



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR INFORMATION
FOR
CHANT PROGRAM SERVICE

RFI 34347-95224
APRIL 16, 2024

1. STATEMENT OF PURPOSE

The State of Tennessee, Department of Health (TDH), Division of Family Health and Wellness (FHW) issues this Request for Information ("RFI") for the purpose of identifying vendors with expertise and experience in delivering modernized solutions for managing Community Health Access and Navigation in Tennessee (CHANT) and providing or partnering with a 3rd party to provide a Call Center Management System. We appreciate your input and participation in this process.

Through this RFI, TDH seeks information on industry solutions that currently exist in a production environment to support CHANT and a Call Center Management System. TDH will review responses to questions contained within this RFI and intends to observe the functionality of the vendors' solutions in demonstrations. For the future procurement strategy TDH is planning to consider all options available to meet the current needs as well as future needs of care coordination for the following:

- a. Care Coordination solution including screening and assessment, data collection, pathway selection, pathway management and pathway modification;
- b. Call center data collection, reporting and management;
- c. New ideas and approaches for improving the service delivery;
- d. Ease of access with all devices and operating system.

2. BACKGROUND

Call Center Management System, Research Electronic Data Capture (REDCap) Enterprise.

These programs currently serve as the operational system supporting CHANT in seven regions and six metros, in two (2) time zones, and over one hundred (100) service locations across the State of Tennessee. CHANT provides services to approximately fourteen thousand seven hundred (14,700) families in Tennessee annually. These systems provide data collection forms to include but not limited to:

- a. CHANT Referral Forms;
- b. Household Demographics;

- c. Screenings and Assessments;
- d. Children and Youth with Special Health Care Needs (CYSHCN) Applications;
- e. Adult and Child Demographics;
- f. Annual Assessments
- g. Parent Assessment
- h. Performance Benchmark Measures Report on Health Priority Domain
- i. Call Center Functions such as Documenting Call Outcomes and Call Center Reports.

Our current systems also allow the user to run reports with different parameters.

Proposed Solution(s). TDH would like to review Commercial Off- the -Shelf (COTS) solutions available to meet all or majority of the scope items (page 1) and program needs (see Table 2.1 below) of the rural and metro health clinics and TDH central office. The proposed solution(s) are expected to maintain national vocabulary/terminology and interoperability standards and interface with existing TDH systems, as well as other systems currently in use.

2.1 List of program needs

	Care Coordinator & Home visitors (Dashboard/Registration)
1	<p>Create appointment profiles for care coordinators that include the times available, available care coordinator, maximum number of patients per care coordinator, and visit type</p> <p>Copy/update/delete appointment profiles</p> <p>Search for available appointments</p> <p>Schedule by time, by Care coordinator, by patient, and by visit</p> <p>Schedule immediate, past, and future appointments</p> <p>Schedule a single patient for multiple visits at one time</p> <p>Control user profile to the appropriate level based on location(s), clinics and services.</p> <p>Send information to other systems via HL7 messages</p> <p>Receive information from other systems via HL7 messages</p> <p>Cancel appointments (patient or clinic cancellation)</p> <p>Generate missed appointment, Cancelled appointments and reminder notification</p> <p>System must support mobile devices</p> <p>Scan documents in the patient record (Encryption/decryption protected)</p>

	Text notification to Family and care coordinator or home visitor
	Patient Registration
2	<p>Search for patient profiles</p> <p>Modify patient profile</p> <p>Register patients by registration type</p> <p>Copy demographic information for registration of family members</p> <p>Link appointments to patient at registration</p> <p>Gather demographic, health care coverage, and financial information (in complete and abbreviated scenarios; user should be able to enter the partial information.)</p> <p>Retain information gathered for at least twenty-one (21) years (demographic, health care coverage and financial)</p> <p>Send and receive registration information with other similar systems via HL7 messages</p> <p>Link encounters with appointments</p> <p>Send encounter information to other similar system via HL7 messages.</p>
	Billing & Financial
3	<p>Calculate patient financial liability on a fixed or sliding scale based on eligibility</p> <p>Track Care coordinators and home visitors hours of work by cases/Family</p> <p>Federal Poverty Level</p> <p>Ability to produce electronic claim files</p> <p>Maintain payor files</p> <p>Maintain vendor files</p> <p>Manage payments</p> <p>Pay claims</p> <p>Manage pharmacy formulary average wholesale price</p>
	Case Management

4	<p>Manage patient care service delivery via protocol</p> <ul style="list-style-type: none"> • Ability to query and analyze flat data files • Ability to track referrals and outcomes, schedule home visits, client encounters • Longitudinal data entry and collection of programmatic criteria <p>Manage home and community based services</p> <p>Ability to interface with Asure ID to print ID Cards</p> <p>Ability to link patient/individual records to family records</p> <p>Manage care coordination and visiting services</p> <p>Ability to assign case weights based on individual characteristics of enrolled families and individuals</p>
Interoperability	
5	<p>Interface with multiple systems using HL7 standards or proprietary file formats:</p> <p>Electronic Health Record</p> <p>Registration and Billing system</p> <p>Tennessee Immunization System</p> <p>Tennessee Women Infants and Children System</p> <p>Supplemental Security Income system</p> <p>Newborn screening System</p> <p>Telecommunications System</p> <p>Ability to collect data while offline and store temporarily</p> <p>Ability to upload data to server when back online</p> <p>Import file CSV, Excel and JSON etc. to prepopulate records (Auto register) in system</p>
Data Warehouse / Reporting	
6	<p>Generate a wide variety of standard and customizable reports (canned and <i>ad-hoc</i>)</p> <p>Export reports in various formats including but not limited to CSV, SAS, MS Excel, PDF, Text, MS Word, etc.</p> <p>Print all reports to network attached printers</p> <p>Ability to query the database for development of custom reports</p>

	<p>Ability to extract data via secure connection for analysis in statistical/analytic (SAS.R.Excel) and visualization software (Tableau, ArcGIS)</p> <p>Import files in various formats including but not limited to CSV, SAS, MS Excel, PDF, Text, MS Word, etc.</p>
	Master Patient Index
7	<p>Interface with a master patient index to interoperate with other systems</p> <p>Interface with a master patient index to prevent duplicate patient entries</p>
	Call Center Dashboard/Functions
8	<p>Computer Assisted Telephone Interviewing (CATI)</p> <p>Voice Over Internet Protocol</p> <p>SMS messaging</p> <p>Mass SMS delivery</p> <p>Auto-dialing</p> <p>Auto-attendant script with options</p> <p>Local and toll free numbers</p> <p>24 hour voicemail capability</p> <p>Incoming calls should not interrupt workflows (load balancing)</p> <p>Call forwarding</p> <p>Call transcription</p> <p>Call recording</p> <p>On screen scripting and real time script modification</p> <p>Desktop notification for inbound calls</p> <p>Forced data entry</p> <p>Dynamic call routing</p> <p>Supervisor listen-in capability</p> <p>Conferencing</p> <p>Call analytics and productivity metrics</p> <p>Call outcome documentation</p>

Masking of telephone numbers
Translation Language service
Ability to onboard current programs (CHANT I, CHANT II, Central Referral, Evidence Based Home Visiting, and Presumptive Eligibility)
Ability to onboard new programs
Interface with multiple systems/databases using HL7 standards proprietary file formats
Unlimited user subscriptions

3. COMMUNICATIONS

3.1 Please submit your questions and response to this RFI to:

Simeon Ayton, Sourcing Account Specialist
 Central Procurement Office
 Division of General Services
 WRS Tennessee Tower, 3rd Floor
 312 Rosa L. Parks Avenue
 Nashville, TN 37243
 (615) 532-1837
Simeon.Ayton@tn.gov

3.2 Please reference RFI # 34347-95224 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		April 16, 2024
2.	Written "Questions & Comments" Deadline	2:00 p.m.	April 26, 2024
3.	State Response to Written "Questions & Comments"		May 3, 2024
4.	RFI Response Deadline		May 10, 2024
5.	Review Responses and Schedule Demos		May 31, 2024
6.	Conduct Demos		June 3, 2024 through June 7, 2024

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 RFI Coordinator will invite each Respondent, who is apparently responsive and responsible, to provide a demonstration of relevant functionality.
- 5.4. The RFI Coordinator will schedule Respondent presentations during the period indicated by the RFI Section 5, Schedule of Events. The RFI Coordinator will make every effort to accommodate each Respondent’s schedules. When the Respondent presentation schedule has been determined, the RFI Coordinator will contact Respondents with the relevant information as indicated by RFI Section 5, Schedule of Events. A WebEx style presentation will be allowed.
- 5.5. Demonstrations provide an opportunity for Respondents to explain and clarify their responses. Respondent pricing shall not be discussed during demonstration presentations.
- 5.6. RFI Responses become property of the State and shall remain confidential, unless a formal solicitation is completed. If a formal solicitation is completed, all RFI response material will become part of the procurement file and will be available for public inspection.
- 5.7. 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:

RFI # 34347-95224	
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.	Solution: Describe the solution(s) you feel could meet the critical needs of TDH. How would your company propose to deliver the program needs found in Table 2.1?
5.	Vendor background and experience in implementation of similar projects. Describe up to three (3) projects in which your company has implemented and maintained the systems for similar Care coordination models. Projects must have been implemented within the last five (5) years. For each project, please describe:

<ol style="list-style-type: none"> a. Client Name and Industry, e.g., State Public Health Department, County Hospital, etc. b. Name of the project, e.g., Care coordinator management system. c. Brief description of the project d. Size of the project in terms of: number of users, number of patients/customers, number of patient records, number of locations e. Technology platform and architecture f. Interfaces/interoperability with other application or organizations using standard protocol g. Length of the project and the implementation date h. The services and activities that your company performed for the project and the activities that the customer performed i. Is the system still in use today? If yes, who is providing maintenance and support services? j. What standards or best practices are met by the solution(s)? k. Can TDH contact this entity for reference (Yes/No)? If Yes, please provide the contact information.
<p>6. Describe existing partnerships/agreements you may have with other business partners to provide some of the components requested in this RFI.</p>
<p>7. Infrastructure and Technology. Please describe which servers are required for your solution.</p> <ul style="list-style-type: none"> • Application Server • Web Server • Database Server • MS SQL (version) • Oracle (version) • Other • EDI Engine Server • Test, Training, & UAT Servers • E-mail Server • Others (Fax, Print, Dictation, etc.) <ol style="list-style-type: none"> a. Can your systems be virtualized? (Cloud based) b. What are the minimum network infrastructure requirements?
<p>8. Security: Describe how the product meets all HIPAA, HITECH, Patient Safety Assurance Provisions, and other security requirements.</p> <ol style="list-style-type: none"> a. Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings? b. Describe the audit process within the product.

<p>c. Describe how patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).</p> <p>d. Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through SSL web sites, iPad/iPhone apps, etc.).</p> <p>e. What is the encryption level?</p>
<p>9. Are you currently supporting the use of the following vocabulary, and if so, briefly explain their usage and how they are maintained:</p> <ul style="list-style-type: none"> • LOINC • SNOMED • ICD10 • UCUM • CPT • NDC • NCPDP • HL7 value sets • HCPCS • Other
<p>10. Please describe the interaction, including interoperability between your system and the following public health systems:</p> <p>a. Registration system</p> <p>c. Financial system</p> <p>d. Electronic Health Record</p> <p>e. Billing and Accounts Receivable solutions and other applications, such as legacy billing applications or third party billing systems.</p> <p>f. Telecommunications system</p>
<p>11. What is your project management methodology? Describe how you would deliver modernization over a number of achievable phases providing value early and often.</p>
<p>12. What's a standard size of an agency for your system implementations? How would your company decide what resources to use during implementation?</p>
<p>13. How do you make sure the clinic operations are not impacted during the roll-out of the solution?</p>
<p>14. Describe your training approach (train the trainer, end user training etc.)</p>
<p>15. Software – Do you have a training database/environment?</p>
<p>16. Can you give us an example of implementation plan?</p>
<p>17. Software - Technical Architecture: Describe what kind of architecture you would recommend for your solution?</p> <p>a. What are the pros/cons for the various types of architecture the State could use?</p> <p>b. How do you handle time zone offset if the servers are centrally located or cloud hosted?</p>

<p>18. Software - Updates and Maintenance: Describe how you plan and prepare for updates; ensure releases are current; and ensure that modifications required as a result of federal and state law changes are implemented in a timely manner.</p> <p>a. What communication protocols (e.g., Contractor to State, State to Local Health Office, Contractor to third-party vendor, etc.) would you recommend to the State regarding system update?</p>
<p>19. Can you provide standards based HL7 Messaging with other systems? If yes, which interfaces have you implemented in production environment?</p> <p>a. Please list the specific HL7 standard (including Implementation guide where appropriate) that was implemented.</p>
<p>20. Do you currently have bi-directional registration messaging (query/response and update) implemented in production environment?</p> <p>a. If so, please list the specific HL7 standard (including implementation guide where appropriate) that was implemented.</p>
<p>21. Implementation Resource Requirements: Describe the ideal and/or minimum number and type of project team members and roles that would be required to design, develop, implement, and deploy the solution.</p> <p>a. Please indicate whether the team member would ideally be a State employee, a contract employee of your company, or other contractor.</p> <p>b. Describe the recommended State resources needed to assist in implementation</p>
<p>22. Maintenance & Support Resource Requirements: Describe the ideal and/or minimum number and type of project team members and roles that would be required to maintain and support the solution.</p> <p>a. Please indicate whether the team member would ideally be a State employee, a contract employee of your company, or other contractor.</p> <p>b. Describe the recommended State resources needed to assist in maintaining and supporting the system</p>
<p>23. Vendor Resource Requirements: Describe the number, type, and specific skills and experience of the resources the State should require of Contractor staff with experience in the technology components required to implement and support the implementation of the solution.</p> <p>a. What are the constraints, if any, of finding and/or retaining these skills?</p> <p>b. What would you recommend to TDH regarding obtaining the required skill sets for this project?</p>
<p>24. Data Migration: Describe the plan and approach your company has, to migrate the current data into the solution?</p>
<p>25. Converting Application Data: Describe the typical strategy and approach your company has utilized to convert structured data from systems.</p> <p>a. What were the challenges with your approach? Successes?</p>
<p>26. Challenges / Risks : Based on your experience and your high-level understanding of the background of TDH's project, please list and briefly discuss the top five (5) challenges or risks you would advise the State to consider as it moves forward with the project, and suggested mitigation strategies.</p>

27. Describe your approach to the sustainability and ongoing maintenance of your solution.
28. Describe how you approach organizational change management for a solution of this type.
29. Describe your compliance of call center software with Federal Communications Commission (FCC) regulations, including, but not limited to Secure Telephone Identity Revisited (STIR) and Signature-based Handling of Asserted Information Using toKENs (SHAKEN) standards (e.g., STIR SHAKEN), and ability to update software to meet new regulations.
30. Are you FedRAMP certified?

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:

Term	Definition
Co-site	There is one main clinic in a county and if others are added to a county then the other facilities are referred to as co-sites.
CPT	Current Procedural Terminology
EDI	Electronic Data Interchange – A standardized method format for exchanging data between different systems
EHR	Electronic Health Record. Systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is capable of being shared across different health care settings.
Encounter	Face-to-face 1:1 interaction between a patient and a health department provider. Does not include Front Desk Services or non-face-to-face interactions such as telephone calls.
HCPCS	Healthcare Common Procedure Coding System
HL7	Founded in 1987, Health Level Seven International (HL7) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services.
ICD	International Classification of Diseases
LOINC	Logical Observation Identifier Nomenclature Codes
MPI	Master Patient Index - An Index pointing to information contained at various systems in order to combine data for a single patient.
NDC	National Drug Code
PHP	PHP:Hertext Preprocessor
SNOMED	Systematized Nomenclature of Medicine
SQL	Structured Query Language
UCUM	Unified Code for Units of Measure