



**REQUEST FOR PROPOSALS (RFP) FOR MARKETING SERVICES**  
**ADDENDUM NO. 1 – QUESTIONS AND ANSWERS**  
**MARCH 18, 2024**

**1. In Section V. Approach and Methodologies, under Public Relations and Crisis Communications Services, question 4, can you please define or give an example of what you consider non-traditional KPIs?**

Answer: Access Health CT is asking Respondents to share suggested Key Performance Indicators (KPIs) other than the traditional KPIs. Traditional metrics include the volume of earned media, reach, key message pull through, ad equivalency value, click through rates, website visits/volume, sentiment/tone, engagement factors, and event attendance.

**2. Can you share how the technical and price proposals will be evaluated or scored?**

Answer: Access Health CT will establish an internal evaluation committee to evaluate technical Proposals in accordance with the RFP's Evaluation Plan. A member of Access Health CT's Finance Department will independently evaluate Pricing Proposals in accordance with the Evaluation Plan.

**3. How do you define success? Are there any quantifiable goals for awareness, enrollment and/or retention?**

Answer: Success is helping Access Health CT accomplish its mission. Access Health CT's mission is "to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value."

As a media buying services and/or public relations/crisis communications services vendor, Access Health CT expects a shared responsibility of identifying goals for each campaign, including, but not limited to, the annual Open Enrollment campaign. Recent campaigns have also included extended enrollment period campaigns related to legislation or recent events, such as the American Rescue Plan Act and Inflation Reduction Act, as well as Medicaid Unwinding. Other campaigns include raising awareness about health disparities that disproportionately impact communities of color, including campaigns during Hispanic Heritage Month and Black History Month. Future campaigns may also address better connecting the payer and provider networks through preventive care.

**4. Can you share the current/most recent creative campaign materials?**

Answer: Visit [YouTube.com/user/AccessHealthCT](https://www.youtube.com/user/AccessHealthCT) and see the "Feel-Good Facts" and "Medicaid Unwind" videos for recent creative campaign asset examples. Similar messaging and visuals were used across media, including TV, radio, print, out-of-home, search, digital (video, native, display) and social media.

**5. What do you see as your top three marketing challenges?**

Answer: Major areas of opportunity include using paid and earned media to accomplish Access Health CT's mission-driven goals, including further reducing the rate of Connecticut's un- and underinsured population, reducing health disparities, increasing awareness about financial help available only through Access Health CT, improving health literacy and establishing trust among underserved communities. On a more granular level related to paid and earned media, it can be challenging to ensure statewide coverage of media given that Connecticut has one of the most expensive media markets (Fairfield County). It is also challenging to combat the growing lack of trust in media in general, given the widespread practice of misinformation campaigns.

**6. Why are you seeking a new media and PR agency at this time?**

Answer: Access Health CT issued this RFP to comply with its internal procurement policies and to seek Proposals from qualified Respondents who can provide the requested services at competitive market rates.

**7. Do you have a staff member who can place pixels on your website through Google Tag Manager for conversion tracking?**

Answer: Yes.

**8. Do you have an existing GTM container or would we need to set up a new one?**

Answer: There is an existing container.

**9. Will you share access to your Google Analytics account or provide data to selected partner?**

Answer: Limited access permissions may be provided to the selected Respondent(s). Administrative access will not be provided.

**10. What is the timing of the project and the media buy specifically?**

Answer: Media buying services are required for campaigns throughout the year, and an annual media plan must be presented and agreed upon that includes year-round awareness elements as well as support for the annual Open Enrollment Period. Ad hoc campaign needs often arise outside of the annual plan.

**11. Will preference be given to proposals that include both media buying and public relations services? If we offer only one of the requested services, would it be advantageous to partner with an agency that offers the other?**

Answer: No preference will be given to Proposals for both media buying services and public relations/crisis communications services. Access Health CT will separately evaluate Proposals for media buying services and Proposals for public relations/crisis communications services.

Access Health CT may select one Respondent to provide both services or one Respondent to provide one service and a different Respondent to provide the other service.

**12. We see that you encourage women-owned businesses to apply. Do you recognize businesses as women-owned if their federal WOSB status is pending? (At this time, there is a significant wait time for certification.)**

Answer: Women-owned business status is not required.

**13. Do you plan to give priority to vendors located in the state of Connecticut?**

Answer: No.

**14. When do you anticipate notifying the applicants who are invited to present their proposal?**

Answer: The week of April 8, 2024.

**15. Do you have an external creative agency or/or internal marketing department with whom the selected agency will collaborate?**

Answer: Yes, Access Health CT has a creative agency vendor and an internal Marketing department. Vendors and the internal department work collaboratively.

**16. What are your monthly site unique visitors?**

Answer: The average number of monthly unique website visitors in 2023 was 117,000. However, the average number of monthly unique website visitors during the Open Enrollment Period in November and December 2023 was 199,000.

**17. Are we able to target the entire state of CT? Are there any areas within the state we need to restrict delivery?**

Answer: Audience demographics and targeting is addressed in the strategic planning phases of campaign development. Most campaigns do target the entire State; however, Access Health CT is increasingly focusing on targeted campaign elements that reach specific audiences based on ZIP code data.

**18. What work has been done to-date on member and prospective populations? Are you able to share the findings of that work? What do you see as the biggest area of opportunity?**

Answer: Access Health CT has conducted an uninsured study and a health disparities study. The studies' reports outline areas of opportunity and can be viewed [here](#) and [here](#). Additionally, Access Health CT recently conducted a Leaver Survey study with findings that will soon be made public, along with a brand lift study that is currently being finalized. A customer journey study was also completed in Fiscal Year 2023, including key audience personas. Access Health CT has an in-house Technical Operations and Analytics department that can also provide data as

needed to guide strategy development, and oftentimes, performance evaluation data. In general, improving health literacy and improving the customer experience by better connecting the payer and provider network are major areas of opportunity.

**19. How long is the typical conversion process for a new enrollee?**

Answer: This varies considerably and often depends on how someone chooses to enroll. Some enrollees self-serve by completing Access Health CT's online application themselves. Others work with a Certified Application Counselor (CAC) or a Certified Broker. Others seek out free, in-person help at an event.

**20. Is on-site pixeling allowed?**

Answer: Yes.

**21. With PII sensitivities in mind, would we have any access to CRM files for targeting and/or suppression?**

Answer: Vendors will not have access to the Customer Relationship Management (CRM) tool. If access to data is required, Access Health CT will follow all applicable laws, policies and procedures for appropriately sharing customer data which may or may not include Personally Identifiable Information (PII) and/or Protected Health Information (PHI).

**22. What is the existing cadence of your agency and cross-agency meetings?**

Answer: The desired cadence is as follows:

- Weekly meeting between media buyer(s) and internal Access Health CT Brand and Content Strategy Manager and creative agency. The internal Director of Marketing may attend as needed.
- Weekly meeting between public relations/crisis communications team and Chief Executive Officer, Director of Marketing, Director of Health Equity & Outreach, Brand and Content Strategy Manager and Manager of Government Affairs and Communications.
- Ad hoc meetings as needed.

**23. Can you outline the existing process for creative delivery and coordination?**

Answer: The existing process for creative delivery and coordination is collaborative and includes sharing of creative and media briefs, sharing of focus group and research materials, weekly status meetings, digital delivery of media specifications to creative agency for asset development, followed by digital delivery of creative assets from the creative agency to the media buyers for trafficking. Media buying services and creative services vendors work together on strategic planning recommendations, based on creative and media brief development.

**24. What is the primary media objective?**

Answer: Media objectives are specific to each campaign. Some campaigns are specifically to generate awareness and others are more specifically to support enrollment and acquisition. In general, campaign objectives support Access Health CT's mission "to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value."

**25. For general market acquisition, is there a target cost per acquisition (CPA) for new enrollees that you can share? If there are specific CPAs by channel and/or audience that would be helpful to know as well.**

Answer: No, Access Health CT does not have cost-per-acquisition targets.

**26. How do you differentiate between KPIs, measurement and media for retention vs. general marketing acquisition efforts? Is there a priority distribution between these two programs/messages?**

Answer: The majority of retention efforts are conducted by Access Health CT's Marketing department through direct-to-consumer marketing efforts including direct mail, email and Simple Messaging Service (SMS) campaigns. The primary goals and Key Performance Indicators (KPIs) for media are set for awareness, retention and acquisition metrics. Access Health CT's Technical Operations and Analytics department helps set retention and acquisition goals to inform marketing efforts.

**27. Are your media efforts typically always-on/evergreen or are there are flighting considerations that we should be aware of?**

Answer: There are certain elements of the annual media plan that are always-on/evergreen for the purposes of brand awareness and Special Enrollment Periods; the majority of flighting takes place during Open Enrollment.

**28. What has been your historic channel mix?**

Answer: TV and radio (which has transitioned from mainly linear to mainly streaming over time for budget and targeting purposes), print, out-of-home, search, digital (video, native, display) and social media. Note that direct-to-consumer marketing is completed in-house and includes direct mail, email and Short Message Service (SMS).

**29. Are there any partner and/or channel mandates?**

Answer: No.

**30. How many ad hoc campaigns have been run on average per year? Can you provide a list of campaigns from past years and their respective objectives & budgets?**

Answer: Ad hoc campaigns range in frequency and depend on financial support. Recent examples include an enrollment campaign as a result of federal legislation (the American Rescue Plan Act (ARPA)) that created a Special Enrollment Period, a campaign to raise awareness about a new State program (the Covered CT Program) providing new coverage options for eligible Connecticut residents, and a campaign for Medicaid Unwinding. These types of campaigns are usually somewhere between three and nine months long. Sample media buying services budgets for the Covered CT Program and Medicaid Unwinding campaigns were \$210,000 and \$2,200,000, respectively.

**31. Are the ad hoc programs that you outline included within the overall annual budget figure, or are they separate?**

Answer: Ad hoc campaigns have separate budgets.

**32. What historical campaign performance data will be made available for setting campaign performance baselines and benchmarks?**

Answer: Previous Fiscal Year results reporting metrics can be made available. Access Health CT has an internal Technical Operations and Analytics department that responds to real-time data and analytics requests.

**33. What is the prevailing perspective on what's working (or not working) in terms of channels, tactics, etc.?**

Answer: Access Health CT has operated for more than a decade. It has learned about its current and prospective customers, including consumer habits and geographic locations that enable it to better target them via media channels and messaging. This targeted approach is working and will continue. Access Health CT is looking for new and innovative ways to target both acquisition and retention audiences.

**34. The RFP mentions a weekly and monthly snapshot, can you outline expectations for the difference in deliverables for these cadences?**

Answer: The expectation for weekly and monthly snapshots is to provide insight on media placement status, performance, and recommendations to optimize performance, if any can be made. Weekly reporting may be performance based, for example, and monthly reporting may include recommendations to optimize based on performance. Digital delivery of reporting is required and may be discussed during weekly or ad hoc meetings.

**35. Are you looking for your agency partner to develop and maintain a campaign dashboard for reporting & visualization?**

Answer: A campaign dashboard is not required but may be helpful for performance analysis and optimization.

**36. When did website tracking fully transition to Google Analytics 4 (GA4)? With Google's planned removal of historical data in Universal Analytics, is there historical data that needs to be extracted and retained prior to the July 1, 2024 deadline?**

Answer: The transition began on July 1, 2023 and concluded on January 26, 2024. Historical data has already been extracted.

**37. If selected, will the agency have full admin-level access to Google Analytics 4 and Google Tag Manager?**

Answer: No.

**38. Are there existing campaign taxonomies and naming conventions for campaign tracking (e.g., event tags, UTMs, etc.) that the agency will need to follow or can the agency implement its own system?**

Answer: Alternatives to existing campaign tracking may be considered but should follow the general framework already in place.

**39. Across the website, what are the primary events and goals being tracked currently? Are there any perceived gaps between current tracking and ideal tracking?**

Answer: Access Health CT currently tracks page views, form submissions, clicks, outbound clicks, file downloads and video plays. While Access Health CT would like to track specific conversion points in its web-based consumer application, legacy coding challenges have prevented Access Health CT from doing so in a meaningful way. A new process solution is currently being developed to make this possible in the future.

**40. Are there specific improvements you're looking to make in the use of data, reporting, analytics in your advertising/marketing efforts?**

Answer: Access Health CT would like help modeling an accurate conversion funnel to measure its success/return on investment. Additionally, Access Health CT would like vendor assistance in implementing the necessary code in Google Tag Manager to accurately measure conversion

points within a legacy, web-based application. With an eye to building a new application process, Access Health CT would also like vendor assistance in correctly implementing any necessary data layer code in the new application to provide more robust and accurate data collection moving forward.

**41. Will our RFP submission be made public?**

Answer: As a quasi-public agency of the State of Connecticut, Access Health CT is subject to the Freedom of Information Act (FOIA) that provides the right for the public to obtain unredacted records (including RFP responses), if solicited. Please see subsection IV of section 5 of the RFP for more information about FOIA.

**42. Does the SOW include the development of creative assets?**

Answer: No. Access Health CT has a creative agency for creative asset development.

**43. What prompted Access Health to look for a new agency?**

Answer: Access Health CT issued this RFP to comply with its internal procurement policies and to seek Proposals from qualified Respondents who can provide the requested services at competitive market rates.

**44. Is your incumbent agency partner participating in the RFP? Do you currently have a combined media and PR agency or are they separate?**

Answer: Access Health CT currently contracts with separate media and public relations vendors. At this time, Access Health CT will not disclose the identity of any RFP Respondent.

**45. Will preference be given to in-state or local agencies? If you're open to out-of-state partnership, are there a certain number of in-person visits that you would like to see during the year?**

Answer: No, preference will not be given to in-state or local agencies. There is not a set number of in-person visits on an annual basis. In-person meetings are rare but may be required on an ad hoc basis.

**46. Can you share the reason why you are issuing this RFP and why right now is the right time to bring in a new media and PR partner?**



Answer: Access Health CT issued this RFP to comply with its internal procurement policies and to seek Proposals from qualified Respondents who can provide the requested services at competitive market rates.

**47. What are the primary business challenges that you are solving for?**

Answer: The primary business challenges are mission-driven. Access Health CT's mission is "to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value."

**48. What do you feel are the biggest opportunities and challenges facing your organization in regards to media and PR?**

Answer: Major areas of opportunity include using paid and earned media to accomplish Access Health CT's mission-driven goals, including further reducing the rate of Connecticut's un- and underinsured population, reducing health disparities, increasing awareness about financial help available only through Access Health CT, improving health literacy and establishing trust among underserved communities. On a more granular level related to paid and earned media, it can be challenging to ensure statewide coverage of media given that Connecticut has one of the most expensive media markets (Fairfield County). It is also challenging to combat the growing lack of trust in media in general, given the widespread practice of misinformation campaigns.

**49. What does success look like for a new media and PR agency partner?**

Answer: Success is using paid and/or earned media to help Access Health CT accomplish its mission. Access Health CT's mission is "to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value."

**50. What does your MarComm team structure look like? Who would be our main point of contact at Access Health CT?**

Answer: Access Health CT's internal Marketing department includes:

- Director of Marketing
- Brand and Content Strategy Manager (main point of contact)
- Communications Manager
- Digital Marketing Specialist
- Communications Specialist

Additional support may be provided by Access Health CT's Legal and Governmental Affairs department as well as Access Health CT's Health Equity and Outreach department, Operations department, Technical Operations and Analytics department, Information Technology department, and other departments, as needed. The public relations vendor will frequently interact with the Senior Leadership Team, including the Chief Executive Officer.

**51. What is your level of satisfaction with current membership and what are your goals for future enrollment during the initial three-year term?**

Answer: Access Health CT is one of the best performing health insurance exchanges in the country, with one of the lowest uninsured rates. The eleventh annual Open Enrollment Period concluded on January 15, 2024, which was Access Health CT's most successful year with record-breaking enrollment. While enrollment is a key indicator of success, it is not *the measure* of success. Reducing the rate of the uninsured and reducing health disparities are Access Health CT's core, mission-driven goals. Not every Connecticut resident needs access to Medicaid or a Qualified Health Plan through the Exchange. Many residents have access to coverage through other means, such as employer-sponsored health coverage or coverage through a spouse/family member, VA/Tricare, Medicare, etc. The overarching goal is to ensure every Connecticut resident has access to coverage, and enrollment through the Exchange is one option.

**52. Can you please share what your media and PR budgets have been for the last 5-years? At what point, will you know the media budget for FY25 and beyond? Once determined, is this fixed for each of the three years of the contract?**

Answer: Access Health CT's Fiscal Year runs from July 1 through June 30, inclusive. Total actual spends for media buying services and public relations/crisis communications services for Access Health CT's past five Fiscal Years are stated below. It should be noted that the total actual spend for many Fiscal Years during this time period included ad hoc campaigns driven by the pandemic and legislative policy changes. Annual budgets are finalized in the spring of each year and are anticipated to be between \$1,500,000 and \$2,500,000.

Fiscal Year 2020 media buying services actual spend: \$2,540,307.43

Fiscal Year 2020 public relations/crisis communications services actual spend: \$77,891.25

Fiscal Year 2021 media buying services actual spend: \$3,818,868.00

Fiscal Year 2021 public relations/crisis communications services actual spend: \$79,42.35

Fiscal Year 2022 media buying services actual spend: \$2,366,188.24

Fiscal Year 2022 public relations/crisis communications services actual spend: \$79,385.78

Fiscal Year 2023 media buying services actual spend: \$2,307,583.90

Fiscal Year 2023 public relations/crisis communications services actual spend: 105,800.00

Fiscal Year 2024 media buying services actual spend: \$4,123,556.00

Fiscal Year 2024 public relations/crisis communications services actual spend: \$105,800

**53. Does the development of ad hoc media plans require a separate budget or is this to be included?**

Answer: Separate budgets are provided for ad hoc media campaigns.

**54. What does your tech stack look like (i.e. CRM; reporting; etc.)? What key performance indicators are you currently tracking in media and PR?**

Answer: Internal marketing tools are not available for vendor use. They are managed by internal teams and include: a broadcast email client; Simple Message Service (SMS) tool; video hosting; Google Analytics; Tableau; a proprietary Customer Relationship Management (CRM) tool; and a social media management tool. Other departments have additional tools that may be leveraged. For large file sharing, Access Health CT uses a State-run File Transfer Protocol (FTP) with vendors. Data can be extracted as needed from internal tools to support campaign strategy development and/or performance reporting based on website use, enrollment, event attendance, etc.

Current paid media tracking metrics include a brand lift study, reach/impressions, click through rates/engagement, website traffic/performance, lead generation and message testing.

Current earned media/public relations metrics include key message pull through, sentiment/tone, volume of articles, reach/impressions and ad equivalency value.

**55. Related to Media Custom Content #3: Can you please clarify how you are defining a new media opportunity and brand exclusivity? Is this approach related to the category (such as drawing inspiration from another category) or to the specific brand (for example, expanding consideration of trending media practices that aren't new but are new to the brand)?**

Answer: A new media opportunity is one not previously used by the brand or new to the market. Brand exclusivity would mean not used by any other brand in the health and insurance industry. Drawing inspiration from other categories is welcome.

**56. Can you please share more details around SOC 2 compliance for IT security and what this applies to?**

Answer: SOC 2 is a cybersecurity framework to protect customer data. If vendors require the exchange of Personally Identifiable Information (PII) or Protected Health Information (PHI), any software used to exchange PII and/or PHI must be SOC 2 compliant. If no PII or PHI is required to conduct work, SOC 2 compliance for any software used is preferred but not required.

Access Health CT understands that not all vendors use software that is SOC 2 compliant. In such cases, it is imperative for vendors to disclose the underlying platform(s) for any software that it utilizes (e.g., Amazon Web Services (AWS), Google Cloud Platform (GCP), Microsoft Azure). These platforms often carry their own SOC 2 certifications, which can help meet Access Health CT's compliance requirements indirectly. Each Respondent should provide detailed information about the platform(s) it uses, including any relevant security and compliance certifications these platforms hold.

**57. Can you provide specific campaign run dates for the open enrollment period?**

Answer: Open Enrollment starts November 1 each year. For the last several years, Open Enrollment has ended January 15. A proposed federal rule proposes to require all state health insurance exchanges, including Access Health CT, to permanently adopt an Open Enrollment Period that begins on November 1 and ends no earlier than January 15. Access Health CT media often starts to run before an Open Enrollment Period begins, to help raise awareness of the opportunity to come.

**58. Do you run campaigns for special enrollment periods?**

Answer: Yes. Access Health CT has run campaigns for Special Enrollment Periods (SEP) such as those created by legislation or new programs (including the American Rescue Plan Act and the Covered CT Program). If a SEP requires a campaign, a separate budget is established for that campaign.

**59. Which media channels/platforms have you had the most success and least success with?**

Answer: Media channels where Access Health CT can target specific audiences, down to the ZIP code level, are most successful. The least successful channel is online form completion lead generation (gated content) via social media.

**60. How many ad hoc campaigns do you typically run?**

Answer: There is not a specific frequency or cadence for ad hoc campaigns. They often result from legislation that creates Special Enrollment Periods or new State programs, such as the Covered CT Program, established in 2021.

**61. Does the media buying budget include ad hoc campaigns?**

Answer: No; a separate budget for each ad hoc campaign would be established.

**62. Are there specific communities that you would like to reach better?**

Answer: Yes: underserved communities Access Health CT can identify based on higher uninsured rates and health disparities, including communities of color.

**63. Have you identified any specific barriers to enrollment? If yes, can you share that information?**

Answer: Yes; two studies conducted by Access Health CT detail specific barriers to enrollment. One study, [found here](#), is titled “Understanding Underlying Drivers, Barriers and Needs of the Uninsured in Connecticut”, and the other, [found here](#), is titled “Health Disparities and Social Determinants of Health in Connecticut.”

**64. Is there a preference for the RFP’ed vendor to be in-state?**

Answer: No.

**65. What would the perfect media and PR vendor look like for Access Health CT? What are some of the areas of improvement Access Health CT would like to see in the new vendor?**

Answer: The ideal vendor(s) for media buying services and/or public relations/crisis communications services would be entrepreneurial in thought and strategy to help Access Health CT accomplish its mission-driven goals of reducing the uninsured, reducing health disparities and improving the quality of healthcare for Connecticut residents. Paid and earned media tactics would be the primary area of focus, but the vendor(s) would seek collaboration with the internal team and other vendors for seamless campaigns and new, innovative ways to connect paid and/or earned media to other Access Health CT opportunities such as in-person events hosted by the Health Equity & Outreach department.

**66. Is there a preference to consolidate both services with one vendor across paid media and PR/crisis management services?**

Answer: No preference will be given to Proposals for both media buying services and public relations/crisis communications services.

**67. For paid media, how is success currently being defined? What are the media KPIs for Access Health CT at this moment?**

Answer: Success for paid media depends on the goals of each campaign. Generally speaking, media that can be targeted to specific geographic locations across the State, down to a ZIP code level, are generating the most success for campaigns with awareness and enrollment goals.

Current media tracking metrics include a brand lift study, reach/impressions, click through rates/engagement, website traffic/performance, lead generation and message testing.

**68. Should the respondent provide a sample media plan with the outlined annual media budget within the submission?**

Answer: A Respondent may provide a sample media plan. Please refer to Section 3 (“Pricing Proposals”) of the RFP for instructions on what to include in a Pricing Proposal.