STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  

REQUEST FOR INFORMATION  
FOR  
WEB-BASED CONTINUING EDUCATION TRACKING SYSTEM  

RFI # 34310-24323  
July 18, 2022  

1. STATEMENT OF PURPOSE:  
The State of Tennessee, Department of Health, issues this Request for Information (“RFI”) for the purpose of informing the Department of the marketplace for a web-based continuing education tracking system. We appreciate your input and participation in this process.  

2. BACKGROUND:  
The Tennessee Department of Health, Division of Health Related Boards (“Health Related Boards”) provides administrative support to the boards, committees, councils and registries that are charged with the licensure and regulation of their respective health care professionals. The Health Related Boards has statutory authority under Tennessee Code Annotated Section 63-1 to establish continuing education requirements through rules and regulations promulgated in accordance with the provisions of the Uniform Administrative Procedures Act for professions licensed under Tennessee Code Annotated Title 63 or Title 68. The Health Related Boards seeks to implement an electronic system to manage continuing education required for license renewal, streamline the audit process, and increase the population of audited licensees licensed by the Board of Dentistry, Board of Physical Therapy, Board of Emergency Medical Services, and Board of Chiropractic Examiners, as well as other boards licensed under Tennessee Code Annotated Title 63 or Title 68 that may authorize or require additional healthcare professionals to utilize a continuing education management service (“Licensee(s)”).  

3. COMMUNICATIONS:  
3.1. Please submit your response to this RFI to:  

Simeon Ayton | Sourcing Account Specialist  
Central Procurement Office  
Tennessee Tower, 3rd Floor  
312 Rosa L. Parks Ave., Nashville, TN 37243  
615-532-0110  
Simeon.Ayton@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:

   Angela M. Lawrence, Director  
   Office of Health Related Boards  
   665 Mainstream Drive, 2nd Floor  
   Nashville, TN 37243  
   Email: angela.m.lawrence@tn.gov  
   Phone: 615-532-4612

3.3. Please reference RFI # 34310-24323 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time Zone)</th>
<th>DATE (all dates are State business days)</th>
</tr>
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<tbody>
<tr>
<td>1. RFI Issued</td>
<td></td>
<td>7/18/2022</td>
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<tr>
<td>2. RFI Response Deadline</td>
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<td>8/3/2022</td>
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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:
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. Supplier Background and Experience:
   Please provide a PDF or Word document that describes the online learning management system and the implementation of that system. The system should have been implemented within the last five (5) years. In the PDF or Word document, please describe:
   
   a. Client Name.
   b. Brief description of the online learning management system.
   c. Size of the online learning management system in terms of: # users, # user locations, and # of patient encounters.
   d. Technology platform and architecture.
   e. Interfaces hospital settings.
   f. Software and Hardware specifications used.
   g. Date implemented and timing for implementation process.
   h. The services and activities that your company performed for the online learning management system and the activities that the customer performed.
   i. Is the system still in use today? If yes, who is providing maintenance and support services? Are there additional fees associated with support services? If yes, please indicate the fee structure.
   j. Do you offer other products/ services that other vendors may not offer?

5. Describe Respondent’s solution for implementing an electronic system to manage continuing education required for license renewal, streamline the audit process, and increase the population of audited licensees.
   a) Please provide a brief overview of your electronic system.
   b) What services should be included when implementing an electronic system.
   c) Describe if the solution will be vendor hosted or otherwise.
   d) What do you see as the major risks associated with implementing the system? How would
you address these risks?
e) Describe Respondent’s implementation process once you begin a new project.
f) On average, how long does it take to release and complete implementation of the electronic system?
g) What type of methodology is used for identifying issues and problems during implementation and addressing them promptly?
h) What kind of documentation/training does the vendor provide for your products?
i) What kind of Help Desk services do you provide?
j) How does Respondent handle interfacing with existing systems?
k) How many development teams do you have and what time zones are they located in?
l) Are you able to track multiple professions through the platform?
m) Are you able to send audit notifications to licensees through the platform?
n) Does the platform allow the licensee to view their continuing education history, as well as report and upload continuing education documents?

COST INFORMATIONAL FORM

1. Describe what pricing units and payment methodology 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

3. Describe the estimated price range for maintenance and support for these programs and learning management system.

ADDITIONAL CONSIDERATIONS

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