

Contact information

Organization name _____

Mailing address _____

Federal Identification Number _____

Contact name (*first, last, m.i.*) _____

Contact phone _____

Yes No Is your organization tax exempt?
_____Yes No Is your organization up-to-date in state and federal tax payments?
_____How many years have you been in business? _____
_____How many locations do you have? _____ How many staff do you have? _____

Which languages does your staff speak?

English only Spanish Other _____ Other _____ Other _____

How many people has your organization served in the last year? _____ in the last month? _____

How many full-time In-Person Assistants do you plan to have? _____

How many part-time In-Person Assistants do you plan to have? _____

Counties you will serve

Check the county or counties you serve now, and tell us how many IPAs will be in each county

_____ Barbour	_____ Berkeley	_____ Boone	_____ Braxton
_____ Brooke	_____ Cabell	_____ Calhoun	_____ Clay
_____ Doddridge	_____ Fayette	_____ Gilmer	_____ Grant
_____ Greenbrier	_____ Hampshire	_____ Hancock	_____ Hardy
_____ Harrison	_____ Jackson	_____ Jefferson	_____ Kanawha
_____ Lewis	_____ Lincoln	_____ Logan	_____ Marion
_____ Marshall	_____ Mason	_____ Mercer	_____ Mineral
_____ Mingo	_____ Monongalia	_____ Monroe	_____ Morgan
_____ McDowell	_____ Nicholas	_____ Ohio	_____ Pendleton
_____ Pleasants	_____ Pocahontas	_____ Preston	_____ Putnam
_____ Raleigh	_____ Randolph	_____ Ritchie	_____ Roane
_____ Summers	_____ Taylor	_____ Tucker	_____ Tyler
_____ Upshur	_____ Wayne	_____ Webster	_____ Wetzel
_____ Wirt	_____ Wood	_____ Wyoming	

Please tell us what your organization does, and include your mission statement. Be sure to include the number of people you serve and what the outcomes of your services are.

How do you plan to monitor and evaluate the success of the services provided by your In-Person Assisters?

Describe how your organization enforces HIPAA and assures that health information is kept private and secure.

- Yes No Do you have partnerships or close relationships with other organizations in your community?
- Yes No Do you plan to have community relationships once this contract starts? **If yes**, give us the names of the organizations and tell us how you'll work together.

The In-Person Assister Program

The In-Person Assister (IPA) program will operate for the six month period of initial open enrollment (Oct 2013 – March 2014). It is important to note that IPAs will be employed for a term limited to six months. IPAs will be hired on a county by county basis depending on a needs assessment. With that in mind please answer the following questions:

Which populations or communities do you serve now?

Which populations or communities do you plan to serve under this program?

Outreach efforts

What are your current outreach activities? What community events do you sponsor, participate in, or support?

Describe any marketing efforts you are planning in order to inform consumers about the services you will provide. Include the estimated cost of the marketing efforts.

How do you intend to reach the target population?

Financial data

Number of IPAs requesting funding under this application: _____
(IPAs are to be compensated at \$20/hr)

Number of IPA Leads requesting funding under this application: _____
(IPA Leads are to be compensated at \$29/hr)

Yes No Are you requesting funding for fringe benefits?
If yes, what is the fringe rate? _____

Yes No Are you requesting funding for overhead compensation?
If yes, what is the overhead rate? _____

Yes No Are you requesting funding for G&A compensation?
If yes, what is the G&A rate? _____

Yes No Are you requesting funding for travel?
If yes, how much are you requesting? _____

Yes No Are you requesting funding for marketing and outreach?
If yes, how much are you requesting? _____

Please provide a detailed budget about your request for funding to provide in-person assistance services.
(IPAs must be paid \$20 per hour; IPA Leads must be paid \$29 per hour.)

Disclosures

When you sign below, it means that your organization agrees that:

neither this organization nor the IPAs in it are health insurance insurers or subsidiaries of health insurance insurers or stop loss insurers, or an association that lobbies on behalf of the insurance industry or health insurance insurers.

we will disclose current or former relationships within the previous 5 years with health insurance insurers or stop loss insurers, or their subsidiaries, or any employment relationship between a health insurer and the spouse of an IPA.

neither the organization nor any IPA will receive any payments, directly or indirectly, from health insurers while they are working to enroll people into qualified health plans. Federal law prohibits that.

neither the organization nor any IPA shall steer a consumer towards a specific insurance carrier, nor sell, solicit, or negotiate insurance.

this organization shall not have a vested interest in a health insurer or be a majority owner/stockholder in a Provider Sponsored Network.

we will conduct targeted community outreach to consumers, especially vulnerable populations, in order to raise their awareness of the possibility of assistance getting health insurance and choosing a plan.

all IPAs will complete the required Centers for Medicare & Medicaid Services (CMS) training. The organization will give the certificates of completion to the Offices of the Insurance Commissioner (OIC) and IPA vendor.

this organization and all IPAs will stay up to date on federal requirements, and receive necessary training updates in a timely manner.

neither this organization nor its IPAs will offer financial incentives (such as rebates or giveaways) to potential consumers.

all IPAs will undergo a criminal background check and the results will be given to the OIC and the IPA vendor.

this organization's and the IPAs' priority is consumer safety.

we will sign all disclosures as required by the OIC.

we will compensate the IPAs according to the guidelines in their contracts with the OIC.

we will meet performance measures required by OIC and track and report on IPA activities as required by the OIC.

we will ensure that the IPAs are accountable for working hours and readily available to consumers.

we will provide a setting with high-speed reliable internet connectivity.

we will provide a setting that is HIPAA compliant and ensures that private health information remains confidential and secure.

Signature _____ Date _____