

Request for Proposal Number HBE 13-001  
For  
*Washington Health Benefit Exchange  
In-Person Assister Program -  
Lead Organization Services*



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**Release Date: March 8, 2013**

**Responses Due: April 22, 2013**

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## **2 Introduction**

### **2.1 Background**

On March 23, 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 was signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA creates an opportunity to reform the health insurance marketplace in order to provide Americans with quality, affordable health insurance coverage. A primary feature of the ACA is the requirement that all states establish a Health Benefit Exchange (Exchange). In essence, the Exchange is an organized marketplace to help consumers and small businesses buy health insurance in a way that permits easy comparison of available plan options based on price, benefits, and quality. Health Benefit Exchanges create more efficient and competitive health insurance markets that make it possible to offer “qualified health plans” (QHP) for individuals and small employers by creating large pools of purchasing consumers, reducing transaction costs, and increasing 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 an In-Person Assister program.

### **2.2 Washington Health Benefit Exchange (HBE)**

The Washington Health Benefit Exchange (HBE) is a public-private partnership developing a new marketplace called Washington Healthplanfinder for individuals and small businesses in Washington State to purchase private health insurance coverage and have access to tax credits and Medicaid. The HBE is based in Olympia, Washington.

The Exchange was created in state statute in 2011 under [SSB 5445](#) and was established as a “public-private partnership” separate and distinct from the state. The HBE complies with open public meetings and public disclosure guidelines, but is not subject to other laws that govern state agencies. In 2012, additional legislation was passed ([ESSHB 2319](#)) that established market rules, requirements for QHP, essential health benefits and more. The HBE initially started in the state’s Health Care Authority (HCA) and has started its transition to an independent organization.

The Exchange, as a key provision of the federal Patient Protection and Affordable Care Act (PPACA), shall be fully functioning to begin enrollment on October 1, 2013 for health insurance coverage beginning on January 1, 2014. It is a goal of the Health Benefit Exchange to increase access to affordable health plans. In addition, the mission establishes values of integrity, respect, equity and transparency.

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

### **2.3 In-Person Assister Program Overview**

In 2014, it is anticipated that nearly 700,000 Washingtonians will become newly covered as a result of expanded Medicaid eligibility and the creation of subsidized and low-cost health insurance products offered through the HBE. To successfully enroll these individuals in coverage, the HBE is developing a set of robust outreach and enrollment mechanisms. One of these resources -- the In-Person Assister Program -- will help consumers learn about, apply for and enroll in appropriate health insurance coverage, including Medicaid and subsidized and non-subsidized qualified health plans (QHP).

In-Person Assisters will be key members of the Exchange's customer service team, assisting consumers with eligibility, plan selection, and enrollment, particularly consumers who are unlikely to apply online or on their own. In-Person Assisters will help reach the most vulnerable uninsured people who require individualized assistance to successfully access the expanded health care options made available under the ACA. The Exchange envisions an integrated, well-coordinated consumer assistance continuum. The ACA's "no wrong door" philosophy promotes the concept of a trained and knowledgeable In-Person Assister who is equipped to provide information and assistance for the full array of options available under the Exchange.

The In-Person Assister Program will offer services through In-Person Assister Lead Organizations organized by county service areas or by specified target populations. In-person customer support, including In-Person Assisters, will be available beginning October 1, 2013 for individuals who need one-on-one assistance to complete an application, understand program options, and facilitate the selection of an insurance plan or program. Lead Organizations/In-Person Assistance Organizations will begin community outreach and awareness activities prior to October 1, 2013 to begin informing and educating the community about the upcoming open enrollment for individuals, families and small businesses.

This solicitation outlines the requirements of the HBE In-Person Assister Program and solicits applications from organizations interested in serving as In-Person Assister Lead Organizations.

Contracts will be provided to In-Person Assister Lead Organizations to oversee the provision of outreach and enrollment services to individuals who do not have insurance. The Act directs the HBE to specifically retain entities that have expertise in working with vulnerable and hard-to-reach populations. Lead Organizations will engage or contract with In-Person Assister Organizations to perform the following duties.

Responsibilities of In-Person Assister Organizations:

1. Conduct outreach and awareness activities about the Exchange and the full range of health insurance coverage options.
2. Maintain expertise in eligibility, enrollment and program specifications.
3. Provide information and services in a fair, accurate and impartial manner.
4. Facilitate a consumer's selection of a QHP.
5. Provide assistance applying for premium subsidies and cost-sharing.
6. 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.
7. Provide information to assist individuals understand how to use their insurance benefits and 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.
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 standards established by the Exchange.

The Exchange must establish conflict of interest standards to be met by Lead Organizations awarded a contract and by all organizations/individuals serving as In-Person Assistors. The Exchange must also establish training standards that ensure expertise in: (1) the needs of underserved and vulnerable populations; (2) eligibility and enrollment rules and procedures; (3) the range of QHP options and programs; and (4) privacy and security requirements.



In addition to being able to perform the required duties of an In-Person Assister Lead Organization, a Lead Organization that intends to deliver all, or a portion of In-Person Assister services directly must:

- Demonstrate that it has relationships, or could easily establish them, with employers/employees, consumers (underinsured or uninsured individuals), or self-employed individuals likely to be eligible for enrollment in a QHP.
- Not have a conflict of interest during the term of the contract; and
- Comply with the privacy and security requirements adopted by the Exchange.

A conflict of interest is present for an Lead Organization if the organization is a health insurance issuer or subsidiary; an association with members of or that lobbies for the insurance industry; or receives any consideration from a health insurance issuer in connection with the enrollment of individuals in health insurance.

#### **2.4 In-Person Assister Lead Organization Overview**

The purpose of this Request for Proposal (RFP) is to select Lead Organizations to develop and oversee a network of community-based organizations that will deliver one-on-one customer support needed by individuals to access health care programs and qualified health plans available through the Washington Healthplanfinder. Lead Organizations will oversee organizations that 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. Lead Organizations will propose services in a specified geographic area and/or to a specified target population.

The Lead Organizations will be responsible for recruiting, evaluating and selecting the community-based 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. Community organizations that interact regularly with families, have experience serving vulnerable and low-income populations, and have earned reputations for fairness and trust are best suited to provide these essential services.

Exchange staff will train Lead Organization staff using a train-the-trainer approach, with Lead Organization staff subsequently delivering training to the In-Person Assister Organization staff in their service area. In addition, Lead Organizations will lead community outreach and awareness planning for the overall service area/target population to ensure a coordinated and

strategic effort. Lead Organizations will act as the fiscal agent for the HBE, compensating In-Person Assister Organizations or individuals according to Exchange guidelines. Lead Organizations will be responsible for monitoring In-Person Assister Organization performance and program integrity and for reporting data to the Exchange.

## **2.5 Washington HBE Infrastructure to Support In-Person Assister Activities**

The Exchange is developing infrastructure to support consumers in learning about and enrolling in health care coverage. In-Person Assisters will leverage these resources to assist consumers and report activity to the HBE.

1. Washington Healthplanfinder is a web-based full service portal and marketplace that provides consumers with one-stop shopping for health insurance coverage. This web portal will be the tool used by In-Person Assisters to facilitate an individual's application, explore plan benefits and costs, apply for cost reductions/tax credits, and initiate enrollment in health care coverage. In-Person Assisters will be granted system access that enables the use of features to help manage and track consumer information through a "dashboard". The website will be available in English and Spanish. The system will securely store consumer information, eliminating the need to collect the same information more than once throughout the enrollment process. Training on the Washington Healthplanfinder provided by the HBE is required for In-Person Assisters.
2. The HBE 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 7:30 am to 8 pm Monday through Friday.
3. The Exchange will support the outreach and public awareness efforts of Lead and In-Person Assister Organizations throughout the State. Outreach and awareness materials will be developed by HBE for use by In-Person Assister Organizations and Lead Organizations. These materials will use HBE approved messaging. Many of the materials will be customizable so that organizations can 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. Based on available resources, the Exchange may also provide

centralized translation services for Exchange material, an outreach starter kit and/or a stipend for outreach material at the time of contract execution.

4. Lead Organization and In-Person Assister Organization staff are required to complete training that imparts the skills and expertise necessary to perform required functions. Successful completion of the training and passing a qualifying exam is a requirement for certification of In-Person Assisters. Training will prepare In-Person Assisters to provide consumer assistance, complete a consumer's application and eligibility, and facilitate enrollment, renewal, and disenrollment services.

The training curriculum will include an orientation designed to help In-Person Assisters 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. The training curriculum will also provide In-Person Assisters with the technical training required to efficiently use the Washington Healthplanfinder. Initial training will cover the following:

- Policies and Procedures: Overview of ACA, Health Reform, Health Insurance, QHPs, Outreach and Education, Ethics, Customer Service, Confidentiality, etc.
  - Medicaid: Overview of Programs; MAGI and non-MAGI eligibility.
  - Healthplanfinder: Instruction on Eligibility and Enrollment system, including Plan presentation and selection; Checkout Procedures, etc.
5. An Exchange Training Specialist and Program Manager will be available for technical assistance and support. Periodic conference calls and/or meetings will be conducted to provide opportunities for Lead Organizations to connect, share information, and/or receive training updates.

## **2.6 Distribution and Oversight of the Lead Organizations**

This RFP will result in the selection of various types of Lead Organizations as follows:

- A Lead Organization for a single county; or
- A Lead Organization for a multi-county service area; or
- A Co-Lead Organization in conjunction with another Lead Organization in a densely populated county; or
- A Lead Organization providing service to a specified population within a county.

The HBE will contract with Lead Organizations. It is expected (and encouraged) that the Lead Organizations will partner with other organizations in the service area that are best suited to meet the needs of the various groups and populations that comprise the target population in

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.

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 and will be subject to oversight by the HBE.

## **2.7 Period of Performance**

Funding provided under this program is for the start-up period for the In-Person Assister Program beginning July 1, 2013 through December 31, 2014. The Exchange projects a high demand for services during the 2013-2014 open enrollment periods due to significant marketing and advertising planned by the Exchange, expansion in Medicaid, and the availability of tax credits and subsidies for individuals with incomes up to 400 percent of the federal poverty level. Lead Organizations will need to anticipate this high demand for services. Workload fluctuations should also be expected, particularly as enrollment periods open and close.

Additional funding, as available, may be distributed to supplement these initial allocations based on demand for services, enrollment levels, or identified service area gaps or needs. The distribution of additional funding will be at the discretion of the Washington HBE. Federal funding for the In-Person Assister Program expires December 31, 2014. The HBE will evaluate the ongoing demand and service level needs of the program prior to the conclusion of the In-Person Assister contract to determine the scope and structure beginning January 1, 2015.

## **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 establishes 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. Due to the unique characteristics of

tribal programs, a separate RFP will be published to solicit proposals from tribal entities interested in serving as a Lead Organization for a tribal network.

### **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 in writing. More than one Lead Organization per county will only be awarded if the Exchange determines it would result in a significant benefit to consumers.

### **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.

A Vendor Conference will be conducted by 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 prior to and following the Vendor Conference. 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 on Washington's Electronic Business Solution (WEBS) system and on the Exchange website. The name of the Vendor that submitted the questions will not be identified. Only written responses posted to the WEBS and Exchange website will be considered official and binding.

The procurement is initiated by this Request for Proposal (RFP). Vendors will respond by submitting a proposal regarding their abilities to implement and operate an In-Person Assister Network for the HBE as detailed in this RFP. Proposals will be submitted as outlined in the proposal Application Packet.

### **2.12 Letter of Intent**

Organizations interested in submitting a proposal to serve as a Lead Organization will submit a non-binding Letter of Intent notifying the Exchange of this intent by March 22, 2013. Organizations will identify the county or counties and/or designated service population that will be identified in the Lead Organization proposal. The names of organizations that submit a letter of intent will be published on the Exchange website.

### 3 RFP Schedule

The deadlines set forth below are mandatory and non-negotiable. Failure to meet any of the deadlines will result in disqualification from participation. All times are Pacific Time (PT), Olympia, WA.

March 8, 2013	RFP issued
March 15, 2013	Deadline for submitting vendor questions for the Vendor Conference
March 19, 2013	Vendor Conference (Web Meeting)
March 21, 2013	Final Deadline for Vendor Questions
March 22, 2013	Vendor Letter of Intent
March 25, 2013	RFP Coordinator posts written responses to Vendor Questions
April 22, 2013	Vendor proposals must be received by RFP Coordinator no later than <b>3:00 PM PDT Olympia</b>
May 13-17, 2013	Apparently Successful Vendor(s) Announced
Three business days after Apparently Successful Vendors are Announced	Request for Optional Vendor Debrief
July 1, 2013	Contract begins

## 4 Contract Administration

### 4.1 Communication with HBE

Customer Agency: Washington Health Benefit Exchange

Contract Manager: Kathy Krulich, Program Specialist/RFP Coordinator

Address: P.O. Box 657, Olympia, Washington 98507-0657

Telephone: 360-407-4171

Email: Kathy.krulich@wahbexchange.org

**If using USPS:**

Washington State Health Benefit Exchange  
P.O. Box 657  
Olympia, WA 98507-0657

**If using FEDEX/UPS:**

Washington State Health Benefit Exchange  
521 Capitol Way South  
Olympia, WA 98501

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 the RFP Schedule (Section 3). Vendor questions must be submitted in writing (e-mail acceptable) to the RFP Coordinator. An official written HBE response will be provided for Vendor questions received by the deadline. Written responses to Vendor questions will be posted on the Washington's Electronic Business Solution (WEBS) system and on the Exchange website. The Vendors that submit questions will not be identified by name. Verbal responses to questions provided will be considered unofficial and non-binding. Only written responses posted to the WEBS and Exchange website will be considered official and binding.

### 4.3 Mandatory and Desirable Requirements

- Sections of the RFP requiring a mandatory response are indicated with an "(M)"

- Sections of the RFP requiring a mandatory response and that will be scored are indicated with an “(MS)”
- Sections of the RFP where a response is desirable and that will be scored are indicated with a “(DS)”

#### **4.4 Delivery of RFP Responses**

Responses may be hand delivered, sent via US Mail, overnight courier, or email. Emailed responses must be accompanied by scanned or facsimile signatures, where required.

Responses must be received at the location specified in subsection 4.1, by the Response deadline identified in the RFP Schedule, Section 3 with an Exchange date stamp or other verification of delivery date/time. Regardless of the response method chosen, receipt of all required components prior to the response deadline will constitute compliance with the response requirements. Responses arriving after the deadline will not be reviewed or evaluated. Postmarking by that 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**

By responding to this RFP and returning the signed Certifications and Assurances in the Application Packet, the Vendor certifies willingness to comply with all terms and conditions contained in this RFP, including the Contract Terms and Conditions set forth in Appendix B, which is attached hereto and incorporated herein by reference.

#### **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 (see Subsection 4.13 below).



#### **4.8 Withdrawal of Response**

Vendors may withdraw a response which has been submitted at any time up to the response due date specified in the RFP Schedule. 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 submit another response at any time up to the response due date and 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. 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 deadline. In the event it becomes necessary to revise any part of this RFP, addenda will be posted on Washington's Electronic Business Solution (WEBS) system, will be posted on the Exchange website, and a notification sent through the Exchange website listserv. It is the Vendor's responsibility to ensure that they have reviewed and incorporated all changes to the RFP 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.

#### **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 deadline for response submission. Vendors are liable for all errors or omissions contained in their responses. Corrections submitted prior to the deadline must include the agency name and must 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 deadline.

#### **4.16 Selection of the Apparently Successful Vendor**

After evaluation of the proposals (Section 13: Evaluation Process), the HBE shall enter into a contract with the ASV to provide In-Person Assister Lead Organization services for the HBE.

This selection process will occur in two stages:

- Vendor Proposals will be evaluated based on **Mandatory Requirements, coded (M) or Mandatory Scored Requirements, coded (MS); or Desirable Scored Requirements, (DS)** in this RFP; **and**
- 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 and reserves the right to require finalists to present their In-Person Assister Network approaches and strategies in an oral presentation to the Exchange. In this case, the ASV will be selected from the two finalists.

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 the announcement letter is postmarked as identified in Section 3.

#### **4.18 Optional Vendor Debriefing**

All Vendors who submit a response to this solicitation 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 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. Discussion 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 may be conducted in person or by telephone and will be scheduled for a maximum of one (1) hour.

#### **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, in the conduct of an oral interview, 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 – 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 Lead Organization Requirements/Qualifications**

#### **5.1 Organization Overview and Anticipated Service Area (M)**

##### **5.1.1 Applicant Identification/Contact**

Provide the following:

- Full name of the Organization
- Address
- Name of the Proposal contact person
- Telephone number
- Email address
- Date organization was established (not required for public organizations)

- Washington UBI
- 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.)

## **5.2 General Requirements (M)**

The following minimum qualifications apply:

### **5.2.1 Experience/knowledge about ACA and WA laws**

Explain Organization's experience and knowledge about the Patient Protection and Affordable Care Act [ACA] and ESSHB 2319, Chapter 87, Laws of 2012 in Washington State. (Limit 350 words).

### **5.2.2 Ability to carry out duties**

Explain the organization's capability of carrying out the duties of a Lead Organization. (Limit 350 words)

### **5.2.3 Existing relationships with consumers**

If the Lead Organization proposes delivering any consumer services directly (using Lead Organization employees), describe existing relationships with, or how the organization could readily establish relationships with uninsured and underinsured consumers, including self-employed consumers likely to be eligible for enrollment in a QHP. (Limit 350 words)

### **5.2.4 Agreement to meet requirements**

If the organization is delivering all or a portion of the services directly, the Organization agrees to meet certification requirements prescribed by the HBE. (Yes/No)

### **5.2.5 Conflict of Interest Certification**

Organization does not have a conflict of interest with and agrees not to enter into any of the following business relationships that would create a conflict of interest during the term of this project. Is the Lead Organization:

- a. A health insurance issuer (yes/no);
- b. A subsidiary of a health insurance issuer (yes/no);

- c. An association that includes members of or lobbies on behalf of the insurance industry (yes/no); or
- d. Does the Lead Organization receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP? (Yes/No)

**5.2.6 Compliance with privacy and security standards**

Organization agrees to comply with privacy and security standards established by the HBE. Privacy and security standards are outlined in Appendix B - Contract Terms and Conditions. (Yes/No)

**5.2.7 Nonduplication of funding**

The Organization must attest that it will 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 federal funding are used to perform similar functions, the Lead Organization and In-Person Assister organizations are responsible for assuring appropriate recordkeeping is in place that accounts for the work performed under each fund source. (Yes/No)

**5.2.8 Background Checks**

Organizations providing In-Person Assister services, including one-on-one services to consumers under this HBE contract must have Background Check policies in place that meet the provisions for serving children and vulnerable adults as specified in RCW 43.43.830 and RCW 43.43.832. (Yes/No)

**5.2.9 Business Location**

Lead Organizations must have a business location that is physically located in the geographic service area to be overseen. (Yes/No)

**5.3 Organizational Experience (MS)**

**5.3.1 Mission, purpose, programs administered**

Provide Organization's mission statement or purpose and a description of the programs/services administered. (Limit 350 words)

### 5.3.2 **Service area**

- a. Specify the proposed county/counties to be managed and the length of time the Lead Organization has served the county/counties; and
- b. If proposing to serve as Lead Organization for a specific segment of the population, specify the population to be served, length of time serving this population, and estimate the number of individuals to be served.
- c. Provide data source used to estimate population size.

### 5.3.3 **Capacity to expand service area, if needed (DS)**

If HBE identifies service area gaps in adjoining county/counties, specify if the Lead Organization has capacity to serve additional county or counties and name the county/counties the organization has capacity to serve. (DS)

### 5.3.4 **Oversight of existing collaboration efforts**

Describe experience overseeing collaborative efforts in the past 3 years involving community organizations that deliver health care or social services in this service area. (Limit 350 words).

### 5.3.5 **Approach and communication with network**

Describe the approach the organization will use to coordinate the In-Person Assister Network, including regularly communicating with In-Person Assister organizations and disseminating program information. (Limit 350 words)

### 5.3.6 **In-Person Assister project/contract manager**

Identify the person responsible for project management, including overseeing In-Person Assister Organizations, contract management, performance monitoring, reporting, and serving as a communication link for the Exchange:

- a. Name (if position is filled)
- b. Position title
- c. Incumbent qualifications (brief work history and education) or position description and qualifications if the position is vacant (Limit 350 words)

#### **5.3.7 Experience delivering language services**

Describe the Organization's knowledge and experience delivering services that meet the language needs of consumers with Limited English Proficiency in the service area or plans to secure the appropriate resources to meet this need. (Limit 350 words)

#### **5.3.8 Experience delivering culturally appropriate services**

Describe the organization's experience delivering services that meet the needs of diverse, multi-cultural consumers in the service area or plans to secure the appropriate resources to meet this need. (Limit 350 words)

#### **5.3.9 History/approach of outreach experience**

Provide examples of outreach conducted in the past 3 years to meet the needs of target populations in the service area. Include the purpose of the outreach, population(s) targeted and a brief description of methods/approaches used. (Limit 350 words)

#### **5.3.10 Methods used to engage community and get feedback**

Describe methods used by the Organization to engage community members in the service area and to solicit input on community initiatives during the previous 12 months. (Limit 350 words)

## **6 Community Outreach/Awareness Requirements (MS)**

Lead organizations will submit a Community Outreach/Awareness Plan that provides a coordinated, strategic approach for conducting community outreach and awareness within the proposed service area. Outreach and awareness are intended to have a broad reach throughout the community, with specific efforts and steps in place to reach underinsured and uninsured populations in the service area that represent at risk or vulnerable populations, including populations with incomes at or below 400 percent of federal poverty level who may benefit from free or low cost health care coverage.

The Outreach/Awareness Plan may be considered a preliminary plan for proposal purposes. Organizations awarded a contract as a Lead Organization may revise the plan prior to or after contract execution in response to changing circumstances and opportunities as long as changes do not reflect a change in the overall scope of work reflected in the contract Statement of Work.



Websites/links below provide state and county-specific research and data that can be used to establish target populations. Other sources may also be used.

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

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

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

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

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

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

<http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Census-Data-.html>

(two sortable spreadsheets of the number and percent of uninsured by WA Public Use Microdata Area with additional info)

<http://www.cms.gov/Outreach-and-Education/Outreach/HIMarketplace/Social-Marketing-Research-for-the-Health-Insurance-Marketplace.pdf>

Target populations identified by the Lead Organization in the Outreach/Awareness Plan will be linked to higher compensation. As an incentive, a 25 percent payment differential is provided for organizations if 50 percent or more of enrollments represent a target population. (See Section 12 -Compensation for more information.)

Target populations identified by a Lead Organization need to align with data collected in the Healthplanfinder. Examples of the types of fields available include but are not limited to:

- Primary language other than English
- Income
- Ethnicity
- Gender
- Age
- Family status (Single, married, number of children)
- Disability
- Housing status (including homelessness)

Community outreach and awareness activities may include but are not limited to educational presentations, booths or presence at community events, targeted group presentations, kiosks, dissemination of information and material at various locations, etc. Organizations may designate staff to perform **only** community outreach and awareness, if desired.

### **6.1 Staff Responsible for Outreach/Awareness Planning and Oversight**

Identify the Lead Organization staff person responsible for managing Outreach/Awareness, including: developing and monitoring the plan, coordinating among In-Person Assister Organizations, and compiling a monthly activity report.

- a. Name (if position is filled)
- b. Position title
- c. Incumbent qualifications (brief work history and education) or position description and qualifications if the position is vacant (Limit 350 words)
- d. Describe individual's experience planning and/or delivering services to vulnerable populations, including those with Limited English Proficiency.

### **6.2 Community Outreach/Awareness Preliminary Plan**

Community outreach and awareness activities will be coordinated within the service area to leverage In-Person Assister Organization expertise and resources to the best and most efficient advantage.

Community awareness events are intended to reach a broad audience. Informing the community about the benefits available under the Exchange is the goal. Awareness activities do not need to offer application-enrollment as part of a specific activity.

Outreach activities are intended to be targeted to specific groups or populations and occur in a community-based location where the target group typically gathers. Application and enrollment assistance is usually available from a certified In-Person Assister as a part of outreach. Lead Organizations should ensure that In-Person Assister Organizations have the equipment and services to complete application-enrollment activities from remote locations. (Equipment purchases can be included as a line item in the Budget proposal – see 12.1 Budget.)

### **6.3 Target populations for outreach and awareness**

1. Identify the data sources used to identify target groups/populations (from Section 6 above or other sources).
2. Identify the populations/groups targeted for outreach events. Document for each group:
  - a. Estimated number in the target population.
  - b. Name(s) of In-Person Assister Organization(s) that will focus on the target population.
  - c. Outreach strategies and methods expected to be used to reach the target population.

3. Estimate the number of community **awareness** events to be held in the service area throughout the contract term, including the groups to be targeted and types of events to be planned.

(Note: An Outreach-Awareness Plan template is provided in the Application Packet to complete #2 and #3 of this question.)

#### **6.4 Language Access**

Explain how the Organization will assure In-Person Assisters will meet the language needs of individuals with Limited English Proficiency (LEP) addressing these elements:

- Identify consumer groups in the service area with Limited English Proficiency;
- Describe how the organizations will inform LEP consumers of language services available; (Limit 350 words)
- Interpreter and translation resources and/or approach to be used in service area; (Limit 350 words)
- Approach for assuring the use of qualified interpreters and/or bi-lingual staff. (Limit 350 words)

#### **6.5 Outreach/Awareness Partners (DS)**

The Exchange strongly encourages Lead Organizations to establish collaborative partnerships with existing organizations in the community that are not planning to serve as In-Person Assisters, but do provide outreach and education within the county related to health care, public services and programs, and/or health insurance. These partnerships leverage resources for both parties and do not involve the exchange of compensation. Examples include:

- SHIBA (Statewide Health Insurance Benefit Advisors) administered by the Office of the Insurance Commissioner
- County Health Departments
- Community or Technical Colleges
- School Districts
- Faith-Based Organizations
- Community Health Centers or Clinics
- Public Housing agencies

1. Identify the collaborative partnerships the organization has confirmed.
2. Identify the collaborative partnerships the organization is considering but has not confirmed.

## **7 Establishing the In-Person Assister Network (MS)**

The expectation and goal of the In-Person Assister Network is the timely and effective delivery of outreach, community awareness, and one-on-one application and enrollment assistance to consumers throughout a service area. The Exchange and its stakeholder community anticipates this will best be accomplished through the development of a network of In-Person Assister Organizations comprised of community-based organizations that, collectively, serve and interact with a broad base of consumers who are likely to be eligible for Exchange benefits and coverage options. The best strategy is to select In-Person Assister Organizations that have existing, effective relationships with populations who are uninsured or underinsured, including organizations that serve individuals who have experienced barriers to affordable health care coverage. In addition to offering one-on-one services during regular business hours in a variety of community settings, the In-Person Assister Network will optimally be available to serve individuals who need assistance outside this schedule.

Exchange stakeholders have also provided substantial input about the characteristics and qualities that organizations serving in the In-Person Assister role will need to deliver high quality, effective services to consumers, particularly consumers in at-risk groups. The Exchange strongly encourages Lead Organizations to use these criteria to evaluate organizations for inclusion in the network. These characteristics are outlined in Appendix D, Recommended In-Person Assister Organization Selection Criteria. Lead Organizations have the option to engage individual In-Person Assistors (not affiliated with an In-Person Assister Organization) at their discretion based on community needs and the Lead Organization's capacity to administer and oversee agreements with individuals. Individual In-Person Assistors must meet the same training and certification requirements as In-Person Assistors who work for a Lead or In-Person Assister Organization.

Lead organizations determine the number and type of organizations that balance the need for broad reach within the service area and overall program efficiency. There is no minimum or maximum number of organizations required. Lead Organizations may also allocate a portion of funds to agencies that provide only awareness and/or outreach. Organizations must also have the tools and technology services needed to access and enter application-enrollment information using the Washington Healthplanfinder. Training will be provided on how to use the Healthplanfinder application, but organizations need basic computer skills and the equipment/services and internet access necessary to perform this work.

To ensure confidentiality for consumers, organizations must meet with individuals in settings that assure sufficient privacy for a consumer and that assure the safety of the In-Person Assister. The Affordable Care Act identifies the following types of entities as possible In-Person Assister organizations:

- a. Community and consumer-focused non-profit groups
- b. Trade, industry and professional organizations
- c. Commercial fishing industry organizations, ranching and farming organizations
- d. Chambers of Commerce
- e. Unions
- f. Resource partners of the Small Business Administration
- g. Other public or private entities, including state or local human service agencies

### **7.1 Preliminary In-Person Assister Network**

In this section, the organization will provide a preliminary outline of the In-Person Assister Network proposed for the service area or designated population. It is expected that the final composition of the Network may change as final agreements are reached.

1. Describe the selection process and criteria the Organization used to select In-Person Assister Organizations, including if the Organization used the recommended criteria provided in Appendix D – Recommended In-Person Assister Organization Selection Criteria. (Limit 350 words)
2. Identify each In-Person Assister Organization to be included in the Network, and if the partnership is confirmed or pending. (Organizations providing community outreach or education only are not included.)
3. Provide a brief profile of each organization using the In-Person Assister Organization Profile template provided in the Application Packet.
4. If the Lead Organization proposes delivering services directly, include a description of the following (M):
  - a. Rationale for delivering services directly (Limit 350 words);
  - b. Scope of In-Person Assister work to be performed by the Lead Organization (Limit 350 words);
  - c. Proportion of the total consideration to be disseminated to In-Person Assister Organizations and proportion to be used by the Lead Organization.

## **7.2 In-Person Assister Organization Agreements (M)**

Explain the type of agreement the Lead Organization will use to document its partnership with In-Person Assister Organizations (Limit 350 words) or include a copy of a draft or final agreement in the Application Packet.

## **7.3 Public Engagement**

Describe how the Organization sought and used community and/or stakeholder input in selecting In-Person Assister Organizations. (Limit 350 words)

## **7.4 References**

The organization will request references using the Client Reference Form provided in the RFP Application Packet from two to four entities for whom the organization has performed work for compensation or has collaborated on a joint venture. The reference questions address the organization's capability to perform the work of a Lead Organization as well as the quality of work and reliability. Organizations selected to provide references will be instructed to return the completed form to the RFP Coordinator.

## **8 Training (MS)**

The Exchange will provide business process and system training needed to operate as an In-Person Assister to individuals from the Lead Organization using a train-the-trainer approach. Lead Organizations will be responsible for planning, arranging and delivering training to In-Person Assister Organization staff in their service area. (Lead Organizations may recruit trainers from In-Person Assister Organizations, if desired.) The Exchange will provide training material electronically to Lead Organizations. To ensure consistency statewide, Lead Organizations must use Exchange training material. This material may be supplemented by Lead Organizations if there are additional business processes or policies to be included.

In-Person Assisters will be required to pass a content-based certification exam prior to performing In-Person Assister duties. Screening and approving In-Person Assister candidates is the responsibility of the Lead Organization based on a candidate's combination of training, experience and the recommendation of an In-Person Assister Organization. Exchange stakeholders provided input on the knowledge, skills and competencies that make an In-Person Assister best suited to serve in this role. These guidelines are outlined in Appendix F. Prior to the certification exam, the Lead Organization will notify the Exchange training coordinator of the candidate(s) who have completed required training and meet the conditions necessary to proceed with the certification examination.

The Lead Organization will designate one or more subject matter experts in the service area to be available to In-Person Assisters if questions arise related to a complex case or consumer

situation. The subject matter experts may be from the Lead Organization or from an In-Person Assister Organization. Lead Organizations may also contact the HBE Program Manager or Training Coordinator for assistance as needed.

The HBE will develop, administer and score an In-Person Assister certification examination. The test will be comprised of a number of sections so that once a section is successfully passed, an individual need not retake that section. The exam also requires an individual to attest to a Code of Ethics and Privacy and Security Statement prior to certification. Once an individual passes all sections of the exam and acknowledges the Code of Ethics and Privacy and Security requirements, the HBE will establish system access and security in the Washington Healthplanfinder, including issuing an In-Person Assister Certificate and certification number.

In-Person Assister Organizations may designate staff who perform limited functions, such as community awareness or other support functions that do not include consumer application and enrollment support. Staff who do not perform application and enrollment assistance are not required to pass a certification exam and may be granted limited access in the Washington Healthplanfinder. Lead Organizations will notify HBE in a timely way of any staff changes that impact certification status or security so that system access and security can be administered (i.e., if an employee terminates employment or takes an extended leave).

Development of the training and certification components is currently under way and may consist of self-study, moderated webinars, and/or classroom training. We estimate the initial training will consist of 40-50 hours of training for those who need all modules. Lead Organizations may “waive” the training for certain modules if individuals have experience that satisfies module requirements; however, passing all modules of the certification exam is required.

Follow-up training will be necessary as additional federal guidance is received, or when system or process changes occur that need to be communicated to In-Person Assister Organizations. Lead Organizations may recruit trainers from In-Person Assister Organizations, if desired. Periodic recertification will also be required.

### **8.1 Training Experience**

1. Describe the Organization’s experience delivering training in the past three years. (Limit 350 words)
2. Describe the Organization’s experience delivering training related to health care coverage, health care programs (including Medicaid) or health insurance in the past three years. (Limit 350 words)

3. Identify the staff person responsible for managing Training, including developing the plan, coordinating among In-Person Assister Organizations, delivering training, and tracking In-Person Assister training.
  - a. Name (if position is filled)
  - b. Position title
  - c. Incumbent qualifications (brief work history and education) or brief position description and qualifications if the position is vacant (Limit 350 words)
4. Describe the process the Lead Organization will use to confirm that an In-Person Assister candidate has met the following conditions: (Limit 350 words)
  - Has the skills and competencies needed to perform effectively as an In-Person Assister;
  - Completed required training;
  - Verified language proficiencies, if the In-Person Assister will communicate with consumers in a language other than English
  - Has a background check on file with no disqualifying offenses that meets the provisions for serving children and vulnerable adults as specified in RCW 43.43.830 and RCW 43.43.832.

## **9 Performance Monitoring (MS)**

The Washington Healthplanfinder will provide data for tracking and reporting on key performance measures. This information and data will provide the HBE and its partners with valuable metrics that can be used to understand and improve systems and processes that facilitate enrollment and make it easier for customers to enroll and stay insured.

Enrollment data will be tracked and reported by numerous key performance measures, such as:

1. Number of applications
2. Number of total enrollments
3. Number of enrollments in QHPs
4. Number of QHP enrollments eligible for Advanced Premium Tax Credit
5. Number of individuals enrolled who speak a primary language other than English
6. Number of enrollments in Medicaid
7. Percent of all applications completed that result in enrollment
8. Average time to complete an application
9. Average time from application to enrollment



The HBE will compile data to report results of Lead Organization and In-Person Assister Organizations across measures as outlined above. HBE will make reports available to the Lead Organizations and In-Person Assister Organizations as they are developed. HBE will respond to requests for data and information from Lead Organizations to the extent resources allow.

Lead Organizations that are not making satisfactory progress toward enrollment targets or that are performing below average on key performance indicators among other Lead Organizations 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 contract if the organization is not making satisfactory progress toward performance targets and/or performing below average among Lead Organizations for six consecutive months.

Program integrity is assured by taking steps to reduce the risk of misconduct. Steps include verifying In-Person Assisters meet established guidelines, complete required training, acknowledge a Code of Ethics, and have background checks on file. Additional measures include ensuring consumers have an easy and transparent way to file complaints, occasional observation of In-Person Assister activities by Lead Organization staff and/or surveying consumers to get feedback about the services received.

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

### **9.1 Monitoring performance and program integrity**

Describe the approach the Lead Organization will use to monitor In-Person Assister Organization performance, program integrity, and service quality. (Limit 350 words)

### **9.2 Addressing misconduct**

Describe the steps the Lead Organization will take if misconduct is reported regarding an In-Person Assister or In-Person Assister Organization. (Limit 350 words)

### **9.3 Addressing below average performance**

Describe the steps the Lead Organization will take if an In-Person Assister Organization's results are below average for three or more consecutive months. (Limit 350 words)

## **10 Reporting Requirements (MS)**

The HBE and its stakeholders have identified some data elements that cannot be tracked in the Healthplanfinder systematically, but that will be valuable to In-Person Assister Organizations, Lead Organizations and the HBE. In-Person Assisters and Lead Organizations will be asked to assist by collecting data from consumers, compiling the data and submitting it to the HBE each month. This data will include program activities such as the number of community outreach/awareness events conducted and the groups/populations reached. It will also include, but not be limited to, key consumer demographics, such as:

- Consumer education level
- Number of times an individual has moved in the last 12 months
- Number of months/years since an individual/family was last enrolled in health care coverage
- If currently covered, type of coverage (direct pay coverage for individual or household; employer sponsored or public program)
- How/where the consumer receives care (primary care physician; community health center or clinic; ER; or has not received care in the last 12 months)
- If not enrolling in the HBE coverage, the reason

The HBE will provide tools for Lead Organizations to collect and submit this data electronically. The HBE will also develop a “dashboard” or “scorecard” tool to use for internal and external communication that combines several key In-Person Assister performance indicators in a single, easy to understand visual. The HBE may also share program data and results with stakeholders and post reports on the public website that identify Lead and In-Person Assister Organizations (but not individual In-Person Assisters).

Consumers and In-Person Assisters will also be an important source of information to the HBE, offering first-hand experience with system issues and barriers to enrollment. Providing a structured way for consumers and In-Person Assisters to share this input directly to the Exchange is important for the HBE to implement program and system improvements.

### **10.1 Data Collection and Meeting Reporting Requirements**

Describe the process the Lead Organization will use to collect required data from In-Person Assister Organizations and provide timely reports to the HBE as described above. (Limit 350 words)

### **10.2 Facilitating Feedback to the HBE**

Describe the approach the Lead Organization will establish for consumers and In-Person Assisters to provide feedback directly to the HBE Program Manager. (Limit 350 words)

## **11 Complaint Resolution (MS)**

The HBE expects that Lead and In-Person Assister Organizations will have processes in place to quickly and efficiently resolve consumer complaints as they arise related to In-Person Assister services. In the event that an In-Person Assister Organization cannot resolve a consumer complaint to the satisfaction of a consumer, a process must be established for the Lead Organization to objectively review the complaint and make a determination.

### **11.1 Lead Organization Complaint Resolution**

Describe the complaint resolution options and processes available to consumers as it relates to In-Person Assister services. (Limit 350 words)

### **11.2 Consumer Complaint Resolution Options**

Describe the approach the Lead Organization will use to inform consumers about the complaint resolution options and processes available, including a review by the Lead Organization. (Limit 350 words)

## **12 Compensation (MS)**

Through a Federal Exchange Establishment Grant, the HBE is providing six million dollars in initial funding for In-Person Assister contracts. To determine how to allocate funding geographically, the HBE analyzed Washington's population data as it relates to HBE criteria. This analysis looked at population by county, household income level, and insurance coverage to project the portion of resources a given county would receive. A broad needs-based index was developed by calculating the following variables and weights as a measure of the need for services in each county:

Population	20%	Household population
Population below 400% of FPL	40%	Household population
Uninsured	40%	Individuals

The resulting index was applied to the six million dollars to calculate allocations for each County. Likewise, the In-Person Assister Program goal of 70,000 enrollments by December 31, 2014 was also distributed across counties using the same broad needs-based index to establish corresponding enrollment targets. The following table identifies the broad needs-based index for each county, the corresponding funds available per county, and the enrollment target.

County	Portion of WA Population	Broad Needs Based Index	Estimated Allocation	Enrollment Target
King	30.3%	27.4	\$1,644,000	19,180
Pierce	11.5%	11.5	\$690,000	8,050
Snohomish	10.2%	9.8	\$588,000	6,860
Spokane	7.2%	7.5	\$450,000	5,250
Clark	6.0%	6.0	\$360,000	4,200
Thurston	3.8%	3.6	\$216,000	2,520
Kitsap	3.7%	3.6	\$216,000	2,520
Yakima	3.1%	4.3	\$258,000	3,010
Whatcom	3.0%	3.1	\$186,000	2,170
Benton	2.4%	2.4	\$144,000	1,680
Skagit	1.8%	1.9	\$114,000	1,330
Cowlitz	1.5%	1.7	102,000	1,190
Island	1.3%	1.2	\$72,000	840
Clallam	1.2%	1.3	\$78,000	910
Grant	1.1%	1.5	\$90,000	1,050
Lewis	1.1%	1.2	\$72,000	840
Grays Harbor	1.1%	1.3	\$78,000	910
Chelan	1.0%	1.2	\$72,000	840
Mason	0.8%	0.9	\$54,000	630
Franklin	0.8%	1.1	\$66,000	726

Walla Walla	0.8%	0.9	\$54,000	630
Stevens	0.7%	0.7	\$42,000	490
Kittitas	0.6%	0.7	\$42,000	490
Okanogan	0.6%	0.8	\$48,000	560
Whitman	0.6%	0.6	\$36,000	430
Jefferson	0.6%	0.6	\$36,000	430
Douglas	0.5%	0.6	\$36,000	430
Pacific	0.4%	0.4	\$24,000	280
Asotin	0.3%	0.4	\$24,000	280
Klickitat	0.3%	0.4	\$24,000	280
Adams	--	--	\$10,000	116
Columbia	--	--	\$10,000	116
Ferry	--	--	\$10,000	116
Garfield	--	--	\$10,000	116
Lincoln	--	--	\$10,000	116
Pend Oreille	--	--	\$10,000	116
San Juan	--	--	\$10,000	116
Skamania	--	--	\$10,000	116
Wahkiakum	--	--	\$10,000	116

## Payment Model

To encourage a results-oriented In-Person Assister Program, the HBE is adopting a compensation approach under which Lead Organizations will be paid 50 percent of the total compensation in equal monthly increments and 50 percent of the total compensation upon achieving established enrollment goals.

The HBE will pay the outcome-based compensation upon achievement of three established enrollment targets. Performance target one will equal one-third of the overall target; performance target two will equal two-thirds of the overall target; and performance target three will equal the total target. Lead Organizations can earn partial payments for performance target two or three if the goal has been only partially met at the end of the contract period. If, however, the Lead Organization does not achieve the first target, no outcome-based payments will be paid. The partial payment provision has been included to ensure that Lead Organizations are not unduly penalized for failing to meet 100 percent of their outcome targets. Lead Organizations may invoice the HBE for an outcome-based payment as soon as the target is achieved.

Outcomes that contribute to the target are those for which an In-Person Assister assisted with the initial application and/or completed the enrollment for coverage in a Medicaid program or a QHP. A QHP enrollment can be counted if the In-Person Assister completed the initial application/profile and then the enrollment was completed by the applicant on their own or with the assistance of another consumer assistance representative, such as an agent/broker, call center representative, or another In-Person Assister. The Washington Healthplanfinder will track In-Person Assister actions. Data from the Healthplanfinder will be used as the source for determining if targets are achieved.

### Example:

If a Lead Organization has been granted a \$360,000 contract, half of the funding will be paid in monthly payments (\$10,000 per month X 18 months), and \$180,000 will be tied to achieving enrollment targets. In this example, the Lead Organization has an enrollment target 4,200. The first enrollment target is set at 1,400; the second enrollment target is 2,800 (including those from enrollment target one); and the third enrollment target is 4,200 (including those from enrollment targets one and two). Once a Lead Organization meets the first target of 1,400 enrollments, the organization can request payment for achieving the first enrollment target, and so on.

If 50 percent or more of a Lead Organization’s enrollments are from a target population (as identified in the Outreach Plan completed by each Lead Organization) the payment will reflect a 25% differential. An example is depicted below:

**Example: Total consideration = \$360,000**

Base Compensation (50%) \$10,000 per month x 18 months (\$180,000)	Outcome-Based Compensation (50%)		
	4,200 Enrollments	Less than 50% in Target Population	50% or more in Target Population
	Target 1 – 1,400	\$48,000	\$60,000
	Target 2 – 2,800	\$48,000	\$60,000
	Target 3 – 4,200	\$48,000	\$60,000
\$180,000		\$144,000	\$180,000

**Proportional Split of County Funds**

If two or more Lead Organizations are selected to serve in a single county, the HBE will establish Lead Organization allocations and enrollment targets based on a proportional split of the county funds relative to the estimated proportion of the county population each Lead Organization is expected to serve.

**Lead Organizations serving more than one county**

If a Lead Organization is serving more than one county, the allocations for all counties in the Lead Organization’s service area will be combined. Enrollment targets will be established for each county.

**12.1 Budget Proposal (MS)**

The Lead Organization will include a budget proposal showing projected In-Person Assister costs across major budget categories. The proposed budget for a county may not exceed the total estimated allocation for the county displayed on pages 36-37. If Lead Organizations are contributing staff or other in-kind resources to accomplish a portion of contract activities, these in-kind resources can be entered on the worksheet under the “In-Kind” heading using the appropriate expense category.

Budget categories include but are not limited to:

- Lead Organization number of positions and total staff costs (including salaries, benefits and other employee costs)
- Lead Organization supplies/equipment costs
- Lead Organization travel/transportation expenses
- Other overhead and administrative expenses
- Language and/or disability access services
- In-Person Assister Organization compensation
- In-Person Assister Organization equipment

### 12.2 Compensation Approach for In-Person Assister Organizations (M)

Lead Organizations will serve as funding agent for the HBE and will be responsible for compensating In-Person Assister Organizations (and where utilized, individual In-Person Assisters not affiliated with an organization) within the Lead Organization’s service network.

Lead Organizations are encouraged to adopt an approach similar to the HBE’s Lead Organization payment model for compensating In-Person Assister Organizations to assure all organizations are incented for meeting enrollment targets and to assure fair, consistent compensation for In-Person Assister Organizations statewide. Lead Organizations may also allocate a portion of funds to agencies that provide only awareness and/or outreach.

**Example:**

Lead Organization total compensation:	\$360,000
Amount withheld for Lead Organization responsibilities	\$ 50,000
Amount allocated to awareness/outreach partners	\$ 50,000
Total to be allocated to In-Person Assister Organizations	\$260,000
Lead Organization enrollment targets	4,200

<b>In-Person Assister Organization</b>	<b>Percent of Total (\$260,000)</b>	<b>In-Person Assister Organization Compensation</b>	<b>Percent of total Target (4,200)</b>	<b>In-Person Assister Organization Target</b>
Organization A	10%	\$26,000	10%	420
Organization B	20%	\$52,000	20%	840
Organization C	25%	\$65,000	25%	1,050
Organization D	5%	\$13,000	5%	210
Organization E	30%	\$78,000	30%	1,260
Organization F	10%	\$26,000	10%	420
<b>TOTALS</b>	<b>100%</b>	<b>\$260,000</b>	<b>100%</b>	<b>4,200</b>



Throughout the contract period, Lead Organizations may adjust compensation amounts and targets among In-Person Assister Organizations if needed to meet consumer demand and In-Person Assister Organization performance outcomes. Agreements with In-Person Assister Organizations may be discontinued by a Lead Organization, and new In-Person Assister Organizations may be added.

If a balance remains in compensation available to In-Person Assister organizations due to organizations not achieving enrollment targets or not receiving the target population differential, the Lead Organization may redistribute the funds to organizations with higher than expected demand and outcomes, may establish new agreements to meet an unmet need, may increase outreach-awareness efforts, or otherwise reallocate the remaining funds for activities related to increasing enrollments. Lead Organizations may not compensate In-Person Assister Organizations or In-Person Assisters on a per enrollment basis.

### **12.3 Preliminary allocation model (MS)**

The Lead Organization will outline the allocation model it proposes. If an approach other than the model provided above is used, the approach must reflect fair and consistent compensation among organizations providing similar services. A Budget/Allocation template is provided in the Application Packet for completing this element.

## **13 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 Desirable Requirements shall be accomplished by an evaluation team to be designated by the HBE, which will determine the ranking of the responses.

### **13.1 Clarification of Response**

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

### 13.2 Evaluation Weighting and Scoring

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

Activities and Requirements (Sections 5-11)	75%	500 points
Financial Quotation (Section 12)	25%	<u>125 points</u>
	Grand Total	<u>625 Points</u>

### 13.3 Administrative Screening

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

### 13.4 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.

### 13.5 Qualitative Review and Scoring

Responses that pass the administrative screening and mandatory requirements review will be evaluated and scored based on responses to the scored Mandatory Scored and Desirable Scored Requirements in the RFP.

### 13.6 Desirable Evaluation

Each scored element in the Activities and Requirements Sections (Sections 5 through 11) 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 13.8, *Vendor Total Score*.

Evaluation points will be assigned to each question as follows:

0	Unsatisfactory	Response does not demonstrate service or skills identified.
1	Below Average	Response demonstrates skills and services identified at a minimal level.
2	Average	Response demonstrates the skills and capability to perform the service satisfactorily.
3	Above Average	Response clearly demonstrates skills and capabilities to perform services well.
4	Exceptional	Response demonstrates skills and capability to perform services at a level beyond what is required.

Sections 5 through 11 of the RFP will have maximum weighted scores as follows:

RFP Section #	Category/Details	Max. Score
5	General Requirements/Organizational Experience	100
6	Community Outreach/Awareness Requirements	96
7	In-Person Assister Network	96
8	Training	64
9	Performance Monitoring	48
10	Data Collection and Reporting	48
11	Complaint Resolution	48
	<b>MAXIMUM TOTAL SCORE</b>	<b>500</b>

### 13.7 Financial Response Evaluation

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

0	Unsatisfactory	Vendor’s cost proposal exceeds the county/counties total allocation.
1	Below Average	Vendor’s cost proposal equals the county/counties allocation.
2	Average	The Vendor’s cost proposal is 1-5% under the county/counties allocation.
3	Above Average	The Vendor’s cost proposal is 1-5% under the county/counties allocation and includes in-kind contributions of 5% or more of the proposed cost.
4	Exceptional	The vendor’s cost proposal is 6% or more under the county/counties allocation and includes in-kind contributions of 5% or more of proposed cost.

Section 12 (Budget Proposal) of the RFP is a mandatory response element and will have a maximum weighted score as follows:

RFP Section #	Category/Details	Max. Score
12	Budget Proposal/Allocation Model (Section 12)	125

### 13.8 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
5-11	Lead Organization Requirements and Responsibilities Total	500
12	Budget Proposal/Allocation Model	125
	<b>Maximum Total Score</b>	<b>625</b>

### **13.9 Notification to Proposers**

Firms whose responses have not been selected for award will be notified by FAX or by e-mail.

## **14 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.

**Desirable Scored (DS)** shall mean a non-mandatory and optional requirement that is requested by the HBE, is considered important to the project, and desirable, and the response will be scored.

**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 In-Person Assister activities in a geographic area or for a targeted population.

**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 scored.

**In-Person Assister** 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 for the first year will occur from October 1, 2013 until March 31, 2014. Open enrollment for the second and subsequent years will be from October 15 through December 7 of that year.

**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.

**Personal 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.

**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.

## **15 Appendices**

**15.1 Appendix A – Conflict of Interest Standards**

**15.2 Appendix B – Proposed Contract Terms and Conditions**

**15.3 Appendix C – Protests and Procedures**

**15.4 Appendix D – Recommended In-Person Assister Organization Selection Criteria**

**15.5 Appendix E – In-Person Assister Organization Profile Sample**

**15.6 Appendix F – In-Person Assister Knowledge, Skills and Competencies Guidelines**

**15.7 Appendix G – In-Person Assister Code of Ethics**

**15.8 Appendix H – In-Person Assister Responsibilities**