

**COMMONWEALTH OF VIRGINIA  
State Corporation Commission  
on behalf of the  
Virginia Health Benefit Exchange  
Request for Applications (RFA)**

**NAVIGATOR PROGRAM SERVICES**

**Summary** The Virginia State Corporation Commission (Commission), on behalf of the Virginia Health Benefit Exchange (VA Exchange), seeks applications from entities or individuals qualified under state and federal law to be a Navigator for the provision of Navigator program services for the VA Exchange established pursuant to Chapter 916 and Chapter 917 of the 2020 Virginia Acts of Assembly (§§ 38.2-6500 through 38.2-6517 et seq.). Navigators in the VA Exchange will facilitate the enrollment of non-traditional populations that typically do not purchase health insurance. These groups include people who are in underserved and vulnerable populations, including those eligible for the Family Access to Medical Insurance Security Plan (FAMIS) and the State Medicaid Program. Navigators will serve an important role in educating and enrolling individuals and employer groups which typically will not enroll unless encouraged to do so. The purpose of the Commission's request is to determine what experienced entities or individuals are available to assist the Commission in executing its Navigator program.

**Background** Pursuant to Chapter 916 and Chapter 917 (§§ 38.2-6500 through 38.2-6517 et seq.), enacted on April 9, 2020, the Commission, through the VA Exchange, intends to implement a State-Based Exchange on the Federal Platform (SBE-FP) for plan year 2021, as contemplated by the Patient Protection and Affordable Care Act (ACA). The VA Exchange will ultimately be an online marketplace on which qualified individuals can shop for, compare and enroll in health insurance coverage, and through which qualified employers may enroll eligible employees directly through qualified health plan issuers, qualified dental plan issuers or licensed agents as established by the Exchange. The VA Exchange must have consumer assistance functions, including a Navigator program. The purpose of this RFA is to determine what experienced persons are available to operate a Navigator program through the SBE-FP for the Commission for plan year 2021, including the open enrollment period beginning November 1, 2020.

**Requirements of a Navigator Program** The ACA requires an exchange, including the Commonwealth of Virginia's SBE-FP, to establish a Navigator program that does all of the following:

- Conducts public education activities to raise awareness of the availability of qualified health plans, qualified dental plans, the State Medicaid Program and the Family Access to Medical Insurance Security Plan (FAMIS);
- Distributes fair and impartial information concerning enrollment in qualified health plans; qualified dental plans; the State Medicaid Program and FAMIS; the availability of premium tax credits under § 36B of the Internal Revenue Code of 1986; and cost-sharing reductions under § 1402 of the ACA;
- Provide in-person assistance, which may be provided remotely as allowed by federal or state guidelines, to facilitate enrollment in qualified health plans, qualified dental plans, the State Medicaid Program and FAMIS;
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under § 2793 of the federal Public Health Services Act (PHSA), or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding a health benefit plan, coverage, or a determination under that plan or coverage;
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the VA Exchange and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act (P.L. 101-336) and § 504 of the Rehabilitation Act as required by 45 C.F.R. § 155.210; and
- Assist consumers with post-enrollment activities, including completing verification requests, accessing Special Enrollment Periods, accessing health insurance related tax forms, and assisting with complex cases and appeals.

The VA Exchange shall develop standards, consistent with any standards developed by the Secretary of the U.S. Department of Health and Human Services (Secretary), to ensure that information made available by Navigators is fair, accurate and impartial.

Navigators shall comply with requirements of Article 7 (§ 38.2-3455 et seq.) of Chapter 34 of the Code of Virginia (the Code), including successful completion of training programs established or utilized by the VA Exchange for individual Navigators.

The federal requirements for the Navigator program may be found at ACA § 1311(i), codified at 42 U.S.C. § 18031(i), and the implementing regulations at 45 C.F.R. §155.205-155.215. The selected individual(s) or entity(ies) will be expected to adhere to these and any other applicable federal or state requirements for the Navigator program.

**Prohibited Activities by Navigators:** Certain activities are prohibited:

- Engaging in any activity that would require an insurance agent license under this title;
- Offering advice about which qualified health plan or qualified dental plan is better or worse for a particular individual or employer; or acting as an intermediary between an employer and an insurer that offers a qualified health plan or qualified dental plan offered through the VA Exchange;
- Violating any unfair trade practice and privacy requirements in §§ 38.2-502, 38.2-503, 38.2-506, 38.2-509, 38.2-512, 38.2-515, 38.2-612.1, 38.2-613, and 38.2-614 of the Code to the extent that such requirements are applicable to the activities of Navigators; or
- Receiving compensation for services or duties as a Navigator that are prohibited by federal law or state law, including compensation from a health carrier.

**Information to be Included in the Response** The Commission is requesting that experienced entities or individuals with an interest in working on this project send the information set out below:

### **Experience and Personnel**

**Qualifications/Experience** – Provide information regarding the entity or individual, including prior relevant experience in executing a Navigator program for the Commonwealth of Virginia or another state. Respondents should include a description of prior experience in communicating with, educating, and facilitating enrollment of qualified individuals and employers in Qualified Health Plans (QHPs) and publicly funded health care through multiple enrollment methods facilitated through an exchange. Respondents should demonstrate prior experience and demonstrated success with providing in-person education and outreach activities as well as an established presence and demonstrated trusted source for information to the target populations and communities.

Navigators will be individuals and public or private entities that will communicate with, educate, and facilitate enrollment of qualified individuals and employers in

Qualified Health Plans (QHPs) and publicly funded health care through multiple enrollment methods facilitated through the VA Exchange. Grants from the VA Exchange are open to individuals and private and public entities capable of carrying out the Navigator duties and other program requirements.

Eligible Respondents may choose to partner with other entities and/or individuals to form a consortium of sub-recipients in order to target underserved populations (e.g. hourly wage workers; variable income workers and persons who did not get health insurance because of lack of affordable options in their area). Respondents must designate a lead respondent to serve as the primary contact for, and recipient of, state grant funding, that will serve also as the pass-through entity for making state funds available to other consortium members.

In order to comply with federal requirements, the following entities are eligible to be a Navigator pursuant to this RFA (see ACA § 1311(i)(2)(B), codified at 42 U.S.C. § 18031(i)(2)(B); 45 C.F.R. § 155.210(c)(2)):

- Community and consumer-focused nonprofit groups;
- Trade, industry and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration; or
- Other public or private entities or individuals that may include but are not limited to Native American tribes, tribal organizations, urban Native American organizations, and Commonwealth or local human service agencies.

Respondents must submit sufficient evidence to demonstrate that they comply with at least one of the above requirements.

The following entities are disqualified from providing services as a Navigator pursuant to federal requirements (45 C.F.R. § 155.210(d)) or state requirements (§ 38.2-3455 of the Code):

- A health insurance issuer or issuer of stop loss insurance;
- An individual or entity licensed as an agent under § 38.2-1800 of the Code;
- A subsidiary (including a provider organization) of a health insurance issuer or issuer of stop loss insurance;

- An association that includes members of, or lobbies on behalf of, the insurance industry; or
- An entity or individual that receives any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employers in a QHP or a non-QHP.

An individual or entity shall not claim to be, or otherwise hold himself or itself out as a navigator or conduct business as a navigator without:

- Having been selected as a navigator in accordance with applicable federal and state law;
- Having evidence of successful completion of all navigator requirements prescribed by the Secretary and the VA Exchange;
- Having met requirements for registration pursuant to § 38.2-3457 of the Code; and
- Having met applicable federal requirements, as well as any additional standards and qualifications for navigators required by the Commonwealth, as set forth in § 38.2-3460 of the Code.

In addition to the Prohibited Activities above, a Navigator shall not:

- Charge any applicant or enrollee, or request or receive any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Navigator duties;
- Provide to an applicant or potential enrollee gifts of any value as an inducement for enrollment. The value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment must not exceed nominal value, either individually or in the aggregate, when provided to that individual during a single encounter. The term “gifts” includes gift items, gift cards, cash cards, cash, and promotional items that market or promote the products or services of a third party. The term “gifts” does not include the reimbursement of legitimate expenses incurred by a consumer in an effort to receive Exchange application assistance, such as travel or postage expenses;
- Use Exchange funds to purchase gifts, gift cards or promotional items that market or promote the products or services of a third party to provide to an applicant or potential enrollee;
- Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct

contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual or entity has a pre-existing relationship with the individual Navigator or Navigator entity, and other applicable state and federal laws are otherwise complied with. Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact, including calling a consumer; or

- Initiate contact with a consumer by use of an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Navigator or Navigator entity has a relationship with the consumer and so long as other applicable state and federal laws are otherwise followed.

Respondents must affirm in their submission that they are not disqualified from serving as a Navigator and will adhere to these federal and state requirements.

Respondents should:

- Demonstrate that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a QHP;
- Demonstrate willingness to meet the standards prescribed by the Commission, including maintaining a telephonic hotline to allow consumers to seek education on various aspects of health insurance coverage, including enrollment, as well as the ability to provide a local assister web tool. Describe whether this hotline could be implemented as the frontline Consumer Assistance hotline required by § 38.2-6505 3 of the Code;
- Demonstrate that the Respondent has or will have prior to the commencement of Navigator operations, a valid registration in accordance with Article 7 of Chapter 34 of Title 38.2 of the Code (§§ 38.2-3455 through 38.2-3460), including successful completion of training programs established or endorsed by the VA Exchange for individual Navigators;
- Certify that the entity and staff will not have a conflict of interest during its term as a Navigator entity, see 45 C.F.R. §155.215(a), and if a conflict of interest occurs (including receipt of payment or other consideration from a health insurance issuer in connection with enrollment of individuals or employer groups), the Respondent

will notify the Commission immediately and may be required to pay back funds received pursuant to this RFA to the Commission;

- Demonstrate that the Respondent has processes in place that comply with the privacy and security standards of 45 C.F.R. § 155.260; and
- Demonstrate how funds received under this RFA will support the Navigator mission and any special initiatives which target specific and underserved populations and communities.

## **Project Narrative, Project Work Plan, Timeline, Budget Narrative and Spreadsheet**

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

- How Enrollment/Outreach outcome measures are defined; how goals are outlined; what documentation is provided and how well the material is presented overall;
- How Open Enrollment strategies demonstrate that the Respondent would work to achieve overall goals;
- How services and/or methods of delivery are addressed and the impact on the uninsured population;
- How the in-person outreach, education, enrollment, print and digital media services are provided;
- How populations to be served are identified and the methods used to identify special populations;
- How the Respondent demonstrates the organizational capacity and staff to accomplish the goals set forth in the application;
- Whether the Respondent has a structure in place that could support the toll-free Consumer Assistance hotline required for the Exchange in § 38.2-6505 3 of the Code;
- Whether the Respondent has or could develop a structure to provide a local assister tool;

- How the Respondent will accomplish the overall mission of the VA Exchange and what anticipated positive impact will be made on one or more problems the uninsured and underinsured populations face;
- How Respondent's fiscal controls are adequate and appropriate given the amount of award proposed; and
- How the Respondent will maximize grant funds to meet the projected goals for individual and small employer enrollment.

**Project Work Plan** – Please confirm and describe how you or your entity will be able to meet the following program requirement in your Project Work Plan. Include specific strategies, activities and expected enrollments.

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

Education and Outreach will include information regarding the ACA as it relates to the VA Exchange, including but not limited to:

- Program Eligibility – Rules to purchase subsidized insurance through the VA Exchange and eligibility for Medicare, the State Medicaid Program, FAMIS or other programs (see 45 C.F.R. § 155.210(e)(8));
- Methods of Purchase – Various means available to purchase and enroll in a QHP;
- Reasons to Purchase – Education on the benefits of health insurance and what health insurance provides for individuals and employers;
- Definitions of Health Insurance Terms – For example, aiding the consumer to understand terms such as premiums, cost-sharing reductions, subsidies, metal levels, EHBs, deductibles and co-insurance; and
- Dispute Resolution – Assistance or referrals to any applicable health insurance ombudsman established under § 2793 of the PHSA, or any other appropriate state agency or agencies, including the Commission's Bureau of Insurance, for any enrollee with a grievance,



complaint, or question regarding a health benefit plan, coverage, or a determination under that plan or coverage.

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

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

Please confirm and describe in your Project Workplan how you will be able to meet these Education and Outreach program requirements. Additionally, please describe how you may be able to offer:

- Telephone Hotline Capabilities – As a component of the overall services required of a Navigator, maintaining a toll-free hotline compliant with federal requirements staffed with knowledgeable personnel to respond to requests for assistance (see § 38.2-6505 3 of the Code) and allow consumers to seek education on various aspects of health insurance coverage, including eligibility and enrollment (see 45 C.F.R. § 155.205(a)).

**Timeline** – Provide a proposed timeline for the successful completion of the project for the 12-month period of performance. The Commission desires to commence the project as soon as possible and intends to have a Navigator Program in place by September 1, 2020.

**Budget Narrative and Spreadsheet** - Respondents should submit a budget with appropriate budget line items as well as a narrative which identifies and

describes the funding needed to accomplish the goals of the Respondent's Project Work Plan. Include the total amount requested by each line item category, as well as provide an overall total requested. The proportion of the requested funding designated for each activity during the 12-month period of performance should be clearly defined and justify the Respondent's readiness to receive funding, including complete explanations and justifications for the proposed activities.

Awarded funding must only be used to conduct the Navigator Program activities and services contained within the Navigator Agreement. Funds may be used to perform outreach, education, and enrollment services and post-enrollment support to eligible consumers.

Any inappropriate use of grant funds may result in immediate termination from participation in the Navigator Program and the corresponding grant funding. An inappropriate use of funds occurs when a grant entity uses funds for activities outside of the approved Project Work Plan. The Commission shall recoup or withhold all or part of a grantee's funding for the inappropriate use of grant funds.

Respondents are solely responsible for all expenses associated with responding to this RFA, and the Commission shall not be responsible for any of the associated costs.

**Reporting** - Status reports will be required to be provided to the Commission covering activities, problems and recommendations of the Navigator regarding the implementation of the required services, prior to and after implementation of the provision of Navigator services outlined in this RFA. This report should be keyed to the Respondent's Project Work Plan, as amended or approved by the Commission.

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

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

**References** - For Respondents for this RFA which have not previously been awarded a grant to perform Navigator activities for Virginia, submit a list of at least three references (clients) including the name, title, and telephone number for three individuals we may use as references for whom you have performed similar services to those being sought by the Commission within the past three years.

**Award Process** - Proposals will be reviewed as follows:

- Staff from the VA Exchange will review proposals to ensure that minimum standards are met. Submissions must include Respondent information, a Project Narrative, a Project Work Plan, Timeline, a Budget Narrative and Spreadsheet. Proposals may be disqualified if they are received after the stated deadline or are missing any of the required elements.
- VA Exchange staff will review the remaining applications for strengths and weaknesses and will score them appropriately. Adjustment of budget, goals, and grantee classification may be required at that time.
- VA Exchange staff will complete and distribute to grantees notices of grant award, general conditions, grant assurances and grant instructions. Funding decisions made by the Exchange Application Committee are final.

**Reimbursement Method** - Payments to Navigator grantees will be made on a monthly basis. The number of Navigator personnel eligible for salary and wage benefits must not be more than the number included on the approved budget, allocable to the grant, and allowable under all applicable statutes, regulations, and policies and procedures issued by the VA Exchange. Advances of grant funds will not be offered.

**Reimbursement Requests** - In order to be reimbursed for their services, Navigator entities will submit a Request for Funds, Payroll Documentation and Outreach and Enrollment Reports within the first 15 calendar days, but no later than 30 calendar days, following the month for which the reimbursement applies. VA Exchange staff will review the documentation and process payment within 30 days if there are no errors or questions regarding the request. The Navigator will be required to become a vendor with eVA to receive payment. eVA is Virginia's web-based online vendor registration and purchasing system (eva.virginia.gov).

**Maintenance of Records** - As per 45 C.F.R. § 155.1210, the VA Exchange must maintain and must ensure its grant recipients maintain for 10 years documents and records (whether paper, electronic, or other media) and other evidence of accounting procedures and practices which are sufficient to do the following:

- Accommodate periodic auditing of the VA Exchange's financial records; and
- Enable HHS or its designee(s) to inspect facilities, or otherwise evaluate the VA Exchange's compliance with Federal standards.

The VA Exchange and its grantees must ensure that the records include, at a minimum, the following:

- Information concerning management and operation of the financial and other record keeping systems;
- Financial statements, including cash flow statements, and accounts receivable and matters pertaining to the costs of operations;
- Any financial reports filed with other Federal programs or Commonwealth of Virginia authorities;
- Data and records relating to the eligibility verifications and determinations, enrollment transactions, appeals, and plan variation certifications; and
- Qualified health plan contracting (including benefit review) data and consumer outreach and Navigator grant oversight information.

The VA Exchange must make all of its records and must ensure its grantees and any subcontractors make all records available to HHS, the Auditor of Public Accounts and their designees, upon request.

**Presentations** - After a review of the submissions, the Commission reserves the right to request presentations regarding the proposed services. At such presentations, respondents should be prepared to address any questions regarding their response to this RFA.

**Due Dates** - In order to be considered for a grant for this project, applications must be received electronically to [Navigatorprogram@scc.virginia.gov](mailto:Navigatorprogram@scc.virginia.gov) by close of business on July 15, 2020. Timing for evaluating responses and optional scheduling of presentations will depend on the quantity and quality of responses received. However, the Commission will make every effort to adhere to the following schedule:

**August 15, 2020:** Applicant selection and notification

**September 1, 2020:** Issuance of awards to grantees

**Commission's Reservation of Rights** - The Commission reserves the right to consider or reject any and all responses to this Request, to amend and/or reissue this Request and to abandon and then recommence at any time, or not recommence, this process.

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

Ms. Van Tompkins, on behalf of the Virginia State Corporation  
Commission and the Virginia Health Benefit Exchange  
SCC Bureau of Insurance  
1300 East Main Street  
Richmond, Virginia 23218  
Phone: (804) 371-9802  
Email: [Navigatorprogram@scc.virginia.gov](mailto:Navigatorprogram@scc.virginia.gov)