GO WITH
CONFIDENCE.

Mobridge Regional
Hospital & Clinics

PROJEX
FULL STACK DIGITAL PARTNER
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GAPS + CONFIRMATIONS

GAPS

Schedule

No budget range or grant ceiling
No target go-live date
Award is listed as 24 Sep and 1 Oct
A late grant may move the contract only
Phase one versus optional is unclear
Written questions are due today

questions
A + B
to confirm
needed for a reliable timeline

Inventory

Section 4 still reads “[Insert estimate]”
No page, PDF, or media count
Migrate versus rewrite is undefined
Writers and approvers are not named
Renovation photo and video are “possibly”
TAO export capability is unknown
MABU, hosting, and DNS are unknown

questions
C1–C3
to confirm
needed to estimate migration

Platform

Platform is listed as “WordPress or comparable”
Custom admin and API are not confirmed
HIPAA forms versus WordPress plugins
UKG widget versus API synchronization
WCAG AA and Core Web Vitals evidence
Who patches production after launch

questions
D3–D7
to confirm
needed before architecture

PLEASE CONFIRM

Owners — C2 · H2

Day-to-day owner besides HR
Marketing, IT, and HIM
Design review rounds
Number of CMS users
Proposal contact
Committee versus single owner

Live Extras — C4 · C5

Foundation and donate pages, Education calendar, Student opportunities, Virtual tour
Branding — identity, logo system, print / digital kit
Discoverability — SEO, SMO, AI — on-page, technical, local

Custom Option — D3–D4

Staff admin and API allowed?
Price WordPress and custom
Source-code ownership
SSO and U.S. hosting rules
HIPAA forms path
Who hosts after launch

Integrations — E1–E3

UKG widget or API
Retire or rebuild the on-site job application?
Bill-pay vendor, Patient portal and Phreesia
CMS machine-readable price file
Link, widget, or API

HIPAA / BAA — G1–G2

Which forms may collect PHI
Should a BAA be assumed?
Newborn photo gallery
Testimonials and consent
Plugin versus BAA

Scoring — H1

Section 9 skips to Section 11
Evaluation criteria are missing
May scoring weights be shared?
Format and page limits
Oral interview

Inventory, integrations, and HIPAA forms cannot be priced without answers.
Grant funding may change phase one — not whether the site gets built.

WORDPRESS + CUSTOM

→ Hybrid is recommended unless custom work is not permitted.

APPROACH

WordPress

News, Foundation, and education
Careers storytelling
Redirects and on-page SEO
GTM and analytics
Official embeds only
MyMobridge and Phreesia links
No PHI stored in the CMS

OK
if WordPress is required
OR with plugin and AA tradeoffs

Hybrid

Public site and staff admin
API for directories
UKG listings kept current
Form API, with no PHI in the CMS
Price-file endpoint
Staff can edit without a developer
Owned handoff, or hosted and maintained by PROJEX
Optional branding: identity, logo system, print / digital kit

REC
recommended approach
OR two separately priced options

Custom API

HIPAA forms and a BAA-capable host
UKG feed or API synchronization
CMS machine-readable price file
Provider and location source of truth
Department-level editors
AA and Core Web Vitals evidence
A smaller, vendor-owned codebase

USE
when WordPress cannot
OR sync and a BAA need custom

WORDPRESS LIMITS

HIPAA Forms — Custom API

Many plugins store PHI
Hosts often decline a BAA
Encryption and retention
Keep PHI out of the CMS

UKG Sync — Custom Work

A widget is acceptable
An API avoids double entry
Retire the on-site form?
Not a WordPress plugin

Price File — Endpoint

The live site uses static PDFs
A machine-readable file is required
Versioned chargemaster
Not a WordPress page

Directory — Content API

Six locations
Clinic-level editors
One source of truth
Reusable for later work

AA + CWV — Front End

Page builders often fail AA
Plugin stacks often fail Core Web Vitals
A VPAT or third-party audit is needed
API and custom front end

Security — Secure Backend

Fewer plugins
Room for future interfaces
A clear owner for patches
A BAA-capable host

MyMobridge, Phreesia, and bill pay should use official embeds only, not a rebuild.
A custom admin and API are needed where WordPress cannot meet the RFP.

ASK + CLARIFY

@ Full questions list on P/ 5 — sent to danielle.keller@mobridgehospital.org

QUESTIONS

A + B + C

A1 Today's question cutoff and timezone
A2 24 September versus 1 October award
A3 Go-live if the grant is delayed
B1 Budget or grant ceiling
B2 Phase one versus optional
B3 Grant reporting dates
C1 Replace "[Insert estimate]"
C2 Migrate versus rewrite
C3 Photography, video, and tour
C4 Foundation, extras, and branding
C5 Discoverability — SEO, SMO, AI — not listed in the RFP

11
questions
Schedule + Budget + Content

D + E

D1 TAO export, MABU, and DNS
D2 Hosting and HIPAA hosting
D3 Custom admin allowed?
D4 Price WordPress and custom
D5 Code ownership and handoff
D6 Disallowed stacks, SSO, and users
D7 Who patches production
E1 UKG product and the current job form
E2 Portal, Phreesia, and bill pay
E3 Which APIs can be authorized

10
questions
Platform + Integrations

F + G + H

F1 Provider count and source
F2 Clinic brand treatment
G1 PHI forms and a BAA
G2 Gallery and testimonials
G3 AA evidence and languages
H1 Missing Section 10
H2 Owner besides HR
H3 Insurance and contract terms
H4 Proposal format limits

9
questions
Directory + Legal + Process

PLEASE SEND

A3 Go-live — Provide
What date should the new site launch, and does a late grant move that date?

C1 Count — Provide
Please replace "[Insert estimate]" with page, news, PDF, and media counts.

D3 Custom — Provide
Is a staff admin and API acceptable if non-technical staff can still edit?

E1 UKG — Provide
Which UKG product, widget or API, and should the current job form be retired or rebuilt?

G1 BAA — Provide
Which forms may collect PHI, and should vendors assume a BAA?

H1 Score — Provide
Was Section 10 meant to be evaluation criteria? Please share categories and weights.

The full numbered list is on P/ 5.
Each question maps to an RFP gap that changes price, timeline, or legal risk.

QUESTIONS + DETAIL

@ Full numbered list — sent to danielle.keller@mobridgehospital.org

A. SCHEDULE + AWARD

- **A1** Confirm questions submitted 27 August 2026 will be answered and shared with all vendors. What is the cutoff time and timezone?
- **A2** Which award dates govern: the header (1 October) or Section 7 (selection 24 September, contract 1 October)?
- **A3** What is the target go-live date? If the grant decision slips, does launch move with contract signature?

B. BUDGET + PHASING

- **B1** What is the budget range or grant ceiling, and which costs may the grant cover?
- **B2** If funding is partial, what is phase one versus optional — virtual tour, custom directory, UKG API, new photography?
- **B3** Are there grant reporting or deliverable dates?

C. CONTENT + INVENTORY

- **C1** Please replace Section 4 "[Insert estimate]" with page, news, PDF, and media counts, or provide a sitemap export.
- **C2** Should existing content be migrated as-is, lightly edited, or rewritten? Who writes, who approves, and how many review rounds?
- **C3** Are renovation photography, video, and a virtual tour in the base bid or optional? Are existing rights available?
- **C4** Confirm extras in scope: Foundation and donate pages, education calendar, newborn gallery, student opportunities, testimonials, and the current job application. Branding — identity, logo system, and a print / digital kit — is available even if not requested. Refresh the identity, or keep the current one?
- **C5** Discoverability — SEO, SMO, AI — on-page, technical, local — were not listed in the RFP. Should they be included?

D. PLATFORM + HOSTING

- **D1** Can TAO export content? Is Agency MABU still under contract? Who hosts and controls the domain, DNS, and SSL?
- **D2** Hospital-hosted, vendor-hosted, or no preference? Any U.S. residency, HIPAA hosting, or backup and recovery requirements?
- **D3** Is a custom staff admin, API, and public site acceptable if non-technical staff can still update the site?
- **D4** May vendors price a WordPress-only option and a custom admin / API option as two separately priced approaches?
- **D5** Who owns source code after launch? Should the bid include an owned handoff package, or hosting and maintenance by PROJEX?
- **D6** Are any technology stacks disallowed? How many department-level CMS users? Is Microsoft 365 or other SSO required for admin access?
- **D7** Who patches production after launch — Hospital IT, a vendor retainer, or a third party?

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

F. DIRECTORY + LOCATIONS

- **F1** About how many providers, and what is the source of truth? Who maintains profiles after launch?
- **F2** Prairie Sunset Village and the clinics: one brand treatment, or distinct identities?

G. COMPLIANCE + PRIVACY

- **G1** Which forms may collect PHI, and should vendors assume a BAA is required?
- **G2** Do the newborn gallery and testimonials remain in scope? What consent process applies?
- **G3** What WCAG 2.1 AA evidence is required — checklist, VPAT, or third-party audit? Any language other than English?

H. GOVERNANCE

- **H1** Was Section 10 meant to be evaluation criteria? If so, please share categories and weights.
- **H2** Who is the day-to-day owner besides HR, and who approves design?
- **H3** Are there required insurance limits or Hospital contract terms beyond a vendor sample SOW?
- **H4** Are there proposal format, page, or file-size limits?

Answers will be shared with all vendors who received the RFP.
Each question maps to an RFP gap that changes price, timeline, or legal risk.

THANK YOU

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