

**Parkland Community Health Plan
Request for Proposals ("RFP")**

Agency of Record

Issue Date: 4/24/2025

Proposal Due Date: May 19, 2025 , 5pm CST

*****Proposals received after the due date and time will not be considered*****

Contract Type: Agency of Record

Anticipated Contract Term: 7/1/2025 – 6/30/2027*

Anticipated Contract Effective Date: 7/1/2025*

Pending Board approval; contract term may be adjusted

Presentation(s) may be required for finalists as part of the evaluation.

Responses to EACH VOLUME AND SUB-SECTION must be answered in the "Shaded Text Box" provided directly following each section requiring information unless otherwise instructed.

Proposal Submission Instructions:

- A.) **By Due Date and Time:** Email one (1) RFP Response and one (1) Rate Sheet (Exhibit A) to Sergio.Chapa@phhs.org
- B.) Each page of the proposal must be numbered.
- C.) Page Limit: 45 pages, with same (preset) margins, and Calibri 10 font.

1 SPECIAL INSTRUCTIONS

- A. Proposals should be submitted in accordance with the Instructions set forth in this RFP. Health Plan Leadership will evaluate proposals in accordance with the evaluation criteria in Section 5 & 6 and may issue one or more contracts as a result of this RFP.
- B. **Questions** may be submitted via email until **05/01/2025 at 12:00 PM CST** to Sergio.Chapa@phhs.org.
- C. ***All communication regarding this solicitation must be directed to Sergio Chapa (Sergio.Chapa@phhs.org). Direct communication about this RFP with any other Health Plan employee or its representative will be grounds for disqualification.***

No oral commitment, response, answer, or direction from other Health Plan personnel is binding unless also furnished in writing to all prospective Offerors by the Health Plan's Representative in the form of an amendment to this Solicitation, or as an official response to questions submitted by Offeror(s).

2 BRIEF DESCRIPTION OF PROJECT

Parkland Community Health Plan (PCHP) seeks an Agency of Record (AOR) to lead our digital and offline advertising, community outreach, event support, and brand refresh efforts. We are dedicated to fostering healthier communities and enhancing the well-being of all people. We're looking for a strategic partner who shares these values, demonstrates cultural competence, and can help us grow our membership, refresh our brand image, and expand our presence across digital and traditional platforms.

The below signed, hereby agrees that their organization will submit this RFP, only communicate with the designated PCHP contracting representative about this RFP and will furnish and deliver the services subject to the terms and conditions specified herein.

Signature	Company Name		Contact Telephone Number
Printed Name:	Date:	Email:	
Title:			

3 INSTRUCTIONS TO OFFERORS

The following instructions will establish the format and content of proposals:

- A. Proposal Cover Sheet:** The FRONT PAGE of this RFP shall be completed, signed, and submitted as the cover sheet ("the Cover Sheet") for Offeror's proposals. The Cover Sheet shall not count towards the page limit.
- B. Authorized Official and Submission of Proposal:** The proposal must be signed by a leader with signature authority and must stipulate that it is predicated upon all the terms and conditions of this RFP. You must provide responses to each requirement as to whether you can comply, and if you cannot comply you must explain why not.
- C.** The proposal and other information related to how the Offeror intends to conduct the scope of work of this solicitation shall be submitted pursuant to the instructions of this RFP.
- D. Related Documents:** The following documents are released as part of this solicitation package:
 - 1. **Exhibit A: Vendor Rate Sheet** – Please fill out.
 - 2. **Exhibit B: HHSC Addendum** – Additional terms and conditions required by the HHSC for this type of contract. Will be added as a contract exhibit.
- E. Qualifications & Terms & Conditions:** Offeror's Services must meet all of Health Plan's Qualifications as set forth in Section 5, Pass / Fail Evaluation, the Scope Work set forth in Schedule C, and the Rate Sheet (Exhibit A). Section 5 shall be completed and submitted with the Cover Sheet and shall not count towards the page limit.
- F. Contract:** Health Plan has the option to award multiple contracts based on submitted proposals.
- G. Pricing and Potential Award Without Discussions:** Offeror should offer its best pricing in its initial proposal and such pricing should be valid for One Hundred Eighty (180) days. Health Plan reserves the right to award without discussions if it is determined that the initial prices are fair and reasonable and that discussions to clarify requirements are not necessary.
- H. References:** Offerors shall provide references as set forth in the RFP. It is Offeror's responsibility to ensure the reference's point of contact agrees to respond to Health Plan's specific questions regarding Offeror's experience and performance. References shall be capable of answering questions concerning Offeror's ability to deliver product and services relative to this RFP. Use of Health Plan personnel as references will NOT be counted towards the minimum reference requirements.
- I. HUB Representations and Certifications:** Offerors are encouraged to identify if they are a 51% or more minority, woman, or service disabled veteran owned business and certified as "Historically Underutilized Business" or "HUB". If so, please attach a copy of your certification with your proposal, as applicable. Additionally, offerors are encouraged to work with HUBs when subcontracting opportunities arise.
- J. Health Plan Background:** Parkland Community Health Plan was started in 1999 by Parkland Health as a managed care organization to provide services for Texas STAR Medicaid and Children's Health Insurance Program (CHIP) recipients.

PCHP currently offers Medicaid STAR, CHIP, and CHIP Perinate plans, serving 165,000 members across seven counties — Dallas, Ellis, Hunt, Rockwall, Navarro, Kaufman, and Collin — holding an approximate 38% market share in this region. As we plan to expand into new lines of business and service areas, we need an agency capable of evolving with us — supporting both current growth and future product launches.

Learn more at parklandhealthplan.com.

4 SELECTION PROCEDURES

- A.** This is a best value procurement where the Health Plan is permitted to make tradeoffs between cost or price and non-price factors and to consider award to other than the lowest priced Offeror or other than the highest technically rated Offeror. Proposals may be evaluated by an evaluation committee. After evaluating proposals, the evaluation committee may make the best value determination. The Health Plan reserves the right to award multiple contracts or reject all proposals and cancel this Solicitation at any time. In addition to evaluating the information provided in each proposal, the Health Plan may reasonably consider information received from other sources including but not limited to consulting firms, benchmarking

firms, or any other outside entity.

- B.** The pricing submitted with each Offeror's proposal will be evaluated for cost reasonableness. Submitted prices will be evaluated to determine price reasonableness and unreasonably high or low prices may result in removal from the competitive range without further evaluation or consideration of contract award. Proposals may also be rejected for including prices beyond the Health Plan's budget for the subject of this solicitation. Health Plan is a political subdivision of the State of Texas agency and is therefore exempt from taxes. Do not include taxes in your proposal pricing.
- C.** Health Plan reserves the right to award a contract without discussions. Health Plan may select finalists for presentations in May 2025.
- D. Awards.** The Health Plan reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, this RFP may be amended as necessary to meet the needs of Health Plan or canceled by Health Plan at any time for any reason or no reason.

Notice of Award or Non-award shall be made via email to the consultant's contact(s) on file.

5 PASS/FAIL EVALUATION

The following are required Offeror qualifications and will be evaluated on a pass/fail basis. Please indicate "yes" or "no" by responding to the following chart:

PASS OR FAIL		YES / NO
1	Vendor must have 2+ years of experience supporting Medicaid or Health Plan marketing.	
2	Vendor must be able to provide bilingual/multilingual campaign support and materials	
3	Vendor must demonstrate in-house or contracted capabilities for creative, media buying, digital, and reporting	
4	All work in relation to a contract with PCHP must be performed within the continental United States.	

If Offeror answers "No" to any of the above qualifications, Offeror may be deemed to have not met the minimum qualifications and may not be considered for Evaluation.

6 EVALUATION CRITERIA AND RELATIVE WEIGHT

Evaluation factors are listed below and are assigned the indicated percentage weights which represent the overall importance for consideration.

Evaluation scores will be based on the following point system: One (1) point for each percentage weight as assigned below.

Technical Experience	Past Performance	General Requirements & SOW	Pricing
30% (30 points)	20% (20 points)	30% (30 points)	20% (20 points)

Pricing is weighted to indicate importance to other categories but is not scored.

7 PROPOSAL FORMAT

Please submit proposal(s) in accordance with the following instructions:

- Responses to EACH VOLUME AND SUB-SECTION must be answered in the "Shaded Text Box" provided directly following each section requiring information unless otherwise instructed. The text box will automatically expand with your text entries.
- Rate Sheet must be submitted in a separate document. Please do not include any pricing information in the RFP document. Use the Exhibit A Template provided. Pricing will be weighted to indicate importance to other categories but will not be scored.
- All Volumes of this RFP MUST be completely addressed.
- Completed RFP and all applicable Exhibits with corresponding responses should be emailed to Sergio Chapa

(Sergio.Chapa@phhs.org).

- **DO NOT INCLUDE** any separate marketing materials or similar information.
- **ONLY** responses in the Shaded Text Box will be considered unless otherwise instructed. (Exhibit A and Cover sheet excluded).

8 PROPOSAL INFORMATION

For each section and subsection of each volume below, describe in detail how your company will meet and or exceed the following items listed.

******Additional Information for Consideration******

A. Volume I: Corporate Structure / Technical Experience - (30 points)

1. Corporate Structure

Explain the following areas of your corporate structure to allow the Health Plan to better understand how your company will perform the Scope of Work set forth in Schedule C and as further indicated below:

a. Ownership Structure

Describe:

b. Business History, Process, and Procedures that will ensure successful contract performance

Describe:

c. Background of Corporate Officers

Describe:

d. Proposed Team to include dedicated personnel to be utilized in performance of contract (i.e., Director, Project Manager, etc.)

(1) Explain the role of each member of the team

Describe:

(2) Explain how each member will contribute to successful contract performance

Describe:

(3) List previous projects where each member has contributed to performance of contract

Describe:

e. Past or Pending Litigation against Offeror within the past ten (10) years

Describe in detail:

2. Technical Experience

Provide a minimum of three (3) examples of **Agency of Record** projects performed within the past five (5) years. Preferred examples would illustrate where requested services were provided for a managed care organization similar in size and scope to the Health Plan. This can include individual staff experience or agency experience. These must evidence your experience and ability to perform the services set in Schedule C – Scope of Work. Provide the following information for each example:

Example No. 1:

- a.** Project Title & Location
- b.** Project Description/scope to include size of facility with start and end dates
- c.** Contract value/actual award amount
- d.** Your customer's point of contact name, address, telephone and facsimile number, e-mail address
- e.** Problems encountered and corrective actions taken if any

Example No. 2:

- a.** Project Title & Location
- b.** Project Description/scope to include size of facility with start and end dates
- c.** Contract value/actual award amount
- d.** Your customer's point of contact name, address, telephone and facsimile number, e-mail address
- e.** Problems encountered and corrective actions taken if any

Example No. 3:

- a.** Project Title & Location
- b.** Project Description scope to include size of facility with start and end dates
- c.** Contract value/actual award amount
- d.** Your customer's point of contact name, address, telephone and facsimile number, e-mail address
- e.** Problems encountered and corrective actions taken if any

B. Volume II: Past Performance – (20 points)

1. Provide three (3) references that best represent the Offeror's past performance of specific services relative to this RFP within the last three (3) to five (5) years. Offerors should provide references in narrative form and address each of the sections below. All points of contact should be verified by the Offeror prior to submission as part of Offeror's proposal. Points of contact shall be knowledgeable of past performance from a contractual, managerial, technical perspective.

Reference No. 1:

- a. Company Name
- b. Project Name
- c. Contact Information (Name, Address, Telephone #, Email)
- d. Description

Reference No. 2:

- a. Company Name
- b. Project Name
- c. Contact Information (Name, Address, Telephone #, Email)
- d. Description

Reference No. 3:

- a. Company Name
- b. Project Name
- c. Contact Information (Name, Address, Telephone #, Email)
- d. Description

2. Describe in full detail at least one (1) "lessons learned" from each of the following: Agency of Record projects that are similar to the services required in this RFP.

Lesson No. 1:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

Lesson No. 2:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

Lesson No. 3:

- a. Customer Name and/or Description
- b. Issues
- c. Solutions
- d. Other Information

C. Volume III: 3 Statements of Work – (30 points)

For **EACH** section and subsection, describe in detail how your company will meet and **OR** exceed the indicated items:

SOW 1: Agency of Record (AOR) for Digital and Offline Advertising, Community Outreach/Event Support, and Brand Refresh (7/2025- 6/2027)

1. Project and SOW Management

- I. Develop and execute a data-driven digital and offline advertising campaign across key channels.

Provide details/ plan to meet this requirement:

- II. Support member retention efforts with targeted, personalized strategies to improve engagement and satisfaction.

Provide details/ plan to meet this requirement:

- III. Create a refreshed brand identity and tagline that reflects our commitment to community health and wellness.

Provide details/ plan to meet this requirement:

- IV. Drive sustainable membership growth with targeted annual increases, identified by PCHP.

Provide details/ plan to meet this requirement:

- V. Establish a community marketing strategy to support grassroots efforts, event engagement, and local outreach. As possible, please also convey your agency's expertise in partnering with network providers to increase health plan awareness (in a manner compliant with Texas Medicaid marketing regulations)

Provide details/ plan to meet this requirement:

- VI. Strategically engage diverse, underserved members of PCHP's seven-county service area.

Provide details/ plan to meet this requirement:

2. Deliverables and Guidance

Vendor shall:

- A. Describe how vendor will work with PCHP to establish project deliverables and associated budget. Describe agency process for progress tracking and project management.

Provide details/ plan to meet this requirement:

D. Volume IV: HUB Plan:

Describe plans to utilize HUB entities in the completion of the proposed work.

Please describe:

E. Volume V: Pricing – (20 Points)

1. Please provide pricing for all applicable costs associated with this opportunity using Exhibit A: Vendor Rate Sheet. The proforma should reflect costs associated with the growth targets provided. Please list all details and assumptions used in the proforma's development. PCHP understands that final costs will be based on agreed-upon deliverables during contract negotiation.