**State** of Nebraska

Department of Health and Human Services

## REQUEST FOR INFORMATION

RETURN TO:

DHHS: Central Procurement Services

ATTN: Jennifer Crouse & Holly Glasgow

PO BOX 94926

Lincoln, NE 68509

(402) 471-0524

dhhs.rfpquestions@nebraska.gov

|  |  |
| --- | --- |
| SOLICITATION NUMBER | RELEASE DATE |
| RFI EX MAN | November 6, 2019 |
| OPENING DATE AND TIME | PROCUREMENT CONTACT |
| December 20, 2019 2:00 p.m. Central Time | Jennifer Crouse/Holly Glasgow |

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

|  |
| --- |
| SCOPE OF SERVICE |

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information, RFI EX MAN, for the purpose of gathering information regarding services and tools for Experience Management.

Written questions are due no later than November 24, 2019, and should be submitted via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov).

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time. RFI responses should be received in DHHS Procurement by the date and time of the RFI opening indicated above. RFI responses may be mailed or emailed to the address provided in section 2.1.

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1. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Health and Human Services (hereafter known as DHHS), is issuing this Request for Information, RFI EX MAN, for the purpose of gathering information regarding services and tools for Experience Management.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <http://das.nebraska.gov/materiel/purchasing.htm>l

* 1. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | | **DATE/TIME** |
| 1 | Release Request for Information | November 6, 2019 |
| 2 | Last day to submit written questions | November 24, 2019 |
| 3 | State responds to written questions through Request for Information “Addendum” and/or “Amendment” to be posted to the internet at:  <http://das.nebraska.gov/materiel/purchasing.html> | December 6, 2019 |
| 4 | RFI opening  Location: Department of Health and Human Services  301 Centennial Mall South  3rd Floor Reception Desk  Lincoln, NE 68509 | December 20, 2019  2:00 PM  Central Time |
| 5 | Conduct oral interviews/presentations and/or demonstrations (if required) | To Be Determined |

1. RFI RESPONSE PROCEDURES

* 1. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the Department of Health and Human Services. The point of contact for the RFI is as follows:

Name: Jennifer Crouse/Holly Glasgow

Agency: Department of Health and Human Services

Address: PO Box 94926

Lincoln, NE 68509

Telephone: 402-471-0524

E-Mail: [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov)

* 1. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

* 1. COMMUNICATION WITH STATE STAFF

From the date the RFI is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this RFI.

The following exceptions to these restrictions are permitted:

Written communication with the person(s) designated as the point(s) of contact for this RFI; contacts made pursuant to any pre-existing contracts or obligations; and State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor’s response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

* 1. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a vendor regarding the meaning or interpretation of any RFI provision should be submitted in writing to the Department of Health and Human Services and clearly marked “RFI EX MAN Questions”. It is preferred that questions be sent via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov)

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

|  |  |  |  |
| --- | --- | --- | --- |
| Question Number | RFI Section Reference | RFI Page Number | Question |
|  |  |  |  |

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

* 1. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The Review Committee(s) may conclude that oral interviews/presentations and/or demonstrations are required. All vendors may not have an opportunity to interview/present and/or give demonstrations. The presentation process will allow the vendors to demonstrate their RFI offering, explaining and/or clarifying any unusual or significant elements related to their response.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State

* 1. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be received in DHHS Procurement by the date and time of the RFI opening indicated above. RFI responses should be clearly marked “RFI EX MAN.” RFI responses may be mailed or emailed to the address provided in section 2.1. Hand delivered responses or responses delivered by FedEx or UPS should be delivered to:

ATTN: Jennifer Crouse/Holly Glasgow

DHHS - 3rd Floor Reception Desk

301 Centennial Mall South

Lincoln, NE 68509

**A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.** RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402-471-0524 should be used. The Request for Information number must be included in all correspondence.

* 1. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska’s public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State’s definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

* 1. REQUEST FOR INFORMATION OPENING

The responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events.

1. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this Request for Information.

* 1. PURPOSE

The Division of Medicaid & Long-Term Care (MLTC), within the Nebraska Department of Health and Human Services (DHHS), is the entity that administers the state’s Medicaid Program. DHHS is issuing this RFI to request information and potential demonstrations from subject matter experts, vendors, etc. regarding services and tools for Experience Management to improve the experience of beneficiaries and providers. For example, but not limited to, customer feedback management/customer experience management information technology and/or quantitative and qualitative tools and/or services. The information gained from this RFI may be used in the development of a competitive solicitation process, leading to the selection of a contractor or contractors best suited to provide tools and/or services that meet the State’s requirements. Respondents should provide full details about their services for MLTC to gain a clear understanding of the tools, services, and delivery models currently available in the market.

* 1. BACKGROUND

MLTC administers the state’s Medicaid Program. MLTC funds services for approximately 240,000 beneficiaries (Nebraskans receiving Medicaid services) through a budget of more than $2.1 billion. Services are coordinated and paid through four managed care entities: Nebraska Total Care (Centene); UnitedHealthcare Community Plan of Nebraska; WellCare of Nebraska; and MCNA Dental; and delivered by more than 55,000 Nebraska enrolled Medicaid providers (includes primary, secondary, tertiary, and ancillary service providers). On October 1, 2020, Nebraska Medicaid will launch Heritage Health Adult, aka Medicaid expansion, for approximately 90,000 additional beneficiaries.

Nebraska Medicaid seeks to fulfill the Quadruple Aim:

* + 1. Improve the beneficiary experience of care (including quality and satisfaction);
    2. Improve the provider experience of care (including quality and satisfaction);
    3. Improve the health of populations; and
    4. Reduce the per capita cost of health care.

To fulfill the first and second aims, the Division is tuning its focus to the Customer Experience, in particular the experience of beneficiaries and providers.

* 1. CURRENT ENVIRONMENT

MLTC receives feedback in a variety of ways and mediums. Citizens applying for benefits and current beneficiaries addressing issues of eligibility contact ACCESSNebraska via phone, mail, or online and can work with DHHS Eligibility Teammates at local field offices. Citizens contact MLTC through DHHS social media channels. Providers engage with a many different areas of MLTC for many reasons.

* 1. CURRENT BUSINESS PRACTICES

The Division does not have:

* + 1. Formal processes and procedures to collect customer feedback;
    2. A means to analyze quantitative and qualitative feedback; and
    3. A formal means to take action based on analyzed feedback.
  1. INFORMATION REQUESTED

MLTC is seeking information and potential demonstrations from subject matter experts, vendors, etc. regarding services and tools for Experience Management. For example, but not limited to:

customer feedback management/customer experience management information technology and/or quantitative and qualitative tools and/or services. Customer feedback would include beneficiaries, providers, citizens, etc. Respondents should provide full details about their services for MLTC to gain a clear understanding of the tools, services, and delivery models currently available in the market.

# Form AVendor Contact Sheet

Request for Information Experience Management

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor’s name and address, and the specific persons who are responsible for preparation of the vendor’s response.

|  |  |
| --- | --- |
| Preparation of Response Contact Information | |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor’s response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

|  |  |
| --- | --- |
| Communication with the State Contact Information | |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |