

GORDON C. JAMES PUBLIC RELATIONS

GCJPR

Statewide Marketing Contract #CTR056855

TASK ORDER RESPONSE

Task Order YH26-0082

H.R. 1 Community Engagement & Medicaid Work Requirements Communications

Submitted to:

Arizona Health Care Cost Containment System (AHCCCS)

Procurement Officer: Tiffanie Blanco, Purchasing Manager
procurement@azahcccs.gov

Response Due: June 2, 2026 | By 3:00 PM Arizona Time

Submitted by:

Lisa James, Partner & PR Manager

Gordon C. James Public Relations

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June 2, 2026

Tiffanie Blanco, Purchasing Manager
Arizona Health Care Cost Containment System (AHCCCS): procurement@azahcccs.gov

Re: Task Order YH26-0082 — H.R. 1 Community Engagement & Medicaid Work Requirements Communications

Dear Ms. Blanco and the AHCCCS Procurement Team,

Gordon C. James Public Relations (GCJPR) is pleased to submit this response to the above captions request. We are honored to respond as an awarded contractor under the Statewide Marketing Services contract.

H.R. 1 represents one of the most consequential Medicaid policy changes in a generation. AHCCCS members, many of whom already navigate complex systems with limited resources, will need clear, accessible, and compassionate guidance to understand the new community engagement and six-month renewal requirements. At the same time, providers, health plans, and community partners need consistent, accurate messaging they can trust and share. Getting these communications right matters enormously: misinformation or coverage gaps could lead to avoidable disenrollment for Arizona's most vulnerable residents.

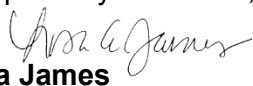
GCJPR is uniquely positioned to meet this challenge. We are a veteran- and family-owned, Arizona-based full-service public relations, public affairs, and communications firm with more than 35 years of experience. Our firm has deep expertise in translating complex policy into plain-language, multilingual communications at scale. We have delivered nationwide and statewide public information campaigns for government agencies, healthcare systems, and advocacy organizations, and our 2025 media performance speaks for itself: 1,685 earned media mentions, a 1.3-billion-person audience reach, and \$36.1 million in earned media value across our client portfolio.

We understand the urgency. Public-facing communications must launch no later than September 1, 2026, contingent on CMS approval and timely contract execution. Our proposed approach, built across four phases, is designed to move swiftly from stakeholder insight to message development, implementation, and ongoing optimization, while maintaining the compliance rigor and approval workflows AHCCCS requires.

This response includes our pricing proposal broken down by phase and deliverable, our experience and capacity, and our proposed methodology and timeline. We have structured our approach to remain flexible and adaptive as federal guidance evolves and CMS feedback is incorporated.

We welcome the opportunity to serve AHCCCS and Arizona's Medicaid members. This is meaningful work, and GCJPR is committed to delivering results that are measurable, accurate, and worthy of the trust placed in this program.

Respectfully submitted,



Lisa James

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Statewide Marketing Services Contract | Task Order YH26-0082 | Statewide Marketing Contract #CTR056855

1. Project Title

H.R. 1 Community Engagement & Medicaid Work Requirements Communications
Task Order YH26-0082 | Arizona Health Care Cost Containment System (AHCCCS)
Statewide Marketing Services Contract #CTR056855

2. Project Timeline

The following timeline reflects GCJPR's proposed approach to meeting the project objectives, with public-facing communications targeting a launch no later than September 1, 2026, consistent with the Task Order requirement. All milestones are subject to AHCCCS review and CMS approval windows. The timeline assumes a contract start date no later than June 16, 2026. A later contract award or extended CMS review period may compress Phase 2 and will be flagged immediately to AHCCCS with a revised milestone plan.

Phase	Activity	Timeline	Deliverable
Phase 1	Contract Kickoff & Internal Alignment	Week 1–2 (mid-June 2026)	Kickoff meeting; confirmed AHCCCS point of contact; Stakeholder Input Plan submitted for approval
Phase 1	Internal AHCCCS Leadership Interviews (5–8 interviews, virtual)	Week 2–3	Interview findings; policy nuance and approval process alignment documented
Phase 1	Agency Staff Interviews — AHCCCS/DES (8 interviews, virtual)	Week 2–3	Call-center trends, internal messaging gaps identified
Phase 1	Member Interviews (6 interviews, in-person Phoenix/Tucson + virtual)	Week 3–4	Member channel preferences, term comprehension, barriers to action documented
Phase 1	MCO & CBO Facilitated Sessions (3–4 sessions)	Week 4–5	Partner readiness, coordination needs, trusted messenger channels identified
Phase 1	Provider & Health Plan Feedback Sessions (2–3 sessions, up to 25 participants)	Week 4–5	Partner toolkit needs, member education role, messaging feedback gathered
Phase 1	Term Confusion Analysis & Insights Summary Report	Week 5–6 (mid-July 2026)	Term Confusion Analysis; Insights Summary Report; Next Steps Recommendations
Phase 1	Medical Frailty Communications Brief (coordinated with AHCCCS exemption definitions)	Week 6–7	Exemption category messaging guidance for each qualifying condition

Phase	Activity	Timeline	Deliverable
Phase 2	Message & Communication Framework	Week 7–9	Framework document (AHCCCS approval required)
Phase 2	Creative Concept Development	Week 8–10	Creative concept presentation (2–3 options for AHCCCS selection)
Phase 2	Asset Production (digital, print, video, web)	Week 9–12 (mid-August 2026)	Full creative asset suite; provider toolkits; social media plan, media training
Phase 2	CMS Submission Support & Final Approvals	Week 10–12	All Phase 2 deliverables submitted; CMS review initiated
Phase 3	PUBLIC LAUNCH — Campaign Goes Live (contingent on CMS approval and contract start by June 16)	September 1, 2026 (target per Task Order)	All approved channels activated; publication calendar live; CMS-approved materials only
Phase 3	Ongoing content publication & distribution	Sept 2026 – Ongoing	Monthly publication reports; publication log updated
Phase 3	Escalation messaging (tied to compliance deadlines)	Per federal guidance	Deadline-specific messaging deployed
Phase 4	Performance Monitoring Begins	September 2026 (ongoing)	Monthly reports; real-time monitoring active
Phase 4	First Quarterly Optimization Report	October/November 2026	Q1 campaign optimization report; A/B test summary
Phase 4	Ongoing Optimization & Message Refinement	Continuous through task order term	Updated KPI dashboard; optimization actions

GCJPR is committed to the September 1, 2026 public launch target and will structure all Phase 1 and Phase 2 activities to meet it. However, this date is contingent on: (1) contract award and execution no later than June 16, 2026; (2) timely AHCCCS approvals at each phase gate; and (3) CMS review and approval of materials prior to public release. If any of these factors shift, GCJPR will immediately notify AHCCCS and provide a revised milestone plan. The preferred invoice schedule is monthly, on the last business day of each calendar month.

3. Budget

This Task Order is incrementally funded at \$750,000.00. GCJPR proposes the following budget allocation. All pricing is in accordance with GCJPR’s contracted rates under the Statewide Marketing Services contract. Rates are inclusive of all direct costs. Media costs are billed at Net Media Cost plus the contracted mark-up.

3.1 Rate Structure

GCJPR Contracted Rate Schedule	
Hourly Rate	\$130 per hour
Media Mark-Up	Per Statewide Contract (applied to Net Media Cost)
Pass-Through Expenses	Pre-approved by AHCCCS; invoiced at cost
Out-of-Pocket Expenses	Expenses exceeding \$100 require prior AHCCCS approval

3.2 Budget Allocation by Phase

All estimates are subject to AHCCCS approval and CMS review with actual hours and costs tracked and reported monthly, and adaptable based on situational needs. Attention was given to the depth of stakeholder engagement required across Arizona’s diverse Medicaid population spanning members, agency staff, providers, health plans, and CBOs to expand Phase 1 research capacity. Paid media placement will be proposed as a separate line item for AHCCCS approval once Phase 2 messaging is finalized and CMS guidance is confirmed. *No further work shall be performed once the obligated funds are exhausted unless additional funding is authorized in writing.*

Item / Deliverable	Phase	Est. Hours	Est. Cost
Phase 1: Stakeholder Input Plan Development	Phase 1	100	\$13,000
Phase 1: Member Interviews (6 x 1-hr, in-person Phoenix/Tucson + virtual)	Phase 1	60	\$7,800
Phase 1: Agency Staff Interviews (8 x 1-hr, virtual)	Phase 1	80	\$10,400
Phase 1: Provider/Health Plan Feedback Sessions (2–3 sessions, up to 25 participants)	Phase 1	60	\$7,800
Phase 1: MCO and CBO Facilitated Sessions	Phase 1	80	\$10,400
Phase 1: Internal AHCCCS Leadership Interviews	Phase 1	60	\$7,800
Phase 1: Term Confusion Analysis & Medical Frailty Communications Brief	Phase 1	80	\$10,400
Phase 1: Insights Summary Report & Next Steps Recommendations	Phase 1	70	\$9,100

Item / Deliverable	Phase	Est. Hours	Est. Cost
Phase 2: Message & Communication Framework Development	Phase 2	115	\$14,950
Phase 2: Creative Concept Development & AHCCCS Approval Process	Phase 2	92	\$11,960
Phase 2: Plain-Language Message Library (English & Spanish)	Phase 2	138	\$17,940
Phase 2: Provider & Partner Toolkits (3 toolkits)	Phase 2	115	\$14,950
Phase 2: Creative & Visual Asset Production (digital, print, video)	Phase 2	185	\$24,050
Phase 2: Web Content Development (landing pages, FAQs, guides)	Phase 2	92	\$11,960
Phase 2: Social Media Campaign Plan	Phase 2	70	\$9,100
Phase 3: Content Publication & Distribution Management	Phase 3	231	\$30,030
Phase 3: Earned Media (PR, press releases, radio, TV, print, digital)	Phase 3	Included in labor	\$0
Phase 3: Paid Media Placement (to be proposed separately pending CMS guidance)	Phase 3	TBD	TBD — pre-approval required
Phase 3: Distribution Compliance Reporting & Publication Log	Phase 3	92	\$11,960
Phase 4: Performance Monitoring & Analytics Dashboard	Phase 4	138	\$17,940
Phase 4: Monthly/Quarterly Reporting Cadence	Phase 4	92	\$11,960
Phase 4: A/B Testing, Message Optimization, Course Corrections	Phase 4	115	\$14,950
Phase 4: Real-Time Monitoring & Rapid Response	Phase 4	92	\$11,960
Project Management & AHCCCS Coordination (all phases)	Ongoing	231	\$30,030
Pass-Through: Participant Incentives, Venue, Translation, ADA/508 Review	All Phases	Variable	~\$75,000
TOTAL (Labor — Estimated)		~2,198 hrs @ \$130/hr	\$285,740
Pass-Through Expenses (estimated)		Variable	~\$75,000
Paid Media Reserve (pending CMS guidance & AHCCCS approval)		TBD	~\$389,260
GRAND TOTAL			\$750,000

Research Investment Rationale & Media Cost Notes

GCJPR has intentionally expanded the Phase 1 research budget relative to a standard communications proposal. This reflects three key realities: (1) the depth of stakeholder engagement needed to surface real member confusion and communication barriers across Arizona's diverse Medicaid population; (2) the consequences of poorly targeted messaging — avoidable disenrollment for vulnerable Arizonans — make upfront research investment directly cost-effective; and (3) communications grounded in real member input require fewer revisions, corrections, and re-deployments downstream.

Earned media activities (press releases, media pitching, radio, television, print, and digital) are included in the labor line items above. Paid media placements (digital advertising, social media boosting, broadcast, out-of-home) are held in reserve pending CMS guidance and AHCCCS approval of the Phase 2 messaging framework. GCJPR will submit a detailed media plan with platform-specific spend recommendations at the conclusion of Phase 2. All media expenditures require AHCCCS written pre-approval and will be reported monthly.

GCJPR has reserved approximately \$345,000 for paid media placement, to be allocated once CMS guidance is confirmed and the Phase 2 message framework is approved. This approach ensures media spend is targeted based on what we know works — informed by real stakeholder input — rather than speculative placement. The allocation can be adjusted based on CMS feedback and AHCCCS priorities.

4. Background

GCJPR has reviewed and acknowledges the background context established in the Task Order. The federal budget reconciliation bill (H.R. 1) establishes new Medicaid requirements related to community engagement (work) requirements, and six-month renewals for certain Medicaid members, plus maintaining current addresses for all members. These requirements represent a significant policy change with direct implications for eligibility, renewal processes, and member compliance.

GCJPR understands that AHCCCS, as Arizona's Medicaid system, is required to implement these provisions in accordance with federal guidance while minimizing inappropriate coverage loss and ensuring members, providers, and partners understand the new requirements and how to comply.

GCJPR also recognizes that the implementation of H.R. 1 community engagement requirements involves significant complexity at the member level. Research on Medicaid work requirement programs in other states consistently shows that member confusion around key terms, including what counts as a qualifying activity, how exemptions work, and what the compliance timeline means in practice, is a primary driver of avoidable coverage loss. Members who lose coverage often do not because they fail to meet requirements, but because they did not understand them or did not know how to report compliance. This context is central to GCJPR's proposed approach.

Our team has thoroughly reviewed the full Task Order, applicable federal guidance, and the CMS approval requirement that governs all activities, deliverables, and timelines. This understanding is foundational to every element of our proposed approach.

5. Purpose

GCJPR’s response is directly aligned with the five objectives AHCCCS has established for this task order:

Objective	GCJPR’s Approach
<p>5.1 Awareness</p>	<p>Reaching impacted members requires more than a single announcement. GCJPR will deploy a coordinated, multi-channel awareness campaign spanning digital, print, broadcast, and community-based touchpoints to ensure no eligible member is left uninformed. Campaign messaging will be sequenced strategically, beginning well in advance of implementation deadlines enabling members to have sufficient time to understand what is coming and prepare accordingly.</p> <p>Awareness efforts will be sustained throughout the implementation period, not front-loaded and abandoned. We will track reach and adjust channel mix based on engagement data to ensure we are continuously optimizing for maximum penetration among impacted populations.</p>
<p>5.2 Understanding</p>	<p>Awareness without understanding produces anxiety, not action. GCJPR will develop a comprehensive plain-language message library, including FAQs, step-by-step guides, and explainer materials, specifically designed to answer the questions members are most likely to have: <i>“Who is affected?” “What activities qualify?” “What are the exemptions?” “How do I report compliance?” “What happens if I don’t?”</i></p> <p>Every piece of member-facing content will be written to eliminate confusion and reduce the risk of avoidable disenrollment. We recognize that members who disenroll because they didn't understand the requirements — not because they failed to meet them — represent a critical failure of communication. Our materials are designed to prevent exactly that outcome.</p>
<p>5.3 Action</p>	<p>Understanding must translate into behavior. GCJPR's communications will be explicitly action-oriented, with every member touchpoint designed to drive a specific, timely next step, whether that is reporting qualifying activities, submitting documentation, or updating address information to ensure continued contact.</p> <p>We will deploy action-driving communications across all available channels including SMS, email, web, and print, with messaging sequenced to create urgency without confusion. Call-to-action language will be clear, direct, and consistent across all channels, increasing opportunities for members to receive a unified signal regardless of how they are reached. Reminder cadences will be built into the campaign timeline to reduce last-minute drop-off and missed deadlines.</p>

Objective	GCJPR's Approach
<p>5.4 Support</p>	<p>Member communication efforts alone are not sufficient. The providers, health plans, MCOs, and community-based organizations that interact directly with members every day are force multipliers, but only if they are equipped with accurate, consistent, and easy-to-use materials.</p> <p>GCJPR will develop targeted toolkits and training resources for each stakeholder audience, tailored to their specific role in the implementation process.</p> <p>Internal AHCCCS staff will receive parallel support materials to ensure that anyone answering member's questions, no matter the point of contact, is delivering the same accurate information. Consistency across every channel and every stakeholder is not a design preference; it is a requirement for building trust and preventing the spread of misinformation during a period of significant change.</p>
<p>5.5 Customized Messaging</p>	<p>Effective communication requires meeting members where they are, in their language, at their literacy level, and within their cultural context. All member-facing materials produced by GCJPR will be written in plain language at a 5th–8th grade reading level, ensuring accessibility across the full range of the AHCCCS member population.</p> <p>All materials will be produced in both English and Spanish as a baseline, with additional language versions developed as directed by AHCCCS. Cultural appropriateness is not treated as a translation exercise, it is built into the content development process from the start, with a foundation in the research, ensuring that materials reflect the lived experiences, communication preferences, and trusted messengers of the communities they are designed to reach.</p>

Summary

Taken together, these five objectives define a complete communications ecosystem, from initial awareness through sustained action and support. GCJPR's approach treats them not as independent workstreams but as an integrated strategy in which each objective reinforces the others.

Members who are aware are more likely to seek understanding. Members who understand are more likely to take action. Members who receive consistent support are more likely to trust the process. And members who receive communications in their own language and cultural context are more likely to engage at every stage. That is the communications model GCJPR brings to this task order.

6. Phases

The GCJPR strategy, utilizing the four-phase approach, aligns with the structure established in the Task Order while allowing flexibility to adapt as federal guidance evolves or if AHCCCS implementation needs become clearer. Each phase builds upon the previous phase to ensure stakeholder insights drive message development, approved communications are deployed efficiently, and campaign performance is continuously monitored and improved.

6.1 Phase 1: Stakeholder Input

The purpose of Phase 1 is to gather qualitative input from internal and external stakeholders to better understand communication needs, barriers, terminology confusion, preferred communication channels, and opportunities to reduce avoidable disenrollment. Insights collected during this phase will serve as the foundation for all subsequent messaging, creative development, and implementation activities. Activities may include:

- Stakeholder interviews
- Listening sessions
- Focus groups
- Community partner engagement
- Provider outreach
- Tribal outreach
- Workforce partner engagement
- Member feedback collection
- Insights analysis and reporting

6.2 Phase 2: Planning & Message Development

Phase 2 focuses on transforming stakeholder insights into a comprehensive communication strategy and supporting materials that help members, providers, and community partners understand and successfully navigate new requirements that meets AHCCCS approval. Creativity of concept is essential to avoid blending into the noise of everyday life and penetrating the attention of the target audiences.

Where appropriate, GCJPR will provide media training and spokesperson preparation for designated AHCCCS representatives and partner contacts to ensure consistent, on-message delivery across earned media channels. Activities may include:

- Message and communication framework development
- Audience segmentation
- Plain-language message development
- Creative concept development
- Toolkit creation
- Web content development
- Social media planning
- Accessibility review
- Translation and language-access planning
- CMS and AHCCCS review support

6.3 Phase 3: Publication, Implementation & Compliance

Phase 3 focuses on deploying approved communications through designated channels and ensuring all implementation activities comply with AHCCCS and CMS requirements and that are clearly defined and action-oriented.

Particular attention will be made to material design detail that encourages members to open, read, and take action. Differentiating campaign materials from other AHCCCS mailers, notices, and routine member communications is a deliberate strategic priority, not an aesthetic one. Members receive a significant volume of mail and digital communications from AHCCCS, MCOs, and health plans. Materials that look like every other official notice risk being set aside, discarded, or ignored entirely, regardless of how critical the information inside them is.

GCJPR will work with AHCCCS to develop a distinct visual identity for the community engagement campaign that signals to members, at a glance, that this communication requires their attention and action. This means intentional decisions about envelope design, headline placement, color, typography, and the hierarchy of information on the page, all oriented around a single question: what does a member need to see first in order to understand that this matters to them personally and that they need to do something.

Member-facing print materials will lead with plain-language headlines that speak directly to the member's situation rather than to the policy being implemented. The goal is for a member to pick up a mailer and immediately understand what it is about, why it affects them, and what they need to do, before they have read a single paragraph of body copy. Supporting design elements will reinforce rather than compete with that message, using visual hierarchy, white space, and clear calls to action to guide the member through the content in the order they need to encounter it.

Digital materials will apply the same principles to the formats and behaviors of each channel, with subject lines, thumbnail images, and opening frames designed to stop the scroll and communicate urgency and relevance within the first two seconds of exposure. Every design decision will be tested against a single standard: does this make it more or less likely that a member takes the action they need to take to keep their coverage.

Activities may include:

- Publication calendar management
- Content deployment and distribution
- Partner communications
- Provider communications
- Earned media support
- Distribution tracking
- Compliance documentation
- Change management support
- Escalation messaging with defined action alerts
- CMS coordination support

6.4 Phase 4: Monitoring & Optimization

Phase 4 focuses on measuring campaign effectiveness and making data-driven adjustments to improve reach, engagement, understanding, and action throughout the life of the project.

Remaining nimble and situationally aware is critical. Activities may include:

- Performance monitoring
- Analytics and reporting
- Dashboard management
- A/B testing
- Message refinement
- Misinformation monitoring
- Channel optimization
- Continuous improvement recommendations

7. Phase 1: Stakeholder Input Plan and Insight Development

7.1 Objective

The objective of Phase 1 is to ensure that all communications developed under this project are informed by the perspectives, needs, challenges, and communication preferences of the individuals and organizations most impacted by H.R. 1 requirements. This phase is designed to identify potential sources of confusion, barriers to compliance, trusted information sources, and opportunities to improve understanding before public-facing communications are launched.

Insights gathered during this phase will guide message development, creative concepts, channel selection, accessibility planning, and implementation strategies throughout the project.

7.2 Approach

7.2.1 Develop a Stakeholder Input Plan

GCJPR will develop a comprehensive Stakeholder Input Plan outlining the proposed engagement approach, participant groups, timelines, accessibility accommodations, recruitment methods, discussion guides, and reporting processes. The plan will be submitted to AHCCCS for review and approval prior to implementation.

GCJPR will prioritize outreach to populations carrying the highest compliance risk: individuals experiencing homelessness, those with serious mental illness (SMI), and residents of rural communities. These groups are less likely to be reached through traditional channels and require specifically tailored engagement strategies, including partnerships with shelters and social service providers, coordination with behavioral health providers and SMI-serving MCOs, and use of community health workers and trusted messengers in rural areas.

GCJPR will ensure that campaign strategy and materials development in Phase 1 is informed by the populations most likely to face barriers to awareness, understanding, and timely action, including rural residents, tribal populations, individuals experiencing homelessness, members with limited English proficiency, individuals with disabilities, caregivers, members with serious mental illness, and members facing transportation, technology, or literacy challenges.

Reaching these populations requires deliberate planning from the start, not adaptation after the fact. By identifying where barriers exist early, GCJPR can build outreach strategies, channel

selection, and materials development around the members who are hardest to reach and most at risk of avoidable coverage loss.

Tribal engagement will be treated as a distinct outreach priority. GCJPR will coordinate with AHCCCS, as appropriate, to include Tribal Nations, Tribal Health Programs, Urban Indian Health Centers, Indian Health Service partners, and tribal-serving community organizations in stakeholder input and message review.

To strengthen its statewide reach, GCJPR will ensure that rural perspectives are represented, including those from border, agricultural, and geographically isolated communities such as Cochise, Santa Cruz, La Paz, Apache, Navajo, Greenlee, and other counties identified by AHCCCS as priority areas.

The Stakeholder Input Plan will include:

- Stakeholder categories and recruitment targets
- Engagement methods and formats
- Discussion topics and objectives
- Accessibility and language-access accommodations
- Data collection and reporting methods
- Project timeline and milestones

7.2.2 Identify and Engage Stakeholder Groups

GCJPR will engage a diverse cross-section of stakeholders to ensure the campaign reflects the realities of Arizona’s Medicaid population and the organizations that serve them.

Stakeholder groups may include AHCCCS members, caregivers, leadership, and program staff; Managed Care Organizations (MCOs); healthcare providers and provider associations; community-based organizations; workforce agencies and workforce development partners; Arizona@Work partners; DES employment and training programs; adult education providers; Community Health Workers and peer navigators; Tribal Nations and Tribal Health Programs; Urban Indian Health Centers; Indian Health Service partners; organizations serving individuals with disabilities; organizations serving individuals with limited English proficiency; rural, agricultural, and border communities; and advocacy organizations and consumer groups.

Special emphasis will be placed on engaging populations that may face higher barriers to compliance, including individuals experiencing homelessness, members with serious mental illness, individuals with disabilities, rural residents, tribal communities, and members with limited English proficiency.

Group	Target #s	Format	Focus
AHCCCS Members	6 interviews	1-hour, 1-on-1 In-person (Phoenix/Tucson) + Virtual	Channel preferences, term comprehension, barriers to action, message clarity
Agency Staff (AHCCCS/DES)	8 interviews	1-hour, 1-on-1 Virtual	Internal messaging alignment, call-center trends, operational communication gaps
Providers & Health Plans	2–3 feedback sessions (up to 25 total)	1-hour virtual sessions ~10–12 per session	Partner readiness, member education role, toolkit needs, feedback on proposed messaging

Group	Target #s	Format	Focus
Advocacy & Community-Based Organizations	Included in provider sessions	Virtual + in-person	Trusted messenger channels, member outreach gaps, language and accessibility needs
MCO Representatives	3–4 sessions	Facilitated discussion	Member communication strategies, escalation pathways, coordination needs
Internal AHCCCS Leadership	5–8 interviews	1-hour, 1-on-1 Virtual	Strategic priorities, policy nuance, approval process alignment

Each 1-hour session will follow a structured 5-part format designed to elicit open-ended, qualitative input while progressively moving from background context to specific communications feedback:

Part	Section	Communications Focus
Part 1	Welcome and Context	Set expectations, cover confidentiality and recording consent, and establish that candid feedback on communications materials is the goal
Part 2	Getting to Know Them	Understand how participants currently receive and process AHCCCS information, preferred channels, trusted messengers, literacy, and language context
Part 3	Perception of Community Engagement	Gauge awareness and unprompted interpretation of key terms. Identify confusion, misinformation, and communication barriers before any explanation is offered
Part 4	Message and Materials Reaction	Present draft messaging concepts, plain-language explanations, and proposed channel approaches. Gather candid reactions to clarity, tone, accessibility, and calls to action
Part 5	Reflection and Recommendations	Capture top suggestions for making messages clearer, identify the biggest concerns about reporting, and surface the most important things AHCCCS can do to support members and partners through this transition

7.2.3 Collect Qualitative Input

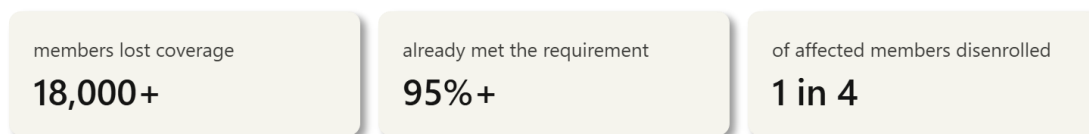
Experience with Medicaid work requirement implementations in other states shows that avoidable coverage loss is most often driven by member confusion about specific policy terms rather than by an actual inability to meet requirements. GCJPR will build explicit term-testing into every member session, asking participants how they interpret each of the following before any explanation is offered:

- “Community engagement” — what it means to them unprompted
- “Qualifying activity” — what activities they assume count
- “Exemption” — who they assume qualifies and how they would claim one
- “Hardship” — whether this term feels accessible or bureaucratic
- “Compliance period” — whether they understand the timeframe and consequences

Responses will directly shape the plain-language message library developed in Phase 2, ensuring GCJPR’s communications address real confusion rather than assumed confusion.

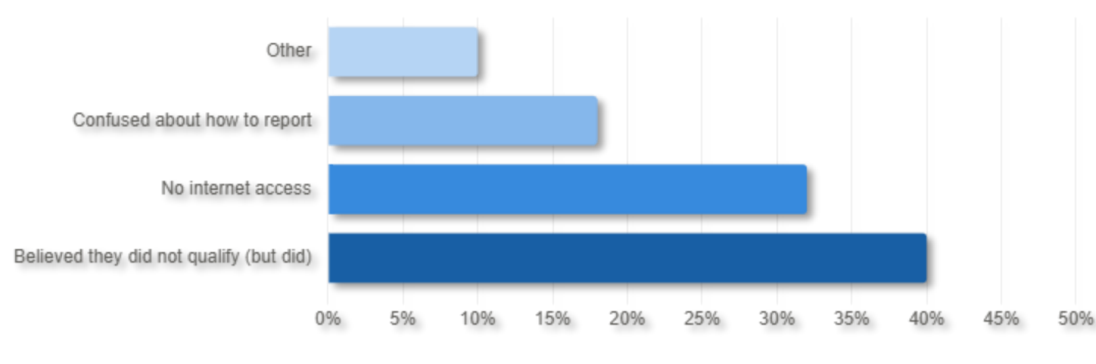
GCJPR will also build practical accessibility options such as large-print discussion materials, screen-reader-compatible digital materials, captioned virtual sessions, interpreter support, plain-language prompts, and alternate participation options for members with cognitive, visual, hearing, mobility, transportation, or technology access barriers.

Why Arkansas Medicaid Members Lost Coverage Source: *New England Journal of Medicine, 2019; KFF, 2025*



Why members did not report compliance — Arkansas, 2018

■ Believed they did not qualify (but did) — 40% ■ No internet access — 32% ■ Confused about how to report — 18%
■ Other — 10%



Key finding: Coverage loss was driven by confusion and reporting barriers, not by members failing to meet the underlying requirements. Clear, proactive member communication is the single most important variable in preventing avoidable disenrollment.

Sources: *New England Journal of Medicine* (2019); KFF (2025); Urban Institute (2025)

7.2.4 Summarize Findings

GCJPR will work closely with AHCCCS to understand the medical condition exemption categories, associated verification mechanisms, and any clinical complexity that must be translated into plain-language member communications. Once exemption definitions are finalized, GCJPR will develop tailored messaging for each exemption category, ensuring members with qualifying conditions understand how to claim exemptions without needing to navigate clinical or legal language.

We will analyze stakeholder feedback and identify recurring themes, communication challenges, preferred channels, trusted messengers, accessibility considerations, and opportunities for message refinement. Findings will be organized by audience segment and communication objective to support development of targeted messaging and outreach strategies. The findings summary will include:

- Key themes and observations

- Audience-specific communication needs
- Terminology and comprehension findings
- Communication barriers
- Accessibility considerations
- Trusted channels and messengers
- Recommendations for message development

7.2.5 Recommendations for Next Steps

GCJPR will use a Leesburg Grid-style message mapping framework to identify recurring themes, pain points, knowledge gaps, and communication preferences across sessions. Online qualitative tools (open-ended surveys, comment boards) will be available for stakeholders unable to participate in live sessions. Recommendations may address:

- Message priorities
- Audience segmentation
- Creative concepts
- Communication channels
- Accessibility enhancements
- Language-access needs
- Outreach partnerships
- Implementation considerations
- Opportunities to reduce confusion and avoidable disenrollment

7.2.6 Phase 1 Deliverables

GCJPR will produce a defined set of deliverables across Phase 1, each designed to build the evidence base that drives Phase 2 strategy. No message framework or creative development will proceed on assumption. Every recommendation will be grounded in documented stakeholder input, validated findings, and audience-specific insight.

Stakeholder Input Plan

Before any outreach or engagement activity begins, GCJPR will submit a Stakeholder Input Plan to AHCCCS for review and approval. This plan will document proposed engagement methods, target audiences, outreach sequencing, discussion guides, and data collection protocols. Submitting this plan for approval before execution ensures that AHCCCS has full visibility into our methodology and that all engagement activities reflect agency priorities and compliance requirements from the outset.

Stakeholder Engagement Summary

Following completion of engagement activities, GCJPR will produce a comprehensive Stakeholder Engagement Summary documenting what was done, who participated, and how. This includes a full account of outreach activities conducted, participation counts by audience segment, and methodology documentation sufficient to demonstrate rigor and reproducibility. This summary serves as the auditable record of Phase 1 engagement and provides AHCCCS with a transparent account of how findings were generated.

Participation and Outreach Documentation

Separate from the summary, GCJPR will maintain and deliver structured participation and outreach documentation capturing the full record of engagement activity at the event and interaction level. This includes contact logs, attendance records, outreach channel performance, and any materials distributed during engagement. This documentation supports program accountability and provides the data foundation for participation analysis.

Term Confusion Analysis

One of the most actionable deliverables in Phase 1, the Term Confusion Analysis will provide plain-language findings on how members actually interpret key community engagement terms. Research consistently shows that coverage loss under work and community engagement requirements is driven less by members failing to meet requirements and more by members misunderstanding what the requirements mean, whether they apply to them, and what they need to do. This analysis will identify specifically which terms, phrases, and policy concepts generate the most confusion, misinterpretation, or anxiety among member audiences, and will provide direct guidance for plain-language development in Phase 2.

Insights Summary Report

The Insights Summary Report will synthesize findings across all engagement activities into a structured analysis of recurring themes, pain points, channel preferences, and communication barriers, organized by audience segment. This is not a summary of what people said. It is an analysis of what the patterns mean for communication strategy. GCJPR will identify where member understanding breaks down, which channels reach which populations most effectively, where provider and MCO messaging diverges from member experience, and what barriers, whether literacy, language, technology, or trust, are most likely to drive avoidable disengagement. These findings will serve as the strategic foundation for Phase 2.

Medical Frailty Communications Brief

The Medical Frailty Communications Brief will provide targeted messaging guidance for each exemption category, with particular attention to the populations for whom navigating an exemption process presents the highest barrier. Research from prior state implementations found that eligible members frequently lost coverage not because they failed to qualify for an exemption but because they could not successfully navigate the documentation and verification process. This brief will equip providers, MCOs, and AHCCCS staff with clear, consistent, and audience-appropriate language for explaining each exemption category, what it covers, who qualifies, and how to apply, reducing the risk that eligible members are disenrolled due to process failure rather than ineligibility.

Audience-Specific Findings Summary

Because no single message strategy serves all members equally, GCJPR will produce an Audience-Specific Findings Summary that breaks down Phase 1 insights by population segment. This will address the distinct communication needs, barriers, and channel preferences of key groups including rural residents, tribal members, individuals experiencing homelessness, members with limited English proficiency, individuals with disabilities, caregivers, and members with serious mental illness. This document will give Phase 2 creative and message development a clear, segment-level brief rather than a one-size-fits-all finding.

Recommendations for Next Steps

The final Phase 1 deliverable will be a Recommendations for Next Steps brief providing actionable, prioritized guidance for Phase 2 message framework and creative development. This document will translate Phase 1 findings directly into strategic direction, identifying which messages to lead with, which terms require plain-language substitution, which channels to prioritize for which populations, and where exemption and reporting communications require the most investment. The goal is to hand Phase 2 a clear, evidence-based brief that eliminates guesswork and accelerates the development of materials that work.

8. Phase 2: Planning and Message Development

8.1 Purpose and Intent

Phase 2 is intended to transform stakeholder insights into a comprehensive communication strategy that informs, educates, and motivates action among AHCCCS members and key stakeholders. All communications developed during this phase will be grounded in stakeholder feedback, AHCCCS priorities, CMS guidance, health literacy best practices, and accessibility requirements.

GCJPR will review existing AHCCCS outreach materials, including prior renewal and eligibility communications, to identify successful approaches, opportunities for improvement, and lessons learned that can strengthen implementation of H.R. 1 requirements.

8.1.1 Primary Audiences: Medicaid Members

Primary audiences include AHCCCS members:

- Subject to community engagement requirements
- Subject to six-month renewals
- Who may be impacted by future implementation activities
- Responsible for maintaining current contact information
- Who may qualify for exemptions, including medical frailty and hardship exemptions

8.1.2 Secondary Audiences: Providers and Partners

Secondary audiences include healthcare providers, Managed Care Organizations (MCOs), community-based organizations, workforce agencies and workforce development partners, Arizona@Work partners, DES employment and training programs, adult education providers, Tribal Nations and Tribal Health Programs, Urban Indian Health Centers, Indian Health Service partners, advocacy organizations, Community Health Workers and peer navigators, and internal AHCCCS staff and call-center personnel.

8.2 Public Messaging — Medicaid Members

GCJPR will develop member-focused communications designed to increase awareness, improve understanding, reduce confusion, and encourage timely action. All materials will be developed using plain-language principles and tailored to the needs of diverse audiences across Arizona. Communications will be written at an accessible reading level and designed to support members with varying levels of literacy, access to technology, language proficiency, and familiarity with government programs.

8.2.1 Plain-Language Message Library

GCJPR will develop a plain-language message library directly informed by Phase 1 term-testing findings, with previously used AHCCCS Public Health Emergency (PHE) outreach materials as references, addressing:

- What community engagement requirements are and who they apply to
- What six-month renewals are and what members need to do
- Who must comply with reporting requirements
- Qualifying activities and acceptable forms of participation
- Available exemptions, including medical frailty and hardship exemptions
- How and where members report activities
- Important deadlines and timelines
- Maintaining current address and contact information
- Consequences of failing to respond or report
- Available support resources and assistance options

8.2.2 Message Variants by Phase

Messaging will be developed for multiple implementation stages:

- Awareness and education — introducing requirements before they take effect, reducing surprise and building familiarity
- Pre-implementation reminders — action-oriented messaging as deadlines approach, driving timely preparation
- Active compliance periods — clear, step-by-step guidance on how to report and what to do if circumstances change
- Renewal and redetermination touchpoints — messaging tied to individual renewal dates and six-month review cycles
- Escalation communications tied to deadlines

All message variants will be produced in English and Spanish, with additional languages as directed by AHCCCS. Language-access services will include translation and cultural adaptation in languages identified through AHCCCS standards, member demographics, CMS guidance, and stakeholder input. Messaging will clearly distinguish between members who are subject to community engagement requirements and those who are not, reducing unnecessary concern and minimizing avoidable call-center burden.

Where appropriate, GCJPR will provide media training and spokesperson preparation for designated AHCCCS representatives, partner contacts, and approved community influencers, ensuring consistent, on-message delivery across earned media channels.

8.2.3 Key Deliverables

8.2.3.3 Communication Channels — Members

Communications may be distributed through:

- AHCCCS website and landing pages
- HEAplus and member portals
- Email communications
- SMS and text messaging
- Mail inserts and notices
- Social media (Facebook, X/Twitter, YouTube, Instagram)

- FAQs and quick-reference guides
- Community partner networks
- Tribal communications channels
- Workforce and education partners
- Earned media opportunities
- Paid media placements as approved by AHCCCS

8.2.4 Accessibility

Accessibility accommodations may include:

- Screen-reader compatible materials
- Large-print formats
- Captioned videos with transcripts
- Mobile-optimized content
- Alternative formats as requested by AHCCCS

8.3 Public Messaging — Providers & Partners

Providers and community partners play a critical role in helping members understand requirements and access available resources. GCJPR will develop communications that equip these audiences with accurate, actionable, and easy-to-use information.

GCJPR will develop targeted toolkits for providers, health plans, and community-based organizations. Each toolkit will include: an overview of H.R. 1 requirements, the provider/partner role in member education, referral pathways to workforce and community services, talking points, and provider bulletins and webinar briefing materials.

GCJPR will also develop internal support materials for AHCCCS frontline teams, including call-center scripts, FAQs, escalation guidance, quick-reference tools, and decision-tree messaging designed to support consistent responses to common member questions such as “*Does this apply to me?*” and “*What do I need to do next?*”

8.3.1 Key Deliverables

Provider and partner communications may include:

- H.R. 1 community engagement requirement overviews
- Six-month renewal guidance
- Provider-specific FAQs
- Referral and resource information
- Exemption guidance and referral pathways
- Community outreach materials
- Trusted messenger talking points
- Presentation materials and briefing resources

Toolkits may include:

- Provider Toolkit
- Health Plan Toolkit
- Community-Based Organization Toolkit
- Internal AHCCCS Staff Toolkit
- Workforce Partner Toolkit
- Tribal Partner Outreach Materials

Communications may be distributed through provider bulletins, provider portals, email communications, webinars, recorded briefings, partner networks, association communications, and community outreach channels.

8.4 Creative & Visual Assets

GCJPR will develop a unified campaign platform that maintains consistency across all communications while allowing customization for specific audiences and communication objectives. We will present 2–3 creative directions to AHCCCS for review and selection before proceeding to full production. All assets will be ADA/508-compliant, optimized for mobile, and available in English and Spanish plus additional required languages. Creative assets may include:

- Digital advertisements and banners
- Social media graphics
- Flyers and posters for community distribution
- Infographics explaining compliance steps in plain language
- Fact sheets
- Branded templates aligned with AHCCCS visual standards
- Presentation materials
- Short-form (30–60 second) video assets for social media and digital channels
- Long-form video assets for broadcast, webinars, and the AHCCCS website
- Community outreach materials and partner-ready collateral

8.5 Digital & Web Content

GCJPR will support development and maintenance of digital resources that help members and stakeholders quickly find accurate information and take appropriate action. Digital content may include the following assets:

- **Dedicated H.R. 1 Landing Pages with Clear Calls to Action**

GCJPR will develop dedicated landing pages specifically built around H.R. 1 community engagement requirements, separate from general AHCCCS web content so members and stakeholders can find authoritative, current information without navigating the full agency site. Each landing page will be structured around a single, clear purpose with a primary call to action visible without scrolling. Page architecture will guide the user toward the next step they need to take, whether that is checking their exemption status, learning how to report qualifying activities, or contacting a navigator for help. All landing pages will be fully 508 compliant, mobile-optimized, and available in English and Spanish at minimum.

- **Step-by-Step Compliance Guides for Each Member Situation**

Because member circumstances vary significantly, a single compliance guide serves no one well. GCJPR will develop situation-specific step-by-step guides that walk members through exactly what they need to do based on their individual situation, whether they are employed, caring for a dependent, enrolled in school, experiencing a medical condition, or between jobs. Each guide will be written in plain language at a 5th to 8th grade reading level, structured as a numbered sequence of discrete actions rather than

narrative paragraphs, and formatted for both web display and print. Guides will include what to gather, where to go, what to expect, and what to do if something goes wrong.

- **Renewal Guidance and Six-Month Renewal Information**

Research from prior state implementations found that members frequently confused community engagement reporting with their annual eligibility renewal, treating them as the same process or missing one because they believed completing the other was sufficient. GCJPR will develop dedicated renewal guidance that clearly distinguishes the two processes, explains the six-month renewal cycle in plain language, and provides members with a clear timeline of when they need to act and what happens if they miss a deadline. This content will be designed to reduce churn, the costly cycle of members losing coverage due to procedural failure and then reapplying, by giving members enough advance notice and clear enough instructions to act before deadlines pass.

- **Exemption Information and Options for Updating Address**

Exemption content will be one of the most critical and highest-traffic sections of the digital presence. GCJPR will develop clear, accessible content for each exemption category explaining in plain language who qualifies, what documentation is required, how to apply, and what to do if an exemption request is denied. This content will be written to eliminate the specific failure mode identified in Arkansas and other state implementations, where members who qualified for exemptions lost coverage because they could not navigate the process. Address update functionality and guidance will be integrated directly alongside exemption content, as outdated contact information is one of the primary reasons members miss critical notices and lose coverage without knowing a deadline was approaching.

- **Downloadable Resources**

All core guidance content will be available as downloadable, print-ready resources so members can access information without an internet connection, share materials with a family member or navigator, or retain a physical copy for reference. Downloadable resources will include compliance checklists, exemption guides, renewal timelines, and quick-reference cards summarizing key deadlines and reporting steps. All downloads will be produced in accessible PDF format meeting Section 508 standards, with tagged headings, alt text for any visual elements, and readable document structure for screen reader users. Spanish-language versions will be available for all downloadable materials.

- **Cross-Links to Reporting Systems and Related Services**

The digital presence will not be a standalone information resource. GCJPR will build systematic cross-linking between H.R. 1 content and the reporting systems, portals, and related services members need to take action, including the community engagement reporting portal, eligibility renewal systems, address update tools, and navigator and community-based organization referral resources. Cross-links will be contextual, placed at the point in the content where a member is most likely to need them, rather than aggregated in a resources section that requires members to navigate away from their task. This reduces drop-off between understanding what to do and actually doing it.

- **Search-Engine Optimized Content**

Members will not always arrive at AHCCCS content through official channels. Many will search for terms like how to keep my Medicaid, what is a community engagement requirement, or how to report my work hours Arizona. GCJPR will conduct keyword research to identify the specific search terms members and their caregivers are using and will optimize all landing page and guide content to appear in those results. This includes proper page titling, meta descriptions, header structure, and plain-language content that matches the way members naturally search for help. SEO is not a technical afterthought for this project. It is a reach strategy for members who do not know where to start.

- **FAQs Updated in Real Time as Federal Guidance Evolves**

Federal guidance on H.R. 1 implementation is still evolving, and member-facing content must reflect current requirements at all times. GCJPR will develop and maintain a living FAQ resource structured to be updated rapidly as new guidance is issued, without requiring a full content revision cycle. FAQs will be organized by member situation rather than by policy topic, so members can find answers based on their own circumstances rather than having to understand the regulatory framework first. An internal content review and update protocol will be established at the outset so that when federal guidance changes, the corresponding FAQ content is reviewed, updated, and republished within an agreed turnaround window. Version dating will be visible on all FAQ content so members and stakeholders can confirm they are reading current information.

8.6 Social Media Campaign Plan

GCJPR will develop a comprehensive social media campaign designed to support awareness, understanding, and action among targeted audiences. The well-defined social media plan will be developed and deployed with these guidelines:

- **Platform-Specific Content Calendars**

GCJPR will develop detailed content calendars for each active platform, Facebook, X/Twitter, YouTube, LinkedIn, and Instagram, built around the specific content formats, audience behaviors, and algorithmic dynamics of each. These are not the same calendar reformatted four times.

- Facebook content will prioritize longer-form informational posts, event promotion, and community group engagement suited to AHCCCS's older and family-caregiver audiences.
- X/Twitter content will focus on rapid-response updates, deadline reminders, and real-time guidance as federal policy evolves.
- YouTube will serve as the home for longer explainer videos, navigator training content, and member testimonial or scenario-based videos that walk through the compliance process step by step.

- Instagram will carry visually driven content including infographics, deadline countdown graphics, plain-language explainer carousels, and short-form Reels optimized for members under 40 who are less likely to engage through traditional outreach channels.

Each calendar will map content types to the implementation timeline, with volume and cadence calibrated to member need at each phase of rollout.

- **Audience Segmentation Recommendations**

Effective social media is not broadcast. GCJPR will develop audience segmentation recommendations that define distinct target audiences across platforms based on age, geography, language preference, enrollment pathway, and likelihood of being subject to community engagement requirements. Segmentation will identify which populations are reachable through organic content, which require paid targeting to reach, and which are unlikely to engage through social media at all and therefore need parallel outreach through other channels.

Segmentation recommendations will also account for caregivers and family members who may be managing compliance on behalf of a member, as well as trusted community voices, faith leaders, navigators, and community health workers, who can extend reach into populations with low direct platform engagement.

- **Organic Content Strategies**

Organic content strategy will be built around consistency, clarity, and trust. GCJPR will develop a library of reusable, modular content assets, including plain-language explainer posts, deadline reminder templates, exemption category graphics, FAQ cards, and member scenario narratives, that can be adapted and redeployed across the implementation timeline without requiring full creative production each time.

Organic strategy will also include recommendations for community management, defining how AHCCCS should respond to member questions, misinformation, and expressions of concern in comments and direct messages, with response templates for the most common scenarios. Building a credible and responsive social presence before escalation communications begin is essential. Members who have seen consistent, helpful content from AHCCCS are more likely to trust and act on deadline-driven messages when they arrive.

- **Paid Promotion Recommendations**

Organic reach alone will not be sufficient to reach the highest-risk member populations, many of whom have low platform engagement or follow no AHCCCS-affiliated accounts. GCJPR will develop paid promotion recommendations that define target audiences, budget allocation by platform, ad formats, creative direction, and measurement criteria for paid campaigns. Paid recommendations will prioritize members least likely to be reached through organic content or traditional outreach, including younger adult members, members in rural geographies, and members with limited English proficiency who can be targeted through Spanish-language ad sets. Paid promotion will be sequenced to intensify as key deadlines approach, ensuring that members who have not

yet taken required action are reached with increasing frequency and urgency in the final weeks before compliance windows close.

- **Accessibility and Language Targeting Recommendations**

All social content recommendations will include specific guidance on accessibility and language targeting. This means closed captions on all video content, alt text on all images and graphics, and reading-level review on all copy before publication. Language targeting recommendations will identify which platforms support Spanish-language ad targeting and organic content segmentation and will provide direction on how to manage bilingual content without diluting reach on either side.

Where platforms support additional language targeting other languages spoken by significant AHCCCS member populations, GCJPR will flag those opportunities and provide guidance on content adaptation. Accessibility is not a post-production checklist item. It will be built into content templates and production workflows from the start so that no asset reaches publication without meeting both 508 and platform-specific accessibility standards.

- **Community Engagement Opportunities**

Social media platforms offer community engagement mechanisms beyond the standard post-and-respond model that GCJPR will identify and recommend for AHCCCS use. These include Facebook Groups for navigator and community health worker networks, Facebook Live and Instagram Live sessions for real-time Q and A with AHCCCS subject matter experts, YouTube premieres for coordinated viewing of key explainer videos with live comment engagement, and partnership content with trusted community organizations that already have established followings among AHCCCS member populations.

GCJPR will develop a community engagement calendar that maps these higher-touch opportunities to key moments in the implementation timeline, including the launch of reporting requirements, the approach of first compliance deadlines, and the opening of renewal windows, when member anxiety and information need are highest.

- **Escalation Communications Tied to Key Deadlines**

The content calendar will include a structured escalation strategy that increases message frequency, urgency, and specificity as key implementation deadlines approach. Escalation will move through defined phases, beginning with awareness and education content well in advance of deadlines, transitioning to action-oriented reminder content as deadlines approach, and culminating in high-frequency, high-urgency deadline alerts in the final days of each compliance window.

Escalation communications will be platform-adapted, with the cadence, tone, and format calibrated to what each platform's audience expects and responds to. Escalation will also be audience-segmented, so members who have already completed required actions, where data allows, are not subjected to the same urgency messaging as members with no record of compliance activity. Post-deadline communications will address members who missed a deadline, explaining what to do next and how to

reapply, preventing the assumption that a missed deadline means permanent loss of coverage.

- **Performance Measurement Recommendations**

GCJPR will provide a performance measurement framework defining the metrics, benchmarks, and reporting cadence that will allow AHCCCS to assess whether social media efforts are reaching the right audiences and driving the right actions. Metrics will be organized by objective, distinguishing awareness metrics such as reach, impressions, and follower growth from understanding metrics such as video completion rates and link click-through rates, and action metrics such as landing page visits, guide downloads, and reporting portal referrals from social content.

Paid campaign measurement will include cost-per-click, cost-per-action, and audience penetration data by segment. GCJPR will recommend a reporting cadence tied to the implementation timeline and will provide guidance on how to interpret performance data and adjust content strategy in response, ensuring that measurement is a tool for continuous improvement rather than a retrospective exercise.

8.7 Message Testing & Iteration

GCJPR will maintain the flexibility to update communications as new information becomes available and campaign performance data is evaluated. Message refinement may be driven by:

- **Stakeholder and AHCCCS Feedback**

No communication strategy survives first contact with implementation unchanged. GCJPR will establish a structured feedback loop with AHCCCS and key stakeholders throughout the campaign, ensuring that what is being heard in the field informs what is being produced and distributed. This includes scheduled review touchpoints with AHCCCS program and communications staff, standing channels for stakeholders including MCOs, health plans, and community-based organizations to surface member-level feedback in real time, and a defined protocol for how feedback is received, triaged, and acted upon.

Feedback that signals member confusion about a specific term, process, or deadline will trigger an immediate content review. Feedback that surfaces systemic barriers, such as a reporting portal that members consistently struggle to navigate, will be escalated to AHCCCS with documented evidence and recommended communication responses. Stakeholder feedback is not a satisfaction survey. It is a continuous intelligence feed that keeps the campaign calibrated to what members are actually experiencing on the ground.

- **CMS Guidance Updates**

Federal guidance on H.R. 1 community engagement requirements is still developing, and the rules governing implementation, exemptions, reporting, and enforcement are subject to change as CMS issues new guidance, responds to litigation, or adjusts timelines. GCJPR will maintain active monitoring of CMS guidance releases, federal register notices, and policy communications from CMS and HHS, and will establish a defined protocol for assessing the downstream communications impact of any new or

revised federal guidance. When guidance changes, GCJPR will conduct a rapid audit of all affected member-facing content, including web pages, FAQs, downloadable guides, social content, and partner materials, and will produce revised content within an agreed turnaround window.

Changes will be communicated proactively to AHCCCS, MCOs, health plans, and community partners before updated member-facing materials are published, so that no stakeholder is delivering outdated information at the point of member contact. Version control and publication dating will be maintained across all materials so that the currency of every asset is transparent and auditable.

- **Call Center Trends and Website Analytics**

Call center volume and website behavior are two of the most direct and real-time indicators of where member communication is failing. When members cannot find an answer on the website, they call. When they call with the same question repeatedly, the communication has a gap. GCJPR will establish a regular cadence of call center trend analysis in partnership with AHCCCS and relevant MCOs, reviewing call volume by topic, most frequently asked questions, most common points of confusion, and calls that result in escalation or unresolved member concern. These trends will be mapped directly to the content strategy, identifying which web pages, guides, or FAQs need to be updated, elevated in navigation, or rewritten to address the specific questions members are bringing to the phones.

Website analytics will provide a parallel picture of member behavior, showing where users enter the site, where they drop off, which pages generate the most exits, which downloads are most accessed, and which calls to action are converting. Together, call center and analytics data will function as a continuous usability test of the digital presence, allowing GCJPR to make evidence-based content and navigation improvements throughout the campaign rather than waiting for a scheduled review cycle.

- **Social Media Engagement Data**

Social media engagement data will be reviewed on a defined cadence to assess what content is reaching members, what is resonating, and what is being ignored or misunderstood. Engagement data will be analyzed beyond surface metrics. High impression counts with low engagement rates may indicate that content is being served to the wrong audience or that the message is not landing. High engagement with comments expressing confusion or frustration is a content signal, not a success metric. GCJPR will conduct qualitative review of comment threads, shares, and direct message volume alongside quantitative performance data to build a complete picture of how members are responding to social content.

Content that outperforms benchmarks will be analyzed for what is working so those elements can be replicated. Content that underperforms or generates negative response will be reviewed, revised, or retired. Paid campaign data will be reviewed with particular attention to audience penetration by segment, ensuring that the populations most at risk of avoidable coverage loss are actually being reached and not being outbid in ad auctions by lower-priority audience segments.

- **Partner Feedback**

Community-based organizations, navigators, providers, health plans, and MCOs are the closest points of contact between AHCCCS communications and the members those communications are designed to reach. Their feedback is irreplaceable. GCJPR will establish structured partner feedback mechanisms including brief periodic surveys, standing agenda items in partner calls, and a dedicated feedback channel for partners to flag member questions, content gaps, translation concerns, and emerging issues in real time. Partner feedback will be particularly valuable for identifying where official communications are not reaching members at all, where materials are not culturally appropriate despite being technically translated, where members are receiving conflicting information from different sources, and where community trust barriers are preventing engagement with official AHCCCS content.

This feedback will be documented, analyzed for patterns, and incorporated into content updates, partner toolkit revisions, and strategic adjustments on a rolling basis. Partners who take the time to provide feedback will receive a visible response, whether that is an updated resource, a revised talking point, or a direct acknowledgment that the issue has been escalated, so that the feedback loop remains active and credible throughout the campaign.

- **Emerging Misinformation**

Misinformation about community engagement requirements, exemptions, and the consequences of noncompliance is not a hypothetical risk. It is a documented feature of Medicaid policy implementation, particularly in high-stakes moments when members are anxious, information is incomplete, and bad actors or simply well-meaning but inaccurate community voices fill the vacuum. GCJPR will maintain active monitoring of social media platforms, community forums, and partner-reported member conversations for emerging misinformation narratives. When a false or misleading claim is identified, GCJPR will assess its reach and trajectory, determine whether it requires a direct correction, an indirect educational response, or escalated platform reporting, and produce responsive content rapidly.

The response strategy will be calibrated carefully. Direct contradiction of misinformation can sometimes amplify it. In many cases the more effective approach is to flood the zone with clear, authoritative, plain-language correct information across multiple channels simultaneously, making the accurate version more findable and more credible than the inaccurate one. AHCCCS will be briefed on any significant misinformation trends as they emerge, with documentation of the claim, its apparent source and reach, and the recommended response.

- **Performance Monitoring Results**

Performance monitoring will function as the operational backbone of campaign adaptation throughout the implementation period. GCJPR will produce regular performance reports synthesizing data across all channels, including web analytics, social media performance, paid campaign results, call center trends, partner feedback, and content engagement, into a unified view of how the campaign is performing against its core objectives of awareness, understanding, action, support, and reach among high-barrier populations. Reports will be structured around findings and recommendations,

not raw data dumps. Each reporting cycle will identify what is working and should be sustained or scaled, what is underperforming and requires adjustment, what new risks or opportunities have emerged since the last report, and what decisions AHCCCS needs to make in response.

Performance monitoring will be tied directly to the implementation timeline, with reporting frequency increasing as key compliance deadlines approach and the consequences of communication gaps become more acute. The goal is not to document performance after the fact. It is to give AHCCCS and GCJPR the shared situational awareness needed to make fast, informed decisions throughout a complex and high-stakes implementation.

Summary of Phase 2 Deliverables

- Message & Communication Framework (AHCCCS approval required before production)
- Plain-Language Message Library (English/Spanish, all implementation stages)
- Creative Concept Presentation (2–3 concepts for AHCCCS selection)
- Full Creative Asset Suite (digital, print, video, web) in English and Spanish
- Provider Toolkit, Health Plan Toolkit, CBO Toolkit, Workforce Partner Toolkit, and Tribal Partner Outreach Materials
- Internal AHCCCS Staff Support Materials (call-center scripts, decision trees, FAQs)
- Social Media Campaign Plan with platform-specific content calendars
- Web Content Package (landing pages, FAQs, compliance guides, address update resources)

9. Phase 3: Publication, Implementation & Compliance

9.0 Objective

Execute the approved communications plan with precision, speed, and full compliance documentation, targeting public-facing communications no later than September 1, 2026, contingent on CMS approval and timely contract execution.

9.1 Publication Plan & Schedule

GCJPR will develop and manage a master publication calendar that serves as the operational hub for all campaign activity, incorporating earned, owned, partner, community-based, and targeted paid channels into a single coordinated deployment schedule. The calendar will ensure that no channel operates in isolation, that messaging is sequenced intentionally across touchpoints, and that members receive a consistent and reinforcing communication experience regardless of where or how they encounter AHCCCS content.

- **Channel-Specific Deployment Timelines**

Each channel included in the master calendar will have its own deployment timeline built around the specific lead times, content formats, and audience behaviors that govern that channel. Paid media placements require earlier finalization than organic social posts. Partner toolkit distributions require sufficient lead time for community organizations to review, localize, and deploy materials before key deadlines. Earned media outreach must be timed to align with news cycles and implementation milestones without getting ahead of CMS guidance or AHCCCS announcements. Print materials require production and distribution timelines that digital assets do not.

The master calendar will make these interdependencies visible, so that a delay in one channel triggers an automatic review of downstream dependencies rather than a last-minute scramble. Deployment timelines will be organized around key implementation milestones including the launch of reporting requirements, the opening of exemption application windows, renewal deadlines, and enforcement dates, with escalating content intensity built into the calendar as each milestone approaches.

- **Approvals Workflow for Releasing Content**

Every piece of content produced for this campaign will move through a defined approvals workflow before publication or distribution. GCJPR will establish and document the workflow at the outset of the engagement, defining who must review and approve each content type, what the expected turnaround time is at each review stage, and how conflicts or revision requests are resolved and tracked. The workflow will distinguish between content types that require full AHCCCS review and sign-off, content that can be approved by designated GCJPR and partner leads within pre-approved parameters, and content that requires CMS review before release.

Expedited review pathways will be established in advance for time-sensitive content, including deadline alerts, misinformation responses, and guidance updates triggered by new CMS releases, so that urgent content can move quickly without bypassing appropriate oversight. All approvals will be documented in the master calendar system, creating a clear audit trail of who approved what and when.

- **Version Control Documentation**

Because member-facing content will be updated continuously as federal guidance evolves, reporting requirements are clarified, and deadlines shift, version control is not an administrative convenience but a program requirement for integrity. GCJPR will maintain comprehensive version control documentation for all campaign materials, tracking every substantive revision with a date stamp, a description of what changed and why, and a record of which previously distributed versions may need to be recalled or superseded.

Version control will extend to partner-distributed materials, with a defined protocol for notifying community organizations, MCOs, and health plans when an updated version of a toolkit, guide, or FAQ replaces a prior version, and for confirming that outdated materials have been removed from circulation. All published digital content will carry visible publication and last-updated dates so members and partners can independently verify that they are working from current information.

9.2 Content Publication & Distribution

GCJPR will coordinate content publication across all approved channels:

- **AHCCCS Website and Member Portal**

The AHCCCS website and member portal serve as the authoritative home base for all campaign information. Every other channel ultimately drives members here. GCJPR will ensure that H.R. 1 content is findable, current, plain-language, fully accessible, and structured to move members from information to action with as few steps as possible.

- **Email and SMS/Text Messaging**

Email and SMS are the highest-converting direct member communication channels available to AHCCCS. GCJPR will develop segmented email and text campaigns that deliver the right message to the right member at the right moment in the compliance timeline, with escalating frequency and urgency as deadlines approach. SMS will be prioritized for members with limited internet access for whom a text message is often the most reliable point of contact.

- **Social Media**

GCJPR will maintain an active, platform-calibrated presence across Facebook, X/Twitter, YouTube, LinkedIn, and Instagram, with content strategies, posting cadences, and formats tailored to the distinct audience and behavior of each platform. Social media will carry both ongoing education content and rapid-response communications when guidance changes or misinformation emerges.

- **Print Materials**

Print remains essential for reaching rural members, older adults, and members with limited digital access. GCJPR will produce mail inserts, flyers, and posters designed for distribution through AHCCCS, MCOs, health plans, provider offices, pharmacies, community centers, and other trusted physical touchpoints where members already go.

- **Earned Media**

GCJPR will pursue proactive earned media coverage through press releases, media pitching, and story development across print, digital, radio, television, and podcast outlets, with particular attention to Spanish-language and community media that serve AHCCCS member populations. Earned media extends campaign reach beyond AHCCCS-owned channels and lends third-party credibility to key messages at critical implementation moments.

- **Broadcast**

Public service announcements and regional television and radio placements will carry campaign messages into households that social and digital channels do not reliably reach, including older adults, rural residents, and members who consume media primarily through traditional broadcast. GCJPR will develop PSA scripts and coordinate

placement across English and Spanish-language broadcast outlets aligned to AHCCCS member geography.

- **Internal Communications**

Consistent external messaging begins with consistent internal alignment. GCJPR will produce intranet posts, staff newsletters, and call-center scripting that ensure AHCCCS employees and contractor staff are equipped with accurate, current, and plain-language information before it goes to members. Call-center scripts will be updated in tandem with every member-facing content revision so that what a member reads online matches what they hear when they call for help.

9.3 Formatting and Packaging Content for Distribution

Producing accurate, plain-language content is necessary but not sufficient. Content that is difficult to open, impossible to navigate with assistive technology, slow to load on a mobile device, or formatted for print when it will be read on a phone fails the member regardless of how well it is written. GCJPR will apply rigorous formatting and packaging standards to every deliverable, ensuring that content performs correctly across the full range of devices, platforms, and access conditions present in the AHCCCS member population.

- **HTML**

All web-based content will be developed in clean, structured HTML that meets Section 508 accessibility standards and current WCAG 2.1 AA guidelines. This means proper heading hierarchy so screen readers can navigate page structure, descriptive alt text on all images and graphics, sufficient color contrast ratios between text and background, keyboard-navigable interactive elements, and no reliance on color alone to convey meaning. HTML content will be mobile-first, meaning it is designed and tested for small-screen display before desktop, reflecting the reality that a significant portion of AHCCCS members access the internet exclusively through a smartphone. Page load performance will be optimized to function on slower mobile connections common in rural and lower-income households.

- **PDFs**

All downloadable PDF materials will be produced as tagged, accessible documents rather than image-based or print-exported files that screen readers cannot interpret. Tagged PDFs include a defined document structure with headings, reading order, alt text for images and charts, and metadata that identifies the document language. Form-based PDFs, such as exemption request guides or compliance checklists, will include accessible form fields where applicable. Every PDF will carry a visible publication date and version number so members and partners can confirm they are working from current materials. File sizes will be optimized for download on limited data connections. Spanish-language PDF versions will be produced in parallel with English originals rather than as afterthoughts, using culturally appropriate language adaptation rather than direct translation.

- **Graphics and Infographics**

All campaign graphics, including infographics, deadline calendars, exemption category explainers, and social media assets, will be produced in formats appropriate to their intended distribution channel. Web and social graphics will be exported at correct pixel dimensions for each platform to prevent distortion or cropping. All graphics will include sufficient text contrast to meet accessibility standards and will not rely on color alone to convey information. Infographics intended for download or print distribution will also be produced as accessible PDFs with alt text descriptions of all visual content. Every graphic will be accompanied by a plain-text equivalent for use in email, SMS, and screen-reader contexts where the image itself cannot be displayed or interpreted.

- **Print Production Specifications**

Print materials including mail inserts, flyers, and posters will be produced to professional print specifications, including correct bleed, resolution, and color profile settings, and will be packaged in formats that AHCCCS print vendors and community partners can use directly without additional design work. Where community partners are distributing print materials independently, GCJPR will provide both print-ready files and editable versions with locked branding elements so partners can add local contact information without compromising design integrity or message accuracy.

- **Packaging for Partner Distribution**

Content packaged for partner distribution will be organized into clearly labeled toolkits that include everything a community organization, MCO, health plan, or provider office needs to deploy materials without additional production support. Each toolkit will specify which assets are included, which channel or context each asset is designed for, any customization that is permitted and how to execute it, and where to access updated versions when content is revised. Packaging will account for the varying technical capacity of partner organizations, providing both digital-native assets for partners with strong digital infrastructure and print-ready files for partners whose primary distribution is physical.

- **Quality Assurance and Accessibility Review**

- Before any formatted asset is released for distribution, GCJPR will conduct a formatting and accessibility review covering technical compliance, cross-device and cross-browser rendering, file performance, and plain-language standards. HTML content will be tested with screen reader software. PDFs will be run through accessibility checkers and reviewed manually for reading order and tag structure. Graphics will be checked for contrast ratios and text legibility at reduced sizes. This review process will be documented for each asset, providing AHCCCS with an auditable record of accessibility compliance across all campaign materials.

9.4 Coordination with Internal Teams

GCJPR will coordinate closely with AHCCCS IT/web, social media, training, HR, and agency partner teams throughout implementation. This includes synchronization of FAQs, scripts, and member-facing guidance across platforms, and rapid update procedures tied to CMS guidance changes.

9.5 Implementation Management

GCJPR will serve as the end-to-end campaign coordinator across all channels, partners, and content streams, providing AHCCCS with a single point of accountability for campaign execution from first deployment through final reporting.

Day-to-day coordination will encompass the full rollout across earned, owned, paid, and partner channels, ensuring that each workstream is progressing on schedule and that dependencies between channels are actively managed. Where a delay in one area affects downstream deployment, GCJPR will identify the impact, develop a resolution, and communicate it to AHCCCS before it affects member-facing timelines.

Campaign sequencing and phased release will be executed against the master publication calendar, with each content release tied to implementation milestones, member action windows, and deadline escalation schedules. GCJPR will manage the sequencing actively rather than treating the calendar as a static document, adjusting pace and channel mix in response to performance data, federal guidance updates, and emerging member need.

Deployment tracking will be maintained in real time, documenting what was published, on which channel, in which language, and when. This record will be accessible to AHCCCS at any point and will serve as the operational foundation for compliance reporting and audit documentation.

Issue logging and resolution management will follow a defined protocol. When a content error, platform failure, partner distribution gap, or compliance concern is identified, it will be logged immediately with a severity assessment, assigned to a responsible party, and tracked through to resolution. AHCCCS will be notified of any issue that affects member-facing content or distribution timelines.

Stakeholder coordination will include regular structured communication with MCOs, health plans, community partners, and AHCCCS program and communications staff, keeping all parties aligned on deployment status, upcoming releases, and any changes to content or timing. GCJPR will manage these relationships proactively so that partners are never caught off guard by a content update or deadline shift.

Escalation protocols will be established at the outset for situations requiring rapid content development and deployment, including new CMS guidance, emerging misinformation, system outages affecting member reporting, or approaching deadlines that performance data suggests are not sufficiently covered. Escalation pathways will define who is notified, what the expected turnaround is, and how expedited approvals are handled without bypassing required oversight.

9.6 Distribution Compliance Reporting

Following each major deployment cycle, GCJPR will provide AHCCCS with a structured confirmation report documenting that all planned assets were published as scheduled, that accessibility and compliance requirements were met, and that distribution reached the intended audiences at the intended scale.

Asset confirmation will verify that every piece of content included in the deployment plan was published on the correct channel, in the correct language, in the correct format, and within the planned timeframe. Any gap between the planned deployment and the actual deployment will be documented with an explanation and a resolution.

Accessibility and compliance validation results will be reported for each asset class, confirming that HTML content, PDFs, graphics, and other materials met Section 508 and WCAG 2.1 AA standards at the time of publication. Where a compliance issue was identified and corrected prior to publication, that remediation will be documented. Where a known limitation exists, it will be disclosed with a remediation plan and timeline.

Distribution reach data will be included where available, drawing on web analytics, social media platform reporting, email and SMS delivery and open rates, paid media reach and impression data, and partner-reported distribution figures. Where reach data is not available for a specific channel, that limitation will be noted and an alternative measurement approach recommended.

9.7 Documentation for Audit Readiness

GCJPR will maintain comprehensive documentation of all publication activities throughout the task order, organized to support AHCCCS audit readiness at any point during or after the campaign. Documentation will be structured so that AHCCCS can demonstrate to CMS, auditors, or oversight bodies exactly what was communicated to members, when it was communicated, through which channels, in which languages, and whether it met applicable accessibility and compliance standards. This is not documentation assembled at the end of the contract. It is maintained continuously from the first deployment forward.

9.8 Change Control and Publication Log

GCJPR will maintain a detailed, continuously updated publication log covering all content deployed across every channel throughout the task order. For each asset, the log will record what was published, when it was published, which channels and languages it was deployed to, who approved it and when, and any subsequent revisions or updates. When content is revised, the log will document what changed, why it changed, when the update was made, and whether any previously distributed versions required recall or replacement notification to partners.

Version tracking will be maintained for all campaign materials, with each revision assigned a version number and date. Partners and stakeholders will be notified when a material update supersedes a prior version, and confirmation of the update will be documented in the log. The publication log will be maintained in a format accessible to AHCCCS at any time and structured to meet the documentation requirements of a federal program audit.

9.9 Version Tracking for Campaign Materials

Version tracking will be maintained for every campaign material produced and distributed throughout the task order. This is not a backstop measure applied when something goes wrong. It is a foundational discipline built into the content production and publication workflow from the first asset forward, because in a federal program implementation where guidance evolves, deadlines shift, and member-facing content must reflect current requirements at all times, the integrity of every distributed material is a program accountability matter.

Each asset will be assigned a version number at the point of initial approval, with every subsequent substantive revision generating a new version number and a corresponding log entry documenting what changed, why it changed, when the revision was made, and who approved it. Minor corrections such as typographic fixes will be distinguished from substantive revisions involving policy content, deadline dates, exemption criteria, or procedural instructions,

with the latter triggering a broader review of related materials to identify and address any downstream content that may be affected by the same change.

Where a revised version supersedes a previously distributed asset, GCJPR will execute a defined notification protocol to ensure that community partners, MCOs, health plans, and any other organizations holding or distributing prior versions are informed of the update, provided with the current version, and asked to confirm that outdated materials have been removed from circulation. This notification and confirmation process will be documented in the version log, creating an auditable record that AHCCCS can rely on to demonstrate that members and partners were receiving current information at any given point in the campaign.

All digital content will carry visible publication and last-updated dates so that members, partners, and oversight bodies can independently verify the currency of any material without needing to consult the internal version log. Downloadable PDFs will include a version number and date in the document footer. Web pages will display a last-updated timestamp in a consistent location. Partner toolkit materials will include a cover sheet identifying the version, the date of last revision, and instructions for accessing updated versions when they become available.

The complete version history for all campaign materials will be maintained in a centralized tracking system accessible to AHCCCS throughout the task order, organized by asset type, channel, and language. At the close of the task order, the full version tracking record will be delivered to AHCCCS as a component of the audit-ready documentation package, providing a complete chronological record of every material produced, every revision made, and every distribution notification issued from campaign launch through final deployment.

- The Master Publication Calendar will document all channel-specific deployment timelines, content types, languages, and sequencing decisions across the full campaign, serving as both an operational planning tool and a retrospective record of campaign architecture.

All approved content will be fully deployed across designated channels in accordance with the publication calendar, accessibility standards, and AHCCCS approval documentation.

- Distribution Compliance Reports will confirm asset-by-asset deployment completion, accessibility and 508 validation results, and available reach and audience data by channel and language.
- The Publication Log will provide a complete, audit-ready record of every content asset published during the task order, including version history, approval documentation, and any change control actions taken.
- The Issue Resolution Log will document every issue identified during campaign execution, the severity assessment, the resolution taken, and the date of closure, providing AHCCCS with a transparent record of how implementation challenges were managed throughout the campaign.

10. Phase 4: Monitoring & Optimization

10.1 Objective

Continuously monitor campaign performance, detect misinformation or emerging risks early, and optimize messaging, channels, and creative assets based on data.

10.2 Performance Measurement Framework

GCJPR will establish a Performance Measurement Framework that connects every campaign activity to a measurable outcome, giving AHCCCS a clear and continuous view of whether the communications program is achieving its intended objectives. The framework will be built around four primary dimensions that together tell a complete story of campaign performance, from initial exposure through member action.

Reach captures whether the campaign is getting in front of the right people. Metrics in this dimension include impressions, distribution volume, and audience size by channel and by population segment, allowing AHCCCS to assess not just how many people saw a message but whether the populations most at risk of avoidable coverage loss are being reached at sufficient scale and frequency.

Engagement captures whether content is holding attention and prompting interaction. Email open rates, click-through rates, social media interactions, video completion rates, and download counts will all be tracked and analyzed not as standalone numbers but in relation to each other, because high impressions with low engagement signals a targeting or message relevance problem that reach data alone would not reveal.

Understanding captures whether members are actually comprehending what they need to know and do. This dimension draws on FAQ engagement patterns, time-on-page data, scroll depth, and call-center trend alignment, using patterns in how members seek additional help as a proxy for where the primary communications are falling short. When call-center volume spikes around a topic that web content addresses, the content is not working as intended, and the framework will surface that signal clearly.

Behavior change captures the ultimate objective of the campaign. Metrics in this dimension include usage of the community engagement reporting tool, renewal completion rates, address update submissions, exemption application initiation, and navigator referral conversions. These are the actions that determine whether members retain coverage, and they are the metrics against which the campaign will ultimately be judged.

The framework will also include a fifth cross-cutting dimension of optimization, tracking sentiment trends and misinformation indicators that inform strategic adjustments before they affect behavior change metrics. The following table illustrates the relationship between campaign objectives and primary KPIs across all dimensions.

Objective	Example KPI
Awareness	Reach and impressions by channel and segment
Understanding	FAQ engagement, time on page, call-center trend alignment
Action	Click-throughs to reporting tools, form completions
Support	Provider toolkit downloads, partner content deployments
Optimization	Sentiment tracking, misinformation flag volume

10.3 Analytics and Reporting Cadence

GCJPR will deliver structured performance reporting on a defined cadence that keeps AHCCCS informed without overwhelming the review process.

Monthly performance reports will provide channel-by-channel analytics covering reach, engagement, and available behavior change data, alongside audience segmentation insights showing how performance varies across population groups and an executive summary translating the data into plain-language findings and recommended actions.

Quarterly campaign-wide assessments will step back from the monthly detail to evaluate overall campaign trajectory, assess progress against program objectives, and produce a formal optimization plan identifying strategic adjustments for the quarter ahead. Campaign-specific reports will be produced as needed outside the regular cadence, including post-launch assessments following major deployment milestones, rapid-turnaround analyses when performance data signals an urgent issue, and summary reports tied to key implementation deadlines.

10.4 Real-Time Monitoring

Between formal reporting cycles, GCJPR will maintain continuous monitoring across media mentions, social media trends and sentiment, stakeholder feedback channels, and website and campaign traffic. Media planning, monitoring, and clipping will be provided by Sprout Social, Meltwater, and Critical Mention.

Real-time monitoring serves a different function than periodic reporting. It is designed to catch emerging problems before they affect member behavior, not to document them after the fact.

GCJPR will establish rapid-response alert protocols that are activated when sentiment drops below defined thresholds, when misinformation narratives begin gaining traction, when a surge in web traffic or call-center volume signals that members are confused or alarmed about a specific issue, or when federal guidance changes require immediate messaging updates.

Alert notifications will include a summary of the identified issue, an initial assessment of scope and urgency, and a recommended response, giving AHCCCS what it needs to make a fast and informed decision.

10.5 Optimization Recommendations

10.5.1 Data Driven Recommendations

Performance data is only valuable if it drives action. At each reporting interval, and on an ad hoc basis when real-time monitoring surfaces an urgent issue, GCJPR will provide specific, prioritized optimization recommendations covering messaging approach, channel mix, target audience strategy, timing and frequency of communications, and creative assets and content types.

Recommendations will be grounded in data and will include a clear rationale, a proposed adjustment, and where possible an expected impact. GCJPR will distinguish between recommendations that require AHCCCS approval before implementation and adjustments that fall within pre-approved parameters and can be executed immediately, so that the optimization cycle moves at the speed the campaign requires.

10.5.2 A/B Testing and Experimentation

GCJPR will conduct structured A/B testing throughout the campaign to build an evidence base for what works with AHCCCS member audiences across different population segments, channels, and moments in the implementation timeline. Testing will be applied to subject lines in email communications, visual treatments in social and digital content, content formats including plain text versus infographic versus video, and calls to action across web, email, and paid media. Each test will be designed with a clear hypothesis, sufficient sample size to produce reliable results, and a defined evaluation period. Findings will be summarized in plain language and translated directly into optimization actions, with results documented in a running testing log that accumulates learnings across the full campaign and informs creative and message development in subsequent phases.

Additional Monitoring: Misinformation and Rapid Response

The complexity and public sensitivity surrounding Medicaid community engagement requirements creates conditions where misinformation spreads quickly and causes direct harm, discouraging eligible members from reporting compliance, convincing members they have lost coverage when they have not, or spreading false information about exemption criteria and documentation requirements. GCJPR will maintain active monitoring for misinformation across social media platforms, community forums, partner-reported member conversations, and media coverage, using both automated monitoring tools and human review to identify emerging narratives before they reach significant scale.

When a misinformation trend is identified, GCJPR will assess the reach and trajectory of the false or misleading claim, determine the appropriate response strategy, and coordinate with AHCCCS on rapid development of corrective content. Response options will range from updated FAQs and targeted organic social content to paid amplification of accurate information, direct partner outreach asking community organizations to address the narrative in their member communications, and in cases of significant reach, proactive earned media engagement to put accurate information in front of broader audiences. All misinformation incidents will be logged with documentation of the claim, its apparent source and estimated reach, the response deployed, and the outcome, building an institutional record that informs future monitoring and response protocols.

Summary of Phase 4 Deliverables

GCJPR will produce the following deliverables upon completion of Phase 4.

- The Performance Measurement Framework and KPI Dashboard will provide AHCCCS with a structured, accessible view of campaign performance across all dimensions and channels, updated on the monthly reporting cadence and available for review at any point in the campaign.
- Monthly Performance Reports will deliver channel-by-channel analytics, content performance data, audience segmentation insights, and executive summaries with plain-language findings and recommended actions for the month ahead.
- Quarterly Campaign Optimization Reports will provide campaign-wide assessments of progress against program objectives and produce formal optimization plans identifying strategic adjustments for the quarter ahead.
- Real-Time Monitoring Alerts will be delivered on an as-needed basis when monitoring surfaces an issue requiring immediate AHCCCS attention, including sentiment shifts, misinformation trends, or guidance changes requiring rapid messaging response.
- A/B Testing Summaries and Optimization Actions will document the hypothesis, methodology, findings, and resulting campaign adjustments for each structured test conducted during Phase 4, building a cumulative record of evidence-based optimization decisions across the campaign.

11. Roles & Responsibilities

11.1 GCJPR Responsibilities

- GCJPR will serve as the primary communications partner across all phases, with end-to-end responsibility for strategy, production, and coordination.
- Insight gathering will be continuous throughout the campaign, drawing on stakeholder engagement, member research, call-center trends, web analytics, and partner feedback to ensure every deliverable reflects a current and accurate understanding of member needs and barriers.
- Content development and editing will cover the full range of member-facing and stakeholder-facing materials, with plain-language standards, accessibility requirements, and audience-specific adaptation applied to every asset before it enters the formal approval workflow.
- Graphic design and production will support all deliverables requiring visual treatment, meeting ADA/Section 508 standards, AHCCCS brand guidelines, and the formatting requirements of each distribution channel.
- Channel-specific adaptations will ensure that content is properly reformatted and restructured for each platform where it appears, maintaining message consistency while meeting the technical and audience expectations of each channel.
- Project management will be provided by dedicated GCJPR leadership responsible for timeline management, workplan tracking, risk identification, and regular status communication with AHCCCS.
- Subcontractor oversight will cover all translation, ADA and 508 review, and print production vendors, with GCJPR serving as the single point of accountability for subcontractor performance and quality.

11.2 AHCCCS Responsibilities

- Policy interpretation and validation is the exclusive responsibility of AHCCCS. No member-facing content will make policy claims that have not been validated by AHCCCS subject matter experts.
- Final content approvals rest with AHCCCS. GCJPR will submit well-organized review packages with sufficient lead time and clear change summaries. AHCCCS will commit to review turnaround times agreed upon at kickoff so that approval cycles do not create deployment delays.
- Distribution through official channels will be executed by AHCCCS in coordination with GCJPR deployment schedules, with completion confirmed so that the deployment tracking record remains accurate.
- Stakeholder and vendor coordination will include facilitating GCJPR access to relevant program staff, MCO and health plan contacts, and existing vendor partners as needed.
- CMS submission and approval coordination is an AHCCCS responsibility. GCJPR will provide supporting documentation as needed and adjust timelines to account for federal review periods.

12. Reporting Requirements and Deliverables

12.1 Regular Reporting

GCJPR will provide structured, consistent reporting throughout the task order to ensure AHCCCS maintains full visibility into campaign activity, content status, and performance at all times.

- Content inventory and deployment tracking will document every asset in production or distribution at any given point in the campaign, including its current status, approval state, publication date, and channel placement. This running inventory gives AHCCCS a complete picture of what is live, what is pending, and what is scheduled, without requiring a status meeting to find out.
- Engagement metrics will be reported for all channels where data is available, translated into plain-language findings that connect performance numbers to campaign objectives. Where data limitations exist, those limitations will be disclosed and alternative measurement approaches recommended.
- Summaries of updates and revisions will document every material change to published content, including what changed, why, when, and how partners and stakeholders were notified. This ensures that AHCCCS always has a current and accurate account of what members are seeing across every channel.
- Observed risks and communication gaps will be reported as they are identified, not held for the next scheduled reporting cycle. When monitoring, partner feedback, or performance data surfaces a risk to member awareness, understanding, or timely action, GCJPR will flag it promptly with a recommended response.

12.2 Compliance and Review

Every deliverable produced under this task order will meet a defined set of compliance standards that are built into the production and review workflow from the start rather than checked at the end.

- All content will align with applicable federal and state Medicaid requirements as interpreted and validated by AHCCCS. GCJPR will flag any content development question that touches on policy interpretation and await AHCCCS guidance before finalizing the relevant material.
- All deliverables will meet AHCCCS brand, accessibility, and language-access standards. This includes Section 508 and ADA compliance for all digital content, plain-language standards at a 5th to 8th grade reading level for all member-facing materials, and production of Spanish-language versions in parallel with English originals for all core deliverables.
- No content will be released publicly without AHCCCS approval. The approvals workflow established at kickoff will govern every asset from initial draft through publication, with approval documentation maintained for the full task order period.
- Where CMS review is required, GCJPR will prepare and submit supporting documentation in coordination with AHCCCS and will hold affected content from publication until federal review is complete and clearance is confirmed.

As-needed reports will be delivered with a clear summary of the issue, an assessment of impact, and a recommended response so that AHCCCS can act quickly with the information it needs.

13. Evaluation Criteria

GCJPR understands this Task Order will be evaluated on the following criteria in their relative order of importance:

Criterion	GCJPR's Response
Pricing Proposal	GCJPR proposes a fully allocated \$750,000 budget at \$130/hr, with expanded Phase 1 research investment reflecting the depth of stakeholder engagement required across Arizona's Medicaid population. Paid media (~\$345K) is held in reserve pending CMS guidance and Phase 2 approval, ensuring spend is targeted and evidence-based.
Experience and Capacity	GCJPR brings 35+ years of Arizona-based PR and communications experience, with a dedicated team of 9 specialists and proven results in healthcare, government, and community engagement campaigns.
Methodology and Approach	GCJPR's four-phase integrated approach is grounded in stakeholder input, plain-language communications, multi-channel deployment, and continuous data-driven optimization.

14. How to Respond

14.1 Response Contact

The person responsible for this response is:

Lisa James, Partner & Public Relations Manager

Gordon C. James Public Relations

O: (602) 274-1988 | C: (602) 690-3957 | ljames@gcjpr.com

14.2 Pricing Proposal

See Section 3 of this response for the full pricing proposal broken down by phase and deliverable, including rate structure, budget allocation, media cost notes, and invoice schedule.

14.3 Experience and Capacity of the Firm and Key Personnel

2025 Performance: 1,685 earned media mentions | 1.3 billion audience reach | \$36.1 million in publicity value | GCJPR clients collectively earned 4.6 placements per day overall.

14.3.1 About Gordon C. James Public Relations

Gordon C. James Public Relations (GCJPR) is a veteran- and family-owned, Arizona-based full-service public relations, event management, and public affairs agency currently in its 35th year of operation. Headquartered in Phoenix, GCJPR has built a national reputation for delivering communications programs that work in complex, high-visibility, multi-stakeholder environments where the margin for error is low and the consequences of communication failure are real.

GCJPR's work has been recognized at the highest levels of the Arizona public relations industry year after year. The Copper Anvil Awards, presented by the Public Relations Society of America Phoenix Chapter, represents the highest level of achievement in the Arizona public relations industry, recognizing work that tackles complex public perception challenges. GCJPR has earned Copper Anvil recognition consistently across multiple years and categories, most recently taking home seven awards at the 2024 ceremony, including the Agency of the Year honors, with recognized work spanning public affairs, media relations, and reputation management. Competing annually among Arizona's best communications firms and being recognized consistently reflects the strategic discipline, creative quality, and measurable results that define every GCJPR engagement, including public sector programs where the quality of communications directly affects the people being served.

We bring together specialists across the full communications disciplines required by this task order, including public affairs, media relations, crisis communications, stakeholder engagement, digital strategy, multilingual content development, and multimedia production. This depth of in-house capability means GCJPR does not assemble a team for a project and then disassemble it. The expertise that wins the work is the expertise that executes it.

As an Arizona-based agency, GCJPR brings more than geographic proximity to this engagement. The firm has spent 35 years building relationships with the communities, media outlets, community organizations, elected officials, and state agencies that make up the Arizona public affairs landscape. That institutional knowledge is directly relevant to a campaign that must reach Arizonans across urban, rural, tribal, and border communities through channels and messengers those communities actually trust.

GCJPR's public sector communications experience spans health and human services, transportation, education, economic development, and emergency management, working with state agencies, federal partners, municipalities, tribal governments, and community-based organizations. The firm understands how government communications programs operate, what compliance and approval requirements demand, and how to produce high-quality work within the structured oversight environment that public sector contracts require.

As a veteran- and family-owned small business, GCJPR also brings the operational discipline, accountability, and personal investment in outcomes that define organizations where leadership is directly engaged in every client relationship. At GCJPR, the principals are not distant from the work. They are responsible for it.

14.3.2 Specific Experience Relevant to This Task Order

GCJPR has a strong track record in statewide healthcare communications, including complex public health campaigns that required plain-language messaging, multilingual materials, and community outreach across vulnerable populations.

If necessary, GCJPR will engage vetted subcontractors as needed for specialized language translation services (English/Spanish and additional languages as required by AHCCCS), ADA/508 compliance review, and large-scale print production. All subcontractors will be disclosed to and approved by AHCCCS prior to engagement, in accordance with statewide contract requirements. GCJPR maintains ultimate responsibility for all deliverable quality and compliance.

Healthcare & Public Health Outreach

- **Arizona Hospital & Healthcare Association (AzHHA):** Statewide PR, Media & Communications, in 2025 with 90 media placements; \$918,000 in earned media value with 1.4 million audience reach. GCJPR led a comprehensive statewide campaign that not only amplified AzHHA's public profile but also strengthened message alignment across healthcare stakeholders throughout Arizona. The campaign advanced reputation management efforts for member hospitals, positioning them as essential pillars of community health. Through targeted earned media, community education initiatives, and stakeholder engagement, GCJPR helped educate the public about the vital role hospitals play in their communities, including emergency and specialty care, economic impact, and local employment. The campaign built durable community goodwill.
- **Pfizer Public Health Initiative (Meningitis B Immunization Campaign):** Developed targeted outreach strategies that increased awareness and engagement among high-risk college populations; campaign materials adopted statewide by ADHS and universities and still being used to date; measurable increase in immunization rates among Arizona college freshmen. Supported the advancement of policy initiatives

around step-therapy, pre-authorization, co-pay accumulator, and treatment for metastatic breast cancer. (see exhibit A)

- **Gray Media:** Supported multiple healthcare-related campaigns in Arizona and Nevada with the primary focus of enhancing public awareness and driving action. Campaigns included the two-state influenza vaccine awareness initiative, deployed through earned media, targeted social media content, and coordinated media training for healthcare spokespeople, resulting in increased vaccination awareness and call-to-action engagement. GCJPR also supported a step therapy policy campaign, developing coalition partnerships with patient advocates, healthcare providers, and community organizations, and amplifying messaging through social media, earned media placements, and broadcast outreach, including a feature on NBC national news. Additional activations included identifying and engaging medical community influencers for on-air interviews, signing op-eds, and serving as designated spokesperson for press releases. GCJPR created original graphics, taglines, and imagery tailored to target audiences, developed dedicated social media accounts, and amplified them via partner accounts to achieve greater impact.
- **Vitalyst Health Foundation** — Implemented a community awareness campaign to increase public participation in Cover Arizona to increase enrollment in AHCCCS, Marketplace, and KidsCare through earned media, social media, events, and communications strategy. Provided research for podcast subjects and talent acquisition.
- **The Crossroads** — Comprehensive public relations services, including crisis management, for the largest substance abuse treatment provider in Arizona, operating 9 campuses across the Phoenix Valley.

GCJPR's outreach and healthcare communications experience includes developing plain-language materials and public information campaigns designed to improve understanding, reduce confusion, encourage timely action, and support access among diverse and potentially vulnerable populations navigating complex healthcare systems.

Government & Policy Communications

GCJPR has extensive experience supporting government agencies and elected officials in translating complex regulatory and policy information into accessible public communications.

- **Pinal County Recorder's Office** — Developed and executed a full communications strategy during a period of intense public scrutiny around election administration; centralized all media management; implemented a "Radical Transparency" model; resulted in 197 media placements, 2.2 billion audience reach, and \$19.5 million in publicity value in 2024; earned 2024 Copper Anvil Award (Best in Class, Agency of the Year; Public Affairs Campaign; Reputation Management; Media Relations). (See Exhibit B)
- **Statewide Legislative Campaign on Comprehensive Probate Reform** — Partnered with Policy Development Group to support a complex public affairs campaign involving multiple stakeholders focused on landmark probate reform legislation in Arizona. Despite significant roadblocks, floor delays, legislative fights over language, and amendments, GCJPR accomplished the core campaign objective: passing both introduced bills. Both pieces of legislation passed out of each chamber unanimously and were signed into law

by Governor Hobbs, during a year when she shattered the record by vetoing 143 bills. The public affairs campaign created the environment that made it possible. The campaign resulted in 130 nationwide media placements and \$1.6 million in earned media value.

Community Engagement & Stakeholder Outreach

- **City of Phoenix Metro District Community Collaboration** — 360-degree communications strategy including community meetings, events, media management, and print/digital collateral; achieved 48% increase in newsletter subscribers in under one year; 124 media mentions with \$2.2 million in publicity value; 68.9 million audience reach.
- **Northern Arizona University, Office of the President** — Communications strategy, social media, media training, media management, and crisis communications.
- **Central Arizona College** — Crisis communications, president communications support, and media management.
- **ASU School of Civic and Economic Thought and Leadership** — Media management, community engagement, donor capacity messaging.

14.3.3 Key Personnel

Team Member / Role	Qualifications & Relevant Experience
<p>Lisa James <i>Account Lead / Project Manager Partner, Senior Public Relations Director</i> Primary Point of Contact ljames@gcjpr.com (602) 274-1988</p>	<p>35+ years of experience as a coalition builder and connector. Career spans the Illinois Legislature, the Republican National Committee, and statewide Arizona political leadership. Directed Arizona Victory 2000, served as Arizona executive director for Bush-Cheney '04, and served as Deputy Chief of Staff for Congressman John Shadegg. Currently serves on the Industrial Development Authority of the County of Maricopa, the University of Arizona Cancer Center Council, and chairs the Board of Governors for the Dodie Londen Excellence in Public Service Series. Clients include The Be Kind People Project, Pfizer, Gray Media, Arizona Hospital & Healthcare Association, Pinal County Recorder's Office, City of Scottsdale, and City of Sedona. Manages communications strategy, AHCCCS coordination, and all project delivery across all four phases.</p>
<p>Gordon James <i>Senior Advisor / Principal Founder, Partner</i></p>	<p>35+ years in PR, government affairs, branding, reputation management, and crisis communications. Served on President George H.W. Bush's White House staff; directed special events for the 54th and 55th Presidential Inaugural Committees; served as advance director for the Coalition Provisional Authority in Baghdad. Inducted into the Arizona Veterans Hall of Fame (2015); appointed senior advisor to the 58th Presidential Inaugural Committee (2017). Board member: ASU Cronkite School, USS Arizona Legacy Foundation, Fisher House Arizona, and Crossroads. A U.S. veteran, Gordon provides strategic oversight and senior counsel.</p>
<p>Kim Owens <i>Stakeholder Engagement &</i></p>	<p>Former registered nurse (ED & Public Health); elected to five terms on the Tolleson Union High School District Governing Board; served on the Maricopa County Industrial Development Authority and Salt River Project Council. 15+</p>

Team Member / Role	Qualifications & Relevant Experience
<p><i>Policy Communications Lead</i> <i>Senior Public Relations Director</i></p>	<p>years advising campaigns at every level from President to State Legislature. Executive Director of the Dodie Londen Excellence in Public Service Series since 2012. Clients include Pfizer, Gray Media, Arizona Hospital & Healthcare Association, Pinal County Recorder’s Office, City of Scottsdale, and City of Sedona. Trained in the Interest-Based Approach to decision-making. Leads stakeholder engagement and policy communications.</p>
<p>Jessica Parsons <i>Media Relations Lead</i> <i>Public Relations Director</i></p>	<p>2020 Emmy Award-winning producer (Good Morning Arizona, KTVK-3TV); 2023 Emmy-nominated reporter. Editor-in-Chief of Phoenix Woman, 202 Magazine, and North Scottsdale Lifestyles (2008–2014); producer of Arizona Highways Television. Joined GCJPR in 2023. Clients include Vitalyst, The Meadows, Arizona Hospital & Healthcare Association, and City of Phoenix. Media and speech training for multiple clients. 2024 Copper Anvil “Up and Comer Award” recipient. Leads earned media strategy and media management.</p>
<p>Courtney Shadegg <i>Project Coordination & Public Policy Manager</i></p>	<p>15+ years in Washington and across federal and state policy environments. Senior roles in the U.S. Senate and Senior Director of Federal Affairs at the Philanthropy Roundtable. Skilled at building trusted relationships, aligning messaging and policy strategy, and delivering durable outcomes. Federal policy background directly applicable to H.R. 1 implementation communications and CMS compliance. Leads project management, editorial calendar management, reporting, and stakeholder coordination.</p>
<p>Katelyn Hardt <i>Digital Development & Creative</i> <i>Digital Media & Design Manager</i></p>	<p>MBA with emphasis in marketing. Clients include The Meadows, Arizona Hospital & Healthcare Association, City of Phoenix, and City of Scottsdale. Experience spans brand strategy, content creation, digital marketing, and public communications. Certifications in DEI, Employee Experience (EX), and ESG through CoreNet Global; active PRSA Phoenix Chapter member; Adobe Behance community member. Leads web content development, digital assets, and ADA/508-compliant materials.</p>
<p>Amelia Smith <i>Social Media & Creative Content</i> <i>Public Relations Specialist</i></p>	<p>Honors graduate, ASU Walter Cronkite School of Journalism and Mass Communication; pursuing MBA from Grand Canyon University. Clients include The Meadows, Arizona Hospital & Healthcare Association, City of Sedona, and City of Scottsdale. Prior: social media for Freeport-McMoRan (ESG storytelling, workforce campaigns). Certifications: Canva, Hootsuite, Leadership Edge Live. Manages social media campaign execution and content creation.</p>
<p>Garrett Otto <i>Public Relations & Events</i> <i>Public Relations Associate</i></p>	<p>Graduate, ASU Walter Cronkite School of Journalism & Mass Communication. Began career in broadcast news at WGN-TV Chicago; transitioned to media relations at Visit Phoenix. Clients at GCJPR include Shea Homes Arizona, St. Vincent de Paul, Be Kind People Project, Hearts for Dementia, and Crossroads Inc. Work includes media pitching, media training, strategic communications planning, video scripting, and digital asset development. Supports PR outreach, event coordination, and community engagement.</p>
<p>Anthony Scarmack <i>Multimedia Production</i> <i>Public Relations Specialist</i></p>	<p>Graduate, ASU Walter Cronkite School of Journalism and Mass Communication (journalism, PR, and media strategy). Music Director at Blaze Radio; contributor, Cronkite Agency; active member, PRSA. In-house experience with the Rock & Roll Hall of Fame — communications, storytelling, and talent relations for the Induction Ceremony and Rock Hall LIVE series.</p>

Team Member / Role	Qualifications & Relevant Experience
	Clients include City of Phoenix. Specializes in inclusive storytelling, narrative strategy, and multimedia content. Leads short and long-form video production.

14.3.4 Organizational Chart

The chart below reflects the reporting structure and role assignments for Task Order YH26-0082.

<p>Gordon James <i>Founder & Senior Advisor / Principal</i></p>		<p>Lisa James <i>Account Lead / Project Manager</i> <i>Primary AHCCCS Point of Contact</i></p>	
<p>Kim Owens <i>Stakeholder Engagement & Policy Communications</i></p>	<p>Jessica Parsons <i>Media Relations Lead</i></p>	<p>Courtney Shadegg <i>Project Coordination & Public Policy</i></p>	
<p>Katelyn Hardt <i>Digital & Creative</i></p>	<p>Amelia Smith <i>Social Media & Content</i></p>	<p>Garrett Otto <i>PR & Events</i></p>	<p>Anthony Scarmack <i>Multimedia Production</i></p>

14.4 Methodology and Approach

GCJPR's approach to Task Order YH26-0082 is grounded in three foundational principles: Listen First, Communicate Clearly, and Optimize Continuously.

Listen First means that no message is developed, no creative concept is produced, and no channel strategy is finalized until we have documented evidence of what members know, what they misunderstand, what they need, and what barriers stand between them and timely action. Assumptions about member behavior are the primary driver of communication failure in Medicaid implementation programs. GCJPR will not make them.

Communicate Clearly means that every member-facing deliverable, regardless of channel or format, will be developed using federal plain-language best practices, written to approximately a 5th to 8th grade reading level, and reviewed for comprehension, readability, and action clarity before it enters the AHCCCS approval workflow. Clear communication is not a style preference on this task order. It is the difference between members who understand what they need to do and members who lose coverage because they did not.

Optimize Continuously means that the campaign does not operate on a set-and-forget model. Performance data, stakeholder feedback, call-center trends, and real-time monitoring will feed back into the strategy at every phase, driving adjustments to messaging, channel mix, content formats, and targeting that keep the campaign calibrated to what is actually working for the populations it is designed to reach.

GCJPR will approach this engagement as a fully integrated campaign, not a series of disconnected deliverables. Every phase feeds the next. Stakeholder insights from Phase 1 inform the message framework developed in Phase 2. The message framework drives the content produced and deployed in Phase 3. Performance data collected in Phase 4 drives

optimization decisions that improve campaign effectiveness through the remainder of the implementation period. This integration is intentional and structural, built into the workplan and governance framework from the outset so that the campaign functions as a coherent whole rather than a sequence of independent workstreams.

GCJPR will maintain close coordination with AHCCCS Communications throughout all phases, submitting all materials for approval prior to public release, incorporating CMS guidance as it evolves, and adjusting timelines when federal review requirements affect deployment schedules. No member-facing content will go live without AHCCCS approval, and no policy claim will be made in any material that has not been validated by AHCCCS subject matter experts.

14.4.1 Phase 1 Approach

See Section 7 for the full Phase 1 methodology, stakeholder engagement plan, qualitative research methods, and deliverables. Phase 1 establishes the evidence base on which all subsequent campaign work depends.

14.4.2 Phase 2 Approach

See Section 8 for the full Phase 2 methodology, message framework development, creative concept development, provider and partner toolkits, web content strategy, and deliverables. Phase 2 translates Phase 1 findings into the messaging architecture and creative assets that will carry the campaign across all channels.

14.4.3 Proposed Timeline for Completion

See Section 2 for the full proposed project timeline. GCJPR targets a public-facing campaign launch no later than September 1, 2026, contingent on contract award by June 16, 2026, timely AHCCCS approvals at each phase, and completion of any required CMS review. The timeline builds federal review windows into every phase and includes an immediate notification protocol if any factor, including delayed contract award, extended CMS review, or evolving federal guidance, shifts the milestone plan. AHCCCS will never learn about a timeline risk from the schedule itself. GCJPR will surface it first, with a proposed adjustment and mitigation plan.

14.4.4 Phase 3 Approach

See Section 9 for the full Phase 3 methodology, master publication calendar, implementation management framework, distribution compliance reporting, and deliverables. Phase 3 is where strategy becomes member experience, and GCJPR will manage every dimension of that execution with the discipline and accountability a federal program implementation demands.

14.4.5 Phase 4 Approach

See Section 10 for the full Phase 4 methodology, performance measurement framework, analytics and reporting cadence, real-time monitoring protocols, and deliverables. Phase 4 ensures that the campaign learns and improves throughout the implementation period rather than running on a fixed strategy in a changing environment.

15. Award

GCJPR understands and acknowledges the following award conditions:

- This Task Order will be awarded to the contractor(s) with the most advantageous response(s), as determined by AHCCCS.
- The award of this task order is contingent on CMS approval.
- This project will be procured through Arizona Statewide Contract #CTR056855. All terms and conditions of the statewide contract (the base contract) shall apply.
- AHCCCS may provide Protected Health Information (PHI) to GCJPR in connection with this task order. GCJPR acknowledges the HIPAA Business Associate Addendum incorporated into this Task Order.

15.1 Confidentiality

GCJPR will safeguard all information regarding this Task Order as confidential. GCJPR will establish and maintain procedures and controls for the purpose of assuring that information contained in its records or obtained from AHCCCS or others shall not be used or disclosed except as required to perform duties under this Task Order.

15.2 HIPAA & Data Handling

GCJPR will maintain secure internal workflows and safeguard all information in accordance with applicable state and federal requirements, including HIPAA. All subcontractors engaged for translation, accessibility review, or production support will be required to comply with applicable confidentiality and data-protection requirements.

15.3 CMS Approval

GCJPR understands that all activities, deliverables, and timelines under this task order are subject to CMS review and approval. Our proposed approach builds CMS review windows into every phase timeline. No content will be released publicly without AHCCCS sign-off.

16. Invoicing

GCJPR proposes monthly invoicing on the last business day of each calendar month. Phase 1 and Phase 2 invoices will be tied to deliverable completion milestones. Phase 3 and Phase 4 invoices will reflect monthly labor and any pre-approved media expenditures. Media invoices will include supporting affidavits and reach confirmation.

16.1 Invoice Submission

Invoices will be submitted electronically to: **AHCCCSDBFAdminPayables@azahcccs.gov**

16.2 Required Invoice Information

Each invoice will include:

- Statewide Contract number, Task Order number, and Purchase Order number
- Description of services performed with hours worked by personnel classification
- Name of AHCCCS contact for this task order
- Date(s) services were performed
- Adequate supporting documentation (delivery receipts, media affidavits, etc.)
- Signature of authorized representative


TASK ORDER SOLICITATION AMENDMENT #2 YH26-0082

Task Order	Due Date	Procurement Officer
YH26-0082 — H.R. 1 Community Engagement & Medicaid Work Requirements Communications	Tuesday, June 2, 2026, 3:00 P.M. Arizona Time	Tiffanie Blanco procurement@azahcccs.gov

A signed copy of this amendment must be submitted with your Task Order solicitation response.

The attached Answers to Questions are incorporated as part of this solicitation amendment.

Paragraph # or Title	Page #	Amendment
Answers	N/A	Answers to questions. The form is attached.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Lisa James	TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Partner	TITLE: Chief Procurement Officer
DATE: 6.2.26	DATE: 5/19/2026

Full signed document included in email submission.

EXHIBIT A

ADHS Off To College

<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/tapi-az-off-to-college.pdf>

OFF TO COLLEGE?



It is strongly recommended that all incoming students to Arizona universities receive all indicated doses of all vaccines recommended by the Centers for Disease Control and Prevention (CDC).

Most of these vaccines should have been received as part of the recommended childhood vaccinations. If you are unsure, contact your health care provider.

All Arizona universities* require proof of immunity to:

Measles, Mumps, and Rubella (either by receiving two doses of MMR vaccine or showing immunity by a blood test) before students can register for classes, or add or drop classes.

What are the recommended vaccines?

Meningitis A, C, W, Y
At least 1 dose at 16 years or older

Meningitis B
Two or three doses (by manufacturer)

HPV (human papillomavirus)
Three doses

Tdap (Tetanus, Diphtheria, & Pertussis)
One dose

Varicella or MMR-V (chicken pox)
Two doses

IPV (Polio)
At least 3 doses

Hepatitis B
Three doses

Hepatitis A
Two doses

Influenza (flu)
One dose every fall

The vaccine for meningitis A, C, W, Y does not include meningitis B, which is newly approved. All students are highly encouraged to be vaccinated with both types of meningitis vaccine.

What you should know about meningitis:

- Meningococcal disease is a serious illness caused by a bacteria that can infect the bloodstream or areas around the brain and spinal cord.
- The infection causes rapid onset of illness and can be life-threatening within hours.
- Meningitis can lead to brain damage, disability, amputations, and rapid death.
- Common symptoms include stiff neck, headache, fever, rash and flu-like symptoms that progress very rapidly.
- Vaccines can help prevent meningitis.

Students living in dormitories or residence halls are at higher risk of contracting meningitis.

*This information applies to Arizona state universities: ASU, UofA, and NAU. Private universities in Arizona and out-of-state universities may have different requirements. Please consult each institution for specific information.

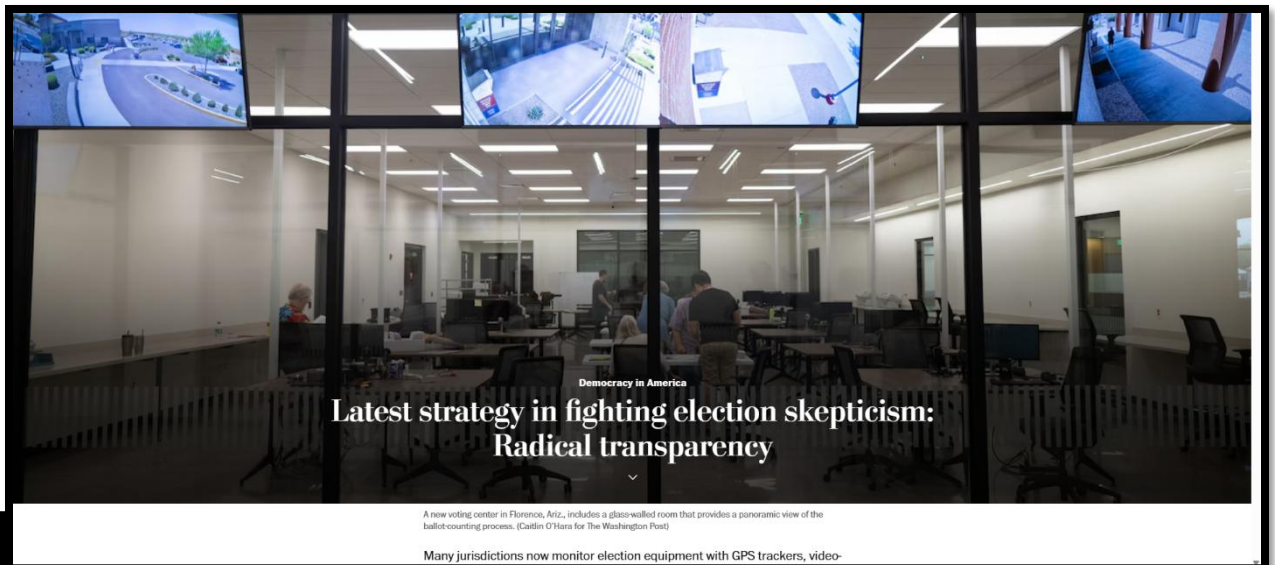


EXHIBIT B

Radical Transparency – Pinal County Recorder

<https://www.washingtonpost.com/politics/2024/09/24/election-transparency-voter-fraud-pinal-county-arizona/>

The Washington Post



“When you know in your soul there is nothing to hide, being open about the process is a no-brainer,” said Pinal County Recorder Dana Lewis (R), who helps oversee elections. “Even when you pull the curtain back, there are still people who lurk in the shadows, but we are going to continue to try with logic, accuracy and reason to combat the narrative of distrust in the elections process.”

The new headquarters illustrates how many officials around the nation are trying to rebuild confidence in elections. Trump’s relentless focus on how votes are cast and counted — along with false and fantastical information floated by him and his prominent supporters — has led to a dramatic increase in the number of people who are observing and scrutinizing the process across the nation. In just a few short years, the election process in many states, especially closely watched battlegrounds, has been transformed.