

# MATTERS

Medication for Addiction Treatment & Electronic Referrals

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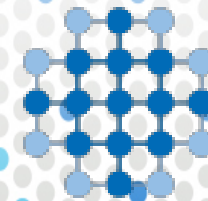
MEDICAL DIRECTOR | MATTERS NETWORK



University at Buffalo

Clinical and Research  
Institute on Addictions

UB|MD



EMERGENCY  
MEDICINE



**MATTERS**  
Medication Assisted Treatment & Emergency Referrals

**MEDICATION VOUCHERS**

**TRANSPORTATION VOUCHERS**

**TELEMEDICINE EVALUATIONS**

**CORRECTIONS REFERRALS**

**HARM REDUCTION**

**HOME INDUCTION**

**SUIT**  
SUBSTANCE USE INTERVENTION TEAM  
**INPATIENT CONSULTS**

**ELECTRONIC REFERRAL SYSTEM**

# Goals During Patient Encounter



Efficient & effective  
evaluation



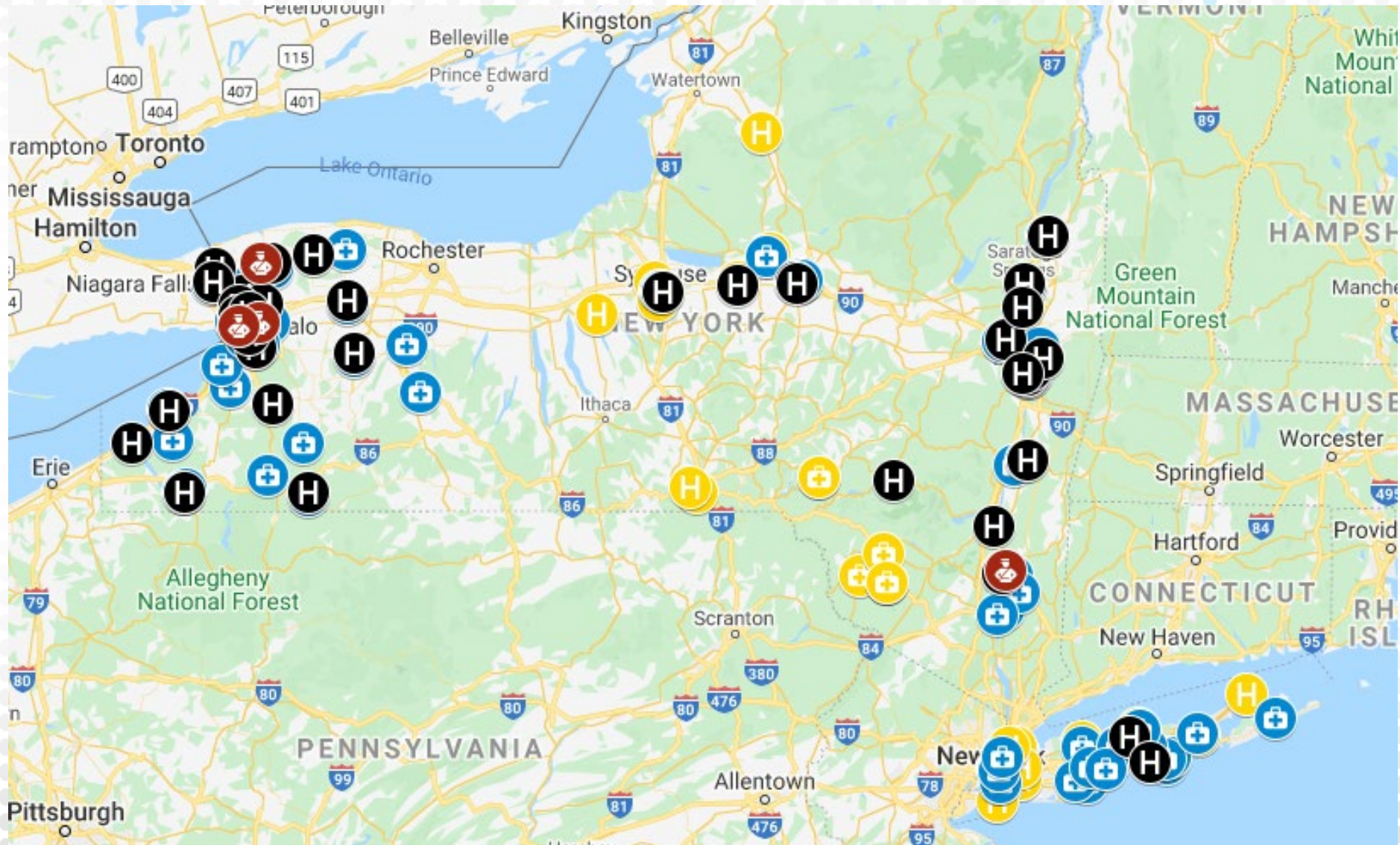
Immediate access to  
medication



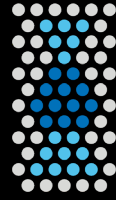
Referral to high  
quality treatment



# Current and Future Partners







**MATTERS**

Medication for Addiction Treatment & Electronic Referrals

**Snap this to refer a  
patient for opioid use  
disorder treatment!**



**Referral stickers  
available for any  
participating  
hospitals!**



# HEALTHCARE PROFESSIONALS



Professional Referrals



EMS (Leave behind  
Naloxone)



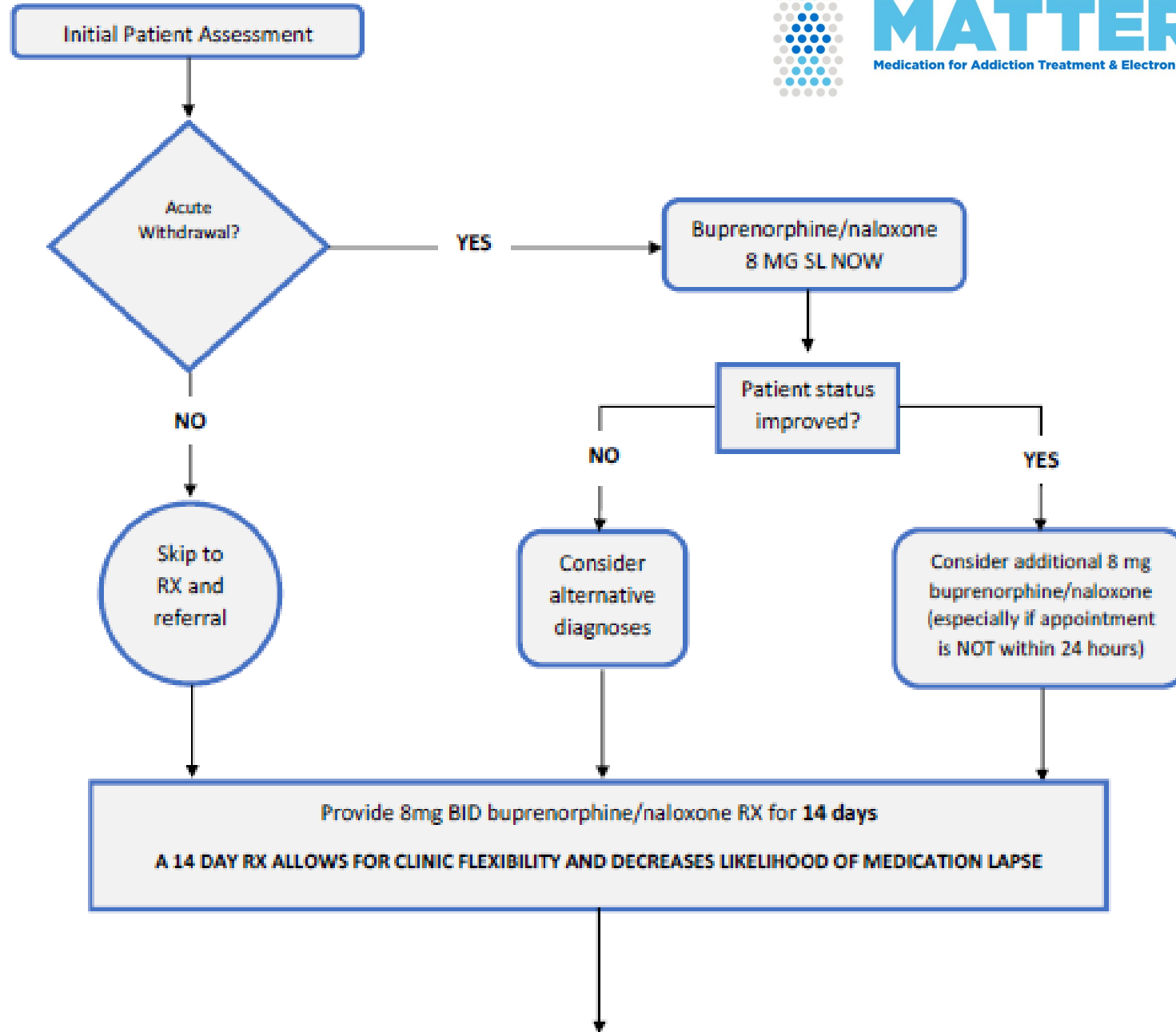
Voucher Verification

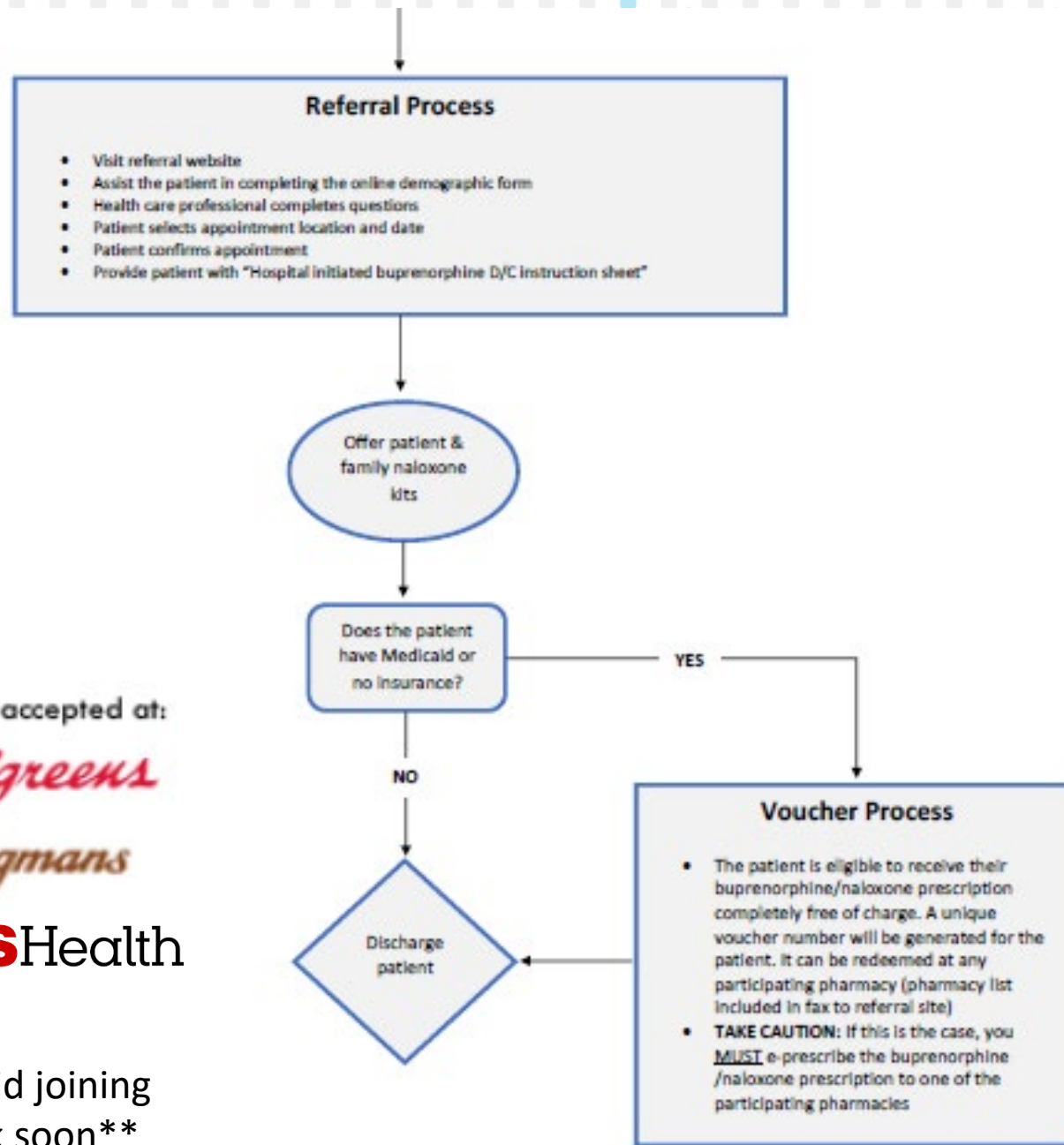


Buprenorphine Waiver  
Training



Cheektowaga PD





Vouchers accepted at:

*Walgreens*

*Wegmans*

♥ **CVS**Health

\*\*Rite Aid joining network soon\*\*



Welcome to the New York State Medication Assisted Treatment and Emergency Referrals (MATTERS) system. You will be asked to provide some basic information about yourself along with your medical and substance use history. You will then be able to select which clinic location you desire to be seen at after discharge. Once you select the clinic location, you will receive a confirmation of your selection via email (if you provide an email address). In the next day or two, you will receive a call from the clinic to solidify a time for your appointment. It is very important that you provide accurate phone contact information.

### Opioid Dependence Screening Form

Patient Information*			
<b>First Name*</b>	<b>Last Name*</b>	<b>Gender*</b>	<b>Race*</b>
<input type="text"/>	<input type="text"/>	<input type="text" value="- Select -"/>	<input type="text" value="- Select -"/>
<b>E-mail</b>		<b>Confirm email</b>	
<input type="text"/>		<input type="text"/>	
<b>Date of Birth*</b>	<b>Phone #1*</b>	<b>Alt Phone #2</b>	
<input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/>	<input type="text"/>	<input type="text"/>	
<b>Street Address*</b>	<b>City/Town*</b>	<b>Zip*</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>What type of health insurance do you have?*</b>			
<input type="checkbox"/> Private insurance (not including managed Medicaid plans) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Tricare <input type="checkbox"/> No insurance <input type="checkbox"/> Other			
<b>Do you need transportation assistance to your first clinic appointment?</b>			
<input type="text" value="Yes"/>		<input type="text" value="No"/>	

Do you have any of the following medical conditions? (check all that apply)\*

Coronary Artery Disease  Asthma/COPD  Currently Pregnant  Hepatitis  Hypertension  Diabetes  None  Other (specify)

Have you ever undergone any of the following treatments for opioid dependence in the past? (check all that apply)\*

Outpatient Treatment  Inpatient Treatment  Buprenorphine (Suboxone)  Methadone  Naltrexone (Vivitrol)  None

Would you like to be contacted by a peer in recovery for support?\*

Yes

No

Select the location you are being discharged from\*

Select Referral Location\*

- Select -

I understand that the system is operated by the Office of Public Health in the New York State Department of Health (NYSDOH), and I consent to NYSDOH's use of the information in the system for program evaluation and public health activities such as studying and improving the health of people in New York State.\*

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Would you like to be contacted by a peer in recovery for support?\*

<input type="text"/>	
- Select -	
Albany Medical Center- Emergency Department (B Zone)	
Albany Memorial-600 Northern Blvd Albany, NY 12204	
AMC-Inpatient Psychiatry-E2	
Bellevue Hospital	
Buffalo Police Department District A	
- Select -	

I understand that the system is operated by the Office of Public Health in the New York State Department of Health (NYSDOH), and I consent to NYSDOH's use of the information in the system for program evaluation and public health activities such as studying and improving the health of people in New York State.\*


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TO BE COMPLETED BY HEALTHCARE PROFESSIONALS ONLY

Name of the prescribing provider

Referral Settings

- None - 

Was buprenorphine given prior to discharge?

Yes

No

Was an outpatient prescription for buprenorphine given?

Yes

No

Was the patient/family provided a naloxone kit?

Yes

No

Reason for visit

Overdose

Acute Withdrawal

Neither Overdose nor Acute  
Withdrawal

Detox

Other

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Submit

## Opioid Dependence Screening Form

TO BE COMPLETED BY HEALTHCARE PROFESSIONALS ONLY

Name of the prescribing provider\*

Referral Settings\*

- Select -



- Select -

Emergency Department or Urgent Care

Inpatient Setting

Primary Care/Outpatient Setting

EMS / Police / Fire

Telemedicine

Outreach Initiative

Correctional Facility



## Make a follow-up appointment with the Clinic

List

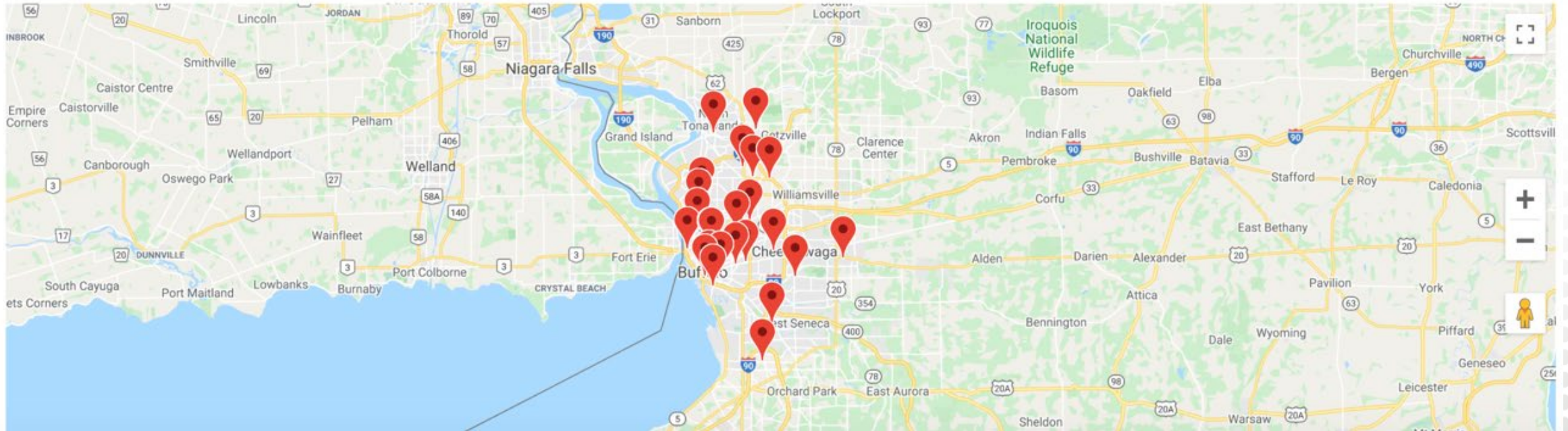
Enter an address to filter results. **4264 found**

14215

10

Search

Reset



Make a follow-up appointment with the Clinic

List

Enter an address to filter results. **88 found**

14215 10 Search Reset

Best Self Central Intake - 951 Niagara Street Buffalo

- Methadone: X
- Naltrexone: ✓
- Buprenorphine: ✓

Select Date

Map Satellite



### Make a follow-up appointment with the Clinic

Map

Enter an address to filter results. **431 found**

Appointment Date	Clinic	Methodone	Vivitrol	Buprenorphine	Distance	
10/07/2021	Sun River Health- 75 Washington St. Poughkeepsie, NY 12601	x	✓	✓	0.00 miles	Select
10/07/2021	Phoenix House - 20 New York Avenue Brooklyn	x	✓	✓	0.00 miles	Select
10/07/2021	Beacon Center- Rome- 303 W. Liberty St. Rome, NY 13440	x	x	✓	0.00 miles	Select
10/07/2021	ECMC Hospital Clinic- 462 Grider St	x	✓	✓	0.00 miles	Select
10/07/2021	Horizon Health Services- 699 Hertel Ave Buffalo	x	✓	✓	0.00 miles	Select
10/07/2021	Brooks-TLC - 7020 Erie Rd, Derby	x	✓	✓	0.00 miles	Select
10/07/2021	Horizon Health Services - 77 Broadway Ave Buffalo	x	✓	✓	0.00 miles	Select
10/07/2021	CAPE- 807 Route 52 Fishkill, NY 12524	x	x	✓	0.00 miles	Select
10/07/2021	Helio Health, Meadows Integrated Outpatient- 329 N. Salina Street, Syracuse NY 13203	✓	✓	✓	0.00 miles	Select
10/07/2021	SPARC-Cohoes- 55 Mohawk St, Cohoes	x	x	✓	0.00 miles	Select



Department  
of Health

Login with HCS



NEW YORK  
**MATTERS**  
Medication Assisted Treatment & Emergency Referrals

Email sent to: 7168472715@fax.ny.gov

**Thank you for registering for a follow up appointment.**

Remember that you have selected a clinic location and date for your follow up. It is very important that you provided accurate contact information so the clinic can call you to determine the exact time of your follow up appointment.



FAX TO  
REFERRAL  
SITE



FAX TO CLINIC



EMAIL TO  
PATIENT



EMAIL TO  
PEERS



VOUCHER  
(RX/UBER)



TEXT TO  
PATIENT

**Rapid Assessment and Hospital Initiated Buprenorphine System**

July 1, 2019 at 10:29 AM



Appointment confirmation

To: Joshua Lynch



Your follow up appointment is scheduled at **Brooks-TLC - 33 N Main St, Cassadaga** on **07/21/2019**.

**Hospital Initiated Buprenorphine Program Discharge Instructions****About Buprenorphine**

You have been prescribed buprenorphine while in the hospital/emergency department. Buprenorphine is used to treat the symptoms of opiate withdrawal in order to facilitate treatment of opiate use disorder. This medication acts on opiate receptors. The medication should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

You should not take any opiates or sedatives (including those prescribed by a doctor) while taking Buprenorphine. If you drink alcohol or use benzodiazepines, talk to your provider. Taking buprenorphine with alcohol or benzodiazepines may put you at an increased risk for overdose.

You are being prescribed a 4mg dose of buprenorphine twice daily for a few days until you can be seen at the clinic. If deemed appropriate, the clinic will refill your buprenorphine prescribe at the same, a higher or a lower dose.

**First Dose in the Hospital**

If you received a first dose of Buprenorphine in the hospital/emergency department, you should take you next dose 12 hour later, and then continue to take one dose every 12 hours.

**First Dose at Home:**

If you were not given a dose in the hospital/emergency department, it probably means you were not yet having enough withdrawal symptoms. If you take buprenorphine before you are in moderate withdrawal, the medication can cause withdrawal symptoms, and make you feel really bad. You should wait until you have at least 3 of the following symptoms before taking your first dose:

- Feeling Sick
- Stomach Cramps
- Spontaneous Twitching
- Feelings of Coldness
- Heart Pounding
- Muscular Tension
- Aches and pains
- Yawning
- Runny Eyes
- Insomnia

Once you have taken your first dose at home, you should take you next dose 12 hours later, and then continue to take one dose every 12 hours.

**You will receive your clinic appointment information via email/in hospital before discharge.**

**Your Clinic Appointment**

You have either been given an appointment slot at a particular clinic, or information on how to obtain one. The clinic will call you in the next 1-2 days to arrange your specific appointment time. Once you are given an appointment, a time slot will be held specially for you. If for any reason you cannot make that appointment, please call the clinic as soon as possible. Some clinics have a 2-step prescribing process, so you may not necessarily be given a new script for buprenorphine at your first appointment. Buprenorphine is one component of substance abuse disorder treatment. You may be expected to attend frequent counseling sessions based on the policies of the clinic.



## FOR PHARMACY USE

### Voucher Redemption Instructions

**FOR PHARMACY USE ONLY**- entering your voucher number will **INVALIDATE** your voucher

1. Visit <http://matters.health.ny.gov/matters/voucher/>
2. Enter voucher number to verify
3. Once verified, complete remaining questions to initiate prompt reimbursement

**Walgreens** Trusted since 1901

All Walgreens Pharmacies in NY accept this voucher!

Ensure Authorization Form is completed. Verify whether the patient has insurance. If they don't, the entire cost of the Rx is billed to the voucher program. If they have insurance, then bill this voucher as CCB for copay.

- Locate the patient in IC+ → Select "Patient Information" → Select "Third Party Plans"
- Enter information listed below into the plan information:
  - o Plan ID: **TMNMY**
  - o Recipient #: Patients DOB MMDD/YYYY & first two initials of first & last name
  - o Group ID: **TMNMY1** if billed directly to TMNMY and **TMNMYCCB** if billed as a CCB.
  - o BIN: 014458
  - o PCN: TMNMY

Scan Authorization Form into patient profile

Pharmacy: Processing issues → Fill out a fix-it ticket on **StarNet**

**CVSHealth**

ALL CVS Pharmacies in NY, NJ, PA, CT

Important Billing Notes for Pharmacist:

- **CONDOR CODE:** 38550
- **BIN:** 018570
- **PCN:** CVSVOUC
- **GROUP ID:**
- **PATIENT ID:** FIRST 2 INITIALS OF LAST NAME AND FIRST NAME, THEN DOB
- Please scan voucher to patient profile as confirmation of receipt
  
- **Pharmacist:** any billing questions, please call LoriAnn Collins (CVS) 401-256-1723

**Wegmans**

ALL WEGMANS PHARMACIES IN NY ACCEPT THIS VOUCHER!

Wegmans Instructions:

**Bin:** 007755

**PCN:** MATTERS

**TP Code:** OTHMATTERS

**TP Name:** MATTERS – NYS ONLY

# WHAT'S NEXT?

## NYS DEPARTMENT OF CORRECTIONS

- NYS legislation requires access to MAT in prisons
- MATTERS platform is the perfect solution for post-release linkage



## EMS BUPRENORPHINE

- EMS to carry buprenorphine and initiate for naloxone induced withdrawal



## INCLUSION OF MENTAL HEALTH

- Map/listing will include other services including cocaine, meth, alcohol, and mental health





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