

STATE OF ALASKA

Department of Health
Division of Behavioral Health



ALASKA OPIOID TREATMENT PROGRAM CENTRAL REGISTRY

RFP NUMBER 2026-1600-0062

Amendment #3

ISSUE DATE: October 31, 2025

This amendment is being issued to revise the deadline for receipt of proposals to 5:00PM Alaska Time, November 17, 2025.

It also serves to answer additional questions (11 through 20) submitted by potential offerors and to provide additional important information. Questions 1 through 10 were answered in Amendment #1.

Note "Updates to the RFP" section of this amendment beginning on page 3 for additional updates/corrections made in Amendment #3.

Offerors must use Submittal Form A – Offeror Information to acknowledge this amendment.

Annalisa Haynie

Name: Annalisa Haynie
Procurement Officer

Email: Annalisa.Haynie@alaska.gov

Questions submitted by potential offerors and answers from the State:

Q#	PAGE	SEC.#	TOPIC	QUESTION	RESPONSE
11.	15, 17	3.03.6, 3.03.8	Data Migration	Section 3.03.6 of the RFP requires the new system to use the "current Vendor's procedures" for case numbers, and Section 3.03.8 refers to pulling data from the "current system." To assist with data migration, could the State identify the incumbent vendor and the name of the current system?	There is no current system. SEC. 3.03.06.1.3 is removed. SEC. 3.03.8.3.a is modified.
12.	9, 14	3.01, 3.03.5	Technical Standards	Section 3.01 requires the registry to support "seamless data exchange" and Section 3.03.5 requires "Electronic Transfer" capabilities. To ensure a modern and future-proof architecture, is there a desire from the State for the solution to align with nationally recognized standards such as HL7 FHIR?	The State encourages all vendors to propose solution(s) that align with current and emerging standards for data exchanges and electronic data transfers. It is outside of the State's limits to identify what EHRs OTPs shall use.
13.	10 (RFP), 2 (Amend. #1)	3.02	EMR/EHR Integration Scope	Section 3.02 of the Scope of Work states the registry "should be designed for compatibility and potential integration" with EHRs, and Amendment #1 clarifies that the cost proposal must include pricing for "at least integration with the OTPs." To accurately scope and price this required integration, could the State identify which specific EHR/EMR vendors are in use at the OTP facilities and clarify the expected depth of this initial integration?	This is outlined in 3.03.5 on page 14 and includes: Methasoft, Methware, and SMART (TS Plus). The depth is outlined overall in 3.03.
14.	15	3.03.6	Data Migration	To support the "data conversion" requirement outlined in Section 3.03.6, would it be possible for the State to provide a representative, de-identified sample of the legacy data?	The State does not currently have this data. The data exists within the OTP's EHR vendor. The intention is for the central registry awardee to work with the OTP's EHR vendors for data conversion.
15.	15	3.03.6	Data Migration	In relation to the "data conversion" requirement in Section 3.03.6, is there an existing data dictionary for the legacy source system that can be shared to assist with data mapping?	The State does not currently have this data. The data exists within OTP's EHR vendor. The intention is for the central registry awardee to work with OTP's EHR vendors for data conversion.
16.	15	3.03.6	Data Migration	Regarding the "data conversion" in Section 3.03.6, could the state characterize the quality of the legacy data? Specifically, are there known data quality issues (e.g., incompleteness, invalid formats) that the vendor will be responsible for remediating as part of the migration?	The State does not currently have this data. The data exists within OTP's EHR vendor. The intention is for the central registry awardee to work with OTP's EHR vendors. The State is unaware of data quality issues.

Q#	PAGE	SEC.#	TOPIC	QUESTION	RESPONSE
17.	8, 15	2.01, 3.03.6	Data Volume	Amendment #1 helpfully provides the current active patient count. To accurately estimate the data migration effort, could the State also provide an approximate number of total historical patient records to be migrated?	This is not within the current capacity of the State.
18.	14	3.03.5	OTP Software Integration	Section 3.03.5 requires the registry to electronically upload data from specific OTP dispensing software (Methasoft, Methware, SMART). To properly scope this integration, can the State provide technical contacts at the OTPs or specify the data export capabilities (e.g., API, flat file version) of these systems as they are currently deployed in Alaska?	Please feel free to reach out to OTPs. This can be found via the OTP Directory at https://dpt2.samhsa.gov/treatment/directory.aspx .
19.	13, 14	3.03.5	MMU Scope	The RFP requires the system to track and report on patients utilizing Mobile Medication Unit (MMU) services at specific "stops" (Section 3.03.5). To understand the scale of this feature, could the State provide the current number of MMUs in operation and an approximate number of unique service locations?	There are currently no approved MMUs. These stipulations were included in the RFP in case OTPs begin to establish MMUs.
20.	14	3.03.5	Strategic Direction	Section 3.03.5 of the RFP requires the OTP Registry to submit daily dosing information to the state's PDMP. Nationally, many states are exploring ways to move beyond simple data reporting and create tighter, more real-time integrations to improve patient safety and clinical decision support at the point of care. Considering this, does the State of Alaska have a long-term strategic priority to create a more integrated data ecosystem where the PDMP and OTP systems can share data bi-directionally to support clinical workflows?	At this time the State of Alaska has not prioritized this bidirectional clinical workflow; however, this may change in the future.

Updates to the RFP

Change 1:

SEC. 1.03 Deadline for Receipt of Proposal is updated to November 17, 2025, 5:00PM Alaska Time.

Change 2:

SEC. 1.11 RFP Schedule is updated.

Change 3:

SEC. 3.01.6 Compliance and Security – Alaska regulation citation is corrected as 7 AAC 70.125.

Change 5:

SEC. 3.03.1.8 under General is modified to provide clarity.

Change 6:

SEC. 3.03.3.2.b.iii under Dosage Verification is modified to delete the word “annually”.

Change 7:

SEC. 3.03.5.5 under Operating Requirements, Customer service hours are updated to reflect 6:00AM to 5:00PM Alaska time.

Change 8:

SEC. 3.03.5.10.b the last sentence is modified to begin with “Currently”.

Change 8:

SEC. 3.03.6.1.d under Performance Standards is removed. All section letters following are updated.

Change 9:

SEC. 3.03.6.1.e under Performance Standards is removed.

Change 10:

Sec. 3.03.8.3.a under Acceptance Testing is modified.

Change 11:

SEC. 3.04 Timeline – The security assessment is updated to be completed by February 2026. The Alaska Opioid Treatment Program Central Registry must be developed by updated timeline of July 2026. The Opioid Treatment Programs including medication units must be incorporated into the Alaska OPT CR, by updated timeline of October 2026.

Change 12:

Attachment 4 - Submittal Form L – Cost Proposal, Key Milestones & Deadlines 1, 2 & 3 are updated accordingly with timeline updates noted above in Change 11.

End of Amendment #3