
YOUR HEALTH IDAHO REQUEST FOR APPLICATIONS

ENROLLMENT SERVICES FOR YOUR HEALTH IDAHO

**FOR ANY AND ALL NOTIFICATIONS, RELEASES AND AMENDMENTS ASSOCIATED
WITH THE RFA:**

Contact:

Pat Kelly

Executive Director

Your Health Idaho

RFA@yourhealthidaho.org

RFA Response Checklist

RFA Response Checklist: These items **MUST** be included in your response to this RFA:

- _____ 1) One clearly marked original response, one electronic copy of the complete proposal.
Please **DO NOT** include a copy of the RFA.

- _____ 2) Proposal Transmittal Letter

Including the required vendor information:
 - 1. Company Name
 - 2. Name and title of person who would sign the contract
 - 3. Name and title of the company contact person (if different)
 - 4. Contact person: direct telephone number, fax number & email address

- _____ 3) Business History, References and Previous Work

- _____ 4) Proposed Subcontractor Information

- _____ 5) Acknowledgement and Commitment to Contract Time Period

- _____ 6) Completed Application (Exhibit A)

SECTION 1: INTRODUCTION

PURPOSE OF REQUEST FOR APPLICATION

The Idaho Health Insurance Exchange dba Your Health Idaho (“YHI”) is seeking Applications for Enrollment Entity Services (“Application”) to provide assistance to Idahoans as they review, compare and enroll in Qualified Health Plans (QHPs) using the YHI Web-based system. This RFA process is intended to solicit binding proposals from organizations that have demonstrated an interest in the Application and have been deemed qualified to perform the work.

This RFA is for Enrollment Entity Services including Navigators, In-Person Assistors and Certified Application Counselors.

The Affordable Care Act (ACA) created the establishment of the three types of application and enrollment support. All three groups serve a similar purpose for consumers, although operationally the ACA establishes key differences:

- States are statutorily required to have a navigator program; certified application counselor programs are optional.
- States must finance navigator grants from sources other than their federal exchange establishment grants
- Certified Application Counselors do not receive funding

For the 2021 Open Enrollment period, from the Applications received, YHI selects organizations to serve as Enrollment Entities (“Entities”) to provide consumer assistance. YHI will make the following designations:

- Some organizations as “Navigator entities” as required by the ACA and pay them with operational funds;
- Some organizations as “Certified Application Counselor (CAC) entities” and will not provide funding to these organizations.

Moving forward, all selected organizations will be referred to as Entities. Individuals from those organizations that are trained and certified will be referred to as “Enrollment Counselors or Consumer Connectors” – There is NO difference between the two designations for the consumer –Navigator and CAC will be back-office terminology only.

YHI’s commitment to a primary referral path to agents and brokers has not changed. Enrollment Entities will be required to develop plans to integrate agent and brokers relationships and referrals into their activities.

General Terms

YHI expressly reserves the right to not award a contract pursuant to this RFA. YHI is not obligated to pay any costs incurred in the preparation of this proposal or in subsequent negotiations. Contracts awarded pursuant to this RFA will not include minimum guarantees of funding and will include payments based on actual work performed as requested.

The issuance of this RFA does not constitute an assurance by YHI that any contract will be entered into by YHI, and YHI expressly reserves the right to:

- Waive any immaterial defect or informality in any response procedure;
- Reject any and all applications;
- Request additional information and data from any or all applicants;
- Supplement, amend, or otherwise modify the RFA or cancel this request with or without the

- substitution of another RFA;
- Disqualify any applicant who fails to provide information or data requested herein or who provides inaccurate or misleading information or data;
 - Disqualify any applicant on the basis of any real or apparent conflict of interest;
 - Disqualify any applicant on the basis of past performance on other projects;
 - Prior to the response time, YHI may meet with and consult with some or all of the potential applicants to this request;
 - YHI may negotiate with any applicant to this RFA and shall have the sole discretion to choose the best combination of qualifications for the Project and Services;
 - YHI shall have the sole discretion to select one, none or several different entities to provide the Services, or portions thereof, as described in this RFA;
 - By responding to this request, each applicant agrees that any finding by YHI regarding any fact in dispute as to this proposal or the responses thereto shall be final and conclusive except as provided herein.

BACKGROUND

Signed into law by President Obama on March 23, 2010, the ACA required States to begin operating a Health Insurance Exchange by January 1, 2014 or to allow the federal government to operate an Exchange on their behalf. In legislation adopted in March of 2013, the State of Idaho established its own Exchange, the Idaho Health Insurance Exchange, now known as YHI. YHI provides Idaho residents with the opportunity to compare health plans based on rates, benefits, and quality and to enroll in the product that best suits their needs.

A critical element of the on-going success of YHI is establishing partnerships with Entities willing and prepared to provide outreach, education and assistance as Idahoans shop, compare and choose health plans that fit their needs and budgets.

SECTION 2: RFA GUIDELINES

A. ADMINISTRATION OF THE RFA

This RFA is issued by Your Health Idaho. All letters of intent should be submitted electronically to Executive Director

Pat Kelly

RFA@yourhealthidaho.org

B. APPLICATION TIMETABLE

Request for Application issued: July 22, 2022

Deadline for submission of questions: July 29, 2022

Responses to questions posted: August 5, 2022

Closing date for receipt of application: August 12, 2022

Target date for selection notification: August 26, 2022

Target award date: September 2, 2022

C. COMMUNICATIONS

From the issue date of this RFA until successful Applicants are selected and announced, Applicants may communicate only with the Director of Operations for questions, information and clarification surrounding this RFA.

D. APPLICATIONS

1. General Guidelines and Additional Information

- Every Enrollment Counselor working on behalf of an Enrollment Entity will be required to submit to a background check.
- Costs for the development of proposals are the sole responsibility of the Applicant. All Applications become the property of the YHI.
- Applications **MUST BE SUBMITTED ELECTRONICALLY**. This is required.
- Applications may be delivered to:

Pat Kelly
Executive Director
RFA@yourhealthidaho.org
Your Health Idaho

2. Application Format

APPLICANT INFORMATION SHEET

1. Name of the entity/organization
2. Mailing address
3. Street address
4. Company Federal ID Number (or if an individual, social security number)
5. Name and title of person who would sign the contract
6. Name and title of the company contact person (if different)
7. Contact person: direct telephone number & email address
8. Three (3) references: Name, title, phone number and email address

3. Discussions

Discussions may be conducted with Applicants who submit proposals determined to be reasonably susceptible to being selected. The discussions shall be for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements.

4. Evaluation Criteria

The evaluation team will determine which Applications satisfy the requirements of this RFA by considering the experience, expertise and suitability of the Application as submitted.

5. Award

Award shall be made to the responsible Applicant whose proposal is determined to be the most advantageous to YHI taking into consideration price and evaluation factors set forth in this Request for Application.

The selected Applicants will work directly with the YHI Operations Department in performing the tasks for this project. Specific project oversight and direction will be provided by the Director of Operations, with coordination by the Consumer Connector Coordinator.

6. Confidentiality of Information

The Contractor, its officers, agents and employees, and subs, shall treat all information which is obtained by it through its performance under a Contract, as confidential information, to the extent required by the laws of the State of Idaho and the United States. Individual identifiable information shall not be disclosed without prior written approval of the Executive Director. The use of information obtained by the Contractor in the performance of its duties under this agreement shall be limited to purposes directly related to the requirements of the contract, unless expanded by agreement between the contractor and the Executive Director.

7. Proprietary Information

YHI assumes no liability for disclosure of proprietary material submitted by applicant. Proposal submittals may be considered public documents under applicable state law except to the extent portions of the submittals are otherwise protected under applicable law. Any specific items of information that is a trade secret and which is included in a response to this RFA shall be segregated by applicant from the other portions of the RFA response and labeled as such. Applicant shall not label an entire document as a “trade secret,” merely because a portion of that document is or may be a trade secret. If any trade secret information becomes the subject of a public records or other such request for production, YHI will notify the applicant and, upon the execution of an agreement to defend and indemnify YHI, will allow the applicant to address the public records or other request on behalf of YHI in the appropriate forum.

EXHIBIT A

PART I: ORGANIZATION CHARACTERISTICS

1. For organizations, which category best describes you?

A.) An organization or association that serves businesses

B.) An organization that serves individuals and families

C.) Both the first and second options

D.) Other Please describe: _____

2. For organizations, how many employees does your organization employ?

Part-Time: _____

Full-Time: _____

Total FTEs: _____

PART II: YOUR POPULATION

1. Please describe the general population that you serve.

- A.) Geographic region (e.g., Elmore County)
- B.) Target population(s) (e.g., homeless, low-income)
- C.) Specific needs of your population(s) (e.g., language or literacy barriers)
- D.) Agencies/organizations you collaborate with
- F.) Number of families you serve annually
- G.) Number of for-profit businesses you serve annually
- H.) Number of non-profit businesses you serve annually

2. Please indicate the likelihood of your target population to self-enroll in the Idaho Health Insurance Exchange (either by phone or website).

- A.) Not at all likely
- B.) Not likely
- C.) Likely
- D.) Very likely
- E.) Not sure

3. If you perceive your population as needing assistance to enroll, please describe what barriers they face to self-enrolling (e.g., lack computer access or internet access, language barriers, literacy difficulties).

4. Please indicate the percentage of your target population that fits within the below characteristics (if known).

- A.) Receives publicly subsidized medical coverage
- B.) Is uninsured
- C.) Is underinsured
- D.) Is insured through individually purchased private insurance
- E.) Is self-employed and covered by health insurance
- F.) Receives federal subsidized medical coverage (e.g., Medicare, Medicaid)
- G.) Obtains health coverage through an association
- H.) Is insured through employer (small group market)
- I.) Is insured through employer (large group market)

PART III: CURRENT & POTENTIAL CAPACITY TO PROVIDE ASSISTANCE

1. Please indicate the Education and/or Outreach services you currently offer (if applicable).

- A.) In Person (Yes/No/NA)

B.) Phone (Yes/No/NA)

C.) Online (Yes/No/NA)

2. Please indicate the number of staff trained and currently conducting Outreach and/or Education.

A.) Total # of employees

B.) Total # of FTE

C.) Total Staff hours/week

3. Please indicate the services you currently offer (if applicable) in providing enrollment assistance for subsidized medical coverage.

A.) In Person (Yes/No/NA)

B.) Phone (Yes/No/NA)

C.) Online (Yes/No/NA)

4. Please indicate the number of staff trained and currently providing enrollment assistance.

A.) Total # of employees

B.) Total # of FTE

C.) Total Staff hours/week

5. Please indicate the services you currently offer (if applicable) in other enrollment assistance (e.g., applying for non-subsidized coverage or other benefits, please specify below in the box).

A.) In Person (Yes/No/NA)

B.) Phone (Yes/No/NA)

C.) Online (Yes/No/NA)

6. Please indicate your organization's CURRENT hours of service (indicate all that apply)

A.) In Person

B.) Phone

C.) Online

7. Please indicate your POTENTIAL FUTURE hours of service that you could dedicate to providing enrollment assistance.

8. Please indicate what resources you currently have in place (and available for Exchange purposes), and what you would need to provide enrollment assistance.

PART IV: INTEGRATING AGENT AND BROKER REFERRALS AND RELATIONSHIPS INTO ACTIVITY PLAN

As part of YHI's goal to offer the best service to Idahoans, Enrollment Entities are encouraged to develop professional relationships with a variety of agents and brokers in the state in order to refer clients to agents who can legally recommend plans. Developing these relationships will also allow agents to use Enrollment Entity services to help underserved populations and those who do not qualify for Tax Credits identify support services if they cannot afford insurance.

Describe your organization's plan to integrate agent and broker referrals and relationships into your activities.

PART V: EXPERIENCE AND QUALIFICATIONS

Along with completion of Exhibit A, YHI is seeking consultants who have certain experience and qualifications. Applicants should describe the following: (Attach answers on separate sheet.)

- Knowledge of Idaho health insurance individual market;
- Familiarity with the Affordable Care Act regulations and policy guidelines as relate to insurance exchanges;
- Previous experience in Idaho or other state(s) functioning as an assister for a health insurance exchanges;
- Previous experience working with public insurance programs (e.g., Medicaid, Medicare);
- Previous experience working with under-served or vulnerable populations;
- Proficiency, verbal and written, in languages other than English (please name each language and level of fluency);
- Number of years in business and average number of employees in the past year;
- Any other state or federal grants awarded to the organization;
- Does your organization conduct FBI fingerprint background check on staff that would serve in an Enrollment Counselor role? If not, does your organization conduct any other background checks; please explain.
- Discussion of why you believe your organization is uniquely suited to serve Idahoans and should be selected as an Enrollment Entity by YHI