2017 Navigator Program Services – RFQQ HBE 16-004

Application Template for Full Service Enrollment Center Pilot

***Instructions:*** Applicants interested in being considered for RFQQ HBE16-004 will use this template to submit their response. The RFQQ item # on the template refers to the RFQQ referenced section 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 into each field and make your entries (do not tab).

The application packet will include:

This application template; and

Three areas requiring attachments referenced in the template:

8.c.6 Internal and external photos of storefront site

8.d. (1-7) Template for experience and qualifications of center staff

9 Not-to-exceed Bid worksheet

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| --- | --- | --- |
| **RFQQ Item #** | **Category/Details** | **Maximum Points** |
| **8.a** | **Organization Information**1. Company name, including DBA: 2. Legal status (e.g., sole proprietor, corporation, etc.) Click here to enter text.3. Company street address: Click here to enter text.4. Federal identification number: Click here to enter text. Washington UBI number: Click here to enter text.5. Company contact name: Click here to enter text.6. Contact telephone number: Click here to enter text. Email address: Click here to enter text.7. Name of individual authorized to legally bind the vendor to a contractual relationship with the Exchange: Click here to enter text. Enter authority’s e-signature Click here to enter text. Date: Click here to enter text. | **Mandatory (not scored)** |
| **8.b** | **Experience of Accountable Person**1. Describe the experience and length of time the person has managed a contract, project, or program of similar size and scope: Click here to enter text.2. How long has this person worked for your organization? Click here to enter text.3. Describe the person’s depth of knowledge regarding the Affordable Care Act and the Health Benefit Exchange operations: Click here to enter text. 4. Describe the person’s depth of knowledge related to coverage in Qualified Health Plans, health insurance premium tax credits, and Washington Apple Health. Click here to enter text.5. Describe the person’s depth of knowledge related to enrollment through *Washington Healthplanfinder*; and/or experience supervising Exchange registered brokers or certified navigators:Click here to enter text. | **Mandatory (not scored)** |
| 8.c | Enrollment center site and hours of operation:1. Location: Click here to enter text.
2. Length of time the vendor has delivered services in this service area: Click here to enter text.
3. Length of time the vendor has been located at this site (if using an existing site): Click here to enter text.
4. Describe the neighborhood surrounding the site, including businesses that are adjacent to or in close proximity to the site: Click here to enter text.
5. Describe the reasons you feel this site will attract a large number of consumers from various income levels, particularly those eligible for QHPs: Click here to enter text.
6. Pictures of internal and external photos depicting storefront visibility from the main paths of consumer travel, parking availability, internal customer service areas (reception, one-on-one counseling, etc., self-serve area, etc.) are included in the application packet: [ ]  Yes [ ]  No
7. What are the center’s scheduled days/hours of operation Click here to enter text. Describe the ability to maintain availability outside regular business hours. Click here to enter text.
 | **Scored** |
| 8.d | For responses 8.d. (1-7) a template for each person or position who will be staffing the enrollment center is included in our application packet. [ ]  Yes [ ]  No 8.d.8 Provide two reference names relevant to this effort, including: contact name, phone number, and email. Click here to enter text.Click here to enter text.The Vendor grants permission to the Exchange to contact the references and others who may have pertinent information. References will be checked at the option of the Exchange. References may not be provided by partners who will be involved in the operation of the Enrollment Center. [ ]  Yes, permission is granted. [ ]  No, permission is not granted | **Scored** |
| 8.e | Capacity of the Vendor to deliver services, including1. Other types of public or professional services delivered by the vendor: Click here to enter text.
2. Number of enrollment center representatives assigned to the enrollment center and number of hours per week each representative would work. Click here to enter text.

3. Number of enrollment center representatives available at any given time of day: Click here to enter text.4. List of organizations that have committed to the pilot and number of hours per week they have agreed to be available: Click here to enter text.;Click here to enter text.;Click here to enter text.; Click here to enter text.; Click here to enter text.;Click here to enter text.;Click here to enter text.5. Estimated enrollment capacity during the pilot: Click here to enter text.6. Organization’s volume of QHP and Washington Apple Health enrollments since beginning to enroll through *Washington Healthplanfinder. QHP:* Click here to enter text. *WAH:* Click here to enter text.7. Partner organization experience enrolling individuals in QHP and Washington Apple Health (if using partners).Click here to enter text.;Click here to enter text.;Click here to enter text.; Click here to enter text.; Click here to enter text.;Click here to enter text.;Click here to enter text. | **Scored** |
| 9 | Not-to-exceed bid worksheet is included with application packet.[ ]  Yes [ ]  No  | **Scored** |