



REQUEST FOR PROPOSAL # WF41CBF
ENTERPRISE TECHNICAL SERVICES
AND EPIC IMPLEMENTATION SUPPORT
QUESTIONS & ANSWERS
March 25, 2026

1. Epic Scope, Applications, and Go-Live Strategy

Vendor Question	Response
Which Epic applications/modules are in scope for the initial go-live? Please identify any explicitly out of scope or deferred.	Epic scope is still being finalized. Vendors should assume a broad enterprise Epic implementation consistent with the RFP. Final module scope will be confirmed during implementation planning.
Will Epic be implemented as a single enterprise instance or multiple instances by entity?	Epic will be implemented as a single enterprise instance.
Which hospitals, clinics, physician practices, and ambulatory locations are in scope (include address, bed count, staff size)?	See Appendix 1
Are all entities and Epic applications going live in a single big-bang event, or will there be phased/staggered go-lives?	This will be a big-bang go-live.
Are specialty modules (Beaker, Willow, OpTime, Anesthesia, Beacon, Radiant, Cupid, Behavioral Health, LTAC) included?	Epic scope is still being finalized. Vendors should assume a broad enterprise Epic implementation consistent with the RFP. Final module scope will be confirmed during implementation planning.
Are any facilities or care settings excluded from Epic implementation?	No, all facilities are included in the scope.
Will third-party clinical and non-clinical applications remain post-go-live and	Yes.

require ongoing AMS support?	
Will Epic support extend beyond implementation and stabilization into long-term operational support?	Yes.

2. Epic Hosting, Infrastructure, and Environment

Vendor Question	Response
What hosting model is planned for Epic (Epic-hosted, self-hosted, cloud, Community Connect, hybrid)?	The system will be Epic-hosted.
Has an Epic Network Readiness Assessment been completed?	No.
Will Citrix/Horizon VDI environments be retained post-Epic or replaced with Epic-recommended workstation models?	Yes, they will be retained post-Epic implementation.
Will WMCHHealth provide a complete inventory of devices, peripherals, and mobile devices, or is vendor validation expected?	Device inventory should be a part of the RFPResponse.
Is there an infrastructure plan covering performance, availability, DR, and security for Epic and adjacent systems?	Yes, we will be following best practice as far as staying up to date with Epic releases/upgrades, DR exercises/failovers, and security exercises.

3. Governance, Program Structure, and Decision-Making

Vendor Question	Response
What is the current Epic program governance structure (PMO, steering committees, executive oversight)?	We are establishing a governance structure for the EPIC program, including an Executive Steering Committee, Clinical Advisory Group, Business/RevCycle Advisory Committee, and Specialty Workgroups.
Will the selected partner work within existing governance or help establish/expand it?	The partner is expected to align with and operate under WMCHHealth's existing governance.
Is there an enterprise Clinical Champion and standardized clinical governance today?	A Network CMIO, supported by site-based CMIOs, will serve as clinical champions for the Epic program.
Will existing governance bodies be consolidated during the Epic program?	Epic governance will operate independently of existing institutional governance bodies.

What is the executive reporting cadence and required KPIs?	The Epic team will provide a monthly KPI report on build progress to the CEO and Executive Sponsors.
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4. Staffing Model, Resourcing, and Contracting Approach

Vendor Question	Response
Is WMCHHealth seeking a full implementation partner, staff augmentation, or a hybrid model?	WMCHHealth is open to multiple staffing models, including contract-to-hire, staff augmentation, co-managed, and managed services approaches.
What is the expected mix of internal vs. contract resources by phase and role?	Epic team will be staffed internally. Will fill gaps with 3 rd party resources as needed.
Has Epic provided staffing recommendations or a staffing guide that can be shared?	Epic-provided artifacts may be leveraged during implementation planning. These materials will not be distributed during the RFP Q&A phase.
Are contract-to-hire or insourcing models acceptable, and are target conversion volumes defined?	WMCHHealth is open to multiple staffing models, including contract-to-hire, staff augmentation, co-managed, and managed services approaches. No fixed conversion targets are defined at this time.
Are subcontractors or joint proposals permitted?	Subcontracting is permitted in accordance with RFP requirements. Vendors remain fully responsible for subcontractor performance.
Will sample resumes be required, and must they represent actual available resources?	Yes. Prefer to have local resources.

5. Training, Super Users, and At-the-Elbow (ATE) Support

Vendor Question	Response
Does WMCHHealth have an established Super User program, or should vendors propose one?	WMCHHealth anticipates a collaborative approach involving internal resources and vendor support. Final roles, staffing ratios, and responsibilities will be determined during implementation planning.
Will Super Users be fully dedicated to go-live ATE support?	WMCHHealth anticipates a collaborative approach involving internal resources and vendor support. Final roles, staffing ratios, and responsibilities will be determined during implementation planning.
Will Epic-led training services be used?	Yes.

Is the vendor expected to provide credentialed/principal trainers or only training coordination?	WMCHHealth is utilizing Epic-led training services. We do not anticipate additional trainer needs at this time.
What is the expected ATE support ratio, duration, and staffing mix (internal vs vendor)?	WMCHHealth anticipates a collaborative approach involving internal resources and vendor support. Final roles, staffing ratios, and responsibilities will be determined during implementation planning.

6. Go-Live Readiness, TDR, and Surge Staffing

Vendor Question	Response
What is the preferred TDR execution model (client-led, partner-led, hybrid)?	WMCHHealth anticipates a collaborative approach involving internal resources and vendor support. Final roles, staffing ratios, and responsibilities will be determined during implementation planning.
How many TDR cycles are anticipated?	Multiple.
Will vendors be responsible for planning and facilitating TDRs or supporting WMC-led rehearsals?	WMCHHealth anticipates a collaborative approach involving internal resources and vendor support. Final roles, staffing ratios, and responsibilities will be determined during implementation planning.
Is remote ATE or surge staffing acceptable?	ATE support and surge staffing are expected to be onsite.

7. Application Management Services (AMS)

Vendor Question	Response
Which applications are in scope for AMS (Epic, Cerner/Oracle Health, third-party)?	See Appendix 2
Will AMS include minor build/config changes, upgrades, and optimization?	It will include minor builds and config changes.
What percentage of AMS effort is expected across incidents, maintenance, enhancements, and optimization?	For incidents and maintenance, 80% is supported by AMS.
Are there defined SLAs for AMS support?	See Appendix 3
Will existing vendor or internal resources transition to the selected AMS provider?	No, this will be provided by the vendor.

8. Service Desk (TSD/CSD)

Vendor Question	Response
Is 24x7 coverage required for Technical and Clinical Service Desks?	Yes. Coverage is expected to be available 24x7x365.

Are TSD and CSD scoped and priced separately?	Yes
What are the average monthly ticket volumes by channel and by clinical vs technical?	WMCHHealth has provided available high-level volumes and estimates within the RFP. Additional detailed operational data will not be distributed during the Q&A phase.
Which clinician groups and workflows require clinical desk or ATE support?	All of the groups mentioned in Appendix 1.
Is patient portal support in scope?	No

9. ITSM, Tools, and Service Management

Vendor Question	Response
What ITSM platform is currently used, and should vendors operate within it?	WMCHHealth utilizes Remedy and Manage Engine ITSM platforms. The expectation is that the vendor will bring a new instance of ServiceNow as part of the proposal.
Will WMCHHealth provide ITSM APIs or middleware for integrations?	No
Is CMDB and Knowledge Base implemented and current?	No
Are AI tools (Hugo, AskGen) in scope for support or governance?	Yes
Will ITSM ownership transition to WMCHHealth at engagement end?	Yes.

10. Data Conversion, Archival, and Integration

Vendor Question	Response
What legacy clinical and revenue cycle systems are in scope for data conversion?	Appendix 4
What historical data volumes and formats are required?	Unknown at this time. This will be determined during the planning phase.
Is data archiving included, and is an archival vendor identified?	WMCHHealth reserves the right to issue additional RFPs or procure services separately as needed.
Which interface engine(s) are currently used?	We currently utilize OpenLink and Cloverleaf.

Approximately how many interfaces are in scope?	Approximately 400 interfaces.
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11. Identity, Security, and Compliance

Vendor Question	Response
Which IAM/IGA/PAM tools are in scope (SailPoint, CyberArk)?	Currently we utilize Imprivata. We are evaluating other solutions.
What regulatory frameworks must be supported (HIPAA, HITRUST, NYDFS, etc.)?	HIPAA, HITRUST
What are the current Joiner/Mover/Leaver processes?	Manual processes
Are SOC/SIEM services in scope or retained internally?	Outsourced

12. Commercial, Contractual, and RFP Process

Vendor Question	Response
Is there an anticipated award and contract execution date?	WMCHHealth expects to have this completed by May 1 st .
Will WMCHHealth award to a single vendor or multiple vendors by tower?	WMCHHealth reserves the right to award services by tower, by entity, in part, or in whole, as outlined in the RFP. Vendors may propose solutions for individual service towers; however, proposals will be evaluated holistically based on overall value, alignment to scope, and organizational needs.
Are proposal sections weighted, and can weighting be shared?	Proposals will be evaluated using the criteria outlined in the RFP. Specific weighting and scoring methodologies will not be disclosed.
Are exceptions to standard terms negotiable, and which terms are non-negotiable?	RFP terms and conditions apply. Contractual details will be negotiated with selected vendor(s).
Is there a preferred pricing format (fixed fee, T&M, hybrid)?	Vendors may suggest pricing models suited to the service scope. WMCHHealth will assess proposals for clear, complete, and comparable pricing. Fixed fees are preferred; limit time and materials.
Will fee proposals be evaluated comparatively across vendors, and how?	WMCHHealth will evaluate pricing for clarity, completeness, and comparability across proposals.

13. General / Administrative

Vendor Question	Response
Will email submissions be accepted?	Yes, Section 2.4 Submission of Proposal states, in part, “PROPOSERS MUST EMAIL THEIR PROPOSAL NO LATER THAN 4:00 PM EASTERN STANDARD TIME ON MARCH 30, 2026 TO THE DESIGNATED CONTACT(S) IDENTIFIED IN SECTION 2.5.”
Are there page limits for Section E (Additional Information)?	There is no page limit. Please provide additional information that adequately explains the reason your firm should be selected; factors that differentiate your firm from similar firms; and any additional information about your firm that supports your proposal.
Are MWBE requirements mandatory or scored?	Yes, they are scored.
Are additional RFPs planned for legacy support or data archival?	WMCHealth reserves the right to issue additional RFPs or procure services separately as needed.

Appendix 1

SITE	ADDRESS	BEDS	EMPLOYEES
Westchester Medical Center	100 Woods Road, Valhalla, NY 10595	652	3653
Maria Fareri Children's Hospital	100 Woods Road, Valhalla, NY 10595	144	
Bon Secours Community Hospital	160 East Main Street, Port Jervis, NY 12771	86	532
Good Samaritan Hospital	255 Lafayette Avenue, Suffern, NY 10901	286	1602
St. Anthony Community Hospital	15 Maple Avenue, Warwick, NY 10990	60	305
HealthAlliance Hospital	105 Mary's Avenue, Kingston, NY 12401	144	1002
Margaretville Hospital	42084 State Highway 28, Margaretville, NY 12455	15	113
Mid-Hudson Regional Hospital	241 North Road, Poughkeepsie, NY 12601	243	1408
Mountainside Residential Care Center	42158 State Highway 28, Margaretville, NY 12455	82	88
Schervier Pavilion	22 Van Duzer Place, Warwick, NY 10990	120	111
St. Josephs Place	160 East Main Street, Port Jervis, NY 12771	46	
Westchester Medical Center Advanced Physician Services (APS)			1955
Bon Secours Charity Medical Group			345
Northeast Provider Solution (NPS)			1124

Appendix 2

Anesthesia Management	Oncology PowerPlans
APACHE Outcomes	Outreach Physician Portal (WebConnect)
Behavioral Health	PACS/PVWeb/ModalityWorklist
Bridge Medical	PathNet Anatomic Pathology
Cerner Direct	PathNet Blood Bank Transfusion
Cerner Millennium Rehab	PathNet General Laboratory
Cerner Oncology	PathNet Human Leukocyte Antigen (HLA)
Cerner Patient Accounting	PathNet Microbiology
Cerner ProVision Document Imaging (CPDI)	PathNet Outreach Services
Charge Services	Pharmacy Inpatient
Clinical Inventory Management	Pharmacy Outpatient
Clinical Reporting (Win32/RRD/XR)	Phlebotomy Management
Core	Physician Documentation
Digital Objects	PowerChart
Discern Analytics (DA2)	PowerChart Ambulatory
Emergency Medicine	PowerChart Cardiovascular (CVNet)
Health Information Management (ProFile)	PowerChart Maternity
HealtheCare	PowerInsight
HealtheLife (Patient Portal or IQ Health)	PowerOrders
Infection Control	PowerTrials
Long Term Care	Radiology Management
Medical Transcription Management (ProFile)	Readmission Prevention Worklist
MPage Reach	Registration Management
MPages	RxStation
Nursing Documentation	Scheduling Management
	Surgical Management

Appendix 3

Cerner Application Issue Resolution

Cerner Application Issue Resolution								
Site	Service Level	Targets	Critical	High	Medium	Low	Ticket Minimum	Note
CHES_NY	SLA	95/95/90/90%	6 Hours	16 Hours	3 Business Days	6 Business Days	If <10 tickets only 1 Miss Allowed	
CHR_NY	SLA	95/95/90/90%	6 Hours	16 Hours	3 Business Days	6 Business Days		

Application Maintenance

Application Maintenance								
Site	Service Level	Targets	Immediate (Critical)	High	Basic (Medium)	Advanced (Low)	Complex	Requiring Scope
CHES_NY	SLA/SLO	95%	24 Hours (SLA)	48 Hours (SLA)	5 Business Days	10 Business Days	15 Business Days	
CHR_NY	SLO/AMS		N/A	N/A	5 Business Days	10 Business Days	15 Business Days	

Appendix 4

Allscripts	Oracle PowerChart
Authorized.net	Oracle PowerChart Maternity
CapMan	Oracle PowerChart Oncology
Cerner Bedrock	Oracle PowerChart Touch
Cerner Core	Oracle PowerInsight
Cerner Millennium (database)	Oracle Provider Portal
Cerner Patient Accounting	Oracle RadNet
Cerner Patient Portal	Oracle Revenue Cycle
Cerner Provider Portal	Oracle SA Anesthesia
Change Healthcare (Optum)	Oracle Scheduling (Paragon)
ClickView	Oracle SurgiNet
Cloverleaf (Infor)	Oracle Time / AMI (HAHV)
Dentrix	Otter
Discern Reporting Portal (HDI)	Paragon Authorization Scheduling
Etiometry (Critical Care Monitoring)	Paragon Clinical Care Management
Experian	Paragon Clinical Documentation
Family First	Paragon ED
FHIR (Oracle)	Paragon Operating Room Management
Follow My Health	Paragon Order Management
Fuji RIS	Paragon Patient Accounting
GGastro / Mammotry	Paragon Pharmacy
HealtheIntent (Oracle)	Paragon Registration
Huron	PeriWatch
INVISION	Philips ISCV
Lights On Reporting (Oracle)	Philips Xper
Message Center (Oracle)	Phreesia
NexTech	PointClickCare
OpenEngine	Salesforce
Oracle AccessHIM	Schappbook (Oracle)
Oracle Advance Reporting	Soft Blood Bank
Oracle FirstNet	SoftID.PC
Oracle Health Data Intelligence	Sparkle (Self Scheduling)
Oracle LightsOn	TDSS
Oracle PathNet	TeleTracking
Oracle PharmNet	TigerConnect
Oracle PM Office	Timeless (Breast Milk Management)