2017 Navigator Program Services – RFP HBE 16-003

Application Template for

Pierce County Lead Organization Applicants

***Instructions:*** Applicants will use this template to complete the organization’s proposal for Pierce County Navigator Lead Organization Program Services, RFP HBE 16-003. The RFP item # on the template refers to the section of the RFP for that question. Some sections identify a word limit for the response. Exceeding a word limit will not disqualify a proposal; however, if a response exceeds the word limit, the response will be evaluated based only on the portion of the response up to the word limit for that question. This template has been formatted as a protected document – to ‘navigate’ through, click (do not tab) into each field and make your entries.

The proposal application packet will include this template and three attachments referenced in the template:

* 5.5.1(d) Navigator Organization Profiles
* 5.5.2 Background Check Policy
* 7.1 and 7.2 Budget Proposal

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| **RFP Item #** | **Category/Details** | **Maximum Points** |
| **5.3** | Applicant Identification/Contact  a. Full name of the Organization: Click here to enter text.  b. Business Address/City State Zip: Click here to enter text.  c. Name of the Proposal Contact Person: Click here to enter text.  d. Telephone number: Click here to enter text.  e. Email address: Click here to enter text.  f. Date Organization was Established (not required for public organizations): Click here to enter text.  g. Washington UBI Number: Click here to enter text.  h. Type of Organization: Click here to enter text. | **Mandatory Not Scored** |
| **Various** | **General Attestations/Acknowledgements**  **The following RFP and contract requirements are federal, state and HBE elements that are mandatory. To be considered for a contract award, the Organization must agree to comply with all elements.**  **5.1.1. – Organizational Requirements**   1. The organization maintains a physical presence in the proposed service area; 2. The organization will ensure certified navigators are available to deliver application and enrollment services in person; 3. The organization has the knowledge, expertise and resources to carry out the responsibilities outlined throughout this RFP; 4. The organization has existing relationships with consumers likely to be eligible for QHP enrollment in the proposed service area. 5. Organizations must not have a conflict of interest as outlined in Appendix A: Conflict of Interest Standards during the term of the contract and must submit a plan for remaining free of a conflict for the duration of the contract. 6. The organization will comply with Schedule 6 HBE Data Security Requirements as detailed in Appendix B Proposed Contract Terms and Conditions, and Schedule 5 HBE Nondisclosure.   **5.1.2 – Business Relationships Prohibited**  The Organization does not have a conflict of interest with and agrees not to enter into any of the following business relationships that would create a conflict of interest during the term of this project, including being associated with:   * 1. A health insurance company or issuer of stop loss insurance.   2. A subsidiary of a health insurance company or issuer of stop loss insurance.   3. An association that includes members of or lobbies on behalf of the insurance industry.   4. Affiliated with any organization that receives any consideration or compensation directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.      1. **Nonduplication of Funding**   The Organization will not supplant or duplicate existing local, state, or federal funding for any activities within the scope of work of this contract. If other sources of funding are used to perform similar functions, the lead organization and network partner organizations are responsible for assuring appropriate recordkeeping is in place that accounts for the work performed under each fund source.   * 1. **General Responsibilities**       + - * 5.2.1 - Maintain expertise in eligibility, health insurance basics, enrollment and program specifications for health care coverage and programs offered through the *Washington Healthplanfinder*.          * 5.2.2 - Engage in activities to raise awareness about programs and benefits offered through the *Washington Healthplanfinder*.          * 5.2.3 – Provide consumers with timely information and assistance face to face, using plain language, in a fair, accurate and impartial manner, including information about the full range of QHP options and affordability programs available to them, at no cost to the individual, including language assistance services necessary to communicate effectively.          * 5.2.4 - Navigators must document a consumer’s consent to access personally-identifiable information (PII) or personal health information (PHI) necessary to enroll in coverage. The consent must be recorded in the *Washington Healthplanfinder*. * 5.2.5 - Navigator Organizations must be able to work with all individuals regardless of age, disability, or culture. Organizations must provide information and assistance to consumers that is relevant to their cultural and language needs, including people with limited English proficiency (LEP) and that ensures accessibility for individuals with disabilities. Organizations should seek advice and consult with knowledgeable resources to meet this requirement as needed.   Cultural/Language Requirements   1. Develop and maintain general knowledge about the racial, ethnic, and cultural groups in the proposed service area, including their health beliefs and practices, primary languages spoken, health literacy and other factors relevant to assisting these groups enroll in health care coverage through the Exchange. 2. Receive ongoing education and training in effective cultural and language service delivery. 3. Provide oral/written notice to consumers with limited English proficiency in their preferred language to inform them of their right to receive language assistance services and how to make a request. 4. Provide language assistance in the consumer’s preferred language at no cost, including oral and written translation of written documents when necessary or requested to ensure effective communication. Use of a consumer’s family or friends as oral interpreters can satisfy the requirement only when the consumer prefers it to an offer of other interpretive services. 5. Implement strategies to recruit, support and promote staff who are representative of the demographic characteristics of the communities in the service area, including languages spoken.   Disability Access   1. Consumer education material, websites, or other tools are accessible to people with disabilities. 2. Provide at no cost the auxiliary aids and services individuals with disabilities need or request to ensure effective communication. Use of a consumer’s family or friends to facilitate communication can satisfy the requirement if requested by the consumer. 3. Provide assistance in a location and manner that is physically and otherwise accessible to individuals with disabilities. 4. Facilitate authorized representatives to assist an individual with a disability in making informed decisions on his or her behalf. 5. Provide information about local, state and federal long-term services and support programs when appropriate.  5.2.6 - Conflict of Interest Standards To avoid a conflict of interest and to protect consumers, Navigators must uphold and adhere to the following Conflict of Interest standards: Disclosures required by Navigators A Navigator must disclose in plain language to each consumer provided with assistance:   1. Information about the full range of QHP options and insurance affordability programs for which they are eligible. 2. Any lines of insurance business not restricted under this funding opportunity that the Navigator intends to sell during the contract period. 3. Any existing employment or former employment (within the last 5 years) with a health insurance company or issuer of stop loss insurance or subsidiaries of either, or any existing employment of a spouse or domestic partner with a health insurance company or stop loss insurance issuer. 4. Any existing or anticipated financial, business, or contractual relationships with one or more health insurance companies or stop loss insurance issuers.    * + 1. Navigator Organization and Navigator Prohibitions   During the term of this contract, navigator organizations and navigators may not:   1. Receive consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals in a QHP or non-QHP. 2. Charge any applicant or enrollee or request to receive any form of compensation for providing application or other assistance related to their navigator duties. 3. Provide gifts, gift cards or cash, or provide promotional items that market or promote the products or services of a third party to any applicant or enrollee as an inducement for enrollment or renewal. 4. Use HBE funds to purchase gifts, gift cards, or promotional items that market or promote the products or services of a third party. 5. Solicit or conduct outreach to any consumer by going door-to-door or using any other unsolicited means of direct contact, including cold calling consumers who have not previously requested contact by the organization. 6. Initiate any telephone call or use electronic telephone dialing systems or recordings to place outgoing calls related to enrollment in health care coverage that are unsolicited or where the organization does not have an existing relationship with the target group(s).   **5.2.7 – Training and Certification Standards**  If the organization is delivering services directly, the organization agrees to meet navigator training and certification requirements prescribed by the HBE.  **5.5.1(c) Completed Navigator Organization Profile forms are included in this proposal, as required.**  (Completed profiles are included as a scored element in Section 5.5.1(c).  **5.5.1(h) – Sample Subcontract/Agreement with Navigator Network partners**  Organization acknowledges the requirement that if it receives a contract with HBE as a result of this RFP it will provide HBE with a sample of each subcontract or agreement document it will use with paid or unpaid network partner navigator organizations according to Schedule 1 of their HBE contract.   * + 1. **Background Check Policy**   Organizations must have a background check policy in place for navigator staff or volunteers serving as navigators. The policy must meet the provisions for serving children and vulnerable adults as specified in [RCW 43.43.830](http://apps.leg.wa.gov/rcw/default.aspx?cite=43.43&full=true#43.43.830) and [RCW 43.43.832](http://apps.leg.wa.gov/rcw/default.aspx?cite=43.43&full=true#43.43.832). The policy must include reasons individuals would be disqualified from serving as navigators, such as, disqualifications based on conviction records related to crimes against persons as specified in the policy. And, due to the Navigator’s access to applicants’ personal health and personal identification information, the organization’s background check policy must also include disqualification for navigator positions upon receipt of an individual’s background check with a conviction record related to financial crimes including but not limited to: identity theft, robbery, forgery, fraud, theft, bribery, embezzlement. All navigator background checks must be current within two (2) years of navigator employment. A copy of the organization’s background check policy relative to Navigator Program Services is included.  **6 – Consumer Complaint Process**  The organization has a consumer complaint process in place and Navigators and consumers will be informed about the process.  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  **On behalf of the organization**, I attest that the organization agrees to comply with all of the above requirements throughout the term of this contract.  Name of organization representative attesting Click here to enter text.  Job Title Click here to enter text. Phone Click here to enter text.  Date Click here to enter text. Email Click here to enter text. |  |
| **5.1.1** | **Organizational Requirements** | **Mandatory Not Scored** |
| e. | Organizations must not have a conflict of interest as outlined in Appendix A: Conflict of Interest Standards during the term of the contract and must **submit a plan for remaining free of a conflict for the duration of the contract**. Outline the organization’s plan. (300 word limit)  Click here to enter text. |  |
| **5.3.1** | **Conflict of Interest Attestation** | **Mandatory Not Scored** |
| a. | If any Organization employees or officers or subcontractors’ employees or officers were employed by the Washington Health Benefit Exchange or the state of Washington during the last two years, state their position(s) within the organization, their duties under a resulting Contract, their duties and position during their employment with HBE or the state, and the date of their termination from HBE/state employment.  Click here to enter text. |  |
| b. | If any owner, key officer or key employee of the Organization is related by blood or marriage, or has a close personal relationship to any employee of HBE, identify all the parties, their positions and the nature of the relationship.  Click here to enter text. |  |
| c. | Disclose any business relationship with another major HBE Contractor.  Click here to enter text. |  |
| d. | Fully disclose the nature and circumstances of any real or potential conflict of interest the Organization is aware exists. If, after review of the information provided and the situation, HBE determines that a real or potential conflict of interest exists, HBE may, at its sole option, disqualify the organization from participating in this procurement. Failure to fully disclose any real or potential conflict of interest may result in the disqualification of the organization or termination for default of any contract with the organization resulting from this procurement.  Click here to enter text. |  |
| **5.3.2** | **Declaration of Past Termination for Default Disclosure** | **Mandatory Not Scored** |
|  | Indicate whether the organization has had a contract terminated for default in the last five years. Yes  No |  |
| **5.3.3** | **Termination for Default Details** | **Mandatory**  **Not Scored** |
|  | If the Organization has had a contract terminated for default in the last five years, the Organization must submit full details including the other party’s name, address and telephone number. HBE will evaluate the circumstances of the termination and may at its sole discretion, bar the organization’s participation in this procurement. The Vendor must specifically grant HBE permission to contact any and all involved parties and access any and all information HBE determines is necessary to satisfy its investigation of the termination.  HBE has our permission to contact involved parties :  Yes  No  Enter details about the default as outlined above: Click here to enter text. |  |
| **5.3.4** | Vendor is proposing alternate language to the proposed contract:  Yes  No If yes, the vendor has noted the changes on their Certifications and Assurances form as part of their application packet. |  |
| **5.4** | **GENERAL REQUIREMENTS** | **Mandatory Scored**  **500 Points** |
| **5.4.1** | **Organizational Experience and Community Support** | **Mandatory**  **Scored** |
| a. | Summarize the organization’s mission, purpose, and existing programs and how they align with the Navigator program. (300 word maximum)  Click here to enter text. |  |
| b. | Identify the organization’s existing relationship(s) to one or more groups or segments of the population who are uninsured and likely to be eligible for a Qualified Health Plan and the nature of the organization’s relationship to these group(s). (300 word maximum - community partner names not included in word count)  Click here to enter text. |  |
| c. | Detail the organization’s experience and approach for delivering services in the last 24 months to individuals with diverse multi-cultural needs, including language needs. (300 word maximum)  Click here to enter text. |  |
| d. | Organization has two years’ experience as a navigator lead organization:  Yes  No  Organization has two years’ experience as a navigator network partner:  Yes  No |  |
| e. | Identify the number of navigators on staff, including the number of navigators who are enhanced users.  Click here to enter text. |  |
| f. | Provide enrollment results, including the enrollment target set for your organization and number of QHP and WAH enrollments achieved since October 1, 2015; and whether the enrollment target was met. If yes, indicate the factors that contributed to your success. If not, indicate factors impacting your achievement. (narrative 300 word maximum)  Click here to enter text. |  |
| g. | Identify the organization’s program manager who will be responsible for overall management of the scope of work related to this contract. Summarize the individual’s experience, skills and qualifications. Describe the required qualifications and experience if the position is currently vacant.  Click here to enter text. |  |
| h. | Identify other management or administrative staff (other than navigator staff) responsible for performing programmatic work under this contract and their role and responsibilities.  Click here to enter text. |  |
| **5.4.2** | **Service Area and Population to be Served** | **Mandatory**  **Scored** |
|  | Provide information about the population in the service area, including:   * 1. QHP target populations and how these groups were identified. Examples of target populations include people who are in low-income groups and uninsured, racial-ethnic groups, low-wage workers, individuals with disabilities etc. (300 word limit) Click here to enter text.   2. Groups in the service area with limited English proficiency. (300 word limit) Click here to enter text. |  |
| **5.5.1** | **Navigator Network** | **Mandatory Scored** |
| a. | Describe the selection process and criteria used to identify and select navigator organization partners. (300 word limit) Click here to enter text. |  |
| b. | Describe the partner compensation approach to be used. It is expected that the approach will include the provision that at least 15% of the partner’s compensation award will be based on achieving QHP enrollment targets by the end of the open enrollment period. (300 word limit)  Click here to enter text. |  |
| c.-d. | Navigator organization profiles using the template provided in the application packet (see 5.5.1c in the General Attestations/Acknowledgements Section for instructions) are included for each paid and unpaid partner. |  |
| e. | Describe the approach for coordinating communication with network partners to keep them apprised of changes, updates, events, and other information relevant to delivering outreach and enrollment assistance. (300 word limit) Click here to enter text. |  |
| f. | Describe the approach, method, and frequency for hosting navigator forums during which navigators can share information, network, hear from the lead organization and agency partners (DSHS, HCA, HBE). (300 word limit) Click here to enter text. |  |
| g. | Describe the approach for getting feedback from navigators and navigator network organizations about what they need, want, or gaps that impact their ability to effectively provide navigator services. (300 word limit) Click here to enter text. |  |
| **5.5.2** | The organization’s Background Check policy is included in the application packet.  Yes  No  The policy is in draft  or final form .  (See 5.5.2 of the Application Template General Attestations/Acknowledgements Section for more information.) |  |
| **5.5.3**  (a) | Describe the process to be used for selecting and approving navigators, including lead organization’s and partner organization’s roles and responsibilities. Address how the lead organization will confirm the candidate has the necessary skills and competencies to perform as a navigator; has verified language proficiencies (if providing bi-lingual services); has a background check on file that meets the requirements in Section 5.5.2.; and has completed the HBE navigator training and certification processes. (300 word limit) Click here to enter text. |  |
| **5.6** | **Public Education and Awareness** | **Mandatory Scored** |
|  | Describe the Organization’s strategy for conducting education and awareness to the general public. (300 word limit) Click here to enter text. |  |
| **5.6.1** | Outreach | **Mandatory Scored** |
| a. | Identify population groups in Pierce County experiencing higher rates of uninsured. Click here to enter text. |  |
| b. | Language/cultural needs of the target group(s).  Click here to enter text. |  |
| c. | Identify network partner organizations with primary responsibility for serving each target group and related language capabilities, including specialized knowledge or skills to reach target groups identified in b. above.Click here to enter text. |  |
| d. | Approach for coordinating outreach efforts with network partners to ensure efforts are coordinated and avoid duplication of effort or conflicts among network partners. (300 word limit) Click here to enter text. |  |
| e. | Outreach strategies and plans leading up to and during open enrollment to reach QHP-eligible groups. (300 word limit) Click here to enter text. |  |
| **6.1** | **Performance Monitoring** | **Mandatory**  **Scored**  **100 Points** |
| a. | Describe the approach the lead organization will use to monitor navigator organization partner performance, program integrity, and service quality. (300 word limit) Click here to enter text. |  |
| b. | Steps the lead organization will take if a navigator organization is not making progress toward enrollment targets. (300 word limit)  Click here to enter text. |  |
| c. | The steps the lead organization will take if misconduct is reported involving a navigator or navigator organization. (300 word limit) Click here to enter text. |  |
| **7** | **Contract Allocations and Enrollment Targets** | **(Mandatory, Scored)**  **200 Points** |
| **7.1 and 7.2** | Required Budget Proposal worksheets using the budget template in the RFP Application Packet, is included. |  |