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United States Senate

COMMITTEE ON FINANCE

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April 29, 2026

Mr. Jim Shaheen
Chief Executive Officer
New Season
2500 Maitland Center Pkwy. Suite 250
Maitland, FL 32751

Dear Mr. Shaheen:

I am writing as the Ranking Member of the U.S. Senate's Finance Health Care Subcommittee with regard to allegations of substandard care at New Season methadone clinics in New Hampshire. Drug overdoses killed nearly 79,400 Americans in 2024 — and nearly 300 New Hampshire residents — yet only 25 percent of Americans with opioid addiction receive medication assisted treatment, the gold standard for opioid addiction treatment.¹ As the largest operator of methadone clinics in New Hampshire, New Season (also doing business as Metro Treatment of New Hampshire) plays a key role in ensuring that Granite Staters have access to this life-saving treatment for opioid addiction.²

¹ National Center for Health Statistics, Center for Disease Control, *Data Brief: Drug Overdose Deaths in the United States, 2023–2024* (Data Brief Number 549) (Jan. 29, 2026) (www.cdc.gov/nchs/products/databriefs/db549.htm); New Hampshire Fiscal Policy Institute, *Substance Use Disorder Services Funding in New Hampshire* (Sept. 29, 2025) (nhfpi.org/resource/substance-use-disorder-funding-in-new-hampshire/); Deborah Dowell et al., “Treatment for Opioid Use Disorder: Population Estimates - United States, 2022,” *CDC Morbidity and Mortality Weekly Report* (June 27, 2024) (pubmed.ncbi.nlm.nih.gov/38935567/).

² Opioid Treatment Program Directory, Substance Abuse and Mental Health Administration (SAMHSA) (www.samhsa.gov/find-help/locators/opioid-treatment-program-directory?state=New+Hampshire) (accessed Mar. 13, 2026).

I previously wrote to New Season in August 2025 seeking information to assess potential barriers to methadone treatment in the Granite State.³ These barriers may include, but may not be limited to, physical distance to methadone clinics,⁴ inadequate therapy and counseling services,⁵ and alleged billing schemes that decrease quality of care.⁶ Unfortunately, New Season did not provide documents or specific information that I requested on behalf of the Subcommittee, nor did it explain its failure to do so.⁷

Separately, my office launched a community survey of Granite Staters seeking information on their personal experiences with methadone clinics state-wide.⁸ In response to this ongoing survey, providers and patients in New Hampshire have raised troubling allegations about New Season. These allegations are described below and, if true, require prompt corrective action.

I. Drug Screening

Federal, and by extension, state rules require methadone clinics to conduct regular drug screenings of all patients.⁹ This testing is intended to inform patient care, promote patient accountability, and ultimately help patients recover.¹⁰ Patients who consistently test negative for commonly misused substances and meet other criteria are eligible for more flexibility in

³ Letter from Ranking Member Margaret Wood Hassan to Jim Shaheen, Chief Executive Officer for New Season (Aug. 27, 2025).

⁴ Noa Krawczyk and David Frank, *Travel Time to Opioid Treatment Programs in Connecticut—Still Waiting for Methadone*, JAMA Network Open (Feb. 3, 2026) (jamanetwork.com/journals/jamanetworkopen/fullarticle/2844618).

⁵ Katie Thomas and Jessica Silver-Greenberg, *Fraud and Fakery at the Country's Largest Chain of Methadone Clinics*, New York Times (Dec. 7, 2024) (www.nytimes.com/2024/12/07/health/acadia-methadone-clinics-fraud.html).

⁶ E.g., Complaint, *United States of America, et al. v. BayMark Health Services, Inc., et al.*, No. 4:22-CV-00029 (N.D. Ga. Jan. 31, 2022).

⁷ Letter from Jim Shaheen, Chief Executive Officer for New Season, to Ranking Member Margaret Wood Hassan (Sept. 15, 2025).

⁸ Senator Margaret Wood Hassan: *Senator Hassan Asks Granite Staters to Share Their Experiences at Methadone Clinics in New Hampshire Community Survey* (Dec. 12, 2025) (www.hassan.senate.gov/news/press-releases/senator-hassan-asks-granite-staters-to-share-their-experiences-at-methadone-clinics-in-new-hampshire-community-survey).

⁹ 42 CFR § 8. (2024).

¹⁰ American Society of Addiction Medicine (ASAM), *Appropriate Use of Drug Testing in Clinical Addiction Medicine*, at 10-11 (Apr. 5, 2017) (downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/the-asam-appropriate-use-of-drug-testing-in-clinical-addiction-medicine-full-document.pdf?sfvrsn=700a7bc2_0).

treatment, including more take-home doses.¹¹ Given that patients cannot get methadone at regular pharmacies, these take-home doses are critical to the successful treatment of many patients who might otherwise need to physically travel to a methadone clinic on a regular, often daily, basis to receive medication.¹² Positive drug tests — including false-positives — can thus have serious consequences for patients. Stable patients who have take-home doses revoked may be unable to meet established work and family commitments, or experience other consequences including parole violation, loss of eligibility for housing assistance, or loss of child custody.¹³

State and federal rules provide for confirmation (sometimes called definitive) drug testing when needed to rule out potential false-positive results in routine drug tests.¹⁴ In New Hampshire, patients have the presumption of non-violation for positive initial tests; per state rules, tests are “[only] considered positive if a disputed result undergoes definitive testing.”¹⁵ Moreover, Medicare and New Hampshire Medicaid (NH Medicaid) cover the cost of both initial drug screening and confirmation testing.¹⁶ Medicare and NH Medicaid cover these services in a “bundled” payment that accounts for everything the average patient might need during a given billing cycle, including confirmation testing.¹⁷ Medicare (and by extension, Medicaid) use this

¹¹ New Hampshire Administrative Code He-A 304.23(o) (2018). Note that as of 2024, federal regulations no longer require negative drug screening tests for take homes. *See also*, New Season, *Take-Home Medication: Personalized Flexibility for Your Recovery Journey* (www.newseason.com/treatment-services/take-home-medication/) (accessed Mar. 13, 2026).

¹² Lev Facher, *Rigid Rules at Methadone Clinics are Jeopardizing Patients’ Path to Recovery from Opioid Addiction*, STAT News (Mar. 12, 2024) (www.statnews.com/2024/03/12/methadone-clinics-rigid-rules-opioid-addiction-recovery/).

¹³ New Season Employee Interviews with Staff for Ranking Member Hassan.

¹⁴ ASAM, *supra* note 10; SAMHSA, *Federal Guidelines for Opioid Treatment Programs*, at 76 (Fall 2024) (on file with Subcommittee).

¹⁵ State of New Hampshire Department of Health and Human Services, *State OTP Provider Requirements Administrative Rule*, at 28 (www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdas-otpnov2022-training.pdf) (Nov. 2022).

¹⁶ Center for Medicare and Medicaid Services (CMS), *Medicare Benefit Policy Manual; Chapter 17 - Opioid Treatment Programs (OTPs)*, at 6 (www.cms.gov/files/document/chapter-17-opioid-treatment-programs-otps.pdf) (Mar. 28, 2025); State of New Hampshire Department of Health and Human Services, *Memo to NH Medicaid Opioid Treatment Providers Re: Opioid Treatment Program Billing Guidance, Effective January 1, 2024* (www.nhmmis.nh.gov/portals/wps/wcm/connect/de1705bd-5e5b-40a5-8499-a35fee387a45/OTP+Billing+Guidance+1.1.24.pdf?MOD=AJPERES&CVID=p5rnu2J) (May 13, 2025).

¹⁷ *See Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies*, 84 Fed. Reg 62648 (Nov. 15, 2019).

structure to “avoid creating financial disincentives that would prevent [methadone clinics] from furnishing medically-necessary care.”¹⁸

Nonetheless, current and former New Season staff and patients allege that the company charges a \$35 out-of-pocket fee to any patient who wants confirmation testing — a potentially significant barrier for patients. One former New Season employee told the Subcommittee, “I was always told that whatever the test came back, that’s what it is, and if [patients] want to challenge it, they have to pay \$35.”¹⁹ According to current and former patients and staff, New Season requires patients to pay this fee up front and only reimburses patients if a confirmation test shows a false-positive.²⁰ As one former employee stated, “That’s not a lot of money to me, and maybe it’s not a lot of money to you, but that is a devastating amount of money for...somebody early in recovery.”²¹ When patients do receive confirmation testing that shows a false-positive, the reimbursement process allegedly takes up to six months and may require repeated follow-up efforts on the part of patients, which decreases trust in treatment and exacerbates financial pressure.²² Meanwhile, patients who cannot pay for confirmation testing are at risk of losing access to take-home doses.²³

New Season policies may also limit confirmation testing, even for patients who receive coverage for testing through bundled billing under Medicare and Medicaid. “Patients receiving take-home medication, who produce positive urinalysis ... will receive more frequent urine drug screens for [90 days],” according to New Season policies that the Subcommittee obtained.²⁴ “A second positive urine drug screen during that period will result in patient’s loss of take-home doses.” The policy, however, does not require confirmation testing before revocation of take-home privileges.²⁵ On the contrary, the policy notes that certain conditions (contained in a separate document) must be met before ordering confirmation testing because “higher prices for these tests are charged by the testing laboratories.”²⁶ Relatedly, patients of New Season clinics

¹⁸ *Id.*

¹⁹ New Season Employee Interviews with Staff for Ranking Member Hassan.

²⁰ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

²¹ New Season Patient Interviews with Staff for Ranking Member Hassan.

²² New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

²³ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

²⁴ New Season Policy on Drug Screening (on file with Subcommittee).

²⁵ *Id.*

²⁶ *Id.*

have alleged that they lost take-home doses because of false positive drug tests — in one case for an entire month.²⁷

These practices have allegedly occurred despite concerns over Cordant Health Solutions (Cordant), a drug screening lab New Season uses for methadone clinics in New Hampshire.²⁸ Former New Season employees recounted waves of false positives that affected stable patients; management allegedly told one employee that the lab had used contaminated equipment.²⁹ In response to complaints from staff, New Season “supposedly went to [Cordant] to voice their concerns,” according to another former employee. However, when New Season staff told management the issues at Cordant were unresolved, it “was like falling on deaf ears once again.”³⁰ A former New Season employee at another clinic alleged that high-level executives at New Season knew about issues with Cordant, citing the company’s decision to set up its own in-house drug screening lab.³¹ Cordant, under its previous ownership, paid more than \$12 million to settle False Claims Act allegations in 2020 and 2021³² and was under a U.S. Department of Health and Human Services Corporate Integrity Agreement until November 2025.³³

II. Intensive Outpatient Programs

Intensive outpatient programs (IOPs) are Medicare- and Medicaid-funded mental health programs (including for opioid addiction and other substance use disorders) that offer a level of care between traditional once-weekly therapy or counseling and inpatient or partial hospitalization psychiatric care.³⁴ IOP entails at least nine hours of therapy and counseling per

²⁷ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

²⁸ New Season Employee Interviews with Staff for Ranking Member Hassan.

²⁹ New Season Employee Interviews with Staff for Ranking Member Hassan.

³⁰ New Season Employee Interviews with Staff for Ranking Member Hassan.

³¹ New Season Employee Interviews with Staff for Ranking Member Hassan; NPI Profile, *New Season Laboratories* (npiprofile.com/npi/1962048173) (accessed Mar. 13, 2026).

³² U.S. Attorney’s Office, District of Connecticut: *Healthcare Company and Lab Pay \$845K to Resolve Federal and State False Claims Act Allegations* (Feb. 5, 2021); U.S. Attorney’s Office, Western District of Washington: *DOJ Settles False Claims Act Allegations Against Drug Testing Lab with Operations in Tacoma and Denver: Cordant Health Solution Pays Nearly \$12 million to Settle Allegations it Paid Kickbacks for Urine Testing Referrals* (July 20, 2020).

³³ Department of Health and Human Services Office of Inspector General, *Corporate Integrity Agreement with Sterling Healthcare Opco, LLC d.b.a. Cordant Health Solutions* (July 20, 2020) (on file with Subcommittee).

³⁴ Medicare.gov, Mental health care (intensive outpatient program services) (www.medicare.gov/coverage/mental-health-care-intensive-outpatient-program-services) (accessed Mar. 13, 2026).

week and can be an appropriate supplement to standard methadone treatment.³⁵ This extra level of care can also be a financial opportunity for methadone clinics, as IOPs “are generally reimbursed at higher rates than standard outpatient therapy and allow practices to serve patients more frequently,” according to industry experts.³⁶ However, IOP may not be appropriate for all patients or clinics. According to the Medicare Benefit Policy Manual, for example, patients admitted to an IOP can have severe substance use issues, “but not so limiting that patients require the level of treatment provided in an inpatient setting, and not so limiting that patients cannot benefit from participating in an active treatment program.”³⁷ IOP also requires a significant amount of staff capacity, and not every health care provider may be able to “manage the operational, regulatory, and staffing requirements these programs entail,” according to industry experts.³⁸

Allegations by current and former employees raise concerns that New Season may have pursued increased IOP enrollment regardless of suitability for patients. According to one former employee, New Season hired a regional manager for IOP enrollment in the Northeast who told staff: “Everyone coming in for an intake should be told they’ll be doing nine hours of IOP a week. Don’t ask them if they want to do IOP, volun-tell them.”³⁹ This employee alleged that patients at their clinic were enrolled in IOP regardless of clinical appropriateness.⁴⁰ Likewise, a former employee at another clinic told the Subcommittee that most participants in IOP were people with severe substance abuse issues who could not benefit from the program.⁴¹ Yet, according to this employee, “Corporate [made] it really uncomfortable for us as if we’re doing something wrong because we can’t get people to buy into the IOP.”⁴² New Season policies and training materials obtained by the Subcommittee repeatedly note the potential benefits of IOP but do not contain key caveats regarding these programs such as those in the Medicare Benefit Policy Manual.⁴³

³⁵ CMS, *supra* note 16, at 3.

³⁶ Valant, *The Business Case for Adding IOP/PHP Programs* (www.valant.io/resources/blog/the-business-case-for-adding-iop-php-programs) (accessed March 13, 2026)

³⁷ Center for Medicare and Medicaid Services, *Medicare Benefit Policy Manual; Chapter 6 - Hospital Services Covered Under Part B*, at 38 (www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c06.pdf) (Dec. 21, 2023).

³⁸ Valant, *supra* note 35.

³⁹ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴⁰ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴¹ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴² New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴³ New Season Policies and Training Materials for IOP (on file with Subcommittee).

In a September 15, 2025 letter to the Subcommittee, New Season touted IOP as a key driver of reduced treatment dropout rates company-wide.⁴⁴ Current and former New Season employees, however, allege that IOP dropout rates at some New Hampshire clinics are close to 100%.⁴⁵ New Season also allegedly lacked formal, company-wide standards for IOP treatment; instead, it allegedly made staff responsible for developing their own treatment materials, which raises additional questions about New Season’s commitment to such treatment.⁴⁶

These allegations potentially compound alleged issues with understaffing at New Season clinics. Current and former staff have consistently said that they do not have the staff capacity to provide state-mandated levels of therapy and counseling or maintain quality patient records.⁴⁷ Counselors at some New Season clinics are reportedly responsible for more than 70 patients.⁴⁸ One former employee described counselors who claimed to do “impossible” numbers of counseling sessions based on a 40-hour work week.⁴⁹ At another clinic, counselors routinely save time by conducting 15-minute therapy sessions that they document as lasting an hour, according to a former employee.⁵⁰ At a third clinic, the program director allegedly designated a “counselor of the day,” who was a counselor assigned to complete other staff members’ overdue treatment plans, psychosocial assessments, and individual counseling notes, including for patients the designated counselor never treated.⁵¹ Despite these conditions, current and former employees at multiple clinics allege that New Season has taken disciplinary action against staff who accrue overtime — even as little as 10 minutes.⁵²

III. Tablet Methadone

Most individuals who receive methadone treatment take methadone in liquid form, which provides faster, more precise dosing.⁵³ Methadone is also available in a tablet form, which may

⁴⁴ New Season, *supra* note 7, at 3.

⁴⁵ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴⁶ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴⁷ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴⁸ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁴⁹ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁵⁰ New Season Employee Interviews with Staff for Ranking Member Hassan.

⁵¹ New Season Employee Interviews with Staff for Ranking Member Hassan; The Subcommittee notes that these allegations are similar to those in a 2023 whistleblower lawsuit against New Season in Texas. *See, Complaint, Mitchell et. al. V. Metro Treatment of Texas LP*, No. 3:23cv2621 (N.D. Tex. Nov. 21, 2023).

⁵² New Season Employee Interviews with Staff for Ranking Member Hassan.

⁵³ Alison Knopf, *Liquid Methadone: Why It’s Used, and What This Means for Reform*, *Alcoholism & Drug Abuse Weekly* (Aug. 28, 2023) (onlinelibrary.wiley.com/doi/10.1002/adaw.33873).

be appropriate for individuals who have digestive or allergy-related issues with liquid methadone. Current state and federal rules make no apparent distinction between liquid and tablet formulations, and there are do not appear to be any prohibitions on the use of tablets when clinically indicated.⁵⁴ While tablet methadone has historically been prone to diversion, available data suggests current safeguards decrease the risk of misuse, even when patients are given increased take-home flexibilities.⁵⁵

In mid-2025, the New Season clinic in Concord, New Hampshire allegedly informed patients of a policy requiring them to obtain documentation from a primary care provider before the clinic continued to provide them with tablet methadone.⁵⁶ The clinic included under this policy stable patients in long-term recovery who had a demonstrated history of using tablet methadone and complying with diversion controls.⁵⁷ Sources – including both patients and staff at the Concord clinic – said that they could not obtain a written copy of this policy, which is not contained in the New Season patient handbook or in federal or New Hampshire state regulations.⁵⁸ A company policy that the Subcommittee obtained states that “[a] patient’s request for [tablets] is totally contingent on the approval of the medical provider, in conjunction with written documentation from their outside medical provider as to the justification for the request.”⁵⁹ The text of this policy does not mention exceptions for patients who lack a primary care provider, prefer not to disclose their substance use disorder, and/or have an established history of using tablet methadone safely and effectively.⁶⁰

Patients who were forced to switch to liquid methadone under this policy also experienced withdrawal symptoms and inconsistent dosing because they vomited their

⁵⁴ *Medications for the Treatment of Opioid Use Disorder*, 89 Fed. Reg. 7528 (Feb. 2, 2024) (codified at 42 C.F.R. § 8); SAMHSA, *supra* note 14; New Hampshire Administrative Code He-A 304 (2018).

⁵⁵ Christopher M. Jones et. al., *Methadone-Involved Overdose Deaths in the US Before and After Federal Policy Changes Expanding Take-Home Methadone Doses From Opioid Treatment Programs*, JAMA Psychiatry (July 13, 2022) (jamanetwork.com/journals/jamapsychiatry/fullarticle/2793744).

⁵⁶ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

⁵⁷ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

⁵⁸ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan; New Season Patient Handbook (copy on file with Subcommittee); Hampshire Administrative Code He-A 304.23 (2018).

⁵⁹ New Season Policy on Dispensing (on file with Subcommittee).

⁶⁰ *Id.*

medication — increasing risk of relapse.⁶¹ Current and former New Season patients and counselors have expressed that this policy also violated patient privacy by effectively forcing the disclosure of substance use disorder to a third party.⁶² However, both patients and staff say that they feared retaliation from the program director for raising issues with the tablet policy.⁶³ One patient at the Concord clinic who has so far maintained access to tablets shared his emotional distress over the uncertainty this policy has caused: “This is one of the biggest stresses in my life. I’ve got problems up ahead if [New Season] goes through with this.”⁶⁴

Given the allegations described above, the Subcommittee reiterates the information and document requests in the August 2025 letter. The Subcommittee also requests answers to the following additional requests, to be provided no later than May 14, 2026, covering the period between January 1, 2024, to January 1, 2026. All questions pertain to New Season opioid treatment programs (OTPs) in New Hampshire and patients in these programs, unless otherwise specified.

1. Please provide all policies and procedures associated with confirmation testing;
2. Please provide the number of confirmation tests disaggregated by clinic and month;
3. Please provide an explanation of all costs for New Season associated with a single episode of confirmation testing, including but not limited to the negotiated price per confirmation test between New Season and drug screening laboratories;
4. Does New Season require patients to pay a fee for confirmation testing? If so, how much is this fee, and does New Season charge this fee to Medicare and/or NH Medicaid beneficiaries?
5. If New Season charges a patient for confirmation testing, and the initial test is confirmed to be a false positive, does New Season reimburse the patient? If so, what is the average time it takes to process reimbursement?

⁶¹ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

⁶² New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

⁶³ New Season Patient Interviews with Staff for Ranking Member Hassan; New Season Employee Interviews with Staff for Ranking Member Hassan.

⁶⁴ New Season Patient Interviews with Staff for Ranking Member Hassan.

6. As of the date of this letter, what is the value of all outstanding reimbursements for confirmation testing that New Season owes patients in the state of New Hampshire? Please provide data disaggregated by clinic;
7. Does New Season limit access to take-home doses for patients who are challenging an initial drug screen and are waiting for the results of confirmation testing? If so, what is the regulatory basis for this practice?
8. Please identify all drug screening labs with which New Season has contracted, the clinics these labs serve, and the start and end date for all such contracts;
9. Is New Season aware of any issues with the reliability of drug screening and/or noncompliance with industry standards at Cordant, including but not limited to contamination of samples or equipment, lost samples, or deficient recordkeeping? If so, please describe these issues and any actions New Season has taken to address them;
10. Please provide an explanation of New Season billing procedures for Medicare- and NH Medicaid-funded IOP at OTPs, including applicable billing codes, reimbursement rates, and relevant conditions of payment (e.g., minimum hours of therapies in a seven-day period, minimum length of episode (in weeks), and credentials of therapists providing IOP);
11. Please provide assessment protocols for determining the appropriate level of care for patients and the results of level of care assessments (e.g., proportion of patients needing OTP only, residential, IOP, etc.) disaggregated by clinic and month;
12. Does New Season count therapy and counseling provided as part of IOP towards the therapy and counseling requirements for methadone treatment under He-A 304 of New Hampshire Code of Administrative Rules? If so, what policies and practices does New Season maintain to avoid double billing for these services?
13. How many patients have enrolled in IOP? How many patients have completed six consecutive weeks of IOP? Please provide data disaggregated by clinic and by month;
14. Does New Season maintain a company-wide IOP curriculum? If so, when did the company establish this curriculum? Prior to the establishment of any curriculum, what steps did New Season take to ensure that its IOP met state and federal requirements?
15. Please provide documents sufficient to show New Season's policies and practices for overtime, including, but not limited to when overtime should be authorized, the disciplinary process for unauthorized overtime, and how any violations should be communicated to staff;

16. How much overtime has New Season pre-approved for counselors? How much unauthorized overtime have counselors worked? Please provide data disaggregated by clinic and by month;
17. Please explain the rationale for New Season's policy requiring stable, long-term patients to obtain documentation from a third-party medical provider;
18. Please explain the rationale for New Season's policy prohibiting clinics that do not already provide tablet methadone from initiating such treatment;
19. Since January 2024, how many patients have received methadone in tablet form? Please provide data disaggregated by clinic and by month;
20. Please provide copies of all EthicsPoint complaints related to staff shortages, inaccurate patient records, drug screening, IOP, or access to tablet methadone, excluding any protected health information.

If you have any questions related to this request, please contact [REDACTED] at [REDACTED] or [REDACTED]. Please send any official correspondence relating to this request to [REDACTED]

Sincerely,



Margaret Wood Hassan
Ranking Member
Senate Finance Subcommittee on Health Care

cc: Senator Todd Young
Chairman

Ms. Lori Weaver
Commissioner
New Hampshire Department of Health and Human Services