



STATE OF TENNESSEE
Department of Health

**REQUEST FOR PROPOSALS # 34307-31316
AMENDMENT # 2
FOR DATA COLLECTION SYSTEM FOR EMERGENCY
MEDICAL SERVICES ELECTRONIC PATIENT CARE
REPORT AND TRAUMA SYSTEM REGISTERS**

DATE: 9/20/16

RFP # 34307-31316 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		August 17, 2016
2. Disability Accommodation Request Deadline	2:00 p.m.	August 22, 2016
3. Pre-response Conference	10:00 a.m.	August 29, 2016
4. Notice of Intent to Respond Deadline	2:00 p.m.	August 30, 2016
5. Written "Questions & Comments" Deadline	12:00 p.m.	September 6, 2016
6. State Response to Written "Questions & Comments"		September 20, 2016
7. Response Deadline	12:00 p.m.	September 26, 2016
8. State Completion of Technical Response Evaluations		October 5, 2016
9. State Opening & Scoring of Cost Proposals		October 6, 2016
10. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection		October 11, 2016
11. End of Open File Period		October 18, 2016
12. State sends contract to Contractor for signature		October 19, 2016
13. Contractor Signature Deadline		October 24, 2016

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT	STATE RESPONSE
1 Will a full copy of a current Dun & Bradstreet Report satisfy the requirement in A.5?	Yes.
2 How will the State prefer to migrate data into the system? What is the scale and scope of this migration? Can the State identify the data standard and version number for any existing data that is to be migrated into the system?	We will provide an export of current data points from both EMITS and Trauma for the vendor to map and import that data to the new system. The scope and scale For EMITS would be approximately 50 fields in over a million records, for Trauma there are approximately 190 fields and over 200 thousand records. Data Standard and Version: For EMITS is NEMESIS data standard 2.2.1. Trauma data currently is imported from a third party vendor and uploaded to registry.
3 What is the State’s timeline for the implementation, data import/migration, and go-live for the Trauma Aggregation functionality?	Implementation is same for both Trauma and EMITS by November 15, 2016. Import/migration, and go-live for the Trauma Aggregation functionality to be completed no later than the end of first quarter 2017.
4 Please define the “Certification Dashboard” referenced in item C.13.	Allows for a visual of patient and run analytics collected.
5 What is the proposed scope of ePCR use by your agencies? Should vendors factor in online/web-based PCR capabilities for all Tennessee agencies?	We require the ability to accept exports from the agencies current ePCR or through a web based capability for those services that do not have ePCR capability.
6 Please define the capabilities and scope of the “Mapping and Reporting Application” that is identified in this requirement.	Ability to map specific patient impressions with areas of state as an example.
7 Please define the term “Monitoring Stations” with respect to this requirement.	All activities for network, server and data monitoring are done within the 48 contiguous states.
8 Please provide a copy or directions to	Please see the attached.

QUESTION / COMMENT	STATE RESPONSE
obtain/review a copy of "State's Enterprise Information Security Policy."	
9 Can the State provide context for the requirement referencing "access only from certain IP address ranges tied to physical locations?" It would seem this requirement is almost contrary to the nature of the web-based technologies being solicited here, and would pose great difficulties for mobile agencies conducting operations using cellular connections from ambulances, for example.	For data and HIPAA security on those agencies reporting through the web based portal. IP addresses will be provided once contract is awarded.
10 Has the State identified the number of training sites and sessions required for this project? What are the preferred types of sessions (onsite, admin and end user, train-the-trainer) for the EMS/ePCR implementation?	2 Sessions: One administration and one train –the trainer for end user on site.
11 Regarding requirement C.16 – could you expand on what you're looking for as an approach to run history?	Ability to mine for history of records of each patient without re-entering all patient demographics.
12 Which integrations would be considered mandatory?	All EMS and Trauma data integrations are mandatory.
13 Could you provide us with your most recent trauma data dictionary?	Yes. See Attachment
14 Could you provide us with a Word document of the RFP for ease of incorporating the requirements into our response?	No.

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.