

RFP 31197

WORK ORDER MANAGEMENT SYSTEMS

ADDENDUM I: Responses to Submitted Questions & Extension to Due Date

Please note that questions have been consolidated and grouped to reduce redundancies.

1. PHI, Security & Compliance

- 1) Do you plan to store all 19 PHI identifiers in the asset management system as per section 8: Business Associate Requirements? What specific requirements exist for handling PHI, PII, HIPAA, or other patient protection compliance?**

Response: No protected health information will be exchanged in the work order management system.

- 2) What specific security measures, certifications, and compliance standards are required (e.g., DNV, TJC, ACHC, FedRAMP, HITRUST, WCAG 2.2)?**

Response: MU Health Care utilizes DNV for their healthcare accreditation. We also utilize OSHA standards, among others. Respondents should provide a comprehensive list of security measures, certifications, and compliance standards their system will support.

A system with the ability to provide mock surveys is preferred, but not required.

- 3) What is the required Recovery Time Objective (RTO) and Recovery Point Objective (RPO)?**

Response:

RTO = 1 to 4 hours

RPO = 0 to 2 hours

- 4) Are there data residency requirements (e.g., must data remain within the U.S. or Missouri)?**

Response: Data must remain within the U.S.

2. System Integration & Data Migration

- 1) **Will information come from other systems into the asset management system? Please specify which systems require integration (e.g., PeopleSoft, Archibus, IoT, ERP, supply chain, vendor management, etc.) and whether integrations should be inbound, outbound, or bi-directional.**

Response: Currently, data from both PeopleSoft Financial and PeopleSoft HR is fed nightly into our system from the MU Data Warehouse to capture updates and changes to our staffing and finance cost centers.

With our current software, we have the capability to perform mass data imports using Excel or CSV file formats. For space planning, we also integrate CAD drawings to align physical layouts with organizational data.

- 2) **What software solutions are currently used to manage work orders, assets, space, inventory, preventive maintenance, and reporting?**

Response: Decline to respond. MU Health Care is seeking responses for a comprehensive work order management system. Our interest is having respondents provide their full list of capabilities/functionality, the ability to integrate with various applications and identify any limitations in their systems.

- 3) **Is data migration required from existing systems? If so, describe data types, volumes, desired role, and formats.**

Response: Yes. Details of the types, volumes, formats, etc. would be dependent on the awarded vendors available functionality.

- 4) **Can you clarify the statement regarding integration service firms performing integration and hosting for the new platform integrating into the existing platform?**

Response: MU Health Care requests respondents to provide their ability to integrate by identifying capabilities and functionality. Limitations to integration should also be included in responses.

3. GIS, Floorplans & Space Management

- 1) **Does your organization have a GIS system, specifically Esri products (ArcGIS, Facilities Indoors, Pro, etc.)? Will floorplans or CAD files be loaded and accessible? Are files polylined and maintained? How many floorplans will be implemented and in what formats?**

Response: Yes, MU Health Care utilizes a GIS system managed through UM System. We only upload to the system, and they are maintained in CAD format. All are polylined and maintained. We have no volume estimates but can share we manage 4M SQ FT of space and all areas have a floor plan.

2) What types of maps and facility data need integration, including Life Safety Mapping?

Response: CAD in layers in current system.

3) Are there specific departments or divisions that will rely heavily on space management features?

Response: Planning, Design & Construction and Engineering.

4) Are floorplans/space solutions required only for asset location or also for space management, move requests, etc.?

Response: Space management and moves

4. Users, Licensing & Training

1) Please confirm total number and types of users expected, broken down by role (mobile, admin, read-only, project managers, etc.). Should licensing be based on named or concurrent users? Is mobile access required for all?

Response: Respondents should provide descriptions of their out-of-the-box roles, ability to customize roles, and licensing options for both named and concurrent users – indicating any cost differences in both models.

(a) If Mobile Access requires a different cost structure, that should be indicated.

The stakeholders will work with the awarded vendor to determine how many users will fall into defined roles. Currently, all MUHC employees are able to submit requests concurrently.

2) How many users will require training? Can train-the-trainer be used? Should training be onsite, remote, or hybrid? What are the expectations for ongoing support?

Response: Train the Trainer is acceptable. Respondents should propose their best practice training method and plan. The volume of trainees would be dependent on the defined roles of the awarded vendor.

3) How many individuals will need access to the CMMS to manage work orders and maintenance?

Response: The volume will depend on the awarded vendor's functionality, implementation, and roles.

4) Are all users part of MU Health Care, or do other organizations require access?

Response: MU Health Care only

5. Project Timeline, Award, Deadlines

- 1) What is MU Health Care's intended award date, target project start, and go-live date? Are there internal, regulatory, or fiscal deadlines and milestones?

Response: February 2026 for integration

- 2) Will ongoing managed services or vendor support be required beyond implementation or be optional?

Response: Optional

6. Pricing & Cost Structure

- 1) **For pricing, could MU Health Care provide a list of sites with addresses and gross square footage, excluding ramps/parking?**

Response: Refer to page 23... RFP 31197 for approx. square footage.

- 2) **Does total square footage include Education and Healthcare divisions?**

Response: The Square footage includes Healthcare managed space.

- 3) **Is there a preferred format/template for financial response? What cost structure is preferred (fixed vs. usage-based)? Would MUHC consider multi-year pricing (3- or 5-year)?**

Response: No preferred format. Respondents should provide their best offer(s) and can provide both fixed and usage-based if preferred. Generally, we would consider a 2–3-year agreement w/ renewal options acceptable. Respondents can provide their recommendation in their proposal.

- 4) **Are renewal price caps required for software licensing or other line items?**

Response: Fixed pricing is preferred during the duration of the agreement, including renewal terms. Respondents should clearly indicate any annual increases during the initial term or renewal terms in their response.

5) Is pricing requested based on a 250-user count or per user?

Response: Our current contract is based on a user cap of up to 250 concurrent users, meaning the system allows up to 250 individuals to be actively using it at the same time. While MU Health Care has over 8,000 employees who may need access, we have never approached the 250-user threshold.

6) Can license pricing be provided in a different format than per user or per SQFT as outlined?

Response: Yes, respondents have the option to provide alternative pricing plans if you are not able to provide per user or per Sq ft.

7. Assets & Inventory

1) What is the rough estimate of the total number of assets (active/inactive) and classifications to be tracked?

Response: Currently 25.5k assets and 300 classifications.

2) What is the inventory setup? Centralized or decentralized? Number of warehouses? How does ordering occur? How many inventory SKUs are currently managed?

Response: Decentralized, with approximately 10 locations. Orders occur by manual order entry. We currently have 10k in SKUs

3) Describe the types of assets to inventory and manage?

Response: The system will be used to inventory and manage a wide range of physical assets, including components of the building envelope such as plumbing, electrical systems, HVAC, elevators, utilities, appliances, and select medical equipment. Currently, all property grounds and physical structures are captured as assets based on floorplans, which serve as the foundation for housing all associated MEP (mechanical, electrical, and plumbing) equipment and infrastructure. This approach ensures comprehensive asset tracking and supports both operational efficiency and preventive maintenance planning.

4) What are specific requirements for asset audits and need for Asset Equipment Management (AEM)?

Response: Regulatory Compliance, Risk-Based Maintenance, Operational Efficiency, Data-Driven Decision Making, and Safety and Reliability

8. Software & Functional Requirements

1) What are the primary goals MU Health Care hopes to achieve with this software?

Response: The primary goal of this software is to streamline the management of both corrective and preventive maintenance work requests. By utilizing real-time, system-stored drawings of space locations, the software enables precise tracking and assignment of maintenance tasks. Additionally, it supports preventive maintenance scheduling tied to specific assets by location. This integration enhances operational efficiency, ensures timely response, and provides facilities teams with a clear visual reference of the physical environment.

(a) What pain points should it address?

Response: Provide a mobile platform tailored for skilled trades professionals, enabling them to seamlessly access, manage, and complete work requests directly from the field.

2) Are there specific use cases for mobile access and IoT integration?

Response: Enable real-time asset tracking by allowing field teams to scan barcodes using mobile devices. Technicians can log maintenance activities, capture photos, and update asset conditions on-site. Mobile access also supports accurate inventory counts and facilitates seamless transfers between locations.

3) Is offline mobile access mandatory or optional?

Response: Mandatory

4) What IoT devices/sensors are deployed or planned? Preferred protocols or middleware?

Response: MUHC currently does not have any IoT devices integrated with our existing system, and therefore no established protocols to reference. As a result, we are uncertain about the available options. We recommend that the vendor propose suitable IoT integration options and provide a recommendation based on what they believe would work best with their CMMS.

5) What level of scalability is expected for assets, users, and locations?

Response: We want the flexibility to expand the number of assets entered into the CMMS over time, as our operations grow. The same scalability should apply to users and locations. As our organization evolves, it's essential that the CMMS can scale with us to support future growth

6) Are specific reports or dashboards required for compliance or operations?

Response: Corrective maintenance, preventive maintenance (PM), and parts reports will be required. However, we would also like to understand what additional reporting capabilities the vendor can offer. If possible, provide a list of standard and customizable reports available within your system

7) How often are predictive analytics and automated reports needed?

Response: Reports should be available on demand, daily, weekly, monthly, yearly, and customizable.

9. RFP Process & Documentation

1) Can MU Health Care provide the Word version of the RFP? Should responses be submitted via email or online form?

Responses: MU Health Care submits the RFP in PDF format. Respondents can choose to convert their PDF copy to word. Responses should be submitted via email.

2) Can you clarify if Attachments A, B, and C are complete? Attachment C appears missing.

Response: Attachment C was omitted in error. It has been attached to the Addendum for respondents to complete.

3) Should attachments such as MBE/WBE/SDVE Participation Forms be included in Volume I or II?

Response: Volume I

- 4) Will the contract and/or project administration be with University of Missouri or MU Health Care?**

Response: MU Health Care

- 5) Are there specific certified MBE/WBE/SDVE vendors preferred?**

Response: No

- 6) Are Sections 9 & 10 of the RFP the only areas requiring functional/technical responses?**

Response: All areas of the RFP need to be completed not only sections 9 & 10.

- 7) Are references and experience submissions expected?**

Response: Yes

10. Miscellaneous

- 1) Is there a weighted scoring criteria MU Health Care will use to evaluate proposals?**

Response: Yes, respondents will first be evaluated on a pass/fail for all mandatories. Desirable criteria, presentations (if applicable), and financials will be weighted and scored.

- 2) Will a performance bond be required?**

Response: Yes

- 3) What is your ERP system? Which ERP modules require integration?**

Response: Peoplesoft , CAD. Integration is required with both PeopleSoft Financial and PeopleSoft HR modules to ensure accurate and up-to-date organizational and financial data. Additionally, integration with CAD software is essential for incorporating facility drawings and layered spatial data. There is also potential to include software from other support service departments, depending on specific operational needs and data requirements.

- 4) Will IoT systems be integrated into clinical or non-clinical?**

Response: Non-clinical

5) Can you provide a rough estimate of total assets?

Response: 25.5k assets

6) What is the expected format/source of interior maps?

Response: CAD

7) Does University of Missouri use ServiceNow? If so, for which parts of the organization?

Response: No

8) Is a pilot launch preferred for one hospital before full rollout?

Response: No, a full rollout is preferred.

9) How much historical and work order data does MU intend to migrate?

Response: TBD

10) Is there an existing procurement application or will this be managed within the proposed solution?

Response: Existing procurement application

11) Could you provide example formats for financial and compliance reporting?

Response: Respondents should share their ability to provide financial and compliance reporting, including the formats available.

12) Could you provide examples of data captured in an inventory audit?

Response: No, we would like the vendor to provide what their CMMS can provide.

13) Clarify “University of Missouri Health Care is seeking proposals from integration service firms...”

Response: Respondents who offer work order management systems need to indicate their ability to integrate with other systems.

14) Is system integration & interoperability mandatory for respondents?

Response: Yes

15) Is the importation of existing space, asset, and CMMS data a requirement?

Response: Yes