

### **Questions Regarding RFP # 31167 Marketing Agency of Record**

1. How many concurrent campaigns does MU Health typically run across all service lines, patient channels, HR/student recruitment, etc.? **We typically have between 3-5 active campaigns at any time and will run about 10-15 campaigns annually. We have several other promotional initiatives throughout the year that would be smaller "campaigns." We produce many of these in-house. We use an agency to produce the larger, multi-channel campaigns like our brand campaign or service line image campaigns. Typically, we produce 1 multi-channel campaign (to include TV) per year with our agency.**
2. What CRM platform does MU Health currently use? Are you using a different platform for marketing services versus patient communication? **The marketing team uses Salesforce. The organization does not currently have an integrated, consistent platform for all patient communication.**
3. Does MU Health currently have an Agency of Record for this work? If not, has MU Health partnered with other similar suppliers on similar work? How long have they been the marketing agency of record **Prairie Dog, around 9 years**
4. Is subcontracting allowed? **Potentially, depending on the services**
5. Can companies from outside the USA apply for this RFP (e.g., from India or Canada)? **Yes**
6. Whether we need to come over there for meetings? **It is not required to come in-person for all meetings. We would like to have a face-to-face at least annually. That could be in the form of an on-site or perhaps during production of a TV commercial.**
7. Can we perform the tasks (related to the RFP) outside the USA (e.g., from India or Canada)? **Yes, with the stipulation that an account executive is available during our business hours: 8-5 a.m. CST and the above with in-person annually.**
8. Can we submit the proposals via email? **Yes**
9. Does MU Health currently work with a market research/survey firm? **Yes, we have a list of approved market research firms by which we can engage with projects. There is a firm that has conducted our past 3 consumer perception surveys. We will discuss with the chosen agency about using this marketing research firm or using the agency research team. If we use a separate marketing research firm, the chosen agency will absolutely be involved in survey design.**
10. Have MU Health's previous research/surveys been directed towards marketing (e.g., brand awareness, service line marketing) or public perception of the organization and its position within healthcare? **They have been primarily focused on brand perception and awareness.**
11. Given the focus on CRM, we'd like to better understand the current MarTech stack in place and interoperability. For example, is there any integration between external marketing and internal marketing data, or do they exist on fully separate systems? **We have integrated multiple data sources into Salesforce Data Cloud including our patient data, Google Ads, Piwik (website analytics) and Meta. By unifying all of our data into one platform, we're able to optimize our marketing efforts with insights gained from otherwise disparate data, while also being able to centralize our data**

visualizations to allow more complete performance reporting to various stakeholder groups. Through the use of these external data sources we're also able to trigger marketing journeys based on past interactions or demographics and track ROI for a specific campaign attribution period based on encounters for each campaign member.

12. Who would be the primary point of contact within MU Health for this relationship? Laura Schemel, Director of Marketing and Communications will oversee the relationship but on a day-to-day basis either April DeGraff, Sr. Advisor of Integrated Marketing and Communications or Courtney Lybarger, Manager of Marketing Strategy will be point of contact.
13. Is there a preferred format for proposal submission (Word vs. PPT)? Are there any length or attachment restrictions? PDF, Word and PPT is acceptable for submitting, please read the RFP on how to submit the proposal.
14. When you state that quarterly meetings will be at no cost to MUHC, does this mean the supplier is expected to also cover any travel expenses, should the meeting be on-site instead of virtual? We would not require quarterly in-person meetings. Would like to have at least one face-to-face annually and agency would cover travel costs.
15. In order to assess whether the rates negotiated for advertising would be below those that MUHC would receive directly, are you able to share current advertising rates? Those are all with our current agency. We would be looking to ensure that the agency has an understanding of our market and can negotiate on our behalf.
16. Is there a desired budget range for this work? We are not sharing budget details with this RFP.
17. Is MU Health open to business relationships other than a monthly retainer? Yes, please propose.
18. What are the top three most important criteria in selecting a partner for this RFP?

A record of solving marketing problems through sound strategy – strong strategic thinking

Strong creative

Responsive account team

19. Who are the brands in your category (or adjacent categories) who you feel are marketing with breakthrough creative/messaging? Fortunately we don't have many competitors in our market that are delivering breakthrough creative; however, we watch Penn Medicine, MD Anderson and Northwell Health. We've learned a lot from Northwell Health in regards to content marketing and our newsletter.

20. What service lines are high value or ones that MUHC excels in? “High value” service lines include cardiovascular, oncology and neuroscience. We “excel” in orthopaedics and child health.
21. Does this engagement include website updates or a rebuild? No, we have an agency for our website.
22. How important do you feel it is to be a teaching hospital to your patients, referring physicians, and recruiting? Being an academic health system is our differentiator. Creating an understanding of what academic medicine means at MU Health Care and the value to our patients and referring providers will be important as we work to continue elevating our brand.
23. Can you share any recent campaigns? What worked? What didn’t? Each campaign is unique with regard to production and outcomes. We would be happy to share past campaigns’ successes and opportunities with the agency.
24. Could you share the base media investment total amount (roughly)? Can we get a sense of the media spend over the past three years and the audience and market/counties reached with the message? Our service area includes 25 counties in mid-Missouri including Adair, Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Linn, Macon, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pike, Pulaski, Randolph, Saline. We spend approximately \$1,000,000 on all media a year.
25. Could you share the geographic area/map/counties for media spend based on historical spend? Our service area includes 25 counties in mid-Missouri including Adair, Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Linn, Macon, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pike, Pulaski, Randolph, Saline. We rarely purchase media outside of our service area.
26. Regarding page 23, could you please share what type of “consulting” is desired for 10 hours/month? This could range anywhere from ideas about campaigns that we are developing to brand strategy to new media we should consider. We currently have a weekly call scheduled with our agency and use this time to discuss current and future projects as well as brainstorm any issues we are trying to solve or discuss new initiatives we should consider.
27. Regarding page 23, if you can provide context regarding the “identified needs,” this would allow us to be much more detailed in our response. The scope outlined in section 2 of page 18 in the RFP Proposal.
28. What is the anticipated all-in budget for this scope of work as it relates to agency fees, paid media spend, production hard costs, etc.? If a budget hasn’t been determined, can you provide a do-not-exceed range or threshold to be mindful of? MU Health Care will not be sharing budget information with this RFP.
29. What is the process following proposal submissions? When do you anticipate scheduling potential follow-up presentations/meetings? After proposals are submitted, the MU Health Care team will review them and schedule the next set of presentations based on whether the vendor meets the mandatory criteria and progresses to the next stage. The review process typically takes a couple of weeks,

as it involves coordinating the schedules of various team members within the organization. The scoring team includes the Marketing team, leadership, and senior C-suite executives.

30. Is there an incumbent agency? **Yes**
31. What has made past agency relationships successful? Have there been any challenges working with agencies? **Past successful relationships are when we have had account executives that are detail oriented, timely, proactive and knowledgeable and creative and strategy teams that know and understand our brand and can bring new and different ideas. That being said, challenges have existed with agencies not agreeing with feedback or direction. We are seeking an agency that will be an extension of our teams and someone that we feel understands our brand – creatively and strategically.**
32. Who are the key decision-makers at MUHC leading this RFP process? Who are the key stakeholders on your RFP selection committee? **The scoring team includes the Marketing leadership team, senior C-suite executives and select physician leaders.**
33. What is the composition of MUHC internal capabilities and personnel (e.g., graphic designers, copywriters, developers, etc.)? **Please see the attached org chart.** What is the anticipated division of labor between MUHC and the selected agency partner(s)? **We typically have between 3-5 active campaigns at any time and will run about 10-15 campaigns annually. We have several other promotional initiatives throughout the year that would be smaller “campaigns.” We produce many of these in-house. We use an agency to produce the larger, multi-channel campaigns like our brand campaign or service line image campaigns. Typically, we produce 1 multi-channel campaign (to include TV) per year with our agency.**
34. Is there a preference for a Missouri-based agency? Are you open to partnering with firms based outside of Missouri? **There is not a preference for Missouri-based.**
35. The RFP mentions brand work MUHC has completed over the past 5-7 years. Can you share the strategic platform? **See attached.** Additionally, how did you develop this platform? Was it with an external partner or done in-house? **Parts of the brand strategic platform were developed in-house and parts were developed in collaboration with an agency.**
36. What is MUHC’s brand’s relationship to the MU institutional brand? How related or distanced are the two? **We both use the trademarked stacked MU in our logo as well as black and gold primary colors. All other elements are distinctive yet complimentary. We do avoid using the university’s athletics images like the tiger and using Mizzou.**
37. Regarding the financial response, is the first page of the Request for Proposal Form (page 23) the only financial question to answer? Is there any additional financial information the respondents should include? **Provide equivalent financial information the respondent would find beneficial to the facility.**
38. Historically speaking, how much budget has MUHC allocated toward creative and production? **We typically budget between \$500,000-600,000 for production of a large multi-channel campaign like our brand campaigns.**

39. Historically speaking, how much budget has MUHC allocated toward gross paid media spend? We spend approximately \$1,000,000 on media a year, this includes media purchased for campaigns, pay per click, as well as various media partnerships/packages purchased through our agency. Historically speaking, what has MUHC's traditional and digital media mix entailed over the years? We utilize a healthy mix of both traditional and digital media depending on a campaign's goal. We typically only have 1-2 campaigns with TV commercials a year. Our goal is to maximize reach. Our campaigns have previously consisted of: spot TV, CTV, YouTube, spot and streaming radio, newspaper ads, paid search, social media, display. Other tactics we've utilized, but managed in-house: targeted email, direct mailers, digital signage, press releases, printed materials/signage, posts on digital listings, website pages/alerts/banners. We have ongoing traditional placements we manage throughout the year: print magazine, billboards, radio podcast.
40. What specific media channels have been the most effective and least effective? This would be dependent on campaign goals. What are you looking to improve (if at all) as part of this RFP effort? For media buying, we're looking for a partner that can help us make sound strategic decisions about media channels, not just recommend the latest media tool because it's new.
41. How would you define and prioritize key target audiences for the campaign work? This would be dependent on the goals and objectives of the campaign.
42. When was your most recent market research study conducted? What was the methodology? Our last consumer perception survey was conducted in fall 2021 and was an online and telephone survey. We had to use telephone because of market sampling size. We have also conducted focus groups in the past.
43. What audiences did you survey? Are there audiences you wish to survey that you haven't been able to in the past? We surveyed consumers – representative of our service area. We are looking to expand the research to include health care professionals, in particular those that refer to our health system.
44. Is there anything that hasn't been answered in past research that MUHC hopes to uncover now? Yes, we have a few smaller items that we are looking to add to our next study and will work with the research team to incorporate. But the main one would be the inclusion of Capital Region Medical Center (we integrated health systems earlier this year) and the impact that has had on brand perception – both in our primary market as well as Jefferson City (where Capital Region is located).
45. Are there specific milestones/timing considerations we should be aware of for the market research? We have historically conducted the survey in the fall and would like to keep the timing consistent.
46. Can you share more detail on desired audiences for the market research? Representative sample of consumers in our service area; health care professionals.
47. Can you share more detail on desired target markets and geos? Representative sample of consumers in our service area. Our service area includes 25 counties in mid-Missouri including Adair, Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Linn, Macon, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pettis, Phelps, Pike, Pulaski, Randolph, Saline.

48. Do you have existing opt-in contact lists (including email addresses) for the priority audiences for this market research? If so, what size are these lists? **Not for consumers**
49. Would opportunities for growth be focused more precisely on internal or external opportunities and messaging? **External**
50. Are you looking to track metrics from the baseline study over time, or complete a single study? **Track metrics over time**
51. Who at MUHC will be the primary users of the research? **The marketing team. However, this information is used in several strategy discussions for our executive teams.**
52. What are MUHC's overall objectives? **The scope outlined in section 2 and 9 of page 18 in the RFP Proposal. These sections detail the scope of work and the Mandatories of the RFP.**
53. What decisions will market research help inform? **Brand strategy, brand positioning, measure effectiveness of brand campaign**
54. Does the University have an incumbent on this? If yes, please disclose their names and if possible, provide their proposals along with cost proposals to facilitate competitive pricing. **No**
55. Is it mandatory for the vendors to utilize Women/Diverse Owned suppliers as a subcontracting goal to bid on this contract? **No**
56. Does the University have set any subcontracting goal for this contract? **No**
57. What is driving the release of this RFP? Is it a contract renewal project, or are there new business objectives that are driving the change in partner? **We have had a great relationship with our current agency but have grown a lot as an organization and marketing team. We feel that it is in our best interest to seek a new partner that is aligned with where we are with our brand.**
58. Will you give more consideration to local MO agencies? **Missouri agencies receive additional points in the RFP scoring for being a Missouri Company.**
59. Is there a budget range for media? How has media placement been executed in the past? Commission-based? Agency labor for planning and execution with media as a pass-through? **Each campaign or initiative will have a budget, overall, we spend approx. \$1,000,000 a year on media. Agency labor for planning and executing media buys is taken from the marketing retainer. All media plans include an agency markup, in the form of campaign set-up fees.**
60. Can you share past media plans to better understand what channels you are using? **We use a multi-channel approach – print, digital, social, OOH, TV, radio, etc.**
61. What is your ultimate objective? Increase awareness? Increase appointment visits? Grow sentiment towards brand? Grow brand recognition? **This is campaign specific, overall, we'd have campaigns that meet all of the above objectives.**
62. What is your greatest opportunity to grow your patient base? **Increasing preference for MU Health Care overall. We have awareness in the market, but we need to grow preference.**

63. How have you measured success in the past? **We look at both process measures and outcomes measures for effectiveness of our marketing efforts. KPIs are determined by goals and objectives of the campaign.**
64. You mention you want to develop and refine your brand identity to ensure it resonates with your target audience. Can we assume you are referring to your brand platform/position as opposed to your brand identity/logo? **Yes. With the addition of a new health system earlier this year, it is important that we are developing a brand that resonates with all audiences across our service area.**
65. How do you currently pay for media planning and buying? Do you pay commission or labor hours? **Agency labor for planning and executing media buys is taken from the marketing retainer. All media plans include an agency markup, in the form of campaign set-up fees.**
66. You are asking for an estimate to develop a service-line creative campaign. Do you have an existing umbrella brand campaign that would support the service-line campaign, or would this be a completely new creative effort? **We do have an existing umbrella brand campaign. Historically, we have done new creative for service lines, but would welcome input from agency on the best approach with how the brand and service line campaigns can complement.**
67. How many marketing team members interface with your agency? **You will have one main point of contact, but the marketing strategy team will be engaged, especially with regards to media buying. We bring in creative teams as appropriate, but primarily it will be marketing strategists.** How many agency account people currently support your marketing team? **1 primary contact for all things. 1 primary media contact.**
68. Approximately how many hours per week do you think your agency partner devotes to projects for your marketing team? **2-3 hours a week on average. Could be more if we are developing a major campaign.**
69. What are you hoping to achieve most by partnering with a new AOR? **Collaboration on furthering our brand strategy**
70. Which internal marketing capabilities do you believe are true strengths? Which could use greater support? **We have gone through a restructure over the past year and have aligned teams to be an internal agency. We've got strong teams across all of our areas, but the biggest challenge is capacity. We can't manage all of the requests from the organization and therefore look to our agency to be an extension of our team and assist where needed with initiatives.**
71. Who would you consider to be your most notable competitors? Is there something your competition is doing better than you that you would love to see the new agency improve upon? Is there a specific healthcare brand (locally or nationally) that you look up to as the gold-standard? **We follow different national health care brands in different capacities. We are fortunate that we do not have major local competition that is heavily marketing. Most of the competitive marketing is stemming from regional players – St. Louis and Kansas City.**
72. We've noted the intentionality MU Health Care has given to its brand work. What roadblocks or successes have you encountered as you've evolved your brand over

time? A few that come to mind include adoption of our brand voice with our PR and internal comms colleagues, internal education about who our brand is, full adoption and execution of our Masterbrand strategy (old logos, no full investment in signage). A new challenge is the integration of Capital Region Medical Center, a community hospital. Positioning the mix of community and academic medicine is tricky. Another challenge is getting the patient experience to match the brand.

73. What has been missing in your current strategy and what key elements are you looking for your new partner to bring to the table? Content targeting referring providers and health care professionals. We'll need assistance with determining the right channels and cadence for this type of marketing. Additionally, we want our service line campaigns to level up to our overall brand campaign more closely.
74. Can you share a little about your existing tech stack? For example, what existing tools or platforms do you currently leverage and need your marketing partner to integrate with? See Q11
75. What will success look like for MU Health Care marketing & communications in one year's time? Updated brand positioning that is approved and has buy-in from MU Health Care leadership. Execution of FY25 Strategic Plans with measurable results.
76. Do you have a standard year-to-year budget for marketing services, or a gross annual media spend that you are comfortable sharing? Our annual media spend is approx. \$1,000,000.
77. Can you provide a breakdown of how much of your media is traditional versus digital? Do you have an ideal state you'd like to reach in your breakdown between traditional and digital media? Our current mix is digital-heavy. The ideal state would be a mix that achieves our overall awareness and service line goals.
78. What are your KPIs that you measure success against? Dependent on each campaign/promotional effort goals and objectives. Process measures – i.e. impressions, clicks, click through rate, webform submissions, lead generating tactics, visitors to web, page sessions, average time on page; outcomes measures – i.e. appointments, procedures/surgeries, hires
79. Can you tell us about your current approach to measurement? Have you used a planned measurement strategy, ROAs, or ROI to define campaign success? We currently establish KPIs at the start of the campaign and goals for marketing leads. We then measure throughout the length of the campaign (and after if needed for attribution). At the end of the campaign, we work with the service line or our analytics team to understand outcomes measures like appointments or procedures. This does not offer the exact correlation that we desire. Future reporting will be directly correlated. We are nearing completion of the CRM implementation and will be running our lead generating campaigns through the CRM so that we can measure true ROI.
80. What's your vision for a timeline of services detailed for this RFP to begin, ranging from award to implementation? Any critical milestones or deadlines that we should be aware of? We hope to have an agency selected by September and begin working immediately on the consumer research. This will lay the foundation for our future brand positioning that we want to solidify this fiscal year. We also need to start



preparing for the development of the next brand campaign which will launch in 2025.

81. Can you expound on how marketing leadership plays a role today in supporting efforts to recruit students? **We don't have an active role in student recruitment. The School of Medicine has more applicants than they can place each year.**
82. Does the marketing team oversee paid media efforts targeted to providers to support physician referral strategies, regionally or nationally? **Yes. We have not had a defined referring physician marketing strategy, but this is a focus for our team this year and we will be responsible for paid efforts. We partner closely with the physician liaison team who leads the "boots on the ground" marketing to referring providers.**
83. Can you expound on how the marketing team manages some or all paid media efforts to support physician recruitment? **There is a team in HR that manages. We support with development of materials on an as-needed basis.**
84. Does the marketing team manage some or all paid media efforts to support regional talent attraction? **Yes. We partner with HR on recruitment marketing campaigns. We have had a focus on nurse recruitment over the past 3 years and have also run some general recruitment campaigns. In addition to campaigns, we also partner with them when doing job fairs or other expos.**
85. What role does the marketing team play in internal communications across the health system (i.e., owner, collaborator, influencer)? **Collaborator. The internal comms team is within our PR and exec comms department. We report through the same executive and there is a desire to ensure collaboration, especially as it relates to our brand messaging and voice.**
86. In the past year, can you share a rough range of the volume of blogs MUHC produced via external partners, to help inform team/budgeting considerations? **We use an external partner to write our Live Healthy articles. This is 36 articles per year.**
87. In addition to brand-building creative/marketing capabilities, is the MUHC marketing team also looking for an agency partner seasoned in service line marketing analysis — determining service lines most in need of marketing support for reputation growth and same/others operationally ready for new patient self-referral and/or referral growth? **Absolutely. We welcome consult on determining service lines that we should focus. We've developed a marketing readiness matrix but haven't used to it's fullest potential. We continue to look for ways that we can prioritize our efforts that will be most effective for the organization. MU Health Care also has an annual strategic planning process that identifies opportunities for growth within service lines.**
88. What is a typical annual overall marketing budget for MUHC (not including staff salaries)? **We will not be disclosing budget information in this RFP.**
89. Can you share more information about the capabilities of your internal marketing team and how they typically work in collaboration with agency partners? **See Q33. The internal communications team reports to a different leader. At this time, they are not collaborating with our agency partner.**

90. What other AMCs across the country do MUHC leadership believe are doing a great job of marketing? **University of Kansas Health System, several of our leaders look at other rural academic health systems, including the University of Iowa.**
91. Will you allow access to any members of the marketing/decision committee before the final selection process? It is mentioned that oral presentations are a possibility. **All conversations will be part of the presentation process. During the RFP process, communication will be handled exclusively by the Contract Specialist overseeing the RFP. In this instance, Ashley Smith is the designated contact.**
92. You mentioned wanting to hire an agency with CRM experience related to media alignment. Can you share the CRM your team uses and a few of your primary use cases? **We use Salesforce. We just completed full implementation and have goals to use for all of our acquisition campaigns. We have webforms on our campaign landing page that funnel leads through the CRM and also will be developing campaigns that are driven by data in the EMR. We want an agency that has experience with this platform to consult on strategy, specifically as it relates to our campaign efforts and reporting.**
93. Does your team also work with physician relations on referring provider campaigns? Do those include integration with a PRM? **Our physician relations team focuses on the “boots on the ground” marketing. This team does utilize a PRM, but it’s still in the process of being implemented. Full campaigns would be led by the marketing team.**
94. What does your team use for website data analysis (e.g., GA-4, Adobe Web Analytics)? **Piwik Pro**
95. What challenges do you currently face with your existing marketing data ecosystem that you would like your agency partner to help you solve? **Analysis paralysis. We have access to a ton of data but need help determining what to use to support campaign initiatives.**
96. What type of data analysis or reporting are you hoping your agency can help you improve? **Working closer to show effectiveness of campaigns. We don’t expect agency partners to own the CRM piece but would expect that they are thinking about how tracking campaign ROI in CRM might impact campaign set-up.**
97. Briefly describe the perspective your system leadership has today on brand-building investments. **They are supportive of our brand campaign, but there is still room for education as it relates to investing in full execution of the brand strategy (see Q72 re: Masterbrand). There are some inconsistencies in how our leaders apply our brand positioning.**
98. Briefly describe the perspective your system leadership has today on marketing efforts to support self-referral patient volume. **They are supportive of engaging marketing to help drive volumes. However, frequently marketing is asked to promote initiatives that need work operationally. Showing ROI is going to be key to effectively managing requests that come from executives.**
99. What metrics do you primarily look at to monitor brand perception/brand health (e.g., hospital/system most preferred, best for overall quality of care, etc.)? **Unaided awareness as top hospital in area, preference, likelihood to recommend**

100. Can you share a certain brand awareness/perception/attribute metric you are especially focused on seeing grow over the next year or two? **Our key brand metrics include unaided awareness as top hospital in area, preference, likelihood to recommend. However, once we have established our brand positioning we will want to put mechanisms in place to effectively measure whether we are reaching the goal.**
101. You mentioned investing in research for consumers and providers. Have you invested in any primary customer/consumer research in the past 3 years? If so, can you share what methodology (e.g., custom blind quantitative consumer survey in relevant markets; healthcare survey partners like NRC; questions added to ongoing customer experience survey; focus groups, etc.)? **See Q42 and 43**
102. Would the partner you select have access to patient experience survey results to inform strategic messaging development? **Yes**
103. What attributes would make a partner valuable to your team? **Responsiveness, ability to stay on the forefront of marketing strategy and media best practices.**
104. In the proposed pricing form, clarify what you mean by "Creative Exploration." Are you requesting agency fees for creative concepting only, or are you looking for all associated fees on what a full production budget could look for a multi-channel service line campaign? **Creative concepting but if you include both, please line item it out.**
105. Regarding the estimate for a monthly retainer on the identified needs, is there a benchmark in terms of hours we should assume for this fee? **We are seeking to understand how many hours you would suggest based on the identified needs.**
106. Can you clarify the type and level of consulting services you are looking for based on 10 hours each month? Our assumption is this would be at the leadership level for both parties, but we just wanted to be sure. **See Q26**
107. Is an incumbent agency participating in this RFP? If so, will there be an equal playing field, or are they favored? **Scoring is based on the vendors' responses to the RFP. The participants who will respond are not yet determined, as this is an open bid and anyone is eligible to submit a response.**
108. Can you provide more detailed information about MU Health Care's strategic goals and objectives for the upcoming years? **Primary objectives include refining our brand and internal culture, growth in strategic areas and continued integration of Capital Region Medical Center.**
109. What metrics and data points are most critical for measuring campaign performance for MU Health Care? **We're still finding the best way to measure awareness campaigns beyond our bi-annual survey. We've looked at metric like share of search and recall in the past. Acquisition campaigns are measured through leads and eventually ROI.**
110. Please provide examples of desired reporting formats and frequency. **We would expect monthly media reports, as well as campaign wrap up reports. We would expect the reports to show us what was/wasn't successful and provide insights into improvements that can be made overall. We want the reports to**

provide insight and guidance, not just reports on impressions and CTR. We have yet to find an ideal format.

111. Are there any specific areas of the brand that need immediate attention or improvement? **Our brand position, in light of integration with a community hospital**
112. Will the newly affiliated community hospital brand alignment be a priority of the newly named AOR? **Yes**
113. What are the primary channels and platforms where past campaigns have performed best for your market? **Paid search appears to be the highest tactic for lead generation but is really just a last-click attribute. Our campaigns perform best when we're utilizing multiple channels. In general, the bigger the reach, the better results.**
114. Can you elaborate on the budget allocation and expectations for media buying across different channels? **We will provide a budget, target audience and goals for each campaign/media buy and would expect our agency to develop a plan accordingly.**
115. On the brand, you mention "more work to be done" and wonder if you can elaborate a little more on your vision and goals here? **Internal education, alignment with leaders on future brand position, execution across internal PR on brand voice**
116. Under Mandatory Criteria (P) you request samples of proposed media buys – are you looking for proposed buys for MU Health Care or just other clients? **Other clients. Examples of how media supported campaign goals and the intended target audience.**
117. What current brand tracking capabilities do you have in place to monitor changes in brand metrics? **We don't have any tracking for brand metrics other than the consumer perception survey that is conducted every other year. We are interested in creating a brand metrics dashboard.**
118. Have you worked with an outside agency in the past (or work with one now) and are they part of the review process? **Yes, we have worked with an outside agency in the past. Prior or current vendors will not be part of the review process.**
119. What metrics and tools do you currently use to track media performance? Are there any specific reporting formats or dashboards you prefer? **We rely on our agency to provide reports on media performance. However, if it is connected to our CRM, we can track within Data Cloud. We would expect the reports to show us what was/wasn't successful and provide insights into improvements that can be made overall. We want the reports to provide insight and guidance, not just reports on impressions and CTR. We have yet to find an ideal format.**
120. What other digital initiatives/priorities will be involved in this relationship? **Media buy includes search engine marketing. There are no other "digital priorities" included here. We do already have a vendor for our website, and this is not included in the RFP.**
121. Can you provide more details on the expectations for supplier diversity participation and reporting? **In the RFP the Supplier Diversity area will need to be completed and submit any forms indicated of the diversity requirements.**

122. Is it required that we have a Supplier Diversity program and if so, what is the expectation for the percentage of work to be allocated to a diverse supplier? **If this is not listed in the mandatories it is not a requirement. Additional points are awarded for scoring if one is in place per Missouri State guidelines for open Bids.**
123. Are there any specific goals or targets for engaging diverse suppliers? **The scope outlined in section 2 and 9 of page 18 in the RFP Proposal. These sections detail the scope of work and the Mandatories of the RFP. This is the same of any supplier.**
124. You mention having a preference for Missouri firms and wanted to know if you have worked with advertising agencies outside the state in the past? **Yes, we have worked with agencies outside of the state.**
125. The Financial Response lists several pricing questions that could have a wide range without knowing more about a specific scope of work and needs. Are you using these as a comparison, or looking for firm pricing? **For a comparison. We realize that price is dependent on scope and will vary from project to project.**
126. Are you open to a fixed fee contract structure? **Potentially.**