

SCORING SUMMARY
TO # YH26-0082

	Max Points	ANDERSON	Atypical	Davidson Belluso	Fervor Creative	LAVIDGE	LT	ON	Sportscomm	GCJPR	Gordley Group	Riester
<i>COST</i>	400	196	183	183	183	183	400	183	183	183	183	183
<i>EXPERIENCE & CAPACITY</i>	300	220	90	270	190	230	120	250	100	160	150	276
<i>METHOD OF APPROACH</i>	300	240	150	240	170	250	160	280	90	160	95	278
TOTAL SCORE	1000	656	423	693	543	663	680	713	373	503	428	737

Evaluation Committee Members Attestation: We hereby attest that the points awarded to each offeror listed on this Scoring Sheet were scored in accordance with the established evaluation criteria and represent our best judgment of each offeror's proposal.

As indicated by the scores and the justification in the Executive Summary, our recommendation for contract award is:

Riester

NARRATIVE SCORING TOOL
RFP # YH26-0082

Guidance	Points
Excellent, insightful response	5
More than adequate response	4
Adequate response, some special insights	3
Adequate response, no special insights	2
Inadequate response	1
Totally inadequate or No response given	0

DIRECTIONS: This is for preliminary scoring only. Final scores will be determined in consensus scoring meetings.

Using the Guidance Table above, fill in preliminary scores (0-5) in the yellow boxes below for each Offeror in the categories of Method of Approach and Experience and Expertise. Cost score will be entered by the procurement officer. Only enter scores into the yellow boxes. Do not touch the other boxes. Do not worry about weighting, or max points available. Your score of 0-5 will be weighted according to the methodology we agreed to and scores will be assigned accordingly.

Evaluation Criteria	Points Max	Weight	ANDERSON		Atypical		Davidson Belluso		Fervor Creative		LAVIDGE		LT		ON		Sportscorn		GCJPR		Gordley		Hemper	
			Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score	Evaluator's Score (0-5)	Weighted Score
Experience & Capacity																								
14.3.1 Experience with this type of project (OF THE FIRM)	100	33%	3.5	70	2	40	4.5	90	3.5	70	4	80	2.5	50	4.5	90	2	40	3	60	2.5	50	4.5	90
14.3.2 Names and Classification of Personnel	100	33%	4	80	1	20	4.5	90	3	60	3.5	70	2.5	50	4	80	1.5	30	2.5	50	2.5	50	4.5	90
14.3.3 Experience of Proposed Staff	100	33%	3.5	70	1.5	30	4.5	90	3	60	4	80	1	20	4	80	1.5	30	2.5	50	2.5	50	4.8	96
	300	100%		220		90		270		190		230		120		250		100		160		150		276
Methodology & Approach																								
14.4.1 Proposed Methodology	100	33%	4	80	2.5	50	4	80	3	60	4	80	3	60	4.75	95	1.5	30	3	60	2.75	55	4.7	94
14.4.2 Recommended Deliverables	100	33%	4	80	2.5	50	4	80	3	60	4.5	90	2.5	50	4.75	95	1.5	30	2.5	50	2	40	4.7	94
14.4.3 Timeline	100	33%	4	80	2.5	50	4	80	2.5	50	4	80	2.5	50	4.5	90	1.5	30	2.5	50			4.5	90
	300	100%		240		150		240		170		250		160		280		90		160		95		278
Pricing Proposal																								
Pricing Proposal	400	40%		196		183		183		183		183		400		183		183		183		183		183
			Total w/o Cost	460	Total w/o Cost	240	Total w/o Cost	510	Total w/o Cost	360	Total w/o Cost	480	Total w/o Cost	280	Total w/o Cost	530	Total w/o Cost	190	Total w/o Cost	320	Total w/o Cost	245	Total w/o Cost	554
			Total	656	Total	423	Total	693	Total	543	Total	663	Total	680	Total	713	Total	373	Total	503	Total	428	Total	737

TO # 1926-082 STRENGTHS AND WEAKNESSES

DIRECTIONS: Use this to take notes to justify scores on first tab. Use black font for Strengths and red font for Weaknesses.
BE CONSISTENT WITH COMMENTS

Evaluation Criteria	ANDERSON		Allyson		Davidson, Bellows		Feroze, Christie		LANGE	
	Strengths	Weaknesses	Strengths	Weaknesses	Strengths	Weaknesses	Strengths	Weaknesses	Strengths	Weaknesses
Experienced & Capacity										
14.1.1 Experience with this type of project (OFF THE FIRM)	Good experience at the state agency level. Have worked with ANCCES on many similar work. Teach them Owners. Several around coordination with CMS. Documented experience with several media placements. Documented experience to write press documentation, have lots of workflows, write with confidence.	No examples of items outlined in the task order. Not a lot of media of experience. Only 2 major case case, one was performing. Most joint work with Accutone.	Demonstrated a clear understanding of the task order including engaging with diverse groups, cultures, etc. Experience highlighted experience of cultural competencies	Most of prior experience was completed under a previous contract. Lack of healthcare and public health engagement and experience.	Direct experience state and government agencies and with broader audience, understand community, give several examples. Core members of the firm will be engaged. Strong history of statewide coverage. Worked with multiple agencies. Public health experience. Provide committee experience.	Less multiple projects but not does not state whether the projects completed or active. This leaves uncertainty if ANCCES will receive dedication. No Medicaid experience	At least with 25 years of experience in public sector including healthcare multi-state agency. Four work done with ANCCES. Experience with more than one health insurance plan given examples for complex situations.	No Medicaid experience. Example did not show different communication between that experience was mostly on standard marketing, not advanced change campaigns.	Prior experience with tribal and culturally diverse populations. Has gathered with providers, demonstrated ability with providers. Work with state agencies, healthcare experience, strong partner with skills we are looking for.	Less media experience with Medicaid than DR-AMC
14.1.2 Names and Classification of Personnel	Provided a full team listing and outlines individual roles and experience listing. Broad range of experience in 30 years. Established team, not necessarily ready to hit the ground running. Access to creative director.	Similar to staff allocations. Lacked clarity on roles. Redundant. Only one on team case and expertise. Good resource for Medicaid experience. Some experience in hospital or entertainment. Not unclear based more previous experience.	2 out of 6 people were identify with their position	Only two of six roles filled and no descriptions of what a qualified candidate looks like.	Several staff and qualified staff. No agencies reported, no need to detail. Shared ANCCES responsibilities with staff members.	Marketing for Change role and contribution is not clearly defined. Redundant on similar marketing the other individuals. A subcontractor mentioned.	Presented solid team structure that will cover most of our needs. No additional subcontracting will be needed.	A different subcontractor could prove as a barrier for timeline. Less detailed on staff experience on how aligned with the work, no resource allocation matrix.	Provided on names of 9 key personnel	Not clear on if we will be working directly. No resource allocation matrix, no staff assignment
14.1.3 Experience of Proposed Staff	Proposed staff culturally aware of our population, demonstrated understanding of diverse populations, diversity, experience staff. Broad range of experience, higher in 20+ years, were team led in past.	See a lot of highlights of individual key programs. Mostly experience with hospitals and entertainment. Staff experience did not necessarily work with state agencies or Medicaid specific experience.	Owner operator has considerable experience	Past experience not directly relevant, owner is only dedicated at 20%. No public health experience.	Collected experience varied public service experience, expertise and each staff member will be doing. Key staff have 20+ years, college degrees in multimedia design.	Marketing for change fits no experience or background listed.	20 years experience, diverse roles, strong on digital campaigns, solid team.	A different subcontractor, may be lack of actual talent, no Medicaid experience.	Senior team 20+ years of experience, Medicaid experts	Possible conflict of interest. Did not demonstrate of the experience would increase to the TO.
Methodology & Approach										
14.1.4 Proposed Methodology	Very thorough proposed media planning objectives, cost of graphics and other's clear. An everything being for. Clear on media and advertising strategy. Clear on media and advertising strategy. Clear on media and advertising strategy. Clear on media and advertising strategy. Clear on media and advertising strategy.	Reliant on ANCCES data, ANCCES may not have all the information to provide. Lack acknowledgment of the 6 month contract which is vital to ANCCES members.	Standard approach that was aligned to the to, good emphasis on stakeholder input. Strategic aspect. Clear structured approach.	Limited amount of healthcare experience, not relevant to what we're looking for. Phase 1 planning does not have clear plan each, they will not start member being plan to phase 1. Not specific deliverables, not specific turnaround.	Clear approach, 5 step approach, engagement phase, well defined timeline. Offered 3 distinct methodologies. Well explained action in experience.	2 of 3 by way from targeted what we asked for. Didn't effectively use graphics, we could detail their use their communication skills. Delivery. Didn't speculate how action on referring workflow.	Thorough approach, identified partner types, specific on different partners that we could work with. Available to the idea, or who to engage with outline strategy on how it work with the TO, clear process outlined.	Overall proposed looks solid to read with other populations. Not detailed right now.	Strategy aligned with TO, incorporated all internal / CSM approval process. Right approach, able to pivot as needed.	Primary focus should be on older population but did not call out labeled populations that are not going to write this. Fair knowledge gap. Budget structure is weak.
14.1.5 Budgetary Deliverables	Clear requirements. Strong implementation plan. Detailed timeline with tracking. Good outline on distribution of reports, strong high level tracking. Specific deliverables solid understanding of going beyond call to action. Understand how this communication has a action.	Turn around and review times are heavily reliant on ANCCES. Don't provide examples about deliverables. Response not detailed. Heavily reliant on ANCCES for direction changes.	Deliverables aligned with TO, good detail.	didn't give us enough planning on how deliverables would be implemented, focused on external stakeholders (no member understanding).	Digital, landing page, did get very granular, did specific call outs to all deliverables. Offered full range of how, whether, offer quality work. Addressed participation in stakeholder relationship communications of industry and education. Start to finish.	No reliance on submission of 6 month research. Cost of printing included? Not specific.	Addressed deliverables.	Less defined, didn't demonstrate an understanding didn't incorporate the summary into what they're doing.	Targeted approach to read and specialized populations. Clear, concise messaging with clear examples. Strong understanding of partners and not caring. Targeted print, and digital.	Unclear approach on media approaches of use of named media. Less structured.
14.1.6 Timeline	Clear and ready to hit the ground running. Full proposed timeline. Specific.	Timeline presents risk of delay due to lack of contingency plan. No cushion and no accounting for increases.	Met TO requirements. Mentioned CMS review times.	did not call out phases are not completed. No clear plan on if approval for post-September, too much ambiguity.	supports the to and is ready to start with no delay aligns with our needs.	Proposed is based with no specific stakeholder engagement plan. There is no contingency on delay. No approval delay.	Thorough timeline clear timeline go beyond just Sep.	Not detailed, just show a number that we didn't. No clear picture on timeline with contingency of funds. High level timeline suggested would be unrealistic on how to meet dates to our deadline, no CMS approval contingency.	aligned with TO, provide early submission of Phase 1.	aggressive timeline, lack of contingency plans on approach.

Strength	Weakness	Strength	Weakness	Strength	Weakness	Strength	Weakness	Strength	Weakness	Strength	Weakness
History of partnership with state agencies, understood complexity of what we're trying to do and/or will know health programs, research, DCS case	Lack of experience engaging larger populations. Projects experience is more in line with related and not necessarily behavioral change. No Medicaid experience	Experience with government focus, A2 population and consumer awareness. Have worked on public education campaigns. Worked with multiple state agencies including ANCCES, DSH, DSH. Have experience with specific subgroups to A2 population including Native, outreach with substance use disorders, and other key populations. Deep breastfeeding experience, likely to not just relying on personal teachers	Lack of experience working with Medicaid population. Experience is more focus on what we are looking for	worked with other government agencies, and industry group	not experienced enough. Didn't see successful use cases or program outcomes. Experience for about 18 hours and briefing	through staff being healthcare space experience, good experience	No Medicaid experience. Lots of positive outcomes from past projects.	state agency experience demonstrated experience with staff and approach	No healthcare or medical, can check. Didn't show recent 7 months, no calls to action, no experience	strong experience with state agencies including ANCCES, already working on it in other states, entire project demonstrating what behavioral could look like. Have done a lot of work in medical or other things in working, strong proposal on what they're doing in CA	Seems that all work done is based but close subcontractor. Assume not clear on if the experience were from the subcontractor of another.
Provided names of 9 key personnel. Good functional coverage	13th team of 7th but unclear on names of those directly involved. Lack of clarity on roles, unclear assignments	several names with qualifications, specified the individuals associated with the project. gave large multi-agency team, strong existing comp through CA	no staffing matrix. Doesn't show what percent staffing will be allocated		not adequate response, only provided two key resources, use of subcontractors, no clear understanding of staffing	9 names, all 9 would be directly involved A2 based	no staffing matrix, no clear medical experience in staff	through living with 11 staff members, bilingual staff with multiple positions	No clear sense of how each team member would be allocated. There is no staffing matrix and no SME subject.	unwell staff named, clear detailed living with roles and responsibilities, clear delineated their roles	No staffing matrix
Seemed to have qualified personnel	No explanation of recent why staff reduced or experience. Didn't believe what staff would be doing or how experience of staff will apply to the project. Don't see the program team relevant experience	all staff extensive experience, at least 3 per agency	no demonstration with medical. There are many junior roles. Due to no staffing allocation not clear on what percent staffing will be allocated	Staff with background in communication	only two bios provided, no background or skills, no medical experience	most experience with primary care staff ranged up to 15 years participated/involved	nothing directly with medical or state agencies re: DSH, no direct experience with A2 agencies	wide array of experience across team, senior leadership 24-35 years experience, Spanish language support, good mix	no medical experience, only some of staff the point of experience. Few individual skills would be applied for re: no medical, DSH, and staff experience based more on research to actual healthcare compliance / rollout	Michelle Mathison, has research and education experience, focus on DSH, research and development, and research, strong Medicaid DSH, including CMS eligibility past work, some perspective shared communication, etc. etc. etc.	subcontractor located in CA
provided comprehensive approach, leveraged all channels, social, video, digital campaigns meeting the job where they are clear number focus emphasize the monitoring and ability to pivot on what they're seeing	Budget may be lacking. No mention of importance of involved communication with support to staff or members not clear. Lack of detail on what is required with budgeting resource considerations, not considering education or other budgeting for fundamental gap	detailed, each phase outlined called out in more detail, understand importance of frequent meetings, 80 hours, etc. demonstrated fundamental understanding demonstrated able to translate into clear, execution to align	very unclear. Refraction not part of TO, strong more than what we asked for, our website, may be over scope	understood what we were asking, outlined approach, 3 communication plans, diverse phased approach	not detailed, didn't account, didn't talk flow, high level and complex, no specifics	strategic, detailed, understand that engaging the acquisition vendor objective. Focus on stakeholder engagement. Hubset, called to high level, and not specific, theoretical design that doesn't look like the another piece of joint mat, translating experience to what, understand what we are asking for a phased program approach, focused on stakeholders, multi-phase.	PR and communication specific no definitive position, communication compared to experience	A single approach that aligns with to, clear, and detailed specifically around digital creative workflow, cross media planning, media buying experience and what it looks like the rollout itself, work etc.	stakeholder engagement asked on survey or work on affect pay the. Reporting, a research ANCCES would support. contractor, only engage with you that we listed, then scale implementation to very specific details the ANCCES, limited need ATCS as path, not good direction, foundational goal of understanding, 11 staff experience with no experience client of direct high risk pay via following up called with experience	strong comprehensive integrated experience, CMS compliance and complex integration. Medical challenges and risk, member needs, and timing of what it is to support, to position the team people who understand cultural relevant pay, engaging with the acknowledging that strategy may evolve, good understanding of the requirements, some PR on what they will provide and will be	
through job, comprehensive set of deliverables, full suite of social, infographic, etc	not detailed, more range of points of deliverables not how they were going to accomplish	comprehensive deliverable, medical friendly touch, looks for provider, members, member use of graphic arts, directed, appropriate for ANCCES through, can picture what makes might look like, emphasis on video production, member education language	a lot of proposed deliverables, over volume	aligned with to	not clear, behind, formal, not detailed	reworked everything in to, had several high level deliverable objectives	No delineation of ANCCES role and responsibilities, not definitive, recommended language, that we specifically mentioned in the proposal	aligned with to, deliverables understood what we were looking for setting content channels	use of short and long form not included in budget. high level not detailed on how to be accomplishing	detailed, specific and relevant, specific and deliverable delineated. Deliverables would describe, called out identification, overall program through their plans, understands ANCCES and understands the different substance that needs to be engaged	Deliverable volume may require significant ANCCES involvement. callout to transition, specific spending terms focus
cut and beyond, aligned with our timeline	budget too modest for timeline, no longevity, lacked detail on impact of approval, or contingency plan	understand need for support beyond just data, understand need for connectivity support, budget	will budget truly reach 0.27	alignment with to, flexibility with CMS review	If they have to high or subcontractors, may not be deliverables, can't clear the team stakeholder engagement in June not realistic.	covered needs of TO, his targets and milestones, identified	June 14 can date ANCCES and CMS alignment approval? what does the cost data do to timeline full timeline didn't have complete dates end-to-end estimates, no context	aligned with sept 1 with support through our, can track phase 1 and 2, if needed	high level with few details, not sure how hold accountable with timeline	Project address needs to acknowledge cost review and timeline. mentioned stakeholder engagement, can track work on or timeline. the requirements. Timeline goals above and beyond staying with focused, depth and understanding, media and communication	

Pricing Proposal Scoring

	ANDERSON	Atypical	Davidson Belluso	Fervor Creative	LAVIDGE	LT	ON	Sportscomm	GOIPR	Gordley Group	Riester
Total Price	\$701,550.00	\$750,000.00	\$750,000.00	\$748,360.00	\$750,000.00	\$343,250.00	\$750,000.00	\$750,000.00	\$750,000.00	\$750,000.00	\$749,730.00
Cost Points Awarded	196	183	183	183	183	400	183	183	183	183	183

$$\left(\frac{\text{Price}_{\text{lowest}}}{\text{Price}_{\text{offered}}} \right) \times \text{Points}_{\text{max}} = \text{Points}_{\text{awarded}}$$