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RFP Addendum #1

RFP NUMBER AND TITLE:	**RFP-2025-ADMIN-01 for Healthcare Professional Monitoring Program for the Licensees of Health Professions**
AMENDMENT DATE:	March 21, 2025
PROPOSAL DUE DATE:	April 4, 2025 @ 4:00PM (ET)
RFP ISSUED BY:	The Office of Professional Licensure and Certification (OPLC)
Unless specifically addressed below, all other provisions and clauses of the RFP remain unchanged.	

Changes to Proposal Content

Questions and Answers

Question #	Vendor Question	OPLC Answer
1	Page 3 1.2 overview "OPLC anticipates awarding up to two (2) contracts for these services: How does OPLC see two organizations performing this work? How will the available funding be distributed between two awardees should multiple contracts be awarded?	The intent would be for each contractor to provide services to a board's licensee population as a whole, with boards assigned to each contractor should two acceptable proposals be received. Funds would be distributed according to contract award and availability of funding.
2	Page 4, 2.1.1.1 - Are the eight boards added to the current 13 boards covered by NHPHP from (the formerly known as) Allied Health category? Does this mean that in consulting the 2024 Annual Report there are 8309 new licensees eligible for PHP services?	The additional boards were formerly known as Allied Health, and the licensees under those board would be eligible for PHP services.

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3	Page 4, 2.1.1.3 - If a participant has a violation of the monitoring agreement and this is sent to “OPLC” to whom is the letter or notice addressed? Would the selected/contracted organization still send it to the licensee’s professional board via Board administrator?	To be determined, as some internal processes are currently undergoing change.
4	Page 4, 2.1.1.4 - Please clarify “may” be disqualified and how will this be determined? (i.e., by licensee type; reason for referral?)	According to the terms and conditions of certain licensure compacts, multi-state licensees enrolling in a monitoring program must revert to a single state license and are not eligible for a multi-state license while participating in the monitoring program. The successful vendor must make potential participants aware of this stipulation, regardless of whether the participant holds a multi-state license or not, as enrolling in a monitoring program may affect their license status or prevent a multi-state license from being obtained.
5	Page 5, 2.1.1.9 - Does this requirement pertain to a voluntary referral? I.e., if a self-referred individual declines referral to a program approved site, is it incumbent on the selected/contracted organization to report this to the OPLC? b) What will OPLC use as criteria to approve an alternative program of treatment for HCPs?	If the individual was a voluntary referral to the OPLC then yes it would apply; however, if the individual was a voluntary referral to the monitoring program vendor, without the knowledge of the board, then OPLC should not be notified.
6	Page 5, 2.1.1.11 - Please clarify and give examples of other key data and metrics that could include client level demographics, performance and service data.	To be determined, but could include length of monitoring plans, frequency of test or treatment sessions, types of alternative treatments used, number of participants by board, etc. Data would be used for cost/statistical tracking and would be anonymous to the participant's name.

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7	Page 5, 2.1.1.12 - Please expound on what is meant by “active and regular collaboration including key performance objectives’ (in the resulting contract) ~ What might be expected? Can OPLC ensure that the shared data will not include any identifying information especially taking into account self-referrals who are not known by OPLC or the Boards? Will OPLC include a confidentiality clause regarding Protected Health Information for any data requested?	Any resulting contract will address confidentiality requirements for both parties. For self-referrals, the successful vendor would need to assign a unique identifier to allow OPLC to track for statistic/cost purposes.
8	Page 5, 2.1.2.1 - Should the numerators and denominators be reported by subcategories and also by total across all subcategories?	Yes.
9	Page 5, 2.1.2.4 - Is it known among OPLC regulators that most monitored participants are monitored for five years? Is it correctly interpreted that the metric here is that the selected/contracted organization only report on participants starting in any given month and completing that same month for the numerator?	The metric is intended to capture how many participants successfully completed their monitoring program during the reporting month, regardless of when they first enrolled in the monitoring program. The numerator is intended to be number of Healthcare Professionals that have completed the program that month, and the denominator is intended to be the number of Healthcare Professionals currently enrolled in monitoring programs.
10	Page 5, 2.1.2.4 - How will OPLC take into account the increase in the denominator from added specialties at the start of the contract month?	The successful vendor shall be given the number of current licensees (the denominator) for each eligible board at the beginning of the fiscal year to be used in developing the metrics for that year. State fiscal years run from July 1 to June 30. The denominator for 2.1.2.4 is intended to be the of the number of Healthcare Professionals currently enrolled in monitoring programs with the contractor, which may change from month to month.

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11	Page 6, 2.1.2.5 - Please explain what monitoring activity refers to (i.e., a test missed? A therapy session missed? A Meeting missed?) If a monitored healthcare professional (HCP) misses a test AND a facilitated meeting does that count as TWO HCPs missing an activity?	A monitoring activity would be any regular scheduled activity under the monitoring agreement, including but not limited to: tests, therapy sessions, meetings, and treatment sessions. That instance would be viewed as a single HCP missing an activity for purposes of the metric.
12	Page 6, 2.1.3.2 - Please explain what 'clinical outcomes' OPLC is looking for in the Work Plan/Summary of Activity Reporting Form. Are these the metrics described in the above Performance Measures?	Clinical outcomes could include recidivism rates, effectiveness of the monitoring programs, and patient experience during the course of the program.
13	Page 7, 3.1.2 - Why isn't the non-lapsing fund mentioned in RSA 310:5 referenced in this funding discussion? Is it considered an "Agency fund," or is there a proposed change to the statute?	OPLC has a dedicated operating fund in addition to the dedicated PHP fund.
14	Page 7, 3.1.3.2 - Does this statement prohibit or render it impermissible to have a benevolence fund created and available for healthcare professionals experiencing financial hardship?	Not at all. This statement serves to notify potential vendors those costs are not intended to be borne by the successful vendor(s).
15	Page 7, 3.1.3.3 - How does OPLC define "aggregate percentage?" Will this be a grand average?	The aggregate percentage shall mean the average of three, consecutive monthly percentages, of the number of licensees that successfully complete the program divided by the number of all licensees enrolled in a monitoring program.
16	Page 7, 3.1.3.3 - As in 2.1.2.4, how will OPLC take into account the increase in the denominator at the start of the contract? How will OPLC take into account the increase in denominator monthly?	The successful vendor shall be given the number of current licensees (the denominator) for each eligible board at the beginning of the fiscal year to be used in developing the metrics for that year. State fiscal years run from July 1 to June 30. The denominator for 2.1.2.4 is intended to be the of the number of Healthcare Professionals currently enrolled in monitoring programs with the contractor, which may change from month to month and the contractor is expected to report accurate numbers.

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17	Page 7, 3.1.3.3 - Would OPLC be willing to discuss alternative measures of our value to NH citizens, to the NH licensees and to the OPLC?	No, award will be based on the criteria established by this RFP.
18	Page 8 - 4. Proposal Evaluation: How do the two scores, Technical and Cost Proposal, together influence the ranking of applicants?	The Technical Proposal score and Cost Proposal score are combined into a total score.
19	Page 9, 4.2.1 - What are the criteria for earning the 21 point minimum? What are the criteria for earning the remaining points up to 70?	A total of 70 points may be allotted to the cost proposal, to be considered for award a vendor's cost proposal must be scored a minimum of 21 points. All cost proposals shall be scored using the following formula: Cost Proposal = (Lowest Proposed Price / Respondent's Proposed Price) x Number of Points for Score
20	Page 9, 4.2.3.1 - Where does the "Number of Points for Score" come from? Please clarify the equation cited.	The "Number of Points for Score" is the maximum points allotted for the Cost Proposal score. The maximum points that can be allotted to a Cost Proposal in this RFP is 70. Cost Proposal = (Lowest Proposed Price / Respondent's Proposed Price) x Number of Points for Score (70 points)
21	How many total licensed healthcare professionals are covered in the Health Professional Monitoring Program (HPMP) for the Licensees of Health Professions?	From FY24 Annual Report, approximately 90,224 licensees.
22	How many licensed healthcare professionals were enrolled in the program?	Approximately 60 licensees enroll in monitoring agreements per year
23	Can you provide the annual Service Utilization Report, and if not, how many intakes were there and how many monitoring cases were there?	Varies, approximately 60 new intakes in the last calendar year.
24	How many new admissions per month for both self-report and regulatory?	Varies, approximately 3 self-reported and 3 referred monthly average.

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25	Have there been any lawsuits filed in relation to the HPMP program in the last 5 years? If so, can you provide the allegations and conclusion related to each lawsuit, or provide a link to where we can review that information?	None.
26	What is the length of their self-referred and regulated monitoring agreements?	To be determined by the successful vendor's qualified staff on an individual basis. Majority of agreements last up to one year, with some lasting up to 5 years.
27	What are the current credentials of intake staff and case monitoring (HPMP) professionals?	Intake staff consist of a Doctor of Osteopathic Medicine with 20+ year clinical experience and an MRO certification; case monitoring staff are Licensed Alcohol and Drug Counselors with 15+ years professional experience
28	Do HPMP behavioral health professionals conducting intake and monitoring services need to be licensed in the state of New Hampshire? Evaluators or treatment providers for HPMP participants would be licensed in NH	Yes, intake and monitoring staff shall be licensed in NH. Please refer to Administrative Rule Plc 503.04 & 503.08 for more information: gc.nh.gov/rules/state_agencies/plc500.html
29	Would an established and successful PHM provider for many years headquartered in Michigan be considered for this contract?	Yes.
30	What is the name of the organization that currently provides this service and how long have they been doing so?	New Hampshire Professionals' Health Program; approximately 20 years.
31	Is there an established provider network for both evaluation and treatment for both physician and non-physician healthcare professionals? Do physicians have to have an evaluation by a physician?	Elements of specific monitoring agreements are listed in Administrative Rule Plc 503.07. gc.nh.gov/rules/state_agencies/plc500.html Evaluation by a Physician would only be required if it were specifically required by a monitoring agreement that is prescribed by the Board to the licensee.
32	Is it an accurate assumption that the selected HPMP provider will be required to maintain and develop the provider network?	Yes.

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33	How many providers are currently in-network with HPMP?	Unknown at this time.
34	For non-physicians, are master or doctorate leveled behavioral health professionals able to conduct the initial evaluation and provide treatment?	Elements of specific monitoring agreements are listed in 503.07: gc.nh.gov/rules/state_agencies/plc500.html
35	What are the reasons for going out to bid?	The current contract for a Healthcare Professionals Monitoring Program is expiring and NH's laws require competitive procurement.
36	What type of investigations are carried out by HPMP in regards to a participants compliance or non-compliance?	A participant's non-compliance with the terms of HPMP monitoring agreement shall be reported to OPLC. Investigations are carried out by OPLC Division of Enforcement.
37	What is the level of certifications for agreement monitors? 7.1	Licensed Alcohol and Drug Counselors with adequate experience
38	Is there a need for a Medical Director and do they have to be licensed in NH?	Yes, staff shall be licensed in NH. Please refer to Administrative Rule Plc 503.04 & 503.08 for more information: gc.nh.gov/rules/state_agencies/plc500.html
39	Does the company need to be registered with the state of NH?	Yes, registration with the NH's Secretary of State is required for contract award.
40	Can toxicology be administered by a sub vendor?	Yes, toxicology services can be administered by a sub vendor.
41	What is the current cost of the program?	$806,856 per year.
42	How many participants do you have?	Approximately 90,224 licensees are covered by the program. Approximately 60 licensees enroll in monitoring agreements per year
43	Who is the current vendor?	New Hampshire Professionals Health Program
44	Are quarterly meetings in person or virtual? 2.1.1.10	Quarterly meetings can be virtual.
45	Will you provide a current list of providers?	Current providers unknown at this time.