



**Washington Health Benefit Exchange**  
**RFP 17-003 Addendum 1**  
May 5, 2017

**TO:** Potential Bidders for RFP 17-003 and Other Interested Parties  
**FROM:** Erin Hamilton, RFP Coordinator  
**SUBJECT:** Addendum 1 to RFP 17-003 “Navigator Lead Organization Services”  
**PURPOSE:** To provide responses to questions submitted by potential bidders by the April 28 deadline.

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1. HBE’s responses to bidder questions submitted by the April 28 deadline are provided as an attachment to this Addendum.
2. Please contact the RFP Coordinator at [contracts@WAHBExchange.org](mailto:contracts@WAHBExchange.org) if there are any questions concerning this Addendum.

Respectfully,

A handwritten signature in blue ink that reads "Erin Hamilton".

Erin Hamilton  
RFP Coordinator  
[contracts@wahbexchange.org](mailto:contracts@wahbexchange.org)

Vendor Questions and WAHBE Reponses for RFP 17-003 – Navigator Lead Organization Services

Question #	Vendor Question	HBE Response
1	<p>This question is concerning the staffing of Advanced Users with the ratio of 25:1. Does that mean during Open Enrollment this staffing ratio of enhanced users needs to be available at all times and not able to included enrollments of clients?</p> <p>Example: [Vendor] has approximately 75 Navigators and 3 Enhanced Users, does that mean we are not able to enroll clients (per the contract) and be on call to triage eligibility questions/problems with applications? Or are we able to designate one person to triage calls while the other two see clients?</p>	<p>The requirement in Section 8 states “The lead organization will establish the number of enhanced users necessary to provide real-time assistance to navigators during regular business days and hours.” The example of 1 enhanced user per 25 navigators is provided only as an example of overall support available.</p> <p>Enhanced users with more experience may be able to support more navigators than less experienced enhanced users, or an area with a larger pool of new navigators may need more enhanced user support than an area with very experienced navigators.</p> <p>There is no provision the RFP limiting or restricting enrollment activity by enhanced users. The RFP does not specify the number of enhanced users providing support at any given time. It is up to the lead organization to determine the most efficient and effective scheduling to meet the support needs of navigators and other contract deliverables.</p>
2	<p>We would appreciate clarification on the relationship a lead organization is allowed to have with managed care plans. Some lead organizations have a financial relationship with managed care plans, with managed care plans sponsoring navigator events. Where is the line drawn in how lead organizations can interact with the managed care plans?</p>	<p>It is permissible for a lead organization to invite managed care organizations to participate in events and activities as long as all MCOs available in the service area are invited and given equal opportunity to participate. MCOs may contribute to the cost of events by agreeing to pay specific costs related to conducting the overall event and all attendees. The MCO may not pay the lead organization directly or purchase items that will directly benefit the lead organization or that would individually benefit a navigator.</p>
3	<p>On the RFP (7.2) A &amp; B is listed 3 times.</p> <p>In (a) Do we list all the target groups &amp; in (b) complete the items? Or because 7.2 is included 3 times----is there one target group for (7.2 A) and then explain the activities in 7.2 B)?</p> <p>For example—we list 4 target groups in 7.2A; should we have 4 separate (7.b) outreach evens/activities planned?</p>	<p>Complete 7.2 A and B one time for each county. Multiple sections are available for lead organizations that serve multiple counties. If you only serve one county, you will complete 7.2 A and B only once. If you propose serving more than 3 counties, you will need to copy and paste additional sections so that you have one section (7.2 A and B) for each county you propose to serve.</p> <p>In 7.2 A, list all target groups in County A and in 7.2 B list all outreach activities for County A. The activities in 7.2 B do not need to relate 1:1 to the target groups. You could hold one event or use one strategy that reaches multiple target groups.</p>

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4	<p>Our question is regarding Whitman county and students. We believe that when county #'s are run, the county enrollment #'s are then calculated by their permanent address. Most of the students (WSU) do not use a Whitman County address, they use their parents address and these are not located in this county. We took this information from our navigator down at WSU. This is reflected that Whitman County has the lowest enrollment in the state. We know that the enrollment is counted for the navigator but not necessarily by the county.</p>	<p>The 85% base compensation is based on current Healthplanfinder enrollment. If the student used their permanent address and has their coverage in their county of residence, other than Whitman County, then the enrollment is reflected in the county of residence.</p> <p>The 15% incentive targets are based on OFM estimates of remaining uninsured by county. OFM applies the following rule to college students:</p> <p><i>College students living away from their parental home while attending college in the U.S. (either on or off campus) are counted at the on-campus or off-campus residence where they live and sleep most of the time.</i></p> <p>Based on this rule, the estimates of remaining uninsured should include college students.</p>
5	<p>We are currently planning to share office space with two MCO's (granting money to BHT) to allow the MCO's to use our conference rooms and shared office equipment. Is this going to be an issue?</p>	<p>The organization does not receive compensation related to enrollment and so the arrangement does not represent a conflict of interest. It would be advisable to ensure billing or invoice documents clearly reflect payments received from MCOs are for leased space.</p>
6	<p>I'm trying to fill out the RFP there is a question on" AH enrollments completed between 10-1-2016 – March 30th 2017" I'm looking at the 2017 March enrollment data and I see 2 #'s would you mind clarifying which one I need to use?</p>	<p>Lead Organizations will find the Total Washington Apple Health (WAH) Enrolled during the contract period on the monthly enrollment report for March (417 4-1-17), tab 1, column labelled "Total WAH Enrolled." The last row of the report (labeled October 2016 through June 2017 Total) displays the cumulative WAH enrollments for the contract year.</p>

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7	What changes to the statewide navigator organization status is addressed this RFP?	<p>The RFP only establishes Lead Organizations. There is no option for Statewide Navigator Organizations in this RFP, and contracts for Statewide Navigator Organizations will end July 31, 2017.</p> <p>Responses to the RFP will indicate all counties for which the organization proposes serving as the Lead Organization.</p> <p>If the organization wishes to deliver navigator services in a county, but does not want to be the Lead Organization, it could contact the current or selected Lead Organization to inquire about subcontracting as a network partner for that county beginning August 1, 2017. The Lead Organization will have the discretion to choose network partners and to establish compensation.</p>
8	Where should we denote formal navigator and/or broker partners that are pending? They are not part of our current network, but will be by the time these contracts are awarded.	<p>Navigator network partners are entered in Section 7.4.1/7.4.2.</p> <p>For each county you propose to serve, you will name the county and then complete one table for each organization in that county (name, address, full service or limited services, days and hours, phone number, number of navigators, languages spoken, and reason for selecting the organization).</p> <p>If you need additional tables to add more organizations, or more counties, copy and paste additional fields to meet your needs.</p>
9	What is the difference between a limited availability partner and a full service partner?	<p>A full service, ongoing enrollment site offers comprehensive navigator assistance to any member of the public during standard business hours or extended hours.</p> <p>A limited availability partner provides comprehensive navigator enrollment assistance, but has established limitations or restrictions on their availability, for example, navigators only assist their own clientele, only assist during specified, scheduled hours, or only assist a specific target population, etc.</p>

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10	Can you please provide the names of the current partner organizations for WAHA and CHOICE?	<p>CHOICE Cowlitz Family Health Centers                      CHOICE Mason General Hospital                      CHOICE Summit Pacific Medical Center                      CHOICE Valley View Health Center</p> <p>WAHA Evergreen Health Monroe                      WAHA Island Hospital                      WAHA Lopez Island Family Resource Center                      WAHA Mt Baker Planned Parenthood                      WAHA Opportunity Council (Island and Whatcom)                      WAHA Peace Health St Joseph Cancer Center (Bellingham)                      WAHA Peace Health St Joseph Medical Center (Bellingham)                      WAHA Peace Health United General Medical Center                      WAHA Providence Regional Medical Center                      WAHA Refugee and Immigrant Services NW                      WAHA San Juan Island Family Resource Center                      WAHA Skagit Valley Hospital ( Skagit Regional Health)                      WAHA Swedish Medical Center                      WAHA Unity Care Northwest                      WAHA Whidbey General Hospital</p>