University of Kentucky
Procurement Services

Written Questions and Answers

Intranet Provider for UK HealthCare Employees
RFP UK-2631-27
Closing Date: December 1, 2026
Today's Date: November 13, 2026

No.	Question		Answer
1.	Section 4.5A asks for a "purpose-built, configurable intranet/digital-workplace platform (not a custom-built application)." Would UK accept a solution built on Microsoft 365 (SharePoint Online and Viva Connections) with a configurable, packaged intranet product layered on top as meeting this requirement?		This will vary on a case-by-case basis. We have SharePoint/O365 but using it directly is not the preferred option. A layer on top may change that. UK HealthCare Corporate Communications (which owns the intranet) does not currently manage university Sharepoint sites.
2.	Which platform and vendor does The Loop run on today? Does UK want to stay on that platform or move to a different one?		The Loop currently runs on Interact, a third-party intranet platform. UKHC has no preference for staying on the current platform or moving to a different one. All proposals, including any from the current provider, will be evaluated equally against the criteria in Section 5.0.
3.	Should the new intranet sit inside UK's own Microsoft 365 tenant, or can it be a separately hosted product that integrates with it? Does UK mandate any technology stack (Microsoft, Drupal or other)?		A separately hosted product that integrates with M365 is an acceptable solution. UK is a Microsoft shop (Outlook, SharePoint, Teams, etc.) and does use Drupal for public-facing sites. As the intranet is not public-facing, use of Drupal is not required.
4.	Is a multi-tenant SaaS deployment acceptable, or does UK require a dedicated environment? Are there approved cloud providers or regions?		A multi-tenant Saas deployment is acceptable. UK currently has a relationship with Microsoft and Amazon but other options could be discussed.
5.	Must the intranet be reachable from outside the UK network and from personal devices? Which conditional-access or device-management rules apply, and which pages, if any, should be public (Section 7.1, item 8r)?		Yes. It is desirable to have public pages as an option but it is not required. If this were an option then we would expect access from any type device but could require a minimum browser level, etc.
6.	Beyond the 4-hour Severity 1 target in Appendix C, what recovery point and recovery time objectives does UK		Industry-standard is acceptable here.

	require, and how long must backups be kept?		
7.	Does every entity (UK Chandler, King's Daughters, St. Claire and others) sign in through one Microsoft Entra ID tenant? If some use separate tenants or directories, how should the platform authenticate them?		A single Entra tenant is shared by all entities.
8.	How will frontline staff without a corporate email address or Microsoft 365 license sign in, including on shared kiosks or personal phones?		All employees have a UK email address. Imprivata is used to SSO from the frontline employee badges
9.	Which system is the authoritative source for employee attributes: SAP, Workday or Entra ID? How complete is location, department and role data today, and who will clean up gaps before go-live?		Both SAP and Workday are currently in use and are currently mutually exclusive, so neither is a completely definitive source of employee data.
10.	Which populations count toward the 25,000 users: employees, contractors, residents and trainees, students, volunteers, or affiliated physicians who are not employees?		Employees, contractors, residents and fellows. Student interns may be added on a case-by-case basis.
11.	Section 7.1 lists eleven integration targets. Which are required at go-live and which can be phased later? Will UK provide non-production instances, API access and security-review support for each?		SAP, UKG & Workday integrations are required at launch as they provide the data for the people directory and login/authentication. This data could also come from an EDW that has already combined the data into one view if easier.
12.	For ServiceNow, which modules should the intranet use (incidents, service catalog, knowledge), and should data flow one way or both ways?		Preferably the knowledgebase so KBs can be searched from within the intranet.
13.	For SAP, Workday and UKG, which system supplies which data (HR attributes, timekeeping, schedules)? Does UK provide an integration layer, or should the vendor build the connections?		UKG: schedules, timekeeping Workday, SAP: HR attributes
14.	Which UK HealthCare and campus Drupal sites must connect, and what level of integration is expected (shared search, shared navigation, single sign-on, content syndication)?		Use of public sites does not require authentication. Drupal connection is desired, not required. Content syndication and integrated search would be highly desirable. Key targets would be ukhealthcare.uky.edu, hr.uky.edu, uknow.uky.edu, ukkingsdaughters.com, st-claire.org. Integration with the non-public site careweb.ukhc.org is dependent on the vendor's ability to meet the requirements of our IT team.

15.	Is a native iOS and Android app mandatory? Would the Viva Connections mobile experience or a branded app wrapping the mobile web experience meet Section 7.1? Should it be distributed through the public app stores or through UK's device management?		A native iOS and Android app would be preferred and should be available via iOS and Android app stores.
16.	Which channels must support urgent, facility-specific alerts (push, SMS, email, signage)? Does UK already use a mass-notification or SMS provider, and who holds employees' mobile numbers and consent records?		Urgent, facility-specific alerts must support in-platform broadcast, email and mobile push notifications. SMS is preferred. Digital signage is an optional service. UK currently uses SMS Magic for text messaging. Employee mobile numbers and consent records are maintained by UK HealthCare, and details will be shared with the selected offeror during implementation. Offerors should describe whether their solution provides SMS natively or integrates with an existing provider such as SMS Magic, along with any related costs.
17.	Will UK provide a full export of The Loop (pages, media, metadata, user profiles, comments), and will the current vendor cooperate? In what format?		The chosen vendor should be prepared to facilitate content mapping from the current platform to the new platform.
18.	Of the roughly 5,000 pages, how many should be migrated as is, redesigned or retired? Who does the content cleanup, how large is the media library (in GB), and must existing Loop URLs redirect to the new pages?		A realistic number would be 3,000 pages. Very few pages will need to be migrated as is. All pages will need to be evaluated by UKHC and be adapted to the new content/organization strategy. UKHC will do the cleanup. Not all of the media library will need to be migrated and those files that are migrated will first need to be batch optimized for web use because many of them far exceed necessary and recommended sizes. URLs will need a one-to-one redirect to the new platform. There should be a fallback redirect for any pages without a specific redirect that goes to a help page for finding the new location.
19.	Which sources must workplace search cover at go-live (SharePoint, Teams, OneDrive, Exchange, file shares, others)?		SharePoint, Teams, OneDrive.
20.	Who identifies and tags sites that may contain PHI for exclusion from search (Appendix C)? Does UK already have an inventory, and is a pre-launch permissions and oversharing review in the vendor's scope?		The intranet should not contain PHI.
21.	Is AI-assisted search or answering required or optional? Which AI models and services may process UK data, and		AI search is optional. UK content must not be used for vendor model training.

	must UK content stay out of vendor model training?		
22.	Section 7.1, item 5e asks for an administrator feedback mechanism that informs "future results and model training." Would admin-curated answers and boosted results satisfy this, or must the model itself be retrained?		Curated answers and boosted results will satisfy this feedback loop.
23.	Appendix C requires notice within 24 hours of confirming inadvertent PHI ingestion, while the BAA requires a phone call within 24 hours of discovery. Which timeline governs?		Whichever happens first: discovery or confirmation of inadvertent ingest.
24.	Has UK approved GA4, Google Tag Manager and Microsoft Clarity for an employee intranet in a healthcare setting? Who owns the tag accounts, and does the vendor or UK implement event tracking?		UK (Corporate Communications) owns the accounts and implements event tracking.
25.	Appendix A, Section 4.2 removes any limitation of liability for PHI breaches. Will UK consider a liability cap or super-cap, given Appendix C says the platform should not intentionally hold PHI?		It can be negotiated with the awarded vendor and will be dependent upon a risk assessment.
26.	Is the $10,000,000 cyber liability requirement (Section 6.19) firm? When will the security risk assessment that determines it take place, and is it needed before award?		It is dependent on the security risk assessment and that will not take place until a vendor is selected for award.
27.	Appendix A requires an SSAE 16 Type II audit "or comparable independent attestation." Will a SOC 2 Type II report, ISO 27001 or HITRUST certification be accepted?		A risk assessment will be conducted by the University’s IT Security team with the successful bidder. They will make a determination of whether those certifications are acceptable.
28.	Does UK expect the vendor to receive, store or process PHI or 42 CFR Part 2 data at all? If not, will the BAA still be signed at award?		The vendor should not receive, store, or process PHI.
29.	Section 6.26 makes all work product UK's property. Will the vendor's pre-existing products, accelerators and reusable components remain the vendor's property, with UK receiving a license?		The vendor will retain ownership, and UK will license the products.
30.	At contract end, in what format and within what time must UK's content and data be returned, and what transition assistance does UK expect?		Databases should be returned in their native formats; i.e. SQL, NoSQL, T-SQL, PGDATA/Filenode, etc. Images should be returned in the format they were stored in, and any relevant configurations, code, or other extraneous data should be returned in native

			formats as needed. Assistance doing initial migrations of the data is preferred.
31.	Does the 2% contract administration fee (Section 6.28) apply to pass-through licenses and third-party costs, or only to vendor services? May the vendor build it into pricing?		It applies to all invoiced items. It is up to the vendor to determine whether it will be built into the pricing.
32.	The RFP requires "U.S.-based contractor facilities and resources." May implementation and support staff outside the U.S. work on the project if hosting, production data, backups and PHI stay in the U.S. and offshore staff cannot access PHI?		The University has a pretty firm stance on our data not being off-shored, but support staff can be offshore provided they cannot access PHI.
33.	Appendix C offers 99.8% monthly availability or a 99.0% baseline. Which is the requirement? Are outages of third-party services the platform depends on, such as Microsoft 365 or Entra ID, excluded from the calculation?		An addendum to Appendix C may be added to exclude downtime resulting from tertiary platform outages from downtime calculations. UK requests that the vendor commit to a rolling 99.8% uptime availability month-to-month excluding maintenance. This should be reflected in an edit to appendix C.
34.	What go-live date does UK target, and does it prefer a pilot entity first? Which UK resources will join the project, and how quickly can UK make design and approval decisions?		While we do not have a target go-live date, the goal would be to launch some time in 2027. We are not interested in a pilot entity. Corporate Communications web and content teams will work with IT on the project. Corporate Communications can respond quickly.
35.	Should pricing cover 25,000 named users or only active users, and how should price change as the count grows or shrinks?		Pricing should be based on approximately 25,000 named users. Vendors should identify tiered or per-user pricing for increases (e.g., additional entities) and indicate whether pricing adjusts if user counts decrease.
36.	Does UK already hold the Microsoft 365 and Viva licenses, or should the vendor price them? Should third-party costs be shown separately?		UK holds Microsoft 365 licenses but does not hold licenses for Viva. Third party costs should be identifiable as such though not necessarily separate.
37.	Section 6.25 says Government Contract Review Committee rate schedules may apply. Do they apply to this contract's professional services and subscription fees, and if so, which rates?		Section 6.25 is in relation to Personal Service Contracts (PSC) only. PSCs are a particular set of commodities that are regulated by the State and require an additional level approval. This would only apply in this RFP if the awarded vendor is providing web design or consulting.
38.	Will UK accept electronic submission instead of USB drives and printed originals? If not, will UK confirm that a courier delivery on Friday, November 20 before 3 PM Lexington time is accepted?		he current requirement is for the submission of physical paper copies with USB backups. No electronic submission will be accepted in place of that.
39.	What weight does each evaluation criterion carry? Section 5 lists the criteria but gives no percentages.		The University is looking at the overall bid and does not specify weights to individual criteria.

40.	For an offeror outside the U.S. with no Kentucky presence, which registrations are required before the bid (Kentucky Department of Revenue sales and use tax, Federal Employer ID, DUNS), and which can wait until after award (Kentucky authority to do business)?		Please see KRS Chapter 14A for more information Kentucky Revised Statutes - Chapter 14A
41.	Please supply the items the RFP refers to that we could not find: Appendix B ("UKHC IT Technical Requirements - Employee Learner Digital Platform"), the health-system information for implementation costing (Section 8.0, item B), Section 4.8 item D (blank), and the pricing template if one exists.		Appendix B is available on the UK Purchasing website by clicking on the words “Appendix B”. Section 4.8 item D was a formatting error and should just be a blank line. There is not a pricing template.
42.	Sections 4.5.A and 4.8.B: Is the requirement for a purpose-built, configurable intranet platform a pass/fail requirement, or will the University evaluate solutions delivered on an established enterprise content management or digital experience platform configured with prebuilt intranet capabilities?		It is not a pass/fail requirement. The University will evaluate solutions delivered on an established enterprise content management or digital experience platform configured with prebuilt intranet capabilities.
43.	Section 4.5.A: Is it mandatory that at least one reference be an Academic Medical Center, or will the University consider references for comparable employee-facing or authenticated digital platforms at health systems and academic institutions?		It is preferred but not mandatory and the University will consider comparable references at other health systems and academic institutions.
44.	Section 3.15: May an offeror submit a single technical proposal that presents more than one platform or hosting option, with each option priced separately in the financial proposal, rather than fully separate alternate proposals?		Yes.
45.	Can the University share the name of the platform currently hosting The Loop, the current contract end date, and whether content can be exported in a structured format for migration?		Interact is the current vendor. See Answer #17.
46.	Beyond the approximately 5,000 pages noted in Section 2.2, what is the approximate volume of documents, images, and video to be migrated?		See Answer #18.
47.	What is the University's anticipated award date, contract start date, and target go-live date for the new platform?		See Answer #34.

48.	Do UK HealthCare, UK King's Daughters, and UK St. Claire employees authenticate through a single Microsoft Entra ID tenant, and do frontline and non-desk staff have Entra accounts and Microsoft 365 licenses?		See Answers #3 and #7.
49.	Section 7.1.4: Which integrations are required at initial go-live, and which may be delivered in later phases? Specifically, which system is currently the source of truth for employee data (SAP or Workday), and which timekeeping system is in use (UKG or Workday)?		See Answer #11.
50.	Section 7.1.4.f: What level of ServiceNow integration is expected (for example, links and content surfacing, catalog item display, or ticket submission from within the intranet)?		See Answer #12.
51.	Section 7.1.4.k: Approximately how many campus and UK HealthCare Drupal sites are in scope for integration, and what type of integration is expected (search, shared content, navigation)?		See Answer #14.
52.	Section 7.1.5.c: What Microsoft 365 licensing tier does UK HealthCare hold (for example, E3 or E5), to inform the approach for searching SharePoint, Teams, and OneDrive content?		The University has A5 tier licensing for most users across the enterprise.
53.	Section 7.1.2.c: Is a native iOS and Android application mandatory, or would a mobile-optimized progressive web application with push notification support be considered? Would a native application be distributed through public app stores or through University mobile device management?		See Answer #15.
54.	Section 7.1.2.e: Does UK HealthCare currently use an emergency or mass notification platform for SMS? If so, is the intranet expected to integrate with it or provide SMS independently?		Yes - Salesforce; however, the intranet is not expected to integrate or provide SMS independently.
55.	Is hosting in the offeror's or a hosting provider's U.S.-based cloud environment acceptable, or does the University prefer hosting within a University-managed cloud tenant?		Hosting in a provider’s U.S.-based cloud environment is acceptable.
56.	Appendix B: Where a solution relies on a third-party hosting provider, may responses reference and attach that		Responses can include anything the respondent thinks will support their bid.

	provider's security and disaster recovery documentation?		
57.	Appendix C: Section 2 references both 99.8% and 99.0% availability. Which is the required minimum?		See Answer #33.
58.	Appendix A: Given that Appendix C states the platform is not intended to store PHI, should the Business Associate Agreement be executed with the proposal or at contract award? Should requested modifications be listed as exceptions in the transmittal letter?		The University does not intend to have HIPAA data on the platform, but it can not guarantee that it wouldn't be added.
59.	Section 6.19: Will the University accept a certificate of insurance or broker letter of intent with the proposal, with final cyber liability limits determined by the security risk assessment referenced?		You may submit a certificate of insurance (CIO) with your response. A CIO will be required to be submitted by the vendor that the contract is awarded to. It is dependent of the security risk assessment and that will not take place until a vendor is selected for award.
60.	Section 6.14: Does identifying subcontractors and their roles in the proposal satisfy the requirement for prior written consent, or is a separate approval required at award?		If a vendor is working with a third party for the work to be completed, that should be made clear in the RFP response.
61.	Sections 8.1 and 8.2: Is there a required pricing form or template for the financial proposal, or may offerors use their own format following the structure in Section 8.0?		There is not a pricing template.
62.	Section 3.3: If presentations are requested, what is the anticipated timeframe, and may they be conducted virtually?		Timeline is to be determined, but most all presentations are conducted via Teams or Zoom.
63.	Section 7.2.C: For the digital signage option, can the University share the current signage platform and approximate number of displays?		Korbyt – 58 digital screens.
64.	Has the University established a budget range or not-to-exceed amount for this project, for both the initial implementation and ongoing annual costs? If so, can it be shared to help offerors propose an appropriately scoped solution?		This project does have a budget. That budget will be discussed with an awarded vendor.
65.	The UK Intranet Provider RFP, Section 2.4. Economic Engagement and Procurement refers to "Encouraging participation of qualified Kentucky located vendors". Also, Section 4.4. Executive Summary and Proposal		It is open to anyone who opts to participate.

	Overview contains a question on Kentucky Located firms. Beacon Systems currently supports the University of Kentucky through our contract number UK-2272-23A. Is this solicitation only for Kentucky-based firms? Or is it open to others also?		
66.	Section 4.6 refers to implementation of the proposed system. Is UK looking for a COTS product or a custom-developed application?		COTS product.
67.	Is UK expecting a Firm Fixed Price for development and installation? Or expecting a breakdown for each phase of the solution development?		Breakdown for each phase.
68.	Should the offeror provide hourly rates for the resources required to develop and implement the solution?		Yes.
69.	How much data (for example, 100 MB) needs to be migrated to the new solution?		See Answer #18.
70.	Is there a vendor that currently supports the existing solution?		Interact Intranet, Inc.
71.	Due to the large scope of the RFP, please consider a 2-week extension to the response due date to allow us to submit a detailed response.		UK HealthCare will extend the deadline to December 1, 2026.
72.	Has a budget been established for this contract? If yes, could you kindly share the budgeted amount?		Please see Answer #64 above.
73.	Is there an incumbent currently performing this work/similar work? If so, could you please provide the incumbent's name, current contract number, duration, historical level of effort, and contract value?		Yes, they are. The additional information requested would need to be filed with UK Open Records at UKOpenRecords@uky.edu
74.	Is the incumbent eligible to submit a proposal under this RFP?		Yes
75.	Are there specific anticipated volumes or caps for the optional services listed in Section 7.2 (e.g., estimated number of operational subsites or custom templates) that we should assume for our itemized bid, or should we price them on a T&M (Time and Materials) / per-unit basis?		Time and materials per unit basis.
76.	Can the University clarify the expected split of responsibilities and labor hours between vendor staff and University IT/communications staff during data		UK HealthCare Corporate Communications will be responsible for implementing data migration although we are looking for vendor support in identifying the best solution for this process.

	migration and training, to ensure our implementation and training cost estimates accurately reflect internal resource allocations?		You will have access to technical resources that support the current system as well.
77.	Does the annual maintenance and support fee include all standard software updates, upgrades, and platform releases as referenced in Section 4.8 (Item J), or are there separate upgrade fees for major version transitions?		No separate upgrade fees.
78.	For multi-year renewals beyond the initial 3-year term, does the University require pricing to remain firm-fixed, or is an annual price escalation cap (e.g., a maximum percentage increase tied to the CPI) permitted to be specified in our financial proposal?		That would be a discussion for the renewal. The University does not typically allow for price increases more than 3-5%.
79.	Can the offeror provide pricing in own format in MS Excel?		Yes.
80.	Is the University expecting a detailed cost breakdown for each project phase, such as design, development, training, launch and maintenance, or may the offeror provide hourly rates for the resources required to complete the project?		See Answer #67.
81.	Does the University permit the offeror to perform a portion of the project work offshore (e.g., from India), while maintaining project management and other required activities onshore in the United States?		The University has a pretty firm stance on our data not being off-shored.
82.	Section 4.5.A: will an enterprise platform with a packaged, configurable employee portal/intranet product (configured rather than custom-developed) satisfy the “purpose-built, not custom-built” requirement?		Yes.
83.	Section 7.1: must the mobile app be native, or will a vendor-provided mobile app with push notifications meet the “comparable” standard?		A vendor-provided mobile app with push notifications will meet the comparable standard.
84.	What are the anticipated dates for offeror presentations, contract award, and project start?		Those are yet to be determined at this time.
85.	The RFP requests pricing for adding another UK entity to the intranet solution in the future. Can you share details about the number of employees at this new entity who would use the solution,		This is purely hypothetical at this point, but the University has added two hospitals in the past five years.

	and if they would have any new/different needs in the system that the prior 25,000 users?		
86.	The RFP identifies approximately 5,000 existing intranet pages and requires migration strategy and execution. Can UK HealthCare clarify how many pages and associated documents/media are expected to be migrated, whether the selected vendor will be responsible for the full migration or work collaboratively with UK HealthCare resources, and whether existing content will be reviewed and consolidated prior to migration? Will UK handle content cleanup/retirement before migration, or will the vendor need to perform cleanup and field mapping beforehand?		See Answer #18.
87.	Can UK HealthCare provide the specific use cases and expected functionality for each integration listed in Section 7.1, including whether the expectation is to simply link out to the external system, provide single sign-on (SSO), embed content, retrieve data, or support bidirectional data exchange?		We would like to embed content where possible and reduce the number of sign-ons required. Simply linking out to external systems is the least desirable option. We ultimately want the intranet to be a single source of truth for operations and employee information. Minimum: MS Office 365 Tools including SharePoint: retrieve data SAP/UKG/Workday: embed content, retrieve data provide credentialing for SSO - (pull information to populate the people directory and categorize user groups). Provide solution to easily add external analytics tagging across site Service Now - retrieve content from help guides Social Media Feeds - retrieve content Drupal sites - retrieve content Preferred SAP/UKG/Workday/Service Now - bidirectional content in the form of surfacing content on the intranet through search and allow users to submit time requests and service tickets without leaving the intranet
88.	For the ServiceNow integration, what specific functionality is expected? For		See Answer #12.

	example, should employees be able to submit requests, access knowledge, view cases, or complete tasks directly from the intranet?		
89.	For Microsoft 365 and SharePoint integrations, is the expectation to surface existing content and documents within the intranet, or to migrate that content into the new platform? Does the requirement include federated search across SharePoint, Teams, and OneDrive?		The expectation is to surface existing content within the intranet and includes federated search across the 365 environment.
90.	For SAP, Workday, and UKG, what specific employee data and business processes must be integrated? Is the requirement limited to employee profile and organizational information, or does it include transactional functionality such as timekeeping and employee self-service?		Minimum requirement at launch is limited to employee profile and organizational info. However, it is preferred for employees to be able to perform functions such as timekeeping and leave requests without leaving the intranet platform.
91.	Can the university clarify whether the $10 million cybersecurity insurance requirement is mandatory at contract award or subject to adjustment based on the vendor's security risk assessment? Would coverage maintained by a software provider or other member of a joint delivery team satisfy this requirement?		It is dependent on the security risk assessment and that will not take place until a vendor is selected for award. The question of joint coverage would need to be determined by the University's Risk Management team after the decision to award the contract is made.
92.	Does the requirement for U.S.-based contractor facilities and resources apply to all personnel involved in implementation, development, maintenance, and support, or only to personnel accessing sensitive systems or data? Are offshore resources permitted for activities that do not involve access to protected information?		See Answer #32.
93.	Can a proposal be submitted jointly by a software platform provider and an implementation partner, with each organization contributing relevant qualifications, experience, and customer references? Can the three required healthcare references be drawn from both organizations?		Yes. Please specify who you are partnering with and also which references are related to which party.
94.	Is UK HealthCare currently using Microsoft 365 and SharePoint Online across its employee population? Would the university consider an intranet		UK HealthCare is currently using MS365 and SharePoint and would consider a solution built on this foundation if it were able to overcome

	solution built on its existing Microsoft 365 environment, supplemented by third-party software for communications, personalization, and employee engagement?		the limitations and drawbacks currently experienced by using these products alone.
95.	What content export or automated migration capabilities are available from the existing intranet? Does the university expect the vendor to migrate all roughly 5,000 pages, or will content rationalization and migration prioritization be part of the discovery process?		See Answer #18.
96.	Does UK HealthCare anticipate storing or processing protected health information within the intranet itself, or is HIPAA compliance primarily required because the solution operates within the healthcare environment? Would a Business Associate Agreement (BAA) be required for all participating vendors?		See Answer #58.
97.	For urgent and emergency communications, is the intranet expected to function as the primary emergency notification system, including delivery and acknowledgement tracking, or may it integrate with existing emergency communications platforms?		The intranet is expected to function as the primary emergency notification system for UK HealthCare. Please note UK has emergency notification systems and the intranet will not replace those.
98.	Does UK HealthCare have a target implementation start date, initial launch date, or phased rollout schedule? Is the university expecting a complete replacement of The Loop at launch, or would a phased migration across facilities and employee populations part of the launch plan?		There is not currently a target go-live date. The University is expecting a complete replacement of The Loop at launch.
99.	Has UK HealthCare established an anticipated budget or funding range for this initiative, including initial implementation and ongoing annual licensing and support? If so, can that range be shared to help vendors propose solutions aligned with the university's financial expectations?		See Answer #64 above.
100.	Can the university confirm whether the 2% contract administration fee applies to all project implementation services, software licensing, and ongoing support, including services or licenses provided		It applies to all invoiced items. It is up to the vendor to determine whether it will be built into the pricing.

	through subcontractors or technology partners?		
101.	Can the university identify the third-party intranet provider currently powering The Loop and share the primary reasons for seeking a replacement? In particular, are there specific functional limitations, adoption challenges, integration requirements, or other shortcomings of the existing solution that the university considers priorities for the new platform to address?		See Answer #2. We are seeking to identify the best platform for hosting and serving content to targeted audiences. The current platform does not include a file management system which is a major disadvantage. The underlying architecture prevents the same content from being surfaced in multiple contexts. The current platform offers limited content types and taxonomies. We have also experienced severe latency during updates as well as the frequent introduction of unexpected issues after an update.
102.	Has UK HealthCare already evaluated or received demonstrations from potential intranet vendors? If so, what capabilities or limitations stood out during those evaluations?		The RFP committee has not reviewed any potential vendors.
103.	Has UK HealthCare considered a Microsoft 365/SharePoint-based intranet solution? Are there specific requirements or concerns that would make this approach less desirable than a standalone platform?		See Answers #1, #94. The University has considered a SharePoint based solution and found it to be lacking in the ease of appropriately structuring information architecture, providing necessary and appropriate governance controls, easily applying and enforcing branding and consistency, and its general poor user experience.
104.	Which three technical or functional requirements does UK HealthCare anticipate will be the most challenging for prospective vendors to satisfy?		**#1 Employee data integration and delivering differentiated experiences across multiple entities from one platform.** The platform must serve entities such as UK HealthCare, King's Daughters and St. Claire with navigation, content and urgent alerts targeted by entity, facility, department and role. This depends on employee data from various sources that is sometimes incomplete or inconsistent. **#2 Integration with UK's Drupal Sites.** UKHC has never integrated its intranet with its campus and UK HealthCare Drupal sites. At a minimum, UKHC expects content syndication between those sites and the intranet, and Drupal content included in intranet search. Offerors should describe recommended approach and any comparable Drupal integrations at other clients. **#3 Enterprise search across connected systems.** Intranet search must return relevant

			results from site pages, PDFs, SharePoint, Teams, OneDrive and connected sites in one experience. Administrators need to tune and weight results, and to exclude specific sites, sub-sites or paths from crawling, indexing and results while search keeps working everywhere else. Where AI-assisted search is offered, administrators must be able to flag inaccurate answers and submit corrections.
105.	Is a standalone, vendor-branded native mobile application mandatory, or would an existing iOS/Android application providing the required intranet functionality, push notifications, and secure employee access be acceptable?		See Answer #83.
106.	Has UK HealthCare worked with an external systems integrator or implementation partner to develop or maintain its current intranet? If so, can the university identify that partner?		Interact Intranet, Inc.
107.	How does UKHC plan to evaluate shortlisted platforms against representative employee and stakeholder tasks, in addition to formal presentations? What role could a structured, guided hands-on evaluation in vendor-provided environments play in that process?		As stated in Sections 3.3, 5.0 and 6.4, the University may invite shortlisted offerors to present to the evaluation committee. The committee will comprise a diverse group of representative employees. Those sessions may include scripted, scenario-based demonstrations built around representative tasks for employees, content authors and administrators. Every shortlisted offeror will receive the same scenarios and time allotment. The University may also request temporary access to an offeror's standard demonstration or trial environment, so committee members and other authorized University representatives can complete guided tasks hands-on. No custom configuration or University content is required. Offerors should describe in their proposals what demonstration or trial access they can provide. Results from demonstrations and any hands-on sessions will inform the evaluation of the criteria in Section 4, together with the written proposal, clarifications and reference checks.
108.	How does UKHC plan to assess author and administrator usability, including publishing, approvals, configuration, administration, and the level of technical assistance required? What role could		Usability will be evaluated through the written proposal, reference checks and any presentations or demonstrations the University requests from shortlisted offerors (Sections 3.3,

	hands-on validation by a small group of representative content authors and administrators, using a common set of tasks across shortlisted platforms, play in that evaluation? During configuration and deployment of the selected software platform, how would UKHC make those users available for early and recurring hands-on sessions to validate workflows and provide feedback?		5.0 and 6.4). The University does not plan hands-on testing during selection. During configuration and deployment, the UK HealthCare Corporate Communications team will be available for recurring sessions to validate workflows and provide feedback. Other content authors across the enterprise will be unavailable for these sessions. Offerors should propose the timing, frequency and estimated University staff hours for these sessions in their implementation plan
109.	How does UKHC plan to validate targeted navigation, content visibility, and communications for representative personas across different hospitals, facilities, and roles? How could guided hands-on testing by users representing those personas contribute to that validation?		See Answer #108.
110.	How does UKHC plan to ensure consistent comparisons across vendors when evaluating content, search, and representative user tasks? If hands-on evaluation is included, what common anonymized sample content, search questions, and evaluation criteria would UKHC provide, and what would offerors be expected to supply?		See Answer #107.
111.	Which core intranet functions must be available in the native iOS and Android applications at initial go-live, and which three to five communications or employee tasks are highest priority beyond reading targeted news and receiving push notifications? What requirements apply to shared devices, mobile device management, or authentication for frontline staff?		Ideally, mobile apps will provide the same functionality as the desktop version with the exception of content creation. UK has requirements in place already for mobile devices. Users would have to login to the VPN or be on the UK network. Users should logout of the device after use and a new user would login to the computer with their own LinkBlue credentials.
112.	What outcomes and measures would UKHC use to determine whether the proposed mobile experience improves on the limited adoption of The Loop's current mobile application among frontline and clinical employees? Beyond total mobile logins, should measures include monthly active use, push-notification engagement, mandatory-		Adoption will be evaluated by logins, active users, engagement, repeat use and through user surveys. Yes measures should include monthly active use, push-notification engagement, mandatory-read completion, search activity, repeat use and completion of connected tasks.

	read completion, search activity, repeat use, or completion of connected tasks?		
113.	Where are the largest gaps in communication reach or employee engagement today, which employee populations are hardest to reach—including those not reliably reached through email, Teams, or the existing intranet—and what makes reaching them difficult?		The largest gap is employees who are not working at a desk. This includes the majority of our largest user group: nurses. Reach is limited by both technology (lack of a dedicated computer) and time. Nurses need to accomplish tasks quickly.
114.	What is different about how clinical, frontline, administrative, and office-based employees consume information during their work day?		Office-based employees generally work on a non-shared computer and can easily remain logged in to the Loop and access it easily and quickly. Non desk-based employees and frontline workers are either away from a desktop/laptop or use a shared device so they do not have easy access to a computer where they could remain logged in and not have to authenticate to gain access to the intranet.
115.	Where are you seeing the largest gaps in communication reach or employee engagement today?		See Answer #113.
116.	Are there employee populations that cannot be reliably reached through email, Teams, or the existing intranet?		No.
117.	Among nurses, providers, managers, and other frontline populations, where does UK HealthCare see the largest measurable gap between communications sent and communications actually read, acknowledged, or acted upon?		UK HealthCare does not share internal communications performance data as part of this solicitation. The largest gap is among frontline and non-desk staff, including nurses and other clinical and support employees. Many rarely work at a desktop, and they see logging in to the intranet as friction, so critical communications often go unread. Adoption of the current mobile app has been limited. For this reason, UKHC is prioritizing a mobile experience with single sign-on and push notifications, along with delivery and acknowledgment tracking by entity, facility, department and role.
118.	For the initial mobile release, which three to five communications or employee tasks are highest priority beyond reading targeted news and receiving push notifications?		See Answer #111.
119.	Beyond total mobile logins, what measures would demonstrate successful mobile adoption among frontline and clinical employees? For example, should vendors measure monthly active use, push-notification engagement,		See Answer #112.

	mandatory-read completion, search activity, repeat use, or completion of connected tasks?		
120.	What are the initial hospitals, affiliates, and employee populations to be included at go-live, and which populations are expected to be added in later phases?		Included in the initial population are all 6 UK hospitals (Chandler, Golisano, Good Samaritan, Eastern State, St. Claire, and King's Daughters), more than 2 dozen ambulatory and pharmacy clinics, and faculty and staff of the College of Medicine. All employees, contractors, residents and fellows at these locations will be included at launch (see #10). Additional populations in a later phase will include all of UK's health colleges (nursing, dentistry, public health, health sciences and pharmacy), and future hospitals or entities may be added (see #85).
121.	For employees with incomplete or conflicting organizational attributes, is the requested interactive onboarding workflow expected to update the authoritative HR source, or may it maintain supplemental profile data within the intranet?		It should not update the information. A supplemental data field should be used within the intranet.
122.	Should facility and department administrators be able to create and maintain local audiences and navigation independently, subject to central governance and approval?		Yes, subject to central governance and approval.
123.	As additional hospitals, facilities, or affiliated organizations join the unified platform, which communications, content types, design elements, governance decisions, and other platform configurations should remain standardized across UK HealthCare, and which should each entity, hospital, facility, or department control locally?		Location/entity based/focused content should be controlled locally. Enterprise-wide information should be maintained centrally. Templates, structure, permissions should be controlled centrally. There should be the ability for a centrally-developed visual nomenclature to be deployed consistently across all entity/facility subsections to immediately cue users as to where they are in the site, who the intended audience is and what the information pertains to. While visual changes should be achievable at the entity/facility level those changes should be centrally governed, deployed and maintained to ensure a consistent visual language.
124.	When a new hospital, facility, or affiliated organization is added, what would an ideal onboarding process look like from an employee-experience and administrative perspective? How should configuration and deployment of the selected software platform involve local		The ideal onboarding process would involve key stakeholders before roll out to the new entity, have a period of localized automated guided use of the platform so new users can learn by doing (tooltips, help guides, checklists, incremental learning content, etc.). After rollout usage and user behavior should be measured

	employees and administrators in early and recurring hands-on sessions to validate their experience and refine the configuration before rollout?		and evaluated to see if any modifications or improvements are necessary.
125.	Which employee attributes are most important in determining what each employee should see and experience, which will be complete, reliable, and available across all participating entities at launch, and where should vendors anticipate data gaps or inconsistent organizational structures?		Entity/location and role/responsibility are the most important in determining which audience employees should be grouped into for the purpose of content/experience. The gaps in this data increase with the level of granularity. For example, currently flagging employees by their top level entity/org is much more achievable than denoting specific department.
126.	Beyond content, where would personalization provide the greatest value, such as navigation, applications, resources, search, alerts, or AI responses?		UKHC sees the greatest value in personalizing three areas: • **Navigation:** menus and sections based on entity, location and role, so employees see only what applies to them. • **Applications and resources:** quick access to the tools, policies and guides each employee group uses most. • **Alerts:** urgent and operational messages targeted by entity, facility, department or role.
127.	Which employee populations do not fit neatly into a single entity, facility, department, or role—including employees with multiple roles or working across multiple facilities—and how should their intranet experience reflect those affiliations?		Employees should be able to be categorized in multiple taxonomy groups (location, role, managerial-level, etc.) and within those they should be able to be assigned to multiple terms. Content should be able to be filtered using those terms both by the user and the comms team when pushing content. Those filters should allow for complex relationships (instead of only single selector options, options that have the ability to denote and/or/except etc. relationships)
128.	How should employees belonging to multiple entities, facilities, departments, roles, or other audience groups experience the intranet, and how should the platform handle overlapping or potentially conflicting communications for those employees?		The platform should allow the comms team flexibility in determining which of an employee's groups to prioritize in a given situation
129.	How does UKHC plan to determine whether personalization is improving relevance and engagement?		Page analytics (views, interactions, time on platform, repeat visits) and user surveys.
130.	Which targeting attributes will be complete, reliable, and available across all participating entities at launch, and where should vendors anticipate data		See Answer #125.

	gaps or inconsistent organizational structures?		
131.	How should the platform handle employees who belong to multiple entities, facilities, departments, roles, or other audience groups, particularly when they qualify for overlapping or potentially conflicting communications?		See Answer #128.
132.	For urgent, operational, and mandatory-read communications, which message types require formal employee attestation with an auditable record, and when is delivery/open confirmation sufficient? For mandatory reads, are automated reminders, retargeting of nonresponders, escalation to managers, exportable audit records, and reporting by entity, facility, department, and role required?		Mandatory reads require automated reminders, retargeting, employee acknowledgement, and exportable records.
133.	Which communication channels—web, mobile push, email, SMS, or others—are mandatory at go-live, and should delivery and acknowledgement reporting be consolidated across channels?		Web and mobile push, and delivery and acknowledgement should be consolidated across channels.
134.	For closed community spaces, is UKHC seeking threaded peer-to-peer discussion and moderation, or primarily targeted content feeds with commenting and reactions?		Both.
135.	What is the current end-to-end process for creating, reviewing, approving, publishing, and measuring an internal communication, and which steps create the most friction, delay, rework, or dependence on IT in getting information in front of employees?		Our process depends on the communication. Requests come from across the organization, from system priorities, or from emergent situations like outages or supply chain issues. Our team scopes the work and creates the content, including multimedia. Requesting leaders approve it, and we publish it to the intranet and drive traffic there mainly through mass email. We measure results with email and intranet analytics. Our biggest friction point is audience segmentation. We can't easily target by hospital, location, or role. An issue affecting one hospital still goes to all employees, which causes message fatigue and makes urgent, relevant information harder to spot.
136.	Given UK HealthCare's prior indication that communications governance will be standardized across departments and that Corporate Communications owns		Right now, Corporate Communications holds publishing ownership and approval authority for the UK HealthCare enterprise intranet. The

	the intranet in coordination with the College of Medicine, how are publishing ownership and approval authority currently distributed among central Communications, UK King's Daughters, UK St. Claire, hospitals, facilities, departments, and other groups, and how should that distribution change in the future operating model?		exception is crises, when approval follows our crisis communications protocols. UK King's Daughters and UK St. Claire aren't on the intranet yet and run their own independent communications, but both are moving onto the central UK HealthCare intranet. In the future model, authors across hospitals, facilities, and departments should be able to create content for their own areas. Corporate Communications would review and approve all of it, which keeps governance consistent across the enterprise.
137.	Which content activities should local communications teams be able to perform independently—creating, approving, scheduling, publishing, and measuring content—and where should central Communications retain control through templates, permissions, brand standards, and governance rules?		Designated users in local comms teams should be able to create, approve, schedule, and publish content. Central comms should retain sole control of taxonomy, content type, and template creation as well as granting user permissions.
138.	UK HealthCare previously indicated that communications governance will be standardized across departments and that Corporate Communications owns the intranet in coordination with the College of Medicine. How should publishing ownership and approval authority be distributed across central Communications, UK King's Daughters, UK St. Claire, hospitals, facilities, and departments?		See Answer #136.
139.	Within the unified platform, which communications, content types, design elements, and governance decisions should be standardized across UK HealthCare, and which should remain under local entity or facility control?		See Answer #137.
140.	The prior RFP referenced approximately 66 users with advanced authoring privileges and confirmed that the contributor population is expected to expand. What approximate number and types of authors, approvers, local communicators, and administrators should the future operating model support?		This number will fluctuate over time, but proposals should not include any caps on authoring, approving, admin or otherwise contributing privileges.
141.	Should local communications teams be able to independently create, approve,		See Answer #137.

	schedule, publish, and measure content within centrally established templates, permissions, brand standards, and governance rules?		
142.	What communications categories should override employee personalization, and who will be authorized to classify content as enterprise-critical, mandatory, urgent, or locally required?		The authority to override employee preferences should rest with corporate communications, or at minimum corporate communications should have the ability to grant those permissions on a limited basis.
143.	For mandatory-read communications, does UK HealthCare require automated reminders, retargeting of nonresponders, escalation to managers, employee attestation, exportable audit records, and reporting by entity, facility, department, and role?		See Answer #132.
144.	In addition to The Loop, email, mobile, and the 58 employee-focused Korbyt digital-signage screens identified in the prior answers, which communications channels are currently managed by Internal Communications, and which should be orchestrated through the new platform?		In addition to those listed, the communications team helps manage a few social media accounts but these will not be tied in any way to the new platform.
145.	Does UK HealthCare want communicators to create a message once and distribute audience-appropriate versions through the intranet, email, mobile push, Microsoft Teams, newsletters, and digital signage, or should channel-specific content continue to be authored separately?		UKHC is open to either approach. Offerors should describe what their platform supports, including any ability to create content once and adapt it for multiple channels and audiences, and how communicators control the final version in each channel.
146.	Should channel selection be controlled manually by communicators, automatically determined by message priority and audience characteristics, or managed through a combination of both approaches?		Combination of both.
147.	Are there existing clinical, emergency, crisis, or mass-notification systems that the platform must complement rather than replace? If so, how should responsibilities be divided between those systems and the new employee platform?		Our crisis communication system currently employs our intranet. That will not change with a new platform.
148.	Can UK HealthCare describe the current end-to-end process for creating, reviewing, approving, publishing, and measuring an internal communication, including the steps that currently create		See Answer #135.

	the most delay, rework, or dependence on IT?		
149.	What approval workflows are required for enterprise-wide, entity-level, facility-level, clinical, emergency, executive, and routine communications? Should approval requirements vary based on content type, target audience, sensitivity, or urgency?		UK HealthCare Corporate Communications will decide permission levels and workflows and assign permissions accordingly.
150.	Does UK HealthCare require delegated or emergency publishing capabilities that allow specifically authorized communicators to bypass normal approval workflows while preserving appropriate permissions, notifications, and a complete audit trail?		No.
151.	Does UK HealthCare expect the platform to support recurring newsletters and coordinated, multistep communications campaigns in addition to intranet publishing? If so, should communicators be able to reuse targeted intranet content in newsletters and campaigns without recreating it?		Yes.
152.	Should communications teams be able to measure campaign performance across channels and identify gaps such as intended audiences that were not reached, required communications that were not acknowledged, messages that did not result in action, or topics that generated increased search and employee questions?		Yes.
153.	For administrator correction of inaccurate AI-assisted answers, would a governed process that updates approved knowledge sources, retrieval settings, and prompts satisfy the requirement, or is direct model retraining expected?		While a direct model retraining would be preferred, as long as we have a clear and defined process that can easily be replicated, it would suffice.
154.	Will UKHC provide a defined inventory or classification rules for SharePoint sites, paths, and other resources that must be excluded from indexing, caching, AI retrieval, and search results because they may contain PHI?		Honestly, this would be quite difficult with where we stand at the moment. We don't have each SharePoint site flagged as containing PHI or not. This would have to be work within the scope of this project to identify those.
155.	How does UKHC expect offerors to demonstrate and validate PHI exclusion controls during evaluation and		Yes, we would expect to test with sample data that would represent PHI data without it being actual PHI data.

	acceptance testing, using non-PHI sample data?		
156.	What types of information do employees most commonly struggle to find, what typically happens when they cannot find that information, and which internal teams absorb the resulting additional workload?		Based on searches with zero results, employees struggle to find content when their search terms are misspelled or incomplete, which is why UK HealthCare Corporate Communications would like to be able to manage the search process, including the use of synonyms.
157.	What typically happens when employees cannot find the information they need, and which internal teams absorb that additional workload?		See Answer #156.
158.	What would UK Healthcare require before employees could trust an AI-generated answer?		An AI search result should clearly cite all relevant sources. Additionally, it is desirable for employees to be able to toggle AI search on and off to suit their situation.
159.	When should the employee experience provide a direct answer versus direct the employee to authoritative source content?		Any direct answer should include links to the authoritative source.
160.	Beyond answering questions, where would you ultimately want AI to help employees take action or complete a task?		UKHC is open to offerors' recommendations, provided that they involve Copilot since UK is a Microsoft institution. The RFP asks offerors to describe their AI/ML investments and capabilities, and requires administrator controls and feedback mechanisms for any AI-assisted search or answers. Offerors should describe any AI capabilities that help employees complete tasks or take action, beyond answering questions. Include current availability versus roadmap, the governance and administrator controls involved, and any related costs.
161.	Which analytics capabilities are mandatory at initial go-live versus acceptable in a phased rollout, particularly component-level event tracking, engagement segmentation, and AI response feedback?		Ability to integrate with third party analytics tools such as GTM, GA4 and Microsoft Clarity are and in-platform analytics such as basic page views are required at launch.
162.	Twelve months after launch, what measurable outcomes would cause UK Healthcare's leadership to say this investment was successful?		UKHC leadership would consider the investment successful if, 12 months after launch, the platform shows: • **Reach:** higher monthly active use, especially among frontline staff and mobile users • **Critical communications:** measurable delivery and acknowledgment rates for targeted and urgent messages, by entity, facility and role

			• **Findability:** fewer failed searches, and employees finding tools, policies and resources faster • **Efficiency:** Corporate Communications publishing and targeting content without relying on IT • **Engagement:** improved employee feedback and sentiment scores, consistent with UKHC's engagement, retention and High Reliability Organization goals
163.	The RFP identifies approximately 5,000 pages on The Loop. Should offerors assume migration of all active pages, or will UKHC conduct a content inventory and rationalization to define the final migration scope?		See Answer #18.
164.	How do you currently identify outdated, duplicative, inaccurate, or unowned content, and where is that creating the greatest challenge?		There is no programmatic way to identify duplicative and inaccurate content. Authors control the expiration and review date settings on their pages. Those that are not reviewed in a timely manner are allowed to expire. This often results in missing content.
165.	What launch approach would UKHC prefer for configuration and deployment of the selected software platform, including any phasing by hospital or employee population, required go-live milestones, or blackout periods? How should early access to working software, recurring hands-on validation, user feedback, training, and acceptance checkpoints be incorporated into that implementation schedule?		A 30-day blackout period will be set during which time any new content added to the intranet will be added by UK HealthCare Corporate Communications allowing us to track it for inclusion in the new platform.
166.	For the academic medical center reference requirement, must the proposed software provider itself be the contracting prime on the referenced implementation, or may comparable work delivered jointly with an identified implementation partner qualify?		Comparable work delivered jointly with an implementation partner will qualify, but partners and/or subcontractors must be disclosed.
167.	What aspects of your existing Microsoft environment are working well today?		Teams and Outlook anchor our meetings and daily communication, Copilot is increasingly part of workflows and SharePoint and OneDrive are our standard for documents and collaboration.
168.	Where does the current Microsoft experience create the greatest friction for employees or communicators?		As UK HealthCare Corporate Communications does not control the Microsoft platform, we cannot control conflicting and outdated

			information found outside the intranet. Duplicative information exists in multiple applications and sites. There is a lack of authoritative information hierarchy.
169.	How much content and information currently resides in UKHC's Microsoft repositories, and which content should remain in those repositories rather than be migrated into another vendor-managed content platform?		No content will be migrated from Microsoft repositories.
170.	Where do you see the greatest value in creating a unified employee experience across information and services that currently live in different Microsoft products and other enterprise systems?		The greatest value would be in reducing the number of places employees have to search for information, and reducing the number of sign-ons required to access that information. The intranet should facilitate access to evergreen content such as how-to guides, procedures, policies and apps/tools.
171.	For the availability requirement, should offerors price and contract against the 99.8% target or the 99.0% minimum baseline, and will the proposed service-credit schedule apply to the selected threshold?		See Answer #33.
172.	Section 8.B bases pricing on health system information "provided in Appendix C", but Appendix C contains only PHI and uptime terms. Can you share user counts per entity, facility and population, and the phasing plan?		The RFP states "health system information provided in the appendix", but should be referencing Appendix B.
173.	Section 5:How will price be weighed against the other primary criteria? Are weights or scoring available?		See Answer #39.
174.	Is there a target go-live date or implementation timeline?		See Answer #34.
175.	For frontline staff without corporate email, are kiosks, shared devices or non-SSO login required?		All staff have corporate email.
176.	How should we price SMS delivery? Please state expected volumes or carrier assumptions.		See Answers #16 and #54 for how the University manages SMS.
177.	In Section 7.1, what does "integration with other UK HealthCare Drupal sites" mean: content syndication, shared components or something else?		See Answer #14.
178.	Is all content (~5,000 pages) in migration scope, or will it be audited and pruned first? What is the complexity of the data contained in the pages? Just text or more types of data/media?		See Answer #18.

179.	Do you prefer direct SAP/Workday integration or Microsoft 365/Entra feeds? Which timekeeping system (UKG or Workday), and which ServiceNow use cases?		Authentication and authorization will rely on Entra/365 and user claims provided in the user object returned. Any integration with Workday or SAP will likely be auxiliary to the claims provided by Microsoft/authentication. For example—a user authenticates with Entra but user data is matched from Entra with corresponding data in SAP or Workday to populate various user data fields (organizational role, professional titles, preferred names, etc.). The university is currently working to combine these data streams using DataBricks and the organizational EDW, so alternative, single-sources of truth (with the exception of Single-Sign On/Entra auth) for user data are possible in the near future.
180.	Are there any pressing concerns or business objectives that are motivating this RFP?		Several priorities are driving this RFP. Including but not limited to: 1) Our High Reliability Organization goals depend on clear, timely, trusted communication, including targeted urgent alerts. 2) We need to reach frontline staff, many of whom rarely sit at a desktop and few of whom have adopted our current mobile app. 3) UK King's Daughters and UK St. Claire are joining the central intranet, and we expect more hospitals and employee groups over time. 4) We want one hub where employees can find the tools, resources, and procedures they need, instead of many disconnected systems. 5) We need better measurement of reach, acknowledgment, engagement and how well search works. Our needs have evolved significantly since we launched our intranet. We're looking for a modern, intuitive experience that makes it easy for employees to find what they need.
181.	Can UK configure SharePoint index exclusions for PHI? Does "notify within 24 hours of confirmation" mean confirmed by the vendor?		Yes, we have global tenancy control to configure SharePoint as needed. The 24-hour notice should be understood to mean "Vendor agrees to notify the Organization within a 24-hour window of any confirmed compromise to PHI data." if discovered by the vendor before or instead of UK discovering it.

182.	Section 7.1.5e requires AI search corrections to "inform future results and model training". Is training on customer data required, or is a correction and tuning layer enough?		A correction layer and tuning suite are sufficient to meet this need.
183.	To what extent are employees and administrators using AI-functionality/tooling?		The overwhelming majority of AI interactions across the enterprise are with traditional LLM chatbots. Copilot is the only sanctioned tool of this nature at this time. The scope of the RFP does not include a roll out of a new AI tool associated with the Intranet.
184.	Are all requirements in Detailed Services Defined equally weighted, or are some of these nice-to-have versus must-haves?		All requirement in 7.1 are considered mission-critical at launch. Options to expand functionality to include newsletter distribution, searches within ServiceNow knowledgebase articles, integrate social media feeds, stock image search integration for the editorial experience, integration/ability to search public Drupal web assets within the organization, an internal editorial calendar (or some similar system to manage multi-author publishing), content type reference notes (i.e. editor and/or author notes on a pending publishable work), and the ability to make some pages available to the internet/outside the intranet are all auxiliary features which should be considered.
185.	Vendors are instructed to complete 7.1 and 7.2 by way of 8.0, which is part of our financial proposal. Should we treat each item in those sections as line items against which we need to provide pricing? Or are vendors supposed to respond to each item as a technical requirement and explain our capabilities against those?		Respond to each item as a technical requirement and provide a thorough breakdown of your pricing.
186.	Is the 2% contract administration fee added on top of our price or built in? Is it negotiable for a SaaS model?		It applies to all invoiced items. It is up to the vendor to determine whether it will be built into the pricing.
187.	Is the termination for convenience negotiable?		Termination for convenience is a right granted to the University as a state agency under KY law. Aspects of it could be negotiated with the awarded vendor.
188.	Does work-made-for-hire cover only customer content and custom deliverables, or also our core product IP?		It does not include core product IP.
189.	Is the indemnification really unlimited, or can it be capped?		That can be negotiated with the awarded vendor.
190.	Can proposals be submitted electronically? The RFP requires		The current requirement is for the submission of physical paper copies with USB backups. No

	physical delivery with USBs and printed originals.		electronic submission will be accepted in place of that.
191.	Should the 6-month proposal validity be extended if award is delayed?		Pricing should be held for a minimum of 6 months where possible and we would appreciate it being held for additional periods if possible.
192.	What kinds of achievement badges would you wish for employees to be able to add to their profiles?		These are determined by Corporate Communications and are typically used to reward completion of a desired act, such as adding details to an individual's profile, participating in a forum, completion of training, etc.
193.	What degree of self-selected personalization would you like to grant employees? Are there specific elements that you would not want employees to be able to “opt-out” of seeing on their homepage?		Some content should not be optional, including alerts and enterprise news feeds. Employees should be able to set up a customized feed notifying them of any new content in categories they follow, based on site structure, keywords or other taxonomy.
194.	Can you please share more information about “podcast plays”? Is there an existing podcast that you are wishing to embed into the platform, and if so, where is that currently hosted?		UK HealthCare produces numerous podcasts which are currently presented via an HTML5 player as the existing vendor does not have a podcast solution. Page views may be tracked, but not plays or duration. The podcasts are hosted on the intranet. An external service is not currently being used.
195.	Section 6.10: Termination for convenience, 30 days, pro-rated. This conflicts with our current subscription terms which are annualized and a minimum of 12 months with no opt-out or Term for Convenience accepted. Is this open to negotiation?		Termination for convenience is a right granted to the University as a state agency under KY law. Aspects of it could be negotiated with the awarded vendor.
196.	Section 6.12: Funding out, 30 days. Same conflicting terms as 6.10. Is this open to negotiation?		Funding out is a right granted to the University as a state agency under KY law. Aspects of it could be negotiated with the awarded vendor.
197.	Section 6.18: Indemnification. Is this open to negotiation?		That can be negotiated with the awarded vendor.
198.	Appendix A (HIPAA/BAA Agreement) and Appendix B (UKHC IT Technical Requirements) are referenced but not included in the posted RFP. Please provide both and confirm Appendix B is the intended appendix for this intranet RFP, as its title references an Employee Learner Digital Platform.		Both Appendix A and B are available on the UK Purchasing website by clicking on each Appendix.
199.	(Section 4.8 D) Item D in Section 4.8 is blank. Please confirm whether a requirement was intended and, if so, please provide.		Section 4.8 item D was a formatting error and should just be a blank line.

200.	(Section 8.0 B) Section 8.0 B requests an implementation estimate "based on health system information provided in the appendix." Please identify the appendix containing this information.		Appendix B.
201.	(Section 6.28) Should the 2% contract administration fee be included in proposed pricing, and does it apply to the full contract value, including software subscription fees?		It applies to all invoiced items. It is up to the vendor to determine whether it will be built into the pricing.
202.	(Section 2.2) Which platform currently hosts The Loop, and when does that contract expire? Is there a required go-live or cutover date?		See Answer #2.
203.	(Sections 3.3, 6.2 and 6.4) What is UK's anticipated timeline for presentations, award, Government Contract Review Committee review and project kickoff?		Ideally, we will hold presentations for selected vendors in December. The award and other dates would be contingent upon how quickly a contract can be negotiated.
204.	(Sections 2.1 and 7.1-4h) Do all entities, including UK King's Daughters and UK St. Claire, share a single Microsoft Entra ID tenant? Do all frontline employees have individual Entra ID accounts and UK email addresses? Which SSO protocol (SAML or OIDC) and provisioning method (SCIM or HRIS feed) does UK prefer?		Yes, a single Entra ID tenant is shared between all entities.
205.	(Sections 4.6 B, 7.1-4d and 7.1-4g) Which system (SAP, Workday or other) is the HR system of record for each entity, and which timekeeping system (UKG, Workday or other) is in use? Is an HRIS or timekeeping migration planned during the implementation window?		Currently our personnel management is split between two systems: a portion of the organization has migrated to Workday and a much larger portion remains in SAP. Both use different instances of UKG Kronos for timekeeping and time-off requests.
206.	(Sections 4.6 B and 7.1-7) Which employee attributes are reliably populated in source systems today (entity, facility/location, department, job role, supervisor, employment type), and are there known data-quality gaps?		This is the list we generally expect: GUID Username FirstName SurName EmailAddress ManagerGUID JobTitle DEPARTMENT Address Company Password JobStartDate Phone Mobile

			Enabled DefaultDomain ManagerUID ManagerUsername ManagerEmail ManagerDefaultDomain GroupUsers AdministrativeUnitOrCollege Location
207.	(Sections 2.1 and 7.1-2c) Will frontline staff use the mobile app on personal devices, shared devices or UK-managed devices?		A combination of all three are possible. No specific regulations exist prohibiting employees from accessing the existing intranet from personal devices.
208.	(Sections 2.1, 7.1-2b and 7.1-2e) Is the platform expected to supplement or replace an existing emergency/mass notification system? If one exists, which system, and is integration required? Is SMS preferred?		This will not replace the University of Kentucky's emergency notification system.
209.	(Section 7.1-4) Which listed integrations are required at go-live versus later phases? For UKG/Workday timekeeping, ServiceNow and SAP/Workday, please describe the desired use case (e.g., deep links, surfacing data, single sign-on, two-way actions). Does UK hold a current Getty Images license, and which social media feeds should be surfaced?		See Answer #11.
210.	(Section 7.1-4k) Approximately how many campus and UK HealthCare Drupal sites are in scope, and what integration is expected (search, content syndication, navigation)?		See Answer #14.
211.	(Section 7.1-5c and Appendix C) Approximately how many SharePoint sites, Teams and OneDrive repositories are in scope for workplace search? Would a federated, query-time search approach that does not persist content be acceptable under Appendix C?		There are two bare-metal SharePoint instances left in the organization’s infrastructure with a large majority of the overall SharePoint infrastructure already migrated to O365/SharePoint cloud. There is one single cloud instance that houses roughly 1000 SharePoint sites. We have a single organization-wide Teams instance through our enterprise licensing with Microsoft. The same goes for our OneDrive. OneDrive would ideally be limited to personalized results on a per-user basis. SharePoint results would preferably be

			provided based on claims permissions from Entra.
212.	(Sections 2.1 and 7.1-12c) Are GA4, Google Tag Manager or Microsoft Clarity implemented on The Loop today?		Yes.
213.	(Sections 2.2 and 7.1-13a) Of the approximately 5,000 pages on The Loop, how many does UK expect to migrate versus retire? Has a content audit been completed? Please share the approximate file/media count and storage size, how far back the news archive should migrate, and whether comments or forum posts should migrate.		See Answer #18.
214.	(Sections 7.1-3b and 7.1-13a) Does the current platform support bulk export (API, XML or CSV)? Approximately how many legacy Loop URLs will need redirects?		Unknown. See Answers #18. Some mechanism can be provided, including collaboration with developers, to perform an ETL on the existing data into the awarded solution. This may include querying databases, third party migration tools, direct export, or other methods to extract, transform, and load the data from one system to the next.
215.	(Sections 7.1-1l, 7.1-2g and 7.1-10) Is the CSS/HTML/JavaScript customization requirement intended for branding and template design, or also for custom application development within the platform?		The primary concern is having the ability to create customized content templates in a familiar markup language—so this requirement is not necessarily limited to HTML/CSS/JavaScript. It would be nice if the solution provided APIs or some means of ingress/egress for writing middleware to integrate the system with other UK assets as time progresses and the vendor takes a less active role in the migration and implementation of the solution.
216.	(Sections 6.27 and 7.1-10) How many distinctly branded experiences are required (e.g., UK HealthCare, UK King's Daughters, UK St. Claire), and will UK's brand team provide design assets and approvals?		The three referenced have aligned branding. Others may be added in the future. UK HealthCare will provide design assets and approvals.
217.	(Section 7.2 C) For digital signage consolidation, how many screens and locations are in scope, and which signage platform and hardware are in use today?		See Answer #63.
218.	Are HIPAA compliance and execution of a Business Associate Agreement (BAA) mandatory, even when patient		See Answer #58.

	information and clinical workflows are expressly excluded? Appendix C prohibits intentional PHI processing, while Section 6.30 incorporates the BAA and Appendix B includes several ePHI-related questions. Will UKH accept a proposal that expressly excludes PHI, patient-record integrations, and patient-care workflows, removes the HIPAA/BAA requirements from the agreement, and treats the corresponding ePHI questions as not applicable? If those requirements remain mandatory regardless of scope, would that make our proposal ineligible?		
219.	Which integrations are required at launch, and what must each integration do? For Microsoft 365, SharePoint, ServiceNow, SAP/Workday, timekeeping, and Drupal, please distinguish between application links/SSO, employee-data synchronization, unified search, embedded information, and transactions performed within the intranet. Which are mandatory for the initial launch, and which may be phased? We want to understand the use cases of integrations as our platform uniquely offers what we call MicroApps, enabling nurses, physicians, and employees to take action for approved transactions to 3rd party systems directly within our platform.		Mandatory at launch — 1. Microsoft 365/Entra ID: Single sign-on, basic user information provisioning through claims. 2. SharePoint: Search content in a primary organizational instance and subsites within that instance. A team exists to facilitate configuration of this integration. 3. SAP & Workday: User information provisioning. It's likely that a data feed will be provided to combine these disparate personnel management sources. That is under development as of writing. Phased — Timekeeping: This is handled through UKG (Kronos) though it is currently split between two instances that serve different parts of the organization. Drupal: An integration with Drupal would ideally be a mechanism to search/query data in public Drupal web properties owned by the organization and return those as search results in the awarded solution's search tool.
220.	How should the incumbent structure pricing for continuity of the existing service through implementation? Should any interim renewal or extension be priced separately from the proposed platform configuration, implementation, and migration?		Any existing service pricing extension would be negotiated between the University and the current vendor outside of this RFP process and would not be considered with the RFP responses to be submitted.

221.	Will platform ownership remain with Corporate Communications, coordinated with the College of Medicine? How will governance extend to additional hospitals and affiliated entities?		Yes. Corporate Communications will maintain primary governance.
222.	Following the re-scoping, what are the anticipated contract award, project start and target go-live dates? Does the previously referenced March 2027 date remain applicable, and which milestone does it represent?		The timeline is entirely dependent on how long it takes to select a vendor and negotiate the award.
223.	Which UK and UK HealthCare roles will be assigned to implementation, and what capacity will be available for project management, integrations, content migration, testing and approvals?		UK HealthCare Corporate Communications has two FTEs dedicated to the site and anticipates 2-3 additional part-time or temporary staff to assist with content migration. IT will provide technical assistance for deployment and network needs, integrations, and migration support.
224.	Beyond the stated notice and maintenance requirements, to what extent does UK require approval of production release dates, the ability to defer updates, or a defined sandbox validation period?		UK HealthCare does not require approval of release dates but prefers updates not be pushed during peak times when such updates might reasonably be expected to cause latency or other downtime.
225.	In addition to the technical support requirements, what ongoing partnership services should vendors include? For example, named contacts, business reviews, adoption planning, governance guidance and roadmap discussions - and at what cadence?		All.
226.	What changes in UK HealthCare's priorities or required outcomes prompted the re-scoped RFP? Beyond the explicit changes in UK-2631-27, are there areas where vendors should provide greater detail or evidence to support the committee's evaluation?		The primary change is the anticipated increase in user numbers and additional organizations.
227.	Can vendors retain their UK-2613-27 response and submit a targeted supplement covering revised requirements and pricing, or must any changes be submitted as a complete replacement response? Please also confirm whether the published UK-2613-27 Q&A remains applicable where requirements have not changed.		Yes. I would rely on the Q&A to the currently UK-2631-27 RFP only.
228.	Which hospitals, affiliated entities and employee populations should vendors include within the initial 25,000-user		See Answer #120.

	implementation? Should additional entities be treated as separately priced future phases, and are there anticipated onboarding dates or user volumes vendors should use?		
229.	Appendix C defines a solution that excludes intentional PHI handling, while §6.30 retains the HIPAA/BAA requirement. Please clarify the obligations vendors must meet within this non-PHI scope and whether UK will consider amendments to Appendix A that reflect the agreed platform boundaries and shared configuration responsibilities.		See Answer #58.
230.	Section 2.1 permits a native or comparable mobile application, while §7.1 specifies a native iOS/Android application. Is a native application mandatory at launch? Given the limited adoption of the existing app, what barriers should the selected vendor address, and what mobile adoption outcomes would define success?		A native application is not mandatory at launch. UK HealthCare places greater importance on delivering a well-functioning mobile application than on launching one that is expected to require significant iteration and improvement. Provided the vendor can offer reasonable assurance that a quality application will be delivered when it is ready, the application may follow the initial launch. The primary barrier to adoption of the current application was poor performance at its initial launch; employees quickly lost confidence in it, and it has been difficult to persuade them to try it again. For measures of mobile adoption success, see #112.
231.	The UK-2613-27 Q&A identified LinkBlue SSO as the only integration required for initial implementation. Does this remain applicable under UK-2631-27? If additional integrations are required at launch, please identify them and the expected functionality (e.g. searchable content, employee-data synchronization, or embedded transactions).		See Answer #219.
232.	Section 4.5.A states the proposed solution "should be a purpose-built, configurable intranet/digital-workplace platform (not a custom-built application)." Will the University consider a solution built on an established open-source enterprise CMS (for example Drupal, which UK HealthCare already uses per Section 7.1 item k) configured with an intranet distribution and standard		It would be considered, but a COTS model is preferred.

	modules, rather than a proprietary SaaS intranet product?		
233.	Will the University accept a proposal from an implementation/integration firm that partners with a third-party intranet platform licensor, with the implementation firm as prime? If so, how should Section 4.8.E (single-vendor accountability) be addressed: is a prime contractor accountable for the licensor's support acceptable?		Yes. Specify responsibilities between prime contractor and third-party sun-contractors in your response.
234.	Section 4.5.A asks for references that "should include Medical Centers of similar size... with at least one reference being an Academic Medical Center." Is the Academic Medical Center reference a mandatory minimum qualification, or an evaluated preference? Would HIPAA-regulated healthcare platform references of different scale, plus large public-sector CMS references, be considered?		See Answer #43.
235.	Which intranet platform currently runs The Loop, and when does that contract expire? Is migration from that platform's export format included, and will the University provide a content export (approximately 5,000 pages) or must the offeror extract it?		See Answers #2 and #17.
236.	Section 7.1 item k calls for "Integration with other campus and external UK HealthCare Drupal sites." Please list the Drupal versions in scope, approximate number of sites, and the type of integration expected (shared search, content syndication, single sign-on, navigation, or news feeds).		See Answers #14, #87, and #117.
237.	Is a native iOS/Android app required, or will a progressive web app with push notifications satisfy the "native or comparable mobile application" requirement in Section 2.1?		See Answer #230.
238.	Will Appendix B (UKHC IT Technical Requirements) be issued in a fillable format, and should responses to it be included in the Technical Proposal or as a separate attachment?		Appendix B is in a fillable format on the UK Purchasing website https://purchasing.uky.edu/bid-and-proposal-opportunities
239.	Is there a budget range or not-to-exceed amount for implementation and for annual licensing/support?		See Answer #64.

240.	Which identity provider and HR source should be assumed for provisioning (Entra ID/SCIM versus SAP or Workday, Section 4.6.B)? Is integration with Epic or other clinical systems expected in this phase?		See Answer #205. Yes.
241.	Section 3.6 requires hard-copy delivery. Is delivery by a commercial carrier (FedEx/UPS) received by 3 PM ET acceptable, and is there a specific receiving dock or room number?		The shipping address is listed in Section 3.2 of the RFP.
242.	Does the University require the awarded contractor to be registered to do business in Kentucky at proposal submission, or only prior to award?		Under Kentucky statute, vendors must be registered prior to award of a contract by a state agency, such as the University.
243.	What is the target go-live date, and are there blackout periods (for example, Epic upgrades or fiscal year-end) to plan around?		See Answer #34. There are no black out dates that we are aware of at this time.