

**COMMONWEALTH OF VIRGINIA
State Corporation Commission Health
Benefit Exchange Division Request for
Applications (RFA)**

NAVIGATOR PROGRAM SERVICES

A. Summary: The Virginia State Corporation Commission (Commission), Health Benefit Exchange Division (HBE), seeks applications from entities and individuals who are, or seek to be, certified and registered under state and federal law for the provision of Navigator program services pursuant to § 38.2-6513 of the Code of Virginia (Code). Navigators for the HBE offer assistance to consumers to shop for and enroll in coverage on the Exchange and help them apply for financial help. Navigators facilitate the enrollment of uninsured and underinsured individuals in Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) offered on the Exchange and facilitate enrollment for those eligible for the Family Access to Medical Insurance Security Plan (FAMIS) and the State Medicaid Program. Navigators serve a critical role in supporting Virginians' access to health insurance coverage. The purpose of this RFA is to award grant funding to entities or individuals to assist the Commission in executing its Navigator program for the Plan Year 2023, including the open enrollment period beginning November 1, 2022.

B. Background: The HBE is responsible for facilitating the purchase and sale of qualified health plans and qualified dental plans, to support the continuity of coverage and reduce the number of uninsured Virginians.

The HBE presently operates as a State-Based Exchange on the Federal Platform (SBE-FP) and relies on the Federal Platform for performing certain Exchange functions, such as eligibility and enrollment. Healthcare.gov is an online marketplace through which qualified individuals can shop for, compare, and enroll in qualified health insurance coverage, access subsidies and cost sharing assistance, and through which qualified employers may enroll eligible employees directly through qualified health plan issuers, qualified dental plan issuers or licensed agents. During and after the HBE's transition to a full Virginia-based exchange, the HBE is responsible for performing consumer outreach and assistance functions.

There are a number of key differences for the Navigator Program in the Plan Year 2023 coverage year:

1. For Plan Year 2023, Virginians will continue to use the Healthcare.gov platform to enroll in qualified health plans and access financial help. During this time, the HBE will be transitioning to a full State-based Exchange (SBE) on a new Virginia-specific platform for Plan Year 2024.

The transition to a full SBE consists of a myriad of activities including:

- establishing a new name, brand identity, and logo;
- development and publication of a stand-alone website;
- migrating consumer and plan data from healthcare.gov to the new exchange platform; and,

- Launching a new exchange platform and consumer assistance call center.

Navigators for the HBE in Plan Year 2023 will be a crucial partner helping the HBE conduct consumer outreach and education related to the transition. This outreach and education will include, but is not limited to, educating consumers about the new name, brand identity and logo, referring consumers to the new HBE website and consumer assistance services when and where appropriate, educating consumers about the HBE's transition to an SBE, and providing assistance to consumers to access their accounts once the new exchange is live.

2. On April 12, 2022, the Secretary of Health and Human Services renewed and extended the national public health emergency (PHE) through at least July 15, 2022. Throughout the PHE, Medicaid agencies have continued coverage for all medical assistance programs, even for those no longer eligible. When the PHE officially ends, individuals' Medicaid or FAMIS eligibility will need to be redetermined and those found ineligible will lose coverage.

Navigators will be instrumental in helping individuals retain coverage by assisting consumers with the transition to Exchange coverage, renewing Medicaid or FAMIS coverage, or providing referrals to enroll in other health coverage options. Though it is not known when the PHE will officially end, Medicaid agencies will be given 60-days' notice before any expiration or termination of the PHE and will be given 12 months to conduct redeterminations.

C. Requirements of the Plan Year 2023 Navigator Program: Navigators shall comply with any and all requirements of both federal and Virginia law (see 45 C.F.R. §155.205-155.215; and §§ 38.2-3445 *et seq.* and 38.2-6500 *et seq.* of the Code).

In accordance with § 38.2-6513 of the Code, Navigators will carry out the following duties:

1. Conduct public education activities to raise awareness of the availability of qualified health plans, qualified dental plans, the State Medicaid Program and FAMIS;
2. Distribute fair and impartial information concerning enrollment in qualified health plans; qualified dental plans; the State Medicaid Program and FAMIS; the availability of premium tax credits under § 36B of the Internal Revenue Code of 1986; and cost-sharing reductions under § 1402 of PPACA;
3. Provide in-person assistance, which may be provided remotely as allowed by federal or state guidelines, to facilitate enrollment in qualified health plans, qualified dental plans, the State Medicaid Program and FAMIS;
4. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under § 2793 of the federal Public Health Services Act (PHSA), or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding a health benefit plan, coverage, or a determination under that plan or coverage;

5. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the SBE-FP and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act (P.L. 101-336) and § 504 of the Rehabilitation Act as required by 45 C.F.R. § 155.210;

6. Assist consumers with post-enrollment activities, including completing verification requests, accessing Special Enrollment Periods, accessing health insurance related tax forms, and assisting with complex cases and appeals.

D. Information to be Included in the Response: Entities or individuals applying for grant funding for the Navigator Program must provide the information set forth below.

1. Qualifications and Experience: Respondents must affirm and demonstrate their ability to meet the following requirements:

a. Respondent corresponds to at least one of the categories under 45 C.F.R. § 155.210(c)(2) to provide Navigator services and is not disqualified therefrom pursuant to 45 C.F.R. § 155.210(d) and § 38.2-3455 *et seq.* of the Code.

b. Respondent has the ability to meet the Navigator duties set forth in § 38.2- 6513 of the Code and 45 C.F.R. § 155.210(e);

c. In accordance with § 38.2-6513 (C) of the Code and 45 C.F.R. § 155.210(c)(ii), Respondent has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;

d. Respondent has relevant experience executing an outreach program for the Commonwealth of Virginia or another state, including experience in communicating with, educating, and facilitating enrollment of qualified individuals in a public health program. Respondent should demonstrate prior success with: 1) providing in-person education and outreach activities to; 2) the existence of an established presence with; and 3) experience serving as a trusted source of information for the Exchange's target populations and communities;

e. Prior to the commencement of Navigator activity, Respondent has or will have a valid Navigator registration in accordance with §§ 38.2-3455 *et seq.* of the Code and individual staff have or will have successfully completed any and all required Navigator training and certification programs;

f. Respondent and any staff will not have a conflict of interest during its term as a Navigator entity as set forth in 45 C.F.R. §155.215(a). If a conflict of interest occurs (including receipt of payment or other consideration from a health insurance issuer in connection with enrollment of individuals or employer groups), the Respondent will notify the Commission immediately and may be required to pay back funds received pursuant to this RFA to the Commission;

g. Respondent will comply with the privacy and security standards established by the Exchange pursuant to 45 C.F.R. § 155.260;

h. Respondent is able to demonstrate how funds received under this RFA will support the Navigator mission and any special initiatives which target specific and underserved populations and communities; and,

i. Respondent is able to provide reporting to the HBE as needed concerning the services rendered as a Navigator and the persons served by Respondent sufficient to allow the Commission to comply with any reporting requirements pursuant to federal or state law, rules or regulations. At a minimum, the Respondent must be able to report on the following data:

- Number and identification/description of events in which the selected Respondents participated as a Navigator;
- Number of persons served through each of the outreach efforts (including, at a minimum, group outreach, community outreach, online outreach, and individual and employer outreach).

2. Project Narrative: Respondents should submit a Project Narrative, preferably no more than 20 pages. The Project Narrative should provide an overview of the Respondent's organization, its years of existence and how long it has provided the type of services for which funds are requested. Respondents should provide a list of key staff members, including the executive director, program manager, fiscal manager, and any other key program staff members. In addition, the Project Narrative should address:

- How enrollment/outreach outcome measures are defined; how goals are outlined; what documentation is provided and how well the material is presented overall;
- How enrollment strategies demonstrate that Respondent would work to achieve overall goals;
- How services and/or methods of delivery are addressed and the impact on the uninsured and underinsured populations;
- How in-person outreach, education, enrollment, print and digital media services are provided;
- How populations to be served are identified and the methods used to identify special populations;
- How Respondent demonstrates the organizational capacity and staff to accomplish the goals set forth in the application;
- Whether Respondent has or could develop a structure to provide a local assister tool, including information regarding how the tool will be maintained;
- How Respondent's provision of Navigator services will contribute to the overall mission of the HBE and what anticipated impact will be made on uninsured and underinsured populations;
- How Respondent's fiscal controls are adequate and appropriate given the amount of award proposed and the reporting requirements associated with the grant; and,
- How Respondent will maximize grant funds to meet the projected goals for individual and small employer enrollment; and,
- How Respondent and individual staff will keep current on changes to federal or state law, rules, or regulations.

3. Education and Outreach Program Requirements: Provide information that demonstrates how Respondent will meet the educational outreach requirements described in this section.

Navigators will be responsible for outreach, education and facilitating enrollment for current enrollees as well as the uninsured and underinsured populations and will present to those populations the options available on the SBE-FP. Navigators will distribute fair and impartial information regarding the availability of qualified health plans, qualified dental plans, the State Medicaid Program, and FAMIS; and conduct public education activities to raise awareness of the availability of these various options to current and potential enrollees. Navigators will also assist consumers with post-enrollment activities, including completing verification requests, accessing Special Enrollment Periods, accessing health insurance related tax forms, and assisting with complex cases and appeals.

Education and outreach will include information regarding PPACA as it relates to the SBE-FP, including but not limited to:

- Program Eligibility: Rules to purchase subsidized insurance through the SBE-FP and eligibility for the State Medicaid Program, FAMIS or other programs (see 45 C.F.R. § 155.210(e)(8));
- Methods of Enrollment: Various means available to shop for and enroll in a QHP;
- Reasons to Enroll: Education on the benefits of health insurance and what health insurance provides for individuals and employees;
- Definitions of Health Insurance Terms: For example, aiding the consumer to understand terms such as premiums, cost-sharing reductions, subsidies, APTCs, metal levels, EHBs, deductibles and co-insurance; and,
- Dispute Resolution: Assistance or referrals to any applicable health insurance ombudsman established under § 2793 of the PHSA, or any other appropriate state agency or agencies, including the Commission, for any enrollee with a grievance, complaint, or question regarding a health benefit plan, coverage, or a determination under that plan or coverage.

Education and outreach required to be implemented may take various forms, including but not limited to:

- Awareness of Cultural Diversity: Providing culturally and linguistically appropriate health insurance education to the vulnerable populations served by the SBE-FP, including Hispanics, Asians, Native Americans, and those with limited English proficiency, and ensuring accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act (see 45 C.F.R. § 155.210(e)(5));
- Group Outreach Opportunities: Conducting outreach to consumers in group settings, focusing on broad topics related to health insurance and coverage options;
- Comprehensive Community Outreach: Conducting outreach through channels and venues where the populations live, work, go to school, play and shop; and,
- Online Outreach: Leveraging online channels and social media to reach targeted populations.

4. Timeline: Provide a proposed timeline for the successful completion of the project for the 12-month period of performance. The Commission intends to have the Plan Year

2023 Navigator Program in place by September 1, 2022.

5. Proposed Funding and Budget Information: Respondents must submit a proposed amount of grant funding and provide the following described budget information to support that funding proposal. Respondents should submit a budget with appropriate budget line items as well as a narrative which identifies and describes the funding needed to accomplish the goals of the Respondent's Project Work Plan. Include the total amount requested by each line-item category, as well as provide an overall total requested. The proportion of the requested funding designated for each activity during the 12-month period of performance should be clearly defined and justify Respondent's readiness to receive funding, including complete explanations and justifications for the proposed activities. Respondents are solely responsible for all expenses associated with responding to this RFA, and the Commission shall not be responsible for any of the associated costs.

6. References: For Respondents that have not previously been awarded a grant to perform Navigator activities for Virginia, submit a list of at least three references (clients) including the name, title, and telephone number for three individuals to use as references for whom Respondent has performed similar services to those being sought by the Commission within the past three years.

7. Lead Respondent: Respondents may choose to partner with other entities or individuals to target underserved populations. Respondents partnering with other entities or individuals must identify all such entities and individuals, provide qualification and experience information for each such entity and individual, and designate a lead respondent to serve as the primary contact for, and recipient of, state grant funding, that will serve also as the pass-through entity for making state funds available to other partners. All entities and individuals receiving grant funds through the lead respondent must meet all applicable requirements of this RFA.

E. Award Process: Proposals will be reviewed as follows:

- Submissions must include all information requested in this RFA and must be submitted by the stated due date. Incomplete or late proposals may be disqualified.
- Commission staff will review the responsive applications for strengths and weaknesses of experience, plans, and budget, and will award funds appropriately. Adjustment of budget, goals, and other provisions may be required at that time.
- HBE staff will notify Respondents selected for grant funding.

F. Presentations: After a review of the submissions, staff may request presentations regarding the proposed services. At such presentations, Respondents should be prepared to address any questions regarding their response to this RFA.

G. Due Dates: In order to be considered for a grant for this project, applications must be received electronically to Navigatorprogram@scc.virginia.gov by close of business on

July 15, 2022. Timing for evaluating responses and optional scheduling of presentations will depend on the quantity and quality of responses received. Please plan for the following tentative schedule:

August 16, 2022: Applicant selection and notification

September 1, 2022: Issuance of awards to grantees

H. Consideration of Applications: During or prior to consideration of applications, the Commission may cancel or amend this RFA.

I. Point of Contact: For all questions, submissions and contacts concerning this RFA, please contact:

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