



Washington Health Benefit Exchange

**Request for Proposal
HBE 15-004**

Navigator Program Services

*Lead Organizations
and
Statewide Navigator Organizations*

Release Date: July 6, 2015

Responses Due: August 24, 2015

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2 Introduction

2.1 Background

In March 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed into law. These two laws are collectively referred to as the Affordable Care Act (ACA). The ACA initiated a nationwide effort to reform the health insurance marketplace in order to provide Americans with quality, affordable health insurance coverage. One of the primary features of the ACA is the requirement that all states establish either a state-based Exchange or participate in the federally-facilitated exchange and be ready by October 1, 2013 for open enrollment. Since October 2013, data has proven that creating or participating in Health Benefit Exchanges has led to more efficient and competitive health insurance markets by creating large pools of purchasing consumers, reducing transaction costs, and increasing market transparency in price and quality.

To assist consumers in accessing health coverage, the Affordable Care Act requires Exchanges to conduct public education, design and manage robust websites, operate a call center, and establish a Navigator Program.

2.2 Washington Health Benefit Exchange (HBE)

The Washington Health Benefit Exchange (HBE) was established July 1, 2011 in statute as a public-private partnership. On October 1, 2013 HBE's marketplace, the Washington *Healthplanfinder*, was opened for individuals and small businesses in Washington to purchase private health insurance coverage through Qualified Health Plans (QHPs) and have access to premium tax credits or apply for coverage through the state's Medicaid system – Washington Apple Health. The HBE is based in Olympia, Washington.

More information about the Washington Health Benefit Exchange is available online at <http://wahbexchange.org/>

2.3 Navigator Program Overview

Prior to opening for business, population data indicated a potential for nearly 700,000 to one million uninsured Washingtonians to become newly covered as a result of expanded Medicaid eligibility and the creation of subsidized and low-cost health insurance products offered through the Washington *Healthplanfinder*. To successfully enroll these individuals in coverage, the HBE developed several avenues for robust outreach and enrollment, including face-to-face assistance through Navigator Program resources.

A competitive procurement process was conducted in early 2013, identifying 10 Lead Organizations, each responsible for service delivery in a geographic area covering a single or

multiple counties. Lead Organizations are responsible for identifying local community needs and target populations, partnering with community organizations to deliver services, and coordinating consumer outreach across their service area. Currently, within these networks, there are more than 250 network partners providing enrollment assistance under the umbrella of Lead Organizations.

The current statewide network is comprised of approximately 1,350 certified Navigators. These Navigators provide one-on-one, in-person enrollment assistance to individuals seeking healthcare coverage. Navigators explain the application process, enter applications into *Washington Healthplanfinder*, and explain eligibility results. They facilitate enrollment in both Qualified Health Plans (QHPs) and Washington Apple Health (WAH).

During the first two years of operation, the Navigator program's enrollment target was 70,000 with no distinction between Washington Apple Health and QHP enrollments. As of today, Navigators have assisted more than 400,000 individuals with a new enrollment or a renewal. Ninety-three percent of the individuals enrolled by Navigators were eligible for Washington Apple Health and 7% were eligible for a Qualified Health Plan. Clearly, the Lead Organizations and their network partners are a vital, key component of the Exchange's customer service team.

As a start-up company, HBE has gained valuable insights about the intricacies of its *Washington Healthplanfinder* system and the Exchange's interface with the numerous processes, both federal and state, since going live. As with any new system, the growth gained was not without unexpected and at times painful experiences, especially for customers and the HBE customer service resources. At the onset, overwhelming consumer interest and system issues precipitated continued need for Lead Organizations to assist HBE by delivering a much broader range of administrative and system support activities beyond their defined outreach, education and enrollment responsibilities.

This broader range of Lead Organization responsibilities coupled with the necessity for HBE to be self-sustaining and operate solely on state-based funding this year creates an opportunity to refine the Navigator Program. This new procurement is initiated to address funding and responsibility changes in addition to incorporating recommendations from the Exchange Board and a broad range of stakeholders for improving Navigator performance and program sustainability.

With the establishment of the state's 2015-17 biennial budget, the Legislature included a funding proviso of \$6.4 million for the HBE Navigator Program. The Navigator Program will continue to use the Lead Organization framework and will also fund separate Statewide

Navigator Organizations that have enrollment responsibilities crossing multiple lead organization service areas.

Responsibilities of Navigators:

1. Maintain expertise in eligibility, enrollment and program specifications.
2. Provide information and services in a fair, accurate and impartial manner.
3. Facilitate a consumer's selection of a QHP.
4. Provide assistance applying for premium subsidies and cost-sharing.
5. Provide referrals to appropriate agencies including: the Office of the Insurance Commissioner, the Health Care Authority, and the Department of Social and Health Services, for applicants and enrollees with grievances, complaints, or questions.
6. Provide information to assist individuals in understanding the value and benefit of health insurance coverage, differences among qualified health plans, how to use their insurance benefits, costs they are responsible for and costs the insurance company is responsible for, and how to access the health care system. This includes follow-up services and ongoing support to help people understand how to report changes and retain coverage over time.
7. Contact QHP enrollees periodically throughout the plan year to share pertinent information provided by HBE, such as tax filing requirements, change reporting, important dates to remember for renewing coverage, etc.
8. Provide all information and services in a manner that is culturally and linguistically appropriate and ensures accessibility for individuals with disabilities.
9. Enter all consumer information related to application and enrollment in the *Washington Healthplanfinder* following security and confidentiality standards established by the Exchange.
10. Enter enrollment-related information into a data collection form provided by HBE.

2.4 2015 Navigator Program Overview

The purpose of this Request for Proposal (RFP) is to select Lead Organizations that will manage their network's enrollment activities and Statewide Navigator Organizations that cross multiple Lead Organization service areas.

Lead Organizations will:

- Assure that trained, certified Navigators are available and accessible to residents in the service area to deliver one-on-one, in-person *Washington Healthplanfinder* application and enrollment assistance.
- Recruit, evaluate and select the organizations in their service area that are best suited to accomplish this work; for example, those that have existing relationships with consumers likely to need assistance obtaining health care coverage or using the *Washington Healthplanfinder* system. Best suited to provide these essential services are organizations

that interact regularly with individuals and families, have experience serving vulnerable and hard-to-reach populations, and have earned reputations for fairness and trustworthiness. The network needs to reflect organizations with relationships to groups likely to be eligible for both QHPs and WAH.

- Oversee their network of paid and unpaid organizations to deliver one-on-one customer support needed by individuals to access health care programs and qualified health plans available through the *Washington Healthplanfinder* and assist consumers as they navigate Medicaid programs based on Modified Adjusted Gross Income (MAGI) parameters.
- Initiate and lead community outreach and awareness planning and events for the overall service area to ensure a coordinated and strategic effort. Provide HBE with a monthly update of outreach completed and future outreach events planned.
- Provide periodic forums for Navigators to network and receive updates.
- Act as the funding agent for network partners, compensating their paid, subcontracted network Navigator Organizations according to Exchange guidelines. Lead Organizations may also include unpaid partners in their networks and must maintain a written agreement with these partners that includes pertinent Navigator service expectations, especially pertaining to security, nondisclosure, and confidentiality.
- Maintain accurate lists of the Navigators in their service area, secure and maintain Navigator attestations and background checks, and ensure HBE is provided timely notification about new individuals needing Navigator testing and certification and access to *Washington Healthplanfinder* or terminating Navigator staff.
- Maintain a list of active Brokers in the service area to be shared with network partner organizations.
- Develop a process for immediate notification to HBE regarding Navigator security, confidentiality and nondisclosure breaches.
- Publish a Consumer Complaint Resolution Process and inform Navigators and consumers about the process.
- Monitor performance and program integrity of all partners pertaining to Navigator services.
- Participate in meetings and other opportunities with the Exchange and share information with their Navigators.
- Provide regular reports as required by the Exchange and participate in ad hoc reporting as needed.
- Enhanced User Function:
To have and maintain Enhanced User functionality, an individual must:
 - Be a trained, certified Navigator
 - Be an employee of a Lead Organization

- Complete initial Enhanced User training
- Use only approved functionality within *Washington Healthplanfinder* per the training guidelines
- Participate in all Navigator trainings and additional Enhanced User trainings
- Participate in all Enhanced User/HBE teleconferences, webinars, and meetings (or provide representation)
- Troubleshoot application issues that are experienced by the enrollment network within the Lead Organization region
- Submit Zendesk tickets on behalf of their service area certified Navigators
- Provide HBE with each Enhanced User staff's background check document. The Enhanced User's background check must have been conducted within the last two years and must conform to this RFP's published background check requirements.

The Enhanced User functionality is offered only to existing Lead Organizations. The number of Enhanced Users per organization is limited to the number of users currently established.

Due to the training and experience required to become an Enhanced User, all newly contracted Lead Organizations and Statewide Navigator Organizations will access technical support by contacting the HBE Customer Support Center. HBE will consider an exception upon request, if the Customer Support Center is unable to provide the level of support needed for these Navigators.

Statewide Navigator Organizations will:

- Deliver one-on-one customer in person support needed by individuals to access health care programs and qualified health plans available through the *Washington Healthplanfinder* and assist consumers as they navigate Medicaid programs based on Modified Adjusted Gross Income (MAGI) parameters, Advanced Premium Tax Credits (APTC), and non-subsidized qualified health plans and assist with enrollment and selection of their insurance plan.
- Collaborate with the Lead Organization in each service area on outreach that occurs in the community to ensure a coordinated and strategic effort.
- Provide Navigator staffing for service area wide-community Outreach events facilitated by the Lead Organization when requested in advance, including events that occur outside normal working hours.
- Provide regular reports as required by the Exchange and participate in ad hoc reporting as needed.

- Maintain accurate lists of the Navigators, secure and maintain Navigator attestations and background checks, and ensure HBE is provided timely notification about new or terminating Navigator staff.
- Develop a process for immediate notification to HBE regarding security, confidentiality and nondisclosure breaches by Navigators.
- Publish a Consumer Complaint Resolution Process and inform Navigators and consumers about the process.
- Participate in meetings and other opportunities with the Lead Organizations and/or the Exchange as requested.

2.5 HBE Infrastructure to Support Navigator Activities

The Exchange has developed infrastructure to support consumers in learning about and enrolling in health care coverage. Navigators will leverage these resources to assist consumers and report activity to HBE.

1. *Washington Healthplanfinder*: HBE’s web-based portal provides consumers with one-stop shopping for health insurance coverage. Navigators will use *Washington Healthplanfinder* to facilitate an individual’s or family’s application, explore plan benefits and costs, apply for cost reductions/tax credits, and initiate enrollment in health care coverage. Certified Navigators will be granted system access that enables them use of system features to help manage and track consumer information through a “dashboard”.
2. HBE Customer Support Center (Call Center): will provide consumer support by phone, including responding to basic questions, providing eligibility and enrollment support services and providing website access support. The Call Center will assist consumers in connecting to the appropriate agency that can receive complaints and assist with appeals and grievances regarding medical necessity and coverage decisions. The Call Center hours are 8:00 a.m. to 5:00 p.m. Monday through Friday, with extended hours and weekend availability during the open enrollment period. Navigators may use the Call Center to seek assistance on behalf of a consumer, if the consumer is present with the Navigator or if consent is granted by the consumer and documented in Healthplanfinder so that the Customer Service Representative (CSR) can verify the consent.
3. Outreach and public awareness support: HBE will support efforts of Lead Organizations and network partners to the extent possible. Outreach and awareness materials will be developed by HBE for use by Lead Organizations and network partners. These materials will use HBE-approved messaging. Much of the material will be customizable enabling organizations to insert their own logos, graphics, event details, locations, etc. Materials will

be available in English and Spanish, and some materials will be offered in other languages to accommodate specific needs and outreach goals.

4. All Navigators are required to complete training that imparts the skills and expertise necessary to perform required duties. Successful completion of the training and passing a qualifying exam is a requirement for certification of Navigators. Training will prepare Navigators to provide consumer assistance and education, complete a consumer's application and eligibility, and facilitate enrollment, renewal, and disenrollment services.

The training curriculum will be web-based and will include:

- An orientation designed to help Navigators serve consumers new to insurance to understand and use health insurance benefits, to deliver services with cultural competency, and other topics that address the needs of vulnerable groups.
 - *Washington Healthplanfinder*: technical training required to efficiently use the marketplace portal. Training will also include instruction on the Eligibility and Enrollment process, including Plan presentation and selection; payment procedures, etc.
 - Policies and Procedures: Health Insurance, QHPs, Outreach and Education, Ethics, Customer Service, Confidentiality, Security and Nondisclosure, etc.
 - Washington Apple Health (Medicaid): Overview of Programs; MAGI and non-MAGI eligibility.
5. HBE Navigator Program staff will provide guidance and direction to Lead Organizations, communicate policy and system updates, and administer program activities. Periodic conference calls and/or meetings will be conducted to provide opportunities for Lead Organizations to connect, share information, and work collaboratively on Navigator program needs and issues. Program staff can assist lead organizations in resolving program barriers, problem-solving, or implementing suggestions or recommended improvements.

2.6 Distribution and Oversight of the Lead Organizations and Statewide Navigator Organizations

This RFP will result in the selection of Lead Organizations and Statewide Navigator Organizations as follows:

- A Lead Organization for a single county service area;
- A Lead Organization for a multi-county service area; or
- A Statewide Navigator Organization with an anticipated presence in multiple counties and that spans 3 or more Lead Organization service areas. Information about current Lead Organization service areas can be found at: <http://wahbexchange.org/how-enroll/customer-support-network/>.

The HBE will contract with Lead Organizations. It is expected and encouraged that the Lead Organizations will partner by subcontracting with other organizations in the service area that are best suited to meet the needs of the communities that make up the service area. Lead Organizations will be responsible for overseeing partners across the service area and will provide a single point of engagement with the HBE.

The HBE may also contract with Statewide Navigator Organizations under this RFP. These organizations will deliver Navigator application, consumer education and enrollment assistance, similar to Lead Organization network partners; however, the organizations cross three or more Lead Organization boundaries as currently established. HBE will contract directly with selected Statewide Navigator Organizations. Statewide Navigator Organizations will be expected to coordinate and collaborate with the Lead Organization within each service area as outlined in this RFP. Statewide Navigator Organizations will have enrollment targets for QHP and WAH.

Contracts resulting from the RFP are subject to change during the term of the Contract. A Change Order process will be established for use by either the HBE or the Contractor. The Contractor agrees to reasonably accommodate changes requested by HBE under this process.

All organizations that subcontract with the Lead Organization are subject to the same contract terms and conditions as the Lead Organization. All Lead Organizations, Lead Organization subcontracted network partners, and Statewide Navigator Organizations will be subject to oversight by the HBE.

2.7 Period of Performance

Contracts resulting from this procurement will begin on or shortly after October 1, 2015 dependent on the contract execution process and run through September 30, 2016. Lead Organizations will need to anticipate high demand for outreach and awareness activities leading up to and throughout Open Enrollment which starts November 1, 2015. Lead Organizations and Statewide Navigator Organizations need to plan for increased workload due to enrollment activities throughout the Open Enrollment period beginning November 1, 2015 and ending on January 31, 2016. Workload fluctuations should also be expected, particularly as enrollment periods open and close, and during the federal tax season. Organizations may adjust staffing to account for these fluctuations as needed; however, ongoing assistance must be available throughout the year at a level necessary to perform Special Enrollment Period QHP enrollments, change reporting, answer tax-related questions and general questions related to QHP coverage.

HBE may extend contracts for up to one year.

2.8 Acquisition Authority

The HBE issues this Request for Proposal (RFP) acting under the authority pursuant to Chapter 43.71 of the Revised Code of Washington (RCW). Chapter 43.71 RCW is the statute that established the Washington Health Benefit Exchange Board and the Health Benefit Exchange.

2.9 Scope of the RFP

This RFP is being issued for exclusive use by HBE. Organizations that meet the mandatory requirements set forth in this RFP may submit a response.

2.10 Award

There will be multiple contracts awarded as a result of the RFP. The Vendors that meet all RFP mandatory requirements and are selected following procedures outlined in Section 4.16 will be notified by email.

2.11 Solicitation Process

The solicitation process of this project is sanctioned and driven directly from federal law and mandated milestones tied to Exchange certification. The procurement is initiated by this Request for Proposal (RFP). Vendors will respond by submitting a complete proposal regarding their abilities to implement and operate a Lead Organization network or Statewide Navigator Organization network for the HBE as detailed in this RFP. Potential vendors must use the RFP application template to complete their proposals as outlined in the RFP Application Packet and submitted by the date/time listed in Section 3 RFP Schedule.

HBE will conduct a Vendor Conference webinar on the date outlined in Section 3 RFP Schedule. The Vendor Conference is optional for entities interested in submitting a proposal. Individuals may submit written questions to the RFP Coordinator only prior to and following the Vendor Conference until the questions cut-off date established in Section 3 RFP Schedule. Individuals may also ask questions during the Vendor Conference.

Verbal responses to questions provided during the Vendor Conference will be considered unofficial and non-binding. Written responses to Vendor questions will be posted as a numbered addendum on Washington's Electronic Business Solution (WEBS) system and on the Exchange procurement website within a reasonable time after the Vendor Conference. The name of the Vendor that submitted the question(s) will not be identified. Only written responses posted to the WEBS and Exchange website will be considered official and binding.

No further questions regarding the RFP or proposal requirements will be accepted or responded to after the established question cut-off in Section 3 RFP Schedule.

2.12 Letter of Intent

Organizations interested in submitting a proposal to serve as a Lead Organization or Statewide Navigator Organization will submit a non-binding Letter of Intent by August 14, 2015 notifying the Exchange of their interest in applying. The Letter of Intent will include a statement from the

Vendor identifying the county or counties they want to include in their proposed service area. The names of organizations that submit a Letter of Intent and information about their proposed service area will be published as an addendum on the Exchange procurement website.

There will be no penalty for failure to submit a Letter of Intent by the due date; proposals for vendors who do not submit a Letter of Intent will be accepted, provided all mandatory proposal elements are met and the proposal is timely. Submitting a Letter of Intent will not obligate a vendor if they subsequently decide not to apply.

3 RFP Schedule

The due dates set forth below are set and non-negotiable. Failure to meet any of the due dates will result in disqualification from consideration. There will be no exceptions. All times are Pacific Time (PT), Olympia, WA.

July 6, 2015	RFP issued and posted on the HBE corporate website/procurements and the state's WEBS site
July 27, 2015	Deadline for submitting vendor questions for the Vendor Conference
July 30, 2015	Vendor Conference via webinar (participation optional) Register for vendor conference via this link: URL: https://attendee.gotowebinar.com/register/4512293832953912834 Webinar ID:140-271-907
August 3, 2015	Final Deadline for Vendor Questions
August 7, 2015	Written responses to Vendor Questions posted as addenda
August 14, 2015	Vendor Letter of Intent due
August 24, 2015	Vendor proposals must be received by RFP Coordinator no later than 4:00 PM PDT Olympia
Sept 4, 2015	Apparently Successful Vendor(s) Announced
Three business days after Apparently Successful Vendors are Announced	Vendors not selected may Request an Optional Vendor Debrief
October 1, 2015	Contract begins, dependent on completion of contract execution process.

4 RFP Administration

4.1 Communication with HBE

Customer Agency: Washington Health Benefit Exchange

RFP Coordinator: Kathy Krulich, Navigator Senior Program Specialist
Navigator Program Contract Coordinator

Mailing Address: PO Box 657, Olympia WA 98507-0657

Telephone: 360.688.7754

Email: Kathy.krulich@wahbexchange.org

Submitting Proposals: Proposals to be submitted to Kathy Krulich by:
Email (HBE preferred method), USPS, FedEx/UPS.

Email (preferred): to Kathy.krulich@wahbexchange.org
Multiple emails to transmit proposal documents are acceptable
provided all documents are received by the due date

By USPS: Washington State Health Benefit Exchange
PO Box 657, Olympia WA 98507-0657
Must be received by due date; Postmarks will not be considered as an
indicator of timely receipt.

By FEDEX/UPS: Washington State Health Benefit Exchange
810 Jefferson St SE, Olympia WA 98501
Deliver to 2nd Floor Reception no later than 4pm on the due date

All oral communications will be considered unofficial and non-binding. Vendors should
rely only on written statements issued by the RFP Coordinator.

4.2 Vendor Questions

Vendor questions regarding this RFP will be allowed as outlined in Section 3 RFP Schedule. Vendor questions must be submitted in writing (e-mail preferred) to the RFP Coordinator. An official written HBE response will be provided for Vendor questions received by the due date. Written responses to Vendor questions will be posted on the Washington's Electronic Business Solution (WEBS) system and on the Exchange website as addenda. Verbal responses to questions will be considered unofficial and non-binding. Only written responses posted to the WEBS and Exchange procurement website will be considered official and binding.

4.3 RFP Mandatory Requirements/Responses

- **Mandatory (M):** Sections of the RFP are marked ‘M’ indicating that the corresponding section on the application template requires a mandatory response. These responses will not be scored; however, absence of any of the mandatory responses could result in disqualification of the proposal.
- **Mandatory and Scored (MS):** Sections of the RFP are marked ‘MS’ indicating that the corresponding section on the application template requests a mandatory response and will receive a weighted score. Absence of any of the mandatory/mandatory scored responses will negatively impact the overall score of the proposal.

4.4 Delivery of RFP Responses

Responses may be emailed, hand delivered, sent via US Mail, overnight courier, or FedEx/UPS. Emailed responses are preferred. Any area of the response that requires a signature must be accompanied by scanned signatures. Receipt date/time of electronic responses will be the date/time of the email transmitting the response. If multiple emails are needed to submit lengthy proposals, all emails pertinent to the proposal must be received by the published date/time, otherwise the response will be considered incomplete and not considered.

Non-electronic responses must be delivered to the location specified in Section 4.1 by the response due date/time identified in Section 3 RFP Schedule. Non-electronic responses must be in-dated by HBE staff using an HBE date stamp. Regardless of the response method chosen, receipt of all required components prior to the response due date/time will constitute compliance with the response requirements. Responses arriving after the due date/time will not be reviewed or evaluated. Postmarking by the response date/time will not be accepted as a substitute for timely receipt. HBE is not responsible for a Vendor’s failure to successfully submit a proposal by the deadline.

4.5 Washington State Sales Tax

Vendors responding to this RFP must be registered with the Washington State Department of Revenue and must collect and report all applicable state taxes, including the Washington State sales tax as prescribed by law.

4.6 Vendor Compliance

HBE will award Contract(s) to the Vendor(s) most capable of providing Navigator Lead Organization or Statewide Navigator Organization services with the experience and expertise required. The Apparently Successful Vendor(s) will be expected to sign a Contract that is substantially the same as the Contract included in this RFP as Appendix B. The Contract will also incorporate this RFP and the Vendor’s Response.

Either party may propose additional Contract terms and conditions during negotiation of the final Contract. However, as stated in Section 5.3.4, any proposed alternate language to the Appendix B Proposed Contract Terms and Conditions must be included with the Vendor's Certifications and Assurances document from the RFP Application Packet. The Vendor may not substitute their own contract for the HBE Contract.

Tentatively, the period of performance of the Contract(s) resulting from this RFP is October 1, 2015, or date of execution, whichever is later, through September 30, 2016. At HBE's sole discretion, this Contract may be extended via amendment for up to one additional year, in whatever time increments HBE deems appropriate.

If the Apparently Successful Vendor(s) refuses to sign the final Contract within ten (10) calendar days of delivery, HBE may revoke the award and award the Contract to the next-highest-ranked Vendor(s), or not make an alternate award.

4.7 Vendor Complaints Regarding Requirements and Specifications

Vendors may submit complaints to the RFP Coordinator prior to responding to this solicitation if a Vendor believes the RFP unduly constrains competition or contains inadequate or improper criteria. The complaint must be made in writing to the RFP Coordinator before the due date of the Response. The solicitation process may continue. Should a Vendor complaint identify a change that would be in the best interest of the HBE to make, HBE may modify this solicitation document accordingly (Section 4.13 below).

4.8 Withdrawal of Response

Vendors may withdraw their submitted proposal at any time. To accomplish this, a written request signed by the authorized representative of the Vendor must be submitted to the RFP Coordinator. After withdrawing a previously submitted response, the Vendor may resubmit their proposal response at any time provided the resubmission is received by the due date/time.

4.9 Cost of RFP Response Preparation

HBE will not reimburse Vendors for any costs associated with the preparation and submission of a Vendor's response to this RFP.

4.10 Best and Final Offer

HBE reserves the right to make an award without further discussion of the response submitted; there will be no best and final offer procedure. Therefore, the response should be initially submitted on the most favorable terms that the Vendor can offer.

4.11 Response Property of HBE

All materials submitted in response to this RFP become the property of HBE. HBE has the right to use any of the ideas presented in any response to the RFP. Selection or rejection of a response does not affect this right.

4.12 Proprietary or Confidential Information

Any Vendor's information contained in the response that is proprietary or confidential must be clearly designated and include an explanation for each claim as such. Marking of the entire response or entire sections of the response as proprietary or confidential will neither be accepted nor honored. HBE will not accept responses where pricing is marked proprietary or confidential.

To the extent consistent with Chapter 42.56 RCW Public Disclosure Act, HBE shall maintain the confidentiality of Vendor's information marked confidential or proprietary. If a request is made to view a Vendor's proprietary information, HBE will notify Vendor of the request and of the date that the records will be released to the requester unless the Vendor obtains a court order enjoining that disclosure. If the Vendor fails to obtain the court order enjoining disclosure, HBE will release the requested information on the date specified.

4.13 RFP Changes

HBE reserves the right to make changes to this RFP at any time prior to the RFP response due date. In the event it becomes necessary to revise any part of this RFP, notification about the revision(s) will be posted as addenda on Washington's Electronic Business Solution (WEBS) system and on the Exchange procurement website. Notices regarding any RFP changes will also be sent through the Exchange website listserve. It is the Vendor's responsibility to ensure that they have reviewed and incorporated all RFP revisions prior to submitting their response. HBE also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a Contract resulting from this procurement.

4.14 Errors in Response

HBE is not liable for any errors in Vendor responses. Vendors will not be allowed to alter response documents after the due date for response submission. Vendors are liable for all errors or omissions contained in their responses. Corrections to the response submitted prior to the due date must be sent to the RFP Coordinator and include the agency name, reference the section number, title and page number where it is to be inserted.

4.15 Waive Minor Administrative Irregularities

HBE reserves the right to waive minor administrative irregularities contained in any Vendor response. Additionally, HBE reserves the right, at its sole option, to make corrections to a Vendor's response when an obvious arithmetical error has been made in the price quotation. Vendors will not be allowed to make changes to their quoted pricing after the response submission due date.

4.16 Selection of the Apparently Successful Vendor

After evaluation of the proposals according to Section 8 Evaluation Process, the HBE shall enter into a contract with the ASV to provide Navigator Lead Organization services or Statewide Navigator Organization enrollment services for the HBE.

This selection process will occur in two stages:

- Vendor Proposals will be evaluated based on the RFP **Mandatory Requirements (M) and Mandatory/Scored Requirements (MS)**;
- The HBE will select the ASV; or will identify no more than two highest scoring finalists for each geographic area or designated population to be served.

The evaluation process is designed to award this procurement not necessarily to the Vendor of least cost, but rather to the Vendor whose response best meets the requirements of this RFP.

4.17 Announcement of Apparently Successful Vendor

All Vendors responding to this solicitation will be notified by e-mail when HBE has determined the "Apparently Successful Vendors." The date of announcement of the "Apparently Successful Vendor" shall be the date published in Section 3 RFP Schedule.

4.18 Optional Vendor Debriefing

Any Vendor who is not selected as an Apparently Successful Vendor will be given the opportunity for a debriefing conference, if requested. The request for a debriefing conference must be made in writing and received by the RFP Coordinator within three (3) business days after notification of the Apparently Successful Vendor. A debriefing conference call will be scheduled within three (3) business days of the request. If additional time is required, the requesting party will be notified of the delay. The debriefing will be limited to a critique of the requesting Vendor's proposal. Comparisons between proposals or evaluations of other proposals will not be allowed. Debriefing conferences will be conducted by telephone and will be scheduled for a maximum of 30 minutes. The Vendor may also opt for debrief by email.

4.19 No Obligation to Purchase

HBE reserves the right to refrain from contracting with any and all Vendors. The release of this RFP does not obligate HBE to make any purchases. HBE additionally reserves the right to purchase similar products and services from other sources, at its sole discretion.

4.20 Right to Cancel

The HBE reserves the right to cancel this RFP at any time, reject any and all responses received, and/or not execute a contract resulting from this RFP without penalty to the HBE. The release of this solicitation document does not obligate the HBE to contract for the services specified in this RFP. The HBE shall not be liable for any costs incurred by a Vendor in the preparation or submission of a proposal in response to this RFP or any other activity related to responding to this RFP.

4.21 Order of Precedence

If any provision of this RFP shall be deemed to be in conflict with any statute or rule of law, such provisions shall be deemed modified to conform to said statute or rule of law. In the event of inconsistency in any other documents related to transactions executed pursuant to the RFP, the inconsistency shall be resolved in the order of precedence stated below:

1. Applicable federal and state statutes, laws, and regulations
2. Certifications and Assurances in the Application Packet
3. The Terms and Conditions of this RFP
4. Appendix B – Proposed Contract Terms and Conditions
5. Any Statement of Work issued as a result of this RFP
6. The Vendor’s response to this RFP

4.22 Publicity

An Apparently Successful Vendor agrees to submit to HBE all advertising, sales promotion, and other publicity matters relating to any products and services furnished by the Vendor wherein HBE’s name is mentioned or language used from which the connection of HBE’s name therewith may, in HBE’s judgment, be inferred or implied. The Vendor further agrees not to publish or use such advertising, sales promotion, or publicity matter without the prior written consent of HBE.

4.23 Protest Procedures

Vendors who have submitted a Proposal to this solicitation and have had a debriefing conference may make protests. Upon completion of the debriefing conference, a Vendor is allowed five (5) business days to file a formal, written protest of the solicitation with the RFP Coordinator. Further information regarding the grounds for filing and resolution of protests is contained in Appendix C: Protest Procedures.

5 Affordable Care Act and HBE Requirements for Navigator Organizations and Navigators

This section outlines the requirements organizations must meet under the Affordable Care Act and/or requirements of HBE under this funding opportunity. Organizations will be required to attest to meeting requirements in the RFP application template.

5.1 Who may apply? Minimum requirements:

HBE will select a community and consumer-focused nonprofit group as a Navigator Organization and at least one of the following types of organizations:

- Trade, industry, and professional associations
- Commercial fishing industry organizations, ranching/farming organizations
- Chambers of Commerce
- Unions
- Resource partners of the Small Business Administration
- Agents/brokers
- Other public or private entities, such as tribes, tribal organizations, urban Indian health programs, state and local human service organizations.

5.1.1 Organizational Requirements

- a. The organization must maintain a physical presence in the proposed service area with certified Navigators who are available to deliver application and enrollment services in person.
- b. The organization must have the knowledge, expertise and resources to carry out the responsibilities outlined throughout this RFP.
- c. The organization must have existing relationships with consumers likely to be eligible for QHP enrollment in the proposed service area, including relationships with employers seeking assistance for uninsured employees, other uninsured employees, other underinsured or uninsured groups, or self-employed individuals.
- d. Organizations must not have a conflict of interest as outlined in Appendix A: Conflict of Interest Standards during the term of the contract and must submit a plan for remaining free of a conflict for the duration of the contract.
- e. Organizations must comply with HBE Data Security Requirements as detailed in Appendix B Proposed Contract Terms and Conditions Schedule 6 and HBE Nondisclosure Requirements as detailed in proposed Appendix B Contract Terms and Conditions Schedule 5.

5.1.2 Prohibited Organizations/Individuals

Organizations or individuals may not serve as a Navigator organization or a Navigator under this funding opportunity if the organization or individual is:

- Affiliated with a health insurance company or issuer of stop loss insurance.
- A subsidiary of a health insurance company or issuer of stop loss insurance.
- Affiliated with an association that includes members of or lobbies on behalf of the insurance industry.
- Affiliated with an organization that receives or directly 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.

5.1.3 Nonduplication of funding

The Organization may not supplant or duplicate existing local, state, or federal funding for any activities within the scope of work of this contract. If other sources of funding are used to perform similar functions, the Lead Organization, Statewide Navigator Organization, and network Navigator Organizations are responsible for assuring appropriate recordkeeping is in place that accounts for the work performed under each fund source.

5.2 General Responsibilities

Navigator Organizations funded under this opportunity and Navigators will be expected to:

5.2.1 Maintain expertise

Maintain expertise in eligibility, health insurance basics, enrollment and program specifications for health care coverage and programs offered through the *Washington Healthplanfinder*.

5.2.2 Conduct public education activities

Navigator Organizations will engage in activities to raise awareness about *Washington Healthplanfinder* programs and benefits.

5.2.3 Provide consumers with timely information and assistance

Assist individuals to apply and enroll in health insurance coverage:

- a. In person (face-to-face).
- b. Using plain language (including print material or consumer tools).
- c. In a fair, accurate and impartial manner, and including information about the full range of QHP options and affordability programs available to them.
- d. At no cost to the individual, including language assistance services necessary to communicate effectively.

5.2.4 Inform applicants of the functions and responsibilities of Navigators.

Navigators must document a consumer's consent to access personally-identifiable information (PII) or personal health information (PHI) necessary to enroll in coverage. The consent must be recorded in *Washington Healthplanfinder*. Navigators must also inform applicants of the option to revoke their consent at any time.

In addition, Navigators are expected to explain their role and responsibilities to consumers, including:

- a. Navigator responsibility to facilitate consumer selection, enrollment and renewal of QHPs.

- b. Making a referral to the Office of the Insurance Commissioner for any enrollee with a grievance, complaint, or question about their health plan coverage or a determination made by the insurance company or a provider related to their coverage.
- c. Entering all application and enrollment information in *Washington Healthplanfinder* following security, confidentiality, and nondisclosure standards established by the Exchange.
- d. Informing consumers of the process to submit a complaint.

5.2.5 Cultural, Language and Disability Responsibilities

Navigator Organizations must be able to work with all individuals regardless of age, disability, or culture. Organizations must provide information and assistance to consumers that is relevant to their cultural and language needs, including people with limited English proficiency (LEP) and that ensures accessibility for individuals with disabilities. Organizations should seek advice and consult with knowledgeable resources to meet this requirement as needed.

a. Cultural/Language Requirements

Organizations will:

1. Develop and maintain general knowledge about the racial, ethnic, and cultural groups in the proposed service area, including their health beliefs and practices, primary languages spoken, health literacy and other factors relevant to assisting these groups enroll in health care coverage through the Exchange.
2. Receive ongoing education and training in effective cultural and language service delivery.
3. Provide oral/written notice to consumers with limited English proficiency in their preferred language to inform them of their right to receive language assistance services and how to make a request.
4. Provide language assistance in the consumer's preferred language at no cost, including oral and written translation of written documents when necessary or requested to ensure effective communication. Use of a consumer's family or friends as oral interpreters can satisfy the requirement only when the consumer prefers it to an offer of other interpretive services.
5. Implement strategies to recruit, support and promote staff who are representative of the demographic characteristics of the communities in the proposed service area, including languages spoken.

b. Disability Access

Organizations will ensure accessibility and usability of information and tools for individuals with disabilities as follows:

1. Consumer education material, websites, or other tools are accessible to people with disabilities.

2. Provide auxiliary aids and services for individuals with disabilities at no cost when necessary or as requested by a consumer to ensure effective communication. Use of a consumer's family or friends to facilitate communication can satisfy the requirement if requested by the consumer.
3. Provide assistance in a location and manner that is physically and otherwise accessible to individuals with disabilities.
4. Facilitate authorized representatives to assist an individual with a disability in making informed decisions on his or her behalf.
5. Acquire sufficient knowledge to refer people with disabilities to local, state and federal long-term services and support programs when appropriate.

5.2.6 Conflict of Interest Standards

To avoid a conflict of interest and to protect consumers, Navigators must adhere to the following Conflict of Interest standards:

a. Disclosures required by Navigators:

A Navigator must disclose in plain language to each consumer provided with assistance:

1. Information about the full range of QHP options and insurance affordability programs for which they are eligible.
2. Any lines of insurance business not restricted under this funding opportunity that the Navigator intends to sell during the contract period.
3. Any existing employment or former employment (within the last 5 years) with a health insurance company or issuer of stop loss insurance or subsidiaries of either, or any existing employment of a spouse or domestic partner with a health insurance company or stop loss insurance issuer.
4. Any existing or anticipated financial, business, or contractual relationships with one or more health insurance companies or stop loss insurance issuers.
5. Navigators must disclose to HBE, through their individual attestations document, details pertaining to items 5.2.6(a) 2-4.

b. Navigator Organization and Navigator Prohibitions

During the term of this contract, Navigator Organizations and Navigators may not:

1. Receive consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals in a QHP or non-QHP.
2. Charge any applicant or enrollee or request to receive any form of compensation for providing application or other assistance related to their Navigator duties.

3. Provide gifts, gift cards or cash, or provide promotional items that market or promote the products or services of a third party to any applicant or enrollee as an inducement for enrollment or renewal.
4. Use HBE funds to purchase gifts, gift cards, or promotional items that market or promote the products or services of a third party.
5. Solicit or conduct outreach to any consumer by going door-to-door or using any other unsolicited means of direct contact, including cold calling consumers who have not previously requested contact by the organization.
6. Initiate any telephone call or use electronic telephone dialing systems or recordings to place outgoing calls related to enrollment in health care coverage that are unsolicited or where the Organization does not have an existing relationship with the target group(s).

5.2.7 Navigator Training and Certification Standards

All Navigator Organizations and Navigators must meet a set of training standards to ensure expertise in the needs of underserved and vulnerable populations; eligibility and enrollment rules and procedures; the range of QHP options and insurance affordability programs; and privacy and security standards.

a. Required Training:

Navigator training content includes, but is not limited to:

1. QHPs, metal levels and how they operate, benefits covered, payment processes, rights and processes for appeals
2. Differences among plans
3. Washington Apple Health (Medicaid) and other public programs available through the *Washington Healthplanfinder* portal
4. Tax implications of enrollment decisions
5. Eligibility requirements for premium tax credits and cost-sharing reductions and the impacts of premium tax credits on the cost of premiums
6. Basic concepts about health insurance and HBE; benefits of having health insurance and enrolling through HBE and the individual mandate
7. Eligibility and enrollment rules and procedures, including how to appeal a decision
8. Providing culturally and linguistically relevant services
9. Ensuring physical and program access for people with disabilities
10. Privacy and security standards related to safeguarding consumer's personal information.
11. Working effectively with individuals with LEP, disabilities, rural and underserved populations, and others who experience barriers to healthcare coverage.
12. Customer service standards
13. Outreach and education methods and strategies

14. Contact information for federal, state, and local agencies for consumers seeking additional coverage options not offered through the Exchange.

b. Certification requirements:

Navigators must be granted certification by HBE prior to providing any consumer assistance related to coverage through the Exchange. To obtain and maintain certification, Navigators must complete training required by HBE and obtain a passing score on HBE examinations to be granted or to maintain certification and allowed access to the *Washington Healthplanfinder* system.

5.3 Organization Overview (M)

Applicant Identification/Contact

Provide the following:

- Full name of the Organization
- Business Address
- Name of the Proposal contact person
- Telephone number
- Email address
- Date organization was established (not required for public organizations)
- Washington UBI Number.
- Type of organization (e.g. community and consumer-focused non-profit group, local health department, trade industry, professional association, commercial fishing industry organization, ranching and farming organization, chamber of commerce, union, small business development center, etc.)
- Provide a statement affirming that by submitting a response, the Vendor and its subcontractors represent that they 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 that it shall not become in arrears during the term of the Contract if selected for Contract award.

5.3.1 Conflict of Interest Information

- a. If any of the Vendor's employees or officers or subcontractors employees or officers were employed by the Washington Health Benefit Exchange or the state of Washington during the last two years, state their positions within the organization, state their proposed duties under any resulting Contract, their duties and position during their employment with HBE or the state, and the date of their termination from HBE/state employment.

- b. If any owner, key officer or key employee of the Vendor is related by blood or marriage to any employee of HBE 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.
- c. Vendor must disclose if they have a business relationship with another major HBE Contractor.
- d. If the Vendor is aware of any other real or potential conflict of interest, the Vendor must fully disclose the nature and circumstances of such potential conflict of interest. If, after review of the information provided and the situation, HBE determines that a potential conflict of interest exists, HBE may, at its sole option, disqualify the Vendor from participating in this procurement. Failure to fully disclose any real or potential conflict of interest may result in the disqualification of the Vendor or the Termination for Default of any contract with the Vendor resulting from this procurement with the Vendor.

5.3.2 Vendors must indicate whether they have had a contract terminated for default in the last five years. Termination for default is defined as a notice to stop work due to the Vendor's nonperformance or poor performance, where the issue of performance was either not litigated due to inaction on the part of the Vendor, or litigated and determined that the Vendor was in default.

5.3.3 If the Vendor has had a contract terminated for default in the last five years, the Vendor must submit full details including the other party's name, address and telephone number. The Vendor must specifically grant HBE permission to contact any and all involved parties and access any and all information HBE determines is necessary to satisfy its investigation of the termination. HBE will evaluate the circumstances of the termination and may at its sole discretion, bar the participation of the Vendor in this procurement.

5.3.4 Any alternate contract language the Vendor wishes to propose (see Application Packet, Certifications and Assurances form). If alternate contract language is longer than one page, attach it to your Certifications and Assurances form as a separate document.

5.4 General Requirements (MS)

5.4.1 Organizational Experience and Community Support

- a. Summarize the organization's mission/purpose and existing programs and how they align with the Navigator program. (300 word maximum)
- b. Summarize a key effort in the last 24 months in which your organization led a project involving other community organizations. Name the community partners involved.
- c. Explain methods used in the example above (b) to collect input from partners about their needs and satisfaction with your organization's leadership.

- d. Summarize key community outreach and awareness activities conducted in the proposed service area(s) in the past 24 months and the results of this outreach.
- e. Identify the organization's existing relationship(s) to one or more groups or segments of the population who are uninsured and likely to be eligible for a Qualified Health Plans and the nature of the organization's relationship to these group(s).
- f. Detail the organization's experience and approach for delivering services in the last 24 months to individuals with diverse multi-cultural needs, including language needs.
- g. Identify the program manager who will be responsible for overall management of the scope of work related to this contract. Summarize the individual's experience, skills and qualifications. Describe the required qualifications and experience if the position is vacant.
- h. Identify other management or administrative staff responsible for performing work under this contract and their role and responsibilities.
- i. Using the Client Reference Form in the Application Packet, request 2-4 references from community service organizations, public health or human service organizations, business organizations or other entities attesting to the organization's standing as a trusted, reliable resource in the community. References must be from organizations that are not proposed as paid network partners. This requirement applies only to organizations that do not currently serve as a Lead Organizations. Note: the Client Reference Form has detailed instructions for completion.

5.4.2 Service Area and Population to be served:

- a. Specify the proposed county or counties to be included in the service area.
- b. Identify adjacent or nearby county (ies) the organization would have the capacity and willingness to include in their proposed service area if is determined those counties are not covered by a Lead Organization.
- c. Provide information about the population in the proposed service area, including:
 - 1. QHP target populations and how these groups were identified. Examples of target populations include people who are in low-income groups and uninsured, racial-ethnic groups, low-wage workers, individuals with disabilities etc.
 - 2. Groups in the service area with limited English proficiency.

5.5 Navigator Network (MS)

The primary responsibility of Lead Organizations is to assure the delivery of timely and effective outreach, community awareness, basic health insurance education, application and enrollment assistance to consumers. In most service areas, HBE expects Lead Organizations to accomplish this by establishing partnerships with organizations that serve and interact with consumer groups likely to be eligible for *Washington Healthplanfinder* coverage.

Lead Organizations will determine the number and type of organizations that will balance access to one-on-one assistance from a Navigator with overall program efficiency and resources. There is no minimum or maximum number of network organizations required.

Navigator Organizations' certified Navigator staff will enter application and enrollment information into the *Washington Healthplanfinder*. Navigator Organizations must have the necessary technology and Navigators must have basic computer skills and internet access to perform this work. Navigator Organizations must also agree to comply with all requirements for Navigator Organizations and Navigators as stated in this proposal.

5.5.1 Navigator Network proposal response:

- a. Describe the selection process and primary criteria used to select Navigator Organizations receiving compensation to perform Navigator duties.
- b. Describe the compensation approach to be used that includes at least 25% of compensation paid to Navigator Organizations to be based on achieving QHP and WAH enrollment targets.
- c. Complete a Navigator Organization profile form (RFP Application Packet) for each Navigator Organization in the proposed network. Note: A profile form will be needed for Lead Organizations or Statewide Navigator Organizations if the organization will also have Navigators on staff who perform enrollment services.
- d. Profiles will include:
 1. Organization name
 2. Amount to be paid
 3. QHP and WAH enrollment targets
 4. Language capabilities, specialized skills, or cultural expertise
 5. Nature of the organization's existing relationship with uninsured individuals:
 - a. Likely to be in the Washington Apple Health coverage group
 - b. Likely to be in the QHP coverage group (139-400% FPL)
 6. Number of HBE certified Navigators (# currently on staff, anticipated # of new).
 7. Experience delivering navigator or similar services.
 8. All other sources of federal, state or other funding the organization receives to deliver the same or similar services.
- e. Describe the approach for coordinating communication with network partners to keep them apprised of changes, updates, events, and other information relevant to delivering outreach and enrollment assistance.
- f. Lead Organization proposals (only): Describe the Lead Organization's approach (method and frequency) for hosting Navigator forums, during which Navigators can share information, network, hear from the Lead Organization and agency partners (DSHS, HCA, HBE).

- g. Describe the approach for getting feedback from Navigators and Navigator network organizations about what they need, want, or gaps in their resources that enables them to effectively provide Navigator services.
- h. The Organizations that will have Navigator Organization network partners must establish and maintain either: a subcontract with each of the paid network partner Navigator Organizations; or an agreement with each of the unpaid network partner Navigator Organizations. The subcontract or agreement must contain the elements identified as required in Appendix B Proposed Contract Terms and Conditions. Lead Organizations and Statewide Navigator Organizations contracting with the HBE as a result of this RFP will provide HBE with a sample of the subcontract and agreement documents it will use with their paid and unpaid network partners as required in Schedule 1 of their HBE contract.

5.5.2 Background Checks

Organizations providing Navigator services, including one-on-one services to consumers under this HBE contract must have Background Check policies in place for Navigator staff that meet the provisions for serving children and vulnerable adults as specified in RCW 43.43.830 and RCW 43.43.832. Policies will disqualify individuals with crimes related to the exploitation or abuse of vulnerable populations. Due to the Navigator's access to applicants' personal health and personal identification information, the organizations' background check policies will also include disqualification for Navigator positions upon receipt of an individual's background check with a conviction record related to financial crimes including but not limited to: identity theft, robbery, forgery, fraud, theft, bribery, embezzlement. The Organization's proposal must include a copy of the background check policy. If the Organization needs to submit a draft policy under this proposal, the document will be clearly indicated as a draft. The Organization contracting with HBE must finalize the background check policy as a priority and provide a copy to HBE.

5.5.3 Navigator Selection, Training, and Certification

The proposal will include a description of the approach to be used for selecting and approving Navigators, including Lead Organization and partner organization responsibilities in the approval process.

a. Selection of Navigators

Approving Navigator candidates is the responsibility of the Lead Organization based on a candidate's combination of training, experience, and the recommendation of a Navigator organization. Exchange stakeholders provided input on the knowledge, skills and competencies that make a Navigator best suited to serve in this role. These guidelines are outlined in Appendix F Navigator Knowledge, Skills and Competencies.

The proposal will describe the process the Lead Organization will use to confirm that a Navigator candidate has met the following required conditions:

- Has the skills and competencies needed to perform effectively as a Navigator;
- Verified language proficiencies, if the Navigator will communicate with consumers in a language other than English;
- Has a background check on file and no offenses that that would disqualify them from meeting the provisions for serving children and vulnerable adults as specified in [RCW 43.43.830](#) and [RCW 43.43.832](#) or any conviction record related to financial crimes including but not limited to: identity theft, robbery, forgery, fraud, theft, bribery, embezzlement.

b. Training/Certification

1. Training

The Exchange will provide access to online core training modules for Navigators being certified by HBE for the first time. In addition, HBE will provide continuing education modules periodically to respond to system updates and business or policy changes. Navigators must complete training material HBE identifies as “required” within the specified time period to retain certification and access to *Washington Healthplanfinder*.

HBE training material may be supplemented by Lead Organizations if there are additional business processes or policies established for Navigator partner organizations.

2. Certification

Navigators must pass a content-based certification exam prior to performing Navigator duties. The Lead Organization will provide the HBE training coordinator with the name(s) of candidate(s) who meet the requirements necessary to proceed with training and certification examination.

After initial Certification is granted, Navigators must complete required continuing education modules and related tests to maintain certification. Security training and a related test is required annually. Other than security, continuing education modules may or may not have a required test.

User access will be ended for Navigators who do not complete required training or pass related tests within designated timelines.

c. Navigator functions

To maintain certification as a Navigator, individuals will perform the full range of functions, including but not limited to facilitation of enrollment in QHP and Washington Apple Health.

HBE may end the certification of Navigators who do not perform the full range of enrollment services after notifying the Lead Organization.

5.6 Navigator Service Delivery and Reporting (MS)

The primary responsibility of Navigator organizations is to assure the delivery of timely and effective outreach, community awareness, application, basic health insurance education, and enrollment assistance to consumers. Navigators will be available during work hours, and during extended hours as needed, to assure access to services.

Navigators will be required to complete a brief online data collection process at the conclusion of each enrollment to record details related to the enrollment, such as:

- Application ID
- The type of enrollment (Medicaid, QHP or mixed)
- The number of individuals enrolled

HBE will provide the data collection tool/mechanism to be used. Data collected through this tool will be made available to the Navigator, Navigator partner organization, Lead Organization, or Statewide Navigator Organization on a regular basis. Exceptions will be made if HBE determines that the organization's alternative method of reporting is adequate and compatible with HBE data collection requirements.

5.6.1 Public Education/Awareness

The organization's proposal will describe its strategy/strategies for conducting public education activities designed to raise awareness about *Washington Healthplanfinder* programs and benefits. These activities do not need to be focused on a specific target population. The purpose is to increase awareness in the general population.

5.6.2 Outreach

The organization's proposal will identify groups/areas within the service area for targeted outreach.

- a. Geographic areas with higher uninsured population estimates.
- b. Language/cultural needs in the service area.
- c. Network partner Organization with primary responsibility for serving each target group and related language capabilities, specialized knowledge or skills of the organization.
- d. The organization's approach for coordinating outreach efforts with network partners to ensure efforts are planned and coordinated and to avoid duplication or conflicts among network partners.

- e. Outreach strategies the organization plans leading up to and during open enrollment to reach QHP-eligible groups.
- f. Summary of how the 10% outreach set aside (or equivalent in-kind contribution) will be used.

5.6.3 Enrollment Assistance (FYI only-no response required on this element)

Navigator organizations and Navigators delivering services will:

- Provide information and assistance to consumers to apply and enroll in health insurance coverage and/or insurance affordability programs.
- Educate consumers who are new to insurance coverage about basic health insurance concepts.
- Deliver services in person (face-to-face).
- Explain eligibility results and coverage options in a fair, accurate and impartial manner, including information about the full range of QHP options and affordability programs available to them.
- Deliver services at no cost to the individual, including language assistance services necessary to communicate effectively.
- Facilitate the comparison of a consumer's QHP options and their selection of QHPs and QHP renewals.
- Educate consumers who are new to health insurance coverage about the basics of health insurance coverage; for example, understanding key terms, how consumers and insurance carriers share the costs of health care; preventive care benefits available at no cost
- Enter all application and enrollment information using *Washington Healthplanfinder* following security and nondisclosure standards established by the Exchange.

5.7 Statewide Navigator Organizations

Organizations that deliver Navigator services in multiple locations throughout the state and that cross three or more Lead Organization service areas will have the option to apply directly to HBE under this RFP or to subcontract with one or more Lead Organizations. However, Statewide Navigator Organizations may not receive funding from HBE and a Lead Organization.

This option is provided to streamline the contracting, payment, and reporting requirements for Statewide Navigator Organizations serving in multiple Lead Organization service areas.

HBE may award up to 10% of funds available to grant contracts to Statewide Navigator Organizations. The number and amount of awards is at HBE's discretion.

Statewide Navigator Organizations granted awards from HBE will contract with HBE, report to HBE, and be compensated by the Exchange. However, the Statewide Navigator Organization’s local branches and Navigators are expected to collaborate and participate as a network partner to ensure a coordinated and collaborative approach to outreach and service delivery in communities.

Statewide Navigator Organizations must have a physical business location and ongoing presence in the areas served and must be able to deliver in-person application, basic health insurance education, and enrollment services at each location.

Statewide Navigator Organizations will have enrollment targets for QHP and WAH and will be compensated following the same approach as Lead Organizations that is outlined in RFP Section 7.1. If the Statewide Navigator Organization is awarded 2% of total funds available, it will be responsible for 2% of the Navigator Program’s overall enrollment target of 50,000 enrollments. To receive the full enrollment target incentive payment, at least 50% of enrollments during the contract period will be in Qualified Health Plans.

For example:

Total Navigator funding available	\$3,200,000
2% Award	\$ 64,000

Overall Enrollment Target	50,000
2% Target	1,000 (500+ QHP enrollments)

6 Performance Monitoring (MS)

The HBE will compile enrollment data to report results of Lead Organization, their partner Navigator Organizations, and Statewide Navigator Organizations. HBE will make reports available to the Lead Organizations and Statewide Navigator Organizations as they are developed. HBE will respond to requests for data and information from Lead Organizations and Statewide Navigator Organizations to the extent resources allow.

Lead Organizations and Statewide Navigator Organizations that are not making satisfactory progress toward enrollment targets for three consecutive months may be required to collaborate with the HBE to develop strategies for improving performance. The HBE may terminate a Lead Organization or Statewide Navigator Organization contract if the organization is not progressing toward performance targets at the close of open enrollment or at any point thereafter if enrollment results do not improve.

Program integrity is assured by taking steps to reduce the risk of misconduct. Steps include verifying Navigators: meet established guidelines; complete Navigator attestations; complete required training and certification; and have on file background checks with no disqualifying offenses. Additional measures include: ensuring consumers have an easy and transparent way to file complaints; occasional observation by Lead Organization or Statewide Navigator Organization staff of Navigator activities; and/or surveying consumers to get feedback about the services received.

Lead Organizations and Statewide Navigator Organizations will be required to meet with the HBE upon request to discuss performance of the Lead Organization or Navigator Organizations. The HBE also reserves the right to perform an on-site program review with 14 days' advance notification to a Lead Organization, network Navigator Organizations, or Statewide Navigator Organizations.

6.1 Performance Monitoring Process:

The proposal will describe:

- a. The approach the Lead Organization will use to monitor Navigator Organization performance, program integrity, and service quality.
- b. Steps the Lead Organization or Statewide Navigator Organization or will take if a Navigator organization is not making progress toward enrollment targets.
- c. The steps the Lead Organization or Statewide Navigator Organization will take if misconduct is reported regarding a Navigator and/or Navigator Organization.

7 Contract Allocations and Enrollment Targets (MS)

HBE will allocate a total of \$3.2 million dollars under this RFP.

HBE will set aside 10% of this amount for grants to Statewide Navigator Organizations selected as Apparently Successful Vendors. Once all Statewide Navigator grants have been awarded, remaining funds will be allocated to Lead Organizations.

To establish statewide enrollment targets for the Navigator Program, HBE used Office of Financial Management's (OFM) 2015 estimates of the uninsured population in Washington. OFM estimates there are approximately 330,000 individuals under 400% of the federal poverty level who remain uninsured in Washington. HBE reduced this total estimate by 10% to account for a portion of the population known to be ineligible for coverage.

Based on the OFM estimates, the Navigator Program will establish a target of 50,000 enrollments through September 30, 2016. This represents approximately 17% of the unenrolled population. Of the 50,000 enrollments, the Navigator Program's overall QHP enrollment target is 25,000. For purposes of meeting QHP enrollment targets, an enrollment includes new QHP

enrollments and a QHP renewal (either in the same QHP or changing from one QHP to a different QHP).

In addition to the estimated eligible, uninsured population, Navigators can draw from renewing QHP customers, those eligible for Special Enrollment Periods (SEP) throughout the year, individuals determined ineligible for Washington Apple Health due to income changes, and individuals in the private market who may be eligible for more affordable coverage in the Exchange marketplace, including tax credits.

Statewide Navigator Organization targets

Statewide Navigator Organizations will propose enrollment targets in their RFP response. If granted a contract, the funding level will correspond to the proportion of the statewide enrollment target the organization is awarded. If an organization is awarded 2% of the total statewide allocation (\$3.2 million x 2% = \$64,000), the corresponding enrollment target is 2% of the statewide goal (50,000 x 2% = 1,000 enrollments), with at least half of these enrollments in Qualified Health Plans.

The overall enrollment target of 50,000 is for all Statewide Navigator Organizations and Lead Organizations funded under this RFP.

Lead Organization enrollment targets

Lead Organization enrollment targets will be based on the overall target (50,000) minus the total enrollment targets allocated to Statewide Navigator Organizations granted an award.

To determine allocations and enrollment targets per Lead Organization service area, HBE will use 2015 Office of Financial Management (OFM) estimates of the uninsured under 400% of FPL for each county. The Navigator target population includes uninsured residents with income under 400 percent of federal poverty level, though enrollment of those above 400% FPL is also encouraged and will count toward enrollment targets.

OFM Estimates of Uninsured by County^{1, 2}:

County	Uninsured Portion of State Population	Navigator Program Enrollment Target by County (QHP enrollment expectation 50% or greater)	Estimated Navigator \$ Allocation by County
Adams	.2%	84	\$ 5,400
Asotin	.2%	117	\$ 7,520
Benton	2.8%	1,385	\$ 88,640
Chelan	1.6%	787	\$ 50,400
Clallam	1.1%	539	\$ 34,490
Clark	5.4%	2,691	\$ 172,250
Columbia	0.0%	24	\$ 1,530
Cowlitz	1.7%	842	\$ 53,900
Douglas	1.1%	526	\$ 33,650
Ferry	0.2%	95	\$ 6,110
Franklin	1.2%	610	\$ 39,020
Garfield	0.0%	10	\$ 640
Grant	1.7%	828	\$ 53,000
Grays Harbor	1.5%	770	\$ 49,270
Island	1.0%	495	\$ 31,700
Jefferson	0.4%	220	\$ 14,060
King	24.8%	12,398	\$ 793,480
Kitsap	3.9%	1,931	\$ 123,580
Kittitas	1.4%	713	\$ 45,650

Klickitat	0.4%	197	\$ 12,600
Lewis	1.3%	643	\$ 41,150
Lincoln	0.1%	49	\$ 3,130
Mason	1.3%	630	\$ 40,350
Okanogan	0.9%	446	\$ 28,570
Pacific	0.3%	146	\$ 9,330
Pend Oreille	0.3%	151	\$ 9,680
Pierce	11.2%	5,585	\$ 357,410
San Juan	0.2%	93	\$ 5,920
Skagit	1.6%	783	\$ 50,100
Skamania	0.3%	145	\$ 9,300
Snohomish	10.6%	5,309	\$ 339,780
Spokane	6.8%	3,381	\$ 216,370
Stevens	0.9%	428	\$ 27,420
Thurston	3.7%	1,873	\$ 119,880
Wahkiakum	0.1%	29	\$ 1,880
Walla Walla	1.0%	521	\$ 33,350
Whatcom	2.9%	1,464	\$ 93,670
Whitman	1.3%	652	\$ 41,760
Yakima	4.8%	2,407	\$ 154,050
Total	1.000	50,000	\$3,200,000

¹Estimates based on Office of Financial Management data of total uninsured in Washington Apple Health and QHP <400% populations in 2015.

²10% was removed from overall estimate to account for ineligible populations.

7.1 Compensation and Payment

HBE will set aside 10% of the total funding available under this RFP for Statewide Navigator Organizations. HBE will grant no more than 5% of Statewide Navigator Organization funds to a single Statewide Navigator Organization.

HBE has the discretion to award or decline Statewide Navigator Organizations proposals based on the needs of the service area, including funds available, enrollment targets, and Lead Organization funding. (For example, in some areas decreasing Lead Organization contracts to fund Statewide Navigator Organizations could compromise the Lead Organization's capacity to operate effectively.)

HBE may also negotiate Statewide Navigator Organization enrollment targets and compensation level based on overall service area needs and contract awards. Compensation for a Statewide Navigator Organization will be determined based on the agreed-upon enrollment target for the organization as a proportion of the statewide target. (For example, if an organization's enrollment target is 2% of the statewide target of 50,000, it is awarded 2% of the total statewide allocation (\$3.2 million x 2% = \$64,000)

Contract allocations for Lead Organizations will be based on the chart in the previous section of this RFP for a single county award or based on the sum of county allocations for a multi-county award. Enrollment targets for Lead Organizations will be adjusted to account for Statewide Navigator Organizations awards and corresponding enrollment targets.

Seventy-five percent (75%) of the total allocation to a Statewide Navigator Organization or Lead Organization will be paid in equal monthly installments. Twenty-five percent (25%) of the allocation will be paid upon achievement of enrollment targets.

Lead Organizations will establish enrollment targets for paid network partners and compensation methods that tie at least 25% of the partner organization's compensation to achieving the organization's enrollment targets. Network partners may be paid incrementally for progress made toward their enrollment targets.

Lead Organizations may adjust compensation amounts and targets among network partners as needed. Contracts with Navigator Organizations may be discontinued and new Navigator Organizations may be added. Lead Organizations will report network partner changes on the monthly progress report.

Enrollment Target Payments

Enrollment target incentives are paid based on (1) the number of enrollments (WAH, new QHP and QHP renewals); **and** (2) the ratio of QHP to non-QHP enrollments/renewals.

QHP enrollments are counted when the enrollment process is completed and the consumer has paid for the first month of coverage, as reported by the Carrier.

Examples below are based on: An enrollment target of 100 and a \$5,000 incentive payment available.

1. Example of meeting 100% of targets

Enrollment target	100	
Enrollment Incentive	\$5,000	
Total Enrollments Completed	100	100% of enrollment target met
QHP-WAH actual results	QHP 50 (50%) WAH 50 (50%)	100% QHP target met
Incentive Payment	\$5,000	100% of incentive paid

2. Example of meeting overall enrollment target, but not meeting the QHP enrollment target

Enrollment target	100	
25% Enrollment Incentive	\$5,000	
Total Enrollments Completed	100	100% of enrollment target met
QHP-WAH actual results	QHP 40 (target = 50) WAH 60	80% of QHP target met
Incentive Payment	\$5,000 x 80% = \$4,000	80% of incentive paid

3. Example of Overall Enrollment Target and QHP enrollment not met

Enrollment target	100	
25% Enrollment Incentive	\$5,000	
Total Enrollments Completed	80	80% of target met
QHP-WAH actual results	QHP 20 (target = 40) WAH 60	50% of QHP target met

Incentive Payment	$\$5,000 \times 80\% \times 50\% = \$2,000$	40% of Incentive paid
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Enrollment Incentive Payment Schedule

The first incentive payment will be made at the conclusion of the open enrollment period and HBE has received verification of premium payments from Carriers. Subsequent to the initial incentive payment, Lead Organization will be compensated as targets are met and verification of premium payment is confirmed by HBE. Incentive payments will be included in regular monthly payments.

7.2 Budget Proposal (MS):

7.2.1 'Umbrella' Organizations

For budget proposal purposes Lead Organizations and Statewide Navigator Organizations are referred to as 'Umbrella' organizations.

Using the Budget worksheets in the RFP Application packet, Umbrella organizations will include a budget with projected costs for Navigator services across major budget categories. The proposed budget may not exceed the total estimated county allocation for their proposed service area (see Table on pages 39-41 – OFM uninsured estimates per county.)

Organizations that are contributing staff or other in-kind services to accomplish a portion of contract activities will include these quantified resources under the In-kind column and appropriate budget category.

Budget categories include but are not limited to:

- Organization administration fee (A fee charged by the organization that covers the cost of accounting, payroll, and other overhead and that is deducted off the top of the contract award)
- Project Management/Administration staff (including salaries, benefits and other employee costs)
- Enhanced user(s)
- Navigator staff
- Supplies/equipment
- Travel/transportation
- Outreach allocation (at least 10% of total funds)
- Navigator network partner compensation
- Language and/or disability access services
- Other (itemize if more than 5% of contract allocation)

7.2.2 The Network Partner Budget worksheet will include:

- Name of each network partner

- Amount of allocation
- QHP and WAH enrollment targets

8 Evaluation

Vendor responses will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued.

The evaluation of Vendor Responses to the Mandatory and Mandatory Scored Requirements shall be accomplished by an evaluation team to be designated by the HBE, which will determine the ranking of the responses.

8.1 Clarification of Response

The RFP Coordinator may contact the Vendor for clarification of any portion of the Vendor’s response.

8.2 Evaluation Weighting and Scoring

The following weighting and points will be assigned to the response for evaluation purposes:

Activities and Requirements (Sections 5-6)	75%	Max. 600 Pts
Financial Quotation (Section 7)	25%	<u>Max. 200 Pts</u>
	Grand Total	<u>Max. 800 Pts</u>

8.3 Administrative Screening

Responses will be reviewed initially by the RFP Coordinator to determine on a pass/fail basis whether all of the required RFP administrative elements were included. The evaluation team will only evaluate Responses meeting all administrative requirements.

8.4 Mandatory Requirements

Responses meeting all of the administrative requirements will then be reviewed on a pass/fail basis to determine if the Response meets all mandatory requirements (M). Only Responses meeting all mandatory requirements will be further evaluated. Responses that pass the administrative screening and mandatory requirements review will be evaluated and scored based on responses to the Mandatory Scored Requirements in the RFP.

8.5 Qualitative Review and Scoring

Each scored element in the Activities and Requirements Sections (Sections 5 and 6) will be given a score by each evaluation team member. The scores will be totaled and an average score for each Vendor will be calculated as set forth below. This will be used in the calculation of Vendor’s total score, as set forth in Section 8.7, *Vendor Total Score*.

Evaluation points will be assigned to each question as follows:

0	Unsatisfactory	Response does not answer question, is insufficient or unclear.
1	Below Average	Response provides minimal information to evaluate or demonstrates minimal skills, capabilities, and resources to achieve objectives.
2	Average	Response demonstrates satisfactory level of skills, capabilities and resources to achieve objectives.
3	Above Average	Response demonstrates strong skills, capabilities and resources to achieve objectives.
4	Exceptional	Response demonstrates the highest level of skills, capabilities and resources to achieve and exceed objectives.

Sections 5 through 7 of the RFP will have maximum weighted scores as follows:

RFP Section #	Category/Details	Max. Score
5	Organization Requirements	500
6	Performance Monitoring	100
7	Budget/Allocation	200
	MAXIMUM TOTAL SCORE	800

8.6 Financial Response Evaluation

Section 7 (Budget Proposal) of the RFP is a mandatory response element and will have a maximum weighted score as follows:

Item	Rating Considerations
Cost Proposal	0 - Cost proposal exceeds funds available 20 - Cost Proposal Less than or equal to Allocation

Direct Service Delivery (Navigator staff and network partners as outlined in the Budget template)	0 - Less than 50% of total funds committed to direct services 20 – At least 50% of total funds committed to direct services 40 – At least 60% of total funds committed to direct services 60 – At least 70% of funds committed to direct services
Umbrella Organization Administrative Fees (Standard fees charged by the host organization for contract administration. Does not include project management or administrative staff working on the contract as outlined in the Budget template)	0 – Administrative fees are 30% or higher 20 – Administrative fees are 11-30% 40 – Administrative fees are 0-10% 60 – No Administrative fees
In-Kind Contribution (Financial contributions the organization is making as a percent of total contract funds as outlined in the Budget template)	0 – No in-kind contribution 20 – In-kind contribution less than 15% 40 – In-Kind contribution 16% to 30% 60 – In-kind contribution is 30% or higher
Maximum Total Points = 200	

The RFP Coordinator will calculate the financial score using the Vendor’s Budget proposal.

8.7 Vendor’s Total Score

Vendors will be ranked using the Vendor’s Total Score for its Response, with the highest score ranked first and the next highest score ranked second, and so forth. Vendor’s Total Weighted Score will be calculated as follows:

RFP Section #	Category/Details	Max. Score
5-6	Organization Requirements and Responsibilities Total	600
7	Budget Proposal/Allocation Model	200
	Maximum Total Score	800

8.8 Notification to Proposers

Firms whose responses are not selected for award will be notified by e-mail.

9 Glossary of Terms

The following definitions will be in force when used in this RFP and/or any purchase resulting from this RFP.

Apparently Successful Vendor (ASV) shall mean a Vendor with the highest ranking scores, who meets all the requirements of this RFP and is chosen as the successful candidate during the evaluation or interview process.

Authority shall mean the Health Benefit Exchange (HBE), the organization that is issuing this RFP.

Business Days or Business Hours shall mean Monday through Friday, 8 AM to 5 PM PT, local time in Olympia, Washington, excluding Washington State holidays.

CMS shall mean the Center for Medicare & Medicaid Services.

Community awareness/education means informing the community through the provision of information and resources.

Contract shall mean the RFP, the Vendor's Response, Contract document, all schedules and exhibits, all work plans, and all amendments awarded pursuant to this RFP.

HBE shall mean the Washington Health Benefit Exchange, the organization issuing this RFP.

Impartiality shall mean to maintain objectivity, detachment, neutrality and fairness imparting information to consumers and ensuring the consumer's decision is not influenced or directed.

Lead Organization shall mean an organization awarded a contract as a result of this RFP that will lead Navigator activities in a geographic area composed of one or more counties.

Mandatory shall mean the Vendor must comply with the requirement, and the Response will be evaluated on a pass/fail basis.

Mandatory Scored (MS) shall mean the Vendor must comply with the requirement, and the Response will be evaluated and assigned a numeric, weighted score.

Navigator shall mean an individual or entity that is certified by the HBE to provide one-on-one assistance to individuals to understand program options, complete an application and facilitate the selection of an insurance plan or program for enrollment purposes.

Open enrollment period shall mean the period of time designated by HBE for individuals to enroll or make changes to their Qualified Health Plans. Open enrollment during this contract period will occur from November 1, 2015 until January 31, 2016. Open enrollment for the subsequent year will be established by CMS.

Outreach shall mean targeted efforts to reach out to a specific group or population in a community location and offer assistance for application and enrollment.

Personally Identifiable Information shall mean information identifiable to any person, including but not limited to information that relates to: a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver's license numbers, other identifying numbers, and any financial identifiers.

RCW shall mean the Revised Code of Washington.

Response shall mean the written proposal submitted by a Vendor to HBE in accordance with this RFP. The Response shall include all written material submitted by a Vendor as of the date set forth in the RFP schedule or as further requested by HBE.

Services shall mean those Services provided by Vendor relating to this RFP, which may include both Personal Services and Purchased Services.

Subcontractor shall mean one not in the employment of a Vendor who is performing all or part of the HBE services under the resulting HBE Contract and under a separate contract with Vendor.

Umbrella Organization is referenced in Section 7 Budget Proposal only and shall mean the Lead Organization or Statewide Navigator Organization.

Vendor shall mean an individual or company whose response under this RFP has been accepted by HBE and is awarded a fully executed, written Contract.

10 Appendices

10.1 Appendix A – Conflict of Interest Standards

10.2 Appendix B – Proposed Contract Terms and Conditions

10.3 Appendix C – Protests and Procedures

10.4 Appendix D – Recommended Navigator Organization Selection Criteria

10.5 Appendix E – Navigator Organization Profile Sample

10.6 Appendix F – Navigator Knowledge, Skills and Competencies Guidelines

10.7 Appendix G – Navigator Code of Ethics

10.8 Appendix H – Navigator Responsibilities