Request for Applications

DCHBX-2013-RFA 01

District of Columbia

Health Benefit Exchange Authority

In-Person Assister Program

Application Released: May 24, 2013

Notice of Intent to Apply: June 7, 2013, 4:00 EDT

Application Deadline: June 24, 2013, 4:00pm EDT

LATE APPLICATIONS <u>WILL NOT</u> BE FORWARDED TO THE REVIEW PANEL

District of Columbia Health Benefit Exchange Authority

In-Person Assister Request for Applications

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I. NOTICE OF INTENT TO APPLY (OPTIONAL)

Organizations intending to apply for funding should complete and return this Notice of Intent to Apply by Friday, June 7, 2013 at 4pm EDT to help grant administrators plan for the application review process.

This Notice of Intent to Apply is optional and applicants that do not submit a Notice are still eligible to apply, though we highly encourage you to complete this step of the process. ***Doing so also helps to ensure you receive any clarifications or addendums to the Request for Applications*****.**

NOTICE OF INTENT TO APPLY – DCHBX-2013-RFA 01

Please submit by Friday, June 7, 2013 at 4pm EDT*

Please complete this form and fax, email same information, or hand deliver to the pre-proposal conference:

Email: IPA@institutephi.org

Fax: 202-407-7089

Or Hand Deliver at the Pre-Proposal Conference:

Date: Wednesday, June 5, 2013
Time: 10am-noon EDT
Location: Martin Luther King Jr. Memorial Library
MLK Room A-5
901 G St, NW
Washington, DC 20001

Contact Name _____
Organization Name _____
Type of Organization _____
Street address _____
_____
Email Address _____
Telephone(s) _____

Name all additional organizations you expect will be a part of this application as partners or as sub-contractors.

_____

_____

****THIS IS NOT A MANDATORY COMPONENT OF THE APPLICATION***

II. Grant Solicitation Overview

Solicitation:

The purpose of this solicitation is to award grants to qualified applicants who will serve as In-Person Assister (IPA) Entities in the District of Columbia. These grants will cover the time period from July 2013 to December 31, 2014. The DC Health Benefit Exchange Authority ("Exchange") is issuing an open call for proposals that will be judged based on the criteria outlined in the solicitation.

Complete Proposals must be received by Monday, June 24, 2013 at 4:00 pm EDT:

Submit to the Institute for Public Health Innovation, which is serving as grants manager for the Exchange by:

1. EMAIL: IPA@institutephi.org

   Applications should be submitted electronically in one email as follows:

   1) Core Application Components (see page 21 for breakout); and
   2) Additional Required Documentation (see page 21 for breakout).

   Application files may be submitted as combined documents (MS Word or PDF) or separate files, but the Core Application Components should be separated from the Additional Required Documentation. If applicants need to scan signature pages or other documents and do not have access to that technology, those documents may be mailed or delivered in person separately to the address listed below, but all documents must be received by the deadline. Be sure to include a cover page with organization's name and contact number.

   Applicants should expect confirmation of receipt within one business day of submission.

OR

2. In person or by mail, one complete hardcopy and one electronic version per above directions on a flash drive to:

   Institute of Public Health Innovation
   Attn: Christine Stewart
   1301 Connecticut Avenue NW
   Suite 200
   Washington, DC 20036

   Mailed applications must be received by the deadline **regardless of the postmark**.

Pre-Proposal Conference:

There will be one pre-proposal conference to assist organizations in understanding the requirements in the RFA and to provide an opportunity to ask questions and receive answers.

Date: Wednesday, June 5, 2013
Time: 10 am – noon EDT
Location: Martin Luther King Jr. Memorial Library
MLK Room A-5
901 G St, NW
Washington, DC 20001
Applicants are encouraged to attend in person but if not possible a call in number is available:
Call In Information: 1-877-668-4493
Access Code: 314 108 185

Questions may also be submitted electronically to:

Institute for Public Health Innovation
IPA@institutephi.org

Deadline for question submission: **June 11, 2013, 4:00 pm EDT**

Responses to all questions will be posted on **June 14, 2013 at noon EDT** on the DC Health Benefit Exchange website at http://hbx.dc.gov/.

Notable Dates for Request for Applications Process:

Timeline	
RFA Release	May 24, 2013
Pre-Conference Session (in-person and by phone)	June 5, 2013, 10am – noon EDT Martin Luther King Jr. Memorial Library MLK Room A-5 901 G St, NW Washington, DC 20001
RFA Question Submission Deadline	June 11, 2013 at 4:00 pm EDT
Answers Publically Posted	June 14, 2013 at noon EDT
RFA Application Deadline	June 24, 2013, 4:00 pm EDT
Grant Awards	On or before July 26, 2013

Application Details

Late questions or proposals will NOT be considered. Successful applications will be prepared simply and economically, providing a straightforward, concise description of the applicant's abilities to satisfy the requirements of the RFA.

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Bound materials, brochures, and visual aids will not be forwarded to the review committee and therefore will not be considered in support of the application.

Various sections and questions have word or page limits. Strict adherence to limits is required.

III. IPA Program Introduction and Background

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA). This law put into place comprehensive reforms that improve access to affordable health insurance coverage for all Americans. It aims to protect consumers from unfair health insurance practices and allows all Americans to make health insurance choices that work best for them. At the same time it guarantees access to care for the most vulnerable populations and provides new ways to lower costs and improve the quality of care.

As part of the ACA, all states, and the District of Columbia will have new insurance marketplaces. The District has established the DC Health Benefit Exchange Authority ("Exchange") to set up an insurance marketplace for individuals and small businesses (those with 50 and fewer employees) to help them compare and purchase health insurance plans. The Exchange will offer private health insurance with better prices, better choices, and better quality. Individuals with incomes up to $46,000[1] and families of four with incomes up to $95,000 that don't have access to employer based health insurance or Medicaid will be eligible to receive tax credits to make health insurance coverage more affordable.

To successfully enroll these individuals, families, and businesses into health insurance coverage, the District is developing a set of robust outreach and enrollment mechanisms. One of these resources, the In-Person Assister Program ("IPA Program") is aimed at outreach to uninsured and hard-to-reach populations to help consumers learn about, apply for, and enroll in an appropriate health insurance product, including a Qualified Health Plan or completing an application for Medicaid.

The IPA Program will offer services through "IPA Entities," which are organizations that can perform the full range of IPA duties (see below). IPA Entities will perform these duties with a range of staff including both certified and non-certified personnel. Certified personnel, known as IPAs, will be required to complete a training sponsored by the Exchange and successfully complete a skills-based exam. Non-certified personnel can include administrative personnel and others who support and enable IPAs to be successful.

[1] Income levels are based on the family's income as a percent of the Federal Poverty Level and are adjusted each year.

Definitions to Note	
In-Person Assister Program (IPA Program)	An all-encompassing term for the DC-based IPA program, inclusive of all the IPA Entities and their certified and non-certified personnel.
In-Person Assister Entities (IPA Entities)	Organizations that receive grants from the DC Health Benefit Exchange Authority to perform the full range of IPA duties.
In-Person Assisters (IPAs)	Certified personnel who successfully complete training and a skills-based exam.
DC Health Benefit Exchange Authority (Exchange)	The new health insurance marketplace in the District offering transparent choices of private health insurance options and premium tax credits to lower the cost of insurance.
Qualified Health Plan (QHP)	A private health insurance plan certified to sell in the Exchange.
Broker or Producer	A licensed insurance professional who acts on behalf of a consumer, who can sell, solicit or negotiate insurance and is compensated by the insurance company.

The Request for Applications

The DC Health Benefit Exchange Authority is issuing this Request for Application (RFA) seeking applications from qualified entities to serve as In-Person Assister Entities in the District of Columbia. Under the IPA Program, the Exchange is making up to $10 million, subject to Federal approval, available for competitive grant awards.

The Exchange seeks creative and innovative applications from a range of District organizations that have trusted and established relationships, networks, and experience working with uninsured and hard-to-reach population groups.

Once grantees are selected, there will be ongoing communication and coordination among the grantees. In some cases, an IPA Entity may have a particular area of expertise, such as a language competency, that will make it desirable to refer some consumers to that IPA Entity. Thus, every grantee does not need to have expertise working with every population type, but they will need to actively work with other IPA Entities to ensure that every consumer's needs are met.

The IPA Program is being established in a time of significant change to the health care system. As a result, grantees will need to show flexibility to changing federal and local laws and policies.

Timeline for IPA Program

Timeline for IPA Program	
IPA Grant Awards	On or before July 26, 2013
Mandatory Training for IPAs (approx. 30 hours)	August 12, 2013 - September 20, 2013 (exact dates to be provided when grants are awarded)
Outreach and Education Begins	September 2013
First Open Enrollment for Individuals	October 1, 2013-March 31, 2014
Eligibility and Enrollment for Small Businesses, Medicaid, and Individual Special Enrollment Periods	Begins October 1, 2013 and remains open continuously
Second Open Enrollment for Individuals	October 15, 2014-December 7, 2014
IPA Program Ends	December 31, 2014

IV. IPA Program Goals

The District's IPA program will:

1. Reduce the number of uninsured individuals in the District through:
    a. Raising awareness of coverage options;
    b. Facilitating enrollment in qualified health plans (QHP) and insurance affordability programs; and
    c. Promoting the retention of health insurance coverage.
2. Develop a highly knowledgeable IPA workforce that can educate consumers on their full range of health coverage and access options and support consumers to understand and use health coverage.
3. Coordinate with related programs and entities, serving as a one-stop shop with the ability to provide warm hand-offs to other health and social services.
4. Track performance to measure efforts and success.

V. IPA Program Target Population

The IPA Program's target population is uninsured and hard-to-reach populations. While outreach efforts should be focused on that target population, IPAs must be prepared to serve everyone who seeks help with eligibility or enrollment in private insurance offered in the Exchange, Medicaid, as well as with follow-up and referrals as appropriate for other programs such as the DC Healthcare Alliance.

The target population includes the following:

- Those who would have difficulty filling out an online application, such as those who do not have easy or regular access to a computer or the Internet.
- Those with limited English proficiency including those who speak Spanish and Amharic.
- Lesbian, Gay, Bisexual, and Transgender (LGBT) communities.
- African Americans and Hispanics: Both non-Hispanic Blacks and Hispanics are more likely to be uninsured than non-Hispanic Whites.
- Males: Males are more likely to lack coverage than females (67 percent of the uninsured are male, while 33 percent are female).
- Ages 18-34: Nearly half of the uninsured residents of DC are young adults ages 18-34.
- Low and middle income residents: Coverage rates rise as income rises.
- Unemployed: Nearly half of the uninsured are not working.
- Lack of employer offer of insurance: Large employers are more likely to offer insurance to their workers than small employers. As a result, uninsured DC residents are much more likely to work in a firm with fewer than 50 employees.
- Small businesses and their employees in the construction industry, retail trade, arts and entertainment, and food services workers as well as professional and scientific management jobs are much less likely to have coverage.
- Wards 1, 4, and 7: The uninsured (ages 18-64) are distributed across the District in the following way:

Ward 1	22.7%
Ward 2	9.7%
Ward 3	7.4%
Ward 4	18.7%
Ward 5	12.2%
Ward 6	5.4%
Ward 7	18.1%
Ward 8	5.7%
Total	100.0%

This list was developed by a stakeholder advisory committee to the DC Health Benefit Exchange Authority and approved by the Executive Board of the Exchange. Many of the populations were derived from a report by the Urban Institute titled, "Uninsurance in the District of Columbia: A Profile of the

Uninsured, 2009," by Barbara A. Ormond, Ashley Palmer, and Lokendra Phadera[2], a report based on the 2009 DC Health Insurance Survey, and data from the 2011 American Community Survey.

Those interviewed in the 2009 DC Health Insurance Survey indicated that they were uninsured primarily because coverage was not affordable. They also said it was caused by job loss or change, not being offered insurance through their employer, and not knowing how to attain health insurance. A very small percentage of uninsured residents believed they did not need it.

Successful applicants will employ innovative strategies for reaching some or all of the target populations. They will not rely exclusively on potential consumers coming to them; they will actively reach out to people where they live and/or work.

[2] See **http://www.urban.org/UploadedPDF/412084-dc-uninsured-brief.pdf.**

VI. Duties of IPA Entities and Individual IPAs

1. Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the DC Health Benefit Exchange Authority.

2. Provide information and services in a fair, accurate and impartial manner. Such outreach and education must acknowledge other health programs such as Medicaid and the DC Healthcare Alliance.

3. Facilitate selection of a Qualified Health Plan.

4. Provide referrals to appropriate resources for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.

5. Provide information in a manner that is culturally and linguistically appropriate to meet the needs of the population being served by the IPA Entity, including individuals with limited English proficiency. The following parameters must be followed:
   - The IPA Entity must develop, maintain and regularly update general knowledge about the racial, ethnic, and cultural groups they expect to serve, including the primary languages spoken, and continue to use this information;
   - The IPA Entity should provide both oral and written notification to consumers of their right to receive language assistance services and how to obtain such services;
   - The IPA Entity must provide consumers with information and assistance in the consumer's preferred language at no cost to the consumer in both oral and written form (the DC Health Benefit Exchange Authority will make materials in various languages and a language line available to IPA Entities);
   - Use of a consumer's family and friends as interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services; and
   - The IPA Entity must implement strategies to recruit and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the applicant's target population.

6. Ensure accessibility by following these federal rules:
   - IPA Entities must not discriminate against people with disabilities and shall make reasonable accommodation so they have equal access to services. This must be consistent with Section 504 of the Rehabilitation Act.[3]
   - IPA Entities shall make information accessible to consumers with disabilities. (The DC Health Benefit Exchange Authority will make materials available in Braille and provide services for the hearing impaired to IPA Entities).

[3] See http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf.

- Use of a consumer's family or friends as interpreters can satisfy the requirement to make information accessible to consumers with disabilities only when requested by the consumer as the preferred alternative to other options.
- IPA Entities must provide assistance to consumers in a location and in a manner that is accessible to individuals with disabilities.
- Legally authorized representatives must be permitted to assist individuals with disabilities to make informed decisions.
- IPA Entities shall have the ability to refer people with disabilities to local and federal long-term services and supports programs when appropriate.

7. Provide outreach to both individuals and small businesses (those with 50 or fewer employees), or specialize in serving a specific population group(s), depending on existing relationships and experience.

8. IPA Entities that specialize in serving small businesses may do so in a variety of ways. If a small business is interested in purchasing a product in the Exchange's small group market, the IPA Entity should work toward enrolling the small group, including building relationships with other entities in the market such as another IPA Entity or a broker or producer that can help facilitate a customer experience for that business that meets their needs. If the small business is unable or unwilling to provide employer-sponsored health insurance coverage, the IPA Entity should assist the employees in enrolling in individual coverage through private plans in the Exchange or Medicaid as applicable, or make other referrals.

9. Individual IPAs shall complete training provided by the DC Health Benefit Exchange Authority on the following:
    - Affordable Care Act;
    - Eligibility and enrollment rules and procedures, including information related to premium tax credits, tax implications of enrollment decisions, and changes in income and eligibility that could take place during the year;
    - How to use the online enrollment portal and how to complete paper coverage applications;
    - How to help consumers weigh the range of QHP options including the quality, cost and overall value of available QHPs (including qualified dental plans);
        - Basic information on how insurance works and various terms consumers will need to understand;
        - Essential Health Benefits;
        - Provider networks;
        - Understanding notices sent by the Exchange and health plans;
        - Coverage renewal;
        - Managing coverage transitions and special enrollment periods;
    - Medicaid and DC Alliance;

- Needs of underserved and vulnerable populations, including
    - immigrants;
    - those with limited proficiency in English;
    - those with disabilities; and,
    - those with particular health conditions, such as HIV/AIDS or MS, who may be looking for unique features in a health insurance plan;
- Culturally and linguistically appropriate approaches, services and materials;
- Ensuring physical and other accessibility and usability for people with a full range of disabilities;
- How to comply with requirements that information be offered in "plain language," including how to present oral and written information in a clear and understandable way;
- Outreach and marketing approach and protocols;
- Means of appeal and dispute resolution;
- Conflict of interest;
- Privacy and security;
- Protocols for hand-offs with other relevant groups including: Medicaid/Alliance, DC Ombudsman, Department of Insurance, Securities, and Banking (DISB), call center, brokers or producers, and other IPAs;
- Use of authorized representatives; and,
- Exchange specific training for small businesses.

10. Upon completing the training, each individual IPA must pass a skills-oriented competency exam.

11. Report on performance metrics regularly as established by the Exchange. The Exchange will establish protocols for submission of performance metrics. Directions on how to report accurately will be provided. When possible, metrics will be tracked through the Exchange web portal. The metrics will be collected, analyzed and shared back with IPA Entities so they can be used for performance improvement throughout the program. At a minimum the following will be reported or tracked by the Exchange web portal:
    - Number of applicants assisted;
    - Number of applicants enrolled in Qualified Health Plans;
    - Number of Medicaid applications completed;
    - The rate of completed enrollments relative to applicants assisted;
    - Average time taken to complete various types of applications;
    - Outreach activities and follow-up completed;
    - Number of referrals made to Medicaid for additional assistance;
    - Number of referrals to social services programs such as the Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants and Children (WIC) program;
    - Number of referrals to brokers/producers;
    - Number of referrals to other IPAs;

- Outreach method: how consumers were contacted, outreach performed;
- Site of service; Use of the web portal as opposed to paper applications;
- Rates of continuous coverage going into the second open enrollment;
- Enrollment patterns (to ensure consumers are not being steered to one plan or another);
- Accuracy of the applications submitted; and
- Customer satisfaction using a survey.

12. The IPA Entity and all individual IPAs must adhere to privacy and security standards as developed by the Exchange and required by law. In general, IPA Entities and individual IPAs will be handling private and personal data. In some cases, this data will be available through the Exchange website as an IPA assists a consumer as they determine their eligibility for healthcare coverage or financial assistance. In other cases, personal data will be provided by consumers. All IPAs will be given training on how to maintain the privacy and security of personal information. IPA Entities must provide sufficient oversight, both in terms of technology and personnel, to ensure that privacy and security breaches do not occur.

Consistent with federal guidance, IPA Entities shall be capable of fulfilling all of the required duties. Some IPA Entities may focus more on some duties, such as outreach and education, or eligibility and enrollment, but must partner with other IPA Entities or others to fulfill all duties.

VII. Infrastructure to Support IPA Activities

The following will be provided by the DC Health Benefit Exchange Authority:

- Exchange web portal for eligibility and enrollment of consumers and businesses

  The DC Health Benefit Exchange Authority will make available a website/portal for eligibility and enrollment of consumers and businesses that allows IPA Entities to manage their consumer caseload. To use this website, IPA must have or secure upon grant award:
  - Internet access at point of service
  - Printing and scanning capability at point of service
  - Portable computer capability commensurate with outreach plan (i.e. laptops)
  - Other technology as needed for activities proposed

- Language and Hearing Impaired Service Line

  Language competency is required for a target population proposed by the applicant that speaks a language other than English. For other individuals that request services in a language not spoken by one of the IPA Entities, a translation or language telephone line will be available to IPAs to help serve all consumers. In addition, the Exchange will organize TTY/TTD capabilities and services for the hearing impaired. Details will be provided during training.

- Outreach and Education Materials

  The Exchange will develop outreach and education materials for use by IPA Entities. These materials will use approved messaging that has been developed and tested to be culturally and linguistically appropriate for different target populations. Materials will be made available in English, Spanish and in Braille. The Exchange will provide for the printing of outreach materials, including in these other languages. However, the IPA Entity should anticipate and budget for the cost of distribution of marketing materials (shipping, delivery) to meet their outreach and education goals.

  Customizable Materials: Limited materials will be designed for IPA Entities to be customizable solely for the purposes of adding event details and contact information. Such materials will be available in formats that can be reproduced for outreach (e.g. printed, posted on-line, emailed, etc.). IPA Entities should anticipate and budget for the cost of printing these specific materials.

- Training Program
  - Approximately 30 hours of mandatory training will be provided. Materials and on-line tools will supplement in person seminars.
  - At least two date options will be provided for each training component/session. Training will begin in the last 2-3 weeks of August and continue in September. Exact

dates will be provided after grant awards are made and the total number of IPAs Entities and individuals is known.

- Training is mandatory for each individual IPA. An IPA will not be certified unless training is complete and a competency test based on the training is passed.

- On-Going Support

  If questions arise beyond those addressed in training, support will be available to individual IPAs. Specific information will be provided by the Exchange during training. In addition, there will be required on-going meetings among IPA Entities and trainers to share best practices, trouble-shoot common problems and challenges, and disseminate general program updates.

VIII. Applicant Eligibility

Organizations Eligible to Apply

This is an open call for proposals and varying types of organizations may be eligible to apply. Not-for-profit, for-profit, and other types of organizations are eligible. Some examples include, but are not limited to:

- Faith-Based Organizations
- Community Based Health Providers
- Civic Organizations
- Patient and Consumer Advocacy Organizations
- Business Associations
- Trade Associations
- Professional Associations
- Cultural Associations
- Legal Assistance Organizations

Organizations PROHIBITED from Serving as IPA Entities

- Health insurance issuers or stop-loss issuers and their subsidiaries.
- Associations that include members of, or lobby on behalf of, the health insurance industry.
- Entities that receive, or where an employee receives, any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a Qualified Health Plan or other health insurance plan.
- Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that are directly or indirectly owned by or exclusively contract with a single insurer or its subsidiaries.
- Provider entities (including, but not limited to, hospitals, clinics, and physician practices) that directly or indirectly own a single insurer or its subsidiaries.

IX. Conflict of Interest

In general, having a conflict of interest means having a private or personal interest sufficient to influence, or appear to influence, the objective exercise of an IPA Entity or IPA's official duties. The conflict of interest standards apply to IPA Entities and all of their employees.

1. Brokers and producers are allowed to serve as IPAs as long as they do not receive consideration from a health plan issuer (or an issuer of stop loss insurance). They are allowed to receive consideration from other types of insurers (e.g. auto insurance or homeowners insurance).

2. Applicants must submit a written attestation that the applicant and its employees are not prohibited from being an IPA Entity under Section VIII (See Appendix A).

3. Applicants shall DISCLOSE to the Exchange in the application and to each consumer who receives application assistance the IPA Entity the following:

   A. Any lines of insurance business, other than health insurance or stop loss insurance, which the IPA Entity or their staff members intend to market while serving as an IPA Entity;

   B. Any former or existing employment relationships the IPA Entities or their staff have had within the last five years with any issuer of health insurance or stop loss insurance, or subsidiaries of such issuers;

   C. Any existing or anticipated financial, business, or contractual relationships (of the IPA Entity or their staff) with one or more issuers of health insurance or stop loss insurance or subsidiaries of such issuers; and,

   D. Any relationships where an employee of an IPA Entity has a spouse or domestic partner who is employed by health insurance issuer or stop-loss issuer or their subsidiaries.

4. Applicants must submit a written plan ("Conflict of Interest Plan") that describes how the applicant plans to remain free of conflicts of interest during their term as an IPA Entity. The Conflict of Interest Plan should include a list of any possible items that do not rise to the level of precluding the IPA Entity from participating in the IPA Program, but that would have the potential of creating conflict of interest or lead to the appearance of a conflict of interest, and how the IPA Entity would mitigate the risk for a potential for a conflict of interest.

   The Conflict of Interest Plan shall include at least the following items:

   - A description of how the IPA Entity confirmed their freedom from a conflict of interest.
   - Any relevant disclosures required.
   - A plan for mitigating any risks or the appearance of any risks that could lead to a conflict of interest.
   - A description of the plan for monitoring ongoing compliance.

CONFIDENTIAL DRAFT

X. Required Application Components: Following is a checklist of all the submission requirements, a cover page for the application, detailed questions, and estimated targets for the proposal.

1. Submission Requirements Checklist

The following items are required for a complete application. Applications missing any of these elements cannot be reviewed. This checklist is for applicant use and need NOT be submitted with the application:

CORE APPLICATION COMPONENTS

- ☐ Cover Page
- ☐ Application Narrative – Description of Program Activities and Applicant Qualifications
- ☐ Proposed Budget and Budget Narrative (Budget Components 1-5)
- ☐ Organization's Operating Budget for Current Fiscal Year
- ☐ Organizational Chart

ADDITIONAL REQUIRED DOCUMENTATION

- ☐ Most Recent Audited Financial Statements and Auditor's Report
- ☐ DC Business License
- ☐ Terms and Conditions: Disclosure of indictments, charges, convictions, or legal proceedings required by Section XII, 11) where applicable
- ☐ Terms and Conditions: Disclosure of all insurance held by the applicant (see Section XII, 12)
- ☐ Signed Statement of Certification
- ☐ Signed Conflict of Interest Attestation
- ☐ Conflict of Interest Plan and Disclosures (see Section IX, 4)

CONFIDENTIAL DRAFT

2. Cover Page (Submit with Application)

Full name of organization	
Federal EIN number	
Contact Person/Project Manager	
Address (the applicant must have a physical location in the District of Columbia)	
Telephone number(s)	
Fax number	
Email(s)	
Website if applicable	
Date organization established	
Type of organization (see section VIII)	
Not-for-profit, for-profit or other status	
Brief overview of the organization including last year's budget (100 word maximum)	
Proposal abstract: Provide a brief summary of the application (150 word maximum, may extend table to a second page)	

CONFIDENTIAL DRAFT

3. **Application Narrative -Description of Program Activities and Applicant Qualifications (Submit with Application)**

   Applicants Should Respond to Each Question Fully.
   Total Page Limit for Application Narrative: 22 pages maximum, single-spaced, 12-point font, Times New Roman
   Please number all application narrative pages.

A. Target Population
   Page Limit: 1 page maximum, single-spaced.
   Describe the target population(s) you propose to reach (see Section V).

B. Summary of Approach for Providing IPA Program Services
   Page Limit: 5 pages maximum, single-spaced.
   - Describe the applicant's approach to meeting the IPA Program's goals (see Section IV) and reaching and enrolling the target population. Describe the strategic approach and mechanisms/tactics for conducting outreach, education, eligibility, and enrollment into health coverage. Address how technology will be leveraged to conduct IPA Program activities.
   - Provide a high-level work plan indicating the steps the applicant plans to take to implement the project in the available timeline. Use specific, measureable objectives that include realistic targets for contacts and enrollment.
   - Those applicants that expect referrals or expect to make referrals to other organizations to fulfill duties, or are jointly submitting an application with another organization(s) should include such information this this response.

C. Qualifications and Experience
   Page Limit: 4 pages maximum, single-spaced.
   - Describe the applicant's experience similar to any of the duties described in Section VI, including but not limited to education, outreach, eligibility, and enrollment of individuals into health insurance programs or coverage. Please describe the scale and scope of these programs.
   - If the applicant is already providing similar services, or expects to provide similar services with funds that are forthcoming, describe in detail how IPA Program funding will supplement and not supplant existing and expected funds and services.
   - Describe the applicant's existing relationships with the target population(s) and/or the ability to readily establish such relationships. Include a description of the applicant's experience reaching and working with the target population(s).
   - Describe the applicant's experience working with District of Columbia agencies. Such experience is not a requirement.

CONFIDENTIAL DRAFT

D. Personnel/Staffing

Page Limit: 4 pages maximum, single-spaced.

- IPA Entities must assign a project manager who will serve as the contact person for the IPA Entity, provide oversight and management for the IPA project, and ensure that all deliverables are being met. Provide the name, relevant experience, and qualifications of the key individual who will serve as the project manager. Note if new hiring is required for the position. In addition provide the names, duties, relevant experience, and qualifications of any other managerial positions and the key individuals who will serve in those positions. Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X(5).
- Provide the names, relevant experience, and qualifications of the key individuals who will serve as individual IPAs. Note if new hiring is required for the position(s). For reference, a proposed IPA job description is included as Appendix B. Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X(5).
- Provide the names, duties, relevant experience, and qualifications of any administrative and other staff proposed for this project such as reporting performance metrics, billing and auditing functions. Note if new hiring is required for the position(s). Each person should also be listed in the Personnel Budget table under Budget Component 1 in the Budget Submission Requirements, Section X(5).
- Describe the applicant's approach to developing a staffing model that allows for additional staff and flexibility in scheduling IPAs for extended hours during peak enrollment periods (October 2013—March 2014 and October 2014—December 2014).

E. Cultural and Linguistic Competency

Page Limit: 2 pages maximum, single-spaced.

- Describe the applicant's approach to providing services with cultural and linguistic competency (see duties in Section VI, 5).
- Describe the applicant's understanding of the cultural and linguistic characteristics of the applicant's target population and how it is uniquely situated to serve this population.
- Describe how the applicant will provide information in plain language and how the applicant intends to serve those with limited literacy.

F. Accessibility of Services

Page Limit: 1 pages maximum, single-spaced.

- Describe how the applicant will meet the duties in Section VI, 6 regarding providing services in an accessible manner.
- State whether the applicant's proposed site of service is metro or bus accessible.
- Describe if and how the applicant proposes to provide services where the applicant's target population(s) lives and/or works.

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G. Outreach and Communication

Page Limit: 2 pages maximum, single-spaced.

- Describe the applicant's communications capabilities and how they will be utilized in the IPA Program. Include information about contact lists and the ways you typically communicate with the population(s) you currently serve.
- Describe how the applicant proposes to promote the new health insurance coverage and financial help available, e.g. through printed material, the internet, the telephone, in-person outreach or other means (Exchange will develop and make printed and on-line materials available for the IPA Entity use).

H. Quality Assurance

Page Limit: 2 pages maximum, single-spaced.

- Describe the applicant's proposal for quality assurance mechanisms to ensure IPAs deliver accurate and high quality services.
- Describe how the applicant handles the privacy and security of confidential and sensitive information the organization currently receives as a part of its work.
- Describe the financial oversight and budget controls currently used by the applicant to ensure fiscal accountability and timely and accurate budget reporting.

I. Proposal Targets

Estimate answers to the following questions. With each estimate, please indicate how you arrived at that estimate.

Page Limit: 1 pages maximum, single-spaced.

- Number of individuals in the target population the applicant proposes to contact?
- Number of small businesses (50 employees or less) the applicant proposes to contact?
- Applicant's total proposed budget (Budget Component 4 from Section 4 below)?
- Cost per number of individuals and businesses contacted?

  Applicant's total proposed budget ÷

  (Number of individuals in the target population the applicant proposes to contact + Number of small businesses the applicant proposes to contact)

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4. Budget Submission Requirements

The IPA Entity will receive the grant amount as specified:

- 25% of the grant amount: Up front to build up capacity and resources necessary to meet the IPA duties in a timely manner and allow for payroll or reimbursements where other organizational funding is unavailable. Documentation of expenditures will be required.
- 40% of the grant amount: Available to IPA Entities for costs incurred from award date to March 31, 2014 and will be disbursed based on required monthly financial statements as specified by the Exchange.
- 35% of the grant amount: Available to IPA Entities from April 1, 2014 to December 31, 2014 that demonstrate best efforts based on the performance metrics identified in Section VI, 11. The final 35% will be disbursed based on monthly financial statements as specified by the Exchange.

If in the opinion of the Authority the grantee is not fulfilling the goals of the IPA Program, the Authority reserves the right to negotiate a change to a grantee work plan and/or strategic approach and, when applicable, terminate or reduce the grant award.

Each IPA Entity is required to complete all duties through the term of the program (through December 31, 2014) regardless of whether or when that IPA Entity has exhausted their full grant allotment.

Provide a budget for the proposal meeting the following components: (Submit with Application)

Budget Component 1: Personnel Budget

Complete this table to demonstrate the personnel budget. Every person listed in this table should also be listed in section X(3)(D) under Personnel/Staffing. In section X(3)(D), each person's duties, experiences, and qualifications, should be listed, including duties of new hires anticipated.

Position Title	**NAME and Title/ Function (or state "new hire")**	**Hourly Rate[4]**	**Hours weekly (40 hours = full time)**	**Proposed Number of Weeks Worked (July 1, 2013 – December 31, 2014)**	**Proposed Cost (July 1, 2013 – December 31, 2014)**
IPA Managerial					

[4] Include fringe benefits.

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Individual IPAs					
Administrative Staff					
Other Support Staff					
TOTAL					

Provide Total Personnel Budget:

<u>Budget Component 2: Non-Personnel Costs</u>

Complete this table to demonstrate the non-personnel budget (put n/a if not applicable).

Categories	**Item**	**Unit Cost**	**Quantity Needed**	**Total Cost**
Supplies	Office Supplies			
	IT Supplies			
Rent	Rent			
Equipment	Furniture			
	IT Hardware			
	IT Software			
Other Costs	Travel			

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	Outreach and Communications			
	Other			
	Indirect Costs			
TOTAL				

Budget Component 3: Budget Narrative

Provide a written description for each non-personnel item. Please indicate whether a particular cost is a one-time "start-up" cost or if it is ongoing. Note any single cost of $2,500 or above requires approval from the DC Health Benefit Exchange Authority. Following are a description of specific items:

- *Office Supplies:* Costs associated with general printing, postage, paper, and other general office supplies.
- *Rent:* The prorated amount of rent associated with IPA Program activities, and how it is calculated if it is not in an indirect cost.
- *IT Hardware:* Such costs should only be included where the applicant does not have sufficient technology for the proposed personnel.
- *IT Software:* Such costs should only be included where the applicant does not have sufficient technology to perform the proposed duties. This can include upgrades to existing software.
- *IT Supplies:* Phone and connectivity for internet services.
- *Travel:* Travel costs for personnel to conduct off-site activities associated with the applicant's proposal for reaching their target population. Traveling to trainings and regular meetings. No travel outside the District of Columbia is anticipated.
- *Outreach and Communications:* Costs associated with the outreach and communications plan proposed by the applicant. Note the Exchange will be providing printed and on-line outreach and education materials. Some materials may be customized by the applicant, in which case the applicant should include some printing cost.
- *Other:* Costs associated with any other item not included in the budget categories that is required to fulfill the applicant IPA duties in accordance with the applicant's proposed plan. Provide a justification for each item.
- *Indirect Costs:* Provide an explanation of how such costs are calculated, including whether the Entity has a NICRA.

In addition, provide a description of what is encompassed in fringe if included in the hourly rate in personnel budget.

Budget Component 4: Total Grant Request Amount

- Provide the total grant request amount (adding up budget component 1 and 2).

Please note, all budgets are subject to negotiation.

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First Source: Any grant award in the amount of $300,000 or above is subject to the requirements of the Workforce Intermediary Establishment and Reform of the First Source Amendment Act of 2011, D.C. Official Code § 2-219.01 et seq. This law requires awardees to make best efforts to have a majority of new hires be DC residents. Non-Profit organizations with 50 or fewer employees at the time of the award are exempt from this requirement.

Budget Component 5: Current Public Funding

If you currently receive Federal or District of Columbia funds to do similar work or you are already providing, outreach, education, eligibility or enrollment services for healthcare coverage through other funding sources, please indicate in detail.

IPA Program grant resources are required to supplement and not replace current levels of effort. If other sources of funding exist, indicate how the proposal will achieve this requirement.

Other Financial Documentation Requirements: Applicants should include with their application the following items or a statement explaining why they do not have one:

- Copy of their current fiscal year's operating budget,
- Copy of the most recently audited financial statements with the auditor's report, and
- DC business license.

5. Organizational Chart

Provide a current organization chart.

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XI. Grant Evaluation Criteria and Weight

Description of Program Activities and Applicant Qualifications	
Target Population: • Comprehensive description of a target population(s) determined to be in high need for IPA services that the applicant proposed to reach. Summary of Approach for Providing IPA Program Services: • Clear and convincing description of a strategic approach to meet the IPA Program's goals and to reach, educate and enroll the target population(s). • Compelling description of how applicant will leverage technology. • Adequate and realistic work plan.	**35%**
Qualifications and Experience: • Description of experience that demonstrates ability to reach and work with the target population(s). • Description of experience that demonstrates adequate knowledge, skills and capacity to perform the proposed program services. • Demonstrated organizational experience, accounting and operational controls to show an adequate level of fiscal accountability. Personnel/Staffing: • Adequate plan for ensuring qualified staff, including those responsible for program management and oversight, IPA service provision, performance monitoring, and fiscal management. • Description of a staffing model that allows for additional staff and flexibility in scheduling IPAs for extended hours during peak enrollment.	**35%**
Cultural and Linguistic Competency: • Demonstrated capability to serve the population in a culturally appropriate manner and to serve those with limited literacy. • Convincing description of how applicant will provide information in a linguistically and culturally appropriate manner. Accessibility of Services: • Adequate plan for making services accessible to those with disabilities and those with limited transportation options. Outreach and Marketing: • Demonstrated capacity and strategies to communicate with target population(s). Quality Assurance: • Compelling description of quality assurance mechanisms to ensure IPAs deliver accurate and high quality services.	**20%**
Budget *Note: All budgets are subject to negotiation.* • Clear and realistic budget. • Cost-effectiveness	**10%**
TOTAL	**100%**

The IPA Program is intended to cover all target populations through diverse organizations that are geographically dispersed throughout the city. Final grant awards will be determined taking these additional comparative criteria into consideration. Additional Required Documentation will also be reviewed and considered.

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XII. RFA Terms and Conditions

1. Funding for this award is contingent on continued funding from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Management. The RFA does not commit the Exchange to make an award.
2. The Exchange reserves the right to accept or deny any or all applications if it determines it is in the best interest of the Exchange to do so. The Exchange shall notify the applicant if it rejects that applicant's proposal. The Exchange may suspend or terminate an outstanding RFA pursuant to any applicable District of federal regulation or requirement.
3. The Exchange reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind this RFA.
4. The Exchange shall not be liable for any costs incurred in the preparation of applications in response to this RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
5. The Exchange reserves the right to conduct pre-award on-site visits to verify information submitted in the application.
6. The Exchange may enter into negotiations with an applicant regarding the budget amount or other revision of the applicant's proposal that may result from negotiations.
7. The Exchange may audit the awardee before, during or up to 3 years after the grant term in relation to participation in the IPA Program.
8. Upon award of the grant, the Exchange shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant.
9. Upon award, the Exchange shall provide the payment provisions identifying how the grantee will be paid for performing under the award, the reporting requirements, including programmatic and financial, and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.
11. The applicant shall disclose in a written statement, the truth of which is sworn or attested to by the applicant, if the applicant, or where applicable, any of its officers, partners, principals, members, associates or key employees, within the last three (3) years prior to the date of the application or during the term of the grant, has:
    - Been indicted or had charges brought against them (if still pending) and/or been convicted of (a) any crime or offense arising directly or indirectly from the conduct of the applicant's organization or (b) any crime or offense involving financial misconduct or fraud;

    or
    - Been the subject of legal proceedings arising directly from the provision of services by the organization.

    If the response is in the affirmative, the applicant shall fully describe any such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and

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surrounding circumstances. Note background checks will be performed on all personnel staffing the IPA Program for the IPA Entity.

12. Please provide in writing the name of all your organization's insurance carriers and the type of insurance provided (e.g., general liability insurance, automobile insurance, workers' compensation, health insurance, etc.).

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XIII. Statement of Certification (Submit with Application)

Please complete and sign the following statement of certification.

Please list no more than two individuals who are authorized to negotiate with the DC Health Benefit Exchange Authority on behalf of the organization and complete the following certification. List their name(s), title(s), work address(es), and phone number(s).

_____
_____
_____
_____
_____
_____

1. The applicant attests to a satisfactory record of performing similar activities as detailed in duties or, that the applicant has otherwise established that it has the skills and resources necessary to perform the duties.
2. The applicant has the financial resources and technical expertise necessary to perform the grant or subgrant, or the ability to obtain them.
3. The applicant attests to the ability to comply with the required performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments.
4. The applicant attests to have the necessary organization, experience, accounting and operational controls, and technical skills to implement the duties of the grant, or the ability to obtain them.
5. The applicant attests that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and can account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required.
6. The applicant attests that the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums.
7. The applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The applicant attests to a satisfactory record of integrity and business ethics;
9. The applicant attests to be in compliance with the applicable District licensing and tax laws and regulations;
10. The applicant attests to be in compliance with provisions of the Drug-Free Workplace Act; and
11. The applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
12. The applicant agrees to indemnify, defend and hold harmless the District of Columbia and the DC Health Benefit Exchange Authority and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any

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person and for any costs or expenses incurred on account of any claim therefore, except where such indemnification is prohibited by law.

13. The applicant attests they are not prohibited from serving as an IPA under Section VIII of the RFA.
14. The applicant attests that any and all conflict of interest disclosures required have been provided.
15. The applicant attests to remain free of conflict of interests through the term of the grant and provide required disclosures over the term of the program.
16. The applicant attests they will provide appropriate oversight and technical controls to ensure that the privacy and security of consumers is protected pursuant to protocols developed by the Exchange and to meet District and federal laws.

Print Name: _____

Signature _____

Title _____

Organization _____

Date _____

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XIV. Compliance with Laws

If awarded a grant, the organization shall comply with all applicable District and Federal law as may be amended from time to time including, but not necessarily limited to:

- The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990, 104 Stat. 327 (42 U.S.C. 12101 et seq.)
- Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973, 87 Stat. 355 (29 U.S.C. 701 et seq.)
- The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
- The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
- The Clean Air Act (Subgrants over $100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
- The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
- The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975, 89 Stat. 728 (42 U.S.C. 6101 et. seq.)
- Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972, 86 Stat. 235, (20 U.S.C. 1001)
- Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- Executive Order 12459 (Debarment, Suspension and Exclusion)
- Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- Title VI of the Civil Rights Act of 1964
- District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- Workforce Intermediary Establishment and Reform of the First Source Amendment Act of 2011, D.C. Official Code § 2-219.01 et seq.

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I. Appendices

Appendix A – Conflict of Interest Attestation (Submit with Application)

A. "Conflict of interest" means having a private or personal interest sufficient to influence, or appear to influence, the objective exercise of an IPA Entity or IPA's official duties.

B. I (Name of Lead at IPA Entity) attest that (Name of Organization) and all of its employees:

- Are NOT Health insurance or stop-loss issuers or a subsidiary of such;
- Are NOT an association that includes a member of, or lobbies on behalf of, the health insurance industry;
- Do NOT receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a Qualified Health Plan (QHP) or a non-QHP;
- Are NOT directly or indirectly owned by or exclusively contract with a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices);
- Do NOT directly or indirectly own a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices); and
- Will remain free of conflicts of interest during the term of this program.

C. The undersigned agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the IPA Entity shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the IPA Entity has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the IPA Entity shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date:_____ By:_____

(Authorized Representative and Affiant)

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Appendix B

In-Person Assister (IPA) Job Description and Competencies

General Description:
The IPA Program is crucial to the DC Health Benefit Exchange Authority's ("Exchange's") customer service experience and to the overall success of linking people to appropriate health coverage. IPAs will deliver education, outreach and in person-assistance with attention to the particular communication, cultural, and linguistic needs of the population served. Training and certification will be provided by the Exchange.

IPA Role:
The role of the IPA will be to provide customers with fair and impartial information and services that help guide them through applying for and enrolling in health coverage. IPAs will provide education about a consumer's options for health coverage (including both Medicaid and qualified health insurance plans) and health services. Some IPAs will work with small groups to help them understand their options for coverage, including employer-sponsored coverage, possible tax subsidies, and options for employees. IPAs will ensure customers understand basic insurance terminology to help them filter and sort their health plan options. IPAs will also assist customers with making changes to their account in the event of income fluctuations or changes in household, and renewing coverage during the appropriate renewal periods. In the event a customer has a grievance, complaint, or question, IPAs will provide referrals to the appropriate entity. IPAs will be asked to connect customers to a range of community resources, both within the Exchange (e.g., the Contact Center and website) and beyond.

IPA Duties:

- Deliver general education about the ACA and the Exchange;
- Meet with customers in person to explain IPA services, reasons to buy health insurance, and options for coverage;
- Assist customers with opening or accessing an account with the Exchange;
- Explain affordability programs, Qualified Health Plans, Essential Health Benefits, and rights when using insurance;
- Explain Medicaid and DC Healthcare Alliance;
- Assist customers with their application and determining eligibility for premium tax credits and Medicaid;
- Assist customers with understanding web-based decision tools to help narrow the choices for qualified health plans.
- Ensure customers know about their health plan options through the Exchange and help them filter and sort based on those options;
- Refer customers with appeals, grievances, and complaints to the appropriate agency;
- Make referrals as needed to the DC Alliance, a broker, the Exchange, or government and community resources as needed;
- Explain to customers when life changes can be reported and when renewal will be needed;
- Provide all services in a manner that is culturally and linguistically relevant to the customer;
- Provide all services in a private and secure manner;
- Achieve certification and maintain expertise through continuing education; and
- Accurately track and record activities for reporting to the Exchange.

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Skill Requirements:

- Proficiency using the internet
- Good interpersonal skills and the ability to work well with members of the public
- Basic knowledge of health insurance and health service delivery
- Ability to recognize cultural, language, and learning differences
- Ability to explain and summarize detailed and complex concepts
- Experience working with people in a one on one setting to provide objective education about public or private health programs helpful

DC Health Benefit Exchange Authority will provide a training and certification program. Upon training and certification, a trained and certified IPA will be able to:

- Deliver approved and tested Exchange messages to the community
- Assess current health insurance or health care payment source and needs for health insurance
- Empower customers to make their own decisions and act in their own best interests
- Educate on insurance and health payment options in and outside the Exchange including Medicaid, DC Healthcare Alliance, premium tax credits and cost sharing reductions, and Qualified Health Plans
- Translate insurance terms and concepts into plain language
- Explain provider networks and types of insurance plans available
- Effectively use the Exchange internet-based web portal for assistance with applications
- Recognize a customer with an appeal, grievance, or complaint and assist customer with appropriate referral
- Provide appropriate warm hand-offs to Exchange and community-based resources
- Encourage decision making, highlight the importance of follow through, provide next steps and what to expect, inform customers when changes can or should be made
- Engage customers with flexible and culturally/linguistically appropriate communication skills
- Use Exchange education materials and references to maintain expertise
- Report activities and maintain knowledge of policies, procedures, and system uses

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