1. **STATEMENT OF PURPOSE:**

The State of Tennessee, Division of TennCare (TennCare), Office of Program Integrity (OPI) issues this Request for Information (RFI) to gain deeper insight into the solutions available to meet TennCare’s needs related to Medicaid Fraud Detection, Prevention, Analytics, and Case Management. TennCare is seeking information and insight from experienced vendors via this RFI to help identify the industry best practices, approaches, and technologies. This information may aid in organizing requirements for a formal procurement. TennCare appreciates all input and participation in this process.

This RFI is intended to identify solutions in the market that meet the following needs:

- A post-pay healthcare data analytics solution to improve TennCare’s ability to triage, validate, and escalate both self-generated and third-party-referred leads related to Fraud, Waste, and Abuse (FWA). This solution must include controls to minimize the risk of increasing volume due to false positives.

- A pre-pay healthcare data analytics solution to improve TennCare’s ability to prevent improper payments related to FWA before they are made.

- A healthcare case management solution to manage the process, communications, assignments, documentation, status, and results throughout the life cycle of a referral/lead being escalated, investigated, and settled/prosecuted.

2. **BACKGROUND:**

The State of Tennessee’s Medicaid program provides health care for approximately 1.4 million Tennesseans. OPI sits within TennCare and is responsible for the prevention, detection and investigation of alleged provider fraud, waste and/or abuse. OPI collaborates with the Managed Care Contractors (MCCs), law enforcement, and various state and federal agencies to drive regulatory compliance, accountability, and protect the financial and health care service integrity of the TennCare program.

OPI has current processes in place, but does not possess sophisticated analytical or case management tools to enable the enhancements and improvements TennCare is seeking. OPI's
objective is to provide TennCare program integrity professionals, investigators, and key personnel with solutions that can drive increased productivity, efficiencies, and outputs in a cost-effective manner.

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI via email to:

Matt Brimm, Director of Contracts
Division of TennCare
310 Great Circle Road, TN 37243
(615) 687-5811
matt.brimm@tn.gov

3.2. Please reference RFI #31865-00703 within all communications related to this RFI.

4. RFI SCHEDULE OF EVENTS:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time Zone)</th>
<th>DATE</th>
</tr>
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<tbody>
<tr>
<td>1. RFI Issued</td>
<td></td>
<td>3/27/2020</td>
</tr>
<tr>
<td>2. RFI Responses Due</td>
<td>3:00pm</td>
<td>5/1/2020</td>
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*Within one to two weeks of receiving the RFI responses, TennCare will notify vendors of invitation to conduct onsite solution demos at TennCare’s office, located at 310 Great Circle Road, TN 37243. Within the invitation, TennCare will provide specific expectations for the vendor demos and summarize workflows/use cases relevant to the RFI goals.

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 (RFQ), Request for Proposals (RFP), Invitation to Bid (IFB) 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. INSTRUCTIONS FOR RESPONDING
6.1. Sections 7 through 12 below indicate the information specified to be included in your response. All components should be addressed according to the instructions within this section and any item-specific instructions, e.g. page limitations, as noted below.

6.2. Respondents are not expected to insert responses directly into the RFI template. Please provide your response under separate cover in accordance with the details noted in the sections below.

6.3. Please clearly label each question/item in your response according to the exact numbering system used in the requirements tables below.

6.4. To better enable an efficient and effective review process, please respond as succinctly as reasonably possible to satisfy the questions/requirements.

<table>
<thead>
<tr>
<th>RFI #31865-00703</th>
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<tr>
<td>TECHNICAL INFORMATIONAL FORM</td>
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| 7. RESPONDENT LEGAL ENTITY NAME |

| 8. RESPONDENT CONTACT PERSON: |
| Name |
| Title/Role |
| Address |
| Phone Number |
| Email |

| 9. EXPLANATION OF VENDOR SOLUTION AND RELEVANT EXPERIENCE |
| *Please limit your section 9 response to five (5) pages |

| 9.1. Please provide a summary statement regarding how your solution for healthcare post-pay data analytics can help TennCare achieve the goals articulated within section 1. **STATEMENT OF PURPOSE**. |
| 9.2. Please provide a summary statement regarding how your solution for healthcare pre-pay data analytics and prevention can help TennCare achieve the goals articulated within section 1. **STATEMENT OF PURPOSE**. |
| 9.3. Please provide a summary statement regarding how your healthcare case management solution can help TennCare achieve the goals articulated within section 1. **STATEMENT OF PURPOSE**. Please specify if and how the case management solution integrates with the post-pay and pre-pay analytics solution referred to in this RFI. |
| 9.4. The following items are regarding your relevant experience in providing healthcare fraud detection analytics and case management solution services within the last five (5) years. In response to the requests below, please distinguish between Medicaid and Non-Medicaid experience. Please also distinguish between post-pay analytics and pre-pay analytics in any examples you provide. For your response, please do the following: |

| 9.4.1. List the total number of experiences where the healthcare fraud analytics and/or case management solution was deployed for the five (5) year period (may include contracts that began prior to 5 years ago, but continued within the last 5 years). Of that total, please elaborate the following the following: |
| 9.4.1.1. Number of instances related to Medicaid versus Non-Medicaid. |
| 9.4.1.2. Number of instances related to a post-pay analytics solution for FWA. |
| 9.4.1.3. Number of instances related to a pre-pay analytics solution for FWA. |
| 9.4.1.4. Number of instances that included the delivery of a case management solution. |
9.4.2. Describe three (3) distinct experiences where you delivered these services or are currently delivering these services. For each, please distinguish between Medicaid and Non-Medicaid, as well as which of the requested services are relevant (pre-pay, post-pay, case management). Please make clear what stage of the project you’re in (e.g. pre-implementation, post-implementation, etc.) at the time of this RFI response.

9.4.2.1. If delivery is for a government agency, please include the following information:

9.4.2.1.1. State/Federal Agency Name
9.4.2.1.2. Contract Start/End Dates
9.4.2.1.3. Contract Value
9.4.2.1.4. Summary of scope that also specifies fraud analytics services, post-pay, pre-pay, and/or case management solutions.

9.4.2.2. If for a commercial entity, please provide similar information to the degree it is contractually appropriate to share. Client names and other identification-related details may be omitted; however, we expect that you can, at minimum, explain the relevance of the scope of work to our objectives.

10. TECHNICAL SPECIFICATIONS AND REQUIREMENTS

*Please limit your section 10 response to ten (10) pages*

10.1. Data Considerations

10.1.1. It is expected that analytics will be conducted using, at minimum, Managed Care Contractor (MCC) encounter data, which is maintained by TennCare. Please confirm whether the solution envisioned for TennCare has been used previously to conduct healthcare fraud analytics using MCC encounter data (as opposed to fee for service claims).

10.1.2. Can the solution distinguish between claims and encounters?

10.1.3. To access relevant TennCare data, a vendor may be granted access to source data within TennCare’s Medicaid Management Information System (MMIS) or other data storage applications. Please explain solution capabilities for extracting data files for use in your systems.

10.1.4. Please explain what industry standard approaches and scripts are available for data extraction out of the box. Are there pre-defined scripts used for other clients that can be used to extract encounter data from TennCare systems? From your experience, how much customization is potentially involved in developing scripts to extract encounter data (hours and/or percentage of increased effort)?

10.1.5. If not directly accessing the MMIS or data storage applications, please explain how you recommend or expect to access the data and how you have done so historically.

10.1.6. Does the solution have the ability to import multiple sources of data to be used in conjunction with encounter data, such as suspended provider lists, criminal and financial background checks, etc.? Please provide examples of data that you have leveraged in the past. What level of complexity/additional effort does leveraging multiple sources of data create?

10.1.7. In any of the states that your solution is implemented, is your solution integrated with that state’s eligibility system? Which vendor/platform does that state’s eligibility system use? Please describe compatibility considerations with different vendor systems.

10.1.8. Does the solution process and integrate unstructured data, i.e. web data, clinical notes, prescription pads, and/or hotline calls? Please briefly summarize any key considerations
related to this, including what has been done for previous clients.

10.1.9. Based on your experience in providing these solutions, please describe your approach for managing improvements and enhancements over time. What are examples of timelines from your work with other clients that may be relevant to TennCare’s objectives? What is your approach for incorporating additional data over time?

10.1.10. Do you recommend an on premises solution or Software as a Service (SaaS)? If SaaS, please describe the security profile for your data center and infrastructure. Is your datacenter Federal Risk and Authorization Management Program (FedRAMP) certified? If not, please describe your plans and potential timeline for FedRAMP certification.

10.1.11. Please summarize your deployment options and data hosting capabilities, e.g. on-site, hosted, web portal, or cloud based. Please comment on the readiness of your secure environment, e.g. a cloud environment, where data accessed/provided can be stored throughout the implementation. Please briefly summarize any key considerations and recommendations related to this. Please specify the platform e.g., Amazon Web Services Cloud or Microsoft Azure Cloud.

10.1.12. Does your recommended solution meet security and compliance standards such as HITRUST and Minimum Acceptable Risk Standards for Exchanges (MARS-E) 2.0? If so, please describe specific examples of the compliance standards relevant to MCC and State data.

10.1.13. Please summarizes any additional third party certifications or standards met by your solution that may be relevant to the scope of work.

10.2. Personnel and Support

10.2.1. It is TennCare’s intention to train internal staff to use the solution and conduct analytics and case management activities with little to no ongoing effort from the vendor in conducting such activities. Does your solution require resources (e.g., personnel) from your team to run the analytics once it is implemented? Please explain potential cost considerations, timeline, and impact.

10.2.2. What is the level of data analytics experience needed in order to run your solution? Please elaborate on your approach to training resources to independently conduct analytics with the solution.

10.2.3. Have your other clients faced challenges in training their resources to use your solution? Please explain common challenges and potential suggestions for a successful and efficient training model.

10.2.4. Describe the application support activities you have provided to other clients.

10.2.5. Describe the Fraud and Abuse analytic analysis activity support you have provided to other clients.

10.3. Healthcare Fraud Detection Solution

10.3.1. Please describe the major fraud and abuse methods that are used for detection in your application, such as: Statistical Exceptions, Profiling, Business Algorithm Matching, Predictive Analytics, Ranked Listings, Utilization Analysis, and other advanced techniques.

10.3.2. Do you possess pre-existing business rules and algorithms for Medicaid FWA that are directly applicable to identifying relevant flags within MCO encounter data? Please elaborate on the sophistication of existing algorithms. Please elaborate on your experience regarding the need to customize and/or create new algorithms for each implementation, as well as the potential time/effort involved in arriving at the sufficient level of algorithms generally required to begin conducting analytics.

10.3.3. Please explain the post-pay analytics workflow and your approach to identifying providers and/or other elements that would enable us to detect improper payments related to FWA.
10.3.4. Please explain the pre-pay analytics workflow and your approach to identifying providers and/or other elements that would enable us to prevent payments potentially related to FWA before they are made.

10.3.5. Does your solution deploy sophisticated data analytics and predictive modeling? Does it leverage tools such as artificial intelligence, machine learning, link analysis, and natural language processing? Are these standard functions in the solution or do they require additional effort/customization? Please briefly summarize any related key considerations.

10.3.6. Please summarize the solution’s ability and your experience in minimizing false positives. Does the solution employ optimization features and continuous model accuracy improvements? Are these standard functions in the tool or do they require additional effort/customization? Please briefly summarize any related key considerations.

10.3.7. In addition to leads generated by the solution, can users manually explore/data mine to help research information relevant to TennCare needs, such as relevant encounters and providers that may be identified via a third party referral? For example, to drill deeper into one or more encounters to review data elements, or to view key information at the provider level (such as a view of related encounters for a specific timeframe).

10.3.8. Please summarize the standard/out of the box reporting and dashboarding capabilities available to help users in their efforts to triage leads and gauge likelihood/pervasiveness of FWA risks. Please be clear around the levels of customization that may be required to achieve the following types of reports:

10.3.8.1. Reports based on pre-determined criteria, ongoing trends, utilization, and outliers.

10.3.8.2. Reports that help measure strength of a case in terms of risk factors.

10.3.8.3. Reports that track progress and key status information for a case throughout the life cycle.

10.3.8.4. Reports that track key performance indicators around recoveries, return on investment, etc. Please provide additional context to help understand what information you are capturing for other clients that may be relevant to the effort of measuring success.

10.3.8.5. Reports with print functionality for hardcopies.

10.3.8.6. Please elaborate on other reports readily available that you believe may be critical and/or add value to our approach based on your experience with other clients.

10.3.9. Has your system been certified by Centers for Medicare and Medicaid Services (CMS) as an MMIS module under MECT 2.3, which includes a checklist for Program Integrity requirements? If yes, please provide details on the services and information included within the approved module.

10.3.10. Please describe your experience and key considerations for integrating the State-appointed systems integrators.

10.3.11. Does the application have built in user roles and are mapped to specific sets of application functionality? Please explain the assumed business roles or how roles and responsibilities are defined for a client.

10.4. Case Management System

10.4.1. Is your Case Tracking component specifically created for Medicaid Fraud and Abuse Case Tracking or is your package a COTS package or a Commercial package?

10.4.2. Is your case management solution fully integrated with the fraud detection tool? If not, please explain the process and key considerations for integration, including variables that impact the timing and cost of integration.
10.4.3. Please describe your experience and process for integrating/importing historical case information from existing databases (legacy case management systems); for example, active and open cases, closed, referred and pending cases, and previous documentation/notes.

10.4.4. Does your tool have the ability to auto-populate information from other sources of data? If yes, how will the case management solution pull in data from other sources, e.g., the analytics solution or outside information related to provider identification.

10.4.5. Does the solution have dashboarding capabilities? Describe your solution’s ability to generate dashboards that support project management, such as caseload per investigator and case status.

10.4.6. What are the reporting capabilities of the case management system?

10.4.7. Does the solution provide workflow capabilities? If so, are there any pre-built workflows? In your experience, how much customization is required to meet each client’s need? What are key drivers requiring customization?

10.4.8. Please describe your process for creating role/rule-based access rights and how access is managed and monitored.

10.4.9. Does the solution allow for users to enter notes and edit as needed throughout the process to ensure accurate documentation? Will there be a behind the scenes audit trail available?

10.4.10. Can the solution auto-generate communications such as reminders, notifications, and letters to other parties?

10.4.11. Can the solution auto-populate letter templates based on information within the solution, when triggered in the workflow? Please elaborate on use of such functions and potential customization requirements.

10.5. Timeline and Approach

10.5.1. Please describe the process for solution implementation, including average timeframes for each key phase/step.

10.5.2. Please elaborate on the key considerations and variables that may impact the timeline and cost.

10.5.3. Do you suggest TennCare dedicate an internal coordinator or TennCare project lead during implementation? Post-implementation? Please explain any staffing recommendations you have from a TennCare personnel standpoint.

10.5.4. What is your approach to providing help desk services, such as desktop support or support for outages. Please describe the issue escalation process and typical service level agreements on resolution of high-level defects. TennCare considers this solution critical to its mission and is particularly interested in the variety of approaches vendors take in supporting their implemented solutions.

11. COST INFORMATION

* Please limit your response to three (3) pages.

11.1. Describe your normal pricing approach as follows:

11.1.1. Describe your normal pricing structure (one time or ongoing monthly/annual costs; variable costs based on number of users/amount of data/number of members or other variables)
for each component of the solution (e.g. analytics solution vs. case management solution). Specifically address on-premise vs. cloud implementations as described in your response.

11.1.2. Where, in response to sections 9 and 10 above, you indicated that additional customization would be required, provide general descriptions of how you usually approach pricing customizations. The response should be specific to your solutions. What key considerations, benefits, and obstacles have you observed in terms of this approach in dealing with other clients, especially if you believe a particular model is more cost effective and efficient?

11.1.3. Describe the typical price range for similar services or goods and elaborate on key considerations, drivers, and components that are priced separately (technology, data, personnel, etc.).

12. ADDITIONAL INFORMATION

*Please limit to two (2) pages.*

12.1. Please provide input on alternative approaches or additional things to consider that might benefit the State and/or our understanding of your solution for fraud analytics (post/pre-pay) and case management.