



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR INFORMATION
FOR
DATA REQUEST SYSTEM

RFI # 34320-12417
SEPTEMBER 2, 2016

1. **STATEMENT OF PURPOSE:**

The State of Tennessee, Department of Health (TDH) issues this Request for Information (“RFI”) for the purpose of procuring a Data Request System for the Division of Policy, Planning, and Assessment (PPA). We appreciate your input and participation in this process.

2. **BACKGROUND:**

This tool will be used to process requests for health-related data pertaining to the 95 counties of the state of Tennessee. This tool will reside within the Division of Policy, Planning, and Assessment (PPA) within the Department of Health. The objective is for PPA to have a web portal for any user to be able to register an account and submit a data request web form to launch PPA’s workflow for registering the request, assigning the request, responding to the request and determining trends through business process analytics to conduct PPA process improvement. The Data Request System must meet the requirements specified in “**Software Requirements Specification for TDH Data Request Tool, Version 1.2**”.

Below is a list of features which are required in our Data Request System:

1. Registration of a Data Requester and creation of a secure login for the Requester. There shall be no limitations to the number of data requests and user registrations.
2. Logging-in to the Data Request system via the World Wide Web (WWW) and should be compatible with all the available web browsers from Microsoft (Internet Explorer), Apple (Safari), Google (Chrome), and Mozilla (Firefox).
3. Creation of a new Data Request package along with requisite supporting documents.
4. Data Request administration and permission groups for employees responding to data requests:
 - a. Request overview and classification of the Requester as being one of the four following categories:
 - i. Public end-users with ability to register for an account and submit a data request.

- ii. Frontline employees of the State of Tennessee with ability to view and respond to data request assigned to the employee or the team that the employee has been assigned to work in. This category of users generally produces aggregation of raw data and outputs in the form of tables, graphs/charts, summaries and fact sheets.
 - iii. Mid-level employees of the State of Tennessee with ability to view, respond, and assign tasks for fulfilling the data request to teams under him/her. This category of users may handle patient level record requests and might analyze datasets to match, merge, tabulate, etc.; produce health statistics and health summary reports (>5 pages).
 - iv. High-level employees with ability to view, respond, edit work of others, audit and validate results of data request, assign tasks to fulfill data requests to teams and individuals, communicate with other teams for additional data set dependencies, and review complex research data requests that may involve patient-level information as well as other complex analytical functions that may involve multiple datasets.
- b. Tracking of distribution of Data Request including, internal validation, and data request fulfillment task assignments and schedules.
 - c. Data Request Sign-Off and Submission
 - d. Communication of Data Request as needed to different categories of data request handlers (as described above).
 - e. Deletion of Data Request
 - f. Data Request History and user transaction log.

3. **COMMUNICATIONS:**

- 3.1. Please submit your response to this RFI to:

Melissa Painter
Department of Health
Service Procurement Program
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-0285
E-Mail: melissa.painter@tn.gov

- 3.2 Please feel free to contact the Department of Health with any questions regarding this RFI. The main point of contact will be:

Melissa Painter
Department of Health
Service Procurement Program
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-0285

E-Mail: melissa.painter@tn.gov

3.3 Please reference RFI # 34320-12117 with all communications to this RFI.

3.4 A Pre-Response Tele-Conference will be held at the time and date detailed in the RFI § 4, Schedule of Events. This conference will be held to provide interested respondents with an overview of the State's needs. This will also serve as an opportunity for respondents to ask questions about the software to be procured. The conference telephone number is **(888) 757-2790** and the participant passcode is **793536**.

4. **RFI SCHEDULE OF EVENTS:**

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		September 2, 2016
2.	Pre-Response Teleconference	10:00 am	September 8, 2016
3.	"Written Questions and Comments" Deadline	2:00 pm	September 12, 2016
4.	State Response to "Written Questions and Comments"		September 15, 2016
5.	RFI Response Deadline	2:00 pm	September 22, 2016

5. **GENERAL INFORMATION:**

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2 The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3 The State will not pay for any costs associated with responding to this RFI.

6. **INFORMATIONAL FORMS:**

The State is requesting the following information from all interested parties. Please fill out the following forms:

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TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

3. BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS

4. BRIEF DESCRIPTION OF HOW OFTEN SOFTWARE IS UPGRADED AND THE PROCESS USED TO UPGRADE THE SOFTWARE.

5. WHAT FEEDBACK CAN YOU OFFER TDH IN REGARDS TO THE **SOFTWARE REQUIREMENTS SPECIFICATION**?

6. PLEASE DESCRIBE THE PRODUCT THAT YOU WOULD OFFER TDH TO MEET THE **SOFTWARE REQUIREMENTS SPECIFICATION**?

7. BRIEF DESCRIPTION OF HOW YOU WILL SECURE THE PRODUCT.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):

2. Describe the typical price range for similar services or goods

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: