



**Brian Sandoval**  
Governor

**Florence Jameson, MD**  
Chairwoman

**Heather Korblic**  
Executive Director

# Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

[www.nevadahealthlink.com/sshiex](http://www.nevadahealthlink.com/sshiex)

## STATE OF NEVADA Silver State Health Insurance Exchange

**SFY 2019**

### **REQUEST FOR APPLICATIONS (RFA) QUESTIONS AND ANSWERS FOR GRANTS FOR NAVIGATOR/IN PERSON ASSISTER (IPA) ENTITIES**

1. When is the Centers for Medicare & Medicaid Services (CMS) training?

*The CMS training is approximately the last week of August through the first week of September. The Exchange will notify the entities of the exact dates.*

2. Do Navigators/IPA's have access to archived training?

*Yes, training is archived on [hhs.gov](http://hhs.gov).*

3. What does PII stand for?

*Personal Identifiable Identification.*

4. Is the RFA the same as last year's RFA?

*It is the same format, however changes were made specifically, to the scoring matrix section highlighting the importance placed on metrics/performance. The Exchange strongly recommends that you reread the RFA in its entirety.*

5. Please describe "Social Media."

*Social Media is referred to websites and applications that enable users to create and share content and/or to participate in social networking to reach consumers and other users. (ie: social media platforms such as Facebook, Twitter, Instagram, YouTube, etc.).*

6. Is it appropriate to link the Nevada Health Link website on the Navigator or In-Person-Assister's webpage?

*Yes. Please document this in your application.*

7. Should the agency or entity apply for Navigator or In-Person-Assister in the RFA? Is there a difference between Navigators or IPAs?

*An entity can apply for either Navigator or In-Person-Assister in the RFA since both roles can now enroll consumers; however, the Exchange will make the final determination if the entity is either a Navigator or In-Person-Assister.*

*Navigators and IPAs are both responsible for outreach, education, and enrollment for the uninsured and underinsured populations in the state of Nevada. Both Navigators and IPAs can actively enroll potential consumers.*

8. How will the repeal of the Federal Individual Mandate affect the Exchange?

*The Exchange predicts that premiums will rise and enrollments could lessen, but will follow the effects of the tax penalty going away closely. This goes into effect January of 2019. Nevada Health Link will continue to focus on the benefits of being insured and believes that Nevadans are enrolling in qualified health plans to protect themselves and their families from financial ruin.*

9. Can the entity applying for this RFA replicate the Exchange's Standard Operating Procedures on handling personal identifiable information (PII), or is the Exchange looking to the entity to have their own Standard Operating Procedures for handling PII?

*The Exchange is expecting the entity to have their own Standard Operating Procedures for handling PII—most importantly that the entity has protections in place and that PII is behind a second locking mechanism (locked cabinet behind a locked door). We will compare the entity's Standard Operating Procedures on handling PII to the Exchange's operation procedures to ensure they correlate well and are in compliance.*

10. Are the Exchange's Standard Operating Procedures on handling PII on the website?

*Yes, the Standard Operating Procedures can be found on the Nevada Health Link website at: <https://www.nevadahealthlink.com/sshix/> under Nevada Health Link Policies, Privacy Policy.*

11. Does the guideline for no less than .5 FTE remain the same?

*Yes, it is the same.*

12. Does the Exchange consider an individual or a household as an enrollee?

*Beginning July 1, 2018, the Exchange will consider each individual as an enrollee. For example, if there are five family members in one household, and all are enrolled, then there are five enrollees. The Exchange will be revising their consent forms to reflect this change, including QHP and Medicaid.*

13. Are the outreach and enrollment performance forms located within the RFA based on projections?

*Yes, outreach and enrollment figures used on the performance forms are projected at this time. Any entities reapplying may use past outreach and enrollment projections.*

14. Will the monthly outreach and enrollment performance Excel spreadsheet reports be updated with the QHP vs. the Medicaid figures?

*The outreach and enrollment performance forms are formatted the same, however, columns have been added to accommodate the new data that is being requested.*

15. Is there a limit to the number of FTE's that an entity can apply for in the RFA?

*There is no limit to the number of FTE's the entity can apply for, however, the Exchange will determine the number of FTE's the budget can allow for, as well as how many the Exchange believes the entity can manage.*

16. What is the maximum number of Navigators/In-Person-Assisters the Exchange can budget for in this State Fiscal Year 2019?

*The Exchange has the budget authority for a maximum of 35 Navigators/In-Person-Assisters for the State Fiscal Year 2019.*

17. How many Navigators/In-Person-Assisters has the Exchange granted in past years?

*The Exchange has had approximately 30 to 50 Navigators/In-Person-Assisters, depending on the needs of the Exchange. In State Fiscal Year 2018, the Exchange granted 42 Navigators/In-Person-Assisters.*

18. In regard to the outreach and enrollment performance reports, it asks to include the actual number of QHP individual effectuated. How does the Exchange propose its grantees to ensure consumers have effectuated?

*The grantee will know if consumers have effectuated at time of enrollment and if the consumer pays their first month premium. The grantee must make follow up attempts to inquire about effectuation. The grantee can ask for confirmation numbers when making follow up attempt calls and use the feedback they receive to report with on the monthly reports. The grantee will then inform the consumer that follow up action will be considered if the consumer is not ready to effectuate at the time of enrollment.*