

**State of Nebraska Department of Health and Human Services  
REQUEST FOR INFORMATION**

RETURN TO:  
Name: Andy Budell/Keith Roland  
Address: 301 Centennial Mall S  
City/State/Zip: Lincoln NE 68509  
Phone: 402.471.6473

SOLICITATION NUMBER	RELEASE DATE
<b>RFI 3286</b>	<b>March 24, 2021</b>
OPENING DATE AND TIME	PROCUREMENT CONTACT
<b>May 26, 2021 2:00 p.m. Central Time</b>	<b>Andy Budell/Keith Roland</b>

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

**PLEASE READ CAREFULLY!**

**SCOPE OF SERVICE**

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI 3286 for the purpose of gathering information regarding screening and billing systems for integrative screening programs.

Written questions are due no later than April 21, 2021, and should be submitted via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov).

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time.

Sealed RFI responses should be received in DHHS by the date and time of RFI opening indicated above.

**BIDDER MUST COMPLETE THE FOLLOWING**

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

**TABLE OF CONTENTS**

**REQUEST FOR INFORMATION .....i**

**TABLE OF CONTENTS .....ii**

**I. SCOPE OF THE REQUEST FOR INFORMATION.....1**

**A. SCHEDULE OF EVENTS..... 1**

**II. RFI RESPONSE PROCEDURES .....2**

**A. OFFICE AND CONTACT PERSON.....2**

**B. GENERAL INFORMATION .....2**

**C. COMMUNICATION WITH STATE STAFF .....2**

**D. WRITTEN QUESTIONS AND ANSWERS .....2**

**E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS .....3**

**F. SUBMISSION OF RESPONSE.....3**

**G. PROPRIETARY INFORMATION .....3**

**H. REQUEST FOR INFORMATION OPENING .....3**

**III. PROJECT DESCRIPTION AND SCOPE OF WORK.....5**

**Form A Vendor Contact Sheet.....7**

**I. SCOPE OF THE REQUEST FOR INFORMATION**

The State of Nebraska, Department of Health and Human Services (hereafter known as DHHS), is issuing this Request for Information, RFI 3286 for the purpose of gathering information regarding screening and billing systems for integrative screening programs.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <http://das.nebraska.gov/materiel/purchasing.html>

**A. SCHEDULE OF EVENTS**

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1	Release Request for Information	March 24, 2021
2	Last day to submit written questions	April 21, 2021
3	State responds to written questions through Request for Information "Addendum" and/or "Amendment" to be posted to the internet at: <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	May 5, 2021
4	RFI opening Location: DHHS 301 Centennial Mall S Lincoln, NE 68509  RFI opening may be viewed as follows:  Meeting link: <a href="https://nvcn-cio.webex.com/nvcn-cio/j.php?MTID=m7ee2aa46fd4206514c38273d416644ca">https://nvcn-cio.webex.com/nvcn-cio/j.php?MTID=m7ee2aa46fd4206514c38273d416644ca</a> Meeting number: 145 161 4761 Password: dhhs Host key: 708397  Join by video system Dial <a href="https://nvcn-cio.webex.com">1451614761@nvcn-cio.webex.com</a> You can also dial 173.243.2.68 and enter your meeting number.  Join by phone +1-415-655-0003 US Toll Access code: 145 161 4761 <a href="#">Global call-in numbers</a>	May 26, 2021 2:00 PM Central Time
5	Conduct oral interviews/presentations and/or demonstrations (if required)	To Be Determined

**II. RFI RESPONSE PROCEDURES**

**A. OFFICE AND CONTACT PERSON**

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the RFI is as follows:

Name: Andy Budell/Keith Roland  
Agency: Department of Health and Human Services  
Address: 301 Centennial Mall S  
Lincoln, NE 68509  
Telephone: 402-471-6473  
E-Mail: [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov)

**B. GENERAL INFORMATION**

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

**C. COMMUNICATION WITH STATE STAFF**

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor’s response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

**D. WRITTEN QUESTIONS AND ANSWERS**

Any explanation desired by a vendor regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to DHHS and clearly marked “RFI Number 3286; “Screening and Billing System for Integrative Screening Programs Questions”. It is preferred that questions be sent via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov)

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

<u>Question Number</u>	<u>RFI Section Reference</u>	<u>RFI Page Number</u>	<u>Question</u>

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

**E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS**

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State.

**F. SUBMISSION OF RESPONSE**

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be submitted by the RFI due date and time.

**A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.** RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402-471-6473 should be used. The Request for Information number must be included in all correspondence.

Responses may be provided electronically by submitting via Sharefile at the following link:

<https://nebraska.sharefile.com/r-re9c2c7114cc249c08a137d4999eb0453>

**G. PROPRIETARY INFORMATION**

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

**H. REQUEST FOR INFORMATION OPENING**

The sealed responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events. Responses will be available for

viewing by those present after the opening. Vendors may also contact the state to schedule an appointment for viewing RFI responses.

### III. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this Request for Information.

#### A. DESCRIPTION OF SYSTEM CAPABILITIES

1. Bidders should describe system administration capabilities based on the following points of interest:
  - a. Multi-users
  - b. Security access based on user
  - c. HIPAA compliance
  - d. Secure servers and appropriate backup of systems
  - e. Quality control measures regarding when system is accessed by user
  - f. Ability to determine what data has been accessed, changed, deleted or added
  - g. Alerts for suspicious utilization of the system
  
2. Bidders should describe screening program specific capabilities based on the following points of interest:
  - a. Data entry screens mirror data collected on clinical documents
  - b. Integrated Breast/Cervical/WW and CRC screening services
  - c. Allow searching for clients by multiple criteria including but not limited to legacy identification numbers
  - d. Determine eligibility of applicant based on data entered regarding insurance, income, age and citizenship
  - e. Autofill for county or zip once county or zip is entered
  - f. Allow for tracking of cycles over years of applicant participation
  - g. Allow for tracking due dates, summary of services and documents sent by program received by applicant (by year/cycle)
  - h. Provide notification or identification of applicants needing follow up based on abnormal or incomplete screenings, diagnostics, or treatment
  - i. Calculates screening due dates based on services received
  - j. Provides alerts for screening values upon entry such as blood pressure, cholesterol, BMI (automatically calculated upon entry of height and weight)
  - k. Ability of the program to add point in time assessment/survey of applicants
  
3. Bidders should describe billing capabilities based on the following points of interest:
  - a. Track contract and multiple provider sites and clinicians associated with said sites
  - b. Match provider claims with providers performing screening
  - c. Claim entry matches standard claims documents
  - d. Ability to pay up to set reimbursement amounts with ability to calculate expenditures
  - e. Generate payment authorization
  - f. Track total spent by provider and contractor
  - g. Track match
  - h. Payment based on receipt of appropriate services for claim regarding Breast/Cervical/WW and CRC
  
4. Bidders should describe reporting, tracking, and monitoring capabilities based on the following points of interest:
  - a. CDC reporting for Breast and Cervical program
    - i. MDEs including error rates
    - ii. Performance indicators
    - iii. Navigated women

- b.** CDC reporting for WISEWOMAN services
  - i.** MDEs including error rates
  - ii.** Performance indicators
  - iii.** Health coaching
- c.** Ability to extract data and query data for analysis
- d.** Mailing lists
  - i.** Providers
  - ii.** Contractors
  - iii.** Applicants based on set parameters
  - iv.** Applicants with alert, missing, or follow up screening services
  - v.** Calculation of demographics of applicants served by various parameters
  - vi.** Calculation of screening results of applicants based on various parameters
  - vii.** Mail merge ability for any reporting by applicants, providers
- e.** Navigation Only Clients
  - i.** Ability to independently enter Navigated Only clients by Program/Providers/Community Health HUBs
  - ii.** Ability to extract data
  - iii.** Ability to Add/Edit/Delete
- f.** Community Health Hub/CRC Coalitions
  - i.** CRC Coalition data entry site for FOBTs entered by CRC Laboratory and Community Health HUBs
  - ii.** Community Health HUB data entry site for Community Bases clients, Screening Venues, Health Coaching and Navigation
    - a)** CDC Reporting for Breast/Cervical/WW services
      - 1).** Navigated women
      - 2).** Health Coaching
    - b)** Ability to extract data and query data for analysis

# Form A

## Vendor Contact Sheet

### Request for Information Number 3286

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	