

CLARIFICATION NO. 1

HHHC Supervising Psychiatrist Services

Healing Hands Health
Bristol/Sullivan Co, TN

To Prospective Offerors:

The following are issued as clarifications of the RFP for the Supervising Psychiatrist Services dated 4/17/2027. Clarifications do not change the language of the RFP but instead clarify the language therein:

Questions and Related Answers:

1. **Question:** One the bottom of page 1 there is the statement that one of the many goals of the program is to “decrease the amount of people living with active substance use disorder and/or untreated mental health illness”. Please clarify the plans you have for substance abuse treatment provided by HHHC directly on site?

Answer: For patients who require treatment beyond psychotherapy for a Substance Use Disorder, we will refer them to a local provider who can prescribe MAT services.

Question: Will suboxone or other MAT services be provided by the psychiatric nurse practitioner?

Answer: No

2. **Question:** Is there an expectation for direct patient care to be provided on site by the supervising psychiatrist?

Answer: No, we do not anticipate that the Supervising Psychiatrist (Provider) will be providing direct patient care on-site. However, if there is an instant that requires the Provider to come on-site, the patient will be charged a patient fee and HHH would retain that payment for services. You would not be compensated for that direct patient care.

Question: On page 15 section 3.2 please clarify if any billing of any kind is expected.

Answer: This is in reference to Medicaid billing, which HHH is not credentialed to do so at this point.

Question: On page 16 4.2 concerning encounter forms and documents for billing?

Answer: If HHH accepts Medicaid in the future, and the provider treats a Medicaid patient, then the provider will supply us with the necessary documentation to submit a claim to Medicaid, including the encounter form which outlines the diagnosis and procedure codes,

as well as date of service, and provider name. We use the EHR, Athena, and these encounter forms are done electronically.

3. **Question:** Would HHHC be willing to create the form to be used monthly for “supervision reports” (page 3, #13)?

Answer: Yes.

Question: Is there an expectation that documentation on this monthly report included the names of each chart reviewed?

Answer: Regarding Chart Reviews – HHH will provide a list of patients seen by the PMHNP in that month, which will be identified by patient’s chart #. The Provider will randomly review 20% of those visits using a Quality Chart Review Tool to assess the patient’s record.

Question: On the monthly report please clarify what “practice notes regarding standard of care” means/expectation (page 13, 1.1.13)?

Answer: This is in reference to any advice or notes regarding standard of care you provided the PMNHP which can be documented on the Quality Chart Review Tool.

4. **Question:** When it comes to 30 hours a month of “overseeing the PMHNP” (page 3 #12 and #13) could some of this time requirement be accomplished by being essentially on call 24 hours a day every day during that month?

Answer: Yes, we estimated that it could take approximately 30 hours a month, meaning maybe less, maybe more depending upon the patient and PMHNP needs for that month.

Question: And would this need to be documented on the supervision report or just understood?

Answer: You do not have to record your time; this is a fixed price contract. If you are available to the PMHNP for consultation, and review charts every 30 days/month, this would satisfy the contract.

Question: Could drive time to your site from my office or home be included in the 30 hours requirement?

Answer: Yes.

5. **Question:** On the rare occasion (vacation) a substitute supervising physician is used by me to provide supervision at HHHC, would two supervision reports need to be submitted that month.

Answer: No, only the Supervising Psychiatrist who provided services to the PMNHP during that month would submit a report.

Question: would reimbursement be direct to the substitute physician for their portion of coverage, or would reimbursement stay the same and I would work this out between myself and the substituting physician?

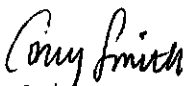
Answer: Payment would be made to the Provider who signed the contract.

6. **Question:** On page 14, 1.2 concerning substitute and replacement staff members; I have concerns that requiring credentialing and privileging “in advance” for the substitute supervising physician would be prohibitive, onerous for the substituting physician supervisor, since this can be a very lengthy process and might be impossible to achieve with any unexpected absence by me. I would suggest we add something to the effect that should an unscheduled interruption occur, a fully licensed board-certified psychiatrist could be used when there is not sufficient time to fully credential.

Answer: If you were awarded this contract, we would consider changing the language to clarify Section 1.2 with assistance from our attorney.

7. **Question:** I believe we need to have a conversation, should I be awarded the contract of your expectations for response time when the psychiatric NP reaches out to me at an unscheduled time. 2 or 3 times a week I perform hour long psychiatric evaluations, and unless there was a true emergency at your site, I would answer back after my evaluation is completed.

Answer: Yes, you are correct, and HHH anticipates that the Provider would be treating his/her own patients outside of HHH PMHNP schedule. I would recommend the Provider communicate scheduling conflicts with the PMHNP. This could be done via email, text, or phone.



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END OF CLARIFICATION