



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH

## REQUEST FOR PROPOSALS # 34360-02424 AMENDMENT # 1 FOR POINT OF CARE INFORMATION SYSTEM

DATE: February 29, 2024

RFP # 34360-02424 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		February 1, 2024
2. Disability Accommodation Request Deadline	2:00 p.m.	February 6, 2024
3. Pre-response Conference	1:00 p.m.	February 7, 2024
4. Notice of Intent to Respond Deadline	2:00 p.m.	February 8, 2024
5. Written "Questions & Comments" Deadline	2:00 p.m.	February 13, 2024
6. State Response to Written "Questions & Comments"		February 29, 2024
7. Response Deadline	2:00 p.m.	March 7, 2024
8. State Completion of Technical Response Evaluations		March 20, 2024
9. State Schedules Respondent Oral Presentation		March 22, 2024
10. Respondent Oral Presentation	8 a.m. - 4:30 p.m.	March 25, 2024
11. State Opening & Scoring of Cost Proposals	2:00 p.m.	March 27, 2024
12. Negotiations (Optional)		March 27 - April 3, 2024

13. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	April 5, 2024
14. End of Open File Period		April 12, 2024
15. State sends contract to Contractor for signature		April 17, 2024
16. Contractor Signature Deadline	2:00 p.m.	April 19, 2024

**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.

RFP Section	#	Question/Comment	State Response
	1	What do you see as an ideal solution and have you seen other systems or solutions that align with your requirements?	Please refer to the RFP for the State's requirements for this contract.
RFP Section 1.1.2.	2	Regarding "1.1.2. For the initial twelve (12) month term, the maximum liability is estimated to be \$105,236.00 and, for the whole sixty (60) month term, the State estimates the total maximum liability to be \$526,180.00," can you please confirm whether or not this is referring to the budget for purchasing the POCIS tool?	The estimated maximum liability amount is the State's budget estimate for this contract. .
	3	Is there an incumbent vendor and if so, who is the incumbent vendor?	Yes, the incumbent vendor is UptoDate Inc.
	4	What is the anticipated total number of users for the POCIS tool?	The estimated user count is 150.
RFP Attachment 6.2.	5	Regarding the cost proposal, the evaluation factor licenses is listed as 150, is this the number of anticipated users for the tool?	Yes
Pro Forma Contract Section A.4.b	6	Regarding A.4 in the Proforma Contract, if a POCIS tool does not meet all of the minimum requirements will the vendor's proposal be disqualified? For example, if a solution does not access PHI and therefore is not required to be HIPAA compliant. Would this disqualify such a	As per the Pro Forma contract section A.4.b., the Contractor's POCIS must be HIPAA compliant. This is a mandatory requirement of the contract, so any response that does not meet it will be bypassed. Please see RFP 34360-02424 release #2 for this attachment.

		proposal? Are we allowed to take any exceptions to this?	
Pro Forma Contract Section A.4.k.	7	Regarding A.4, k. "Continuing Medical Education (CME) credits should be obtained through the Contractor's POCIS with either live webinars, written materials, or pre-recorded webinars," can you please provide additional details regarding the requirement for written materials?	Written materials can be used for CME for different associations. Each governing body (Ex ABFM, ACEP, etc.) will be different regarding how many can be claimed via different resources. There should be no charge for obtaining CME through system selected.
Pro Forma Contract Section A.5.e.	8	A.5, e. Technical Support user training, can you please provide additional detail as to what is required for this training requirement?	Contractor to provide initial user training for all end-users and materials for ongoing training as new employees are hired.
Pro Forma Contract Section A.7.	9	A.7 in the Proforma Contract references an Attachment 1 Business Associate Agreement. We do not see where this was included in the RFP documents, can you please provide a copy?	Please see RFP 34360-02424 release #2 for this attachment.
	10	Please confirm that email only submissions are permissible.	The State can confirm that email submissions are permissible. Please see RFP section 3.2.2.2. for email submission requirements.
	11	Can you please confirm if vendors are required to submit 3 or 5 total reference questionnaires?	Yes, at least 3.
RFP Attachment 6.2 Section C.15. and Pro Forma contract Section A.4.j.	12	Can you provide a copy of the State's privacy policy?	Please see RFP 34360-02424 release #2, Pro Forma section A.4.j. where the following hyperlink has been included: <a href="#">TN.gov - Privacy Statement</a>

3. **Delete RFP # 34360-02424, in its entirety, and replace it with RFP # 34360-02424, Release # 2, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release. **Any sentence or paragraph containing revised or new text is highlighted.**
4. **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.