HILO BENIOFF MEDICAL CENTER
HONOKA`A HOSPITAL
KA`U HOSPITAL
Y. OKUTSU STATE VETERANS HOME

Contracts Management

Date: June 23, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum No. 01 25-0468 RFP INTERNET WEBSITE MANAGEMENT PROJECT Q & A**

This correspondence serves as Solicitation Addendum No. 01 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the Proposal Submission Deadline has not changed and proposals are due no later than **June 27, 2025 by 2:00 P.M. HST**.

Questions and Responses presented during the Q&A period of this RFP are posted below for review and reference.

Q1.   For each of the five websites in scope, could HHSC share the average monthly counts during FY 24 for content-update requests, bug-fix or development tickets, and help- desk support tickets?
A1.   84 tickets in FY25 with average recorded time spent of 26 minutes.

Q2.   Does HHSC have historical data or a target benchmark for monthly billable hours per site that the successful vendor should plan around?
A2.   84 tickets in FY25 with average recorded time spent of 26 minutes.

Q3.   The sample SLA references twenty one-time development hours per fiscal year; should proposers include those hours inside the fixed annual fee, and if they are unused may they roll forward to the next fiscal year?
A3.   They should be included and may roll over.

Q4.   The scope calls for four hours of planning or needs-assessment meetings each month. Is HHSC expecting one standing session or several shorter touch-points, and are virtual meetings acceptable, or will any on-site presence be required?
A4.   Several shorter touch points throughout the month, virtual meetings are fine.

Q5. If HHSC chooses to keep the sites on its internal Windows-based WordPress server, please confirm the operating system, web-server software, PHP and MySQL versions, and the access methods (such as SSH, SFTP, or a control panel) that will be provided. Could HHSC also supply a current plugin and theme list, including any licensed premium plugins or custom code, for each site?

A5. Currently Windows/Apache/MySQL. We'd provide details if we move to a next level of selection, not at this time. Current active plugins: Advanced Custom Fields PRO; Better Search Replace; Broadcast; Enable jQuery Migrate Helper; Google XML; Sitemaps; Hummingbird; +Medicalhealththemes Core; Really Simple SSL; Redirection; *RegistrationMagic Premium; +Slider Revolution; Smush; Snapshot Pro; Speed Up WordPress; User Activation Keys; Wordfence Security; WordPress Hosting; Benchmark tool; +WPBakery Page Builder.

* licensed: + part of Medicalhealth (zozothemes) licensed theme.

Q6. Do any of the five sites store or process protected health information?

A6. A BAA would be required for off site hosting. There is PHI/PII, but this is not a clinical system.

Q7. Has the existing internal WordPress environment been formally validated against all HIPAA Security Rule safeguards, including encryption at rest and in transit, access controls, audit logging, and disaster-recovery provisions, or should vendors scope and price any remediation necessary to achieve full compliance?

A7. A BAA would be required for off site hosting. There is PHI/PII, but this is not a clinical system.

Q8. For the required reportable database of issues and solutions, does HHSC prefer a specific ticketing platform, or may the vendor propose one?

A8. We have no preference.

Q9. What contract term and renewal structure does HHSC anticipate—single year with option years, or a multi-year base period?

A9. Single year with option years is preferred for now.

Q10. Finally, please confirm the minimum insurance coverage limits for general liability, professional liability, and cyber liability, as well as any required additional-insured wording.

A10. This data will be reviewed with final selected CONTRACTOR.

Q11. Are these systems already in place and working correctly? Are these accomplished with 3rd party plugins or custom coded elements? Will there need to be any enhancements to these features - and if so, what are the details?

A11. These systems are in place. These are made with the Advanced Custom Fields plugin. What is requested is that they be adjusted so that specific staff be allowed to update their pertinent items and only that (e.g. contract management can updates/edit/publish Solicitations, but not other pages or item).

Q12. Is this support for the WordPress administrators – OR – or the end-users of the website (site visitors)?

A12. WordPress administrator.

Q13. Is there a single/primary point person making updates for each of the 6 websites – or are there multiple? If multiple, how many total?

A13. Yes, there will be three point people for basic content updates and one point person for any requested changes beyond basic updates.

Q14. Can you shed some light on the "optimize projected utilization" tasks? What are you seeing here?

A14. User Engagement: Maximizing user interactions like clicks, scroll depth, time on page, and conversions. Website Performance: Improving loading speed, responsiveness, and overall technical efficiency. SEO & Visibility: Optimizing the website for search engines to increase organic traffic.

Q15. Could you clarify the primary goals you envision for these regional websites—are they more informational, service-oriented, or marketing-driven?

A15. They need to be easy to navigate and service-oriented while also offering a reasonable amount of educational content. Additionally, the design should be visually appealing to engage the end-user effectively.

Q16. Will our efforts also need to include online marketing efforts external to the website (ie, offsite SEO, SEM, etc.)

A16. There will be no external marketing efforts beyond the identified websites.

Q17. Does this mean something more than the 6 WordPress websites listed? If so, what and how?

A17. This is just for the identified 6 WordPress websites.

Q18. To clarify – you want a fixed bid quote for the annual service term that specifies how much time is allowed for specific types of tasks each month, correct?

A18. Yes.

Q19. Can you share any insights on the amount of time per week/month the current website support provider is providing?

A19. 84 tickets in FY25 with average recorded time spent of 26 minutes.

Q20. Are you open to an hourly arrangement? Without knowing the exact level of support you need over time – and if there would be any special projects/needs that arise – we'd be "guessing" at the amount of time to include in the quoted annual amount. Thus, you'd run the risk of overpaying (if you don't fully utilize the included hours) or running short on hours (and not being able to complete special projects).

A20. Fine with hourly, but if we outline a special project, they should have to provide an agreed to amount of time to complete the project.

Q21. **Are all 6 WordPress sites/servers running on the most current WordPress version (6.8.1), PHP version (8.4), and have all themes and plugins updated.**

A21. We have it on 6.7.2 in test, but that's not been applied to production yet. That will be done before handover along with updating plugins.

Q22. **Are all 6 WordPress sites hosted on the same server?**

A22. Yes.

Q23. **For ongoing development and maintenance, will we have access to server-level tools such as cPanel, FTP/SFTP, or SSH in addition to the WordPress admin area?**

A23. This is on Windows currently. You'll have file transfer and console access.

Q24. **Are there currently any custom developed tools, functions and/or 3rd party integrations that would be important for us to know about? For example, tools/functions that weren't accomplished with available WordPress plugins. If so, can you itemize these? Would we have access to the full uncompiled source code for these elements?**

A24. There are none. There is little current customization and it's all for the ACF post types listed above (i.e. there are templates for displaying the items in lists and searching.) There are no custom plugins.

Q25. **Are there any upcoming changes or updates to content structure or branding that we should be aware of as part of ongoing maintenance?**

A25. Several clinic webpages may need content restructuring; however, once a suitable structure is identified, it will serve as the recurring framework for all clinic pages.

Q26. **What level of technical access and editing permissions would your internal non-technical staff need for each of the websites?**

A26. Edit permissions are needed for 10 primary internal non-technical users responsible for making minor content updates.

Q27. **Are the existing websites all built on the same CMS/platform, or do they vary across the region?**

A27. They are all WordPress hosted on the same server

Q28. **Can you describe the current process for managing and updating the medical staff calendars, procurement sections, and team listings?**

A28. They are currently managed by the WordPress Editors, but we would like them to be managed by the owning department staff without granting them access to edit everything.

Q29. **What turnaround time expectations do you have for high-priority vs. routine update requests?**

A29. As outlined in the RFP, request turn-around time should be no more than two business days.

Q30. **Are there any recurring performance or uptime issues you've faced that we should**

anticipate addressing?

A30.   No.

Q31.   Do you have existing documentation or logs for known website issues and previous solutions we can reference or expand upon?

A31.   This is not applicable and not necessary for this RFP.

Q32.   What security protocols or compliance standards are currently followed, and are there any anticipated changes to those requirements?

A32.   HIPAA is the primary requirement.

Q33.   How would you prefer we coordinate with your internal IT team—weekly check-ins, ondemand communication, or another model?

A33.   Weekly check-ins via Teams for the first month. From there move to OnDemand communication with a monthly check-in via Teams.

Q34.   What tools or platforms are currently used to monitor performance, uptime, and website health?

A34.   Nagios, uptime only.

Q35.   How many internal users currently access the websites, and do their roles differ in terms of content responsibilities?

A35.   Currently there are two employed members of our team that consistently access all webpages. IT Director and our Marketing Communications Director who are currently responsible for updating content provided by internal employees.

Q36.   What's the current process for requesting support (e.g., email ticketing system, direct contact), and what improvements would you like to see?

A36.   There is a functioning ticketing system in place for requests related to basic webpage content updates and project proposals. All project requests will be reviewed by our Healthcare Development Officer, who will prioritize them and ensure that we comply with our contract with our selected partner.

Q37.   Are there specific examples of communication breakdowns or service delays you'd like to avoid moving forward?

A37.   No.

Q38.   How often do you anticipate needing strategic input on marketing, user engagement, or content optimization?

A38.   Quarterly would be appropriate, with the exception of new webpages to ensure they are easily accessed by end-users.

Q39.   Would you like us to provide ongoing training or documentation for your non-technical staff as part of support?

A39.   Yes, initial documented training for our 10 non-technical super users, and ongoing training for updates or identified technical changes is requested.

Q40. Are there any planned initiatives (like adding new services, locations, or features) we should prepare for during the contract period?

A40. We do anticipate the addition of a new health center, which may require a new website. In addition, several of our services will be moving to newly developed spaces over the next year. The Healthcare Development Officer will clearly outline these changes, including the anticipated go-live dates and all necessary information for patients and visitors. We also plan to introduce new services, which will require the creation of a dedicated webpage. To streamline this process, the structure of the pages will be standardized, and detailed content will be provided.

Q41. How is success typically measured for your website management vendor—uptime, responsiveness, user feedback, or something else?

A41. Yes, responsiveness, successfully meeting agreed to project timelines.

Q42. Do you have a budget in mind for this project?

A42. This is a competitive proposal process. We will select the vendor that meets the elements of the RFP and creates the best value for the East Hawaii Region.

Q43. How long have these websites been under maintenance?

A43. 8 years.

Q44. Are there any analytics tools currently implemented across the websites, and are there reporting expectations for site traffic or user behavior?

A44. Visitor data analytics is currently used in WordPress by the identified non-technical end users.

Q45. Do the websites need to meet any specific accessibility standards (e.g., WCAG 2.1 AA), and if so, how is compliance currently tracked or audited?

A45. Any applicable state of Hawaii laws.

Q46. What third-party integrations are currently in place (e.g., appointment systems, forms, payment gateways), and are there plans to add more?

A46. Completion of new patient applications and emailing data identified clinic, medical bill payment. These are links only and are not hosted on the site. No appointment systems are currently available. Organization will be rolling out new EMR system, EPIC, in November 2025, which may have some level of interface with website. Specifically, "Find a Provider".

Q47. How are backups currently handled—do you have a preferred cadence or method for data redundancy and recovery?

A47. We have nightly backups maintained for 90 days.

Q48. Are there seasonal or campaign-driven updates (e.g., health awareness months, recruitment drives) that require special coordination or design?

A48. Events/classes, staff recruitment efforts occur all year long, but these are routine. Community public health awareness campaigns may require some level of webpage support, but are unplanned and emergency based (pandemics, access to care during natural disasters, etc).

Q49. Who are the key stakeholders for each facility or site, and how would you prefer we manage approvals and communication across multiple entities?

A49. All minor content updates will be managed by three designated non-technical leads: the Communications and Community Relations Director and the Healthcare Development Officer. All pre-approved projects will be routed through the Healthcare Development Officer to the contractor. However, in the absence of the Healthcare Development Officer, the Communications and Community Relations Director is authorized to provide approval and direction and needed.

Q50. **Do you have a centralized brand/style guide that all regional websites must follow?**
A50. Yes, this includes: colors, font and logos.

Q51. **Should the support provider assist in ensuring mobile responsiveness or optimizing mobile experiences across sites?**
A51. Yes, ensuring functionality of mobile view and optimization is required.

Q52. **Are there legacy systems or technical debt that may limit enhancements or affect site performance?**
A52. No.

Q53. **Would you require us to maintain staging environments for testing updates and plugin changes before going live?**
A53. Yes, staging environments are encouraged

Q54. **How do you currently handle multilingual content, if applicable, and would support for translation/localization be expected?**
A54. No translation is not required, all approved language content would be provided by Hilo Benioff Medical Center.

Q55. **Is there a need to standardize user experience or design elements across all regional websites for brand consistency?**
A55. Yes, we need help with this.

Q56. **Are there any known limitations or pain points in your current CMS setup that you would like to see resolved through this engagement?**
A56. As we explore the proposals of potential offerors, we will work directly with the selected vendor/vendors that outlines the greatest expertise within the RFP elements outlined, while creating the best overall value to the East Hawaii Region.

Q57. **What service-level agreement (SLA) expectations do you have around support availability— business hours only, after-hours, weekends, etc.?**
A57. We would require support during business hours, specifically Hawaii Standard Time. After hours and weekends may be required in an emergency (website breaks, emergency public health notice). Provide quote for non-business hour rates.

Q58. **Will we be expected to participate in regular meetings or reporting sessions? If so, what frequency and format do you prefer?**
A58. A monthly operational check-in is mandatory, along with a quarterly data-driven update that identifies quality improvement and optimization opportunities. This update must be delivered prior to the virtual meeting, where we will present key highlights and hold a Q&A session with

identified internal stakeholders.

Q59. You list 6 domains for the RFP, will more be added in future, and if so, what is the expected count?

A59. Yes, one additional but not for at least a year. It will have minimal content.

Q60. For the existing six domains listed, do you have the total size of each domain?
A60. We cannot answer this question, at this time.

Q61. What is the current version of WordPress for each site?
A61. We have it on 6.7.2 in test, but that's not been applied to production yet. That will be done before handover along with updating plugins.

Q62. Do you have a theme and plugin list for each site?
A62. We have it on 6.7.2 in test, but that's not been applied to production yet. That will be done before handover along with updating plugins.

Q63. Is it possible to get admin access for each site to do our own inventory and analysis?
A63. No.

Q64. honokaahospital.org is a redirect to hbmc.org, will this remain or at some point will it become it's own site?
A64. That's not correct. It will be fixed. www.honokaahospital.org works correctly. Thank you for pointing that out.

Q65. Basic DNS resolves to a local HawaiianTel IP address, is this the location where the current sites are physically located?
A65. Yes.

Q66. The dedicated IP lookup shows 12 sites listed on the static IP address, what are the other sites and are they in any way linked to this RFP?
A66. The only sites are the six listed. We've had some rebranding with redirects from the old domains.

Q67. If the actual sites on this local server are on island, what is the make, model, hardware specs, OS, age and other hosting software setup data statistics?
A67. That would be provided if selected, not before. It will be currently supported versions.

Q68. What is the current backup structure in place for the existing hosting server(s) and hardware failover setup?
A68. Nightly backups with 90 days retention.

Q69. The RFP talks mostly about web support and maintenance. How much actual design (estimated) is expected from the contractor for theme, graphics, content, layout, as the RFP also references access for non technical staff to update content directly.

A69. The first 6-8 months of the contract will primarily consist of updating the theme, graphics, content and layout of all identified websites and webpages. Non-technical staff will be required to do basic content updates after webpage is initially updated. Therefore, between 50-70% of time will be allocated to design.

Q70. What, if any API integrations are in place for EMR data? And also, is any of this HIPAA data integrated or hosted on the same existing hosting servers?

A70. Some PHI exists (class registration forms).

Q71. Working in the facility 2.3 – is this 24 hour access?

A71. Business hours response is sufficient.

Except as noted above, the RFP 25-0468 is unchanged.