RFP QUESTIONS & RESPONSES

Website Redesign & Development Services

Mobridge Regional Hospital & Clinics

The following responses are provided to written questions submitted by prospective vendors during the RFP question period. These responses are shared with all vendors who received the RFP and should be considered an addendum to the original document.

A. Schedule & Award

A1 Confirm questions submitted August 27, 2026 will be answered and shared with all vendors. What is the cutoff time and time zone?

> Yes. Questions were due August 27, 2026, by 11:59 PM Central Time.

A2 Which award date governs: the header (October 1) or Section 7 (selection September 24, contract October 1)?

> MRH will notify the selected vendor, and concurrently notify vendors not selected, on September 24. MRH anticipates having a signed contract by October 1; however, this is contingent on the outcome of a pending grant application. If the grant is awarded, MRH cannot enter into a contract with a vendor until grant funding is confirmed.

A3 What is the target go-live date? If the grant decision slips, does launch move with contract signature?

> The target go-live date is late December 2026. This is a flexible target, and the launch date may shift in line with the contract signature date.

B. Budget & Phasing

B1 What is the budget range or grant ceiling, and which costs may the grant cover?

> This information is not available at this time.

B2 If funding is partial, what is phase one versus optional — virtual tour, custom directory, UKG API, new photography?

> Funding will not be partial.

B3 Are there grant reporting or deliverable dates?

> Yes, but these are internal to MRH and not applicable to vendor proposals.

C. Content & Inventory

C1 Please replace Section 4 “[Insert estimate]” with page, news, PDF, and media counts, or provide a sitemap export.

> The existing website contains approximately 111 webpages and more than 30 downloadable PDF documents, including patient forms, financial documents, community health reports, newsletters, and other resources. A full content audit will be conducted with the selected vendor during the redesign process to determine what is retained.

C2 Should existing content be migrated as-is, lightly edited, or rewritten? Who writes, who approves, and how many review rounds?

> Some content will be reworked or lightly edited, some will be migrated as-is, and some new content may be developed. This process will be collaborative between MRH and the selected vendor.

C3 Are renovation photography, video, and a virtual tour in the base bid or optional? Are existing rights available?

> These are optional additions; the base bid covers the website redesign. MRH currently has photography with usage rights available.

C4 Confirm extras in scope: Foundation and donate pages, education calendar, newborn gallery, student opportunities, testimonials, and the current job application. Refresh the brand identity, or keep the current one?

> MRH will keep its existing brand identity. The Foundation pages, education calendar, newborn gallery, student opportunities, and testimonials will remain in scope. The current job application process is handled through UKG and should be integrated into the new website.

C5 Discoverability — SEO, SMO, AI — on-page, technical, local — was not explicitly listed in the RFP. Should it be included?

> Yes.

D. Platform & Hosting

D1 Can TAO export content? Is Agency MABU still under contract? Who hosts and controls the domain, DNS, and SSL?

> It is unclear whether TAO can export content; this is unlikely given the age of the system. MRH is not under contract with Agency MABU. TAO currently hosts the website and controls the SSL certificate. MRH controls the domain.

D2 Hospital-hosted, vendor-hosted, or no preference? Any U.S. residency, HIPAA hosting, or backup and recovery requirements?

> No preference.

D3 Is a custom staff admin, API, and public site acceptable if non-technical staff can still update the site?

> Yes.

D4 May vendors price a WordPress-only option and a custom admin/API option as two separately priced approaches?

> Yes.

D5 Who owns the source code after launch? Should the bid include an owned handoff package, or vendor hosting and maintenance?

> Vendors may propose either or both approaches.

D6 Are any technology stacks disallowed? How many department-level CMS users? Is Microsoft 365 or other SSO required for admin access?

> No technology stacks are disallowed. MRH will need approximately five CMS users.

D7 Who patches production after launch — Hospital IT, a vendor retainer, or a third party?

> This has not yet been determined.

E. Integrations

E1 Which UKG product is in use, and is a widget, feed, or API available? Should the current on-site job application be retired or rebuilt?

> MRH uses UKG Pro, and an API is available. All applicants should be directed to the UKG Pro platform to apply for open positions.

E2 For MyMobridge, Phreesia, bill pay, and price transparency: deep link, official widget, or API? Who is the bill-pay vendor? Must the CMS machine-readable price file be published and kept current?

> A standard link is acceptable for all of these systems.

E3 If a custom API is allowed, which of those systems have APIs the Hospital can authorize?

> Not applicable.

F. Directory & Locations

F1 About how many providers, and what is the source of truth? Who maintains profiles after launch?

> Please refer to the current website for the list of providers. MRH's marketing manager maintains provider profiles.

F2 Prairie Sunset Village and the clinics — one brand treatment, or distinct identities?

> These should remain consistent with their current branding.

G. Compliance & Privacy

G1 Which forms may collect PHI, and should vendors assume a BAA is required?

> There are currently no forms on the website that collect PHI.

G2 Do the newborn gallery and testimonials remain in scope? What consent process applies?

> Yes, both should be built into the site. MRH will manage the consent process internally.

G3 What WCAG 2.1 AA evidence is required — checklist, VPAT, or third-party audit? Any languages other than English?

> The selected vendor will be expected to design and develop the website in accordance with WCAG 2.1 Level AA standards. A formal VPAT or third-party accessibility audit is not required at this time; vendors should provide documentation or a checklist demonstrating WCAG 2.1 AA compliance and identify any known accessibility limitations. The website will primarily be provided in English, and no additional languages are currently required.

H. Governance

H1 Was Section 10 meant to reflect evaluation criteria? If so, please share categories and weights.

> The formatting in that section was incorrect. MRH does not have specific evaluation criteria to share at this time.

H2 Who is the day-to-day owner besides HR, and who approves design?

> MRH's marketing manager will serve as the additional day-to-day owner. Design approval will go through MRH's executive team, which includes the HR Director, Marketing Manager, and CEO, among other personnel.

H3 Are there required insurance limits or Hospital contract terms beyond a vendor sample SOW?

> MRH does not currently have specific insurance limits or additional contract terms established for this project beyond what is outlined in the RFP. Any applicable insurance requirements or contract terms will be discussed and finalized with the selected vendor prior to the start of the project.

H4 Are there proposal format, page, or file-size limits?

> No.