



REQUEST FOR PROPOSAL # WFA4ACF

UKG PRO WFM PROFESSIONAL SERVICES

QUESTIONS & ANSWERS

April 1, 2026

- 1. Q: Does WMCHealth intend to award this project to a single firm, or will consideration be given to multiple firms or partnerships?**
A: WMCHealth intends to award this project to a single firm.
- 2. Q: Section 2.8, "Proposal Format and Content," does not appear to provide guidance regarding where to describe our proposed approach for addressing the Scope of Services detailed in Section 4. Is there a preferred location for this information within the proposal, such as an Appendix or Section E (Additional Information)?**
A: Clearly define it in a section labeled Scope of Services.
- 3. Q: What is the planned start date for the scope of work?**
A: As soon as possible.
- 4. Q: Can WMCHealth please provide what UKG WFM Pro modules are currently used by WMCHealth and when they were implemented?**
A: Timekeeping, Accruals, Advanced scheduling. We had phased UKG Pro WFM go lives per facility spanning from 2023 – March 2025. One site does not have accruals calculating in UKG and that is part of scope for this implementation, to transition their accruals from their current ERP into UKG.
- 5. Q: Is the updated Workday organizational structure and other associated configuration already finalized? If not finalized, is there an anticipated timeline to do so?**
A: There are organizational structure, such as FDM, job structure and managerial hierarchy structure that are still being configured. The anticipated due date for all future state structure is May 11th.
- 6. Q: Are all locations implementing Workday and are all locations using UKG WFM Pro?**
A: Yes, all locations are implementing Workday and all locations are currently using UKG Pro WFM.
- 7. Q: Are there other optimization items that WMCHealth is hoping to pursue for UKG WFM Pro as part of this scope of work, including items that may be unrelated to the deployment of Workday?**
A: WMCHealth will prioritize optimization necessary to support a safe Workday go-live. Some items to be consolidated with the Workday Go-live are our pay policies and pay code structure. We currently have 4 sets of pay codes per facility that are each prefixed per facility, WMCHealth will consolidate these into a uniform list of pay codes across all sites. Additional optimization items may be sequenced into a Phase 2 post Workday go-live.

8. Q: What does success look like for WMCHHealth and the UKG team at the start of January 2027, given the late start?

A: Success for WMCHHealth at the January 2027 go-live includes a safe and stable Workday go-live, accurate payroll processing, validated integrations, effective change management and training, and successful knowledge transfer to internal WMCHHealth support teams. Post-go-live optimization of Workforce Management capabilities is anticipated as a Phase 2 effort.

9. Q: Are there defined KPIs (e.g., overtime reduction, productivity improvements, scheduling efficiencies)?

A: WMCHHealth has some KPIs defined from the prior implementation; however, additional KPIs will be defined based on operational needs. WMCHHealth will define these KPIs, and the selected vendor will support configuration and enablement within UKG Pro WFM.

10. Q: What aspects of workforce management and staffing across care settings do you expect will remain unresolved or require further optimization after the January 2027 go-live?

A: Advanced scheduling and staffing optimization is planned as a post go-live optimization effort. It is also anticipated that certain pay policies that have union constraints will not be standardized across the various sites, so there will be additional standardization efforts post go-live.

11. Q: WMCHHealth is undertaking a major transformation with Workday ERP, UKG Pro WFM, and EHR all changing at once - an opportunity very few health systems have to truly align their organization for the future. Given the scale of change across care settings and workforce, how is the organization planning to address the impact on people, processes, and operations, both before and after go-live?

A: WMCHHealth is addressing organizational impact through a coordinated change management approach across the Workday, UKG Pro WFM, and EHR initiatives. This includes stakeholder engagement, coordinated communications, role-based training, and phased adoption planning. A dedicated Workday change management team is currently in place, consisting of the Workday implementation partner and internal WMCHHealth resources, including representatives from Marketing/Communications, HR, and key functional areas.

UKG change management activities will be aligned within this structure. The UKG change team will include the selected vendor, internal UKG resources, and cross-functional stakeholders, and will operate within the broader Workday change governance model. This coordinated approach is intended to manage change saturation, support operational readiness, and ensure adoption both prior to and following go-live.

12. Q: What are the key issues and risks currently being tracked within the Workday program, and how is the organization evaluating the potential impact of introducing UKG Pro WFM on those risks?

A: Key risks currently being tracked within the Workday program include dependencies on future-state design decisions, such as finalized FDM structures, job code standardization, and broader WMCHHealth operational standardization efforts. Some of these decisions are still being evaluated with executive leadership and labor relations, which may impact downstream configuration, integrations, and testing timelines.

WMCHHealth is aligning the UKG Pro WFM initiative with these decisions and prioritizing scope required to support a safe Workday go-live. UKG configuration activities will be sequenced based on finalized structures to minimize rework and reduce risk.

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The selected vendor will be expected to work closely with the Workday implementation partner and WMCHHealth project team to manage dependencies, support integration readiness, and ensure that UKG Pro WFM activities do not introduce additional risk to the Workday timeline.

13. Q: Are there known constraints (resource bandwidth, competing initiatives, leadership alignment)?

A: There are resource constraints. Many of the same resources are working on the Workday Implementation and still performing some regular job duties, with the help of some backfilled resources.

14. Q: What challenges has the organization experienced with prior system implementations?

A: With prior implementations we have experienced lack of knowledgeable resources, competing initiatives and buy in from internal departments involvement, previous leadership teams misalignment. WMC has leadership alignment with this implementation thus far.

15. Q: To ensure our proposed plan is viable, could you provide the detailed Workday implementation project plan, including key milestone dates for the design, configuration, testing, and deployment phases?

A: Below is the workday implementation timelines with key milestone dates.

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Milestone	Start Date	End Date	Duration
Phase 1: HCM, FIN & SCM	12/01/25	02/05/27	310d
Plan Stage	12/01/25	02/20/26	60d
Architect & Configure Stage	02/23/26	06/12/26	80d
Alignment Sessions	02/23/26	03/13/26	15d
Tenant Remediation	02/23/26	03/20/26	20d
Customer Confirmation Sessions (CCS)	03/23/26	04/03/26	10d
Unit Validation Testing	03/23/26	04/10/26	15d
Unit Transactional Testing	04/13/26	05/08/26	20d
E2E Workbooks / Data Due	05/11/26	05/15/26	5d
E2E Workbook Validation	05/18/26	05/22/26	5d
E2E Tenant Build	05/25/26	06/12/26	15d
E2E Smoke Testing	06/08/26	06/12/26	5d
Test Stage	06/15/26	11/06/26	105d
E2E Validation Testing	06/15/26	06/19/26	5d
E2E Transactional Testing (Payroll Impacting)	06/22/26	09/04/26	55d
E2E Transactional Testing (Non Payroll Impacting)	06/22/26	10/30/26	95d
Payroll Parallel Prep	09/07/26	09/18/26	10d
Payroll Parallel	09/21/26	10/30/26	30d
Gold Workbooks / Data Due	10/26/26	10/30/26	5d
Gold Workbook Validation	11/02/26	11/06/26	5d
Deploy Stage	11/09/26	12/14/26	25d
Gold Tenant Build	11/09/26	11/27/26	15d
Gold Smoke Testing	11/23/26	11/27/26	5d
Data Validation	11/30/26	12/11/26	10d
Move to Production (MTP)	12/14/26	12/14/26	0
Post-Production Stage	12/14/26	02/05/27	40d
Catch-up Transactions	12/14/26	12/25/26	10d
Go-Live - Tenant Released to Employees (ESS/MSS)	12/28/26	12/28/26	0
Go-Live - First Financials Processing Date	01/01/27	01/01/27	0
Post-Production Support	12/28/26	02/05/27	30d
Post-Production Conversion	12/28/26	02/05/27	30d
Integrations	12/15/25	11/06/26	235d
Integrations Kick-off	12/15/25	12/19/25	5d
Gather Vendor Contacts / Notify Vendors	12/22/25	01/16/26	20d
Integrations Vendor Discovery	01/12/26	02/20/26	30d
Integrations Build & Unit Testing	01/12/26	05/08/26	85d
Prep E2E Test Scenarios & Stage Data	05/11/26	06/05/26	20d
Integrations E2E Test	06/15/26	11/06/26	105d
Payroll Parallel Integration Testing	09/21/26	10/30/26	30d

16. Q: Given the direct impact of Workday design decisions - such as the FDM and other core structures on UKG Pro WFM, how involved has the UKG team been in Workday design sessions to-date?

A: WMCHHealth has had an internal UKG team member involved in all FDM sessions and HCM job structure sessions and other sessions that impact UKG configuration.

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17. Q: The UKG configuration is highly dependent on Workday's foundational design. What is the current status of the Workday Financial Data Model (FDM), job architecture, and management hierarchy design? When are these core elements expected to be finalized and available to our team?

A: The future state of FDM, job structure and management hierarchy designs are still being finalized between internal WMC teams and our Workday implementation partner. The anticipated due date of the full current state structure is May 15th, 2026. After that our second workday tenant will be configured by June 12th, 2026. That data should be available to the selected UKG vendor on May 15th when the data is provided to Workday.

18. Q: What tools are used for the Workday implementation project management, RAID management, and project status reporting? Will WMCHHealth provide access and is the vendor expected to manage the UKG plan within these tools?

A: Workday implementation partner is using Smartsheet's for all project management, RAID management, project status report, testing, etc. There is also an sFTP site being utilized for secure document transfer. WMCHHealth will provide access to the chosen vendor to these Smartsheet's for insight into the workday implementation timelines, etc. The Smartsheet's are owned by the Workday Implementation partner. It will be discussed what is the best method to manage the UKG portion of this implementation.

19. Q: Besides Workday, are there any other current or future third-party systems (e.g., billing, EHR) that will require integration with UKG Pro WFM as part of this project?

A: WMCHHealth currently provides data extracts from UKG Pro WFM to the vendor management system, B4Health. As part of the Workday implementation, a decision has been made to maintain the vendor management system outside of Workday for this phase. These existing integrations and data extracts will need to be reviewed and updated as necessary to align with the new business structure.

WMCHHealth also has census-based integrations with the EHR system that interface with UKG Pro WFM. These integrations will require updates to align with the future-state FDM structure and resulting changes to the UKG business structure. The selected vendor will be expected to support evaluation and updates to these integrations as part of the implementation.

20. Q: Who will be responsible for developing and managing the Workday-side of these integrations? Will we be collaborating with a dedicated Workday implementation partner?

A: Yes, the Workday implementation partner is TopBloc. There are dedicated resources from TopBloc who will be managing the workday side of these integrations. The selected UKG vendor will be working with the designated TopBloc integrations teams on all integrations related to UKG.

21. Q: Given there is only a short runway to the January 2027 go-live and the perceived late start for UKG, what are the minimum required UKG capabilities needed to support the Workday go-live vs. what could be delivered post go-live?

A: WMCHHealth recognizes the timeline is tight and will prioritize optimization necessary to support a safe Workday go-live. With the introduction of a new business structure, consolidated pay policies, accrual policy changes, and a new job structure, downstream configuration and integration updates within UKG Pro WFM will be required.

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The items outlined in this RFP represent the expected baseline required to support Workday go-live. However, WMCHHealth is open to evaluating sequencing during discovery, and items not determined to be critical for go-live readiness may be deferred to a post-go-live Phase 2.

22. Q: Can you clarify the expected balance between like-for-like reconfiguration vs. process redesign/optimization?

A: Our strategy is weighted toward process optimization, particularly where standardization provides the greatest architectural value across the network. A primary example is our transition from a fragmented, site-specific pay code structure to a unified set of global pay codes. By removing site prefixes and consolidating duplicative codes, we are building a scalable foundation in UKG that simplifies reporting, governance, and ongoing system maintenance across all hospitals. That said, we recognize that some areas may require like-for-like configuration. The appropriate balance between process redesign and lift and shift approaches will be determined during discovery, based on feasibility, risk, and business impact.

23. Q: Are there specific pain points in the current UKG environment that must be addressed as part of this effort?

A: Yes. The following represent several of the primary pain points in the current UKG environment. Additional opportunities for process improvement and standardization are expected to be identified during discovery.

- Fragmented pay code structure – Pay codes are currently site-specific, which creates complexity in reporting, governance, and maintenance. As part of this initiative, we are standardizing to a unified set of global pay codes.
- Historical edit calculations performed outside of UKG – For certain sites, historical edits are entered into UKG but not calculated within the system. These adjustments are instead calculated manually outside of UKG and then entered into the payroll system. The selected vendor will support elimination of these manual processes by enabling end-to-end calculation within UKG.
- Missed punch attestation and time-off request limitations – Some sites were unable to fully implement attestation and time-off workflows due to constraints in the current management hierarchy. With the new management hierarchy in Workday, these blockers are expected to be resolved, allowing configuration of standardized workflows, including union-specific requirements where applicable

24. Q: Are there defined trade-offs the organization is willing to make (scope, automation, optimization) to meet the January 2027 go-live date?

A: The scope outlined in this RFP represents the expected baseline for delivery. However, our priority is achieving a safe and stable January 2027 Workday go-live. To support this objective, we are willing to evaluate trade-offs related to scope, automation, and optimization. Items determined not to be critical for go-live readiness may be deferred to a Phase 2. Any such decisions would be made collaboratively during discovery and planning, based on risk, operational impact, and overall implementation timeline.

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25. Q: To understand the policy configuration scope, could you clarify how many accrual and leave policies are currently in place and if you are using the UKG Pro WFM leave module? Furthermore, are significant changes to these policies anticipated with the move to Workday Payroll, and what is the current status of their design and approval?

A: There are currently 538 accrual policies and approximately 300 accrual profiles across three of the four sites. One site’s accruals are currently calculated in its existing ERP system and will need to be transitioned to calculate within UKG Pro WFM as part of this implementation.

WMCHHealth is not currently using the UKG Pro WFM Leave module. Leave of absence functionality will be implemented in Workday and integrated with UKG Pro WFM.

Some accrual policy standardization efforts are underway, including consolidation of site-specific holiday banks into a single holiday bank and updates to vacation accrual granting structures for exempt staff. These decisions are currently being reviewed with executive leadership and are not yet finalized.

WMCHHealth will define and approve accrual policy changes. The selected vendor will be expected to lead configuration of the approved accrual policies within UKG Pro WFM, including transition of accrual calculations from the legacy ERP system, with support from the internal WMCHHealth UKG team.

26. Q: How many CBAs are currently active? Can you provide upcoming ratification dates for the CBAs?

A: Total of 21 active CBA’s and one entering negotiation for a first contract. Upcoming ratification dates for 2026 include:

Site	Union	Impacted Groups	Ratification Date
Charity-Good Sam	IBEW 363	Trades	3/31/2026
Charity-Good Sam	IBEW 363	Maintenance	3/31/2026
Charity-St. Anthony’s	1199	Service/Technical in St. Anthony; Non-professional in Schervier	4/30/2026
Midhudson Regional Hospital	1199	RN, FACILITIES, BOC, SERVICE	9/30/2026
Charity-Good Sam	1199	RN	9/30/2026
Charity-Good Sam	1199	SMT	9/30/2026
Charity-Good Sam	1199	Professional	9/30/2026
Charity-BSCH	1199	RN	9/30/2026
Charity-BSCH	1199	SMT/BOC/Professional	9/30/2026
WMC-Valhalla Campus	NYSNA	RNs	12/31/2026
HealthAlliance Hospital	1199	FACILITIES, SERVICE	12/31/2026

27. Q: How many advanced scheduling groups are currently live in UKG Pro WFM?

A: There are approximately 143 departments currently live on advanced scheduling.

28. Q: Does WMCHHealth leverage UKG Core Analytics, DataHub or UKG Healthcare Analytics?

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A: WMCHHealth is not currently leveraging UKG Core Analytics, DataHub, or UKG Healthcare Analytics. However, WMCHHealth is open to evaluating these capabilities as part of this initiative, particularly where they provide measurable operational value, reporting enhancements, or analytics improvements aligned with Workforce Management objectives.

29. Q: Is there an established Workforce Management Center of Excellence or equivalent function?

A: Yes. A UKG-focused Center of Excellence and governance structure is currently in place. WMCHHealth will evaluate and further mature this model as part of this initiative and expects the selected vendor to provide guidance on leading practices for Workforce Management organizational structure, governance, and operating model design. The goal is to establish a scalable and standardized model to support long-term ownership and operational support.

30. Q: How is the UKG WFM team currently organized? How are the responsibilities split today between HR, Payroll, IT, Finance, and Operations for workforce management?

A: The UKG Workforce Management model is currently organized across Payroll, IT, HR, and Operations, with responsibilities continuing to evolve as part of broader governance improvements and segregation of duties.

- Today, Payroll is responsible for time audit oversight, validation of timekeeper activity, and payroll processing.
- IT currently manages system configuration, security, and technical changes, working with business stakeholders when new configuration requests arise.
- HR and Operations function as key business stakeholders, providing requirements, supporting policy alignment, and managing day-to-day workforce management processes at the site level.
- WMCHHealth will transition to a more clearly defined operating with improved segregation of duties across functional areas, including governance for configuration ownership, policy administration, and operational execution. The selected vendor's guidance on leading practices for Workforce Management organizational structure will be valuable in further maturing this model.

31. Q: What level of involvement is expected from operational leaders (e.g., nursing, etc.) during the implementation?

A: Operational leaders, including nursing and department leadership, are expected to play an active role throughout the implementation. Their involvement will primarily focus on providing business requirements, validating workflows, supporting design decisions, and participating in user acceptance testing. Operational stakeholders will also support change management and adoption efforts within their respective areas.

Day-to-day configuration and technical build activities will remain centralized within the core project team, with operational leaders engaged at key decision points to ensure alignment with operational needs.

32. Q: What capacity exists within WMCHHealth's UKG WFM team to engage in the UKG Pro WFM reconfiguration and integration to Workday?

A: The WMCHHealth UKG WFM team will be actively involved in the reconfiguration and Workday integration effort. While a small number of technical resources are capable of supporting backend configuration, we anticipate the selected vendor will lead the majority of configuration and

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integration activities, with the WMCHHealth team providing support and validation. Capacity is constrained due to concurrent UKG and Workday initiatives, so internal resources will primarily focus on requirements, design review, testing, and governance.

Team members currently being upskilled on configuration will be engaged throughout the implementation to support knowledge transfer and gain hands-on experience with the solution. A comprehensive knowledge transfer is expected as part of the project lifecycle to ensure the internal team is fully prepared to support and maintain all configuration post-go-live.

33. Q: How will change management and training be coordinated across Workday and UKG initiatives?

A: Change management and training will be coordinated across the Workday and UKG initiatives through a unified and collaborative approach. The Workday implementation partner is leading change management efforts for the Workday program, and the UKG project team will work closely with them and the WMCHHealth Change Management team to ensure alignment.

Stakeholder engagement, communications, and training plans will be coordinated to provide consistent messaging and minimize change saturation. This includes shared stakeholder mapping, aligned communication timelines, and coordinated role-based training where workflows span both systems.

This collaborative approach will help ensure a cohesive end-user experience and support adoption across both implementations.

34. Q: Does WMCHHealth have an existing internal change management capability (e.g., internal change management lead/team, communications team, training team)? How many FTEs will be committed to the project? What is your expectation of what they will own versus the vendor?

A: Yes, WMCHHealth has an established internal change management capability supporting the Workday implementation, with a defined cross-functional team that includes resources from Marketing/Communications, HR, and key functional areas. We plan to follow a similar model for the UKG Pro WFM initiative, integrating UKG change management activities into the existing structure and folding a UKG-focused change team into the broader Workday change management framework.

These resources are shared across initiatives, and FTE allocation will be determined based on project phase and implementation needs. WMCHHealth will lead stakeholder engagement, organizational alignment, and communications governance, while the selected vendor will be expected to provide change management deliverables, including change readiness assessment, change impact analysis, training support, and implementation-specific adoption strategies.

This approach ensures coordinated change management across Workday and UKG initiatives while maintaining flexibility in resource allocation.

35. Q: Please describe the current state of UKG Pro WFM training content (e.g., job aids, videos, instructor-led materials). Are there known gaps in existing materials that will require new content development, or is the expectation primarily to update existing materials based on configuration, integration, and ERP-related changes?

A: Current UKG Pro WFM training content is limited and consists primarily of internally developed tip sheets, supplemented by UKG-delivered user guides and training presentations. Custom training materials, including comprehensive timekeeper and advanced scheduling manuals, were not developed during the original implementation.

As a result, there are known gaps in the existing training materials. Training for new timekeepers is currently managed at the site level and varies across the organization. WMCHHealth will standardize

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this approach and develop consistent, role-based training for timekeepers, managers, schedulers, and employees.

New training content will be required, including custom job aids, instructor-led materials, and LMS-based courses aligned to the redesigned UKG configuration and Workday integration. The selected vendor will develop these training materials, with support from the WMCHHealth team to provide subject matter expertise, business process context, and content inputs.

Training deliverables will be provided to the WMCHHealth Workforce Development team for deployment through the organization's LMS. The approach includes updating existing materials where applicable and developing new standardized content to address current gaps and support long-term onboarding and adoption.

36. Q: Please clarify WMCHHealth's expectations regarding which change management, communications, and training activities will be owned by WMCHHealth versus the Vendor (e.g., strategy, content development, delivery, reinforcement, and post-go-live support).

A: WMCHHealth expects a collaborative change management model, with responsibilities shared between the internal change management team and the selected vendor. WMCHHealth will provide overall organizational change governance, stakeholder coordination, and alignment across the Workday and UKG initiatives. The existing Workday change management structure, which includes cross-functional representation from HR, Marketing/Communications, and operational areas, will be extended to incorporate UKG change management activities.

The selected vendor will be expected to lead development of change management deliverables, including change readiness assessment, change impact analysis, communication content, training materials, and adoption recommendations. The vendor will also support training strategy development and provide best practices aligned to the UKG Pro WFM reconfiguration and Workday integration.

WMCHHealth will support content development by providing subject matter expertise, business process context, and organizational inputs, and will own stakeholder engagement, communications governance, and coordination across initiatives. Training delivery and deployment will be coordinated with the WMCHHealth Workforce Development team, including LMS administration and scheduling.

Post go-live, WMCHHealth will own reinforcement, ongoing communications, and sustainment activities, with the vendor supporting transition and knowledge transfer to enable long-term internal ownership.

37. Q: Regarding the Fee Proposal requirements outlined in the RFP: The section on compensation states that the proposal must include "an analysis, in as much detail as possible, of the components of compensation... with subtotals by task and phase of work."

To ensure our response aligns with your expectations, could you please clarify if you have a preferred format, or provide an example of the desired structure for this pricing analysis?

A: We are looking for a detailed pricing breakdown that includes estimated hours, bill rates, and fees by role, along with subtotals by major workstream and/or phase of the project (e.g., design, configuration, testing, training, go-live support). The intent is to provide transparency into the level of effort and cost allocation across the implementation lifecycle.

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38. Q: Can WMCHHealth provide a summary of the UKG Pro WFM modules and major functional areas currently in active use, including timekeeping, accruals, advanced scheduling, and related reporting components?

A: WMC currently uses Timekeeping, accruals and advanced scheduling modules in UKG Pro WFM.

39. Q: Can WMCHHealth provide estimated counts for key configuration elements that will affect implementation effort, such as facilities, departments, employee groups, pay rules, accrual policies, scheduling groups, and any union or contract-based workforce rules?

A: WMCHHealth can provide estimated counts for certain configuration elements; however, some values are still evolving due to Workday-related design decisions and ongoing standardization efforts. Final counts will be confirmed during discovery.

The environment includes multiple facilities, diverse employee groups, union-based workforce rules, and site-specific pay and scheduling configurations. Accrual policy counts have been provided separately, and additional configuration elements such as departments, scheduling groups, and pay rules will be further defined as part of implementation planning. Proposers should assume a multi-site healthcare environment with varying union and operational requirements.

40. Q: Of the interfaces listed in the RFP, which integrations are mandatory for this engagement and which, if any, are optional, future-state, or dependent on Workday implementation decisions?

A: All listed integrations in the RFP are mandatory for this engagement.

41. Q: For the required integrations, can WMCHHealth clarify which interfaces already exist today and require modification versus which are expected to be newly designed and developed as part of this engagement

A: The following integrations exist from current HR/HER systems:

- Employee data inbound interfaces
- Census/Volume inbound interfaces
- Skills and certification data exchanges
- Business structure automation inbound interface
- Accrual balance outbound
- Payroll-related data exports
- Payroll based journal (PBJ) outbound interface

The integrations below are new:

- Pay code and leave request outbound interface
- National database of Nursing Quality indicators (NDNQI) outbound interface

42. Q: Has WMCHHealth selected a Workday implementation partner, and if so, how will responsibilities be divided among WMCHHealth, the Workday implementer, and the selected UKG Pro WFM services vendor for requirements, interface design, testing coordination, and cutover activities?

A: WMCHHealth already has a Workday Implementation partner, TopBloc. The implementation started September 2025. TopBloc will handle all Workday related configuration and workday side of the necessary integrations. The selected UKG Pro WFM services vendor will work with the TopBloc team and WMC Health team and handle all necessary configuration in the UKG Pro WFM system with assistance from the internal WMC Health UKG Team. Selected UKG vendor will be responsible

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Development of testing strategies and recommended testing methodologies, assistance with creation of test scenarios and test cases, support for functional testing activities, support for integration testing, support for parallel testing where applicable, assistance in identifying and resolving configuration or integration defects, documentation of testing results and remediation activities. WMCHHealth will lead execution of testing activities, with vendor support provided as necessary. For cutover activities, selected UKG Vendor will be responsible for:

- Development of a deployment and cutover plan
- Coordination of system readiness activities
- Support for final configuration validation
- Support for transition of the solution into the production environment
- Validation of integrations and system functionality following deployment

43. Q: Can WMCHHealth confirm the expected integration architecture and tooling, including whether integrations are expected to leverage UKG-delivered connectors, Workday-delivered integrations, middleware, or custom interface development?

A: WMCHHealth will use UKG Delivered connectors, workday delivered integrations. Currently, there is no use of custom interface development, all integrations in UKG Pro WFM are through Dell Boomi and cross reference tables.

44. Q: Can WMCHHealth clarify the expected scope of vendor support for testing, including anticipated test phases, any expected parallel payroll testing cycles, ownership of test script preparation, and expectations for defect triage and retesting support?

A: The selected vendor will be expected to support development of the overall testing strategy, including recommended testing phases, timelines, and entry/exit criteria. Anticipated testing phases include system/functional testing, integration testing, user acceptance testing, and payroll-related validation, including parallel payroll testing where applicable.

The selected vendor will support creation of test scenarios and test scripts, with input from WMCHHealth subject matter experts. WMCHHealth will lead execution of testing activities, with vendor support provided for coordination, troubleshooting, and validation.

The vendor will also support defect triage, root cause analysis, configuration updates, and retesting activities. This includes collaboration with the Workday implementation partner where integration defects or cross-system impacts are identified.

The overall approach is a vendor-supported, WMCHHealth-led testing execution model, with knowledge transfer incorporated to support long-term internal ownership.

45. Q: Can WMCHHealth clarify the expected training and change support deliverables, including whether live end-user, administrator, or super-user training sessions are required in addition to videos and job aids?

A: WMCHHealth expects the selected vendor to support development of comprehensive training and change management deliverables aligned to the UKG Pro WFM reconfiguration and Workday integration. This includes role-based training materials such as job aids, instructor-led content, presentations, and LMS-compatible training modules.

Live training sessions are expected for key user groups, including administrators, timekeepers, schedulers, and super-users. End-user training may include a combination of live sessions, recorded content, and job aids, depending on role and scope of system changes.

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The selected vendor will develop training content with support from WMCHHealth subject matter experts. Training delivery will be coordinated with the WMCHHealth Workforce Development team, which will manage LMS deployment, scheduling, and long-term onboarding support.

Change management deliverables are also expected, including stakeholder communications support, training strategy recommendations, and adoption guidance aligned with the broader Workday change management structure.

46. Q: Can WMCHHealth clarify the anticipated duration and support expectations for post-implementation stabilization, including whether there is an expected hypercare period, coverage expectations, and transition criteria to internal support teams?

A: WMCHHealth expects a structured post-go-live support model that includes a hypercare period followed by a stabilization phase. A four-week hypercare period is anticipated, during which the selected vendor will provide enhanced support, including daily triage, rapid defect resolution, payroll validation support, and monitoring of integrations and configuration. Coverage is expected to include functional, integration, and technical support, with collaboration across the WMCHHealth team and the Workday implementation partner where applicable.

Following hypercare, a stabilization period of approximately 4–8 weeks is expected, during which support transitions to a reduced cadence model focused on resolving remaining issues, supporting operational adoption, and completing knowledge transfer activities.

Transition to steady-state support will occur once critical defects are resolved, payroll cycles are successfully validated, integrations are stable, and the internal WMCHHealth team is prepared to assume ownership. The selected vendor will support this transition through documentation and knowledge transfer to enable long-term internal support.

47. Q: Does WMCHHealth have a preferred commercial structure for the fee proposal, such as fixed fee by phase, time and materials with estimated level of effort, or a hybrid structure?

A: WMCHHealth is open to a hybrid commercial structure. A fixed fee by phase is preferred where scope is well-defined, such as discovery, design, and testing planning. Time and materials with estimated level of effort may be appropriate for configuration, integration, and post-go-live support activities where scope may evolve. Proposers may also include optional workstreams or phased pricing where applicable.

48. Q: Since the RFP states that proposals may include any or all of the listed services, should proposers submit pricing for the full end-to-end scope as the base proposal, or may pricing be structured with clearly defined optional workstreams or phased alternatives?

A: WMCHHealth prefers proposers submit pricing for the full end-to-end scope as the base proposal. In addition, proposers may structure pricing with clearly defined optional workstreams, phased alternatives, or incremental optimization efforts. This approach supports a hybrid commercial model, allowing WMCHHealth to prioritize scope required for a safe Workday go-live while maintaining flexibility to sequence additional functionality post go-live. Any optional components should be clearly identified with associated assumptions, dependencies, and level-of-effort detail.

49. Q: Can WMCHHealth clarify whether any on-site presence is expected during discovery, design workshops, testing, go-live, or stabilization, and if so, at which locations and with what approximate frequency?

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.

A: WMCHHealth expects the selected vendor to be available for on-site support during key project milestones, including discovery, design workshops, testing, go-live, and stabilization, as requested by WMCHHealth. On-site presence will be coordinated in advance with appropriate notice and aligned to project needs. Specific locations and frequency will be determined collaboratively, with a hybrid delivery model anticipated that includes both remote and on-site support.

50. Q: Given that three WMCHHealth entities may be contracting parties, should proposers submit one consolidated pricing proposal, or should fees also be broken out by entity, facility, or deployment wave?

A: WMCHHealth prefers a consolidated pricing proposal for the full scope. In addition to the total price, proposers should provide a detailed breakdown of how the total was derived, including estimated hours, bill rates, and fees by role, with subtotals by major phases or workstreams.

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.