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

Contracts Management

Date: August 18, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contracts Manager

Re: **Solicitation Addendum No. 01 26-0056 RFQ INTERNET WEBSITE
                MANAGEMENT PROJECT Q & A**

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

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

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

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

**Q1.   How will the overall website portfolio architecture be structured to support multiple sites
under one environment while maintaining independent content management for each?**

A1.   We are using WordPress Multisite.

**Q2.   What hosting environment will be used if HBMC stays on Windows-based WordPress, and
how will it be configured for performance, scalability, and security?**

A2.   Internal VM with our standard install including endpoint protection and vulnerability scanning.

**Q3.   How will environments be segmented (e.g., production, staging, development) to ensure safe
deployment and testing?**

A3.   We have Test and Production environments, but can setup additional if needed.

**Q4a.   What will the content delivery architecture look like, including any CDN or load balancing
layers?**

A4a.   Our visit rate doesn't warrant this.

Q4b. How will you design the database architecture to efficiently handle multiple sites and shared components without performance degradation?

A4b. It's the default WordPress database. I don't understand the question.

Q5. What role and permission structure will be implemented to allow secure updates by non-technical staff while preventing unauthorized changes?

A5. The organization will have 5 primary employed internal users to make basic updates. The definition of basic will be determined in collaboration with the selected vendor. Staff will be held accountable if they go beyond this agreed to scope.

Q6. How will disaster recovery and backup systems be structured, and what is the planned recovery point objective (RPO) and recovery time objective (RTO)?

A6. We do nightly backups. This would not be the responsibly of the selected vendor.

Q7. What monitoring and alerting infrastructure will be in place to track uptime, performance, and potential failures across all sites?

A7. This would not be the responsibly of the selected vendor.

Q8. How will security layers be structured at the server, CMS, and plugin levels to protect against vulnerabilities and unauthorized access?

A8. This would be the responsibly of the selected vendor.

Q9. How will deployment pipelines be set up to manage version control, automated testing, and rollback capabilities?

A9. This would be the responsibly of the selected vendor.

Q10. Should the quoted price anticipate possible significant redesigns, or will most updates be routine maintenance and content changes.

A10. Please anticipate significant redesign year 1, year 2 will primarily require maintenance.

Q11. How will you structure plugin and theme management to ensure consistent updates without compatibility issues?

A11. This would be the responsibly of the selected vendor.

Q12. How will you architect the system to handle rapid high-priority updates during emergencies without risking stability?

A12. This is not anticipated.

Q13. **How will the infrastructure integrate with existing HHSC systems, including authentication, data sharing, and IT workflows?**

A13.   It does not.

Q14. **How will architecture documentation be structured to allow HBMC's internal IT to manage and maintain the system in the future?**

A14. After development, the following year will primarily focus on maintenance. Future management of the site will remain external for the foreseeable future.

Q15. **On average how many changes per month per site are generally requested? Is there a formal request process in place?**

A15. 5-10. Vendor would need to provide a ticketing process.

Q16. **How are the providers on the various provider finders managed today? Should the estimate include enhancing this system?**

A16. This will be removed on Nov 1 and transitioned to our EMR.

Q17. **Budgetary Scope: To help us structure a quotation that is aligned with your resources, would it be possible to know if a budget range has been established for the two-year contract?**

A17. No budget data will be provided.

Q18. **"Scope of "Development": The RFQ mentions an 80% focus on "development" in year one. Could you clarify if this entails a complete visual and functional redesign of the websites, or if it is focused on adding new features and enhancements to the existing sites?**

A18. This project may require both, depending on the specific webpage.

Q19. **Healthcare Experience: Our firm has direct experience developing and maintaining systems with HIPAA-level security and compliance. In your evaluation, how is this type of technical security experience weighed against direct experience with hospital marketing websites?**

A19. Refer to RFQ.

Q20. **Hawaiian Culture: We understand and deeply respect the importance of creating a digital presence that honors and reflects Hawaiian culture. Could you share if you have existing cultural advisors or resources that the selected vendor would be expected to collaborate with during the project?**

A20. The organization does have access to cultural advisors and resources as needed.

Q21. What does "management" include for you after launch: content updates, uptime monitoring and incident response, security patching, or a fixed monthly enhancement budget?

A21. Basic ongoing going changes to content (new service, service line closure), and areas listed above.

Q22. Are there any hosting constraints or preferred vendors we should align with, and do you require a dedicated environment with staging and production or a managed shared tier to control costs?

A22. It will be hosted internally. We are not looking for outside hosting.

Q23. Which departments will own content and approvals, and do you want a formal publishing workflow with review and scheduled release windows?

A23. Healthcare Development and Community Relations will own content and approvals. A formal publishing workflow with review and scheduled release would be appreciated.

Q24. What compliance requirements apply beyond baseline accessibility and security, and are there any privacy or records policies that will change how we store and expose documents?

A24. HIPAA is the most significant one.

Q25. Do you have required integrations on day one for meetings, forms, or payments, or can we phase those after the core redesign so we hit your launch window?

A25. No.

Q26. The RFQ references six websites—could you please confirm the technologies used to develop each of them?

A26. WordPress Multisite on the same server.

Q27. Which cloud platform (AWS, Google Cloud, or Azure) is currently used to host these websites?

A27. None.

Q28. Which database technology is implemented for the existing websites?

A28. mysql

Q29. Please confirm whether all sites will continue operating on the current Windows-based WordPress hosting, or if migration to Linux/cloud infrastructure is being considered. If the sites remain on Windows-based WordPress, will hosting administration and technical maintenance be handled by our team, or will these tasks be performed by your in-house specialists?

A29.   Migration to internally hosted linux is being considered.

Q30.   **Is there an existing staging environment for all sites, or should it be created as part of the project?**

A30.   There is a test server.

Q31.   **Do you currently use any version control systems, such as GitHub or GitLab, for managing project code?**

A31.   No.

Q32.   **Are there any existing integrations with external systems (EHR/EMR,CRM, online booking, payments) that will need to be supported or further developed?**

A32.   No.

Q33.   **Does HBMC have internal standards or policies for web accessibility (ADA compliance / WCAG 2.1 or 2.2 Level AA)? If not, would you consider including an accessibility audit and implementation stage for all regional websites in the project scope?**

A33.   Yes, but we would also consider a review.

Q34.   **Are there any custom plugins or themes in use that require support? How many plugins are currently used on each project?**

A34.   No.

Q35.   **Could you provide approximate monthly website traffic (unique visitors, page views) for each site, and indicate any peak load periods throughout the year? Additionally, how many content updates or technical change requests do you typically have per month, and what is the approximate contractor workload in hours per month that you expect during Year 1 and Year 2 of the agreement?**

A35.   21k visits, 145k page views per month.

Q36.   **How many HBMC staff members will be responsible for content management? Will training be required?**

A36.   Estimated 5 total.

Q37.   **Are the sites exclusively in English, or is multi-language support needed (e.g.,Hawaiian, Japanese)?**

A37.   Sites are exclusively in English.

Q38.   **Is there an established publication process, including medical and legal compliance review?**

A38. There is a content review process in place before being published.

Q39. **Would you like us to implement formal task priority levels (Critical / High / Normal) with defined response times?**

A39. That would be preferred, as long as the task list/ priorities are mutually agreed to.

Q40. **In addition to phone, email, and chat support, would you be open to implementing a centralized ticket portal for tracking requests and statuses in real time?**

A40. This will be discussed with the winning vendor, at a later date.

Q41. **Are onsite visits scheduled for fixed dates, or arranged as needed?**

A41. Nothing is scheduled directly on our websites.

Q42. **Are there specific HIPAA or other healthcare data security requirements for the contractor?**

A42. Yes, HIPAA.

Q43. **What is the anticipated start date after contractor selection? Is there a target go-live date for the first phase?**

A43. Approximately 1 month after selection. This will allow the organization to gather necessary content and desired creative layouts to help expedite updates and rebuilds.

Q44. **What payment schedule is planned — fixed milestone-based payments, monthly, quarterly, or another option? Do you have standard payment terms for such contracts?**

A44. We will outline this with the winning vendor.

Q45. **Are you considering a full redesign of the regional websites, or incremental improvements within the current layouts?**

A45. We are looking to redesign and altering our current layouts as needed to improve the user experience.

Q46. **Does HBMC have analytics data on user behavior to inform potential UX improvements?**

A46. Just Google Analytics.

Q47. **Should we conduct additional mobile optimization, or do current designs already meet your mobile standards?**

A47. Mobile view is available; however we would need to optimize mobile view for each page.

Q48. **Would you like us to propose additional elements reflecting Hawaiian culture beyond what is currently implemented?**

A48. Yes, we would be open to that, with approval by organization.

Q49. **Is there an up-to-date brand guide, or should we create visual guidelines from scratch?**

A49. This will be provided by the organization.

Q50. **Are you open to proposals from Agencies located in Texas?**

A50. Yes. Travel will be require for onsite meetings. Include as part of the quote, we will not reimburse for travel and receipts.

Q51. **How are the websites currently being managed? Internally? By another agency?**

A51. Internally.

Q52. **We understand that the first year of the agreement will be dedicated 80% to development work. Could you share any specific priorities or development requests? Does HBMC have a specific checklist that they would like accomplished that can be shared? (This will help determine our hours per month recommendation based on the level of effort). Our priority is to improve the look, simplify and update content and improve visitor navigation of the Hilo Benioff Medical Center website (this includes HR-staff/provider recruitment), East Hawaii Health Clinic, Ka`u Hospital, Honoka`a Hospital in that order. Once a vendor is selected, we will do a walkthrough of each site/page and review in detail desired changes.**

A52. We will discuss these details with the quote of the selected vendor.

Q53. **Are there any custom integrations or third-party systems connected to the site that we will be responsible for maintaining or supporting?**

A53. No.

Q54. **Are there any state-specific compliance requirements we need to follow as part of managing the site?**

A54. No.

Q55. **Can you confirm whether the scope includes both the design/development of a new site and ongoing hosting & content management after launch, or will hosting remain in-house?**

A55. The scope includes design and redevelopment of our current sites and ongoing hosting & content management after launch.

Q56. **Is there an expectation for the vendor to migrate existing content in full, or will content be selectively curated and reduced during migration?**

A56. Content will be curated and reduced by organization. However, there is no known intention of migration.

Q57. **Does the vendor have a preferred technology stack or CMS (e.g., WordPress, Drupal, proprietary) or is the selection fully open to recommendations?**

A57. Currently on WordPress, but option to alternatives.

Q58. **Are there specific third-party integrations (e.g., payment gateways, CRM, student information systems) that the new site must support from day one?**

A58. No.

Q59. **You've mentioned compliance with ADA/Section 508 – do you have an internal accessibility review process/vendors, or will the supplier be responsible for formal accessibility testing and certification?**

A59. No.

Q60. **Are there brand guidelines (logo usage, typography, color palette, tone of voice) already in place, or is the vendor expected to develop them as part of the redesign?**

A60. Yes this will be provided by the organization, although feedback is always appreciated.

Q61. **Will multilingual capability be required for the new website? If yes, what languages must be supported?**

A61. No. The site will be in English.

Q62. **For the search functionality, do you require a basic keyword search or an advanced, faceted search with filtering by content type, date, and relevance?**

A62. Basic keywork search at present. However we would like the flexibility to create searches as needed.

Q63. **Will the new site need an events calendar with filtering and recurring event options, and should it sync with existing calendaring systems?**

A63. Yes, we would like this option.

Q64. **Do you require form builders with workflow approval capabilities (e.g., for admissions, contact forms, service requests)?**

A64. Possibly.

Q65. **For emergency alerts, should the system integrate with existing mass notification tools (e.g., RAVE, Everbridge), and if so, which one?**

A65. Emergency alerts will be driven by our internal Director of Communications.

Q66. **How many internal staff will require CMS training, and do you prefer on-site, virtual, or self-paced recorded sessions?**

A66. Around 5 people total will require CMS training, virtual training is fine.

Q67. **Will the vendor be responsible for creating written CMS user manuals tailored to your workflows?**

A67. Yes, once workflows are mutually agreed to by organization.

Q68. **How will the weighting of evaluation criteria be applied (e.g., cost vs. experience vs. technical approach)?**

A68. Refer to RFQ.

Q69. **What is the total volume of existing content (pages, documents, media files) to be migrated, and are there any formats that require special handling (e.g., PDFs with forms, video, interactive tools)?**

A69. Not aware of any pages that need to be migrated.

Q70. **Are there requirements for integration with internal databases (e.g., course catalog, HR portal student portal), and if so, what APIs or formats are available?**

A70. No.

Q71. **Should the vendor develop custom interactive components (e.g., program finders, tuition calculators, faculty/staff directories) as part of scope, or will these be handled separately?**

A71. Provider directory will be interfaced from EMR to website, but will be managed by organization. However, we would need flexibility to add unknown resources as needed.

Q72. **Will the redesign include a refresh of visual assets (icons, banners, photography), or will these be provided by the client?**

A72. Yes this will be provided by the organization.

Q73. **What liability insurance specifics are required for the project?**

A73. In compliance with General Terms and Conditions; vendor shall maintain combined single limits of not less than ONE MILLION DOLLARS ($1,000,000) per occurrence and THREE MILLION DOLLARS ($3,000,000) in the aggregate.

Q74. **What type of "onsite services" might be needed? Is this for technical support or some other need?**

A74. Meeting with the team to review needs, discuss strategy, and get a sense for the culture of organization that needs to be seen within our Regional Websites.

Q75. **Are all the sites managed on a single or multiple Windows servers?**

A75. All sites managed on a single servers.

Q76. **"Provide Region's Websites support..." – Is it safe to assume contractor will be providing support to HBMC internal staff only and not to the general public?**

A76. No general public responsibilities.

Q77. **Could you provide a little more detail on what you mean by enhanced?**

A77. Functionality and connectivity similar across the region websites. Consistency of messaging across the region of facilities.

Q78. **Would each site be a full redesign or are there a list of initiatives you have in mind for each site?**

A78. Full redesign with sites looking like they are part of the same region.

Q79. **Do you have any existing user research, analytics, or feedback on the existing sites that can help us scope the level of changes that are needed?**

A79. More to share with the selected vendor.

Q80. **HonokaaHospital.org redirects to hmbc.org - is this supposed to remain as a redirect or is it supposed to be a separate site?**

A80. Separate sites with connection back to the main HBMC site.

Q81. **Will any of these URLs be consolidated or will each of these sites continue to be individual web properties?**

A81. Each site will be maintained.

Q82. **What will the HBMC approval/decision making process be? How many people will be involved?**

A82. With regard to website changes, there will likely be 4-5 folks that will have responsibilities for website needs. We will refine this with the selected vendor.

Q83. **Are SSL's, domains and servers managed by an internal department, a separate IT**

organization or is any of this IT level management expected of the contractor?

A83. All maintained internally.

Q84. **Is there a specific circumstance that has motivated this RFP? Are there any specific factors that impact the timing of this change and should be factored into a schedule?**

A84. With this RFQ, there is a desire to bring up the communication that is possible with a strong and well maintained website presence for a region of facilities.

Except as noted above, the RFQ 26-0056 is unchanged.