

**The Department of Consumer and Business Services,
Oregon Health Insurance Marketplace**

Issues the Following

**Request for Grant Proposals (RFGP)
For the Statewide Partner Agent Program**

RFGP# DCBS-1502-19

Date of Issuance: Wednesday, May 1, 2019

Proposal Due Date: Friday, May 31, 2019 (by 11:59 p.m. PT)
Proposals must be submitted via email to:
dcbs.opportunity@oregon.gov

Anticipated Award Date: Monday, July 1, 2019

Issuing Office and Single Point of Contact (SPC): Frances Wilkins, Procurement Specialist
Department of Consumer and Business Services
350 Winter Street NE, Room 11
Salem, OR 97301
Phone: (503) 947-7008
Questions: frances.j.wilkins@oregon.gov
Submission Email: dcbs.opportunity@oregon.gov

All communications with the State of Oregon, Department of Consumer and Business Services, Oregon Health Insurance Marketplace (Agency) regarding this RFGP must be directed only to the SPC named above. The Oregon Procurement Information Network (ORPIN) will be used to distribute all information regarding this RFGP. In addition, Agency reserves the right to post this RFGP on their website, [Oregon Health Insurance Marketplace](#).

Late proposals will not be considered and may be returned to Proposer. Incomplete proposals will be rejected.

1. PURPOSE/OVERVIEW

Agency invites Oregon licensed insurance agents (“Agents”) to submit Proposals to participate in Agency’s Statewide Partner Agent Program (Program). This Program is primarily focused on the Qualified Health Plan (QHP) eligibility and enrollment. Agency is looking to partner with experienced agents who have an office (store front) and have a focus on providing in-person service.

The Program will provide Program Participants promotion, funding, and support for qualified, resident insurance agents, with the goal of helping to educate and enroll Oregonians in Oregon’s Health Insurance Marketplace (Marketplace).

2. DEFINITION OF TERMS

Agency – Department of Consumer and Business Services, Oregon Health Insurance Marketplace Division

CP – Community Partner

FPL – Federal Poverty Level

Marketplace – Oregon Health Insurance Marketplace

OHP – Oregon Health Plan

Oregon ONE Eligibility - The system where applicants apply for Plan (OHP) coverage via ONE (Medicaid Eligibility Determination)

Program – Statewide Partner Agent Program

Program Participant – Agents selected to participate in Program

QHP – Qualified Health Plan

3. BACKGROUND

In 2015, the State of Oregon Legislative Assembly (Legislature) abolished the Oregon Health Insurance Exchange Corporation and transferred its duties and functions to the Department of Consumer and Business Services (DCBS). The Legislature mandated that, among other things, DCBS administer the Marketplace to:

- Improve “the lifelong health of all Oregonians [by] increasing the quality, reliability and availability of health insurance for all Oregonians . . .”
- “Promote the public interest and for the benefit of the people and businesses that obtain health insurance coverage for themselves, their families and their employees through the exchange.”
- “Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors, control costs and ensure access to affordable, equitable and high-quality health care throughout this state.”

Agents are critical partners when it comes to fulfilling the Marketplace’s legislative mandate. Agents provide much-needed outreach, education, training, and customer assistance. For the 2016 plan year enrollment period, Agency launched an agent storefront enrollment program, building off similar programs in other states. The program has been a tremendous asset through the enrollment periods during the previous four years. Agency will be offering this opportunity for the 2020 plan year.

The Marketplace will use HealthCare.gov for Qualified Health Plan (QHP) eligibility and enrollment. HealthCare.gov will also continue to offer people with incomes less than 400 percent of the Federal Poverty Level (FPL) tax credits to help pay for premiums, and those below 250 percent of the FPL will qualify for tax credits and cost-share reductions that help to pay for member copays and coinsurance.

4. AGENCY SUPPORT AND BENEFITS

Agents selected to participate in the Program (Program Participants) will enjoy the following benefits:

- 4.1** Grant dollars to help maintain a storefront location, pay for staff, and provide additional operations support during the busy open enrollment period. Exhibit D, Grant Expense Guide of Attachment B, Sample Contract is provided as reference.
- 4.2** Planning and implementation counsel and support from a marketing and/or advertising firm to help identify and execute on local opportunities that will drive traffic to the Program Participant's business. Program Participants may use Agency's marketing partner for technical assistance or use grant dollars to pay for services from a marketing firm of their choice. Examples of marketing and advertising opportunities could include:
- Creating and placing ads (on radio, TV, or online/digital);
 - designing and printing custom brochures;
 - drafting a press release and pitching to local media.
- 4.3** Key referrals:
- Prominent placement on the Marketplace's agent locator tool on OregonHealthCare.gov, and promotion on the OregonHealthCare.gov website.
 - Direct access to the Marketplace customer service center (bypassing the main line).
 - Direct referrals from the Marketplace customer service center.
- 4.4** Exposure:
- Use of co-branded signage: Program Participants will have the choice of a static window cling, banner; sandwich board; or other signage, as developed.
 - Agency will directly pay for approved production and shipping costs when purchased through Agency's marketing partner.
 - Agency will limit the number of marketing materials requested by Program Participants at Agency's discretion.
 - Increased business via Agency's statewide media and social media outreach about the Program. Outreach will include a link to the agent locator tool.
- 4.5** Special programming and promotional materials:
- Networking and training opportunities.
 - Access to Agency promotional materials and toolkits (brochures, customizable flyers, social media posts, sample media outreach materials, newsletter coy, etc.).
- 4.6** Co-branded advertising on Twitter and Facebook targeting the Program Participant's community.

5 SCOPE OF WORK

Proposers must commit to the following scope of work:

5.1 Logistics:

- 5.1.1** Provide a brick-and-mortar office space (storefront) during open enrollment and through extended enrollment if necessary. Storefront should include private spaces for one-on-one enrollment consultations. Ideally, the storefront will be located near public transportation, provide free parking, and offer accessibility for people with disabilities.
- 5.1.2** Provide clients free, confidential help to shop and enroll in QHP coverage through HealthCare.gov. Agents are strongly encouraged to provide Medicaid enrollment assistance, but must, at a minimum, refer Oregon Health Plan (OHP)-eligible clients to a designated OHP-enrollment assister. Agency will provide a list of local partners. Proposals that demonstrate that a Proposer has access to the Oregon Health Authority's ONE system may be scored higher.

Proposer note: Program Participants are required to enroll people through the Marketplace if they are subsidy-eligible.

5.2 Marketing and Promotions:

- 5.2.1** Execute at least two QHP focused marketing/promotion strategies including but not limited to placing ads in local outlets; placing ads targeting current and potential clients on social media channels; sending a direct mailer to current/potential clients; distributing a dedicated e-mail to current/potential clients; posting business hours on key community billboards, forums and event calendars; posting content on social media channels, etc. Other marketing and promotional suggestions based on what the participant knows will be successful locally are encouraged as part of a Program Participant's marketing plan.
- 5.2.2** Prominently place co-branded signage to help visitors locate the enrollment facility, and use and distribute Agency-approved customizable educational materials.
- 5.2.3** Track and report basic program metrics to Agency at the end of open enrollment (survey form will be provided), including:
- The number of people the Program Participant assisted in general as it relates to open enrollment.
 - The number of people the Program Participant enrolled in QHPs through HealthCare.gov.
 - If appropriate, the number of people the Program Participant enrolled or assisted to a CP for assistance with OHP.
 - Referral sources (ask clients how they heard about the participant to help Agency fine-tune Program marketing support for future enrollment periods and track responses).
 - Marketing/promotion efforts conducted and results (e.g., distribution and open rate of an e-blast).

5.3 Participation:

- 5.3.1** Participate in meetings and trainings (in-person and online), as required by Agency. Attendance will be required at the Agency Marketplace Partner Summit

which will be held in Salem on Tuesday, August 20, 2019. Attendees will receive CE credits for this event. Program participants who fail to attend the Agency Marketplace Partner Summit without prior Agency approval, will be removed from the Program.

- 5.3.2** Participate in an Agency-issued survey at the end of open enrollment to provide feedback on what worked, what didn't, and what else Agency should consider for potential future programs.

See Exhibit A, Attachment B, Sample Contract for additional details on the Statement of Work.

6 TERM OF CONTRACT

Agency intends to award multiple grants for each open enrollment period. All grant awards will cover a 12-month term beginning approximately July 1 and ending approximately June 30. Agency, at its discretion, may extend the contract term for additional grant years. Contract extension will be based on Agency needs and qualifying performance metrics reported to Agency after each open enrollment period.

Agency requires that Program Participants meet the highest industry standards. Program Participants must hold and maintain a resident health insurance producer license with Agency and be in good standing with Agency for the term of the contract.

7 PROGRAM PRIORITIES

The Marketplace seeks to reach and educate all Oregonians about shopping for and enrolling in health insurance. **Special consideration will be given to grant proposals that demonstrate a Proposer's ability and intent to:**

7.1 Tap into existing, deep community networks:

Agency appreciates the relationship-based nature of agent businesses. The most successful agent partnerships have been those with agents who are embedded and highly regarded in their community.

As a result, Agency will score Proposals higher from Proposers who have demonstrated deep community involvement (e.g., serve on a local board, hold a business community leadership position such as Rotary/Chamber/etc., coach Little League, etc.). Proposers will be asked to provide at least one letter of reference to support this claim.

7.2 Provide seamless support for both OHP- and QHP-eligible Oregonians:

Agency understands that agents traditionally focus on QHP enrollment. But, when a client is found to be eligible for OHP, or is part of a family with mixed eligibility, the family is best served when there is a seamless, "warm" hand-off between the agent and an OHP assister. Agency continues to expand its circle of funded and

promotional partners and has put an emphasis on continuing to build and foster mutually beneficial agent/community partner collaboration.

As a result, Agency will score Proposals higher from a Proposer who:

- Has existing relationships with OHP assisters.
- Provides a reference letter from an OHP assister with whom the proposer works on a regular basis. The letter of reference must describe the frequency of work-related collaboration.
- Is (or is willing to become) Oregon Health Authority ONE system- certified.

7.3 Reach underrepresented populations and communities

Agency recognizes that there are certain communities of people who have been traditionally less likely to be reached with information about the Marketplace and others whose unique circumstances add complexity to the process of enrolling in appropriate health insurance coverage. Agency will give preference to Proposals that demonstrate the Proposer is reaching these underrepresented populations and communities.

7.4 Maintain the highest ethical and professional standards with regard to their conduct and the products they market and sell

A Program Participant will receive the Marketplace's "seal of approval." The Marketplace takes its reputation and its Legislative mandate seriously. Accordingly, it is vital that all Program Participants provide services and products consistent with the duties and functions of the Marketplace, especially those related to the promotion of high quality health insurance products.

As a result, Agency will score Proposals higher from Proposers who demonstrate commitment to products that provide high quality health insurance and significant consumer protections.

8 EVALUATION, SELECTION AND AWARD

8.1 Evaluation: Proposals will be evaluated on overall quality of content and responsiveness to the purpose and the scope of work of this RFGP, based on the points given for the criterion on Attachment A, Submission Form. Proposals will be evaluated by a committee of Agency staff as determined by Agency.

8.2 Selection: The SPC shall record all evaluator scores and determine rankings, high to low, based on the total Proposer score. These results will be used in the Agency's final selection of grant recipients.

8.3 Award: Agency will determine how many awards will be granted, as well as the amount that will be awarded. Agency anticipates that award amounts will range from \$5,000 minimum to \$14,000 maximum per grant year.

8.3.1 First time Program Participants: If chosen for an award, will be awarded \$5,000 without exception.

8.3.2 Previous Program Participants: If chosen for an award, the initial award amount will be based on the Proposer’s number of QHP enrollments for the previous plan year, as well as any staffing changes that may impact enrollments going forward. Agency will verify the number of Proposer’s QHP enrollments using the Centers for Medicare and Medicaid Services (CMS) database. Agency may request additional information or clarification from Proposers.

Agency will use the following table as the award tier amounts:

Number of verified QHP Enrollments	Award Tier	Number of verified QHP Enrollments	Award Tier
100 - 150	\$5,000	301 – 350	\$11,000
151 – 200	\$6,500	351 – 400	\$12,500
201 – 250	\$8,000	401 +	\$14,000
251 – 300	\$9,500		

Agency, at it’s discretion, may increase an award to the next award tier based on any additional special considerations, Section 8.3.3 below, that Proposer can provide and Agency has need for. Maximum award amount will be \$14,000.

Award amounts may be negotiated if Proposer can produce documentation that supports a higher QHP enrollment number than what is reported in the CMS database.

8.3.3 Special Consideration:

In determining awards, special consideration will also be given to:

- Agent organization-participants with multiple language skills;
- Relevant cultural competencies;
- A significant Marketplace book of business and based on the Proposer’s years of agent experience;
- Depth of community involvement;
- Relationships with Oregon Health Plan assisters; and
- The geographical location needs of Agency. Proposals should indicate the primary county served by Proposer’s storefront and any additional storefront counties served by storefronts.
- Number of storefront locations, populations reached;

8.3.4 Negotiations: Agency will enter into negotiations with the selected Proposers. In the event that negotiations with a selected Proposer Applicant are not successful within a reasonable time frame, Agency reserves the right to terminate the negotiations with that Proposer and negotiate with another Proposer and so on, or until Agency decides to terminate all negotiations.

Agency reserves the right to award specific Contracts for Services similar to what is described within this RFGP using any method allowed by law.

Agency will notify all Proposers in writing of the award results.

9 RESERVATION OF RIGHTS

Agency reserves all rights regarding this RFGP, including, without limitation, the right to:

- Amend or cancel this RFGP without liability if it is in the best interest of Agency to do so;
- Reject any and all Proposals received by reason of this RFGP upon finding that it is in the best interest of Agency;
- Waive any minor informality;
- Seek clarification of a Proposal;
- Reject any Proposal that fails to substantially comply with all prescribed RFGP procedures and requirements;
- Negotiate the statement of work, grant terms, and budget;
- Amend or extend the term of any Agreement that is issued as a result of this RFGP; or
- Voluntarily cancel any Agreement if a Program Participant fails to submit reports to Agency by the due date or comply with the terms of the contract in any way.

10 PUBLIC INFORMATION

All Proposals become public information after the Notice of Grant Awards is issued.

11 DRAFT CONTRACT

See Attachment B, Sample Contract, for the draft agreement between Program Participants and Agency. At this point, the attached draft is for reference only.

12 ATTACHMENTS

Attachment A: Submission Form

Attachment B: Sample Contract

- Exhibit A: Statement of Services
- Exhibit B: Required Insurance
- Exhibit C: Independent Contractor Certification
- Exhibit D: Grant Expense Guide

Attachment C: Proposer Information and Certification Sheet

Attachment D: Responsibility Inquiry