



STATE OF TENNESSEE
Department of Finance and Administration

REQUEST FOR INFORMATION
FOR
Diabetes Reversal Program

RFI # 31786-00160
January 6, 2021

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of Benefits Administration, issues this Request for Information (“RFI”) for the purpose of soliciting information on type 2 diabetes reversal/remission programs and the companies which offer this type of program to group health plans. We are specifically seeking a program that not only provides a nutrition protocol but that also connects the participant with a physician responsible for deprescribing/eliminating diabetes specific medications, when clinically appropriate. The program should provide the following: testing supplies for monitoring A1c and ketones, access to a coach and a physician along with group support for the patients who participate. The State is interested in receiving information from companies with experience managing this program for large member populations for large employers. The State acts like an insurance company for multiple employer groups by managing various benefit plans for three separate risk pools, therefore, experience serving insurance companies or other similarly structured clients is desirable. We appreciate your input and participation in this process.

The information will assist the State in determining our options to extend our continuum of services for members with or at risk for diabetes. The State, under authority of the State Insurance Committee, is conducting a study of the options. The tables in the Informational Form of this RFI request general price ranges for the diabetes reversal program described in Section 2 below. The State is **NOT** requesting specific pricing for any components or services addressed in this RFI. Instead, the State is seeking price ranges 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 respondents to this request will receive the additional questions.

2. BACKGROUND:

The State is looking to add to our resources for management and treatment of diabetes, particularly for those who struggle with managing their A1c and who are looking for an alternative to traditional diabetes care. We currently offer a Diabetes Prevention Program for those with prediabetes who want to reduce their risk of developing type 2 diabetes. We also have a diabetes

management program to support those who want to better manage their condition and reduce the risk of diabetes-related complications. We are seeking a program that has been peer reviewed with published, sustained results including the elimination of diabetes-related medications. It is preferred that the program is performance-based with fees at risk. The program should also include access to a medical provider and a coach with a structured nutritional program that will get to the root cause of the patient's issues with glycemic control and eliminate the need for diabetes medications, rather than a program that reminds patients to take their medication(s).

In March of 2020, we introduced the Virta Diabetes Reversal Program as a pilot for the State Health Plan. A total of 54 patients were enrolled in the pilot, which concludes at the end of March 2021. The pilot participants have lost weight, reduced their diabetes specific medications and lowered their A1c. We are looking to add this or a similar program to give diabetics an option, particularly those who are struggling to manage their A1c and diet. We have approximately 26,000 members who have been diagnosed with type 2 diabetes.

3. COMMUNICATIONS:

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

<https://tncloud.tn.gov/owncloud/index.php/s/idAqCt66GTU3n5d>

Password: Diabetes2021

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
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 Nashville, TN 37243
 (615) 253-1652
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3.3. Please reference RFI # 31786-00160 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		January 6, 2021
2.	RFI Response Deadline		January 22, 2021
3.	RFI Follow up meetings via WebEx	9 – 4 p.m.	February 1 – 12, 2021

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 an overview of your diabetes remission/reversal program. Include a description of the participant's interaction with the coach and physician.

4. Provide a brief description of your company's experience providing a diabetes remission/reversal program for large clients. How long has your company been providing this service? How many total covered lives have access to the program and how many total participants are you serving?

5. Describe the typical/expected outcomes of the program. Include both clinical improvements as well as cost savings.

6. Specific to medication de-prescribing, detail how quickly this action is taken with most participants and the average number of scripts that are de-prescribed per participant.

7. Describe your three largest clients including organization type and engagement/enrollment numbers for the program. Do any of these clients have 200,000 or more employees and 20,000+ eligible patients?

8. Has your program been peer reviewed or does it have published outcomes? If so, describe and share links to, or submit copies of, any published results.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., PEPM, case rate, etc.):

2. Describe the typical price range for similar services or goods

3. Assuming the state would be billed for each engaged member, describe how you define engagement. If this is not the case, describe how the state would be billed.

4. Is there an implementation fee for start up of the program or other marketing costs not included in the program fees?

5. Is your program structured with performance guarantees for meeting certain performance thresholds? What are the guarantees? Do they include putting any 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: