

Washington Health Benefit Exchange
Navigator Program Services – Request for Proposals
Addendum 1 - HBE 15-004 Vendor Questions and Answers

1. On the enrollment targets, the RFP says 50% of the enrollment targets should be Qualified Health Plans (QHPs), but assuming we exceed the target, are we accountable to actually enroll 50% of our total in QHPs, or 50% of the OFM estimates listed in the RFP? For example: if the projection is 100, we would expect to enroll at least 50 QHPs, but if we actually enroll 200 uninsured, is our QHP target now 100 or is it still 50?

Contractual enrollment target incentive payments will be based on meeting the enrollment targets noted in the RFP. The enrollment target will be considered as met if the umbrella organization (Lead Organization) meets the total of the published enrollment targets for all counties included in their respective service areas, and their QHP enrollments equal 50% or more of those published enrollments. If the umbrella organization exceeds the published target with several more Washington Apple Health enrollments, HBE will not base the incentive payment requirement for 50% QHP on enrollment numbers that exceed the published targets.

Even if umbrella organizations do not meet their enrollment targets, the Navigator Program is proposing an incentive payment based on the proportion of the target that is met, including the proportion of the QHP target met.

The county enrollment targets for a Lead Organization will be adjusted if a Statewide Navigator Organization proposes coverage in one or more of the counties comprising the Lead Organization's service area.

2. On the budget, do we include in-kind from the partner organizations, or only from the Umbrella organizations?
On the Lead Organization budget, identify those in-kind contributions from the Lead Organization only.
3. If we apply to be both Lead and Navigator organization, but still intend to work with partner organizations for enrollment, do we still need to fill out form 5.5.1 (the Navigator Organization Profile form)?

Yes. For Lead Organizations that will have Navigators on staff doing enrollment, complete one form for the Lead Organization to outline the Navigator staffing and enrollment targets for the Lead Organization, and one form for each partner organization.

4. Will Broker enrollments count toward our enrollment target (For example, if we assist a client through the entire enrollment process except for plan selection, and then the broker completes the enrollment – will this count toward our target?)

No; if the broker completes the enrollment transaction, the enrollment credit will go to the broker. Navigators will be completing an online form through the Learning Management System for each application and in this case, documenting that the application was submitted without plan selection. We'll use the data collected to evaluate how often this happens and if we need to make any contractual changes to account for it.

Navigators should facilitate plan selection unless the consumer needs broker support to provide a plan recommendation.

5. Can the 10% of funds dedicated toward outreach include staff time and value of in-kind facility use?

In-kind resources that make-up the 10% outreach set-aside can include any service or cost that contributes to the outreach objectives/strategies proposed in Section 5.6.2.

6. Will lead organizations get credit for those who renew or sign up on their own?

No. People who use the web site independently and are not partnered with any type of assister will not count as an assisted enrollment or renewal.

7. Do lead organizations need to have paid partners?

The RFP leaves it up to the applicant to decide the number of paid partners it will use to provide sufficient access to services, including for populations with special needs, throughout the service area. There is no requirement for paid partners; however, overall network composition will be evaluated and scored. Applicants can also have unpaid partners in their networks.

8. The enrollments outlined in the application packet separate QHP new/renewals. Are Washington Apple Health (WAH) renewals not counted toward enrollment targets?

This is correct. WAH renewals are not counted as enrollments for contract incentive payment purposes.

9. Should our total enrollment targets total the number listed in the RFP?
Yes. If your service area includes one county only, you would note the one county total; if your service area includes multiple counties, you would roll up the total for each of those counties into one enrollment target for the service area.

In the event that HBE selects a Statewide Navigator Organization contractor in counties proposed in a Lead Organization's service area, it could mean that the Lead Organization's targets will be adjusted to account for the Statewide Navigator Organization enrollment targets. Lead Organizations would want to include the enrollment target grand total for the counties covered in their proposed service area. At the point that we are selecting the Statewide Navigator Organizations, HBE will contact those Lead Organizations sharing county enrollment targets with Statewide Navigator Organizations to inform them of the decreased Lead Organization enrollment targets for the selected counties in their service area.

10. Should our enrollment targets include our non-contracted providers' enrollments (those Navigators we trained?)

Yes, provided all those Navigators are HBE-trained and certified Navigators. All the Lead Organization's certified Navigators' enrollments will contribute to the enrollment total. However, enrollments will not count for any partners whose assister staff are certified through the Health Care Authority (HCA).

11. Would it be possible to receive credit for referring clients to private insurance agencies after enrolling/registering them into the *Washington Healthplanfinder*?

If the customer is enrolled by an HBE-certified Navigator, their agency will receive credit for the enrollment. If a customer is referred to a broker before completing the enrollment, the referring agency will not receive credit for the enrollment.

12. Would it be possible to receive credit for QHP renewals?

Yes. According to RFP Section 7 Contract Allocations and Enrollment Targets, new QHP and QHP renewals will count towards an agency's enrollment targets for payment.

13. Our agency provides QHP- and WAH-related counseling and assistance to consumers. Would it be possible to receive credit for those services?

Consumer education will be part of the Navigator's role and ongoing assistance to enrolled individuals. For instance, application change reporting is an expectation for Navigators. Payment related to these activities is included in the contract monthly installment paid by HBE to contractors.

14. We would like to identify a target population in WA State in order to develop a strategic plan. Do you have any resources/information about vulnerable populations relevant to this RFP?

HBE has provided data related to the population who remain uninsured by income down to the zip code level. HBE does not have statewide information about vulnerable populations at this time.

Some data resources that may be helpful:

<http://ofm.wa.gov/>

<http://www.statehealthfacts.org/profileind.jsp?cat=3&rgn=49>

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

<http://arcgis.mla.org/mla/default.aspx>

<http://datacenter.kidscount.org/>

<http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=WA>

<http://www.census.gov/acs/www/>

15. On page 8 of the RFP, Section 5.4 the RFP indicates a '500' score, but no question is asked in the RFP. Please explain what this means.

Section 5.4, General Requirements, should have been labeled “Section 5.4 through 5.6” as the overall score of 500 includes all questions in these sections. This includes Section 5.4.1, Organizational Experience and Community Support; 5.4.2 Service Area and Population to be Served; 5.5.1 Navigator Network; 5.6 Navigator Service Delivery and Reporting, and 5.6.2 Outreach. The total available for all these sections is 500 points.

Section 8 Evaluation shares more information about how proposals will be scored.

16. If enhanced users cannot partner on consumers’ applications, how will the enrollments they process count?

HBE certified Navigators, including Lead Organization Enhanced Users, will be completing an online web form for each enrollment completed to help the Navigator Program capture application/enrollment assistance. The enrollments reported by a Navigator, once validated, will be attributed to the person who did the enrollment whether they are a general Navigator or an Enhanced User.

17. There will be QHP accounts that automatically renew. Will those QHP renewals count toward the Navigators’ enrollments?

Renewals that a Navigator completes or assists with will be counted. After assisting the consumer, the Navigator will complete a data collection form to document the assistance. If renewing in the same plan and the renewal is completed through the auto-renew process, the Navigator would just indicate that the consumer renewed on the data collection form.

If the Navigator has no contact with the consumer and the plan auto renews, the Navigator does not receive credit for the renewal.

18. Is it up to the Lead Organization to decide what to pay to partners for enrollments? Example: \$50/QHP and \$25/new Washington Apple Health enrollment.

HBE has no prescribed method for determining how the Lead Organizations will pay their subcontracted partners. The only provision related to

subcontractor compensation is that at least 25 percent of the compensation must be tied to the achievement of QHP and WAH enrollment targets. The Lead Organizations can develop their own method of determining subcontractor payments according to what makes sense in their local service area. The Lead Organization will include their subcontractor payment approach as part of their RFP response.

19. Would memberships to chambers of commerce and other groups be counted as outreach?

If the Lead Organization is going to chamber meetings, sharing information with other chamber members, and networking with community members about coverage through *Washington Healthplanfinder*, it would be considered outreach.

20. Is the funding available per county as noted on the RFP, the maximum that will be allocated, even if we exceed the enrollment target for that county?

This is correct. The Legislature awarded the HBE Navigator Program \$3.2 million per year to fund Navigator assistance, and that is the amount reflected in the current procurement. HBE does not anticipate other funds becoming available to supplement these contracts.

21. Are enrollment goals 'organization-wide' or county by county?

If the service area encompasses one county, then the enrollment target for that county will be as it is listed in the RFP for that county. If the service area has multiple counties, then the enrollment target will be the total of the enrollment targets for all the counties in the service area. HBE will expect to see enrollment activity in all counties served by a Lead Organization; however, compensation is tied to the overall enrollment target for the service area and not based on enrollments in each county.

22. To clarify, Statewide Navigator Organizations are only able to receive 10% of the funds per county.

This statement is not correct. HBE will determine how much funding a Statewide Navigator Organization will receive based on total enrollments the

Statewide Navigator Organization is contracted to complete in the counties they will serve.

The HBE Navigator Program will use up to 10% of the \$3.2 million Navigator Program allocation to fund Statewide Navigator Organization proposals under this RFP. If no Statewide Navigator Organization proposals are received, the full county allocation will be awarded to the appropriate Lead Organizations.

If Statewide Navigator Organization proposals are funded under this RFP, the Navigator Program will calculate the organization's compensation based on the organization's enrollment target as a proportion of the statewide Navigator enrollment target of 50,000 enrollments. The overall funding distribution for Statewide Navigator Organizations will also depend on how many of these proposals HBE approves and if there are more than one in a single county.

Some negotiation between HBE and Statewide Navigator Organizations may be needed to establish agreed-upon targets for Statewide Navigator Organizations.

23. If enrollment targets are not met, will that funding go back into the pool to pay HBE operating costs?

Enrollment incentive funds that are not awarded to contractors will be retained by the HBE Navigator Program to fund Navigator services. We do not have a specific plan for excess funds at this time.

24. How soon will HBE let Lead and Statewide Navigator Organizations know what their enrollment target numbers are so these organizations can determine the enrollment targets for subcontractors?

The Lead Organizations' final enrollment targets will be set as part of the contracting process occurring immediately after the Navigator Program has selected Apparently Successful Vendors. Lead Organizations may anticipate what their enrollment targets and funding will be according to the RFP county charts on RFP pages 38-39 for those counties in their service area. Again, Lead Organization enrollment targets may be adjusted depending on the Statewide Navigator Organization vendors selected. Once the Lead Organization receives HBE's contract for execution, the Lead Organization will be able to finalize

their subcontractors' and unpaid partners' enrollment targets and contract payments.

To some extent, subcontractors' enrollment targets will depend on the compensation approach the Lead Organizations will use with its subcontracted partners. HBE will make the first enrollment incentive payment to Lead Organizations soon after the end of the open enrollment period (Open Enrollment 3 ends January 31, 2016) once enrollment data has been validated through the *Washington Healthplanfinder*. The amount of the compensation will be based on the proportion of the overall target met as well as the proportion of QHP and WAH enrollments facilitated.

HBE will be providing enrollment data reports to each of the Lead Organizations and Statewide Navigator Organizations on a regular schedule. The reporting schedule will be dependent on receiving the online web form Navigators will complete for reporting application and enrollment activities and HBE's validation of the Navigators' online reporting. This data collection activity is a new process for HBE and the Navigators and we will need to develop procedures and processes for validation and subsequent reporting.

25. Assuming our agency is awarded a Lead Organization contract, we may need to verify enrollment by our partners and pay them monthly. We need to know if we should be tracking our own enrollments or can we rely on HBE?

HBE will make its first enrollment incentive payment after open enrollment closes on January 31, 2016 and enrollment data can be validated by HBE.

HBE will be relying on verification of the information provided through the online web forms that Navigators complete as validated by HBE. HBE enrollment incentive payments will be based only on the HBE data that is verified/validated. Some current Lead Organizations have put their own processes in place to track enrollment data. The Lead Organization can base payments to subcontractors on data it collects, if desired. However, for Lead Organization contract payment purposes, HBE will rely on *Washington Healthplanfinder* system-validated data.

It is HBE's intention to provide regular data reports, most likely on a monthly basis. This process is still under development.

26. The RFP states that if Lead Organizations are currently using our own enrollment tracking system that Lead Organization would not have to use the new online web form to be completed by Navigators through the Learning Management System. And how would this data be validated if we are using our own tracking system?

RFP Section 5.6 indicates that HBE will provide the enrollment data collection tool to be completed by Navigators. Exceptions will be made if HBE determines that the organization's alternative method of reporting is adequate and compatible with HBE data collection requirements.

Exceptions will be considered on a case-by-case basis to determine if the information collected can be readily integrated with HBE data to ensure adequate and consistent results statewide. The agency would need to provide enrollment data to HBE using a format and timeline prescribed by HBE. Agencies that are proposing to use their own data collection system can include information about this system in their proposals. Further discussion about using this system can be discussed after Apparently Successful Vendors are selected.

27. How will the ongoing Navigator training and certification be coordinated by HBE with the Lead Organization/Statewide Navigator Organization?

The Navigator Program is implementing a new Learning Management System (LMS) as a primary resource for training and information sharing. HBE Navigator training and certification will be coordinated through this system. Navigators will have their own LMS dashboard where they sign in and take their training. The LMS will track the training taken and will also house examinations the Navigators need to take to maintain their Navigator certification. We hope this new LMS system will be easy for the Navigators to use and take exams online at times convenient for them. The LMS will help the Navigator Program maintain consistency across the state in training modules and information available for Navigators.

In addition to the LMS, the Navigator Program will most likely supplement training throughout the year by conducting webinars on program updates or changes, or other initiatives pertinent to Navigators.

Some of the administrative coordination between HBE and Lead or Statewide Navigator Organizations will happen at the onset of the contracting process. These organizations will provide the Navigator Program with a spreadsheet of the staff who need to have access to the LMS to train and certify as Navigators. Ongoing coordination with HBE will also need to occur if there are Navigators who do not complete required training or exams, and when a Navigator has terminated employment so access to the *Washington Healthplanfinder* can be ended on a timely basis.

28. When is the new Learning Management System coming online?

Our Navigator Training Team is using the LMS now and has engaged with some current Lead Organizations on a pilot basis to test the system and implement processes. The LMS usage will definitely be expanded to the organizations selected under this RFP in early fall as we prepare for Open Enrollment 3.

29. Will HBE share information about those organizations that have submitted a Letter of Intent to respond to the RFP?

Yes. HBE will post a list of these organizations and their proposed service areas as an RFP addendum on its procurement website shortly after the August 14th Letter of Intent due date.

30. Will HBE have the online map showing Navigator locations across the state for individuals to find assistance?

Yes. And in addition to the map, consumers will have access to the listing of all Navigator Organizations with their location and contact information that is posted on HBE's corporate website.

31. Do enrollments count for our unpaid partners, such as hospitals?

These enrollments would count provided the unpaid partner's enrollment staff are HBE certified Navigators. The hospital, even though it might be an unpaid partner, may have assisters that are approved through HCA to complete Medicaid applications only. The enrollments for HCA assisters will not count towards the partner's/Lead Organization's enrollment total.

32. Describe the training plan for Enhanced Users.

We explained in this RFP that we would not be approving any additional enhanced users. Any new Lead Organizations or Statewide Navigator Organizations will use the HBE Customer Support Center for the technical support they need. HBE's long-term goal is for all user support to be facilitated by HBE under a centralized support process, either through the Customer Support Center or another internal support channel. We will consider exceptions on a case by case basis.

Once our Apparently Successful Vendors (ASV) are selected, any current Lead Organization selected as an ASV that has the enhanced user function in place will be able to continue this function.

For those organizations that continue to have enhanced users in this next contract cycle, their Enhanced Users will take the same training as all HBE-certified Navigators plus additional training about *Washington Healthplanfinder* system and processes to help resolve application errors or submit Zendesk tickets for HBE resolution.

33. Please summarize HBE's planned marketing effort that will support Navigators' work.

The HBE Board must approve a spending plan based on the HBE budget allocation provided by the Legislature. We anticipate a spending plan will be approved very soon. Once HBE has an approved spending plan, our Communications team will put together a marketing plan for Open Enrollment.

The Navigator Program is planning some print materials and other new resources that will be available for Navigators and consumers. We are also planning information to help with social media efforts.

34. One issue we came across last year was working with non-documented individuals who wanted to enroll but couldn't through the *Washington Healthplanfinder* yet were penalized on their tax returns for not having coverage. Will HBE be addressing this?

This is an Internal Revenue Service (IRS) issue that HBE has no legal authority over. Individuals can apply for an exemption from the individual mandate through <http://www.healthcare.gov> and we will have information on our corporate website about how to apply for an exemption.

The U.S. Department of Health and Human Services (HHS) recently announced they would continue to manage this exemption process. HBE will defer to the HHS process for exemptions. For 2016, HBE will continue to follow the same procedures we had last year and have a link on our website to request an exemption that will automatically link the individual to HHS through healthcare.gov

34. On the Navigator Organization profile when asking for funding, is this only referring to Navigator services?

The profile has a question asking applicants to list different sources of funding received from public sources to perform Navigator-related work. We are asking to know the source and amount of funding the agency receives. Other funding not related to Navigator services does not need to be listed.

35. What can the 10% of total funds allocated to outreach be used for? (i.e. staff time planning/attending outreach events, membership to chamber of commerce, travel expenses to events, event rentals, etc.)

See response #5.

36. How much in-kind contribution is expected?

There is no specific HBE expectation on the amount of in-kind resources an agency may choose to contribute to these efforts; however, evaluation criteria does take the amount of in-kind compensation into consideration. Evaluation criteria is in Section 8.6 Financial Response Evaluation, page 46 of the RFP

37. I want to include a chart as part of my response for a question on the application template. Will the wording on the chart be included in the maximum word count for my response for that field? I am also having difficulty adding the chart to the template due to the template formatting. What should I do?

If this particular item has a maximum word response, the wording on the chart will not count towards that maximum. And, due to the formatting issue, please indicate in the template for that item that you are attaching a chart to further detail your response. Be sure to include the chart when you send in your proposal and clearly reference the corresponding response item number on your attachment.

