



REQUEST FOR PROPOSAL # WF78DD9

TELECOMMUNICATION QUESTIONS & ANSWERS SEPTEMBER 30, 2026

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.

1	Question: What is the make/model and version of the existing Unified Communications platform being replaced, and is it on-premises, hosted, or a prior cloud UCaaS deployment? Answer: WMCHealth may consider a hybrid or premises-based alternative, including a private-cloud solution. The environment includes Cisco CUCM and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems in clinic locations. The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 and Nortel Meridian Option 11.
2	Question: Who are the existing telco carrier(s), what services do they provide today (PRI, SIP trunks, POTS, toll-free), and is WMCHealth open to consolidating all PSTN connectivity under the Bring Your Own Carrier (BYOC) model with a single carrier, or does WMCHealth intend to retain and continue managing its own carrier contracts? Answer: Vendor to supply BYOC model. Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services. The response source contains a toll-free value of 29, while the RFP references 55. This discrepancy, monthly minutes, and busy-hour traffic require confirmation before publication. WMCHealth will use a BYOC model. Final responsibility for procurement, porting, SBC configuration, provisioning, and ongoing management. Vendors should state assumptions and separately identify carrier-related services and costs.
3	Question: What is the topology of the existing MPLS or inter-site network (site count, bandwidth per site, redundancy)? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally and with the current VAR.
4	Question: What platform is used for the existing Contact Center, and what specifically does the "Generative AI and integration with the hospital EMR" capability do today (e.g., IVR, agent assist, call summarization, patient scheduling), and which EMR system(s) is it integrated with Answer: Genesys CCaaS is in use and will be retained. Cisco UCD hunt groups and Mitel hunt groups are also in use. PolyAI is being used to generate AI to the current PMR system. Currently integrate with Cerner/Oracle. Westchester

	Medical Center will be integrating with Epic in near future. Epic VoIP and fax integration is planned, and Genesys contact-center integration with Epic will be native.
5	Question: What is the existing Operator Console platform, how many console positions/operators are in use, and at which locations? Answer: Amtelco operator console and contact-center functions are in use and centralized for all hospital regions. The Western Region also uses Cisco 8851 phones with expansion keypads at selected operator locations.
6	Question: Is WMCHHealth expecting a single cutover across all locations, or a phased migration by hospital/campus, and if phased, is there a preferred sequence or set of priority sites ahead of the tentative January 1, 2027, contract start? Answer: The tentative start date is tied to expiration of existing Cisco licensing. Parallel operation is required. Vendors should propose the migration sequence and number of phases.
7	Question: Does WMCHHealth use Microsoft Teams or Zoom today, and at what licensing tier? Is the objective to replace the existing collaboration tool, integrate with it (for example via direct routing or a certified Teams integration), or run both in parallel? Answer: Microsoft Teams is the primary collaboration and video-conferencing platform. Teams dial-pad integration is required.
8	Question: For interoperability between the new UCaaS platform and the existing Contact Center system, what specific capabilities are required? Answer: Genesys CCaaS is in use and will be retained. Cisco UCD hunt groups and Mitel hunt groups are also in use.
9	Question: What is driving the January 1, 2027, contract start date — is it tied to the expiration of an existing platform or carrier agreement, or to hardware reaching end of support — and what is the required completion date for migrating all sites? Answer: The tentative start date is tied to expiration of existing Cisco licensing. Parallel operation is required.
10	Question: Which Active Directory (on-premises AD, Azure AD/Entra ID, or hybrid) and which SSO/identity provider (e.g., Okta, Ping, Entra ID) is in use today for authentication? Answer: WMCHHealth may consider a hybrid or premises-based alternative, including a private-cloud solution. Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems.
11	Question: Which workflow automation platform must the solution integrate with, and what specific workflows or use cases should that integration support? Answer: Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems.

12	Question: What is the current overhead paging system/vendor, at which locations are it deployed, and is the expectation that the new solution replaces it, or integrate with it for emergency notification? Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.
13	Question: Please define the intended scope of "Emergency Communication Systems" integration — does this include mass notification, code alerts (e.g., code blue, rapid response), nurse call, or is it limited to overhead paging and e911 dispatchable location? Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation. Nurse call is not listed as an integration requirement in the published RFP. E911 locations are mapped to buildings and floors. On-site notification includes overhead paging and text notifications. Tiger Text and mass notification in use, phone paging.
14	Question: Which popular SaaS applications does WMCHHealth want the UCaaS solution to integrate with out-of-the-box or via built-out APIs, referenced under the digitization effort in Section 4? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems. Specific platforms include Microsoft Teams.
15	Question: For e911, is dispatchable location required down to building, floor, and room/wing level across all acute care and ambulatory sites, and does WMCHHealth have an existing on-site notification requirement (security desk/dispatch alerting) that must be preserved? Answer: Yes. Ambulatory and clinic locations are included. The current response identifies 77 remote sites. E911 locations are mapped to buildings and floors. On-site notification includes overhead paging and text notifications.
16	Question: For local survivability during a WAN or cloud outage, what is the maximum acceptable loss of voice/collaboration service (e.g., zero, or a defined failover window), and are there specific outage scenarios (site WAN failure vs. regional cloud outage) WMCHHealth wants the proposal to address separately? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available. Paging, operator services, contact center, fax, analog, collaboration, duration, and remote-site requirements remain under review. Zero outage expected for failover.
17	Question: What is the current fax/efax volume and line count by location, and are any fax lines tied to specific clinical workflows (e.g., referrals, radiology, pharmacy) that require particular routing or retention handling? Answer: Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes. A vendor determined to be a Business Associate must execute WMCHHealth's standard BAA. The RFP also requires confidentiality and cyber-liability coverage.

18	Question: Are there mobile device management (MDM) or BYOD policies that the native iOS/Android mobile client must operate within? Answer: MDM and the corporate-owned/BYOD model are not part of this RFP.
19	Question: For local survivability, which specific functions must remain operational during a WAN or cloud outage (for example station-to-station calling, inbound and outbound PSTN, 911 origination, overhead paging, and code blue/rapid response activation), and does every site have local PSTN breakout under the BYOC model to support survivable outbound calling? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available. Paging, operator services, contact center, fax, analog, collaboration, duration, and remote-site requirements remain under review.
20	Question: Under the Bring Your Own Carrier model, where will session border controllers reside — vendor-hosted, on WMCHHealth premises, or carrier-provided — and how many concurrent call paths are required per site? Answer: Cisco CUBEs and Cisco gateways are deployed at Valhalla, Mid-Hudson, and selected survivable remote locations. No capacity issue has been identified. Final retention or replacement will be determined during design.
21	Question: Is cellular or LTE/5G failover available or acceptable as a backup path, and does WMCHHealth have SD-WAN deployed with wireless backup today? Answer: LTE/5G will not be adequate for our communication needs. SD-WAN will not be desirable.
22	Question: Section 1.1 lists eight acute care locations (including Port Jervis Community Hospital/St. Joseph's Place, and separate HealthAlliance Hospital and HealthAlliance Healthy Village campuses), while the Section 4.1 deliverables table lists device counts under different labels (HealthAlliance, Margaretville, Mid-Hudson, Westchester Medical Center, Good Samaritan, Bon Secours Community Hospital, St. Anthony Community Hospital, and Remote Offices). Can WMCHHealth provide a mapping confirming which physical campuses correspond to each row in the 4.1 table? Answer: The endpoint quantity table cited in the RFP should be used for proposal development. Procurement will clarify the incorrect section cross-reference by addendum. Yes. The two names refer to the same location. Both campuses are included within the single HealthAlliance quantity. A building-level split is not provided in the current response set.
23	Question: What locations/sites are included under "Remote Offices" in the 4.1 table (1,751 hard phones)? How do you plan on deploying those handsets, and is that something you are looking for us to provide? Answer: Yes. Ambulatory and clinic locations are included. The current response identifies 77 remote sites. Existing hardware to remain.
24	Question: The 4.1 table shows minimal or zero soft-phone counts at most locations (e.g., Westchester Medical Center: 100, all others: 0 or 5). Is this an accurate reflection of current softphone usage, or a placeholder pending a separate estimate of desired softphone deployment under the new solution?

	Answer: All standard and administrative-phone users require a mobile option. Vendors should identify licensing assumptions for additive versus replacement use.
25	Question: For the end-user training program, should the estimate assume on-site train-the-trainer sessions at each of the eight acute care locations, or a centralized/regional training model? Answer: Vendors should provide their proposed training approach, assumptions, delivery model, and associated pricing.
26	Question: For the required Managed Services Agreement and/or Technical Account Manager, does WMCHHealth require a single named, dedicated TAM, or is a shared/pooled TAM model acceptable? Answer: Coverage is required 24x7, including onsite support when required. MACD and basic administration will be handled internally. Monitoring will be shared by WMCHHealth and the vendor; upgrades will be performed by the vendor; spares will be maintained in-house. WMC will require a single named dedicated TAM.
27	Question: The RFP is numbered "WF78DD9" on the cover page, but Sections 2.2 and 2.3 specify the required email subject line as beginning "WE78DD9." Can you please confirm the correct RFP number to use in all correspondence and the proposal submission? Answer: Use RFP #WF78DD9 as shown on the cover page, subject to final Procurement confirmation of the inconsistent WE78DD9 references. Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.
28	Question: Section 3.1 sets an initial one-year term with up to four one-year renewals, and Section 3.3 permits either party to terminate for convenience on 60 days' notice. Given the scale of a migration covering approximately 14,800 endpoints across eight hospitals, would WMCHHealth consider a longer committed initial term? Answer: Attachment A states a one-year initial term with up to four one-year renewals and allows termination without cause on 60 days' notice. Any change requires Legal and Procurement approval. Vendors must acknowledge Attachment A and submit a separate, paragraph-specific exceptions document with proposed alternatives. Exceptions may disqualify a proposal.
29	Question: Section 4.16 limits liability to "actual damages" with no stated monetary cap, and removes the exclusion of consequential damages for any claim in which either party joins the other as a third-party defendant. Would WMCHHealth consider an aggregate liability cap tied to fees paid, with agreed carve-outs for data breach, confidentiality, and indemnity obligations? Answer: Limitation of liability may be negotiated with the successful proposer if needed.
30	Question: What are WMCHHealth's requirements for data residency, encryption, retention of call recordings, voicemail, and call detail records, subprocessor approval, breach notification timelines, and data return or certified deletion at contract termination?

	Answer: Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems. Call recording is currently used for selected departmental lines in all regions. WMC Health will provide a selected vendor retention period, breach notification timeline.
31	Question: Is WMCHHealth an authorized user of New York State OGS centralized contracts, or a member of a cooperative purchasing vehicle (for example TIPS, Sourcewell, OMNIA Partners, or E&I) or a healthcare group purchasing organization (for example Premier, Vizient, or HealthTrust) that it would accept as the contracting path for this award? If so, would that vehicle's terms govern in place of, or alongside, Attachment A? Answer: Vendors must acknowledge Attachment A and submit a separate, paragraph-specific exceptions document with proposed alternatives. Exceptions may disqualify a proposal.
32	Question: Of the endpoint counts in Section 4.1, how many devices are expected to be individually named users versus common-area or shared devices, such as patient room and public/treatment space phones? Please confirm whether common-area device pricing may be applied to those categories. Answer: All patient-room and public/treatment-space phones are shared devices and are not assigned to named users. Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.
33	Question: Section 2.9.E.2.iv requests a list of all former and current clients for the past three years. As a publicly traded provider with thousands of customers this cannot be disclosed. Will a representative set of healthcare references and named logos satisfy this requirement? Answer: The RFP requests all former and current clients for the past three years and at least three healthcare references. Any alternative, including representative lists or subcontractor references, requires Procurement approval.
34	Question: Section 2.9.E.7 requests the firm's most recent financial statement. Would our most recent Form 10-K and annual report satisfy this requirement? Answer: The RFP requires the most recent financial statement. Proprietary materials may be marked with justification, subject to applicable disclosure law. Acceptance of a Form 10-K or later submission requires Procurement approval.
35	Question: Our organization acknowledges receipt of your Terms and Conditions. If awarded the contract, we propose to deliver the services outlined in our proposal under terms that are materially consistent with our standard Terms of Service, however, we are open to mutually agreed upon modifications to align with the RFP terms. Our services meet relevant industry standards and regulatory requirements, ensuring secure and reliable solutions tailored to our customers. Would WMCHHealth accept this? We can provide a copy of our terms as well as BAA (if of interest). Answer: A vendor determined to be a Business Associate must execute WMCHHealth's standard BAA. The RFP also requires confidentiality and cyber-liability coverage. Vendors must acknowledge Attachment A and submit a separate, paragraph-specific exceptions document with proposed alternatives. Exceptions may disqualify a proposal.

36	Question: Could WMCHHealth provide more details on the request for a list of all clients for the past 3 years. Based on the confidentiality we want to respect for many of our customers who request this we cannot provide this level of details. Is there any alternative we can provide? Answer: The RFP requests all former and current clients for the past three years and at least three healthcare references. Any alternative, including representative lists or subcontractor references, requires Procurement approval.
37	Question: As a private company we do not share our financial information at the RFP stage. This can be provided further along in the sales cycle. Would this be acceptable? Answer: Acceptable if chosen for short list.
38	Question: Are the 60 ambulatory care centers in scope as well as the hospitals? What are the requirements there? Or are their requirements included in the information for the hospitals listed in the RFP? Answer: Yes. Ambulatory and clinic locations are included. The current response identifies 77 remote sites.
39	Question: EMR/EHR integration - which EMR systems are in use in any/all of the sites? Cerner or Epic next year Answer: Westchester Medical Center will be integrating with Epic. Epic VoIP and fax integration is planned, and Genesys contact-center integration with Epic will be native.
40	Question: What Contact Center is currently in use? Is replacement of some or all in scope or does the UCaaS solution proposed need to integrate or interoperate with the existing CC? If replacement is in scope - how many agents, how many supervisors? What contact center functionality is required? Answer: Genesys CCaaS is in use and will be retained. Cisco UCD hunt groups and Mitel hunt groups are also in use. Forwarding and transfer are used with the current UC system.
41	Question: What SaaS applications will you require the UCaaS solution to integrate with? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems. Specific platforms include Microsoft Teams.
42	Question: What are the reasons for requiring a BYOC model rather than porting numbers to your new provider? Who are your current carrier(s)? How do you currently connect with your existing carrier(s)? Eg SIP trunks, PRI, etc. Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services. The additional DIDs are maintained for growth and reservation purposes. A BYOC model will need to bring own carrier and port numbers to them.
43	Question: What Operator Consoles are currently in use? Do you want to replace some or all of them or is the expectation that the UCaaS solution will integrate with them? How many are needed and at what locations?

	Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. Amtelco operator console and contact-center functions are in use and centralized for all hospital regions. The Western Region also uses Cisco 8851 phones with expansion keypads at selected operator locations. Open to replacing operator consoles if a better option is available.
44	Question: The scope of services mentions collaboration tools including chat, video conference, screen sharing, and white boarding. What platform(s) are in use today? Is the expectation that the UCaaS vendor's native collab tools will replace those or that the UCaaS vendor will integrate with your existing tools? Answer: WMC Health to use Microsoft Teams.
45	Question: What overhead paging systems exist in each site? Do any sites need entirely new overhead paging equipment or is the UCaaS just connecting with existing systems? Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.
46	Question: What emergency communication systems are in place (per location)? Will UCaaS need to integrate or just operate alongside existing systems? Answer: CER in Western Region, Tiger Text, Zetron paging. New system will integrate with new UCaaS.
47	Question: For Admin phones with side cars - how many buttons are needed on the side cars? Answer: The requirement is 261 administrative-phone positions with 261 sidecars, reported as 522 total hardware units. 16 – 32 button requirements.
48	Question: Would a software attendant console software attendant console be an option? Answer: To be considered as an option.
49	Question: Do you have a preference between Poly and Yealink for the brand of hard phones? Answer: No preference.
50	Question: How many conference phones do you need? How large are the conference rooms that will require these phones? Answer: Known quantities include 40 – 60 DECT conference phones. Room sizes vary per location.
51	Question: What are the existing models of phones currently in use for Admin phones, Patient room phones, Public/treatment room phones, conference phones? Answer: Cisco IP, Mitel digital phones, analog are being used throughout network.
52	Question: Are any of the patient room phones nurse-call integrated or part of a clinical communications system (eg Vocera, Rauland)?

	Answer: No integration on nurse-call system with current phone solution.
53	Question: How many fax lines/numbers are currently in use? How many physical fax machines? Do you want to keep using the physical fax machines or replace some or all with efax? What is approximate current fax volume? Answer: 900 Efax and fax machines.
54	Question: Section 6.1 identifies three contracting entities (Westchester County Health Care Corporation, Bon Secours Charity Health System, and HealthAlliance of the Hudson Valley) and assigns the HAHV agreement to the Broadway Campus. Which entity will contract for HealthAlliance Hospital – Mary's Avenue Campus and for Margaretville Hospital? Answer: Yes. The two names refer to the same location. Both campuses are included within the single HealthAlliance quantity. A building-level split is not provided in the current response set. Section 6.1 identifies three ultimate contracting parties and permits Westchester County Health Care Corporation to elect a different structure. Final agreement structure and site allocation require Legal and Procurement confirmation.
55	Question: Will separate agreements, pricing schedules, and invoicing be required for each contracting entity, or will a single master agreement with participating-entity addenda be acceptable? Answer: Final agreement structure and site allocation require Legal and Procurement confirmation.
56	Question: Section 1.2 references nine hospitals on seven campuses and approximately 60 ambulatory care sites. Are the ambulatory sites within scope, and are they represented in the "Remote Offices" line of the Deliverables table? If so, how many discrete locations does that line comprise? Answer: The endpoint quantity table cited in the RFP should be used for proposal development. Procurement will clarify the incorrect section cross-reference by addendum. Yes. Ambulatory and clinic locations are local to the hospital. The current response identifies 77 remote sites and clinics.
57	Question: Is there an incumbent provider for any portion of the Scope of Services, and does the January 1, 2027, tentative contract start date correspond to an existing contract expiration? Answer: The tentative start date is tied to expiration of existing Cisco licensing. Parallel operation is required.
58	Question: Will WMCHHealth hold a vendor conference, discovery session, or site walkthrough prior to the proposal due date, as contemplated by Section 2.6(A)? Answer: The published proposal due date remains October 5, 2026, currently.
59	Question: Section 2.3 provides that questions and the Corporation's responses will be distributed to all prospective proposers. Several questions below request operational detail that the Corporation may consider sensitive. Will the Corporation make such details available under a Non-Disclosure Agreement to vendors that submitted a Letter of Intent, as contemplated in Section 2.2? Answer: As a New York State public benefit corporation, questions and answers are publicized in New York State Contract Reporter, WMCHHealth's procurement opportunities website, and distributed via email to the potential proposers. The names of vendors that submitted questions will be not be publicized.

60	Question: Will administration of the fax environment be centralized, or is administration required distributed so that each campus or contracting entity can manage its own users, numbers, and routing? Answer: Administration of the fax environment to be centralized.
61	Question: How many physical fax machines and multifunction devices with fax capability are deployed, in total and by campus? Answer: 900 Efax and fax machines total.
62	Question: Are fax DIDs included in the 21,025 count? Under the Bring Your Own Carrier model, would fax numbers be ported to the awarded vendor or retained with the existing carrier? Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services. The additional DIDs are maintained for growth and reservation purposes. Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes.
63	Question: Of the 55 toll-free numbers, are any dedicated to inbound fax, such as referral, transfer, or prior-authorization intake? Across all numbers used for fax, what is the approximate ratio of local DIDs to toll-free numbers? Answer: 0 Toll-free going to fax machines.
64	Question: Which electronic health record system(s) are in production, and at which campuses? Where multiple instances or multiple vendors are in use as a result of prior affiliations, please indicate which facilities each serves. Is consolidation planned during the contract term, and would the Corporation expect document workflows to operate across all instances in the interim? Answer: Using Cerner across all campuses and migrating to EPIC.
65	Question: Is integration between the fax platform and the electronic health record a requirement of this engagement, or a future-state objective? Answer: Yes
66	Question: Does WMCHHealth operate an integration or interface engine today, such as Rhapsody, Corepoint, Mirth Connect, Cloverleaf, or Epic Bridges, and which team would coordinate document delivery interfaces with the awarded vendor? Answer: No
67	Question: Where documents must be delivered to more than one EHR instance or document repository, does WMCHHealth expect the awarded vendor to deliver in each destination's required format, or would WMCHHealth's own integration team handle format conversion downstream of the vendor? Answer: Westchester Medical Center is integrating with Epic. Epic VoIP and fax integration is planned, and Genesys contact-center integration with Epic will be native.

68	Question: Which document management or enterprise content management system is used to store scanned and faxed clinical documents — for example Hyland OnBase, Perceptive Content, or a repository native to the EHR? Are inbound faxes indexed into that system today, by what method, and does that platform include its own fax or capture module? Answer: Westchester Medical Center is integrating with Epic. Epic VoIP and fax integration are planned.
69	Question: What percentage of inbound fax pages are received on toll-free numbers rather than local DIDs? What percentage of inbound fax pages are received on toll-free numbers rather than local DIDs? Answer: 0 Toll-free going to fax machines.
70	Question: Which departments account for the highest fax volume? Please indicate whether these include medical records and release of information, the transfer center, referral management, pharmacy, laboratory and radiology results, patient access, case management and discharge planning, and revenue cycle or prior authorization. Answer: Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes to be included in all departments.
71	Question: How are inbound faxes delivered today — to individual users, shared departmental queues, network folders, network printers, or a combination? Approximately how is volume distributed among those methods? Answer: A combination of all services is currently in use.
72	Question: How many full-time equivalents across the network are engaged in scanning, indexing, or manually routing inbound faxed documents? Answer: Yes, FTE to be determined.
73	Question: Are there workflows in which data received by fax is manually re-keyed into the EHR, such as referrals, prior authorizations, orders, or prescriptions? Please describe the highest-volume examples. Answer: Yes
74	Question: Is WMCHHealth interested in intelligent document processing — the automated extraction of structured data from inbound faxed and scanned documents for discrete posting to the EHR? Answer: To be considered.
75	Question: Is WMCHHealth interested in content-based routing, in which inbound faxes are automatically directed to the correct department or work queue based on document type and content? Answer: Yes
76	Question: Does WMCHHealth have existing custom integrations to its fax system via API? If so, which applications are involved, and can the workflows be described? Answer: Cerner or Softlab, some radiology system

77	Question: Beyond API, are faxes exchanged with other systems by any other method today — HL7 feeds, monitored network folders, print capture, direct multifunction device connectors, or scripted imports? Please describe. Answer: Yes, with ERP.
78	Question: Are there consent, authorization, or attestation workflows currently completed on paper or by fax — emergency consents, release-of-information authorizations, transfer consents, or physician signatures — that WMCHHealth would want to move to an electronic signature workflow? Answer: Yes
79	Question: Is Direct Secure Messaging in use across the network, and should it be addressed in the proposal alongside fax? Answer: Currently Tiger Text to be replaced by EPIC.
80	Question: What integration methods does WMCHHealth prefer for clinical document exchange — HL7 v2, HL7 v3, FHIR, CCD, REST API, SFTP, Microsoft Graph, or a native connector to the document management system — and do those preferences differ by campus or EHR instance? Answer: Multiple methods in use. Prefer methods to be determined.
81	Question: Which identity provider is in use for Active Directory and SSO, such as Microsoft Entra ID, Okta, or Ping, and are conditional access or multi-factor authentication policies required for users of document and fax services? Answer: Azure, Okta, and Microsoft Entra ID. Moving to Sale Point.
82	Question: Do the three contracting entities identified in Section 6.1 operate on common IT infrastructure and a single Active Directory forest, or does each maintain separate systems, domains, and administration? Answer: Anticipated to be on single AD forest.
83	Question: Are fax numbers, routing rules, retention settings, and cover page standards managed to a single network-wide convention, or do each facility maintain its own? Answer: Not currently. Planned for future.
84	Question: Which campuses retain on-premises fax servers, fax boards, or analog fax infrastructure that would need to be decommissioned? Is any of that infrastructure shared with systems outside the scope of this RFP, such as alarm, elevator, or nurse call circuits? Answer: All sites to be decommissioned.
85	Question: Section 4 requires local survivability so that critical services remain operational during WAN or cloud outages. Does that requirement extend to fax? Specifically, must inbound faxes continue to be received and retrievable when a campus loses WAN connectivity?

	Answer: At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available. Paging, operator services, contact center, fax, analog, collaboration, duration, and remote-site requirements remain under review.
86	Question: Does WMCHHealth require that data be stored within the United States and that support be provided by U.S.-based personnel? Answer: Legal to determine.
87	Question: Section 3.1 lists evaluation criteria without weighting. Can WMCHHealth provide the relative weighting among customer service focus, proven track record, ability to meet or exceed the scope of services, references, and fee proposal? Answer: No weighting is supplied. All equally important.
88	Question: What are the top three measures by which WMCHHealth will judge this program successful twelve months after implementation? Answer: Support, reliability, cost savings.
89	Question: Of the 1,533 patient room phones and 838 public and treatment space phones, how many are assigned to a named individual versus shared or common-area devices? If patient room phones are to remain unassigned rather than licensed to an individual, please confirm, as this materially affects licensing and cost. Answer: All patient-room and public/treatment-space phones are shared devices and are not assigned to named users.
90	Question: Has a network readiness assessment been completed for LAN, WAN, wireless and PoE capacity across the in-scope locations? Please confirm whether any required network remediation is in scope for this RFP or will be addressed separately by WMCHHealth. Answer: Yes
91	Question: For platform and administrative tenant design only, should the solution be built as a single shared tenant for the health system, or as separate organizations aligned to the three contracting entities identified in Section 6.1? Please also confirm whether a single consolidated dial plan and directory across all entities is required. Answer: The platform should use one shared tenant and one consolidated dial plan.
92	Question: Does WMCHHealth have defined service level targets and service credit expectations for availability, response and resolution, or should respondents propose a service level framework as part of the managed services agreement? Section 4.1 also requires a decrease in trouble tickets — please provide current ticket volumes and categories so that a measurable baseline can be established. Answer: Coverage is required 24x7, including onsite support when required. MACD and basic administration will be managed internally. Monitoring will be shared by WMCHHealth and the vendor; upgrades will be performed by the vendor; spares will be maintained in-house.

93	Question: The Agreement provides for an initial one-year term with four one-year renewal options, while Section 3.3 permits either party to terminate without cause on sixty days' notice. Given the capital investment required for approximately 14,800 endpoints and a multi-site migration, would WMCHHealth consider a committed initial term, or a defined schedule addressing recovery of unamortized implementation costs in the event of early termination? Answer: Attachment A states a one-year initial term with up to four one-year renewals and allows termination without cause on 60 days' notice. Any change requires Legal and Procurement approval.
94	Question: WMCHHealth mentions the following existing environment platforms but can you provide detail on which platforms and carriers are currently in use for each of the following? - Existing Unified Communications Platform - Existing Telco Carriers - Existing MPLS or other inter-site connectivity - Contact Center with Generative AI - The hospital EMR - Operator Console Is the CCaaS solution being used today a cloud-based platform or on prem? Answer: The environment includes Cisco CUCM and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems in clinic locations. The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 and Nortel Meridian Option 11. Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services. The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally.
95	Question: WMCHHealth mentions integration with the following platforms or functions: -Active Directory -SSO -Workflow automation platform -Overhead Paging -Emergency Communication Systems Can you provide additional details on what is expected with each integration with each system listed above and if possible, please provide which specific platforms and systems you are using today? If needed, provide the number of SIP trunk integrations to third party applications that are required. Please also identify if communication should be one way or bi-directional. Answer: Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems. The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.

96	Question: Remote offices are mentioned in the locations for hardware needs. How many remote offices are there total? Will these require local survivability? Answer: Yes. Ambulatory and clinic locations are included. The current response identifies 77 remote sites. At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available. Paging, operator services, contact center, fax, analog, collaboration, duration, and remote-site requirements remain under review.
97	Question: Listed are estimated quantities of phone types and the minimum features/capabilities required at each location, however, do you know how many users in each location will require a DID assigned or extension only users? Answer: DID to be used in most locations. Assume 95%.
98	Question: Does WMCHHealth expect any ATAs to be required? If yes, how many? How many total ATA ports are required? (fax machines, elevators, etc). Can you give a breakdown of ATA ports by location so we can properly scope the ATA models and quantities. Answer: Assume Cisco VG310, VG320, VG202, and ATAs at selected locations, together with ISR4431, ISR4351, ISR4331, and ISR4321 gateways. Detailed quantities and port utilization remain subject to validation. Supported device types include fax lines, elevators, modems, red phones, cordless phones, parking-gate intercoms, conference phones, Zetron pagers, overhead paging, patient phones, and fire-alarm lines. Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes.
99	Question: For hardware, can you provide a hard count of physical phones versus softphones, specifically regarding patient room devices? Are admin phone with side cars, patient room phones and public treatment spaces phones expected to all be hardphones? Can you provide the current models/qty per model for each? Answer: See chart on page 9 of RFP. Cisco models 7800 series, 8800 series to be modified to SIP only.
100	Question: For hardware, how would WMCHHealth like to procure these phones? Do you have existing phones you want to reuse or reprovision or look for completely new hardphone devices to replace? Answer: Reuse existing hardware if possible.
101	Question: Is there any desire to move some of the listed hard phones to softphones? If so, do you have an estimate of how many might move to softphones? Is there any desire to move some of the listed hard phones to softphones? Answer: All standard and administrative-phone users require a mobile option with Teams integration. Vendors should identify licensing assumptions for additive versus replacement use.
102	Question: If a vendor's organization do not generally provide redlines and/or line item exceptions to Terms and Conditions in the RFP stage but are happy to work in good faith upon being selected as the vendor of choice to negotiate Terms and Conditions; are vendors able to provide a statement in the Transmittal Letter clearly indicating our willingness to negotiate in good faith post RFP on the items provided in Attachment A?

	Answer: Vendors must acknowledge Attachment A and submit a separate, paragraph-specific exceptions document with proposed alternatives. Exceptions may disqualify a proposal.
103	Question: Local survivability as a requirement. Is local survivability needed at each listed location including remote offices or is this needed at certain locations only? If at each location provide the total location count. If only certain locations, can you identify how many and which ones will require local survivability? Do you require survivability at your data center(s)? Answer: Yes. Local survivability will be required. And all remote sites.
104	Question: Operator Connect is mentioned - does this need to be moved at all or do you require integration with the Operator Connect? Who is the current provider? Answer: Microsoft Teams is the primary collaboration and video-conferencing platform. Teams dial-pad integration is required with the chosen solution. Operator Connect is not currently in use.
105	Question: Is there a video component required at all for the telecommunication services? If so, how many users may require video capabilities? Answer: Not currently.
106	Question: The patient room phones mentioned - are these nurse call systems or just analog devices? Answer: Analog devices and IP phones. Not tied into nursing call systems.
107	Question: Are there requirements around particular onsite deployment and onsite training or is remote implementation acceptable? Answer: Onsite deployment and training required.
108	Question: Bon Secours Community Hospital is listed in 4.1 but not 1.1, is this correlated to any of the 1.1 locations and if so which one? Answer: Bon Secour Community hospital is its own entity as part of WMC Health.
109	Question: Can you clarify how many phone users vs common area phones are needed? Answer: Quantity to be determined.
110	Question: For day 2 support, what are the expectations from the vendor? For example, does WMC want the vendor to do Moves, Adds, Changes or would they be doing those changes internally with the support of the TAM? Answer: MACD and basic administration will be managed internally.
111	Question: Will existing Session Border Controllers (SBCs) be utilized for the deployment?

	Answer: Cisco CUBE's and Cisco gateways are deployed at Valhalla, Mid-Hudson, and selected survivable remote locations. No capacity issue has been identified. Final retention or replacement will be determined during design.
112	Question: What type of PSTN carrier connectivity currently terminates on each SBC or telephony location? ◦SIP trunk(s) ◦PRI circuit(s) ◦Combination of SIP and PRI ◦Other Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services. Cisco CUBE's and Cisco gateways are deployed at Valhalla, Mid-Hudson, and selected survivable remote locations. No capacity issue has been identified. Final retention or replacement will be determined during design.
113	Question: If existing SBCs are not compatible with the vendor platform, should the proposed solution include new SBCs as part of the deployment cost? Answer: Yes
114	Question: What is the anticipated maximum concurrent PSTN call volume across the environment and, if available, by location? Answer: 800 sessions x 2 locations for redundancy, 200 x 3 locations.
115	Question: Should SBC sizing include capacity for future growth? If so, please provide the anticipated growth percentage or planning horizon. Answer: Yes – 10%
116	Question: Will any existing PBX or telephony platforms need to interoperate with the new selected platform during the migration? Answer: No unless existing PBX remains operational.
117	Question: Is a phased migration or coexistence period between the existing telephony platform and the new platform required? Answer: Phased migration required.
118	Question: Are there any analog, POTS, fax, paging, emergency, elevator, alarm, or other legacy services that must utilize or traverse the proposed BYOC/SBC architecture? If so, please provide the service type, quantity, and location. Answer: Yes analog, POTS, fax, paging, elevator, alarms, emergency will be integrated. Counts to be determined.
119	Question: Local survivability is mentioned, are there specific requirements for redundant SBCs, redundant PSTN carrier connectivity, geographic redundancy, or PSTN survivability that need to be mentioned?

	Answer: Local survivability and carrier redundancy required for reliable services.
120	Question: Would you like to default to a cloud phone system where possible, or default to an on-premises system or a hybrid solution? Answer: WMCHHealth may consider a hybrid or premises-based alternative, including a private-cloud solution.
121	Question: Are Port Jervis and Bon Secours Community Hospital the same campus under two names, or two sites? Either way, please give the missing endpoint quantities for that location (or each location). Answer: Yes. The two names refer to the same location.
122	Question: Of the 1,533 patient-room phones and 838 public/treatment phones, how many are assigned to a named person versus shared/common-area devices? If patient-room phones stay unassigned rather than licensed to an individual, please note that. Answer: All patient-room and public/treatment-space phones are shared devices and are not assigned to named users.
123	Question: Table 4.1 lists 115 soft phones against about 13,500 employees. How many unique people need a software or mobile client, and should we treat those as instead of a desk phone or in addition to one? Answer: Yes. The location rows identify 11,786 hard phones plus 115 softphones, totaling 11,901 standard endpoints. All standard and administrative-phone users require a mobile option. Vendors should identify licensing assumptions for additive versus replacement use.
124	Question: Please provide current desk phone models and quantities (for example 7841, 8851, 7945, third-party). Which of those stay in place versus get refreshed? Answer: Compatible Cisco phone models may be retained. Mitel, Nortel, and Toshiba phones are expected to be replaced. Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.
125	Question: What Cisco UC is in production today? Please include: CUCM version; other apps if present (Unity Connection, IM and Presence, Emergency Responder, Expressway) and their versions; what hardware or virtualization the cluster runs on (BE6000, UCS model, VMware hosts, etc.); how many nodes/publishers/subscribers; and whether call control is centralized or per-campus. Answer: The environment includes Cisco CUCM and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems in clinic locations. The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 and Nortel Meridian Option 11.
126	Question: What overhead paging systems are in use, by campus? Please include vendor/model and how telephony connects today (SIP, analog FXO, multicast, or other). Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.

127	Question: Is call recording required for Compliance reasons? If so, how many lines are recorded? Answer: Call recording required in Contact Center, provided by Genesys.
128	Question: Are radios used at any of the hospitals, if so do those calls need to be recorded? Answer: Radios are in use and will not need to be recorded.
129	Question: What nurse call software/system is in use (vendor and product, e.g. Rauland, Ascom, Hillrom)? Does it need to integrate with the new phone system, or is it out of scope for this project? Answer: Nurse call is not listed as an integration requirement in the published RFP.
130	Question: Should existing session border controllers and PRI/SIP voice gateways (separate from the analog gateways in Q11) be kept, replaced, or mixed? A high-level list of what is in place today (role, model, approximate capacity) is enough. Answer: Cisco CUBEs and Cisco gateways are deployed at Valhalla, Mid-Hudson, Western Region locations and selected survivable remote locations. No capacity issue has been identified. Final retention or replacement will be determined during design.
131	Question: For a possible cloud calling option we need to know whether each site has a redundant network path to the internet/cloud. Per acute campus and for remote offices (aggregate is fine if they are similar): is there a second diverse circuit or path if the primary WAN/DIA fails (dual DIA, DIA plus MPLS, or SD-WAN with dual underlay)? Approximate bandwidth on each path if known, and whether voice QoS is applied toward the internet. A site with only one path would need a local survivability design rather than relying on cloud calling during an outage. Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy.
132	Question: Which sites need to keep working if the WAN or core call platform is down, and what must still work there: 911, station-to-station, PSTN, paging, operator, contact center, analog devices? Answer: All sites remain operational.
133	Question: Is contact center in scope for this project? If no, skip the rest of this question. If yes: What contact center platform is in use today (vendor and product, including Cisco UCCX/UCCE if applicable)? Should it be replaced or kept? Please fill what you can below. Answer: The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 Genesys CCaaS is in use and will be retained. Cisco UCD hunt groups and Mitel hunt groups are also in use.
134	Question: Keep or replace? Current CC Vendor/product - Keep Agents - Keep Supervisors - Keep Voice Changes/Queues - Keep

	Operator Consoles - Keep Answer: Response above.
135	Question: Who needs call recording (agents, operators, all users, specific departments), and how many users or stations? Answer: Genesys CCaaS is in use and will be retained.
136	Question: Who needs voicemail — essentially all named users, or a smaller subset? How many voicemail boxes are in use today? Answer: More than 4,000 voicemail boxes are required, excluding auto attendants.
137	Question: How many people need meetings and messaging, versus how many are telephony-only? Answer: The solution is telephony-focused and will integrate with Microsoft Teams for collaboration.
138	Question: For license and admin-tenant sizing only, should we treat this as one shared tenant for the health system or as separate organizations? Answer: The platform should use one shared tenant and one consolidated dial plan.
139	Question: Since the questions won't be answered until 9-28, can the RFP date be extended to October 19th to give us the full 3 weeks to respond? Answer: Proposal due date has been extended to October 7,2026, as stated in the Addendum dated 9/28/26.
140	Question: What is the success criteria for determining if each of the goals below are successful? The UCaaS solution must include the features and capabilities which will enable WMCHHealth to meet the following goals: The UCaaS solution must include the features and capabilities which will enable solution must include the features and capabilities which will enable WMCHHealth to meet the following goals: Ensure interoperability between Contact Center systems utilizing operator consoles and Medical Centers/Hospitals, including Operator Services utilizing Operator Consoles. Answer: Migration from current to new will be required in the most seamless way possible. Either SIP trunking or digit insertion will be used in part of the migration strategy.
141	Question: Can WMCHHealth provide a detailed network diagram and list current bandwidth capacities, circuit types, and site-specific user counts for all 8 main locations and remote offices? Can WMCHHealth provide a detailed network diagram and list current bandwidth capacities, circuit types, and site-specific user provide a user counts for all 8 main locations and remote offices? Answer: Yes, we can provide detailed documents of sites and bandwidth. For our purposes now please assume adequate network connectivity between sites.
142	Question: Do you have a preference for MPLS, Dedicated Internet Access (DIA), or an SD-WAN overlay? Is cost, redundancy, or application performance the primary driver? Answer: Please propose all options with cost, reliably and performance being the priority.

143	Question: What are the mandatory uptime SLAs, hardware redundancy expectations, or local survivability appliances required at each hospital campus during a WAN/cloud outage? Answer: A one-hour SLA required for onsite support with 100% uptime.
144	Question: What is the average monthly minute usage and call volume distribution for the 55 Toll-Free numbers and ~21,000 DIDs? Answer: 952k monthly usage.
145	Question: How many total analog lines (e.g., fax machines, panic buttons, elevator phones, overhead paging systems) must be integrated into the new UCaaS solution? Answer: All analog lines/devices will need to be integrated to the new UCaaS solution. All supported device types include fax lines, elevators, modems, red phones, cordless phones, parking-gate intercoms, conference phones, Zetron pagers, overhead paging, patient phones, and fire-alarm lines. The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.
146	Question: BYOC & Carrier Handoff: Can you provide details on how Bring Your Own Carrier (BYOC) integration is or will be structured with current carriers? Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services.
147	Question: E911 & Emergency Response Protocols: What are your exact physical mapping requirements and local dispatch integration points across multi-building campuses? Answer: E911 locations are mapped to buildings and floor. On-site notification includes overhead paging and text notifications. Will be mapping to local closet or each device.
148	Question: EMR/EHR & Applications: Which specific EMR/EHR systems (e.g., Epic, Cerner) and CRM/ticketing applications need native integration with the Contact Center and Generative AI tools? Answer: Currently Cerner and will integrate to EPIC in near future.
149	Question: Operator Consoles: What specific operator console software or hardware is currently utilized across Medical Centers, and what features are required for interoperability with the new solution? Answer: Amtelco operator console and contact-center functions are in use and centralized for all hospital regions. The Western Region also uses Cisco 8851 phones with expansion keypads at selected operator locations.
150	Question: Fax / eFax Utilization: What are specific monthly average call volumes, device types, and compliance requirements for faxing across facilities? Answer: Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes. Fax type varies by location.

151	Question: What is the existing contact center? Is that part of the RFP for replacement or movement to the cloud? Answer: Genesys CCaaS is in use and will be retained.
152	Question: Are we providing just SIP or Toll Free carrier services? Or are you interested in presenting a cloud calling platform? Answer: Our plan will be BYOC but open to cost saving proposals.
153	Question: Are you looking to replace existing handsets today with soft phones? Assumption: Patient phones will remain. Answer: No. Compatible Cisco phone models may be retained. Mitel, Nortel, and Toshiba phones are expected to be replaced.
154	Question: Section 4 lists "Existing Telco Carriers" without details. Please identify the current carriers and how PSTN service is delivered at each site (SIP trunks, PRI, POTS). Which carrier(s) will WMCHHealth use under the BYOC model, and will WMCHHealth or the vendor be responsible for number porting? Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. In the Western Region, Lightpath provides SIP trunks, PRI circuits, and POTS services.
155	Question: Please describe the current LAN, PoE switching, and wireless infrastructure at each location. Is it considered voice-ready, and is any network remediation expected to be in the vendor's scope? Answer: Vendors should assume LAN/WAN readiness has been completed. WMCHHealth, IT owns network remediation.
156	Question: How many analog ports are in use today, broken out by use (patient rooms, fax machines, elevator phones, alarm and fire panel lines, modems, emergency and blue-light phones)? Answer: Assume 1,721 analog devices which are used for patient rooms, fax machines, elevator phones, alarm and fire panel lines, modems, emergency, and blue-light phones. Assume analog gateway sizing based on each facility, not including Valhalla for patient phones. Please refer to last 2 columns on pages 9 & 10 of RFP.
157	Question: What are the current fax and eFax platforms and approximate monthly fax volumes? Are there specific HIPAA or EMR integration requirements for eFax? Answer: Westchester Medical Center is integrating with Epic. Epic VoIP and fax integration is planned, and Genesys contact-center integration with Epic will be native. Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes. EFaxing is HIPAA compliant. EMR integration to EPIC is planned for.
158	Question: Section 1.2 references ambulatory care sites. How many of these are included in the "Remote Offices" row of the Section 4.1 table? Can WMCHHealth provide a list of remote sites with addresses and phone counts per site? Section 1.2 references ambulatory care sites. How many of these are included in the "Remote Offices" row of the Section 4.1 table?

	Answer: Yes. Ambulatory and clinic locations are included in the hospital count. The current response identifies 77 remote sites for clinics.
159	Question: The "Admin Phone w/Side Car" rows in the Section 4.1 table sum to 261, while the Totals row shows 522. Does 522 represent 261 phones plus 261 sidecars, or 522 phones? Answer: 522 phones with sidecars.
160	Question: Section 4 requires a fully functional native mobile client for iOS and Android, while the Section 4.1 table lists 115 soft phones. How many users should be licensed for the mobile and desktop client (for example, all employees, or only designated users)? Answer: TBD
161	Question: What are the requirements for Patient Room and Public & Treatment Space phones (for example, hospital-grade or antimicrobial housings, analog versus IP, and calling restrictions such as internal, local, and 911 only)? Answer: Analog phones in all locations except for Valhalla patient phones. Regional calling capability on all phones.
162	Question: Section 4.1 lists minimum capabilities of VM, e911, Video, Fax, and Call Recording. Do all of these apply to every phone type (for example, video and call recording on patient room and public space phones), or can WMCHHealth indicate which capabilities apply to each phone type? Answer: These capabilities are not currently available on every phone type. WMC will indicate required capabilities for each phone.
163	Question: What nurse call, clinical wireless phone (for example Vocera, Spectralink, Ascom), and secure clinical messaging platforms are in use today? Are integrations with these systems in scope? Answer: Current use includes Tiger Text, Ascom, Rauland/Hillrom nurse call. Integration currently is not in current scope.
164	Question: Which operator console product is in use today, and how many operator positions exist by location? Is replacement of the operator consoles in scope, or only interoperability with the existing consoles? Answer: Amtelco operator console and contact-center functions are in use and centralized for all hospital regions. The Western Region also uses Cisco 8851 phones with expansion keypads at selected operator locations. The vendor must place, initialize, and assess hard phones. Mounting, cabling, removal/disposal, and post-go-live onsite coverage are to be provided by the vendor.
165	Question: Please identify the current contact center platform (vendor, number of agents and supervisors, and generative AI features in use) and the hospital EMR. Is replacement or expansion of the contact center in scope, or only interoperability with the new UCaaS platform? Answer: Genesys CCaaS is in use and will be retained. No interoperability is required.

166	Question: Which workflow automation platform (for example ServiceNow) and which identity provider for SSO and Active Directory integration (for example Microsoft Entra ID, Okta) should the proposed solution integrate with? Answer: Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems.
167	Question: What are the call recording requirements, including which users or departments must be recorded, the required retention period, and any regulatory or compliance drivers? Answer: Call recording is currently used for selected departmental lines in all regions. WMC Health to provide upon request retention period. Contact center recording in use for compliance purposes.
168	Question: What call accounting and reporting capabilities are required (for example, chargeback by department or cost center, or usage reporting by contracting entity)? Answer: Current call-accounting and reporting platforms include RSI Shadow, Comview Calero, and ISI.
169	Question: For local survivability during WAN or cloud outages, what minimum level of service is required at each hospital (for example, internal calling and 911 only, or also voicemail, paging, hunt groups, and operator functions)? Do survivability requirements differ for remote offices? Answer: Local survivability will be required with 100% uptime for all sites. (inbound/outbound dialing and 911 services)
170	Question: What e911 solution is in place today, and how are on-site security or public safety teams notified when a 911 call is placed? Are there e911 location requirements for remote and mobile users? Answer: E911 locations are mapped to buildings and floor. On-site notification includes overhead paging and text notifications.
171	Question: Attachment A specifies a one-year term with automatic renewals and termination without cause on 60 days' notice. Will WMCHHealth consider a multi-year initial term (3 to 5 years) and termination provisions that allow recovery of unamortized hardware, licensing, and implementation costs? Answer: Attachment A states a one-year initial term with up to four one-year renewals and allows termination without cause on 60 days' notice. Any change requires Legal and Procurement approval. Vendors must acknowledge Attachment A and submit a separate, paragraph-specific exceptions document with proposed alternatives. Exceptions may disqualify a proposal.
172	Question: Should phones and other hardware be priced as a one-time purchase, a lease, or on an as-a-service basis? May vendors provide alternate pricing options? Answer: Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.

173	Question: Should the fee proposal be broken out by the three contracting entities identified in Section 6.1? If so, how should locations not assigned in Section 6.1 (for example, Margaretville Hospital, Port Jervis Community Hospital, HealthAlliance Healthy Village, and Remote Offices) be allocated? Answer: Please provide fee proposals pursuant to the locations in Section 4.1.
174	Question: Is there a target go-live date, or an incumbent contract expiration date, that should drive the proposed migration timeline? Answer: Summer of 2027 based on contract expiration.
175	Question: What are WMCHHealth's expectations for the Managed Services Agreement, including support hours, response and resolution times by severity, onsite versus remote support, and the role and availability of the Technical Account Manager? Answer: Coverage is required 24x7, including onsite support when required. MACD and basic administration will be managed internally. Monitoring will be shared by WMCHHealth and the vendor; upgrades will be performed by the vendor; spares will be maintained in-house.
176	Question: Section 2.9 (E)(2)(iv) requests a list of all former and current clients for the past 3 years. Due to client confidentiality obligations, may vendors provide a representative client list, or provide the full list under NDA? Answer: The difference between “a representative client list” and the “List of all former and current clients” requested in 2.9 (E)(2)(iv) is unclear. Please provide the information requested in the RFP.
177	Question: Will WMCHHealth offer site visits or walkthroughs of representative facilities? If addenda are issued with material changes to scope or quantities, will the October 5, 2026, proposal due date be extended? Answer: Site visits to be determined by WMC. The published proposal due date remains October 7, 2026, currently.
178	Question: How many concurrent inbound-call agents will there be? Answer: 560 Named agents.
179	Question: Will any of those Agents need to provide support via Websites or chat? If so, how many? Answer: Agents will support websites and chat.
180	Question: How many concurrent Supervisors will there be? Answer: 100 Named supervisors.
181	Question: The RFQ mentions integration with the hospital EMR. Are we looking to do data drops so users call in and enter an account number, which will pull up on the agent's screen when they get the call? Answer: Plan is to use CTI screen pops to patient records using ANI or other means to identify the caller.
182	Question: Are you looking to offer a "Save your place in line" callback for users on hold?

	Answer: Call back is included.
183	Question: Do we need to capture the agent's screen or just record the conversation? Answer: Screen scraps are included.
184	Question: Are the agents inbound so they don't call out to the user unless it's a callback from waiting on hold? Answer: Yes, some groups make outbound calls outside of call back.
185	Question: Will any agents need to support either Web or messaging? If so, how many? Answer: Assume 110 agents.
186	Question: Are we looking for a status screen on larger monitors so all agents/supervisors can see all queues/stats? Answer: Wallboards are included in specific groups.
187	Question: Do we need a page to go out over both the overhead system and the speakers on the phone? Answer: Overhead paging only. For selected departments will use speakers on the phone.
188	Question: How many analog lines do we need to support? (Printers/Fax/Phones) Answer: Assume 1,721 analog devices.
189	Question: Do you have any phones that just need call control, no voicemail, for example, in the break rooms? Answer: Yes
190	Question: Are there existing RJ-45 jacks for the physical phones? Answer: Yes
191	Question: Is there existing switching to provide connectivity and PoE for the physical phones? Answer: Yes
192	Question: Has the wireless been verified for VoIP services to support the Softphones? Answer: Yes
193	Question: Are there any voicemail boxes that aren't tied to a user? If so, how many. Answer: Yes
194	Question: For the Attendant Console, how many concurrent Attend Users will there be? Answer: Concurrent users for attendant console logins range up to 20.

195	Question: If someone calls 911, who internally should be notified that x room/extension has called 911? Answer: All 911 calls will notify the operator and security.
196	Question: Level of redundancy you are looking for: If you hosted PSTN with dual Internet circuits and lost both Internet circuits but still had intercommunication, is that sufficient redundancy? If not, do you also require each location to have its own local access if connectivity to the main system is lost? Answer: At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available. Paging, operator services, contact center, fax, analog, collaboration, duration, and remote-site requirements remain under review.
197	Question: Do any of the handsets need to open a door with a button push or see who is at the door via camera? If yes, please provide the make and models of the door camera/locks. Answer: Not currently in use.
198	Question: Are they looking to get on-prem appliances, or do they have a VMware environment where they can spin up virtual servers? Answer: Current VM environment for core systems.
199	Question: Can we have addresses for these sites? Answer: Refer to https://www.wmchealth.org/locations
200	Question: Does WMC plan to provide edge switching or would you like us to address this? Answer: WMC will provide its own edge switching.
201	Question: Is the contract award to be on January 1, 2027? If that is correct, what is the desired timeline for implementation? Answer: Summer of 2027 pending contract expirations.
202	Question: Do you have SDWan deployed today? Answer: No SD-WAN in use at WMC.
203	Question: Who provides structured cabling in facilities today? Will that remain constant? Answer: In-house cabling will remain the same.
204	Question: When a soft client is requested, is meant to be used in conjunction with a physical phone or does it use a different extension? Answer: Soft client will be used with integration with Microsoft Teams using same extension.

205	Question: What are the workflow automation platform requirements? Answer: Integration is required with Active Directory, SSO, workflow automation, overhead paging, and emergency communication systems. Specific platform names, versions, and methods.
206	Question: Are there specific call recording requirements? Answer: Call recording is currently used for selected departmental lines in all regions. Recording mode, retention, analytics, export, and legal-hold requirements. Currently 350 devices are in use with call recording.
207	Question: What EMR integration is required (EMR type and features such as click-to-dial, generative AI, call summarization, etc.)? Answer: Westchester Medical Center is integrating with Epic. Epic VoIP and fax integration is planned, and Genesys contact-center integration with Epic will be native. Click to dial and call summarization required.
208	Question: Would it be possible to extend the due date for the RFP? Given the short timeline from the distribution of answers to the proposal due date, an extension would allow us to submit a more thorough proposal. Answer: The published proposal due date remains October 7, 2026, currently.
209	Question: Would you like to default to a cloud phone system where possible, or default to an on-premises system? Does the new solution need to be full cloud or is hybrid an acceptable approach? Answer: WMCHHealth may consider a hybrid or premises-based alternative, including a private-cloud solution.
210	Question: Please provide the current network and UC topology including existing UC infrastructure and application locations, WAN topology and infrastructure, and LAN/FW topology? Answer: The existing WAN is Ethernet-based with voice and video Class of Service. Vendors should assume adequate bandwidth and redundancy. Network-management tools are operated internally. Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.
211	Question: Who are the current ISP providers and where are they terminating circuits for WMCHHealth? Also include the speeds for each circuit. Answer: Lightpath, Crown Castle. Adequate volume for all voice traffic.
212	Question: What is the current make and model of the network switching? Answer: Cisco/Alcatel
213	Question: What features are required from a Standard Phone? Answer: Call appearances, bridge appearances, speed dials, call park, call recording, HG login/out, etc.
214	Question: What features are required from an Admin Phone?

	Answer: Call appearances, bridge appearances, speed dials, call park, call recording, HG login/out, etc.
215	Question: What features are required from Patient Phone? Answer: Make and receive calls only.
216	Question: What features are required from public space phones? Answer: Make and receive calls only.
217	Question: What are the current wireless phone models and requirements? Answer: Ascom, Zebra, cordless phones (DECT), Konftel.
218	Question: How many conference phones are required? Answer: Known quantities include 80 DECT conference phones.
219	Question: Are Port Jervis and Bon Secours Community Hospital the same campus under two names, or two sites? Either way, please give the missing endpoint quantities for that location (or each location). Answer: Yes. The two names refer to the same location. Currently Port Jervis Community Hospital.
220	Question: Of the 1,533 patient-room phones and 838 public/treatment phones, how many are assigned to a named person versus shared/common-area devices? If patient-room phones stay unassigned rather than licensed to an individual, please note that. Answer: All patient-room and public/treatment-space phones are shared devices and are not assigned to named users.
221	Question: Table 4.1 lists 115 soft phones against about 13,500 employees. How many unique people need a software or mobile client, and should we treat those as instead of a desk phone or in addition to one? Answer: Yes. The location rows identify 11,786 hard phones plus 115 softphones, totaling 11,901 standard endpoints. All standard and administrative-phone users require a mobile option. Vendors should identify licensing assumptions for additive versus replacement use.
222	Question: Please provide current desk phone models and quantities (for example Cisco 7841, 8851, 7945, etc.). Which of those stay in place versus get refreshed? Answer: Compatible Cisco phone models may be retained. Mitel, Nortel, and Toshiba phones are expected to be replaced. Vendors should offer purchase, operating-lease, fair-market-value lease, and one-dollar buyout lease options.
223	Question: What Cisco UC is in production today? Please include: CUCM version; other apps if present (Unity Connection, IM and Presence, Emergency Responder, Expressway) and their versions; what hardware or virtualization the cluster runs on (BE6000, UCS model, VMware hosts, etc.); how many

	nodes/publishers/subscribers; and whether call control is centralized or per-campus and locations of all hardware and software. Answer: The environment includes Cisco CUCM and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems in clinic locations. The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 and Nortel Meridian Option 11.
224	Question: What overhead paging systems are in use, by campus? Please include vendor/model and how telephony connects today (SIP, analog FXO, multicast, or other). Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital. Site-level models, zones, and interfaces remain subject to validation.
225	Question: What nurse call software/system is in use (vendor and product, e.g. Rauland, Ascom, etc.)? Does it need to integrate with the new phone system, or is it out of scope for this project? Answer: Nurse call to include Hillrom, Rauland, Ascom. To be integrated.
226	Question: Should existing session border controllers and PRI/SIP voice gateways be kept, replaced, or mixed? A high-level list of what is in place today (role, model, approximate capacity) is enough. Answer: Vendor to provide their own SBCs towards a BYOC model.
227	Question: For a possible cloud calling option we need to know whether each site has a redundant network path to the internet/cloud. Per acute campus and for remote offices (aggregate is fine if they are similar): is there a second diverse circuit or path if the primary WAN/DIA fails (dual DIA, DIA plus MPLS, or SD-WAN with dual underlay)? Approximate bandwidth on each path if known, and whether voice QoS is applied toward the internet. A site with only one path would need a local survivability design rather than relying on cloud calling during an outage. Answer: Yes, WMC Health has redundant path to internet.
228	Question: Which sites need to keep working if the WAN or core call platform is down, and what must still work there: 911, station-to-station, PSTN, paging, operator, contact center, analog devices? Answer: All sites remain 100% uptime at minimum require station to station, inbound/outbound calling and 911 services.
229	Question: Is contact center in scope for this project? If no, skip the rest of this question. If yes: What contact center platform is in use today (vendor and product, including Cisco UCCX/UCCE if applicable)? Should it be replaced or kept? Please fill what you can below. Is contact center in scope for this project? Answer: No
230	Question: Keep or replace? Answer: Keep.

231	Question: Who needs call recording (agents, operators, all users, specific departments), and how many users or stations? Answer: Call recording in use for agents, operators, and specific departments.
232	Question: Who needs voicemail — essentially all named users, or a smaller subset? How many voicemail boxes are in use today? Answer: All named users. More than 4,000 voicemail boxes are required, excluding auto attendants.
233	Question: How many people need meetings and messaging, versus how many are telephony-only? Answer: The solution is telephony-focused and will integrate with Microsoft Teams for collaboration.
234	Question: For license and admin-tenant sizing only, should we treat this as one shared tenant for the health system or as separate organizations? Answer: The platform should use one shared tenant and one consolidated dial plan.
235	Question: What interoperability features are required between the new UCaaS solution and the contact center? Answer: Genesys CCaaS is in use and will be retained. No interoperability is required except for operator consoles which require SIP interface.
236	Question: What survivability features are required when the phone and users are in survivability mode? Answer: At minimum, internal station-to-station calling, inbound and outbound PSTN calling, and 911 origination must remain available.
237	Question: What type of video is required per section 4.1? Answer: No video is used for phone endpoint.
238	Question: Will the awarded vendor be responsible for removing the old phones? Answer: The vendor must place, initialize, and assess hard phones. Mounting, cabling, removal/disposal, and post-go-live onsite coverage are to be provided by the vendor.
239	Question: Will the client dispose of the old phones? Answer: Yes
240	Question: Are there any integrations needed with Attendant Console solutions, if so please describe? Answer: Layered solutions which are used for emergency workflows. HL7 for patient directories.
241	Question: As part of managed services, do you want the MSP to perform user adds, moves, changes, and deletions?

	Answer: No in-house function.
242	Question: What volume of MACD activity should the MSP expect per month? Answer: Not applicable
243	Question: Is 24x7 monitoring and management of the environment required? Is 24x7. Answer: Coverage is required 24x7, including onsite support when required.
244	Question: What UC components must be monitored? Answer: Core systems, gateways with exception of phones.
245	Question: Is onsite support required? Answer: As required.
246	Question: Is the MSP responsible for UC software upgrades as part of the scope? Answer: Yes, including security updates as required.
247	Question: How frequently are upgrades expected? Answer: As needed, quarterly or sooner if security patches are required.
248	Question: Are major-version upgrades included? Answer: No
249	Question: Who manages end-of-life/end-of-support planning? Answer: Internal WMC IT with direction from vendor.
250	Question: What ITSM platform is used? Answer: OPTX, Service Now
251	Question: Is the MSP required to integrate with the Client's ITSM platform? Answer: Yes
252	Question: Are there specific operational reports or KPIs required? Answer: Yes
253	Question: Is onsite UC support required? Answer: Yes

254	Question: If so, at which locations? Answer: All locations.
255	Question: What response times are required? Answer: 24x7 support, 15 minutes response time and 2 hours onsite. All others have 2 hours to response and 24 hours onsite as required.
256	Question: Is onsite support included in the recurring fee or billed separately? Answer: Included
257	Question: Who performs physical phone moves/replacements? Answer: In-house teleco staff.
258	Question: Who handles cabling and physical network issues? Answer: In-house teleco staff.
259	Question: Will spare equipment maintained onsite? Answer: Yes
260	Question: Section 2.9(F) – Healthcare Experience and References May the requirement for at least three healthcare client references for similar services be satisfied through the healthcare experience and references of a proposed subcontractor or implementation partner that will perform a material portion of the services under this engagement? Answer: No
261	Question: Budget / Not-to-Exceed Amount Has WMCHHealth established a target budget, approved budget, or not-to-exceed amount for the implementation, equipment, UCaaS services, and ongoing managed services contemplated by this RFP? If so, please provide the applicable amount or range.2. Budget / Not-to-Exceed Amount Answer: Proprietary for WMC Health only.
262	Question: Section 4 – New Versus Existing Phones Does WMCHHealth expect the proposer to furnish new hard phones for all quantities identified in Section 4.1, or may existing compatible phones be reused? If reuse is permitted or desired, please provide the manufacturer, model, and quantity of existing IP phones by location.9. Answer: Option to retain current Cisco phone model estimated 8,000. To replace 3,900 phones.
263	Question: Section 4 – BYOC Responsibilities Under the required BYOC model, does WMCHHealth intend to retain and contract directly with its existing carrier(s), with the UCaaS vendor integrating to those services, or is the successful proposer expected to procure, manage, or otherwise assume responsibility for any carrier services?

	Answer: May or may not apply.
264	Question: Section 4 – Existing Telephony Configuration Data Will WMCHHealth make available current configuration data or exports for extensions, DIDs, dial plans, hunt groups, call queues, auto attendants, line appearances, voicemail, routing, and similar configurations to support migration planning and implementation? Answer: Yes
265	Question: Section 4 – Contact Center Scope Is the existing contact-center platform expected to remain in place and interoperate with the proposed UCaaS solution, or should replacement/migration of the contact center be included in the base proposal? Answer: Yes
266	Question: Section 4 – Site/Network Assessment Has WMCHHealth completed a recent voice or network-readiness assessment that will be available to the selected vendor or proposers? If not, should bidders include network-readiness/site-assessment activities within implementation services? Answer: Yes, assessment available.
267	Question: Section 5.1 states that the Corporation reserves the right to make an award under the RFP in whole or in part. Will WMCHHealth consider an independent award specifically for a dedicated, enterprise-grade fax/eFax infrastructure to ensure specialized healthcare compliance, independent of the primary UCaaS voice award? Answer: Not applicable
268	Question: What is WMCHHealth’s desired operational model for faxing: a 100% cloud-hosted virtual eFax solution, an on-premise hybrid model leveraging T.38 SIP trunks connected to existing enterprise fax servers, or a blend of both? Answer: Not applicable
269	Question: How many physical endpoints (standalone fax machines or Multi-Function Printers) will require physical Analog Telephone Adapters (ATAs) or centralized high-density FXS media gateways across the 9 hospitals and 60 ambulatory locations? Answer: ATAs and analog gateways are in use.
270	Question: Does WMCHHealth currently utilize a dedicated enterprise fax server (e.g., OpenText RightFax, Biscom, FaxCore) acting as middleware between the EMR platform and the telecom network? Additionally, is there a specific requirement for direct fax integration with the EMR platform? Answer: Westchester Medical Center currently using fax servers and fax devices. Will integrate to EMR platform.
271	Question: If an enterprise fax server is currently deployed, is the intent of this RFP to completely replace that middleware with a new cloud application, or is the goal to retain the on-premise server and procure highly secure, HIPAA-compliant SIP/T.38 transport trunks?

	Answer: Fax servers are on-premises with SIP trunks.
272	Question: Of the 21,025 DIDs listed in the RFP, approximately how many are dedicated specifically to fax lines? Answer: 900 in total including efax and fax machines.
273	Question: What is WMCHHealth's current estimated monthly inbound and outbound fax page volume across the network? Answer: Estimated eFax volume is 226,970 minutes and estimated physical-fax-device volume is 95,000 minutes.
274	Question: What are the historical peak concurrent transmission requirements during high-volume periods? Answer: 2300 – 4600 peak hours.
275	Question: Section 4 mandates "local survivability" to maintain operations during WAN or cloud outages. Does this requirement extend to fax transmissions in critical departments (e.g., Pharmacy, Emergency, Admissions), requiring on-site survivable fax appliances or local analog failover routing? Answer: Yes, to include faxing.
276	Question: Does WMCHHealth enforce specific document retention thresholds for faxes stored in transit or at rest, or does the network require a "zero-retention" architecture where documents are permanently purged from the vendor's platform immediately upon successful delivery? Answer: WMC Health has specific retention for faxing.
277	Question: Are there specific TLS versioning, data residency, or encryption requirements beyond standard HIPAA frameworks that the vendor must account for? Answer: Has encryption requirements.
278	Question: What financial model best suits WMC Health? Everything as Monthly operating expense, One time Capital purchase, or a mix of capital purchase for phones and a monthly operating expense for services? Answer: Vendors offer options to purchase, operating lease, FMV lease and one-dollar buyout lease options. Only applies to capital money.
279	Question: Does WMC Health own their current phones? If so, can we get an inventory, we may be able to re-use open architecture SIP devices. Answer: Yes. Plan is to reuse current Cisco phones as SIP phones (8000) and purchase another 3900 phones.
280	Question: Is there a requirement for analog phones? If yes, will the analog phones be reused? Answer: Yes. Plan to reuse existing inventory.

281	Question: Are there currently Analog gateways that WMC Health owns? They could be reused we would need to know make and model. Answer: Yes. Plan to reuse existing inventory.
282	Question: Are the patient rooms using analog phones or SIP? Answer: Both
283	Question: How many total mailboxes are required? Answer: More than 4,000 voicemail boxes are required, excluding auto attendants.
284	Question: How many fax/efax numbers are required? Answer: 900 numbers including efax.
285	Question: Can WMC expand on video requirements? Answer: No video phones in use.
286	Question: For call recording, is WMC looking for on-demand recording or automatic recording? If recording automatically, will the requirement be station or trunk side? What is the number to be recorded? Answer: Automatic recording on station side, est 350 phones.
287	Question: Based on the requirement for onsite resiliency is a cloud hybrid deployment what WMC Health is looking for with local survivability at a centralized location or all 8 locations? Answer: WMCHHealth may consider a hybrid or premises-based alternative, including a private-cloud solution.
288	Question: Does WMC have a virtual environment that can be utilized for a perpetual solution/local survivability? Answer: Yes
289	Question: What is the minimum feature set for required for hard phones? (number of Buttons, Speakerphone, 10/100/1000 pass through) Answer: 10 programable buttons required with 1000 pass through. Speaker phone included.
290	Question: Please provide details on existing contact Center including queues, agents, supervisors, etc.? Answer: Genesys CCaaS is in use and will be retained. Not applicable.
291	Question: What is WMC looking for as far as AI for the contact center? Answer: Genesys CCaaS is in use and will be retained. WMC is using a 3rd party AI platform.
292	Question: Will integration to 3rd party contact centers be a requirement?

	Answer: SIP integration for operator only.
293	Question: Can WMC provide requirements for console features and quantity? Answer: Emergency call override, call queuing, SIP integration to UC system, HL7 and LSI.
294	Question: Is WMC using consoles from SPOK or Amtelco? Answer: Use Amtelco operator console.
295	Question: What are existing workflow automation and Emergency Communication systems that require integration? Answer: LSI, Zetron, Tiger text and overhead paging, Informacast.
296	Question: Are you looking for internal/external emergency notification? Answer: Internal notification and some external.
297	Question: Can you provide details on the overhead paging system currently at each location? Answer: The environment includes Valcom interfaces, Bogen with SIP interface, Atlas IED with SIP interface, and a third-party analog interface at one hospital.
298	Question: What is being used currently for collaboration tools? Answer: Microsoft Teams and some Zoom.
299	Question: What is your EMR solution and how is it integrated today? Answer: EPIC EMR. Will be integrated to chosen vendor for VoIP.
300	Question: Who is your current carrier? Answer: Current carriers include Lightpath, Windstream/Uniti, RingSquared, MetTel, and Margaretville Telephone Company. Lightpath provides SIP trunks, PRI circuits, and POTS services.
301	Question: Are there any wireless application or devices such as Ascom, Poly or Vocera? Answer: Cordless used in select areas, no wireless in use.
302	Question: Will Nurse call integration be a future requirement? Answer: Nurse call to be considered in future requirement.
303	Question: Who will be responsible for collecting and disposing existing hardware? Answer: In-House

304	Question: How many phases are expected during cutover? Answer: Vendors should propose the migration sequence and number of phases.
305	Question: What is the current Unified Communications platform in use across WMCHHealth locations (make/model/version), and what is the anticipated decommission timeline once migration is complete? Answer: The environment includes Cisco CUCM R15 and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems.
306	Question: Is the existing Contact Center solution being replaced in full as part of this RFP, or is WMCHHealth seeking integration with an existing/retained Contact Center platform? Answer: Genesys CCaaS is in use and will be retained.
307	Question: What Operator Console solution is in use today, and is WMCHHealth open to a Cisco/Webex-native console, or does a specific incumbent console product need to be retained? Answer: Amtelco operator console and contact-center functions are in use and centralized for all hospital regions.
308	Question: Will WMCHHealth's carrier(s) provide SIP trunking directly to the UCaaS platform, or does WMCHHealth expect the awarded vendor to provide and manage the SBC/gateway layer between carrier and platform? Answer: BYOC solution. Vendor to provide SIP trunking.
309	Question: Are there existing SIP trunk contracts or minimum-commitment terms with the current carrier(s) that would affect a migration timeline? Answer: No
310	Question: Is Contact Center / operator console functionality required for all eight locations, or only for specific sites (e.g., Westchester Medical Center as the flagship campus)? Answer: Genesys CCaaS is in use and will be retained. Operator centralized consoles to one location.
311	Question: For e911 capabilities, does WMCHHealth require a specific e911 platform/provider (e.g., RedSky, Intrado), or is proposer's standard e911 solution acceptable provided it meets Kari's Law / RAY BAUM'S Act requirements? Answer: A separate E911 application will be required.
312	Question: Can WMCHHealth confirm whether the phone-count table in Section 4.1 represents current inventory to be replaced 1:1, or a target-state count that may differ from what's deployed today? Answer: Yes. Plan is to reuse current Cisco phones as SIP phones (8000) and purchase another 3900 phones.

313	Question: Given the tentative January 1, 2027, contract start date, what migration sequencing does WMCHHealth anticipate (e.g., one flagship site first, phased rollout by region, or a single cutover)? Answer: The tentative start date is tied to expiration of existing Cisco licensing. Parallel operation is required. Vendor to supply sequence.
314	Question: Will WMCHHealth's own IT/telecom staff support the physical placement and testing of hard phones at each site, or is the awarded vendor expected to provide all on-site installation labor? Answer: The vendor must place, initialize, and assess hard phones. Mounting, cabling, removal/disposal, and post-go-live onsite coverage are to be provided by the vendor.
315	Question: Section 6.1 references three separate contracting entities (WMC, Bon Secours Charity Health System, and HealthAlliance of the Hudson Valley). Will WMCHHealth issue three separate agreements, or a single master agreement with entity-specific riders/schedules? Answer: One agreement.
316	Question: Will pricing/fee proposals need to be broken out separately by contracting entity, or may proposers submit a single consolidated fee proposal covering all locations? Answer: One proposal.
317	Question: Is 24x7 Technical Account Manager coverage expected, or business-hours TAM support with a separate 24x7 NOC/help desk escalation path? Answer: The vendor is expected to provide NOC services and TAC escalation, including escalation within the vendor and manufacturer. Coverage is required 24x7, including onsite support when required. MACD and basic administration will be managed internally. Monitoring will be shared by WMCHHealth and the vendor; upgrades will be performed by the vendor; spares will be maintained in-house.
318	Question: UCaaS platform to work alongside? Please identify the vendor, product, version and UCaaS Answer: UCaaS platform to work alongside and will be phased in base upon WMC approval.
319	Question: 2. What existing Unified Communications platform is WMCHHealth seeking to replace? Answer: The environment includes Cisco CUCM and Unity Voicemail Release 15; ISI Infotech applications supporting certain small call centers and operator functions; Mitel 3300 with NuPoint Voicemail; Nortel Option 81; and four Toshiba Strata systems in clinic locations. The Western Region includes Cisco Unified Call Manager version 15.0.1.14901-2 and Nortel Meridian Option 11.
320	Question: 3. Please clarify the intended Bring Your Own Carrier model. Does WMCHHealth intend to retain its carrier contracts and connect those carriers to the selected UCaaS platform? Answer: Vendor to provide a BYOC model and change in carrier.

321	Question: What business and technical objectives or use cases which are driving the BYOC requirement? Is it based on an industry or regulatory requirement, existing contractual commitments, carrier diversity, provider limitations, WMCHHealth's preferred architecture? Answer: WMC Health looking for vendor to own BYOC requirements.
322	Question: Put another way, what are the primary Contact Center use cases? For example, centralized scheduling, patient access, emergency services, quality management, billing or service-desk operations? ...what call-routing capabilities does WMCHHealth require from the UCaaS platform? Answer: Genesys CCaaS is in use and will be retained.
323	Question: Assuming that the existing Contact Center, operator-console and Generative AI platforms will remain in place, please confirm who will be responsible for maintaining and supporting them after implementation. Which call-routing, workflow and integration responsibilities should be handled by the new UCaaS provider? Answer: All internal. Vendor to collaborate with internal team for integration.
324	Question: For sizing the administrative phones and sidecars, please specify the number of programmable buttons or call appearances required per administrative position and whether multiple sidecars are required at any positions. Answer: 10 Buttons to be included. To include sidecars
325	Question: Would WMCHHealth consider an optional Contact Center backup or business-continuity solution? If so, may respondents include this as an alternate proposal? Answer: WMC Health may consider a business continuity solution optionally.
326	Question: Please describe the physical and network connectivity available at each endpoint, including cabling type, dedicated versus shared network drops, PoE availability, switch models, voice VLANs and QoS configuration. Please also identify any locations requiring new cabling. Answer: Cat 6 cabling and PoE availability for all end points. Voice VLAN and QoS are configured. No new location for cabling required.
327	Question: The RFP identifies decreasing trouble tickets and issues as a goal. What are the most common telecommunications-related requests and issues reported by WMCHHealth users? If available, please provide approximate ticket volumes and the principal causes of those issues. Answer: VM pin resets, self service for trouble shooting FAQ.
328	Question: Is native whiteboarding required from the new UCaaS provider, or will whiteboarding be provided through WMCHHealth's existing collaboration suite? Would real-time screen sharing with participant annotation satisfy the requirement? Answer: Whiteboard to be provided by WMC existing collaboration suite.

329	Question: Does WMCHHealth's internal IT team plan to handle physical deployment and unboxing at the 60+ remote offices, or is it expected that the provider will deliver field services at every site? Answer: Only 3900 phones to be deployed. Replacing Mitel, Nortel environment. All other current Cisco phones will be reused as SIP only.
330	Question: Regarding pricing, is WMCHHealth seeking a per user cost or a total monthly solution cost based on all the various products/ features? Answer: Vendor to provide.
331	Question: If so, please provide estimated quantities and usehandsets, cordless phones or headsets? Answer: Vendor to provide.
332	Question: Would real-time screen sharing provided through provided through WMCHHealth'sWMCHHealth's existing collaboration suite? Answer: Real-time screen sharing to be provided through Microsoft Teams.
333	Question: Does WMCHHealth prefer a location-by-location rollout, or a feature-based phased migration (e.g., administrative users first, clinical users second)? Answer: Vendor to provide their own strategy