

Pregnancy Health Home Program: Marketing and Public Relations Outreach

Questions and Responses

PROPOSALS ARE DUE NO LATER THAN DECEMBER 28, 2023 BY 5:00 PM CDT

RFP#9212

BUYER: Department of Social Services
Division of Medical Services

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Q1: Will the vendor be expected to host the website, or will it be hosted on a state-owned site? Will the website content need to be translated to any other language?

A1: *It will be hosted on a state-owned site. Translation will not be needed.*

Q2: Please provide your estimated budget limit or budget range for this project.

A2: *Respondents should propose services and associated costs based on services included in the scope of work.*

Q3: On pg. 5 of the RFP, the State anticipates a contract start date of March 1, 2024. However, on pg. 6 the State notes that "the naming and logo options must be provided to the State for approval no later than April 1, 2024." Also, on pg. 6, the State notes, "Initial printed and promotional material must be provided to the State for approval no later than February 1, 2024 ." Does the State anticipate adjusting these dates to allow for adequate time to complete the SOW tasks?

A3: *The program is tentatively set to begin enrolling recipients on April 1st. We are open to discuss revisions to timelines with the selected vendor. We apologize for the confusion. Print and promotional materials would be due by May 1, 2024.*

Q4: What is the budget allocated for this contract? Are there restrictions on how that is allocated annually for the duration of this contract?

A4: *Respondents should propose services and associated costs based on services included in the scope of work. For advertisement purchases respondents may provide multiple options such as a high and a low option.*

Q5: In section 3.6, can you provide an updated date, if required? If this contract doesn't start until March 1, 2024, and the logo/naming is not presented to the state until April 1, 2024, the printed and promotional materials can't be provided by February 1, 2024.

A5: *We apologize for the confusion. Print and promotional materials would be due by May 1, 2024.*

Q6: Is the main target audience the medical providers or pregnant women, or both? Is one more important than the other?

A6: *The target audience will be pregnant women who are on Medicaid or may be eligible for Medicaid.*

Q7: How will you define if the campaign is successful? What KPIs will determine if the campaign is driving the desired action?

A7: Increase the number of pregnant women enrolling in SD Medicaid, as well as improving maternal/fetal outcomes.

Q8: Is there an existing public health or prevention marketing campaign that you think is effective?

A8: SD Department of Health-Campaigns

Campaign Name: Undo the Risk

Program: Diabetes Prevention Program

Campaign Background: Prediabetes awareness took center stage in the "Undo the Risk" campaign by the South Dakota Diabetes Program. Through a blend of humor and relatable scenarios, the campaign encouraged individuals to act against prediabetes. The interactive quiz served as a gateway to valuable information, emphasizing the controllable aspects of reducing the risk. Launched in 2019, the campaign expanded its reach with tailored content for Hispanic and Native American populations in subsequent years.

Success: The campaign's success was evident in the engagement metrics, with over 3,200 quiz takers in the first year alone. Valuable insights were gleaned from quiz data, providing a deeper understanding of prediabetes risk factors in South Dakota. The campaign's impact was recognized with a Tally Award in 2020.

Campaign Name: Vaping Sucks

Program: Tobacco Prevention Program

Campaign Background: "Vaping Sucks" emerged as a digital campaign targeting young South Dakotans strategically positioned within the realm of social video content. Utilizing scroll-buster video content, the campaign aimed to disrupt the norm and deliver an anti-vaping message. A soft launch in spring 2023 garnered significant online traction, primarily driven by visits from Snapchat and Meta platforms.

Success: In its initial two months, the campaign achieved over 10,000 website visits, highlighting its effectiveness in capturing the target audience's attention. The Tally and MarCom Awards in 2023 further validated the campaign's success.

Q9: For the cost proposal, is the total estimated budget the only thing needed, or do you also need the hourly rate for each of the agency's services?

A9: We would like the total estimated budget and the hourly rate breakdown.

Q10: Could you let us know what the length of the contract is to be?

A10: It is a 2-year contract.

Q11: Could you let us know if you have a local preference or are you open to a Canadian agency that has done similar work with clients across the United States, with some currently being the States of California, Colorado and Wyoming?

A11: An agency located in Canada is eligible to be selected. However, the agency would have to be approved by BIT Security Operations Center.

Q12: Attachment C Cost Proposal has two figures in the template: \$50 for account management (One-time Cost) and \$100 for media placement (Year 1). Are those the actual numbers you want included in the cost proposal, or were those entered inadvertently?

A12: The numbers are a fictitious example. Please include actual proposed costs.

Q13: Is there any grant money that needs to be spent by a certain date?
A13: <i>No.</i>
Q14: In basic terms, what does the state consider prenatal care?
A14: <i>Healthcare services provided to a pregnant woman for purposes of a healthy pregnancy and baby.</i>
Q15: What statistics is the state using which lead to the conclusion that there is a population of women who are not seeking prenatal care?
A15: <i>Medicaid claims data as well as survey data.</i>
Q16: Are there historical stats you can share with us regarding South Dakota Medicaid participation?
A16: <i>The South Dakota Medicaid eligibility stats are available at the following; https://dss.sd.gov/keyresources/statistics.aspx#medelig.</i>
Q17: Can you describe any expected interactive or data-driven functions of the website? For example, are there any external databases that we need to pull or push data from or to?
A17: <i>No.</i>
Q18: Will BIT staff be directly involved in website development, or will the vendor be solely responsible for the design and development of the website, while adhering to BIT guidelines?
A18: <i>The Vendor will be working with Medical Services and as well as the Communication Team while adhering to BIT guidelines.</i>
Q19: You note in your RFP that the “program will enroll medical providers that provide prenatal and postpartum services ...” It also indicates approximately 150 providers will participate in the program. Do you already have medical providers enrolled, and/or will that happen before the program’s anticipated implementation of April 1, 2024?
A19: <i>Providers will begin enrolling January 1, 2024. The program is tentatively set to begin enrolling recipients on April 1st. Refer to #7.</i>
Q20: Section 4.5 of your RFP indicates “The offeror must submit information that demonstrates availability and familiarity with the locale in which the project(s) are to be implemented.” By “locale,” do you mean South Dakota overall, or are there specific regions of the state you understand now will be supported more than others?
A20: <i>South Dakota overall.</i>
Q21: We understand research is a big part of this RFP and the work itself – and the selected firm will gather information on why pregnant mothers are not currently seeking prenatal care. That said, you seem to already have fairly good statistics on pregnancies in South Dakota, participants in Medicaid, etc. Do you have firm numbers around demographics who are seeking prenatal care and not, and, if so, can any of this be shared to give the agency a base knowledge to work from? Regarding specific demographics- Are there targeted risk factors – and individuals of greatest risk? Are there specific identified geographic deserts across South Dakota for access points to the program’s care?
A21: <i>SD Medicaid has contracted with USD to complete a survey and focus groups for the purpose of identifying barriers to care. The findings will be shared with the awarded vendor.</i>
Q22: How has the program evolved to its current state of enhanced services? What does “enhanced” care refer to?

<i>A22: This is a new program. Enhanced care includes a person centered care plan, Health Education and promotion, Health System and Resource Navigation, and Transition care coordination.</i>
Q23: Are there other targeted state campaigns that may already be focused on this same higher-risk audience?
<i>A23: No.</i>
Q24: Is there anything that would prevent DSS from being able to be a conduit to connect information directly with Medicaid recipients as a part of this outreach?
<i>A24: No.</i>
Q25: Is sub-contracting part of, but less than 25%, of this project permitted as long as full disclosure of sub-contracting firms is provided?
<i>A25: Yes this is permitted with written consent from the State.</i>
Q26: Is this project fulfillable by companies that DO NOT have a GSA MAS Contract Award?
<i>A26: Yes.</i>
Q27: How does this expansion of services compare to other state offerings, such as DOH Bright Start and Pregnancy Care programs?
<i>A27: South Dakota Medicaid is the payer of healthcare services for Medicaid eligible pregnant women. The Pregnancy Program will collaborate with the above mentioned DOH programs.</i>
Q28: Are there expectations or parameters for the brand regarding co-branding with DSS (e.g. names, color palettes, etc.)?
<i>A28: Yes, this will be discussed with the awarded vendor.</i>