



STATE OF TENNESSEE
Department of Finance and Administration

**REQUEST FOR INFORMATION
FOR Fertility Services**

RFI # 31786-00158
July 31, 2020

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, issues this Request for Information ("RFI") for the purpose of acquiring information on fertility programs, recommendations regarding covered and excluded benefits and differences in the administration of fertility benefits. We appreciate your input and participation in this process.

No evaluation of participating respondents 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 respondent from submitting a proposal to any future solicitations/requests for proposals issued by the State. 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 of Tennessee Group Insurance Program offers self-insured, employer-sponsored medical plans to approximately 285,000 state, higher education, local education and local government employees and their dependents. Coverage is currently limited to family planning and infertility services including history, physical examination, laboratory tests, advice and medical supervision related to family planning, medically indicated genetic testing and counseling, sterilization procedures, infertility testing and treatment for organic impotence. If fertilization services are initiated (including, but not limited to artificial insemination or in-vitro fertilization) benefits will cease. The State recognizes that fertility benefits are on the rise and that there's a greater awareness and more acknowledgement and interest in providing more inclusive benefits. The State's goal with this RFI is to explore fertility benefit offerings as well as options for administering those benefits.

3. COMMUNICATIONS:

3.1. Please submit your response by uploading your documents to a specific file sharing link listed below in PDF format:

Link: <https://tncloud.tn.gov/owncloud/index.php/s/K6cjF5ZvRGeYqMH>

Password: Benefits20

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:

Seannalyn Brandmeir
Department of Finance and Administration, Division of Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor
WRS TN Tower
Nashville, TN 37243
Seannalyn.brandmeir@tn.gov

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

3.3. Please reference RFI # 31786-00158 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		July 31, 2020
2.	RFI Response Deadline	4 p.m.	August 21, 2020

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.	Give a brief description of your company's experience providing fertility services to large employer groups.
4.	Please describe your current approach to fertility benefits, including whether you offer (directly or through a sub-contractor), or have clients who offer, a carved out, specialized fertility benefits program. Can you compare that experience with clients whose fertility benefits are administered under a single contract along with other medical benefits?
5.	Provide a detailed description of the fertility coverage your company would recommend for our members and why. Include recommendations for covered and excluded services based on industry standards, best practices and client experience.
6.	Describe the value your program delivers (e.g. improved quality, cost savings, etc.). Provide any actual and verified results and studies, if available.
7.	Provide a list of any related services or specialized programs you offer and whether those services are standard or available as an expanded option for an additional cost.
8.	Please provide examples of communications and list specific strategies for engaging with members, including how you incorporate client customization.
9.	Describe your reporting capabilities. What standard reports does your company provide? Please include examples.
10.	Describe your experience and collaboration with other third-party administrators (TPAs) for medical and pharmacy benefits and how you work with these entities to ensure accurate claims

processing and benefits coverage.
11. Describe your three largest clients including the organization type, services offered, the engagement, and the outcomes experienced

COST INFORMATIONAL FORM
1. Describe what pricing units you typically utilize for similar services or goods (e.g., Per Member Per Month, etc.,)
2. Describe the typical price range for similar services or goods
3. Do you provide guarantees or put any of your fees at risk? If so, please describe.

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