



## Written Questions and Answers

Identity Governance and Administration (IGA)

UK-2452-25

Closing Date: July 23, 2024

Today's Date: July 12, 2024

No.	Question	Answer
1	How does the University of Kentucky (UK) provide identity administration currently?	We use a combination of an in-house built solution for provisioning accounts into Active Directory. This tool also manages authorizations for our ERP and various other tools. EHR authorizations are managed via Imprivata.
2	Does the new proposed IAM solution need to co-exist with an existing AD solution? If yes, what is the existing AD software or vendor?	Yes. We use a combination of on-prem Microsoft Active Directory and Microsoft Entra ID. AD Connect is being used to sync on-prem and Entra.
3	How many users would the proposed IAM solution need to support long term?	The organization currently has approx. 45k paid employees, 35k students and several thousand 'externals'. Current solutions manage appx 120k accounts. Depending on the final scope of the project and capabilities of the proposed products, we would either manage all or a subset of these. Initial scope is 15k-30k users currently.
4	What are the metrics to be used by UK to choose the proposed vendor & solution?	See Section 4 of the RFP.
5	Is having previous experience with a University mandatory - to be considered?	No.
6	Is there a proposed Roll out date for the new IAM solution?	Determined on product complexity. We have an aggressive timeline and significant downstream dependent projects. We expect proposals to be aggressive but realistic.
7	What Services or Applications need to be supported via Federated SSO?	Proposals should include industry standard SAML2.0 / OAUTH based SSO, LDAP and other protocols. Proposals should detail all product capabilities in this critical area.
8	What is the estimated budget for the proposed IAM solution?	Budget is one of several key factors in a winning proposal. Proposals should be appropriate for a Higher Education teaching facility. As stated in the RFP, financial proposals are part of the evaluation criteria and should be included.
9	As part of the RFP, is the UK looking for a single platform or solution that provides both an IGA and	You are free to proposal more than one solution so long as it/they are reliable,

	access management solution? Can we propose two platforms or solutions to address the capabilities (mandatory or desired) of the UK's requirements?	performant, maintainable and budget appropriate.
10	If the IGA platform cannot provide an OOTB connector for the specified application, can the vendor propose a custom connect or disconnected application approach for onboarding the mentioned applications?	Yes
11	How many applications (currently, we see only 20+ applications listed) is the university planning to onboard as part of this effort? This will be required for us to estimate the total effort required to implement the solution.	The initial project scope includes ~30 applications.
12	What is the current identity store used by UKY? Is it On-Prem AD? Is this extended to EntralID as well? PIs clarify.	On-Prem AD that is extended to EntralID. We also use Imprivata and an In-house tool for identity and access management.
13	How many applications does the does the UK want to integrate using Automate Software?	The initial project scope includes ~30 applications.
14	What is the preference of license ownership for the university? Is UK will own product licenses, or prefer to as a service model?	We currently have both models. Most of our licenses follow an ownership model. If you support both, provide details for both.
15	How many licenses need to procure? Generally IGA products license by user and this will help us to estimate the total licenses required,	See answer to question #3.
16	How UK defined Privileged account/Non-Human/RPA/General accounts?	We manage accounts in each of those categories. All users have a standard account, several hundred also have one or more privileged accounts. Many 'System' accounts exist. All non-standard accounts are 'owned' by a standard account.
17	Is UK has any tools to managed Non-Human accounts?	Yes – our in-house built tool.
18	Does UK has framework for managing Segregation of Duties (SoD)? Is any existing tool UK is currently using for SoD?	Today SoD rules are defined by business rules and policies. To the extent we have data available today, we have automated applications to enforce them. We configure our applications on a case-by-case basis to enforce our policies. We are now seeking an Identity and Access Management system that will allow us to make decisions and enforce SoD rules in a centralized system to streamline the creation/updates of user accounts.
19	Is UK open to exploring non-USA/Canada based hybrid options to provide the requested services and solutions? Our clients typically want to leverage this option to get access to our global pool of cybersecurity professionals in a cost-efficient manner.	We have in the past in incredibly unique use cases – although not necessarily for user account / cybersecurity models. We would need to have details included in your proposal about arrangements.
20	Can the UK provide any information on the budget required to support these services? (E.g., budget details)	This question was answered previously.
21	Is the UK currently using any service providers that are assisting them in performing the requested services? If so, who are these providers?	No.

22	Does the UK plan to select a single vendor or multiple vendors to provide these services?	Ideally a single vendor.
23	How many years pricing we need to provide?	Most vendors provide a minimum of 3 and usually also a 5-year pricing with details about post contract renewals.
24	Can we submit multiple proposals for different product offerings?	Yes, if necessary for a complete solution.
25	What is the preference of license ownership for the university? Is UK will own product licenses , or prefer to as a service model?	See answer to question #14.
26	How many licenses need to procure? Generally IGA products license by user and this will help us to estimate the total licenses required,	See answer to question #3.
27	Can you please clarify if the work for this contract is expected to be performed remotely, on-site, or a combination of both?	We expect a combination of remote and on-site in most scenarios.
28	If there are on-site requirements, could you specify the locations, the expected duration, and the nature of the on-site work?	Location is Lexington, KY – everything else is dependent on your proposal.
29	If there are mandatory on-site requirements, can you detail the specific roles or activities that must be performed on-site and any associated schedules or frequency of on-site presence?	See answers to questions #27 and #28.
30	Are there any restrictions or guidelines regarding the use of offshore resources for this contract? If offshore resources are permissible, are there specific compliance or security requirements that need to be adhered to?	See answer to question #19.
31	What IAM technologies currently exist within the UK landscape for IGA, PAM, Access Management, MFA & SSO?	See answers to questions #2, #7 & #12.
32	Can you provide more details and describe the specifics of the “community connect” program?	<a href="https://www.epic.com/software/interoperability">https://www.epic.com/software/interoperability</a>
33	Are there any architecture or business process documents you can share related to existing processes (Joiner-Mover-Leaver processes, SoD, or certifications)?	We expect proposals to provide or be in-line with industry best practices while allowing for the necessary flexibility that a large multi-disciplinary complex organization would need.
34	Do you have an expected go-live date in mind?	See answer to question #6.
35	Do you have a list of high priority applications available that you want to onboard?	See answers to questions #7 and #13.
36	Will UK staff participate in testing processes or is the expectation that the implementor will provide all testing resources?	UK staff will participate in every aspect of this implementation.
37	What are the main gaps with the existing, disparate solutions?	<p>Accepting 3<sup>rd</sup> party (non-UK Accounts) access to 1<sup>st</sup> party applications. External doctors to EHR, for example.</p> <p>The proposals also need to recognize that that in a multi-discipline organization like ours, a person can be a health care provider, a student, an employee, a faculty member, a volunteer, an external, a parent to a student, work in multiple locations, etc – all</p>

		<p>concurrently and/or at various times in their lifecycle.</p> <p>A tool should be flexible and feature rich.</p>
38	What user populations need to be managed by the IGA solution? Please provide counts for each user population.	<p>This question was answered previously.</p> <p>Also see the UK Factbook for more details on University populations.</p> <p>Overall we have appx:</p> <p>45k active employee records 35k active student records 11k active externals records</p> <p>Additionally we have many thousands of records of recently graduated students (who can keep their account for 1 year after), retirees (lifetime), discontinued students (1 year), etc. An identity can be assigned to 1 or many categories simultaneously at various times during the accounts lifecycle.</p>
39	Will this be a big-bang project or would you prefer a phased approach?	Depends on your proposal. Most of our projects are implemented in phases but several are also big bang.
40	How many dedicated resources will be provided by UK for this project?	Resource requirements will be determined based on proposal needs.
41	How many non-production environments do you require?	At least 1 non-production.
42	Does the University have a preference for a SaaS solution or On-Premise solution?	No preference.
43	What is your onboarding/Off-boarding process for each of the user types/roles, e.g., New Employee Use Case, New Contractor Use Case, Employee Leaves Use Case?	We expect proposals to provide or be in-line with industry best practices while allowing for the necessary flexibility that a large multi-disciplinary complex organization would need.
44	How large is UKs IAM team?	~10 dedicated. Others contribute.
45	Will the solution need to integrate with a SIEM tool?	This question was answered previously (here or as part of RFP). Splunk.
46	Will the solution need to integrate with a ITSM solution like ServiceNow?	Yes, ServiceNow.
47	Can you provide the systems and applications the IGA solution needs to integrate for this scope, including legacy systems?	See answers to questions #7 and #13.
48	Are there any existing customizations or unique functionality requirements that need to be replaced by the new IGA solution?	See answer to question #37.
49	Are there specific compliance standards that need to be addressed?	See answers to questions #19 and #122 along with RFP.
50	Are there any custom-built applications that the IGA solution needs to integrate with?	See Attachment B of the RFP.

		Depends on the completeness of the product being offered. Perhaps we'd keep in-house tooling, for instance – which means, yes.
51	How many environments (DEV, Test, Production) is UK planning for Enterprise IGA?	See answer to question #41 along with RFP.
52	Would UK like vendors to show travel cost explicitly in the pricing?	Yes.
53	Would ERP integration comprise of one application to be integrated with IGA solution or multiple applications with ERP suite? If multiple, please share number of ERP applications to be integrated with IGA solution.	This question was answered previously (here or as part of RFP).  Our ERP is SAP (HCM, SLCM, FI, MM, PM). Our EHR (Electronic Health Record) is Epic.  We would need a list of all other ERP apps that your solution has native integration with.
54	Will end users submit access requests for the target applications access within a UK ITSM solution or Enterprise IGA solution?	Open to migrating to receiving requests directly from an IGA tool, however – it is desirable to integrate with ServiceNow.
55	What is the authoritative source (e.g., HR System) for user identities?	In-House IDM solution is authoritative and reads master data from multiple authoritative sources – SAP HCM is a key data source. We expect all HR systems to be key data sources. A proposed solution must integrate with several sources including various HR systems.
56	As per the RFP, RBAC is a required capability - is role mining & discovery for role composition in-scope for this effort? If yes, what would be the total number of roles per IGA solution?	The total number of roles is challenging to determine. If pricing is based on total number of roles, provide us with a way to compute cost based on numbers.
57	How many AD integrations are in scope for this effort?	We currently have, in scope, 4. One of those is a multi-domain environment.
58	Is there any existing glossary of entitlements, roles defined to each band of employees available already?	Yes – will be discussed with winning bids.
59	How are the existing IAM Policies validated?	Combination of automated and manual processes.
60	Please specify the count of applications which would need access request, approval workflows to be setup.	See answers to questions #7 and #13.
61	Do you intend to manage “non-human” identities such as service accounts and service principles? Will the managed accounts be on-premise, cloud, or both? What would the customized audit reports need to include?	Yes, many non-human accounts would need to be managed in a way that properly identifies who (what human) is responsible. Both on-prem & cloud. Reports to include standard account attributes (id, password expiration, account status, account expiration, access rights, etc) and sponsorship (what human is responsible).
62	What is your vision for mobile application support?	The proposals should provide details of your product's capabilities for mobile application support.
63	Does UK have an organizational change management group to drive communication, training and adoption?	Yes.
64	Will you be managing customer identity with this platform or integrating this platform with your customer-facing platform? If so, how many customers would need to be managed? Are other needs in-scope	This question was answered previously (here or as part of RFP). Internet access is assumed. Desktop authentication is not a requirement for this scope.

	for users without internet access? Is desktop authentication needed?	
65	How many authoritative sources is UK looking to integrate with the IGA tool?	There are currently 3 – SAP HCM, SAP SLCM & our custom identity management tool.
66	How many managed applications is UK looking to integrate with the IGA tool?	See answers to questions #7 and #13.
67	How many lifecycle events is UK looking to configure in the IGA tool? Just joiner, mover, and leaver? What about rehire, leave of absence, or conversion?	See answer to question #37. The current in-house IDM tool covers these scenarios.
68	How many user access review campaigns is UK looking to configure in the IGA tool?	Account access has yearly 'human' audits. The current tool provides automated user access review on any account change.
69	How many roles does UK have currently defined?	See answer to question #56. The potential is thousands.
70	What ITSM system does UK currently have?	ServiceNow (currently running two instances – one specific to health care, other specific to Academic Organization)
71	What system are access requests currently consolidated into?	Combo of ServiceNow (for manual requests), Imprivata, SAP/SuccessFactors (automated, e.g., training completion)
72	How many authoritative sources is UK looking to integrate with the IGA tool?	See answer to question #13 and Attachment B of the RFP.
73	How many managed applications is UK looking to integrate with the IGA tool?	See answers to questions #7 and #13.
74	How many lifecycle events is UK looking to configure in the IGA tool? Just joiner, mover, and leaver? What about rehire, leave of absence, or conversion?	See answers to questions #37 and #67.
75	How many user access review campaigns is UK looking to configure in the IGA tool?	See answer to question #68.
76	How many roles does UK have currently defined?	See answers to questions #56 and #69.
77	In addition to SAP, what are the other authoritative data sources in scope?	See answer to question #13 and Attachment B of the RFP.
78	Can you define 'sponsorship' in context? Does this mean impersonation, 'on-behalf of', or relationship models (tuples)?	A 'standard' user can sponsor other accounts that are non-human, privileged and/or non-UK person. The sponsor is the UK Employee held responsible for the account.
79	What does linking mean specifically? ie an attribute association between two accounts, or a relationship model where a user can make requests 'on behalf of'? Can you expand on use case of linking secondary accounts to a single record?	See answer to question #78.
80	What service management platform is in scope?	ServiceNow - (currently running two instances – one specific to health care, other specific to Academic Organization)
81	What applications will require provisioning? What methods of provisioning do they support (SCIM, APIs, CSV exports, etc.)?	Part one: This question was answered previously (here or as part of RFP). Each app is a bit different – pls provide details on what your proposal supports.
82	What types of RPA Bots are in scope?	Most are for unattended and/or semi-attended tasks. Other bots are used for typical data integration (real-time and batched).
83	Can you expand on the IGA platform previewing of "enterprise role" changes?	Any manual (such as hand-entered by a requestor) downstream role/application changes should be presented to the Approver

		in the IGA solution prior to the change being committed.
84	Can you expand on the use case or formats for importing of role data in your current environment?	Assuming the question is related to how roles/assignment are made in downstream systems: This is dependent on the downstream system(s). SAP, for instance, currently relies on a SQL style query to retrieve role data. SAP ICF calls are used to update role assignments. Epic has a series of APIs (details: open.epic.com) that are used to retrieve and update role details and assignments.
85	What does 'request or release' roles mean exactly? To manually request the assignment or unassignment of roles by the user?	'Request' is a manual request for a user to obtain new entitlement/role. 'Release' is for a manual request by a manager/requestor to have an entitlement/role removed.
86	Is this referring to the user experience of access requests, or the admin experience during the creation of access requests?	The user experience of manual requests and approvals of a user's entitlements.
87	What is the automate software specifically?	Fortra Automate is an automation and scripting tool used by IT to provision user accounts to applications and control group access within those applications.
88	Would some authentication (3rd party, contractor, vendor) need to be redirected to a 3rd party IdP (ie Inbound Federation)?	Quite possibly if supported.
89	What do you mean by delegated access to the platform, specifically? The ability to grant another account access to the IGA platform interface/admin console?	Some users may have management capabilities for specific users and/or roles. For instance, a regional hospital may be able to manage their users and role assignments but not all.
90	What are your data residency requirements?	USA (United States of America)
91	Is a HIPAA BAA still required if patient health information would not be stored in the SaaS provider's cloud?	Would need confirmation. Pls provide details on data / storage / location / capabilities.
92	Would the University of Kentucky consider granting vendors an extension on the due date?	An extension will be granted with the due date becoming July 23, 2024 at 3:00 PM Lexington, KY time.
93	Can you expand on how you define SoD rules today?	Today SoD rules are defined by business rules and policies. To the extent we have data available today, we have automated applications to enforce them. We configure our applications on a case-by-case basis to enforce our policies. We are now seeking an Identity and Access Management system that will allow us to make decisions and enforce SoD rules in a centralized system to streamline the creation/updates of user accounts.
94	Are you open to replacing your existing identity provider(s) for SSO and MFA (ie homegrown IdP, ADFS, etc.)?	Yes – assuming no degradation in functionality or maintainability.
95	In addition to SAP, what are the other authoritative data sources is scope?	Solution needs to also act at its own authoritative source – for non-UK Employee

		accounts. Integration tools (e.g., APIs) need to be available for automation.
96	Can you defined 'sponsorship' in context? Does this mean impersonation, 'on-behalf of', or relationship models (tuples)?	It's a relationship model. We've been using the term 'sponsorship' as a way to ultimately determine who is responsible for a specific account if that account belongs to another person and is not part of the University system – an 'external' user. An external account, by default, has a set expiration date. This sponsor determines if the account is needed and can extend the expiration by specific periods of time. The sponsor can also request that the account be deprovisioned, specific entitlements / roles be added/removed from the account, etc.
97	What does linking mean specifically? ie an attribute association between two accounts, or a relationship model where a user can make requests 'on behalf of'? Can you expand on use case of linking secondary accounts to a single record?	It's a relationship model. We've been using the term 'linked accounts' as a way to ultimately determine who is responsible for a specific account if that account is a non-human/elevated. For instance, a 'system' account might be ABC-SYSTEM but is linked to (or related to) a human user 'ADAM'. That human user can change the password for that linked account, etc.
98	What service management platform is in scope?	ServiceNow – we currently use two instances.
99	What applications will require provisioning? What methods of provisioning do they support (SCIM, APIs, CSV exports, etc)?	See list at the bottom of this document. Ultimately, we're expecting out-of-the-box integrations and tools that would allow us to do integrations for those that aren't pre-configured using a variety of way (more is better).
100	What types of RPA Bots are in scope?	Auto creation / update / deletion of accounts/entitlements base on a variety of sometimes-complex rules is critical and fundamental. Others including monitoring and alerting to unique situations, auto performance scaling during high-load times. We expect the solution to include a toolset and/or have appropriate/detailed cabability to write our own custom RPAs.
101	Can you expand on the IGA platform previewing of "enterprise role" changes?	This is a review step during manual operation. "Is this correct" prior to the execution of an operation.
102	Can you expand on the use case or formats for importing of role data in your current environment?	The current systems imports role data in various ways. Usually this is an extract via an Restful API call (preferred) and/or scheduled csv-file exports/imports. One-time manual loads are rare. Once the role data is imported, it's used to link accounts to those system's roles (usually in a group of roles for various systems known as a 'business role'). A standard employee might be assigned a single business role called 'Employee' which is mapped to dozens of roles in various systems.

103	What does 'request or release' roles mean exactly? To manually request the assignment or un-assignment of roles by the user?	Yes. Although the request might or might not be for that person themselves. A manager might request a role on behalf of an employee – assuming they are authorized to request that specific role.
104	Is this referring to the user experience of access requests, or the admin experience during the creation of access requests?	Yes. Many role related requests need to be high automatable (based on status of person, training complete, etc) and easy to use. Our training system is SuccessFactors Learn.
105	What is the automate software specifically?	Allows for automation of role/entitlement assignments/updates/removal based on several factors including specific job duties, person attributes, timing, location of assignment, etc.
106	Would some authentication (3rd party, contractor, vendor) need to be redirected to a 3rd party IdP (ie Inbound Federation)?	Yes – in some use cases but not all. Needs to support a variety of IdP based on the user attributes.
107	What do you mean by delegated access to the platform, specifically? The ability to grant another account access to the IGA platform interface/admin console?	Yes – but specific to their access. For instance, a delegated admin may have the ability to assign only a subset of entitlements in a subset of systems.
108	What are your data residency requirements?	USA
109	Is a HIPAA BAA still required if patient health information would not be stored in the SaaS provider's cloud?	In most cases, a HIPAA BAA may not be required. However, any HIPAA BAA/capability/certifications are useful to understand about a specific product as it's possible that it may scale to that in the future.
110	Would the University of Kentucky consider granting vendors an extension on the due date?	See the answer to question #92.
111	Can you expand on how you define SoD rules today?	In general, we expect SoD protocols to be following industry standards (NIST SP 800-192).  E.g., An admin cannot both request and approve (and/or assign) a specific assignment operation. They cannot assign any role to their own accounts. They cannot, individually, modify roles (Business Roles) of those they aren't entitled. Etc.
112	Are you open to replacing your existing identity provider(s) for SSO and MFA (ie homegrown IdP, ADFS, etc.)?	Yes – if it is the best for the University.
113	Question 8.06 states The IGA solution should have multi-tenancy capabilities, while question 8.07 states The SaaS Provider's offering should allow for UK cloud tenancy to be not shared with other tenants. Which requirement is correct?	We expect for the University to be able to support multiple tenants – such as affiliate healthcare providers / offices / centers / colleges, etc. We do need to know details about University data being on shared platforms.
114	During the "UK RFP – Pre-Proposal Conference call" it was mentioned that the "Epic Community Connect" external parties will be driving many of the requirements of the IGA solution selection. Based on the overall requirements, what is the estimated count	UK is new to Community Connect, as mentioned in the call. We expect the initial population of this user base to be appx 2,000 users with 1-5 affiliates.

	<p>of the user population of external parties that will need to collaborate with UK to get access to Epic?</p> <ol style="list-style-type: none"> <li>How many Affiliated providers?</li> <li>How many “Business partners” (i.e. Surgery partners, Physical therapists, etc.) will UK need to provide Epic access or other related services too?</li> <li>Other external user populations?</li> </ol>	
115	What Credentialing provider does UK Health have in place today, and does UK Health require the IGA solution to be connected as an authoritative source? If there are several, please list all Credentialing providers.	Imprivata Data Governance
116	<p>Tab 7.15 refers to “The IGA platform should provide pre-configured (OOTB) connectors to integrate with SAP Student”. Can you be more specific about which SAP module this refers to?</p> <ol style="list-style-type: none"> <li>“Student Admission Portal &amp; Curriculum Catalogue”?</li> <li>“Student Acquisition Module”?</li> </ol>	Student LifeCycle Management (SLCM)
117	How many non-employee identities is UK Healthcare managing currently that would require sponsored access.? Examples are; contractors, contract nurses, medical students, Dental Students, Pharmacy Students, vendors, etc.	<p>Approx 15k externals. Detailed student information can be in the UK Factbook. (appx 5,000 currently enrolled students in Healthcare fields)</p> <p><a href="https://www.uky.edu/irads/interactive-fact-book">https://www.uky.edu/irads/interactive-fact-book</a></p>
118	How many identities require access to Epic Community Connect?	UK is new to Community Connect, as mentioned in the call. We expect the initial population of this user base to be appx 2,000 users with 1-5 affiliates.
119	Has the budget for this project been approved? If so, in which quarter? What is the projected timeline for the go-live date, vendor of choice award date, and other key milestones?	Budget has been earmarked but not finalized – waiting for the outcome of RFP. Internal timelines are aggressive but based on the outcome of RFP.
120	Can you provide detailed information on the current systems and applications that need to be integrated with the IGA platform? Specifically, are there any legacy systems that may pose integration challenges?	See answers to questions #7 and #13.
121	What is the total number of users and applications that will be managed through the new identity governance solution? Are there specific high-priority applications that require immediate attention?	<p>Approximations were answered previously (here or as part of RFP).</p> <p>Highest Priority are EPIC and related systems.</p>
122	What specific security and compliance requirements must be met for the implementation? Are there any existing compliance frameworks or regulations that the solution must adhere to (e.g., HIPAA, GDPR)?	HIPAA and FERPA are primary.
123	What is the expected volume of data to be migrated to the new system? Are there any particular data migration challenges or sensitive data handling requirements we should be aware of?	See account / role counts answer previously.
124	To what extent will customization be required for the IGA solution to fit your existing identity governance workflows? Are there any specific custom integrations or configurations that need to be addressed?	We entirely depend on the proposed solution. We do have several complex scenarios.

125	Can you describe your support and maintenance expectations for the new system? Do you require 24/7 support, and are there preferences for onshore versus offshore support resources?	Pls provide details on all support options in your proposal. 24/7 support is normal for such an important system in our ecosystem. Offshore is acceptable in most cases.
126	What are your expectations regarding user training and change management for the new system? Are there any existing training programs or resources that we can align with?	Administrative user training is expected to be part of the proposal. UK project and change management resources are expected to be involved in the implementation.
127	What are the potential risks you foresee with this implementation, and do you have a risk management plan in place? How can we assist in mitigating these risks?	Provisioning of new user accounts / authorizations needs to be quick and as automated as possible. User turnover is high in certain areas and product maintainability and resiliency is critical.  By maintainable – we mean that we need to have enough knowledge and access into the system that UK personnel fully understand how to manage, configure, and solve problems in the system.
128	What performance metrics or KPIs will be used to evaluate the implementation's success? Are there specific goals or benchmarks we should aim to achieve?	Low: Provisioning time, implementation time, error rates, manual interventions.
129	How many identities in SuccessFactors/not in SuccessFactors?	External requests are in SuccessFactors.
130	How many authoritative sources?	System needs to be flexible enough for several. Currently we have 3 – SAP HCM, SAP SLCM, In-House IdM tool.  More are expected via mergers and acquisitions.
131	Can you confirm Lenel is physical security?	Yes.
132	Should proposal/scope incorporate all named application integrations listed in requirements, or is another scope preferred?	Yes
133	Is there any defined implementation deadline or desired timeline?	Based on proposals. Timelines are aggressive.
134	Is non-human account management included in the initial implementation scope?	Yes
135	Is SoD management included in the initial implementation scope?	Based on proposals – not if constrainable to an acceptable level.
136	How many hospitals / care sites are in scope?	4 initially.
137	Are there multiple AD domains, or are all users included in one domain?	Multiple domains.
138	How many discrete EpicCare Link customers?	9,775
139	Are you asking about ALL solutions or IGA specifically with the following: "What is your implementation experience amongst healthcare companies and universities?"	Any / all is ok but with emphasis on IGA.
140	Please provide the Number of NEW Subscribers per LOCATION.	Not sure we understand the question.

141	What is the total number of identities to be licensed? Please break it down by FTE, students, non-employees (temp staff, contractors, etc).	The potential number of users is thousands(?) and applications is ~30. This question was answered previously (here or as part of RFP).
142	How many total identities in scope? I believe the total identities mentioned on the call the other day was around 110K? Please clarify below: o Employee total = 15K? o Non-Employees total (i.e., external identities like partners, contractors, alumni, students, etc?) = o Sponsors (i.e., managers of contractors, subordinates) = o Non-human identities total (service accounts and other non-human identities) =	Please use UK Factbook for details on different categories of identities for UK Main campus.  Other sites have approx. 10k additional employees.  We can provide detailed numbers to shortlisted solutions based on how specific we need to be for licensing requirements of individual products. Use factbook (link provided elsewhere) and other already provided information for good approximations.
143	Do you have a PAM solution today OR are you also wanting PAM capabilities encompassed within this RFP?	Yes – Delinea, Entra ID PIM. If your solution includes PAM, please describe.
144	What are you currently using today for SSO? Imprivata for healthcare? other SSO solutions currently being utilized?	Imprivata for health care. ADFS / Cirrus Bridge / Shib for non-healthcare. Moving to Entra is part of our roadmap.
145	Will there be a down selection for top 2 vendors?	We will select a small number of vendors (2-4) to provide additional details, provide product demos, etc.
146	Please inform me of the total number of users the University seeks to deploy the IGA solution.	This question was answered previously (here or as part of RFP).
147	How many System Administrative users would you need with Privileged Access Management privileges?	Currently approx. 30 in a PAM tool (see above). We expect this to grow significantly – currently we have several hundred dedicated high-tier accounts (mostly IT people).

### List of In-Scope EHR applications:

IMO HealthCare	Dental Procedure Codes
Vyne	Dental Clearinghouse
NCCN	Adult Oncology regimen clinical content
Data Innovations (Roche chemistry analyzers) WAM (hematology) Mediware (ED blood refrigerator monitoring) Epicenter (blood culture analyzers) Expert (STAGO coag analyzers) AUWi (urinalysis)	Lab instrument middleware
SNOMED	Systemized Nomenclature of Medicine - Clinical Terms (SNOMED)
IMO HealthCare	Terminology Vendor
UK Conversion Team	Clinical conversions contracts placeholder
OnBase DMS (no VNA)	Image Storage Solution or Vendor Neutral Archive

Nuance (replaced by M*Modal)	Radiology Dictation and Speech Recognition Software
Rosche Ventana kas: Dako Artisan	Anatomic Pathology Slide Stainers
Scandit	Barcode scanning with Rover device camera
Epic Beacon	Blood and Marrow Transplant (BMT) Niche System
Epic Radiant	Breast Cancer Risk Assessment
Wellsky CarePort Health	Continuing Care and Services Coordination (CCSC)
Philips	Digital Pathology
Parachute	Durable Medical Equipment Ordering
N/A - Home Health not in scope	Electronic Visit Verification (EVV)
Lumens Hyland Enterprise Imaging (Pacs gear and Acuo)	GI Resulting System
Change Healthcare Hemodynamics	Hemodynamics System
HistoTrac	HLA Testing
N/A - Home Health not in scope	Home care and hospice coding
N/A - Home Health not in scope	Home Health and Hospice CAHPS
Medtronic PaceArt Optima	Implantable Device Cardiac Observation (IDCO)
N/A - Home Health not in scope	OASIS/HIS data scrubbers
Lightning Bolt	On-Call Scheduling System
Radiance (ABG analyzers)	Point-of-care testing (POCT) middleware
Palo Alto for VPN, Citrix Gateway	Remote Client Virtual Private Network (VPN)
3m Fluency Direct	Speech recognition
Change Healthcare Interqual	Hospital Utilization Review Creation
Elsevier	Care Plan Content
Elsevier Krames	Content linking
Lexicomp	Home care and hospice medication reference information
Staywell Krames Epic-provided Content	Patient Education Content
Elsevier Krames GetWellNetwork	Inpatient Patient-facing education
3m Fluency Direct	Speech processing drivers
SAP/Junot Nlink Qsight	Materials management
Hyland Enterprise Imaging Solution	Endoscope image capture
PAR Excellence Qsight	Inventory management

Citrix Virtual Apps and Desktops (Citrix NetScaler for traffic management)	Application deployment solution
vSphere	Hypervisor
Enterprise Integration and Interoperability (EII) Platform	Interface engine
Microsoft Server, RedHat Linux	Operating Systems
Microsoft ADFS Duo (Multi-factor Authentication)	Web single sign-on and system security
KHIE	Health information exchange (HIE)
Jamf Microsoft InTune	Tablet/Device Management Solution
InterSystems IRIS	IRIS Operating Environment
Medispan	Drug Database/Medication Data Vendor
SureScripts CHFS eKasper (via KHIE) for reporting data.	E-prescribing
Imprivata OneSign (Imprivata EPCS is the module)	Two-Factor Authentication
Logicoy	Prescription Drug Monitoring Program (PDMP)
Surescripts	Electronic Prior Authorization (EPA)
N/A - Willow Ambulatory	Prescription conversion and archiving vendor
Lexicomp	Medication reference information
SharePoint Teams	File sharing
serviceUKnow SharePoint	Issue tracking system
KHIE	State Lab Reportables
CareWare (Hosted by AJ Boggs)	Ryan White Reporting
Microsoft SQL Server	Relational database management system (SQL server)
AMA	Billing Codes
Yes (product TBD) IMO Core is used by UKHC	National Uniform Billing Committee (NUBC) content
3M	3M Grouper Plus Content Services (preferred) or 3M Core Grouping software
Epic Cash Management	Cash Management through a banking institution
3M CAC	CDI - Encoder
Availility for PB and HB	Claims clearinghouse
Hyland OnBase	Document Management System (DMS)
OnBase	EOB scanning with a document management system (DMS)

RightFax	Faxing Solution
Yes (ERP - SAP)	General ledger and AP system
3M Coding and Grouping	Hospital Coding - Encoder
UKHC uses WorldPay due to treasury and banking requirements.	Payment Processing Gateway
Experian	Real-Time Eligibility (RTE 270/271)
Experian	Referral authorization interface (278R)
Central Bank (KMSF), PNC Bank (UKHC)	Self-pay lockbox through a banking institution
Experian	Address verification
Experian Change Healthcare	Admission notification (278N)
Televox Artera is replacing Televox	Automated Appointment Reminder/Confirmation Calling
3M	Coding cross reference table
Epic Welcome Hyland OnBase	eSignature Software
N/A - Home Health not in scope	Home care and hospice banking/patient payment lockbox
N/A - Home Health not in scope	Home care and hospice medications and supply management (drop ship)
N/A - Home Health not in scope	Home care and hospice real time eligibility (270/271)
N/A - Home Health not in scope	Home care and hospice statement vendor
Surescripts	Hospice Pharmacy Benefit Manager (PBM)
3M Experian (for an Anthem feed)	Medical necessity guidelines
Optum Claims Manager (PB)	Outpatient claims scrubber
Experian	Remote Identity Verification Apps for Patient Portal
Diamond	Statement Printing Vendor
3M	Clinical Documentation Improvement (CDI) NoteReader
n/a	Contact Center Telephony Integration
Experian	Credit scoring/propensity to pay vendor
N/A - Home Health not in scope	Home care and hospice address verification
N/A - Home Health not in scope	Home care inventory management
Cisco Spaces Centrak	Real-Time Location System (RTLS)