



STATE OF TENNESSEE
DEPARTMENT OF DISABILITY AND AGING

**REQUEST FOR PROPOSALS # 34401-99494
AMENDMENT # 1
FOR TELEMEDICINE SERVICES**

DATE: February 3, 2025

RFP # 34401-99494 IS AMENDED AS FOLLOWS:

- 1. This RFP Schedule of Events updates and confirms scheduled RFP dates.** Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		12/20/24
2. Disability Accommodation Request Deadline	2:00 p.m.	1/3/25
3. Pre-response Conference	11:00 a.m.	1/9/25
4. Notice of Intent to Respond Deadline	2:00 p.m.	1/13/25
5. Written "Questions & Comments" Deadline	2:00 p.m.	1/21/25
6. State Response to Written "Questions & Comments"		2/3/25
7. Response Deadline	2:00 p.m.	2/20/25
8. State Completion of Technical Response Evaluations		3/11/25
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	3/12/25
10. Negotiations (Optional)		3/13/25-3/19/25
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	3/20/25
12. End of Open File Period		3/28/25
13. State sends contract to Contractor for signature		4/1/25
14. Contractor Signature Deadline	2:00 p.m.	4/4/25

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1. Is there any historical utilization data on medical services for the population to be served?	<p>StationMD utilization for 2024 from the state-run ICF homes only (see attachments). Pages of the reports that identifies the home or contained PHI were removed. We don't have utilization data for agencies that use the service or individuals that receive the service through waiver funding throughout the state.</p> <p>Total Encounters = 57</p> <p>Treated in Place = 53</p> <p>Transfer to ER or Urgent Care = 4</p> <p>Diversion Rate = 93%</p> <p>HJC - 17 encounters, 16 Treated in Place = 94% Diversion Rate</p> <p>ETH – 8 Encounters, 8 Treated in Place = 100% Diversion Rate</p> <p>MTH – 12 Encounters, 11 Treated in Place = 92% Diversion Rate</p> <p>WTH – 20 Encounters, 18 Treated in Place = 90% Diversion Rate</p> <p>There is no data from the two TN START Resource and Respite homes because they are not open yet.</p>
		2. Does the vendor provide the electronic clinical record or use an existing ECR?	<p>The state has contracted with Therap for electronic health records, but not every agency has fully implemented Therap for all medical records. The current telemedicine provider has a secure portal for uploading HIPAA protected information.</p>
		3. Since respondents have to follow the RFP documents exactly, is there a fillable form of the RFP available?	<p>There is no fillable template for your Technical Response. You will create your technical response and use RFP Attachment 6.2 (Technical Response & Evaluation Guide), sections A, B, and C to provide the page numbers of your responses for each item listed.</p>

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			You will use the template provided in RFP attachment 6.3. Cost Proposal & Scoring Guide for your cost proposal.
		4. What is the required response time on calls for medical services?	Currently there is no required response time specified. However, response time the current vendor s minimal. A staff member connects with the telemedicine provider to begin the encounter; after obtaining necessary information the individual is connected with a telehealth physician, typically within 15-20 minutes after starting the encounter.
		5. Does the vendor bill HCBS (TennCare MCOs) or the State directly?	The state has a flat rate contract with the current telemedicine provider for the service at the state-run ICF homes, and the telemedicine provider bills the MCO for the telehealth visit.
		6. Is there an identified budget via grant or otherwise for this opportunity?	There is an identified state budget for telemedicine services at the state-run ICF homes and PCP Services at the Harold Jordan Center and TN START Resource and Respite homes. The current provider bills the state for these services. An enabling Technology Grant is used to fund telemedicine services through the HCBS waiver for individuals that want the service.
		7. Is there federal funding that is being used for this project so we can apply legal requirements for the technology solution accordingly (NIST 800 etc)	I am not familiar with NIST 800, however an enabling technology grant is used for funding telemedicine services through the HCBS waiver, and the grant may be Federally funded.
		8. Can you provide the name of the incumbent contractor providing telemedicine services to the Tennessee Department of Disability and Aging?	StationMD
		9. Can you provide the pricing schedule for the incumbent?	The StationMD rate flier from 2020 is attached, I suspect the rates will be updated and subject to change if StationMD responds to the RFP.
		10. Is the vendor responsible for getting the provider	The vendor is responsible for credentialed by DDA, and the

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		credentialed with the three TennCare MCOs?	current provider was responsible for credentialing through each of the 3 MCOs.
		11. Are there other third-party payers the clinician would need to get credentialed with?	The vendor is responsible for credentialing by DDA for the 1915(C) waiver and TennCare ECF CHOICES/CHOICES programs. The current vendor-initiated credentialing through each of the 3 MCOs on their own. I am not aware of any additional third-party credentialing.

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.