



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION**

**REQUEST FOR INFORMATION
FOR
NEONATAL ABSTINENCE SYNDROME**

**RFI # 31865-00481
August 2, 2017**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of Health Care Finance and Administration, issues this Request for Information ("RFI") for the purpose of gathering information regarding program initiatives aimed at primary and secondary prevention of births involving Neonatal Abstinence Syndrome (NAS) and the use of opioids by women of childbearing age enrolled in the TennCare program. We appreciate your input and participation in this process.

2. BACKGROUND:

Neonatal Abstinence Syndrome (NAS) is a condition where an infant is born addicted to one or more controlled substances, frequently including opioids. Tennessee has seen a significant increase in this condition over the last 10 years. This has corresponded to increases in statewide opioid prescriptions and other negative consequences such as drug overdose deaths. TennCare has taken several steps in cooperation with other government agencies and our Managed Care Organizations and we continue to explore solutions to address the opioid and NAS epidemic. There are opportunities to impact this problem at multiple points from the first opioid prescription a woman of childbearing age receives to the birth of an addicted infant. Our goal with this RFI is to gather information that will help us address this issue at any opportunity. We are hopeful that knowledgeable clinical experts and industry participants may provide us with programs, treatment methodologies, or any other insights that could help inform or augment TennCare's continued efforts at treating and preventing Neonatal Abstinence Syndrome and encouraging appropriate opioid prescribing and accountability.

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 TennCare with any questions regarding this RFI. The main point of contact will be:

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

3.3. Please reference RFI # [31865-00481](#) 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		August 2, 2017
2.	RFI Response Deadline		August 30, 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 could become part of a procurement process. 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 and will not be released. Pursuant to Public Chapter 483, a response summary and names of respondents will be made available and provided to the General Assembly and vendors upon request.

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:

RFI # 31865-00481	
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 OR CLINICAL CARE	
ADDITIONAL CONSIDERATIONS	
(please limit written responses excluding supporting documentation to < 500 words per question)	
1. What programs or approaches have been successful in encouraging appropriate opioid prescription and utilization for both the acute and chronic conditions? Please support all program recommendations with any available research or documentation.	
2. What options could TennCare consider to increase prescriber accountability for opioids? Additionally, what opportunities exist to ensure responsible opioid utilization in women of child bearing age? Please support all program recommendations with any available research or documentation.	
3. What evidence-based programs or policies will encourage successful prevention and/or treatment to improve outcomes for Neonatal Abstinence Syndrome and for mothers who are at risk for delivering babies with NAS? Please support all program recommendations with any available research or documentation.	
4. 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.	
5. If you are another state agency or contractor of a state agency implementing programs targeting appropriate opioid prescribing and utilization, prescriber accountability, or preventing and improving outcomes for Neonatal Abstinence Syndrome, please describe your approach. Please provide any supporting evaluation and outcomes, if available, on your efforts.	