

For more information or questions, please refer to the contacts below:

| | Contact Name | BESMART-related Inquiry Contact Information |
|------------------|---|---|
| TennCare | Sarah Mansouri Director of Health Policy & Strategy | Sarah.Mansouri@tn.gov |
| BlueCare | Melissa Isbell Manager, Behavioral Health Network Strategy and Innovation | MAT_Referral_CM_UM@bcbst.com (copy melissa_isbell@bcbst.com) |
| Amerigroup | Internal Provider Relations Team | (615) 232-2160 |
| UnitedHealthcare | Provider Customer Service | SE_Government_Programs@uhc.com |

Key Takeaways for Today's Webinar

1. The Buprenorphine Rules have been updated for members receiving buprenorphine from BESMART Providers and are effective today, **April 15, 2021**
 - Members may receive coverage for up to 16mg of buprenorphine products per day throughout induction, stabilization, and maintenance phases as medically necessary
 - If specific clinical criteria is met, members may receive a maximum daily dosage of 24mg of buprenorphine products for the defined length of time established in in the clinical criteria

2. The Prior Authorization (PA) form has been updated to reflect the buprenorphine dosage changes

3. Providers must attest to and follow the BESMART Program Description to remain in the program
 - Please reach out to the contacts provided if you want to become a BESMART Provider

4. **TennCare and the Managed Care Contractors (MCOs & PBM) Provider liaisons are here to partner with you and support your success!**

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Questions?

Webinar Guidelines:

- ❖ Please type all questions into the chat box on the webinar
- ❖ Please include your name and affiliation when typing a question in the chat box



**THANK YOU FOR
YOUR PARTICIPATION**