

FLORIDA DEPARTMENT
OF HEALTH (DOH)
DOH18-016



REQUEST FOR
INFORMATION (RFI)

**EMS Repository, Data Warehouse and
Business Intelligence Solution**

**State of Florida
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Section I

General Information

The Department of Health (the Department) is Florida's state agency dedicated to protecting, promoting and improving the health of all people in Florida through integrated state, county, and community efforts.

Established by the Florida Legislature in 1996, the Department traces its roots to the creation of the Florida State Board of Health in 1889. The Department of Health is an executive branch agency, established in section 20.43, Florida Statutes. Led by a State Surgeon General who serves as the State Health Officer and is directly appointed by Florida's Governor and confirmed by Florida's Senate, the Department also has three Deputy Secretaries who oversee the business and programmatic operations.

The Department is comprised of a state health office (central office) in Tallahassee with statewide responsibilities, Florida's 67 county health departments, 22 Children's Medical Services area offices, 12 Medical Quality Assurance regional offices, nine Disability Determinations regional offices, and four public health laboratories. Facilities for the 67 county health departments (CHDs) are provided through partnerships with local county governments and provide a variety of services. These 67 CHDs have a total of 255 sites throughout the state, providing a variety of services, and ranging from small to large in location size.

The Department is accountable to the state legislature, the Executive Office of the Governor, all residents and visitors in the state, and the federal government. The Department is responsive to priorities identified by the Governor and the legislature in determining services, associated funding, and delivery mechanisms. Annually, the state legislature passes a budget, approved by the Governor, and creates or amends laws that direct the Department's actions.

Please refer to the following link for additional information on the Department: <http://www.floridahealth.gov>.

Introduction

The Department's Division of Emergency Preparedness & Community Support (DEPCS) - Bureau of Emergency Medical Oversight (BEMO) has determined the strategic need for improvements to its statewide EMS data collection/ repository and for a Data Warehouse/ Business Intelligence solution. In short, the business problem to be solved is one of efficiently and effectively addressing the need for robust and enterprise-level data analysis, reporting, and decision support across the Bureau.

History

The Health Information and Policy Analysis Section (HIPAS) operates the Emergency Medical Services Tracking and Reporting System (EMSTARS) program. Currently that program and data repository is administered through the use of an existing COTS solution, EMSTARS –**CDX**. This system collects EMS incident level data in compliance with the Florida Emergency Medical Services Advisory Council Data Committee Data Dictionary Versions 3.3.4, 3.4 and the National Emergency Medical Services Information System, NEMSIS Version 3. Currently 72% of all licensed EMS agencies in the state of Florida, submit data to the EMSTARS system.

In 2010, the Health Information and Policy Analysis Section (HIPAS) – part of the DEPCS BEMO – also implemented a proof-of-concept (POC) Operational Data Store (ODS) to address data analysis, reporting, and decision support needs of the statewide Emergency Medical Services (EMS) incident-level data collection program. The ODS POC is currently in its fourth iteration and it houses a repository of data from the EMS patient care reports. Key sources of data are function-specific (e.g. EMS data, hospital data, licensing and enforcement data, etc.) and are referred to as "operational data." Operational data is housed in function-specific, transaction-based systems. The ODS POC is refreshed (at scheduled, regular intervals – often nightly) with data from the operational data systems. New data is transferred utilizing Extract, Transform, and Load (ETL) processes.

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In addition, data linking has been established between the EMS patient care reports and the hospital data (in-patient and emergency department), and between the EMS agency demographic data and the licensing and enforcement data.

Frequently, the information requested by key decision makers within the organization requires the utilization of data from several of these operational data systems. In response, the ODS POC has provided both immediate and ongoing benefits to the data analysis, reporting, and decision support needs related to the EMS community.

Please refer to **Attachment I** for details on the current BEMO ODS POC.

However, limitations do exist in the current EMS data collection/repository and the ODS POC solution, as it relates to its continued use and ability to expand and scale to meet the growing needs of the BEMO. A more comprehensive, long-term business strategy is needed to ensure that this capability is grown and built-out in the most appropriate and efficient manner. This strategy will incorporate the full complement of the BEMO's business requirements, in support of its information and decision support needs. As well, this will set the stage to potentially incorporate the needs of other Department entities at some point further in the future.

Future State Vision

Building upon the success of its EMSTARS program and the need for more accessibility and availability of information as well as the replacement of the existing ODS POC, the HIPAS has identified the need to strategically transition to a more robust solution. The initial deliverable in realizing the future state vision is to provide recommendations on the best-fit solution options and recommendations on an initial implementation design / approach, based on the business requirements of the BEMO. The recommended best-fit solution options and implementation design / approach must have the capability to grow and scale, and potentially be used as a model and applied to other Department needs.

This future state vision supports the overall mission of the Department – to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts – by providing insight (not currently available) into the data across BEMO's Continuum of Care – Emergency Services – in order to drive greater and more rapid improvement in the quality of patient care within the state of Florida via actionable information and insights.

Approach

In order to ensure the greatest opportunity for success, a phased project approach is being taken. Because of the stated limitations that do exist in the current solutions – as it relates to the continued use and ability to expand and scale to meet the growing needs of the BEMO – a more comprehensive, long-term business strategy is needed to ensure that this capability is grown and built-out in the most appropriate and efficient manner. Recent advancements in both the technology and service offerings in the industry further enhance this opportunity to drive out a sustainable, long-term business strategy.

Organization and Business Process Information

To facilitate a greater understanding of this effort, it is helpful to have a working knowledge of how the Department as a whole is structured organizationally and where the BEMO fits in, as well as the primary business and work processes of the BEMO and its various programs / sections.

Please refer to the following link for additional information on the Department: <http://www.floridahealth.gov>

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Section II

RFI Purpose

The Department – specifically the HIPAS – is seeking information from qualified vendors who are capable of and interested in providing both the **technology solutions** and the **consulting, professional, and integration services** required for the implementation of a more robust EMS data collection/repository and DW/BI solutions. This Request for Information (RFI) is intended to:

- ❖ Educate the HIPAS on the vendors – and their associated offerings – in the DW/BI space.
- ❖ Obtain information about various DW/BI implementation options that meet business requirements.
- ❖ Obtain Rough Order of Magnitude (ROM) cost estimates to assist the HIPAS in understanding what realistic, budgets / funding levels for an implementation effort might look like.

These RFI deliverables will be used to develop the Business Case that will provide the strategic direction to be taken, inclusive of recommendations on best-fit solution options and an initial implementation design / approach. The Business Case will be presented to key management stakeholders in order to seek approval, develop budgets, and identify funding to move forward with the subsequent, proposed project phases for an implementation. Further consideration will be given to this effort, based on the Business Case decision / outcome.

RFI Scope

The scope for this RFI, with respect to the technology solutions / capabilities and consulting, professional, and integration services required for an implementation, is comprised of the following core components:

- ❖ A web based state repository product for the collection, validation, analysis, and reporting of pre-hospital patient care data submitted to the state by DOH licensed EMS providers. *This product will be used as a component of the Florida Prehospital Data Collection Program. This product must be able to accept NEMSIS V3.4 webservice feeds from Florida EMS agencies. Vendors are expected to commit to a full upgrade and proof of national certification as NEMSIS Version 3.5 Compliant within twelve (12) months of the contract award by providing a structured plan in project plan format in their response for the migration to NEMSIS 3.5 in accordance with the NEMSIS TAC published/adopted implementation timeline, <http://www.nemsis.org/index.html>.*
 - Implementation services for the migration of existing transactional data base – existing repository – transactional
 - Hosting options for transaction repository
- ❖ Product and Implementation services for Design and implementation of a Data Warehouse
 - Integration of data sources – based on identification and prioritization by the client – to the enterprise data warehouse, inclusive of all required ETL's and data linkage methodologies.
 - Transactional database sources from state EMS transactional repository above (i.e. SQL, Access, etc.)
 - File sources (i.e. XML, XLS, CSV, etc.)
 - Reference sources (i.e. industry standard code sets, etc.)
 - External sources (i.e. U.S. Census Data, other Florida state agency data, etc.) AHCA
 - Unstructured sources (i.e. PDF [static & interactive], DOC, scanned files/images, etc.)
 - Hosting options for Data Warehouse
 - Implementation services for Technical Design and Implementation for line-of-business specific, data mart functionality.
 - Implementation services for Technical Design and Implementation services for data-set specific cube functionality for data retrieval, analysis and exploration, *and* implementation.

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- Implementation services for migration of the existing ODS data to a more robust and scalable enterprise data warehouse solution.
 - Existing data sources
 - Existing staging area
 - Existing ETL's
 - Existing data linkages
- ❖ Product and Implementation services of Business Intelligence tool sets for reporting, analytics, and consumption services based on business requirements.
 - Reporting
 - Static (canned) reports
 - Self-service (ad-hoc) reports
 - Data analysis (interactive)
 - Descriptive analytics
 - Predictive analytics
 - Prescriptive analytics
 - Data mining
 - Data visualization
 - Graphics
 - Scorecards
 - Dashboards

Please refer to **Attachment II** for details on the BEMO's business-oriented, future-state vision with respect to a EMS Repository/DW/BI.

Key Considerations

When assessing the above core components of the RFI scope, there are key considerations that the vendor must keep in mind when developing a recommended solution and implementation approach, with respect to several items.

Resources, Support, and Hosting

- ❖ There is minimal support capability available from the Department's Office of IT, with respect to infrastructure (server), database, and application support staff.
 - Current Development, Test/User Acceptance, and Production environments for the POC ODS are housed in the State's Data Centers, which are managed by the Florida Agency for State Technology (AST), a separate departmental entity from the Florida Department of Health.
- ❖ The HIPAS employs only three Contract personnel and one Full Time Equivalent (FTE) who currently support the POC ODS:
 - One (1) Project Manager
 - Two (2) Business / Technical Analysts
 - One (1) Data Modeler / Business Intelligence Developer

Consideration must be given to types and numbers of resources that would be required from the Department and the HIPAS for an initial implementation, as well as ongoing support / maintenance, enhancements, and growth. As well, consideration must be given to the most appropriate hosting environment(s) for a recommended solution, in light of resource / support constraints.

Data Sources and Data Linking

- ❖ *Current Data Sources*
 - Consideration must be given to the variety and quantity of data sources that are currently being utilized to support the BEMO's business and work processes. A strategic approach must be taken to prioritize the order in which each of the data sources is integrated into the proposed solution(s). Prioritization must take

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into account the type, size, and complexity of the data source, as well as the access (permissions) to and criticality (to the business) of the data source.

❖ *Desired Future Data Sources*

- Consideration must be given to the variety and quantity of data sources that are NOT currently being utilized to support BEMO's business and work processes, but that are desired to be utilized in the envisioned future-state. Again, a strategic approach must be taken to prioritize the order in which each of the data sources is integrated into the proposed solution(s). Prioritization must take into account the type, size, and complexity of the data source, as well as the access (permissions) to and criticality (to the business) of the data source.

❖ *Data Linkages*

- Consideration must be given to the need to determine and develop the required data linkages between identified, unstructured data sources such that they can be interlinked / connected and in order to generate a greater degree of usefulness and value in the envisioned future state.

End-Users

Consideration must be given to the types of end-users that will be accessing the envisioned future-state solution. In addition to "internal" users within the BEMO and the Department as a whole, there will also be "external" users that are comprised of the following:

- ❖ Employees of other State agencies and entities
- ❖ Representatives of state-level partners and entities, such as EMS agencies, trauma centers, acute care hospitals, etc.
- ❖ Representatives of key national-level partners and entities
- ❖ Etc.

A rough estimate of current, potential internal users is ~150 – 200, and a rough estimate of current, potential external users is ~650 – 1,000.

The requirement to ensure the appropriate level of access (only what an individual has been authorized and approved for) for each and every end-user, in a secure manner, is absolute. The requirement to support access for "external" end-users must be reflected in all proposed solutions.

RFI Vendor Notices

- ❖ Pursuant to Rule 60A-1.042, Florida Administrative Code (F.A.C.), an agency may request information by issuing a written Request for Information. Agencies may use Requests for Information in circumstances including, but not limited to, determining whether or not to competitively procure a commodity or contractual service, determining what solicitation process to use for a particular need, or researching general, special and/or technical specifications for a solicitation. A Vendor's response to an RFI is not an offer and the agency may not use the Vendor's submission to justify a contract with that Vendor without otherwise complying with Chapter 287, F.S., and Rule 60A-1.042, F.A.C. Vendors submitting a response to an agency's RFI are not prohibited from responding to any related subsequent solicitation.
- ❖ This RFI is not a method of procurement.
 - Responses to this RFI are not offers and may not be accepted by the Department to form a binding contract.
 - This RFI shall not directly result in the execution of a contract with the Department.
 - The Department is not obligated to any course of action as the result of this RFI.
- ❖ The Department reserves the right to utilize the information gathered through the RFI process to develop a scope of services, which *may* be incorporated into a contract using a statutorily approved method of procurement.
- ❖ Vendors submitting responses to the RFI are not prohibited from responding to any subsequent, related solicitation.
- ❖ The Department reserves the right to modify this RFI at any time.
- ❖ Information submitted in response to this RFI will become the property of the Department.

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- ❖ Responses to this RFI will be reviewed by the Department for informational purposes only and will not result in the award of a contract.
 - The HIPAS will review and utilize the responses received from this RFI process to develop the Business Case that will provide the strategic direction to be taken, inclusive of recommendations on best-fit solution options and an initial implementation design / approach.
 - The Business Case will be presented to key management stakeholders in order to seek approval, develop budgets, and identify funding to move forward with the subsequent, proposed project phases for an implementation.
 - Further consideration will be given to this effort, based on the Business Case decision / outcome.
- ❖ All requests for cost information are for budgetary purposes only.
- ❖ By submitting a response, the vendor consents that the Department may copy the response information for purposes of facilitating a review and warrants that such copying will not violate the rights of any third party.

Proprietary Information

- ❖ Vendors must indicate which portions, if any of the information being provided, are proprietary and confidential by marking each page upon which such information appears.
- ❖ Failure to do so will result in all information submitted being subject to public disclosure in accordance with Florida Statute Chapter 119, Public Records.
- ❖ The information requested may be used to develop specifications for a solicitation.
- ❖ The following excerpt - **Article I, Section 24 of Florida Constitution provides specifics regarding proprietary information.**

IX. CONFIDENTIAL, PROPRIETARY OR TRADE SECRET INFORMATION

The Department takes its public records responsibilities as provided under Chapter 119, Florida Statutes and Article I, Section 24 of the Florida Constitution, very seriously. If the Vendor considers any portion of the documents, data or records submitted in response to this RFI to be confidential, trade secret or otherwise not subject to disclosure pursuant to chapter 119, Florida Statutes, the Florida Constitution or other authority, Vendor must also simultaneously provide the Department with a separate redacted copy of its RFI, on CD, and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Department's RFI name, number, and the name of the Vendor on the cover, and shall be clearly titled "Redacted Copy."

The Redacted copy shall be provided to the Department at the same time the Vendor submits its response to the RFI and must only exclude or obliterate those exact portions which are claimed confidential, proprietary, or trade secret. The Vendor shall protect, defend, and indemnify the Department of any and all claims arising from or related to Vendor determination that the redacted portions of its RFI response are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Vendor fails to submit a Redacted copy with its response, the Department is authorized to produce the entire document, data or records submitted by the Vendor in answer to a public records request for these records.

❖

Vendor Costs

- ❖ Vendors are responsible for all costs associated with the preparation, submission, and any potential meeting(s) to discuss this RFI.
- ❖ The State of Florida, the Department, the DEPCS, the BEMO, or the HIPAS will not be responsible for any vendor related costs associated with responding to this request.

RFI Contact(s)

All vendor communications regarding this RFI shall be directed to the following contact(s):

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Name	Contact Information
Brenda Clotfelter	<p>Project Manager</p> <p>Health Information & Policy Analysis Section Bureau of Emergency Medical Oversight Division of Emergency Preparedness & Community Support</p> <p>Florida Department of Health 4052 Bald Cypress Way, Bin A-22 Tallahassee, FL 32399-1722</p> <p>Phone: (850) 558-9510 E-Mail: Brenda.clotfelter@flhealth.gov</p>

RFI Schedule

Activity	Month – Date – Year	Time
RFI Released to Vendors	November 7, 2018	By or before 5:00 p.m. EDT
Submission of Vendor Questions	November 12, 2018	By or before 5:00 p.m. EDT
Delivery of Responses to Vendor Questions	November 16, 2018	By or before 5:00 p.m. EDT
Submission of Vendor RFI Responses	December 14, 2018	By or before 5:00 p.m. EDT

RFI Questions

Vendor questions regarding this RFI should be submitted to the named contract(s), as referenced in [Section II, RFI Contact\(s\)](#). All responses to vendor questions will be provided in electronic format. Please refer to [Section II, RFI Schedule](#) for the deadline for all vendor questions to be submitted, and the deadline for all responses to vendor questions by the Department to be delivered.

RFI Responses and Submissions

The responses shall be submitted in the following format (refer to [Section III – Vendor Responses](#)):

- Part I – Executive Summary
- Part II – Requirements Questionnaire
- Part III – Proposed Solution(s) and Implementation Approach
- Part IV – ROM Cost Estimates
- Part V – Additional Vendor Commentary

Vendor RFI response submissions should be directed to the named contract(s), as referenced in [Section II, RFI Contact\(s\)](#), and submitted in an electronic format. Please refer to [Section II, RFI Schedule](#) for the deadline for all vendor responses to be submitted. Please also refer to [Section II, RFI Vendor Notices](#) for important information on *Proprietary Information* and *Vendor Costs*.

RFI List of Attachments

Attachment Name	Attachment Description
Attachment I	BEMO – Proof of Concept – Operational Data Store Details
Attachment II	BEMO – Business Oriented Future State Vision – DW/BI

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RFI List of Vendor Worksheets

The Vendor Worksheets in the table below can be found on the Departments external website at the link provided: http://www.floridahealth.gov/_media/procurements/

Worksheet Name	Worksheet Description
Vendor Worksheet I	Requirements Questionnaire
Vendor Worksheet II	Resource Matrices
Vendor Worksheet II	ROM Cost Estimate

Section III

Vendor Responses

Please utilize the background and informational resources provided in [Section I](#) and [Section II](#) to assist in the development of your response. Your response should consist of the following sections, which are described in detail below.

NOTES:

- ❖ It is understood that you may not directly provide a solution(s) that can address **each** component / capability outlined in the [RFI Scope](#).
 - For any component / capability that you cannot directly provide a solution(s) for, please denote such.
 - If you utilize a third-party, technology partner to provide said component / capability please provide those solution(s) details accordingly as a part of your response package.
- ❖ It is understood that your recommended solution(s) may not require certain technology components in order to provide the associated capability / functionality, please denote such and provide details accordingly as a part of your response package.
 - Example: The creation of an enterprise data warehouse, in order to provide a consolidated view of all data sources for enterprise reporting, analysis, and consumption.
 - Example: The creation of data marts and cubes, in order to provide line-of-business, segmented data views and fast / efficient, data-set specific analysis.

Part I - Executive Summary

Please provide a business-styled, executive summary outlining the proposed solution(s) and an overall project approach for meeting the Department's business requirements.

Part II – Requirements Questionnaire

Please use **Vendor Worksheet I** to provide your responses to the requirements-based questions. There are five focus-area tabs within the worksheet. Please complete the first four tabs – Architecture Components, EMS Data Requirements, Reporting/Analysis/BI Requirements, and Technical – and all sections within each tab. Please complete the fifth tab – Hosting – only if you offer a vendor hosted option for your recommended solution(s).

NOTE: The completed **Vendor Worksheet I** must be returned in its native Excel format. PDF versions of the completed worksheet are not acceptable.

Part III – Proposed Solution(s) and Implementation Approach

Please provide the details of the proposed solution(s) and project approach for an EMS Data Collection/Repository System and a DW/BI implementation that meets the needs of the Department, based on the background information

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provided in [Section I](#), and the [RFI Scope](#), [Key Considerations](#), and the [RFI Attachments](#) provided in [Section II](#). Please ensure that your response includes (but it is not limited to) the following components:

- A.** Details on how you will accomplish the following, inclusive of the specific technology solution(s) for providing the stated capabilities (you may desire to incorporate / combine this with the details on how you plan to address / execute the anticipated project phases outlined below):
- ❖ A web based state repository product for the collection, validation, analysis, and reporting of pre-hospital patient care data submitted to the state by DOH licensed EMS providers. *This product will be used as a component of the Florida Prehospital Data Collection Program. This product must be able to accept NEMSIS V3.4 imports from Florida EMS agencies. Vendors are expected to commit to a full upgrade and proof of national certification as NEMSIS Version 3.5 Compliant within twelve (12) months of the contract award by providing a structured plan in project plan format in their response for the migration to NEMSIS 3.5 in accordance with the NEMSIS TAC published/adopted implementation timeline, <http://www.nemsis.org/index.html>.*
 - Implementation services for the migration of existing transactional data base – existing repository – transactional
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 - ❖ Product and Implementation services for Design and implementation of a Data Warehouse
 - Integration of data sources – based on identification and prioritization by the client – to the enterprise data warehouse, inclusive of all required ETL's and data linkage methodologies.
 - Transactional database sources from state EMS transactional repository above (i.e. SQL, Access, etc.)
 - File sources (i.e. XML, XLS, CSV, etc.)
 - Reference sources (i.e. industry standard code sets, etc.)
 - External sources (i.e. U.S. Census Data, other Florida state agency data, etc.) AHCA
 - Unstructured sources (i.e. PDF [static & interactive], DOC, scanned files/images, etc.)
 - Hosting options for Data Warehouse
 - Implementation services for Technical Design and Implementation for line-of-business specific, data mart functionality.
 - Implementation services for Technical Design and Implementation services for data-set specific cube functionality for data retrieval, analysis and exploration, *and* implementation.
 - Implementation services for migration of the existing ODS data to a more robust and scalable enterprise data warehouse solution.
 - Existing data sources
 - Existing staging area
 - Existing ETL's
 - Existing data linkages
 - ❖ Product and Implementation services of new Business Intelligence tool sets for reporting, analytics, and consumption services based on business requirements.
 - Reporting
 - Static (canned) reports
 - Self-service (ad-hoc) reports
 - Data analysis (interactive)
 - Descriptive analytics
 - Predictive analytics
 - Prescriptive analytics
 - Data mining
 - Data visualization
 - Graphics
 - Scorecards

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- Dashboards

- B.** Details on how you plan to address / accomplish each of the following, anticipated project phases within your approach (please identify any additional project phases you feel may be required).

NOTE: These anticipated project phases adhere to a traditional Waterfall implementation methodology. However, if you utilize an Agile or other implementation methodology, please denote it and provide details on how you will accomplish the same objectives that are outlined in the anticipated project phases below.

1) *Project Initiation*

- a) Resource Identification / Formalization
 - i) Executive champion(s)
 - ii) Project sponsor(s)
 - iii) Project governance team members
 - iv) Project implementation team members
 - (1) Core project team
 - (a) Vendor resources (inclusive of third parties)
 - (b) Department of Health resources
 - (2) Expanded (as-needed) project team
 - (a) Vendor resources (inclusive of third parties)
 - (b) Department of Health resources
- b) Project charter development
- c) Project kick-off meeting(s)

2) *Planning & Analysis*

- a) Conduct detailed business requirements elicitation sessions; develop detailed business requirements documentation.
- b) Develop scope
- c) Develop detailed project schedule
 - i) Define work breakdown structure (WBS)
 - ii) Define activities / tasks
 - (1) Activity / task sequence
 - (2) Required resources
 - (3) Estimated effort / duration
- d) Refine implementation-level cost estimate and overall project budget
- e) Develop project management plan
 - i) Change management plan
 - ii) Scope management plan
 - iii) Schedule management plan
 - iv) Staffing management plan
 - v) Cost management plan
 - vi) Risk management plan
 - vii) Quality management plan
 - viii) Communications plan

3) *Execution*

- a) Design (includes, but is not limited to, the following elements)
 - i) Develop functional requirements documentation
 - ii) Develop use cases
 - iii) Develop non-functional requirements documentation
 - iv) Develop technical specification / requirements documentation
 - v) Develop failover / disaster recovery recommendations

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- (1) Define Recovery Point Objective (RPOs)¹
- (2) Define Recovery Time Objective (RTOs)²
- vi) Develop architecture requirements documentation
 - (1) Development (DEV) environment
 - (2) User Acceptance / Test (UAT) environment
 - (3) Production environment
 - (4) Failover / Disaster Recovery (DR) environment
- b) Construction / Configuration (includes, but is not limited to, the following elements)
 - i) Hardware
 - ii) Software
 - iii) Data
- c) Testing (all applicable types – includes, but is not limited to, the following elements)
 - i) Testing strategy / test plan development
- d) Training (includes, but is not limited to, the following elements)
 - i) Training strategy / plan development
 - ii) Training collateral development
- e) Support Model (includes, but is not limited to, the following elements)
 - i) Day-to-day support model strategy / documentation development
 - (1) Roles and responsibilities
 - (2) Service levels
 - (3) Vendor maintenance and support agreement(s)
 - ii) Disaster Recovery plan / documentation development
- 4) *Implementation*
 - a) Roll-out strategy / plan development
- 5) *Close-Out*
 - a) Lessons learned documentation
 - b) Project acceptance / sign-off
 - c) Documentation final updates, collection, archival
- 6) *Production Support*
 - a) Transition to defined Support Model

C. Details on your specific strategies to address / accomplish the following:

- ❖ *Data Integration & Data Linking*
 - Ability to work with the client to identify and prioritize all data sources for integration into the proposed solution.
 - Ability to execute integration of multiple, disparate and often complex structured data sources (based on identification and prioritization) into the proposed solution(s).
 - Ability to identify methodologies (working with the HIPAS) for being able to link together records from select structured data sources.
 - Ability to execute integration and extract value from multiple **unstructured** data sources (based on identification and prioritization) into the proposed solution(s).
- ❖ *“Baked-In” Security*
 - Ability to secure Personally Identifiable Information (PII), Personal Health Information (PHI), and any other information deemed to be confidential or restricted, through leading data management and protection capabilities.

¹ The RPO for an application describes the point in time to which data must be restored to successfully resume processing (often thought of as the time between last backup and when an “event” occurred). It has a direct bearing on the minimum frequency with which backups must be made, as well as the infrastructure required to accomplish said frequency.

² The RTO for an application is the goal for how quickly you need to have that application’s information back available after downtime has occurred. It has a direct bearing on the infrastructure needed to meet the stated timeframe.

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- Ability to segregate access to data through the use of end-user roles (and field-level & field-content security) to easily manage who can view, query, and report on it.
 - ❖ *Scalability*
 - Ability to support growth in volume of data sources and data elements
 - Ability to accommodate growth in the volume of end-users.
 - ❖ *Flexibility*
 - Ability to easily accommodate changes mandated by Florida statutes and administrative code, along with other regulatory bodies, which result in changes to data, analysis, and reporting requirements.
- D. A high-level estimate of the anticipated project duration (timeline), along with an estimation of where key milestones will reside along the timeline.
- E. Any and all best practices that should be adhered to, typical risks / issues seen in a project of this nature (and any associated mitigation strategies), and vendor assumptions.
- F. Please use **Vendor Worksheet II** to provide an implementation *and* post-implementation (support) resource estimate, for both you the vendor (inclusive of any third parties) and the Department.

NOTE: The completed Vendor Worksheet II must be returned in its native Excel format. PDF versions of the completed worksheet are not acceptable.

- ❖ Implementation & Post-Implementation (Support) Tabs
 - For both you the vendor (inclusive of any third parties) and the Department include resource types / titles and a description of each resource's responsibilities (required skills / capabilities).
- ❖ Implementation Tab
 - For both you the vendor (inclusive of any third parties) and the Department include the **estimated** percentage of time resources will need to be dedicated to project implementation activities.
- ❖ Post-Implementation (Support) Tab
 - For both you the vendor (inclusive of any third parties) and the Department include the **estimated** percentage of time resources will need to be dedicated to solution support activities.

Part IV – ROM Cost Estimates

Please use **Vendor Worksheet III** to provide your ROM-level cost estimates for the different phases of the project, as well as supporting cost details for hardware and software solution components. There are three tabs within the worksheet; **complete only the cells highlighted in yellow.**

NOTES:

- ❖ If you offer **multiple** implementation options (i.e. client hosted (on premise) option, vendor hosted option) please create a separate worksheet for each proposed option, naming it accordingly such that it is clear which spreadsheet represents which option.
- ❖ The completed Vendor Worksheet III must be returned in its native Excel format. PDF versions of the completed worksheet are not acceptable.
- ❖ Project Phase Costs Tab
 - It is imperative for the Department to understand the estimated cost by phase, as well as cost type within each phase, for the purposes of better understanding required funding levels and whether those funds will be Capital (CapEx), Operations & Maintenance (O&M / OpEx), or a mixture of both.
 - As you complete the cells highlighted in yellow, embedded formulas will total the costs.
- ❖ Software Cost Details Tab

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- While it is understood that the final software needs would not be fully identified until the Design Phase of implementation, it is imperative – based on the information provided in this RFI – to understand what the estimated software resources are at this juncture to assist in the provision of a ROM-level cost estimate.
 - If part of your solution recommendation is the purchase of your software application(s), for implementation in any of the following environments, please complete **Part 1** (purchase cost) and **Part 2** (recurring maintenance cost):
 - Hosted in the client's own data center (on premise)
 - Hosted in third-party data center (Platform as a Service – PaaS)
 - If part of your solution recommendation is the implementation and hosting of your software application(s) within your own data centers (Software as a Service – SaaS), please complete **Part 3** (hosting costs).
 - *NOTE:* Recurring costs are expressed as **annual** amounts within the spreadsheet; please ensure that your entries reflect annual amounts.
 - If there are any desktop application components that must be purchased, in conjunction with your SaaS offering, please complete ONLY the “Desktop Instances” sections of **Part 1** (purchase cost) and **Part 2** (recurring annual maintenance cost).
 - As you complete the cells highlighted in yellow, embedded formulas will total the costs.
- ❖ Hardware Cost Details Tab
- While it is understood that a final architecture would not be completed until the Design Phase of implementation, it is imperative – based on the information provided in this RFI – to understand what the estimated hardware resources and/or solution recommendations are at this juncture to assist in the provision of a ROM-level cost estimate.
 - If part of your solution recommendation is a turn-key, appliance-based solution, that is implemented within the client's own data center (on premise hosting), please complete **Part 1**.
 - Please note in your response whether or not software costs are included as a part of these costs; if not, please denote software costs in the “Software Cost Details” tab.
 - If part of your overall solution recommendation is to leverage a Platform as a Service (PaaS) offering to provide the required server platforms for hosting your software solution(s), please complete **Part 2**.
 - *NOTE:* Recurring costs are expressed as **annual** amounts within the spreadsheet; please ensure that your entries reflect annual amounts.
 - If part of your solution recommendation is to leverage the client's own data center (on premise hosting) to provide the required server platforms for hosting your software solution(s), please complete **Part 3**.
 - As you complete the cells highlighted in yellow, embedded formulas will total the costs.
- ❖ Vendor Maintenance / Support Packages (not a spreadsheet tab)
- Please include in this section a listing of all available post-production, maintenance and support packages that you offer; an itemized listing of what is included in each package; and the **annual cost** of each package.

Part V - Additional Vendor Commentary

Please provide any additional information that you believe would be appropriate and beneficial, and/or that you feel helps to set you apart from other vendors.