



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

**REQUEST FOR INFORMATION
FOR
VALUE-BASED PAYMENT PROGRAM CONSULTING SERVICES**

**RFI # 31865- 00714
JUNE 1, 2023**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of TennCare (“TennCare”) issues this Request for Information (“RFI”) for the purpose of obtaining insight from vendors on their approach to Medicaid value-based payment program design, development, implementation, and evaluation to inform procurement strategies for future value-based payment efforts in Tennessee. We appreciate your input and participation in this process.

2. BACKGROUND:

TennCare has a rich history with value-based programs aimed at transforming the healthcare delivery system. In 2013, Tennessee launched the Tennessee Health Care Innovation Initiative, with State Innovation Model grant funding awarded by the CMS Innovation Center. With this funding, TennCare formulated strategies to change the way health care is paid for in Tennessee, moving from paying for volume to paying for value. These strategies included primary care transformation (Patient Centered Medical Homes and Tennessee Health Link), Episodes of Care, and value-based changes to long-term services and supports (Enhanced Respiratory Care Initiative and Quality Improvement in Long Term Services and Supports or QuiLTSS). TennCare continues to operate these programs as part of its value-based program portfolio.

Looking forward, TennCare aims to evolve these programs and incorporate additional value-based payment programs into its portfolio. TennCare is seeking to identify vendors with subject matter expertise and direct experience in designing, developing, implementing, and evaluating Medicaid value-based payment programs. Specifically, TennCare's objectives are to (1) identify vendors in the marketplace that provide services and capabilities aligned with TennCare's value-based payment goals, (2) gain insight into interested Respondents' experience with designing, developing, implementing, and evaluating Medicaid and/or Medicare value-based payment programs, (3) gain information on interested Respondents' experience with advanced data analytics for value-based payment operations, monitoring, and program evaluation and ultimately (4) develop a value-based payment strategy in coordination with State priorities and TennCare's existing value-based payment portfolio.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI to:
Matt Brimm, Solicitation Coordinator
Division of TennCare
310 Great Circle Road Nashville, TN 37228
(615) 687-5811
Matt.Brimm@tn.gov

- 3.2. Please contact TennCare with any questions regarding this RFI. The main point of contact will be:
Matt Brimm, TennCare Director of Contracts
Division of TennCare
310 Great Circle Road, Nashville, TN 37228
(615) 687-5811
Matt.Brimm@tn.gov

- 3.3. Please reference RFI # 31865- 00714 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		June 1, 2023
2.	Intent to Respond Deadline		June 7, 2023
3.	Organizational Conflict of Interest Deadline		June 16, 2023
4.	RFI Response Deadline		July 17, 2023

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. Notice of Intent to Respond

Before the Notice of Intent to Respond Deadline detailed in the RFI Section 4, Schedule of Events, prospective Respondents should submit to the Solicitation Coordinator a Notice of Intent to Respond (in the form of a simple e-mail or other written communication). Such notice should include the following information:

- the business or individual's name (as appropriate);
- a contact person's name and title; and
- the contact person's mailing address, telephone number, facsimile number, and e-mail address.

A Notice of Intent to Respond creates no obligation and is not a prerequisite for submitting a response. However, it is necessary to ensure receipt of any RFI amendments or other notices and communications relating to this RFI, including but not limited to, requested Organizational Conflict of Interest mitigation plans.

5.3. 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 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.

5.4. 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:

- 6.1. The Technical Information Form shown below indicates 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 of the Technical Information Form below.
- 6.3. Please clearly label each question/item in your response according to the exact numbering system used in the Technical Information Form below.
- 6.4. To better enable an efficient and effective review process, please respond as succinctly as reasonably possible to satisfy the questions/requirements.

RFI #31865- 00714	
TECHNICAL INFORMATIONAL FORM	
1. RESPONDENT LEGAL ENTITY NAME:	
2. RESPONDENT CONTACT PERSON:	
Name, Title:	

<p>Address:</p> <p>Phone Number:</p> <p>Email:</p>
<p>3. Describe in detail the Medicaid value-based payment programs the Respondent has helped design and implement. Include the size of program, number of members and be specific about the design of the programs and their impact.</p>
<p>4. What data and analytics tools and expertise does the Respondent employ in designing and implementing value-based payment programs that aim to reduce health care costs while maintaining or improving quality?</p>
<p>5. How does the Respondent support capacity building and knowledge transfer to enable clients to continue measuring the quality and cost impact of specific Value-Based Payment Program (VBP) designs after the end of a contract?</p> <p>Are any of the Respondent's designs or methodologies proprietary such that their use must end at the conclusion of a contract?</p>
<p>6. What analytics support will the Respondent provide pre- and post-implementation?</p> <p>How does the Respondent analyze and measure quality and cost changes over time?</p>
<p>7. What experience does the Respondent have in incentive payment calculations, cost of care thresholding, and similar gain-risk sharing payment models?</p>
<p>8. What methodology and criteria does the Respondent employ for member attribution? Please cite the value-based payment programs the Respondent designed using a member attribution methodology.</p>
<p>9. What expertise does the Respondent have in selecting and implementing quality measures (process and outcome measures) in a value-based payment program, especially for quality measures linked to provider reimbursements?</p>
<p>10. How will the Respondent provide technical assistance to the State and State payer partners as they implement the value-based payment program? Describe communication plans the Respondent has developed and implemented to manage behavior change of program stakeholders.</p>
<p>11. How does the Respondent evaluate the value-based payment program's effectiveness?</p>
<p>12. How will the Respondent monitor the program during implementation to ensure continuous process improvement?</p>
<p>13. What are the typical deliverables the Respondent has provided during design, implementation, and post implementation phases for similar scope of services?</p>
<p>14. What are the typical Service Level Agreements based on best practices, lessons learned and Respondent's experience in the marketplace for similar scope of services?</p>
<p>15. What ongoing support will be offered throughout the design, implementation, and post-implementation phases of the value-based payment program?</p>

16. What type of staff will be brought on board to facilitate this project, and how will their roles align with specific value-based payment program processes? Please provide a title and short description of each role demonstrating how they will uniquely contribute to the program, specify if these positions are proposed new roles in the Respondent's organization or existing staff.

17. How will the Respondent ensure that the value-based payment program is aligned with CMS policies and other laws and regulations, and how does the Respondent ensure continuous compliance?

18. TennCare prefers the Respondent to use the internal decision support system for Value-Based Payment Program (VBP) program purposes. How does this differ from the Respondent's existing mode of operation with clients? What changes would the Respondent implement in the Respondent's business operations to accommodate the use of TennCare's decision support systems?

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.).

2. Describe the typical price range for similar services or goods. Provide a breakdown of the fee range associated with potential categories of costs for all aspects of the engagement including travel, deliverable(s) creation, project documentation, infrastructure and software, services, content development, process improvement, travel, etc.

3. Based on the Respondent's response to question 13 of the Technical Information Form, please describe the cost ranges associated with development and approval of typical value-based payments deliverables expected with a similar scope of services.

ADDITIONAL CONSIDERATIONS

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