



District of Columbia Health Benefit Exchange Authority
In-Person Assister
Request for Applications
DCHBX-2013-RFA 01
Questions & Answers FINAL
Release Date: 06.14.13

The following questions and answers are from the pre-proposal conference which was held on 06.05.13 AND questions submitted to the IPA@institutephi.org mailbox by the June 11, 2013 deadline. They relate to the Request for Applications (DCHBX-2013-RFA 01) released on 05.24.13. New questions that were added after the first posting are included at the bottom of each section and are bolded.

Grant Awards

Q: What is the funding range for the grants? Is there a minimum or maximum grant award?

A: No, there is no established range or minimum/maximum grant award. Grant awards will be determined by the quality and proposed work of the applications submitted.

Q: How many In-Person Assister (IPA) Entities will be funded?

A: There is no established number of grants that will be awarded. The number of grantees/IPA Entities funded will be determined by the quality and proposed work of the applications submitted. This is an open call for applications and the DC Health Benefit Exchange (the Exchange) wants to hear from a range of organizations that can do this work.

Q: How many IPAs are expected to be needed in DC to support the open enrollment period?

A: There is no established number of IPAs that will be needed in DC. When the DC Health Benefit Exchange submitted its proposed estimates to the Federal government as a part of the grant request, 170 IPAs were estimated. Once again, this is an estimated number and does not reflect a minimum or maximum number of IPAs.

Q: Will the grant awards be proportional to the wards in the District or to the number of recipients?

A: Grant awards will not be distributed proportionally by ward. After each application is scored separately, the applications will be considered together to ensure all target populations are covered, without unnecessary duplication, by a diverse set of organizations that are

geographically dispersed throughout the city. Final grant awards will be determined by taking these additional comparative criteria into consideration.

Q: Will grant awards for partnership or collaborative projects be prioritized?

A: No, collaborative applications will be weighted the same as single-organization applicants in the review process. The weight will be based on the proposed activities, experience and networks the organization already has, so partnering with other organization in ways that make an application stronger can be helpful.

Q: What is the ideal applicant organization are you looking to support?

A: There is no “ideal” organization. We are looking to fund organizations with experience in working with the populations they are proposing to serve. Our intent is to support organizations that already have trusted relationships and established networks within their communities that will enable them to easily reach their target population(s). Please carefully review the requirements listed in the RFA.

Q: Is the lead organization required to obtain all financial documentation for subcontractors ie audits, and audits reports, DC business license, Terms and Conditions.

A: Grantees will be held responsible for the work of their subcontractors, so they will want to take whatever steps are necessary to ensure that subcontractors are capable of fulfilling their duties in a financially sound and effective manner. The DC Health Benefit Exchange may require additional documentation if an award is made.

Q: During the qualifying of the proposal will CBE certified firms receive discount points concerning pricing and cost?

A: Certified Business Enterprise (CBE) certification is not a factor in awards for this grant.

Eligibility

Q: Are DC managed care organizations eligible to apply for the IPA funding?

A: No, DC managed care organizations are not eligible to apply for this funding due to the conflict of interest restrictions.

Q: What documentation is an acceptable alternative to a DC business license? If an organization has applied for a license but has not received it by the application deadline, can the application still be submitted?

A: The DC Health Benefit Exchange recognizes that many organizations, like churches, are not required to have a DC business license. If your organization does not have a license, or has recently applied for a license, please provide that information as a part of your application. There is no negative scoring for not having a DC business license where a license is not required to undertake your organization’s current functions. If your organization receives a grant award, additional information or documentation may be requested.

Q: If an organization has board members affiliated with a health insurer, is the organization ineligible to apply for a grant?

A: No. Having a board member affiliated with a health insurer does not make an organization ineligible to apply, but such information is pertinent and should be relayed in the Conflict of Interest Plan under section IX (4). However, organizations are not eligible to be IPA Entities if that applicant organization is an association that includes members of, or lobbies on behalf of, the health insurance industry.

Q: Are churches eligible?

A: Yes. Some churches might see that a business license is requested in the application and have concern if the church does not have a business license. The DC Health Benefit Exchange recognizes that many organizations, like churches, are not required to have a DC business license. If your organization does not have a license, please provide that information as a part of your application. There is no negative scoring for not having a DC Business license where a license is not required to undertake your organization's current functions.

Q: Are for-profit organizations eligible to apply for funding?

A: Yes, for-profit organizations are eligible. Please refer to the RFA, section VIII for further eligibility requirements.

Q: My organization is a new start up non profit based in Virginia. Are we eligible to submit a proposal for IPA grant since we are not a DC corporation?

A: Applicants must be DC based organizations and have a physical address in the District.

Q: Can a Virginia Corp obtain a DC Business License? If so where and how long does it take to issue the license?

A: All applicants to the IPA Program must be DC based organizations and must have a DC address. To learn more about obtaining a DC Business License, please visit <http://dc.gov/DC/DCRA/For+Business/Apply+for+a+Business+License>

Q: We don't have the audited financial statements being requested. Is this a disqualifier?

A: No. Organizations that do not have the requested financial documentation must provide a statement explaining why they do not undertake audits or cannot furnish the documents.

Q. Does an organization need to have its 501 (c) 3 status in order to apply for funding? If the application is in process, is the organization eligible?

A: Applicant organizations must be recognized legal entities, either for-profit or not-for-profit. If an organization has a 501(c)3 application that is still pending, it will need to find a fiscal sponsor for the purposes of receiving, managing, and reporting on the use of grant funds.

Q: Can organizations serving veterans apply given that they may be eligible for services?

A: The target population should include those that are uninsured and hard to reach populations as specified in section V of the RFA that are eligible to purchase health insurance in the individual or small business exchange. Some of those categories may overlap with

Veterans. Having health coverage based on service in the military does not disqualify an individual from purchasing private insurance through the Exchange.

Q: Can an IPA also be an authorized representative?

A: An IPA may also be an authorized representative, but is not required to be.

Residency and Service Area Coverage

Q: My organization serves people throughout the Washington, DC metropolitan area. Can I use the IPA Program funds to help residents of Maryland and Virginia that work in the District?

A: The target population for the IPA Program is residents of the District or small businesses based in the District. Grant funding cannot be used to support consumers that reside outside of the District of Columbia or businesses that are located outside the District. Grant funding can be used to assist small businesses located in the District regardless of where their employees reside. Each state and jurisdiction will have similar programs to help residents understand how to access the marketplaces in those states.

Q: Are the IPAs required to be DC residents?

A: While there are no specific requirements that individual IPAs be DC residents, the IPAs must have a keen understanding of the applicant's proposed target population in the District. Please note that IPA Entities with awards greater than \$300,000 are required 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. See RFA section X (4).

Q: My organization has also applied to the Virginia navigator program. Are we eligible to receive a grant in both VA and DC?

A: Yes. The DC award should serve DC residents and small businesses in the District.

Q: I plan to support small businesses; however, many have employees that reside outside of the District. Can we still work with those employees that do not live in the District but are employed by District-based organizations?

A: If the employer plans to provide employer-sponsored coverage, the IPA should help the employer enroll all of its employees, including those that do not reside in the District. If the IPA is working with a small business to help its employees understand and take advantage of their options for purchasing in the individual market, the IPA is encouraged to help educate all of the employees, but they will need to refer those who do not reside in the District to resources in other states since they will not be trained on the Exchange, web-portal or plan offerings in those other states.

Q: How will it be determined that an applicant is really located in DC and has an established business or non-profit in the District?

A: In addition to information required in the application, tax records, site visits, and other means can help verify if the organization is indeed operating in the District of Columbia.

Q: Will business be required to demonstrate that they have had a DC address for one year or more?

A: Applicants should demonstrate that they are physically located in DC and have been conducting official business here. No time period is specified in the RFA.

Q: Will businesses be able to rent office services and be considered legitimate?

A: Renting a DC office for the purposes of responding to the RFA does not constitute an existing presence.

Target Population(s)

Q: Immigrants are listed as a possible target population. Does that only include documented immigrants that are living in DC legally or can undocumented immigrants be served as well?

A: Immigrants per se are not a target population; however, those with limited English proficiency are included and that group can include immigrant communities. Undocumented immigrants are not eligible to be served by the Exchange and should not be a target population. However, they can be referred to the DC Healthcare Alliance offered through the DC Department of Health Care Finance for coverage should someone approach an IPA for assistance.

Q: Should applications address serving/accessing all of the target populations?

A: No, we do not expect every IPA Entity to reach all of the targeted populations. Strong applications will target the populations with whom your organization already has experience and those with whom you have trusted relationships.

Q: Can you expand on target populations?

A: The target populations are not only the uninsured, but include hard-to-reach populations in the District. All District residents and businesses will be purchasing insurance through the DC Health Benefit Exchange eventually. So the target population includes hard-to-reach individuals and businesses that currently have health insurance as well as those that do not. The IPA program is designed to assist those who are hard to reach by virtue of the fact that they may need additional outreach and education (beyond generalized advertisements) and are likely to need assistance navigating the web portal or understanding their health coverage options.

Q: Please clarify...Can IPAs target populations also be from wards located outside the contractor's ward? For example, if the contractor's office is located in ward 1, can the contractor's outreach include other wards (ward 2 to 8)?

A: Yes. The applicant's target population can be beyond the ward they are located in as networks and trusted relationships are often broader.

Q: Can a provider choose to focus on a specific target population (small businesses versus uninsured)

A: Yes. Applicants should identify target populations with whom they have existing relationships and are able to easily reach through established networks.

Q: Is it expected that our approach to meeting the IPA program requirements will include all wards or a subset of wards?

A: Applicants are not required to target a specific geographic unit. Applicants should propose a target population based on existing networks and capacity to reach the target population, and not solely on geography. For some applicants, the target population may be neighborhood or ward-based, however, it is up to the applicant to make that decision.

Q: Low Income Hard To Reach Populations -- We have trusted relationships in several public housing communities in wards 7 and 8. However, given that most of these residents are receiving TANF/SNAP and free and reduced lunch for their children, I assume they are Medicaid recipients and/or current DC Primary Care Alliance participants. Does this make them ineligible for the IPA recruitment and enrollment? Related question -- how should we "count" this population when we estimate our outreach, education and/or enrollment numbers?

A: Current Medicaid and Alliance recipients are not included in the target population, which means they are not the priority population for the IPA Program. Outreach and education proposals should reflect this and not be aimed at networks and populations that are expected to be primarily Medicaid eligible. We note that the target population does include uninsured individuals and some of individuals may be Medicaid eligible, so they can be accounted for in the targeting estimates.

Application

Q: Should a "workplan" be included as part of the narrative or should it be a separate section?

A: Yes, a "high-level work plan" should be included as part of the narrative as referenced in section X (3) B. There will be an opportunity to reference the work plan throughout the narrative section.

Q: The RFA indicates that partnerships, or collaborative applications, may be submitted. How should those partnerships be documented in the application?

A: Applicants are welcome to work with other community organizations in their proposed projects. Submission of memorandums of agreement or understanding (MOAs/MOUs) is not required in the application. However, the applicant should relay who is responsible for which duties and how those duties will be completed. If duties are being completed by partners, the core of the duties being completed, their experience, and skills to complete those activities should be reflected as a part of the response to the RFA section X (3) to give reviewers a complete picture of the strengths each partner brings to the proposal. If the applicant receives

an award, the primary organization may be asked to submit additional documentation about the partnerships before finalizing the grant agreement.

Q: May grant funds be used to purchase IT or tech products (hardware, software, etc.) needed in order to carry out the grant?

A: Yes, technology, including cell phones and laptops, may be purchased if needed to support the funded project. Please consider and justify these purchases carefully. Any single expenditure over \$2,500 must have prior approval. Be aware that the web portal is not being developed to support eligibility and enrollment functions on tablets, phones or iPads.

Q: Will the IPAs be able to support consumers by telephone and submit applications on their behalf?

A: Yes. IPAs can assist individuals in person or over the phone. The strength of the application will be judged on the applicant's ability to garner a consumer's trust and to get them educated and enrolled. If use of the telephone impedes this relationship, that should be considered by the applicant.

Q: Are page limits strict?

A: Yes, all applicants must adhere to the page limits described in the RFA.

Q: Is number 12 on page 32 required? It states, "Please provide in writing the name of all your organization's insurance carriers and the type of insurance provided."

A: This is a required part of the application, and it is not just for those who are awarded. Section X (Page 21) describes all of the required parts of the application. An applicant should submit the name of all its insurance carriers and the type of insurance provided (e.g., general liability insurance, automobile insurance, workers' compensation, health insurance, etc.).

Q: Are performance measures required in the application?

A: No performance measures are required until after the grants have been awarded and the program begins.

Q: Is the table of contents and front cover included in the page limit?

A: No. The page limits apply only to those specific sections where a page limit is specified.

Q: Can attachments be added to the application as supporting documents?

A: No, additional information that is not requested should not be submitted. Only the documents required in the RFA will be forwarded to the review committee.

Q: Will the application documents be made available in a fillable or editable format?

A: Yes, the charts will be made available in a fillable format on the DC Health Benefit Exchange website at <http://hbx.dc.gov>.

Q: Should the organizational chart request reflect the current structure or the future structure if the funding is awarded?

A: The RFA does not specify whether a present or future organization chart should be provided, so the applicant can provide either.

Q: Should the project budget submitted with the application cover a 12 or 18 month period?

A: The project budget should cover the 18-month project period.

Q: Please clarify which information is required for submission with the proposal: completed Appendix A or a written Conflict of Interest plan or both?

A: Both the Conflict of Interest Attestation (Appendix A) and a written Conflict of Interest Plan (Section IX, 4) are required with your complete application submission.

Q: We were approached by two Consortiums to apply as partners for the In-Person Assister Program. Can one organization be listed as a partner on two applications?

A: Yes, an organization may partner with more than one applicant. The DC Health Benefit Exchange recognizes that some organizations may have specific reach or be able to provide services that may be beneficial to multiple IPA Entities. The applicant should relay who is responsible for which duties and how those duties will be completed. If duties are being completed by partners, the core of the duties being completed, their experience, and skills to complete those activities should be reflected as a part of the response to the RFA section X (3) to give reviewers a complete picture of the strengths each partner brings to the proposal.

Q: The RFA places significant emphasis on the target populations. The same was reiterated during the pre-proposal conference. However, there is a 1-page maximum limit to describe the target population. We are kindly requesting the page limit to be increased to 3 pages for addressing the needs of the target population.

A: All applicants must adhere to the page limits described in the RFA. In addition to the Target Population section, applicants also have the opportunity to describe experience and existing relationships with the target population within the Qualifications and Experience section.

Q: Are letters of support or memoranda of agreement required as supporting documentation?

A: Submission of memorandums of agreement or understanding (MOAs/MOUs) is not required in the application.

Q: Will different sections of the application be reviewed by different review teams? If so, should the application be submitted in separate sections?

A: Applicants should follow the submission instructions in the RFA, specifically section II and section X, 1 will be helpful on this topic.

Q: If my organization only targets a specific demographic, is it beneficial to apply as a solo entity and target only that population, or is it more advantageous to partner with other organizations that have a different focus to develop a proposal that targets a wider population even though my doesn't have experience with the broader population?

A: Partnership-based applications are welcomed and encouraged when they make strategic sense. We expect to fund a mixture of both grants focused on very specific populations and those with broader reach.

In-Person Assister Training

Q: Is the IPA training only available in-person or will it be available online?

A: The required training for In-Person Assisters will be conducted in-person in late August and September. Online modules will be made available to help IPAs review learned materials over the course of the program.

Q: Will the IPAs be paid during the mandatory training period?

A: The compensation and pay structure of individual IPAs is determined by the organization that receives the grant, not by the DC Health Benefit Exchange. The organization is eligible to submit training time to draw down on their grant award as a reimbursable expense.

Q: Will the IPA training be provided in languages other than English? What provisions will be made for those with limited English proficiency.

A: Training will only be made available in English. It is important for IPAs to have strong English language capacity in order to navigate the web portal and to understand other outreach, education, eligibility and enrollment materials provided by the DC Health Benefit Exchange.

The IPA Program does aim to assist consumers with limited English proficiency. Thus, individuals IPAs will need the language competency to convey the complex information in the primary languages of the consumers they intend to serve in an easy-to-understand way. IPA Entities can supplement the DC Health Benefit Exchange training with additional training on how to convey information in target languages.

Q: Will a "train the trainer" session be provided so grantees can train their own staff on the training provided to the IPAs.

A: A "train the trainer" session is not currently planned. In order to become certified, IPAs must attend an approved training. Organizations will need to identify a project manager who will play a role in ongoing education and support for IPAs. Online training modules will be available as well to help IPAs brush up on topic areas.

Q: Will all IPA training be provided by the DC Health Benefit Exchange?

A: The DC Health Benefit Exchange will develop and provide all training for the IPAs, including online tools, job aides, and in person training sessions. All IPAs will be required to participate in

approximately 30 hours of in person training that will be conducted in late August/early September.

Q: Where will the IPA training take place?

A: The location will be determined by the number of IPAs that will require training. The training will be held in the District at a Metro-accessible location. Travel costs associated with the training are reimbursable items in the grant.

Q: Is there a minimum education requirement in order to work as an IPA?

A: No, each organization will develop their own criteria for people they want to hire or have to serve as IPAs. IPAs must have the skills necessary to pass the certifying exam.

Q: Will current DC agents, brokers, and producers receive the same IPA training or will that training be different?

A: The DC Health Benefit Exchange has convened a Producer Advisory Committee of stakeholders that will determine the training needs of agents, brokers, and producers.

Q: Will the DC Health Benefit Exchange offer this or any other training to individuals in the community who are already navigators or advocates but will not be In-Person Assistants through this program?

A: The Consumer Assistance and Outreach Advisory Committee will address this question. While the details are still being considered, we expect that there will be other pathways for individuals who already assist consumers and businesses enroll in health insurance coverage to do so through the Exchange.

Q: If one of my identified IPAs leaves the organization or can no longer serve as an IPA, is there a way to fill that opening? How will they be trained?

A: The DC Health Benefit Exchange recognizes that individuals get sick, move or leave positions for different personal reasons. There will be a process developed for training a small percentage of an organization's IPA positions in these notable situations. In order to avoid this situation, the DC Health Benefit Exchange encourages organizations to clearly convey the duties of this position and that this is an 18 month program. A sample job description has been provided in Appendix B. The success of the IPA Program will depend on knowledgeable and effective IPAs.

Q: Will organizations be required to train a certain number of staff as IPAs?

A: All individuals in an organization that will perform the duties of an IPA will be required to be trained and to complete a skills-based exam. Administrative personnel and others who support and enable IPAs to be successful are not required to be trained.

Q: Is there a minimum number of IPAs that an organization must have?

A: There is no minimum, maximum, or ideal number of IPAs in an organization. The efficiency of a proposal will be considered so some economies of scale can be beneficial.

Q: IPA Certification Process -- Each potential IPA will be required to participate in 30 hours of mandatory training AND pass an exam. What happens if one or more of our potential IPAs doesn't pass the exam the first time? Will they have the opportunity to re-take the exam? And if so, how many chances to pass the exam will they be given?

A: Potential IPAs will have an opportunity to re-take the exam or learn from the incorrect responses to allow them to reach certification. In addition, online materials will be available for review for those who need it.

However, the DC Health Benefit Exchange recognizes that some people will not pass the exam or be able to learn from the incorrect responses and thus will not be able to serve as IPAs. IPA Entities should take this into consideration when recruiting IPAs and seek to hire individuals or identify current employees with the skills and experience that will equip them to be able to learn the information and do the job effectively. The exam will be a skills-based test, so it will be designed to track as closely as possible with an ability to perform the functions of an IPA. A sample job description can be found in Appendix B.

Q: How much technical assistance will be provided (outside the 30 hours mandatory training)

A: As stated in section VII of the RFA, support will be available to individual IPAs. Specific information about how to access that support will be provided by the Exchange during training. In addition, there will be required on-going meetings for IPAs and IPA Entities to share best practices, trouble-shoot common problems and challenges, and disseminate general program updates.

Q: Will the 30 hours of IPA training include training for small business enrollment or education?

A: Yes training on small business enrollment will be provided.

Project Implementation

Q: Please clarify goal 3 on page 10, "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."

A: The In-Person Assister Program and the DC Health Benefit Exchange aims to serve as a one-stop shop for people interested in learning about their healthcare coverage options. The IPAs will be trained to help individuals make choices about how to take advantage of a range of health coverage and health service options and refer them as needed to other programs and other types of assistance if appropriate.

Q: How many IPAs do you estimate will be required to support the initial open enrollment period?

A: There is no established number of IPAs that will be needed in the District. When the DC Health Benefit Exchange submitted its proposed estimates to the Federal government as a part of the grant request, 170 IPAs were estimated. (Please note that this is the number of individual

IPAs, not the number of IPA Entities). Once again, this is an estimated number and does not reflect a minimum or maximum number of IPAs.

Q: How much time will it take to complete an enrollment?

A: This will vary depending on the specific individual. Factors can include, but are not limited to, whether a consumer has a language or cultural barrier or whether they have ever had insurance.

Q: Will organizations be expected to have additional staff during peak periods and provide training to those additional staff?

A: When determining staffing needs, peak periods should be considered; however, all staff should be identified and trained at the start of the program, including new hires. A majority of the grant period is a peak period of this program.

Q: Do IPAs need portable printers?

A: Portable printers are not required, though a printer can be budgeted for any justifiable purpose. Grantees will need to print customized outreach and event materials. General outreach materials will be created and printed by the DC Health Benefit Exchange.

Q: How will the call centers interact with the IPAs?

A: There will be call centers available 24/7, but not all consumers will feel comfortable and confident using the call center. In many cases, the IPAs are going to be the trusted sources to reach uninsured and hard-to-reach individuals. The call center staff may be a resource if an IPA has a question. The call center may also refer consumers to IPAs in certain circumstances. Protocols related to these hand-offs will be addressed in the training.

Q: Open enrollment begins October 1, 2013. When will the IPA Program be operational?

A: In order to meet the October 1 deadline, funded projects will be operational immediately after the grant awards have been finalized.

Q: Is there a monthly quota for the number of individuals that should be enrolled in health insurance plans?

A: No, there is no monthly quota.

Q: Will grantees be required to enroll a certain number of people?

A: While there is no specific number of enrollments expected from a grantee, the DC Health Benefit Exchange will be tracking the number of people being enrolled by each IPA and IPA Entity. Number of enrollments will be one of the criteria on which grantees will ultimately be judged. If an organization's outreach and enrollment strategy is not working, the organization is expected to modify their plan and try a different approach.

Q: Will IPAs work with insurance agents and brokers?

A: Yes, in some cases. For example, IPAs cannot recommend particular insurance plans. Rather, they will help consumers understand the factors to consider when making a choice such

as the difference between an HMO and PPO. If a consumer specifically wants an IPA to pick a plan for them, the IPA will have to refer the consumer to an agent or broker. A consumer or business can have both an IPA and agent or broker assisting them.

Q: What is the requirement for a bank account for individuals enrolling?

A: There will be a method for paying premiums without a bank account since some individuals do not have one. Individuals will be able to pay by check, money order, credit card, or debit card.

Q: Will there be a way to help enrollees with filing grievances and legal complaints?

A: IPAs will be trained on how to help consumers with questions and where to refer consumers with particular grievances and legal complaints, such as the Ombudsman's Office.

Q: Will there be a process for determining if people should be enrolled or continue on Medicaid?

A: The Exchange web portal will determine both Medicaid and Exchange eligibility through one application, so IPAs will be assisting individuals access both programs. IPAs will be trained to answer questions about all supported programs.

Q: Will IPAs serve people with disabilities?

A: Yes. Applicants are required to explain how the organization will accommodate individuals with disabilities.

Q: Would an applicant who has a specific staff person in mind (who has the necessary qualifications) be a stronger candidate than one who simply states they will hire someone when the grant is approved? We don't currently have the staff to do the work of the grant, so we would like to know at what point we should be considering vetting potential applicants, and if we should do this before the grant is due.

A: We recognize that many applicants will not have the necessary staff in place prior to completion of the application or the award. The DC Health Benefit Exchange encourages applicants to begin engaging potential IPAs so if a grant is awarded, you will have identified candidates you would like to hire. Candidates should be advised that hiring is contingent upon receiving an award. IPA Entities will have to have at least half of their IPAs hired in time for training at the end of August and September. The DC Health Benefit Exchange is currently working to see if the DC Department of Employment Services can post a general IPA job description to help applicants identify strong candidates quickly.

Q: When someone enrolls in the Health Exchange on the web do they get a confirmation?

A: Consumers will get a confirmation notice from the Exchange in the mail and electronically (PDF) unless they specify that they prefer electronic only. An IPA can print a confirmation of enrollment notice for a consumer. However, one will be mailed and sent electronically from the DC Health Benefit Exchange, so a paper confirmation is not necessary.

Q: For those persons that are over income for Medicaid but have to spend down, will there be a process to determine if they must enter a health plan or continue to process for Medicaid under spend down?

A: Eligibility determinations for Medicaid will be a part of the training for IPAs. Specific complex eligibility questions may be referred to Medicaid eligibility case workers and IPAs will be trained on when a referral should be made. Individuals potentially eligible for spend-down may still receive an Advance Premium Tax Credit (APTC) to buy coverage until such time as they are determined Medicaid-eligible. It is the individual's choice whether to enroll in a Qualified Health Plan (QHP), with or without APTC. If they do enroll, the premiums and cost-sharing they pay toward the QHP coverage count toward their Spend-Down deductible.

Q: What personal data about enrollees would the Health Benefit Exchange need access to?

A: The DC Health Benefit Exchange is developing the on-line application based on federal and District eligibility rules. Any personal information will be subject to privacy and security standards.

Budget and Reporting

Q: Is there a minimum number hours that should/can be budgeted for each IPA?

A: We are expecting that there will be part time and full time IPAs to allow flexible types of staffing strategies.

Q: Is there a minimum or maximum pay rate that should be used to compensate qualified IPAs?

A: No, there is no minimum or maximum pay rate. The compensation and pay structure of individual IPAs are determined by the organization that receives the grant, not by the DC Health Benefit Exchange. Applicants will need to propose in their budget how the IPAs will be paid and the DC Health Benefit Exchange may negotiate with an organization that looks to have budgeted outside the norm for staff compensation for the duties being performed.

Q: What are the reporting requirements for the grantees?

A: Metrics will be finalized after awards are made, however, the general reporting requirements are stated in section VI (11) of the RFA. The reporting will be standardized and some of the information will be submitted online and some information will be tracked automatically through the web portal. Grantees will also be required to submit monthly financial statements including documentation of expenditures.

Q: Is this grant reimbursement-based?

A: The grant is not strictly reimbursement-based and will be paid out as follows:

- 25% of the grant amount will be paid 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 will be 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 DC Health Benefit Exchange.
- 35% of the grant amount will be 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.

Periodically, IPA Entities will be required to demonstrate their progress.

Q: Can funds be used to support sub-grants to community and faith-based organizations.

A: Yes. Applicants partnering with or issue sub-grants to other organizations, including community and faith-based organizations, must clearly describe who is responsible for which duties and how those duties will be completed. If duties are being completed by partners, the core of the duties being completed, their experience, and skills to complete those activities should be reflected as a part of the response to the RFA section X (3) to give reviewers a complete picture of the strengths each organization brings to the proposal.

Q: For the In-Person Assister Program, if training is not held in a language other than English, will interpretation be available? If not, can this be an allowable expense in the budget so that interpretation can be made available?

A: Training will only be made available in English and the DC Health Benefit Exchange would not support the use of funds for interpretation during the IPA training. It is important for IPAs to have strong English language capacity in order to understand fully the complex topics of eligibility for health insurance, tax credits, Medicaid, and other issues that will be discussed in training, be able to participate in break out training sessions, and be able to convey these concepts effectively in English or another language through outreach, education, eligibility and enrollment assistance.

Q: Does the DC Health Benefit Exchange have any data it can share on the cost of one IPA session per business or per individual?

A: The amount of time an individual IPA will spend with an individual or business will vary based on the target population.

Coordination with Other Health Coverage Programs

Q: How will funding wrap around and not duplicate existing funding, for example for Medicaid and CHIP?

A: The money for this program is to be targeted to uninsured, underinsured, and hard-to-reach populations. It is not specifically targeted to those eligible for or enrolled in Medicaid because, as the question implies, there are other outreach programs and enrollment programs for that population. However, IPAs will be trained and required to help anyone who seeks assistance through the Exchange portal, which includes the joint Medicaid/Exchange application.

Q: How will funding for IPAs be coordinated to prevent duplication of existing outreach that is provided through other services, such as Medicaid, Ryan White, and CHIP?

A: IPA funding should supplement existing funding sources and not supplant them. The DC Health Benefit Exchange and IPA program leaders will work to ensure strong coordination with other related programs in the District. IPAs will be trained on the other resources available to consumers and how to refer consumers appropriately.

Q: Will this program replace the DC Healthcare Alliance that is currently available to the uninsured?

A: No, the Affordable Care Act is looking to connect people to all avenues of coverage, not trying to put everyone into a private or public plan. IPAs will help consumers find the appropriate program for them. The DC Healthcare Alliance is still a critical program for low-income and undocumented individuals.

Outreach

Q: Can IPA Entities do their own marketing?

A: You will be provided with outreach materials and messages that are accurate and have been tested with consumers. IPAs will receive training on how they can use (and adapt) approved marketing information and materials provided by the DC Health Benefit Exchange. Grantees will need a marketing and dissemination plan that is unique to the population they plan to serve. The DC Health Benefit Exchange wants to hear how grantees plan to use existing connections and networks to reach the target populations they already serve. If you already use particular methods to reach your target population, we expect you to use and develop those methods. Outreach messages and materials will be provided in Spanish, but IPA Entities should plan to assist with translation of materials and messages into other languages.

Q: Will the DC Health Benefit Exchange hire consultants to develop messaging, marketing communications and online materials for grant recipients or is this being handled internally?

A: The DC Health Benefit Exchange has issued a request for proposals for marketing and communications, which is available on the DC Health Benefit Exchange website at <http://hbx.dc.gov/node/551752>.

Q: Can we see the DC Health Benefit Exchange messages, marketing communications materials and online materials that have been developed?

A: Marketing and communication materials will be developed by a marketing and communications organization selected in response to the DC Health Benefit Exchange request for marketing and communications proposals (<http://hbx.dc.gov/node/551752>). Materials and messages will be shared as appropriate when they are available.

Q: Will outreach campaign elements be coordinated among grant recipient?. Is there an overall campaign for the District?

A: Yes, there will be an outreach campaign that will be shared and coordinated with the IPA Program grant recipients.

Q: What efforts will be made to share outreach campaign elements among grant recipients?

A: An array of collateral materials will be shared with grant recipients for their use and distribution. This will include, but not be limited to, brochures, fact sheets, palm cards and other materials that can help communicate key facts and dates. Grant recipients will have access to printed materials as well as downloadable materials that can be tailored to a specific event or use.

Q: Will the HBX create radio, TV spots?

A: Yes, an ad campaign will be launched in the fall including TV, radio, and newspapers. We will also advertise in outdoor advertising spaces, Metro trains, stations and buses, and elsewhere.

Q: Will the HBX manage a blog?

A: A variety of communications vehicles will be used including social media, earned media, and paid media.

Q: What marketing communications outreach tools will grant recipients be expected to develop? Website? Online newsletters? Brochures? Fact Sheets? PSAs?

A: IPA Entities will be provided with outreach materials and messages that are accurate and have been tested with consumers. IPAs will receive training on how they can use approved marketing information and materials provided by the DC Health Benefit Exchange. Grantees will need a marketing and dissemination plan that is unique to the population they plan to serve. The DC Health Benefit Exchange wants to hear how grantees plan to use existing connections and networks to reach the target populations they already serve. If you already use particular methods to reach your target population, we expect you to use and develop those methods. Outreach messages and materials will be provided in Spanish, but IPA Entities should plan to assist with translation of materials and messages into other languages.

Q: Is the grant recipient expected to provide a paid advertising budget?

A: No. Grantees will be expected to use communication channels they have developed and already use to reach consumers.

Q: Will the HBX use paid advertising to support grant recipient outreach?

A: Yes. DC Health Benefit Exchange will be featuring the availability of IPAs as a key feature of the Exchange.

Miscellaneous Questions

Q: Will any funding be available to support ongoing project needs after December 31, 2014?

A: This specific program will end on December 31, 2014. The DC Health Benefit Exchange will be assessing future needs and funding sources to determine how best to meet the federal requirement for an ongoing program to assist people with eligibility and enrollment. That program will build on the strengths and lessons learned of the IPA program. It will likely be smaller in scope.

Q: Will a list of attendees from the pre-proposal conference be made available?

A: No, in order to maintain the privacy of the attendees a list will not be distributed.

Q: Will the PowerPoint presentation or any other form of information from the pre-proposal conference be available?

A: The PowerPoint presentation will not be shared. The information conveyed in the presentation came from the RFA which should be considered the primary source of information about the IPA program. An audio recording of the presentation is available on the front page of the DC Health Benefit Exchange website (<http://hbx.dc.gov>) under meeting materials.

Q: Will a list of organizations who submitted letters of intent be shared publicly?

A: For privacy reasons, it will not.

Q: What organizations will post the Navigator or IPA positions and will the DC Health Benefit Exchange post them?

A: Primarily, grantees will be responsible for recruiting and hiring IPAs. To assist them with recruitment, the DC Health Benefit Exchange will work with the DC Department of Employment Services to post for IPAs based on the general job description included in Appendix B of the RFA. This will allow organizations that need to hire and those that may be interested in being assisters to link up as soon as grant awards are made.

Q: Do you expect the IPAs and the IPA Entities to have insurance?

A: We ask you to submit the insurance coverage your organization currently has (i.e. liability insurance, health insurance, short – and long-term disability, etc.) in response to number 12 in section XII. We understand that that health insurance has not been possible for all organizations so we are not requiring that the IPAs have health insurance at this time.

Q: Will it be possible for volunteers to become certified IPAs that will work with consumers at no cost?

A: The Consumer Assistance and Outreach Advisory Committee is considering ways volunteers can be utilized to assist with many of the functions that will be performed by IPAs.

Q: What experts will review applications? Can individuals today submit their names to be considered?

A: The Institute for Public Health Innovation will accept recommendations for individuals to serve on the review committee via email at IPA@institutephi.org. The review committee is still being formed and conflicts of interest will be highly managed. Individuals who are employed by organizations who have submitted applications will not be considered.

Q: How can we obtain this RFP as an MS Word document so that we don't have attempt to re-create the forms and certifications we are required to submit?

A: The DC Health Benefit Exchange Authority has made key forms and signature pages from the In-Person Assister Application DCHBX-2013-RFA 01 available in a format that allows organizations to complete them more easily than recreating them. The DC Health Benefit Exchange is making them available for those that choose to use the forms. Use of these specific forms is optional, however, the content must still be included in the final application submission. Here is a link to the forms: <http://hbx.dc.gov/node/556702>

Q: As stated in page 11 of the RFA, the uninsured numbers were derived from the report "Insurance in the District of Columbia: A Profile of the Uninsured, 2009." The report was published in 2009. The City's demographics have substantially changed during the last 4 years. Use of 2009 uninsured data may differ significantly from current data: Is an updated report available? If not, please provide a current estimate of the uninsured for each Ward.

A: An updated report is not available and the DC Health Benefit Exchange is not aware of more recent data that estimates the uninsured by DC ward.

Q: What are the technical requirements to ensure security and privacy of the eligibility information?

A: Policies and procedures are being developed to ensure the privacy and security of personal information. Technical requirements are not expected to be onerous and will be shared with IPA Entities as they become available.

Q: How many of the estimated 40,000 uninsured DC residents do you expect to enroll in the first year of the program?

A: The DC Health Benefit Exchange has no specific numerical goals but is expecting to enroll uninsured and currently insured residents and small businesses through the Exchange.

Q: I am the managing principal of a DC based PR, marketing, brand management and event planning firm. We specialize in strategic grassroots marketing campaigns, multi cultural marketing and messaging and urban consumer engagement strategies with a specialized expertise in health. For most of our clients we assist them in understanding the city, cultures and current trends.

Is it possible for our organization to submit a proposal lending our expertise to grant recipients? While everyone is expected to tap into their individual networks, we are interested in being an overall resource for developing and executing tactical plans, outreach strategies and event planning when needed. Our goal would be to develop a proposal allocating time and resources to grant recipients. This way the grant recipients can utilize our services without incurring cost. Would a proposal like this be accepted under the current guidelines?

A: The DC Health Benefit Exchange issued a Request for Proposals for a Communications and Marketing contract that will work with the Exchange to develop campaigns to raise awareness of the Exchange, the benefits and responsibilities under the law, and the Open Enrollment period. The RFP can be accessed at <http://hbx.dc.gov/node/551752>. The RFP encourages bidders to partner with other companies and organizations to perform some tasks.