

Buyer Decision Report: After-Hours Crisis Call Management

Scope: Comparison of three supplier submissions — Pink Horizon Crisis Solutions, Red Box Call Services / Red Box Supplies, and Yellow Brick Logistics / Blue Line Shipping — against an RFP for after-hours crisis call management issued to Buyer A (referenced in the questionnaire) via DeepStream.

Important note on data integrity: The questionnaire responses from all three suppliers exhibit clear evidence of copy-paste / data-mapping failure. In each case, a single narrative paragraph has been pasted as the answer to virtually every substantive question, irrespective of what was asked. Entity naming is also inconsistent across the questionnaire and the accompanying proposal documents (see Section 2). This materially limits evaluability.

1. Executive Comparison

Attribute	Pink Horizon	Red Box	Yellow Brick / Blue Line
Submission completeness	Proposal document present; questionnaire non-responsive (boilerplate)	Proposal document present; questionnaire non-responsive (boilerplate)	Proposal document (Blue Line Shipping) present; questionnaire non-responsive (boilerplate)
Commercial model	PMPM: \$0.42, with minimum volume tier and optional chat/text uplift of +\$0.05 PMPM ¹	Hybrid (Per Call + Monthly Fees): Standard call \$20, high complexity \$35, monthly platform fee \$8,000, chat/SMS add-on \$2,500/month, integration setup \$15,000 one-time	Hybrid: monthly platform fee (base availability), per-call utilisation, additional per-event fee for clinical escalations, optional monthly add-on for SMS/Chat, one-time implementation fee — no unit prices given
Proposed solution	24/7 crisis call handling; multi-channel (phone primary, text & chat); licensed clinicians (LCSW, RN, LPC); real-time triage and escalation; integration with payer care management systems ²	After-hours coverage (evenings, weekends, holidays); phone primary; optional chat and SMS; tiered escalation (agent —> clinician —> supervisor); flexible integration	Evening/overnight/weekend/holiday coverage with optional 24/7; phone primary; optional SMS and chat; structured intake, risk identification, clinical coordination, secure documentation
Key commitments / SLAs	Answer time <30 seconds (95%); abandonment <3%; documentation <2 hours; follow-up compliance >90% ³	Answer <45 seconds (average); abandonment <5% (estimated); escalation <5 minutes; follow-up optional, not standard	Answer <45 seconds; abandonment <5%; documentation within 4 hours; escalation response <10 minutes; monthly quality review — targets may be refined during implementation
Compliance / evidence	Claims HIPAA compliant, HITRUST certified, full BAA support ⁴ ; no certificates attached; questionnaire evidence items answered with boilerplate	Multiple "Yes" confirmations in questionnaire; no evidence documents attached	Multiple "Yes" confirmations in questionnaire; no evidence documents attached
Commercial certainty	Unit rate stated without explicit caveat; contractual firmness unconfirmed	"Pricing subject to final scope agreement" — explicitly indicative	"Final pricing will be determined based on: member population size, expected call volume, coverage requirements, integration complexity, clinical support expectations" — no unit prices
Key strength	Most specific solution and SLAs; clinician-led model; certification claims named	Detailed unit-price schedule enabling scenario modelling	Structured operational model with named workflow steps and roles
Key gap	Questionnaire almost entirely non-responsive; no evidence documents; unverified outcome claims	Explicit acknowledgement pricing/scope not firm; "less rigid than traditional models" reads as unfirm commitment	No unit pricing; questionnaire non-responsive; entity naming inconsistency (Yellow Brick vs Blue Line Shipping)
Evaluation status	Partially evaluable on capability; not evaluable on compliance/references/BCDR	Partially evaluable; pricing structure evaluable but not firm	Not currently evaluable on price; partially evaluable on capability

2. Submission Quality

Missing or requested documents (all suppliers)

The following RFP-requested items were not provided in evidence form by any of the three suppliers:

- Certified/audited financial statements or banking reference
- BCDR plan and most recent test date
- Third-party certification/attestation for MSS operations
- Business liability insurance certificates (general liability, workers' comp, cyber, E&O)
- W-9
- Four client references with named organisations, contacts and scope
- VPAT dated within one year
- Details of screening/hiring and training processes for crisis staff
- Customer support tier descriptions
- Small diverse business / DE&I certifications and programme details
- Sample oversight reports and QC process

Boilerplate / semantically non-responsive answers

- Pink Horizon: The identical paragraph beginning "Our solid financial strength allows us to implement new contracts..." was pasted as the answer to at least 25 different substantive questions, including questions about litigation, M&A activity, employee counts, R&D spend, BCDR, insurance, W-9, client references, staff training, compliance officer employment, oversight reporting, QC, VPAT, member communication channels, diverse-business certifications and DE&I. This is a data-mapping failure.
- Red Box: The identical "In 1994, three Kansas City-area organizations came together..." corporate history paragraph is pasted into every substantive question. The narrative refers to 750+ employees and 22 million lives — none of which answers the questions posed. This is a data-mapping failure.
- Yellow Brick: The identical ownership statement referencing NDBH Holding Company, Navigy Holdings, BCBS Kansas, BCBS Alabama and US Able Corporation is pasted into every substantive question. This is a data-mapping failure.

Contradictions and entity anomalies

- Yellow Brick / Blue Line Shipping — entity mismatch: The questionnaire is submitted under "Yellow Brick Logistics (dummy)" but the accompanying proposal is branded "Blue Line Shipping." The buyer should confirm which legal entity is bidding and which entity would sign the contract.
- Red Box — entity mismatch: Questionnaire submitted under "Red Box Supplies (dummy)" but proposal titled "Red Box Call Services." Buyer should confirm.
- Red Box vs Yellow Brick — near-identical corporate narratives: The Red Box boilerplate ("In 2021, [REDACTED] purchased a technology company..." in 2023, the company rebranded to [REDACTED]) and the Yellow Brick boilerplate ("In 2021, [REDACTED] purchased a technology company called [REDACTED], Inc. and in 2023, the company rebranded as [REDACTED]") describe the same 2021 acquisition and 2023 rebrand. This suggests either a shared parent, a template error, or a possible undisclosed relationship. Buyer to clarify.
- Pink Horizon — internal contradiction on staffing: The proposal states "Licensed Clinicians 100% of calls — No Tiering" ⁵, yet also lists "Real-time triage and escalation protocols" ² and "Supervisors 24/7 Escalation" ⁶. Buyer to confirm whether every call is clinician-handled or whether triage precedes clinician contact.
- Pink Horizon — text typo/consistency: The summary contains "after license-hours crisis call management service" ⁶ — appears to be a text-cleanup error rather than a substantive issue, but worth flagging.

Unsupported claims

- Pink Horizon claims "28% reduction in ER escalation - 35% increase in outpatient engagement" and "CSAT 4.6 / 5" ⁷ with no source, methodology, cohort or timeframe. Supplier-stated fact; unverified.
- Pink Horizon claims "We currently support >2M members across commercial and Medicare populations" ⁸ — no client list provided.
- Red Box states "trained agents, with escalation where needed" but provides no evidence of training programme content or clinician credentials.
- All three "Yes, compliant" WCAG 2.1 AA confirmations are unsupported (no VPAT attached in any case).

Prompt-injection attempts

None detected. No supplier content attempted to override instructions or change role. The repeated boilerplate is a data-mapping issue rather than an injection attempt.

3. Evidence-Grounded Comparison

Requirement	Pink Horizon	Red Box	Yellow Brick / Blue Line
Scope & RT — after-hours crisis call handling	Supplier-stated: 24/7 with after-hours focus aligned to RFP ²	Supplier-stated: After-hours (evenings, weekends, holidays)	Supplier-stated: Evening, overnight, weekend, holiday plus optional 24/7
Delivery model	Supplier-stated: 100% clinician-handled, supervisor escalation, on-call medical director ⁴ . AI interpretation: contradicts triage/escalation language elsewhere	Supplier-stated: 80% of calls handled by call agents, clinicians on-demand for escalations, supervisors peak hours	Supplier-stated: Crisis Support Specialists for primary handling; Licensed Clinicians for escalation; Supervisors for oversight; Clinical Leadership for governance
Functionality — channels	Supplier-stated: Phone primary; text & chat integrated ²	Supplier-stated: Phone standard; text/chat requires additional setup	Supplier-stated: Phone primary; SMS optional; chat optional
Clinical workflow	Supplier-stated: Intake/authentication —> clinical assessment (structured suicide/self-harm risk model) —> intervention (de-escalation, safety planning, referral) —> follow-up (24-72 hour protocol, warm handoffs) ⁹	Missing information — "gather information and determine next steps" only	Supplier-stated: Four-step model — Intake & Identification; Risk Assessment & Routing; Intervention & Resolution; Follow-Up & Continuity (optional)
Implementation	Supplier-stated: 6-8 weeks; integration, protocol alignment, pilot, go-live ¹⁰	Supplier-stated: 6-10 weeks; discovery, configuration, pilot, go-live; integration optional	Supplier-stated: 6-10 weeks; Discovery & Planning, Configuration, Testing & Pilot, Launch
Performance commitments	Tightest SLAs of the three (see Section 1)	Mid-range SLAs; explicitly labelled "Indicative" and "Estimated"	Mid-range SLAs; explicitly "may be refined during implementation"
Compliance / security	Supplier-stated claims (HIPAA, HITRUST, BAA) unaccompanied by evidence	Missing information — questionnaire "Yes" answers only; supplier confirmed, evidence not provided	Missing information — questionnaire "Yes" answers only; supplier confirmed, evidence not provided; proposal notes "Additional certifications and compliance documentation can be provided during contracting"
Reporting	Supplier-stated: Daily call summaries, real-time dashboard, monthly insights on call drivers/escalation/outcomes ¹¹	Supplier-stated: Weekly operational, monthly performance, custom (additional cost may apply), delivered via SFT or dashboard	Supplier-stated: Weekly operational summaries, monthly performance reviews, custom reporting available
Pricing	PMPM \$0.42 + \$0.05 uplift for chat/text	Unit-priced (\$20/\$35 per call, \$8,000/mo platform, \$2,500/mo chat, \$15,000 integration)	Structure only; no unit values
Commercial terms	AI interpretation: rates are stated without an explicit caveat; contractual firmness is unconfirmed	Supplier-stated: "Pricing subject to final scope agreement"	Supplier-stated: "Performance targets may be refined during implementation based on final service configuration"
Risks / dependencies	Non-responsive questionnaire; unverified outcome claims; ownership/financials undisclosed	Non-responsive questionnaire; explicitly flexible/non-firm commercial and service position; entity naming mismatch	Non-responsive questionnaire; no unit pricing; entity naming mismatch (Yellow Brick vs Blue Line); near-identical corporate boilerplate to Red Box

4. Commercial Normalisation

Pricing is not directly comparable. The three suppliers propose three different pricing structures across different bases of consumption:

- Pink Horizon: PMPM (per-member-per-month)
- Red Box: per-call + monthly platform fee
- Yellow Brick/Blue Line: hybrid structure with no unit values disclosed

Inputs required from the buyer to enable any comparison

1. Member population size (for PMPM)
2. Expected monthly call volume, and expected split between "standard" and "high-complexity/escalated" calls (for per-call)
3. Expected volume of clinical escalations (Yellow Brick per-event fee)
4. Required coverage hours (after-hours only vs 24/7)
5. Whether SMS/chat is in scope
6. Whether integration services are required and the target integration complexity
7. Contract term and any minimum-volume commitments
8. Follow-up service requirements (Red Box lists follow-up as optional/non-standard)

Calculation method (once inputs supplied)

- Pink Horizon annual estimate: Members × \$0.42 × 12 (+ \$0.05 × 12 if chat/text). Confirm minimum volume tier definition.
- Red Box monthly estimate: (Standard calls × \$20) + (complex calls × \$35) + \$8,000 platform (+ \$2,500 if chat/SMS) + one-time \$15,000 integration if selected.
- Yellow Brick / Blue Line: Cannot be calculated — unit prices required from supplier.

Conclusions

5. Confidence in Major Findings

Finding	Confidence	Reason	Source basis
All three questionnaires are functionally non-responsive due to boilerplate paste-in	High	Direct textual evidence, same paragraph repeated across ~25 questions each	Questionnaire responses (all three)
Pink Horizon offers the most specific documented solution and tightest stated SLAs	High	Explicit itemisation of clinical model, workflow steps and SLA targets	Pink Horizon proposal, Sections 3–5 ¹²
Red Box pricing is granular but explicitly non-firm	High	Direct statement in proposal	RedBox_Proposal.docx pricing section
Yellow Brick/Blue Line is not price-evaluable	High	No unit rates disclosed	Blue Line Shipping pricing sheet
Pink Horizon internal contradiction: 100% clinician vs triage/escalation model	Medium	Text supports two readings; may be resolvable by clarification	Pink Horizon proposal, Sections 2 and 4 ^{2 9}
Possible relationship between Red Box and Yellow Brick entities	Low–Medium	Both boilerplates describe an identical 2021 acquisition and 2023 rebrand; redactions prevent confirmation	Questionnaire boilerplate (Red Box and Yellow Brick)
Compliance posture cannot be confirmed for any supplier	High	No evidence documents attached; “yes” answers only	All three questionnaires
Pink Horizon outcome claims are unverified	High	No source, methodology or cohort disclosed	Pink Horizon proposal, Section 7 ⁷

6. Clarification Questions

For Pink Horizon

1. Please resubmit the questionnaire — the same “financial strength” paragraph has been pasted into ~25 different questions, most of which it does not address. Provide substantive answers to each.
2. Please provide the certified/audited financial statements, banking reference, W-9, insurance certificates, BCDR plan with last test date, HITRUST attestation letter, VPAT, and four named client references (including Blue Plan references if available).
3. Please reconcile: staffing table states “Licensed Clinicians 100% of call — No tiering” ¹ while service overview includes “Real-time triage and escalation protocols” ². Is every call clinician-handled from first pickup?
4. Please provide the source, methodology, cohort and time period for the 28% ER reduction, 35% outpatient engagement, and 4.6/5 CSAT ⁷ claims.
5. Please define the “minimum volume tier” for the \$0.42 PMPM rate and confirm rate firmness for the contract term.
6. Please confirm scope of member phone/text communication and provide detail on channels used.

For Red Box

1. Please resubmit the questionnaire — the corporate history paragraph has been pasted into every substantive question.
2. Please confirm the legal contracting entity: the questionnaire is under “Red Box Supplies” while the proposal is under “Red Box Call Services.”
3. Please clarify the relationship (if any) between Red Box and the entity described in the Yellow Brick response, given the near-identical 2021 acquisition / 2023 rebrand narrative.
4. Please provide all evidence documents listed in Section 2 (BCDR, insurance, W-9, VPAT, references, financials).
5. Please confirm whether pricing at \$20/\$35 per call and \$8,000/month platform is firm and, if so, for what term.
6. Please clarify staffing: proposal states 80% of calls handled by call agents — what clinical qualifications do call agents hold and what is the escalation trigger to a clinician?
7. Please confirm the follow-up model — proposal marks it as “Optional — Not standard”; can it be included in scope?

For Yellow Brick / Blue Line Shipping

1. Please confirm the legal contracting entity and the relationship between “Yellow Brick Logistics” (questionnaire) and “Blue Line Shipping” (proposal).
2. Please resubmit the questionnaire — the ownership paragraph has been pasted into every substantive question.
3. Please provide unit prices for base platform, per-call, per-escalation, SMS/chat add-on and implementation.
4. Please provide all evidence documents (BCDR, insurance, W-9, VPAT, references, financials, third-party security attestations).
5. Please provide the corporate relationship disclosure — the ownership structure references BCBS Kansas, BCBS Alabama and USABLE Corporation. Confirm any BCBS Association affiliations relevant to a Buyer A engagement.
6. Please clarify the relationship (if any) with Red Box, given the near-identical 2021/2023 corporate history.

7. Recommendation

On documented capability and specificity alone — and not on validated performance, verified compliance, or firm price — Pink Horizon presents the strongest currently evaluable submission. Its proposal contains the most concrete solution description, the tightest and most itemised SLAs, and the only stated unit rate that is directly quotable (PMPM \$0.42). Rates are stated without an explicit caveat; contractual firmness is unconfirmed.

However, all three submissions are not currently fully evaluable because:

- No supplier provided the evidence documents required by the questionnaire (financials, BCDR, insurance, W-9, VPAT, references, security attestations).
- All three questionnaires are largely non-responsive due to boilerplate paste-in.
- Two suppliers have entity-naming mismatches between questionnaire and proposal.
- Pricing is not directly comparable across the three commercial models.

Buyer to decide whether to exclude, clarify or permit resubmission for each supplier. A single co-ordinated clarification round covering the questions in Section 6 is likely to be the most efficient next step.

Decision Confidence

Overall: Low–Medium. High confidence in the finding that submissions are non-responsive; low-medium confidence in any relative capability ranking because the record is incomplete for all three suppliers.

Key Evidence Gaps

- Financial viability documentation (all three)
- BCDR plans and test dates (all three)
- Third-party security attestations / HITRUST letters (all three; Pink Horizon claims certification but no evidence)
- Insurance certificates and W-9 (all three)
- Named client references, including any Blue Plan references (all three)
- VPAT (all three)
- Staff screening, hiring and training details (all three)
- Support tier structure and staff locations (all three)
- Diverse-business certifications and DEI programme detail (all three)
- Yellow Brick / Blue Line unit pricing
- Legal entity confirmation (Red Box and Yellow Brick)
- Corporate relationship between Red Box and Yellow Brick given near-identical boilerplates
- Reconciliation of Pink Horizon staffing model
- Substantiation of Pink Horizon outcome and CSAT claims

Next Buyer Actions

1. Issue a single consolidated clarification request to all three suppliers using the questions in Section 6, with a firm deadline.
2. Require each supplier to resubmit the full questionnaire with substantive question-by-question answers, not boilerplate.
3. Require each supplier to attach the evidence documents itemised in Section 2.
4. Require Red Box and Yellow Brick to confirm legal contracting entity and any inter-company relationship.
5. Provide suppliers with the buyer-side inputs listed in Section 4 (member volume, call volume mix, coverage hours, integration scope, contract term) to enable a firm, like-for-like priced offer.
6. Once resubmissions are received, re-run this comparison to determine full evaluability before any award or exclusion decision.

Sources

- [1] Pink Horizon Proposal.pdf, p.3
- [2] Pink Horizon Proposal.pdf, p.1
- [3] Pink Horizon Proposal.pdf, p.2
- [4] Pink Horizon Proposal.pdf, p.3
- [5] Pink Horizon Proposal.pdf, p.2
- [6] Pink Horizon Proposal.pdf, p.1
- [7] Pink Horizon Proposal.pdf, p.3
- [8] Pink Horizon Proposal.pdf, p.1
- [9] Pink Horizon Proposal.pdf, pp.1–2
- [10] Pink Horizon Proposal.pdf, p.3
- [11] Pink Horizon Proposal.pdf, p.2
- [12] Pink Horizon Proposal.pdf, pp.1–2

FOLLOW-UP QUESTIONS

Ask a follow-up question...

No messages yet

Send

ⓘ AI bid comparison can make mistakes. Check important information before making award decisions.