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**Washington Health Benefit Exchange**

**RFQQ HBE 19-004 Addendum No. 1**

May 8, 2019

**TO**: Potential Bidders for RFQQ HBE 19-004 and Other Interested Parties

**FROM**: Erin Hamilton, RFQQ Coordinator

**SUBJECT**: Addendum No. 1 to RFQQ HBE 19-004 for “*Lead Navigator Organization Services*”

**PURPOSE:** The purpose of this addendum is:

1. To amend specific Exhibits.
2. To provide responses to questions submitted by Vendors by the May 1, 2019 deadline.

**ATTACHMENTS:**

Exhibit A – Revised Letter of Submittal Response Template

Exhibit B – Revised Proposal Response Template

Exhibit C – Vendor Questions and WAHBE Responses

RFQQ HBE 19-004 is hereby amended as set forth below. For ease of identification, language changes to the RFQQ are denoted in red whenever possible. Any material not specifically referenced below remains in full force and effect.

1. RFQQ Section 2.6.3. “Program Integrity”, is hereby amended as follows:

Lead Navigator Organizations are in a position of public trust, serving vulnerable populations with public resources. Lead Navigator Organizations and their Network Partners must have strong program integrity policies and procedures to ensure appropriate use of public resources, to maintain public trust and to reduce the risk of Navigator errors or misconduct.

Lead Navigator Organizations shall provide to WAHBE their organization’s established policies and procedures within 60 days of Contract execution.

~~Network Partners shall provide their organization’s established policies and procedures within 30 days of executing a subcontract with a Lead Navigator Organization.~~ Lead Navigator Organization shall obtain and forward to WAHBE for review any Subcontractor or Network Partner policies and procedures within 30 calendar days of WAHBE request.

At minimum, the policies and procedures must address the following:

* Transparency in accounting and policies to verify the following:
* Navigators meet all ACA and WAHBE-established requirements
* Navigators complete required training and certification
* Navigator background checks have been completed for all Navigators within the previous 24 months, are on file, and have no disqualifying offenses.
* A method and process for customers to easily and transparently file complaints and receive a response or resolution.

1. RFQQ Section 2.6.7., Figure 2: Key Performance Indicators, is hereby amended as follows:

**Figure 2: Key Performance Indicators**

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| --- | --- | --- |
| **Metric** | **KPI** | **Reporting Standard** |
| Monthly Activity Report | 100% of monthly activity reports are fully completed and submitted on time. | By 10th of each month |
| Outreach Activities | 100% of the outreach activities listed on the Lead Navigator Organization’s approved Quarterly Outreach Plan are completed on time. | Document on Monthly Activity Report |
| Survey Results – Navigator Support | 90% (or greater) of WAHBE-administered Navigator survey responses rate the Lead Navigator Organization support and responsiveness “good” or “excellent”. | By December 31 of each year |
| Survey Results – Navigator Responsiveness | 80% (or greater) of WAHBE-administered Navigator survey responses report that the Lead Organization responds to questions or issues “immediately” or “within 2 hours.” | By December 31 of each year |
| Background Checks | 100% of background checks are completed as follows:   * A background check is conducted for each Navigator at least once every 24 months. * Background checks for new Navigator candidates are conducted prior to initiating training and certification for the individual. * The organization retains a copy of the background checks for all Navigators in their Service Area.   Navigators and Network Partners who have disqualifying crimes on their background are not performing Navigator services (unless pre-approved in writing by WAHBE). | ~~Document on Monthly Activity Report~~ Annual submission of background check verification, upon request |
| Navigator Certification | 90% (or greater) of ~~all~~ Navigators in the Lead Navigator Organization’s ~~Navigators~~ service area pass certification tests within the first 3 attempts. | ~~Document on Monthly Activity Report~~ WAHBE will report results following upon completion of each training cycle |
| Subcontracts | 100% of Network Partner subcontracts are executed and submitted to the WAHBE Contract Manager. | Annually by October 1. |

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| --- | --- | --- |
| **Metric** | **KPI** | **Reporting Standard** |
| Quarterly Outreach Plans | 100% of quarterly outreach plans are submitted to the WAHBE Contract Manager | At least 15 days prior to the end of each quarter (i.e. by 3/15, 6/15, 9/15, and 12/15) |
| Retention | 75% (or greater) of QHP enrollees with a Navigator partnership at the beginning of the coverage year retain coverage for the full year. | As evidenced each December by WAHBE retention report |
| Reenrollment | 85% (or greater) of QHP enrollees with a Navigator partnership re-enroll for coverage. | As evidenced each January by WAHBE enrollment report |

1. Exhibit A – Letter of Submittal Response Template, is hereby removed in its entirety and replaced with the attached Exhibit A – Revised Letter of Submittal Response Template. The template has been revised to remove duplicative information and is reformatted for ease of Vendor response. **Vendor must submit this Revised Exhibit A with their proposal**.
2. Exhibit B – Proposal Response Template, is hereby removed in its entirety and replaced with the attached Exhibit B – Revised Proposal Response Template. The template has been revised to correct minor errors and is reformatted for ease of Vendor use. **Vendor must submit this Revised Exhibit B with their proposal.**
3. WAHBE responses to Vendor questions submitted by the May 1, 2019 deadline are provided as Exhibit C to this Addendum.

Please contact the RFQQ Coordinator at [contracts@WAHBExchange.org](mailto:contracts@WAHBExchange.org) if there are any questions concerning this Addendum.

Respectfully,



Erin Hamilton, CPPB

RFQQ Coordinator

[contracts@WAHBExchange.org](mailto:contracts@WAHBExchange.org)

**EXHIBIT A**

**RFQQ HBE 19-004 – Lead Navigator Organization Services**

**Revised Letter of Submittal Response Template (Mandatory, Pass/Fail)**

***Instructions***: Lead Navigator Organizations (Vendor) must use this template for their Letter of Submittal response. All fields must be completed. If a field is not applicable, Vendor must designate with N/A.

This template has been formatted as a protected document. Click into each field to make entries (do not tab).

**Section 1 – General Vendor Information**

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| --- |
| 1. Vendor attests that it meets all minimum mandatory requirements as outlined in RFQQ Section 1.6. **(check one)**:   **YES, the Vendor attests it meets all minimum mandatory requirements.**  **NO, the Vendor does not attest that it meets all minimum mandatory requirements. Explain:** Click or tap here to enter text.   1. If your response represents a joint effort between your company and others, detail the relationship between the companies involved. Identify the lead firm who will Contract with WAHBE:   Click or tap here to enter text.   1. Vendor/Lead Firm Information   Legal Business name: Click or tap here to enter text.  Doing Business As (DBA) name: Click or tap here to enter text.  Address: Click or tap here to enter text.  Telephone: Click or tap here to enter text.  Email: Click or tap here to enter text.  Website: Click or tap here to enter text.   1. The legal status of the Vendor or lead firm (partnership, corporation, etc.):   Click or tap here to enter text.  The year the Vendor’s entity was organized as it now substantially exists:  Click or tap here to enter text.   1. Vendor primary contact concerning this RFQQ   Name and Title: Click or tap here to enter text.  Telephone: Click or tap here to enter text.  Email: Click or tap here to enter text.   1. The name(s), titles, and contact information of all other persons authorized to speak on behalf of Vendor on matters related to this RFQQ:   Click or tap here to enter text.   1. Vendor’s contact for legal notices:   Name and Title: Click or tap here to enter text.  Address: **Click or tap here to enter text.**  Telephone: **Click or tap here to enter text.**  Email: Click or tap here to enter text.   1. Vendor must provide a statement affirming that by submitting a response to this RFQQ, Vendor and its key Subcontractors (if applicable) are not in arrears in the payment of any obligations due and owing the State of Washington, including the payment of taxes and employee benefits, and shall not become in arrears during the term of the Contract if selected for Contract award:   Click or tap here to enter text.   1. Vendor’s Washington Uniform Business Identification (UBI) number. Vendor must be licensed to do business in the State of Washington before any resulting Contract is executed. Provide Vendor organization’s UBI number issued by the Washington State Department of Licensing or an affirmation that the Vendor will obtain a business license before executing a Contract:   Click or tap here to enter text.   1. State Vendor’s Federal Employer Tax Identification Number:   Click or tap here to enter text.   1. Vendor’s Business Diversity Classification **(check one)** and Certification number:   None/Not Applicable:  Minority-Owned  Veteran-Owned  Small Business  Woman-Owned  Certification Number(s): Click or tap here to enter text.     1. Any Vendor, Vendor staff or Subcontractor that retired under a Washington State Department of Retirement Systems (DRS) covered plan is subject to the same retiree-return-to-work (RRTW) rules as an employee paid through payroll.   Did the Vendor, any Vendor staff or Subcontractor on the Vendor’s proposed project team retired under a Washington State Department of Retirement Systems (DRS) covered plan?  Select Yes or NO  Those under age 65 who retired using the 2008 Early Retirement Factors (ERF) are subject to stricter return-to-work rules and cannot perform services in any capacity for a DRS-covered employer and continue to receive a benefit.  Did the Vendor, any Vendor staff or Subcontractor retire using the 2009 Early Retirement Factors (ERF)? Select Yes or NO.   1. If the Vendor or any Subcontractor contracted with the State of Washington during the past twenty-four (24) months, indicate the name of the agency, the Contract number and project description and/or other information available to identify the Contract:   Click or tap here to enter text.   1. Conflict of Interest information:  * If any of Vendor’s employees or officers were employed by WAHBE or the State of Washington during the last two (2) years, state their positions within the organization, their proposed duties under any resulting Contract, their duties and position during their employment with WAHBE or the state, and the date of their termination from WAHBE/state employment:   Click or tap here to enter text.   * If any owner, key officer, or key employee of Vendor is related by blood or marriage to any employee of WAHBE or has a close personal relationship to same, identify all the parties, identify their current or proposed positions, and describe the nature of the relationship:   Click or tap here to enter text.   * Vendor must disclose if they have a business relationship with any current major WAHBE Contractor:   Click or tap here to enter text.     * If Vendor is aware of any other real or potential conflict of interest, Vendor must fully disclose the nature and circumstances of such potential conflict of interest. If, after review of the information provided and the situation, WAHBE determines that a potential conflict of interest exists, it may, at its sole option, disqualify Vendor from participating in this RFQQ. Failure to fully disclose any real or potential conflict of interest may result in the disqualification of Vendor or the Termination for Default of any Contract with Vendor resulting from this RFQQ:   Click or tap here to enter text.   1. Termination for Default is defined as a notice to stop work due to Vendor’s nonperformance or poor performance, where the issue of performance was either not litigated due to inaction on the part of Vendor or litigated and determined that Vendor was in default.   If Vendor has had a Contract terminated for default in the last five (5) years, Vendor must submit full details including the other party’s name, address, and telephone number. Vendor must specifically grant WAHBE permission to contact any and all involved parties and access any and all information WAHBE determines is necessary to satisfy its investigation of the termination. WAHBE will evaluate the circumstances of the termination and may at its sole discretion, bar the participation of Vendor in this RFQQ:  Click or tap here to enter text.   1. Vendor has reviewed the terms of the Sample Contract (Exhibit E) included in this RFQQ and, if selected as the ASV, agrees to sign a Contract substantially the same.   Select Yes or NO   1. Does Vendor wish to take any exceptions to the Sample Contract provided in the RFQQ or propose any alternate Contract language (see RFQQ section 3.16)?   a. Select Yes or NO  b. If Yes, Vendor must attach a list of all proposed changes to this Letter of Submittal as a separate document; including the specific section reference and alternate language desired.     1. A list of all RFQQ amendments received by amendment issue date. If no RFQQ amendments were received, write a statement to that effect. Vendor questions/WAHBE responses are considered an amendment to the RFQQ:   Click or tap here to enter text.   1. A detailed list of all materials and enclosures being sent in the response:   Click or tap here to enter text. |
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| * **R** |

**Section 2 – References**

Vendor shall provide two (2) business references for which Vendor has provided professional staff services similar to those required by WAHBE.

By submission of the references, Vendor grants permission to WAHBE to contact the references and others who may have pertinent information. Do not include current WAHBE staff as references. WAHBE may evaluate additional references at WAHBE’s discretion.

Vendor References will be contacted for the top-ranking response(s) only.

**Reference #1**

Company Name: **Click or tap here to enter text.**

Primary Contact Name: **Click or tap here to enter text.**

Telephone Number: **Click or tap here to enter text.**

Email Address: **Click or tap here to enter text.**

Describe the type of services provided: **Click or tap here to enter text.**

Project duration: **Click or tap here to enter text.**

**Reference #2**

Company Name: **Click or tap here to enter text.**

Contact Name: **Click or tap here to enter text.**

Telephone Number: **Click or tap here to enter text.**

Email Address: **Click or tap here to enter text.**

Describe the type of services provided: **Click or tap here to enter text.**

Project duration: **Click or tap here to enter text.**

**Section 3 – Attestations, Assurances, and Disclosures**

1. Per RFQQ Section 1.6.1., Vendor attests to the following type of organization qualified to serve as a Lead Navigator Organization **(check one)**:

Trade, industry, and professional association

Commercial fishing industry organizations, ranching/farming organization

Chambers of Commerce

Union

Resource partners of the Small Business Administration

Agents/Broker (uncompensated)

Other public or private entity, such as tribe, tribal organization, urban Indian health program, or state and local human service organization. Describe: **Click or tap here to enter text.**

1. Per RFQQ Section 1.6.2., Vendor attests it does not have any of the following prohibited affiliations:
2. A health insurance company or issuer of stop loss insurance.
3. A subsidiary of a health insurance company or issuer of stop loss insurance.
4. An association that includes members of or lobbies on behalf of the insurance industry.
5. An organization that receives compensation or consideration, 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 non-QHP.

**YES**, the Vendor has affiliations as listed above. Explain:

**NO**, the Vendor has no affiliations as listed above.

1. Per RFQQ Section 2.1., Vendor attests that it meets all the organizational requirements listed.

**YES**, the Vendor attests it meets all the organizational requirements.

**NO**, the Vendor does not attest that it meets all the organizational requirements. Reason: **Click or tap here to enter text.**

1. Per RFQQ Section 2.2., Vendor attests it will comply with the confidentiality and conflict of interest requirements listed.

**YES**, the Vendor attests it will comply with all confidentiality and conflict of interest requirements.

**NO**, the Vendor does not attest that it will comply with all confidentiality and conflict of interest requirements. Reason: **Click or tap here to enter text.**

1. Per RFQQ Section 2.3., Vendor attests it will comply with the required disclosure requirements and prohibited conditions.

**YES**, the Vendor attests it will comply with the required disclosure requirements and prohibited conditions.

**NO**, the Vendor does not attest that it will comply with the required disclosure requirements and prohibited conditions. Reason: **Click or tap here to enter text.**

1. Per RFQQ Section 2.4., Vendor attests it will comply with the background check requirements.

**YES**, the Vendor agrees to comply with the background check requirements.

**NO**, the Vendor does not agree to comply with the background check requirements. Reason: **Click or tap here to enter text.**

1. Per RFQQ Section 2.5., Vendor attests services will be delivered in compliance with the cultural, language and disability requirements.

**YES**, the Vendor agrees to comply with the cultural, language and disability requirements.

**NO**,the Vendor does not agree to comply with the cultural, language and disability requirements. Reason: **Click or tap here to enter text.**

1. Per RFQQ Section 2.6., Vendor attests it will comply with the responsibilities of network development, network oversight, program integrity, outreach and education, enrollment and retention, navigator management and support, and key performance indicators.

**YES**, the Vendor attests it will comply with the responsibilities.

**NO**, the Vendor does not attest to comply with the responsibilities. Reason: **Click or tap here to enter text.**

**Enrollment Center Services (optional)**

I/We are not proposing an optional Enrollment Center **(check and skip to the next Section)**

I/We are proposing an optional Enrollment Center **(check and complete this Section)**

* + - 1. Per RFQQ Section 2.7., Vendor attests that it will comply with enrollment center site, operations and staff, hours of operation, service, marketing, and reporting requirements.

**YES**, the Vendor attests it will comply with the requirements.

**NO**, the Vendor does not attest to comply with the requirements. Reason: **Click or tap here to enter text.**

* + - 1. Per RFQQ Section 2.7., Vendor attests that in no event may the operation of an Enrollment Center impair the Vendor’s ability to perform its Lead Navigator Organizations responsibilities as reflected in RFQQ Section 2.1. through 2.5.

**YES**, the Vendor attests that Enrollment Center services will not impair the Vendor’s ability to perform its Lead Navigator Organization responsibilities.

**NO**, the Vendor does not attest that the Enrollment Center services will not impair the Vendor’s ability to perform its Lead Navigator Organization responsibilities. Reason: **Click or tap here to enter text.**

In accordance with RFQQ Section 4.2., I attest that I am the person authorized to bind my organization to any Contract that may result from this RFQQ. Furthermore, I attest that the information provided in this Letter of Submittal is complete and true. If selected as the ASV, I confirm my organization agrees to comply with the requirements and conditions specified throughout this RFQQ and in any resulting Contract.

Name: **Click or tap here to enter text.**

Job Title: **Click or tap here to enter text.**

Phone: **Click or tap here to enter text.**

Email: **Click or tap here to enter text.**

Date: **Click or tap here to enter text.**

Signature:

**EXHIBIT B**

**RFQQ HBE 19-004 – Lead Navigator Organization Services**

**Revised Proposal Response Template (Mandatory, Scored)**

***Instructions***: Lead Navigator Organizations (Vendor) must use this template for their response. All fields must be completed. If a field is not applicable, Vendor must designate with N/A.

This template has been formatted as a protected document. Click into each field to make entries (do not tab).

Unless otherwise noted, all sections and responses within this document are **Mandatory and Scored**.

**Section 1 – Vendor Experience and Community Engagement**

*In this section, Vendor will describe its mission and purpose, staff size and experience.*

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| 1. State Vendor’s mission or purpose. Describe how it relates to WAHBE’s Navigator program (limit 250 words):   **Click or tap here to enter text.**   1. Explain Vendor’s relationship to uninsured populations and/or under-insured populations in Washington State.   **Click or tap here to enter text.**   1. Explain Vendor’s role or involvement with the Accountable Communities of Health program.   **Click or tap here to enter text.**   1. Name of Vendor’s CEO or Executive Director, and number of years in this position:   **Click or tap here to enter text.**   1. Name of Vendor employee that directly oversees the Navigator Program and serves as the key contact for WAHBE staff, number of years in this position, and percent of time committed to overseeing the Navigator program. If this position is currently vacant please explain your plan to fill it:   Name: **Click or tap here to enter text.**  Number of Years in this position: **Click or tap here to enter text.**  % of time dedicated to work under the resulting Contract: **Click or tap here to enter text.**  If position is vacant, please explain the plan to fill this position:  **Click or tap here to enter text.**   1. Provide a Vendor chart (or charts) with the application packet showing the organizational alignment of the Navigator program, including manager(s) and staff position(s) who will perform work under the resulting Contract.   **Submit as a separate document with this response template.**   1. Provide the following information for each staff person who will perform work under the resulting Contract, other than the manager listed in #3 above:  |  |  | | --- | --- | | **Name (or indicate if vacant)** |  | | Job title/role (Enhanced User, Navigator, Outreach or other) |  | | % of full time (40 hours per week) dedicated to work under the resulting Contract |  | | Length of time as a Navigator |  | | Length of time in current role |  | | Languages spoken other than English |  | | Other specialized skills |  | |  | | | **Name (or indicate if vacant)** |  | | Job title/role (Enhanced User, Navigator, Outreach or other) |  | | % of full time (40 hours per week) dedicated to work under the resulting Contract |  | | Length of time as a Navigator |  | | Length of time in current role |  | | Languages spoken other than English |  | | Other specialized skills |  | |  | | | **Name (or indicate if vacant**) |  | | Job title/role (Enhanced User, Navigator, Outreach or other) |  | | % of full time (40 hours per week) dedicated to work under the resulting Contract |  | | Length of time as a Navigator |  | | Length of time in current role |  | | Languages spoken other than English |  | | Other specialized skills |  | |  | | | **Name (or indicate if vacant)** |  | | Job title/role (Enhanced User, Navigator, Outreach or other) |  | | % of full time (40 hours per week) dedicated to work under the resulting Contract |  | | Length of time as a Navigator |  | | Length of time in current role |  | | Languages spoken other than English |  | | Other specialized skills |  |   \*Add additional sections as needed   1. In addition to the Navigator Program, list programs that the same managers and/or staff who will perform work under the resulting Contract, are responsible to administer, including amount of funding received for each program, and source of funding:  |  |  |  | | --- | --- | --- | | Program | Amount of funding | Source of funding | |  | $ |  | |  | $ |  | |  | $ |  | |  | $ |  |   \*Add rows as needed   1. Explain how the Vendor promotes hiring and retaining Navigators within Vendors network that reflect the demographic characteristics and languages spoken within Vendors geographic service area:   **Click or tap here to enter text.**   1. Service Area and Population to be served 2. Specify the county or counties proposed to be included in the service area:   **Click or tap here to enter text.**   1. Indicate in which of these counties the Vendor has a physical presence:   **Click or tap here to enter text.**  **Section 2 – Network Development, Oversight and Integrity**  In this section, Vendors will use the results of their assessment of the geographic service area to select and establish partnerships with community-based organizations that have existing ties to individuals in WAHBE target groups or other underinsured groups to deliver Navigator services.   1. Navigator Network Partners   The Vendor will ensure that the composition of its Navigator network provides sufficient sites to assure that enrollment assistance is reasonably available throughout the service area. To the extent possible, the network should include organizations with existing relationships to and services that respond to the needs of WAHBE’s target populations and other uninsured groups.   1. Describe how Vendor will keep partners and Navigators apprised of program changes and updates.   **Click or tap here to enter text.**   1. Provide a list of each organization in Vendor’s proposed service area, by county, that Vendor will subcontract with as a Network Partner to deliver Navigator services.   If a Network Partner has multiple enrollment sites, then list each site. In addition, list Lead Navigator Organization enrollment sites.  Vendor must Provide a separate list, in the format shown below, for each county proposed:  Enrollment sites in       County   |  |  | | --- | --- | | Organization name |  | | Address where Navigator services are delivered |  | | Number of Navigators at each site |  | | Languages spoken by Navigators (other than English) |  | | Target population(s) served |  | | Subcontract status: expiration date, pending, or to be developed upon contract execution |  | |  |  | | Organization name |  | | Address where Navigator services are delivered |  | | Number of Navigators at each site |  | | Languages spoken by Navigators (other than English) |  | | Target population(s) served |  | | Subcontract status: expiration date, pending, or to be developed upon contract execution |  | |  |  | | Organization name |  | | Address where Navigator services are delivered |  | | Number of Navigators at each site |  | | Languages spoken by Navigators (other than English) |  | | Target population(s) served |  | | Subcontract status: expiration date, pending, or to be developed upon contract execution |  |   \*Add additional sections as needed   1. Subcontracts and Written Agreements (Mandatory, Pass/Fail)   Vendor must establish and maintain either (1) a subcontract with each of the paid Network Partner Navigator organizations; or (2) a written agreement with each unpaid Network Partner. The subcontract or agreement must contain the elements identified as required in Exhibit E, Sample Contract.  A. Attach a sample of the subcontract and/or agreement Vendor will use with paid and unpaid Network Partners to this proposal response template.   1. Vendor has the discretion to enter into paid subcontracts with Network Partner Navigator organizations, and to determine the amount and method of payment. The Lead Navigator Organization shall disclose any compensation to be paid to Network Partners on Exhibit B – Proposal Response Template. 2. Program Integrity   Program integrity is preserved by taking steps to reduce the risk of Navigator errors or misconduct. These steps include verifying that individuals meet established guidelines to perform Navigator work; assuring Navigators complete required training and testing; assuring background checks are on file that were conducted within the past 24 months; publishing a complaint process, etc.   1. Describe how Vendor assures background checks are on file for each Navigator that were conducted within the previous 24 months and are free of disqualifying crimes as outlined in RFQQ Section 2.4.   **Click or tap here to enter text.**   1. Summarize Vendor’s process to resolve complaints and how customers are informed about the process.   **Click or tap here to enter text.**   1. Describe Vendor’s procedure or approach in the event of a Navigator breach of security.   **Click or tap here to enter text.**  **Section 3 – Outreach and Education**  In this section, outline how Vendor will plan and conduct outreach within the designated geographic service area, in collaboration with Network Partner Navigator organizations, to promote coordinated and broad coverage.   1. Quarterly Outreach Plan and Monthly Activity Report   Vendor must submit a quarterly outreach plan outlining outreach and community education activities to be conducted during the upcoming quarter by Vendor and/or its Network Partner Navigator organizations. At the end of each month, Vendor must submit a monthly activity report detailing completion of the planned activities.   1. Quarterly Outreach Plan   Provide Vendor’s outreach and community education plan for the first three months of the resulting Contract – July1, 2019 through September 30, 2019.   1. Activities to be included in the quarterly outreach plan outside open enrollment must be aimed at reaching individuals eligible for Washington Apple Health or a QHP Special Enrollment Period.  * List the community-based sites where Navigators will conduct periodic outreach to individuals in WAHBE’s target groups, such as libraries, food banks, farmer’s markets, colleges/universities, primary and secondary schools, faith-based organizations, DSHS offices or WorkSource Centers, community centers, or other settings frequented by community members. Include how frequently Navigators will visit each location. * List other outreach strategies Vendor will use outside open enrollment. * Explain how Vendor will conduct or facilitate outreach to individuals determined no longer eligible for Washington Apple Health or who need to take action related to their account using data provided by WAHBE.   In the table below, identify ongoing or one-time outreach Vendor or partners will conduct during the quarter. Identify the WAHBE target populations, or other target populations, Vendor is seeking to reach for each activity. The number of outreach and community education activities will vary depending on the geographic area and population of the service area Vendor proposes to serve.   |  |  |  |  | | --- | --- | --- | --- | | Outreach activity | Location and setting (Olympia Library, Tacoma Community College) | How often will Vendor visit this setting during the quarter | Target population(s) reached | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \*Add rows as needed   1. Open Enrollment Outreach   Provide 5 to 10 examples of activities Vendor will consider during open enrollment aimed at reaching QHP-eligible individuals in WAHBE’s target populations (American Indian/Alaska Native, Communities of Color, LGBTQ, Rural)   1. Activities to be included in the quarterly outreach plan covering open enrollment must be focused on reaching QHP-eligible groups. The open enrollment outreach plan must list the communities, and the potential settings within those communities, where Vendor is considering conducting outreach during open enrollment.     The Quarterly Outreach Plan covering open enrollment will not be due until September 2019; however, in the table below, provide 5-10 examples of outreach/enrollment strategies Vendor expects to conduct during open enrollment.   |  |  |  |  | | --- | --- | --- | --- | | Outreach activity | Location and Setting (Olympia Library, Tacoma Comm. Coll.) | How often will Vendor visit this setting during the quarter | Target population(s) reached | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \*Add rows as needed   1. Describe how Vendor will conduct or facilitate outreach to individuals who have initiated, but not completed a QHP enrollment application and are partnered with a Navigator during open enrollment using data provided by WAHBE.   **Click or tap here to enter text.**   1. Community Education   The goal of community education is to educate and inform community groups or members about health care coverage available through WAHBE and the availability of Navigators. Vendor will share information about how to make referrals to Navigators when members of these groups or organizations encounter individuals in need of assistance.   1. What geographic areas will Vendor target for community education activities during the first three months of the resulting Contract (July 1, 2019 through September 30, 2019)?   **Click or tap here to enter text.**   1. Activities to be included in the quarterly outreach plan for community education must be focused on outreach to organizations with strong ties to WAHBE’s target populations to provide education/information about WAHBE coverage and Navigator services available.   In the table below, include the community groups or organizations name, Vendor will prioritize, location, and the relationship of each group or organization to WAHBE’s target populations or other uninsured individuals.   |  |  |  | | --- | --- | --- | | Name of Organization | Location | Relationship to target population(s) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   \*Add rows as needed   1. Describe how Vendor or Network Partners will conduct outreach to individuals determined no longer eligible for Washington Apple Health, or who need to take action related to their account, using data provided by WAHBE:   **Click or tap here to enter text.**  **Section 4 – Enrollment and Retention**  In this section, Vendor must outline how it will provide a WAHBE-approved network of Navigators to deliver one-on-one, in-person QHP and Washington Apple Health enrollment services throughout the service area.   1. Enrollment and Retention Activities   WAHBE will track enrollment activity to assure ongoing activity, including new enrollment and renewals in Washington Apple Health, QHP enrollment during open enrollment and under a Special Enrollment Period outside open enrollment.   1. Using the table below, provide the number of Navigators available in each county to deliver enrollment assistance, and explain how Vendor has determined that this number is sufficient to provide reasonable access to assistance.  |  |  |  | | --- | --- | --- | | County | Number of Navigators | Briefly explain how this number is sufficient | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   \*Add rows as needed   1. Explain how Vendor will follow up with QHP enrollees partnered with Navigators throughout the year to convey important information and offer assistance related to accessing primary care, tax filing requirements, change reporting, etc.   **Click or tap here to enter text.**  **Section 5 – Navigator Support**  Vendor is the point of contact and first line of support for Network Partners and Navigators who need assistance related to HPF application and enrollment work. In this section, Vendor will address how it will provide Enhanced User support.   1. Enhanced User Support   Vendor will establish and maintain a number of staff as Navigator Enhanced Users. Enhanced Users are Vendor staff who have HPF access with increased permission and functionality. Their role is to support Navigators within the service area who have questions, experience system issues, or who have account problems during the application and enrollment process. To be designated as an Enhanced User, individuals must complete required training and must participate in ongoing Enhanced User group meetings and activities. When an Enhanced User is unable to resolve an account issue, he/she submits a Zendesk ticket to WAHBE or follows other WAHBE processes.  Vendor will establish the number of Enhanced Users necessary to provide real-time assistance to Navigators during regular business days and hours. If Enhanced Users cannot respond immediately, follow-up needs to occur within 24 hours. During open enrollment, Enhanced User support should be available during extended hours and during periods of peak volume related to enrollment deadlines.   1. Provide the ratio of Enhanced Users in full time equivalent to Navigators in the service area (for example, 1.5 Enhanced User per 25 Navigators):   **Click or tap here to enter text.**   1. Explain the volume of requests for assistance Vendor expects and how Vendor determined this estimate:   **Click or tap here to enter text.**   1. Explain how Vendor will provide real-time support during regular business hours for the HPF system, account or user issues that need intervention or to be reported through WAHBE’s help ticket process:  * **Click or tap here to enter text.**  1. What extended hours of Enhanced User support will be available during open enrollment:  * **Click or tap here to enter text.**  1. Training and Certification   All Navigators must meet WAHBE training standards to ensure expertise in QHP and Medicaid eligibility and enrollment rules, procedures and enrollee responsibilities; privacy and security standards; and other program-related requirements. Navigators must be granted certification by WAHBE prior to providing any consumer assistance related to coverage through WAHBE.   * 1. Describe the Vendor’s approach to oversight, coaching and/or supplemental training to Navigators, as needed, to attain proficiency in Navigator responsibilities. WAHBE will provide Vendors with the names of Navigators who need additional coaching and support based on the Navigator’s performance on required training and testing.   **Click or tap here to enter text.**  **Section 6 – Budget Proposal**  The Vendor is to include all costs that it would charge for performing the tasks including administrative staff costs and any non-labor expenses necessary to accomplish the tasks and to produce the services and deliverables. No additional charges for overhead, travel or other expenses shall be allowed.  **If proposing for multiple Service Areas, Vendor shall submit a separate budget proposal (parts A and B below) for each Service Area (County) proposed.** In the event the Vendor’s administrative or other costs are shared between multiple counties, the Vendor shall distribute the costs accordingly and reflect the distributed amount in each individual budget submitted.  The Vendor is instructed to base its Budget Proposal in accordance with the requirements, terms, and conditions of this RFQQ and Sample Contract, not alternate terms as proposed by the Vendor. Failure to do so will result in disqualification.  A dollar amount is required for all line items listed, even if the value is $0.00. Any line item that is left blank or not addressed will be considered a $0.00 proposal for the item(s).  In the event of a mathematical inconsistency between a line item price and an extended price based on quantities, the line item price will prevail.  In the event a Vendor proposes a dollar amount range for any line item, the high end of the range will be used for evaluation purposes.   * + - 1. Lead Navigator Organization Proposed Budget for       (county) (Mandatory, Scored)  |  |  |  |  | | --- | --- | --- | --- | | Expenses | Annual Amount | In-Kind | Expense Details | | Administrative Fee | $ | $ |  | | Project management/administration staff: salaries, benefits and other employee costs | $ | $ |  | | Enhanced User(s): salaries, benefits and other costs | $ | $ |  | | Navigator staff: salaries, benefits and other costs | $ | $ |  | | Supplies/equipment | $ | $ |  | | Travel/transportation | $ | $ |  | | Outreach | $ | $ |  | | Network Partner organization amount | $ | $ |  | | Other: (itemize if more than 5% of total bid amount) | $ | $ |  | | TOTALS | $ | $ | |  * + - 1. Paid Partner Contract Amounts for       (county) (Mandatory, Pass/Fail):   Vendor shall provide costs associated with paid partner organizations that will assist with the Lead Navigator Organization functions.   |  |  | | --- | --- | | Partner Organization Name | Contract Amount | |  | $ | |  | $ | |  | $ |   \*Add rows as needed  **Section 7 – Optional Enrollment Center Operation – Yakima, Federal Way, and Spokane Only (Optional, Scored)**  I/We are not proposing an optional Enrollment Center (check and skip to Section 8)  I/We are proposing an optional Enrollment Center for the following city/cities:  (check and complete Section 7)  City of Yakima  City of Spokane  City of Federal Way   1. Enrollment Center Site Requirements 2. Provide the address of the Enrollment Center:   **Click or tap here to enter text.**   1. Explain how one-on-one services are provided in a setting that ensures confidentiality and privacy:   **Click or tap here to enter text.**   1. Explain the Enrollment Center’s proximity to public transportation and physical accessibility for individuals with disabilities:   **Click or tap here to enter text.**   1. Attach or upload interior and exterior photos of the enrollment center, including the entryway, reception area, counseling areas, and view from the street.   **Click or tap here to enter text.**   1. Enrollment Center Operations and Staff   Vendor will manage daily operations of the Enrollment Center, including staffing, to ensure sufficient assistance is available during hours of operation. Vendor must anticipate and provide adequate staffing during peak enrollment activity related to enrollment deadlines.   1. List all Vendor staff who will deliver assistance from the Enrollment Center and the individual’s role at the Enrollment Center:  |  |  |  | | --- | --- | --- | | Name | Role | Length of time in role | |  |  |  | |  |  |  | |  |  |  |   \*Add rows as needed   1. List any Brokers who will deliver assistance from the Enrollment Center:  |  |  |  | | --- | --- | --- | | Name | Organization | Carrier affiliation(s) | |  |  |  | |  |  |  | |  |  |  |   \*Add rows as needed   1. Describe the process Vendor used to recruit and select Brokers to deliver services from the Enrollment Center location:   **Click or tap here to enter text.**   1. Attach to this response template, a sample of the written agreement Vendor will use with Brokers who deliver services from Vendors Enrollment Center location (Mandatory, Pass/Fail):   **Click or tap here to enter text.**   1. Explain strategies Vendor will use to market and create awareness around the availability of the enrollment center in the community.   **Click or tap here to enter text.**   1. Estimate the volume of application and enrollment activity Vendor expects at the enrollment center and the basis for this estimate: 2. Estimate monthly Washington Apple Health enrollment/renewal:   **Click or tap here to enter text.**   1. Estimate QHP enrollments/renewals during open enrollment:   **Click or tap here to enter text.**   1. Estimate monthly QHP through Special Enrollment Period (outside open enrollment):   **Click or tap here to enter text.**   1. Explain how you calculated these estimates:   **Click or tap here to enter text.**   1. Enrollment Center Hours of Operation   Enrollment Centers will establish and post regular business hours, generally reflecting customary days and hours (i.e., Monday through Friday, 8:00 a.m. to 5:00 p.m.). Enrollment Centers will be open extended hours around key enrollment deadlines and will accommodate consumers who walk in and those who request appointments.  A. Provide scheduled days and hours of operation, along with anticipated extended hours during open enrollment:   |  |  |  | | --- | --- | --- | | Enrollment Center Hours of Operation | | | | Day of Week | Regular Hours (non-open enrollment) | Extended Hours (during open enrollment) | | Sunday |  |  | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | Saturday |  |  |   B. Budget Proposal:   |  |  | | --- | --- | | Categories | Annual Amount | | Additional Lead Navigator Organization staff during open enrollment | $ | | WAHBE-approved internal/external HFP signage | $ | | Advertising/marketing/events | $ | | Operational overhead, including rent, equipment/supplies | $ | | TOTAL | $ |   **Section 8 – Certification by Authorized Vendor Representative**  On behalf of \_     \_\_\_\_ (Vendor), I certify that this Proposal Response Template is complete and accurate to the best of my knowledge and, if selected, I agree to bind my organization to the responses and bid prices contained herein.     |  |  |  | | --- | --- | --- | | Name (Printed or Typed) |  | Title | |  |  | | Signature | Date | |

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| 1 | RFQQ HBE 19-004 – Exhibit B | Section 2.B. | Page 41 | Page 41 of Exhibit B Section 2B only asks for site information for the subcontractors.   1. Where do we put information about the Lead Navigator's enrollment sites or is this no longer required? 2. I'd also like to request an unrestricted copy of Exhibits A and B. | 1. See Exhibit B, Section 2, Item 1.B. for revised language. 2. Amended versions of Exhibits A and B are provided above. While not completely unrestricted, these revised Exhibits have been formatted to allow Vendor to add additional lines and information not possible in the previous versions. **Vendor must submit these revised Exhibits in their response to this RFQQ.** |
| 2 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | **Background Checks**  Is it okay to ask agencies we contract with to complete the background check on their navigators themselves, keep it on file, and make it available to HBE when asked? It is difficult to obtain background checks on people who are not employed by us and maintaining these files is a sensitive issue. Agencies may not want to provide this (sometimes all they will tell us is when the background check was done and whether or not any disqualifying criteria was found). | Prior to initiating training and certification for a potential navigator, WAHBE expects the Lead Navigator Organization to obtain a background check, review it, and assure there are no disqualifying crimes. The Lead Navigator Organization may permit the network partner to submit and receive the background check, but the results must be submitted to the Lead Navigator Organization.  The Lead Navigator Organization is expected to retain a copy of the background check for the two-year period it is effective, unless the individual is no longer performing navigator duties or accessing HPF. The Lead Navigator Organization may retain electronic copies rather than hard copies of the documents. |

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| 3 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | **Navigator Certification**  Is the requirement to pass testing with 3 or less attempts only for the navigators that are employed by the Lead Organizations or does this extend to all navigators in their network? | See item #2 on Addendum pages 2-3 for revised KPI metric. |
| 4 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | **Retention**  This means that 75% are paying their premiums in order to stay on their health plan. What about those who terminate coverage for a legitimate reason (i.e. got Employer Sponsored Insurance (ESI), moved out of state, became Apple eligible)? Is HBE data sophisticated enough to discern the reason why someone is no longer covered and take those who aren’t just lapsing on their payments out of the denominator?  What about those that were enrolled by enhanced users?  This also shows the need for Lead Agencies to obtain more detailed data for enrollment. We should be able to see the data behind the numbers (at least application IDs and renewal or upcoming termination dates) so our navigators can conduct outreach as appropriate. Will we be able to get this from the Exchange? We used to be able to get detailed lists. | Overall, nearly 90% of 2018 WAHBE enrollees re-enrolled for 2019. 10% of enrollees left WAHBE coverage for various reasons, including Employer Sponsored Insurance (ESI), eligibility for Medicare, coverage through a spouse or family member, etc. WAHBE recognizes this rate may be lower for the Navigator population and so we set this KPI at a lower rate of 75%.  Enrollments by enhanced users are counted.  Since this KPI only applies to QHPs, renewal dates will all be January 1.  During OE, WAHBE will continue to provide reports listing application IDs for QHP enrollees who have not renewed coverage.  This is the first year WAHBE has established KPIs for Lead Navigator Organizations. If WAHBE determines 75% is not reasonable and attainable given results across WAHBE and Lead Navigator Organizations, WAHBE may reevaluate and adjust this KPI based on actual results. |

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| 5 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | **Reenrollment**  Again, the question is what about those who have a legitimate reason for not enrolling in coverage. How will the system capture that information (does Lead Org need to capture it?) and prevent it from counting against us.  Do auto-renewals count as reenrollment for the navigator or does the Navigator have to manually process the plan selection in order for it to count as reenrollment?  What about those enrolled by enhanced users? | The Lead Navigator Organization does not need to track or report data. WAHBE will pull all data necessary to report results from HPF.  Auto-renewals for accounts associated with a Navigator will count toward the renewal/retention KPI.  Enrollments by enhanced users are counted – see WAHBE’s response to question #4 above. |
| 6 | RFQQ HBE 19-004 | Section 2.7. | Page 19 | It sounds like there is potential for those currently operating enrollment centers to lose the contract to do so if they do not win the contract for that county again. Is this correct? | Yes. In order to perform Lead Navigator Organization services in any county after June 30, 2019 the Vendor must be awarded a Lead Navigator Organization Contract for the county under this RFQQ. |
| 7 | RFQQ HBE 19-004 | Section 1.9. | Page 8 | Will each of the Lead organizations receive up to $65,000 for being the Lead Navigator Organization AND the allocation per county? | No. $65,000 is the total amount set aside for Lead Navigator Organization **Enrollment Center** operations for 2019. Enrollment Centers are additional Lead Navigator Organization activities; and are available only to Vendors applying to be the Lead Navigator Organization for Spokane County, King County (Federal Way), and/or Yakima County. |
| 8 | N/A (general question) | N/A | N/A | Do you have a summary sheet of highlights of the differences between last years’ contract and the new? | No. WAHBE did not prepare a summary sheet of changes from the previous Contract.  Vendors are instructed to review the Sample Contract (Exhibit E) in its entirety to ensure the Vendor’s ability to comply with and fulfill all requirements of the Contract if selected as ASV. |

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| 9 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | The Background Check metric requires that backgrounds checks are documented on the “Monthly Activity Report”. Will this report be updated to reference background check? | See item #2 on Addendum pages 2-3 for revised KPI metric and reporting requirement. |
| 10 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | The Navigator Certification metric requires that certifications are documented on the “Monthly Activity Report”. Will this report be updated to reference navigator certification? | See item #2 on Addendum pages 2-3 for revised KPI metric and reporting requirement. |
| 11 | RFQQ HBE 19-004 | Section 2.6.4.1. | Page 15 | This section references Exhibit G as an example template for the Quarterly Outreach Plan. However, I do not see Exhibit G attached in the RFQQ.   1. Is the Quarterly Outreach Plan a template that will be provided? 2. And are we expected to complete both the Monthly Activity Report and the Quarterly Outreach Plan? | 1) The sample Quarterly Outreach Plan Template is provided in the RFQQ as Exhibit G (starting on page 88).  2) Vendor is not required to complete or submit Exhibits G and H with their response to this RFQQ. They are provided for informational purposes to demonstrate the reporting requirements and format that will be required from the ASV during the Contact period. |
| 12 | N/A (general question) | N/A | N/A | Will you allow use of DocuSign or other electronic signature options for this RFQQ? | Yes. WAHBE will accept electronic signatures from DocuSign, EchoSign, or Adobe. |
| 13 | Exhibit B – Proposal Response Template | Item 1.B. | Page 40 | **# of Navigators at each site -**  Please clarify if this means the # of Navigators at each location under that partner organization (e.g., if they have multiple locations) or the # of Navigators within that entire partner organization? | The number of navigators present at each location/enrollment site/address listed. |

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| 14 | Exhibit B – Proposal Response Template | Section 3 – Outreach and Education | Page 41 | 1) Please clarify: is the outreach plan the same as community education?  2) Can the same outreach activity be used for community education as well? | 1) No. **Outreach** includes events or activities held in various community settings that are intended to reach potential QHP or WAH enrollees.  2)No. These are two different activities.  **Community education** involves meeting or talking with local community-based organizations who interact with potential enrollees, particularly WAHBE’s target populations. Many organizations would not have enough enrollment volume to warrant placing a navigator at the site. However, it would be beneficial for organization staff to understand the availability of navigators so that when they interact with someone who needs access to health insurance coverage, the staff member is familiar with the navigator program and knows how to connect the individual to a navigator. |
| 15 | Exhibit A – Letter of Submittal Response Template | Section 1 – General Vendor Information | Page 32; Item 12 | If the Vendor or any Subcontractor contracted with the state of Washington during the previous 24 months indicate the name of the agency, the contract number, and the project description and or other information available to identify the Contract.  1) Are you asking Vendors to contact each of its Sub contractors in order to identify if they are also contracted with any state agencies?  2) If so, are we responsible to collect the contract #'s and Descriptions? | 1) No. Vendor must provide this information only for Sub-contractors that Vendor intends to provide payment or funding under a Lead Navigator Organization Contract – such as paid network partners.  2) Yes. For any paid Sub-contractors (as identified above), Vendor must provide all information required in Exhibit A, Item 12. |

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| 16 | Exhibit B – Proposal Response Template | Section 1 – Vendor Experience and Community Engagement | Page 39; Item 8 | In addition to the Navigator Program, list programs that the same managers and or staff who will perform work under the resulting Contract, are responsible to administer, including amount of funding received for each program, and source of funding.  How deep are you wanting Vendors to dig? We are continually collaborating and looking to ways to better our reach. | Include any program that the Vendor organization administers that receives funding from sources other than WAHBE.  List programs and funding information if the same program manager and/or staff who perform navigator services also perform work under other funded programs.  Collaboration with other departments or organizations does not need to be listed if the Navigator Program Manager is not responsible for administering related funds or program services. |
| 17 | Exhibit B – Proposal Response Template | Section 1 – Vendor Experience and Community Engagement | Page 39; Item 10 | Are you wanting Vendor’s physical presence or all the contract network partners in the 7-county region | For each county the Vendor proposes to include in its service area, Vendor must indicate the counties in which the Vendor has a physical presence. |
| 18 | Exhibit B – Proposal Response Template | Section 3 – Outreach and Education | Page 43; Item 1.A.i. | Are you wanting the Counties, Cities, Zip Codes (Which)? | Vendors must provide, at minimum, the city and setting of each organization. Examples: The Evergreen State College, Olympia; Mason General Hospital, Shelton; Bremerton WorkSource. |
| 19 | RFQQ HBE 19-004 | Section 2.6.3. | Page 15 | Lead Organizations shall provide to WAHBE their organizations policies and procedures within 60 days of Contract execution.  1) Is this the entire Vendors Policies and Procedures or just the Navigator Programs policies and procedures.  2) Also, are you requesting the Lead Org to request the same from each sub contracted facility? | 1) Vendor shall provide Vendor organizational policies and procedures for all Navigator-related programs.  2) Yes, however please see item #1 on Addendum pages 1-2 for changes to this Requirement. |

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| 20 | RFQQ HBE 19-004 | Section 2.6.5. | Page 16 | Please define "sufficient" as it relates to providing sufficient sites to assure enrollment assistance is ready available. Sufficient is used in this contract many times without definition. | In terms of this RFQQ, Sufficient is defined as the minimum resources necessary to provide the specified services and comply with all KPIs and Contract requirements. |
| 21 | RFQQ HBE 19-004 | Section 2.6.7. | Page 17-18 | Does the table here represent the Key Base Line Indicators for a Lead Org and if not what are these KPI's for the Lead Org | The table represents the measures WAHBE will use to evaluate Contract performance and, if necessary, take steps to address the performance. |
| 22 | N/A (general question) | N/A | N/A | Will Lead Organizations continue to be responsible for Role I (Washington Apple Health) Navigator onboarding, training assistance and support? | Lead Navigator Organizations will continue to work with network partners to identify the need for new navigators, or navigator changes, and to pass that information on to WAHBE.  WAHBE will continue to administer web-based core training and supplemental webinars for Navigator 1’s and Navigator 2’s.  Lead Navigator Organizations will supplement the core training, targeting new navigators or those struggling with mastering core concepts. |
| 23 | N/A (general question) | N/A | N/A | With the recent passage of the ‘Public Health Insurance Option,’ in our state legislature, and assuming Governor Inslee signs the bill, will Lead Organizations be responsible for facilitating these enrollments? What will that look like for the Navigator program; and will there be additional funding made available if Lead Organizations are responsible for these enrollments? | Since the public option will not be implemented during the initial contract period of performance, we do not anticipate changes at this time.  We expect the “public option” will be one or more additional QHPs to be integrated into the Washington *Healthplanfinder* application, shopping, and enrollment flow.  WAHBE will consider impacts to the Navigator Program as the public option is developed and implemented. |

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| 24 | RFQQ HBE 19-004 | Section 2.6.7. | Page 18 | After award of RFQQ, do MOUs with partner organizations need to be in place by July 1, 2019 (as indicated in the Exhibit E sample)? | No. Per RFQQ Section 2.6.7. “Key Performance Indicators (KPIs)”, 100% of Network Partner subcontracts are executed and submitted to the WAHBE Contract Manager annually by October 1. |
| 25 | Exhibit B – Proposal Response Template | Section 1 – Vendor Experience and Community Engagement | Page 37; Item 6 | Is there a format for the vendor chart you are wanting submitted, including required data elements? | No, there is no specific format. WAHBE wants to see how the Navigator program and staff are aligned within the organization in comparison to other programs the organization administers. In terms of the navigator staff, we are interested in the number of layers between the Navigator Program Manager and Executive Director/CEO. |
| 26 | RFQQ HBE 19-004 | Section 2.3.2. | Page 13; Bullet points 3-6 | Would anything in these preclude us from doing our routine clinic level events that are not focused on enrollment? For example, every year we invite all the managed care Medicaid plans and some of our other plans, such as US Family Health Plan, into the clinic for a week long well child event. We give out backpacks of school supplies, raffle off prizes donated by the insurance companies, have educational tables. We do not promote any one company over another and invite them all.  We do have our Navigators around to sign up anyone and/or answer questions, but it is not an enrollment centered event. | Provided the items being provided are not done so for the express purpose of enrolling in a health plan or securing health insurance coverage, the activities described are allowed. |