



OFFICIAL RESPONSES TO VENDOR QUESTIONS  
RFP# 16-DHHS-DCBCS-BDAS-03

No.	Question	Answer
1.	If we do limit our request to Enhanced Services and Other Non-Clinical Recovery Support Services, should we still answer all the questions that relate only to Treatment services, as we will be providing these services but not with BDAS funding?	The Vendor is required to provide at least one of the services listed in RFP Section 3.2.1
2.	If we are not requesting funding for Treatment services, what data evaluation requirements will we have to report on under the contract?	The Vendor is required to provide at least one of the services listed in RFP Section 3.2.1
3.	Will the Department cover services for clients who are eligible for substance use disorder treatment benefits under the New Hampshire Health Protection Program (NHHPP), if the client's NHHPP qualified health plan (QHP) has refused to contract with my agency?	No. The Department cannot pay for services under the contract resulting from this RFP, for clients who are eligible for substance use disorder treatment benefits under NHHPP when NHHPP covers the service, regardless of whether or not your agency was able to contract with the QHP.
4.	If the Contractor resulting from this RFP is not a Medicare provider, can the Contractor bill for Substance Use Disorder Treatment services under this contract?	No. The Department cannot pay for services under the contract resulting from this RFP, for clients who are eligible for substance use disorder treatment benefits under Medicare when Medicare covers the service, regardless of whether or not your agency is a Medicare Provider.

**New Hampshire Department of Health and Human Services  
Substance Use Disorder Treatment and Recovery Support Services**



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5.	If a client has Medicare and a co-occurring disorder (such as substance use disorder and mental health disorder), which can be billed to Medicare, do services have to be billed to Medicare under the co-occurring mental health disorder?	Treatment for substance use disorder may be billed under the contract if the service is not covered by Medicare. Such billing is subject to review and approval by the Department.
6.	What if this client's insurance does not cover a service because of non-clinical business reasons such as benefits offered under the client's insurance plan, service limits or termination of coverage?	If a client's insurance does not cover a service for any non-clinical, business reason then the service may be provided under the contract resulting from this RFP.
7.	What if this client's insurance does not cover a service (even though the services is a covered benefit) because it deems the service to not be clinically necessary, but the Contractor finds that the service is clinically necessary according to the American Society of Addiction Medicine Criteria (October 2013)?	<p>If the client has New Hampshire Health Protection Plan, Medicaid, or Medicare the service cannot be provided under the contract. The provider should document that the services are medically necessary based on ASAM (2013) and DSM 5 criteria and submit this information to the Department and the Department of Insurance.</p> <p>If the client has private insurance, the provider should document that the client's insurance carrier has made a determination that the services are not medically necessary and document that the services are medically necessary based on ASAM (2013) and DSM 5 criteria. The provider should then facilitate the client contacting the New Hampshire Insurance Department to submit a complaint. The provider should then submit a request to the Department to have these services paid for. These requests will be considered on a case-by-case basis.</p>
8.	What are the medication rates for Medication Assisted Treatment (MAT)? Are they per day or per week? Are they by "size" of dose?	See Addendum #3.

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No.	Question	Answer
9.	Are MAT patients eligible to participate in Intensive Outpatient Program if clinically eligible? Will that be seen as a supplemental service and billed in addition to normal MAT billing?	Yes, MAT clients may also participate in an Intensive Outpatient Program if clinically eligible and this can be billed in addition to the MAT.
10.	Can non-physician services related to MAT (i.e., 99211) be billed in addition to the maximum on one hour per client per week of MAT-Physician Time?	Yes, non-physician services can be billed in addition to the 1 hour per week of physician services.
11.	In responding to the Statement of Work Section, we are answering all groups of questions that are presented. We were unclear if we need to respond to any passages or line items within the "Statement of Work" that may not be addressed within the specific questions themselves. Thus, we need to know if our responses to the groups of questions are sufficient in meeting the requirements.	See Addendum #3.