



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION,
DIVISION OF BENEFITS ADMINISTRATION**

**REQUEST FOR INFORMATION
FOR**

RFI # 31786-00176

October 19, 2023

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of Benefits Administration (“State”) issues this Request for Information (“RFI”) for the purpose of soliciting information on programs and the companies which offer programs, such as centers of excellence prospective bundled payment programs or prospective episodes of care for surgical and other high-cost medical services and treatments. The State is interested in receiving information from companies with experience providing these services to large employers. The State manages benefits for three self-insured risk pools serving state, higher education, local education and local government employees, retirees, and their dependents. For the hundreds of public sector local agencies that participate, the State acts like an insurance company. Therefore, experience serving insurance companies or other similarly structured clients is desirable. We appreciate your input and participation in this process.

The information provided will assist the State in comparing emerging comprehensive prospective bundled payment offerings for members facing treatment for various medical diagnosis and conditions to ensure the correct diagnosis, best quality provider for evaluation and management, understanding of the treatment options and risks, improved member outcomes, and best pricing for treatment to include all services rendered by all providers during the bundle or episode timeframe with a red carpet member experience.

The State, under authority of the State Insurance Committee, is conducting a study of these options. This market research is not a competition. No evaluation of participating vendors will occur and your participation is not a promise of future business with the State. Responding or not responding to the RFI does not preclude the Vendor from submitting a proposal to any future solicitations/requests for proposals issued by the State. The State is NOT requesting specific pricing for any components or services addressed in this RFI. Instead, the State is seeking price ranges and structures for programs in order to determine approximately, what these types of programs sought by the State will cost. Do NOT provide specific pricing amounts in response to this RFI. Should responses from this RFI generate additional questions from the State all vendors responding to this request will receive the additional questions.

2. BACKGROUND:

The State recognizes that the current health care system has problems with waste, low value care, diagnostic errors, inconsistent quality, and non-adherence to nationally recognized guidelines. We realize that to better manage plan costs we need to provide members with opportunities to have their condition evaluated by top performing high quality providers who will prescribe the appropriate treatment according to industry guidelines and will provide evidence based care at quality facilities, resulting in positive clinical outcomes, for an all in one inclusive price and red carpet member experience. The State’s goal with this RFI is to identify opportunities for centers of excellence prospective comprehensive bundles for various surgical, treatment, and chronic conditions to improve the member experience and quality of care during their health journey while controlling the value of each health care dollar paid by the plan.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI by uploading your documents to a specific file sharing link listed below.

<https://tncloud.tn.gov/owncloud/index.php/s/g99C9JaL90zOW4c>
Password: Bundle2023

- 3.2. Please feel free to contact the Department of Finance and Administration, Division of Benefits Administration with any questions regarding this RFI. The main point of contact will be:

Heather Pease
Department of Finance and Administration, Division of Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor
WRS TN Tower
Nashville, TN 37243
Phone: (615) 253-1652
Heather.pease@tn.gov

- 3.3. Please reference RFI # 31786-00176 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		October 19
2.	RFI Response Deadline	2 p.m.	November 9
3.	Scheduling of webinar meetings		November 16-17
4.	Webinar meetings	9 a.m. to 4 p.m.	November 28-December 1

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:

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TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

3. Provide a brief description of your company's experience providing comprehensive prospective bundle surgical and condition specific programs.

4. List in detail the center of excellence comprehensive prospective bundle programs and services your company provides including length of time each bundle has been operational.

5. Describe your three largest clients including the organization type, services offered, the engagement, and the outcomes experienced.

6. List all specific health conditions and diseases that your company specifically targets with the comprehensive bundle programs and solutions offered. Include the providers, facilities and locations for each comprehensive bundle program and solution.

7. What are your highest volume bundles? Describe the clinical and financial outcomes of each.

8. Describe the selection process of the participating providers including how provider quality is evaluated and determined.

9. Describe all services included in each comprehensive bundle program or solution including provider, facility, medications, ancillary services, and care coordination.

10. Describe any guarantees or warranties included with the outcomes of each comprehensive bundle program or solution comprehensive bundle.

11. How is the bundled rate established?

12. Describe how the prior authorization, claims processing, and payment to providers works within the comprehensive bundle including the interaction with the third-party administrators (TPAs).

13. Describe how a member engages in the comprehensive bundle programs and solutions offered including but not limited to internet browser, phone, mobile application, web camera, live chat, etc.

14. The State is interested in offering a red-carpet member experience. Describe how your organization accomplishes this level of service for your bundles.

15. Are any of the services provided virtually or out of state and are any travel benefits included in the bundled rate?

16. List specific communication strategies for engaging with members about your company's comprehensive bundle programs and solutions. Please provide examples of communications.

17. Describe how your company utilizes data to proactively engage with members. From where do the data come and how are the data used? Does your company utilize data to identify at risk members? If yes, how does your company engage those at-risk members?

18. List specific benefit design, incentives, or member obligations recommended or available in

association with your company's comprehensive bundle programs and solutions. Include, as applicable, any examples implemented with clients that were considered successful or impactful.
19. Describe your utilization of member data from multiple sources once a member is engaged. What types of data do you use? What are the sources of data? How are the data used?
20. Describe your experience and collaboration with the TPAs of medical, pharmacy, behavioral, and population health benefits.
21. Describe what sets your comprehensive bundle programs and solutions apart and above your competitors in the market.
22. How does your company define success for these programs? How do you measure success? Describe any historical success with these programs.

COST INFORMATIONAL FORM
1. Describe what pricing units you typically utilize for similar services or goods (e.g., per engaged case, per completed case, per employe per month, per member per month, 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: