



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

**REQUEST FOR INFORMATION
FOR
Application Processing Center**

**RFI # 31865-00479
September 5, 2017**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of TennCare (TennCare), issues this Request for Information ("RFI") to solicit information from interested suppliers with respect to State Medicaid application intake. Respondents shall describe in detail their processes for application intake, registration, and processing (Refer to Item #6). Respondents must provide in detail how they will make initial application decisions and perform open enrollment and redetermination services for a service population exceeding 1.2 million residents. The Division of TennCare will use the information generated by this RFI in conjunction with other information to determine the solution that it is in the best interests of the state of Tennessee.

2. BACKGROUND:

The Division of TennCare seeks to have an efficient, high-performing Application Processing Center that provides TN residents with accurate and timely application intake, registration and processing, which results in high levels of customer satisfaction. TennCare seeks to ensure that all facilities are in compliance with HIPAA/HITECH and other applicable federal and state laws with respect to administrative, physical and technical safeguards. TennCare seeks to ensure that, as directed by the State and at no additional cost to the state, responders will coordinate with, facilitate the prompt exchange of information between, and work collaboratively with any and all other State contractors.

3. COMMUNICATIONS:

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

Alma Chilton, Director of Contracts
Department of Finance and Administration
Division of Health Care Finance and Administration
310 Great Circle Road
Nashville, TN 37072

615-507-6384
alma.chilton@tn.gov

- 3.2. Please feel free to contact the Division of TennCare with any questions regarding this RFI. The main point of contact will be:

Gary Johnson Jr.
Division of TennCare, Member Services
310 Great Circle Road,
Nashville, TN 37072
615-770-5199
Gary.johnson2@tn.gov

- 3.3. Please reference RFI # [31865-00479](#) 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		September 5, 2017
2.	RFI Response Deadline	2:00 p.m.	October 9, 2017

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.	BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS
4.	FILL IN WITH REQUESTED INFORMATION AS NEEDED

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

ADDITIONAL CONSIDERATIONS	
1.	Please provide details on your experience working with both customer and worker portal application intake services. Provide details on how your solution can synchronize these efforts to reduce redundancy. If you already provide a similar service in another market please provide all historic documentation, performance measures and work outcomes.
2.	Respondents shall describe in detail their ability to accept inquiries from callers seeking participation in TennCare programs, including, but not limited to, eligibility application processing, redetermination facilitation, verifications collection, and the provision of referrals and information. Respondents must describe in detail their file import/export capabilities, internet browser solutions, and CRM structure.
3.	Please provide details on your experience taking Medicaid applications over the phone. Provide detailed talk time and application intake processing times estimates. If you already provide a similar service in another market please provide all historic documentation, performance measures and work outcomes. Provide details on how you will apply these services in our market.

4. Please provide details on all programs and approaches you will utilize to recruit, hire, and maintain highly skilled service representatives in our market. Provide detailed staffing and training documents to include proposed staff and leadership structure and quantity.
5. In the current workflow calls will come in through a service center and then be routed to the responder's solution for intake / processing. Provide details on the transfer requirement and how your solution will track performance measures, call quantity, call quality and work outcomes. If you already provide a similar service in another market please provide all historic documentation, performance measures, call scripting and work outcomes.
6. Please provide details on how your solution will utilizes instant messaging, live chat or other voice or video call or messaging capabilities. Give examples of how these functions will improve productivity, provide a platform for better communications and expand collaboration. If needed provide a list of other applications needed to facilitate your solution.
7. If you are a company or vendor providing information about your specific product offering, please provide any supporting evaluation and outcomes for your company's product.