



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
DBA VALLEYWISE HEALTH**

**ADDENDUM #1 TO THE
REQUEST FOR PROPOSALS
FOR**

WORKDAY IMPLEMENTATION PARTNER

90-26-264-RFP

COVER SHEET

BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY RECEIPT OF ADDENDUM #1 TO THE WORK IMPLEMENTATION PARTNER 90-26-264-RFP.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

THE SIGNATURE PAGE OF THIS ADDENDUM ONE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL.

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ADDENDUM #1

The Maricopa County Special Health Care District (the “District”) d.b.a. Valleywise Health is hereby issuing Addendum #1 to the Request for Proposals which requested sealed proposals from qualified Proposers to provide a Workday Implementation Partner to manage the deployment of the Workday platform.

1. Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph D, this Addendum One will extend the Proposal Submission Deadline to **June 4, 2026, at 3:00 pm Phoenix, Arizona Time.**
2. Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (1, 2), this Addendum One will make changes to the Solicitation and correct defects and ambiguities as outlined in Attachment A-1.
3. Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (3), this Addendum One will furnish to other Respondents information given to one Respondent to assist the other Respondents in submitting their responses. The official responses are provided below as follows:

1.	Question. The RFP requires completion of forms and Attachments A – H. Can you please provide these documents in Word format?
Answer. The documents will not be provided in Microsoft Word format; however, an optional fillable PDF version, which includes the Offer and Acceptance and Attachments A through H, has been added to the Addendum below for vendor use. For extended narrative responses, vendors may append additional pages provided they are clearly marked with the specific attachment letter.	

2.	Question. Is there an internal change management and training group within ValleyWise that we can partner with – or will essentially the full balance of change, training, and communications be the responsibility of the partner?
Answer. There is an organizational training team and a communications team that will be partnered in the delivery of the work. We do not have a dedicated change management team, but will be identifying key change agents within the departments.	

3.	Question. Noting a planned conversion date of October 2027, is there any thought to phase this effort – with say FINS/SCM in one phase and HCM and Pay in another – or has the decision been made to go “big bang” for everything?
Answer. Intention is to have single implementation and not a phased project.	

4.	Question. Aside from hypercare, is ValleyWise interested in longer-term AMS or post-production support in our proposal?
Answer. This falls outside the scope of work for this RFP.	

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5.	Question. Valleywise is requesting a thorough and detailed pricing information including a) Pricing Model (Fixed Fee, Time & Materials, Hybrid); b) Rate Card by Role; c) Change Order Process and d) Warranty Terms. However, Attachment E allows to enter only two amounts: Unit A and Unit B. Further, Attachment E – Pricing says that “the pricing table format below should remain static so proposal comparison can be enabled”. Please clarify what format should we use to provide the requested pricing details and whether there is table that we should complete.
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Answer. Section 4.3.2 (Pricing) requirements have been updated to align with Attachment E: Pricing. Proposers must enter requested amounts within Attachment E for Unit A, Unit B, or both units. If the proposer chooses to add supplemental pricing info, they may append up to two (2) additional pages for items such as discounts, resources, etc. Proposers should refer to Addendum #1, Attachment A-1 below for the complete revised text.

6.	Question. Are there constraints by shift or operations (e.g., night shift, weekends, limited release time) for training to be held?
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Answer. No constraints expected.

7.	Question. Do you require recordings for Virtual Instructor Led Training? If yes, how will they be hosted and accessed?
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Answer. Yes, our preference is to lean towards modern asynchronous learning, where possible, delivered though the existing LMS system prior to conversion.

8.	Question. Are there accessibility requirements (closed captions, screen reader compatible materials, alternate formats)?
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Answer. Closed captioning would be in scope. If needed, training materials are provided in a printed format.

9.	Question. How many total learners, by audience/role?
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Answer. Approximately 100 users across Supply Chain (15), Finance (30) and HR (55). This is not public information. Relevant details will be made available to the successful proposer upon contract award during the discovery phase.

10.	Question. What are your top 3 change risks you are most concerned about (by module/process or population)?
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Answer. Overall: Leveraging defined Workday best practices/standardization that may involve changing our processes, defining roles and security structures, and departments learning to work within a single data model.

HR: Position control aligning with ATS and HRIS, integration with multiple downstream systems and self-service (currently multiple manual processes).

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Supply Chain: Receiving training that covers all workflows and changes, Implementing changes that may not address or improve previous processes or issues and Understanding Workday best practices and options to consider.

11. Question. How do you define “stakeholder” vs “impacted end user” in your organization?

Answer. While these words may be used interchangeably, impacted end user could be any end user of the system and recipient of output. Stakeholders are generally used to define those that should be involved in decision making as an interdependent partner.

12. Question. If multiple partners are awarded, who will be accountable for overall program success, integrated readiness, and go-live decision support?

Answer. The primary implementation partner will be primarily accountable for overall program success, integrated readiness, and go live decision support and will be expected to work in partnership if a ramping partner is selected.

13. Question. Can Valleywise define the expected handoff model between the primary implementation partner and any separately awarded change/training/hypercare partner?

Answer. We expect to fully define with all partners identified, but would expect a structured, phase-gated framework to include the delivery of critical handoff deliverables.

14. Question. Can Valleywise confirm whether Workday CLM integrations, data dependencies, reporting dependencies, or process touchpoints are entirely out of scope, even though CLM is being implemented ahead of the broader platform?

Answer. The CLM implementation will follow Workday best practices. Native integration with Workday procurement functions will occur as part of the broader platform implementation and would take into consideration data/reporting dependencies and process touchpoints.

15. Question. Can Valleywise confirm whether the July 23, 2026 contract start date is the expected project kickoff date, and whether partner staffing must be fully mobilized immediately upon contract execution?

Answer. Valleywise Health intends to formally kick the project off in July 2026. A vendors timeline and ability to staff their team to meet a July start date will be considered in the evaluation process.

16. Question. Has Valleywise already completed Workday SKU contracting, tenant provisioning, and Workday deployment planning with Workday, or should the implementation partner assume support for those startup activities?

Answer. Workday contracting is in process and will be concurrent with the SI partner contract. This includes tenant provisioning and Workday deployment planning.

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17.	Question. What pre-implementation work has already been completed, such as current-state process documentation, data profiling, integration inventory validation, security role analysis, reporting inventory, or change impact assessment?
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Answer. Valleywise Health is doing pre-implementation work and planning from May to early July.

18.	Question. Are there any blackout periods, collective bargaining, fiscal year-end, payroll year-end, open enrollment, audit, regulatory, or clinical operating constraints that should be built into the implementation timeline?
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Answer. There are no blackout periods or collective bargaining. The Fiscal Year End is June 30th. Open enrollment opens Early/Mid-May each year; open for fourteen (14) days, passive enrollment preferred. There are no additional audit, regulatory, or clinical operating constraints at this time.

19.	Question. What are Valleywise’s expectations for data cleansing ownership?
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Answer. Data cleansing ownership should reside with Valleywise Health. We will leverage partner templates, processes, and insights, but we are the experts in our data and its accuracy.

20.	Question. For Workday Extend Essentials, what business problems or candidate use cases does Valleywise expect to address during the implementation, if any?
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Answer. One potential use case has been identified; at this time it is unknown if it will move forward. This is expected to be finalized as part of the discovery process.

21.	Question. Can Valleywise describe the anticipated internal project team structure, including named executive sponsors, functional leads, technical leads, data owners, integration owners, testing leads, change/training leads, and security/compliance stakeholders?
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Answer. Executive sponsorship will be with CIO, Interim CFO, and the CHRO. The Chief Compliance Officer will have heavy involvement. Functional leads have been identified across HR, Supply Chain, and Finance/Accounting. The Technology and Data Services department has defined the project team that will transition into ongoing application maintenance along with new FTEs that have been approved. The existing integration, security, and training teams will support the Workday implementation.

22.	Question. Will Valleywise establish a Design Authority and Change Control Board before kickoff, or should the implementation partner facilitate creation of those governance bodies?
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Answer. While this has been discussed, we will look to mature the approach with the insight and recommendations of our implementation partner. Mature ServiceNow based technical change control is in place.

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23.	Question. Should proposers include support for recommending a post-conversion Valleywise support organization, operating model, and staffing plan?
Answer. While not specifically part of the RFP, we will leverage our implementation partner and Workday to fully formalize our post conversion organizational structure. Initial budgeting has been based on Workday FTE recommendations.	

24.	Question. Can Valleywise clarify expectations for on-site presence by role and project phase?
Answer. Valleywise Health staff predominately work remotely and are highly effective working with vendor partners remotely. Preference will be given to offsite work unless there is a compelling reason to be onsite such as key executive meetings and initial conversion support.	

25.	Question. Does “all onshore resources” mean all resources must be U.S.-based, or is nearshore/offshore support acceptable for limited non-production activities if disclosed?
Answer. Yes, onshore resources only.	

26.	Question. Are subcontractors permitted, and if so, are there any restrictions beyond prior Valleywise approval and flow-down of contract terms?
Answer. Yes, subcontractors are permitted. While not an exhaustive list, below are relevant provisions regarding subcontractor requirements within the RFP document. Proposers should thoroughly review the entire RFP, including all attachments, for requirements: Valleywise Health Standard Contract Provision: <ul style="list-style-type: none">• Section 3: Laws, Rules, and Regulations• Section 9: Licenses and Permits• Section 13: Audit and Audit Disallowance• Section 23: Use of Property• Section 28: Certification of Cost and Pricing Data• Section 35: Subcontracts Attachments: <ul style="list-style-type: none">• Attachment J: Business Associate Agreement (Proposers should review this document thoroughly for all third-party requirements.)	

27.	Question. Can Valleywise provide the percentage weights for each evaluation category?
Answer. Section 4.3 has been updated to include a comprehensive points-based scoring system. Please refer to Table 2 (Evaluation Criteria Point Allocations) in Addendum #1, Attachment A-1 below for the complete breakdown of point values for each category.	

28.	Question. Will you provide Proposers with additional time for discovery?
Answer. Additional discovery will not be permitted prior to contract award.	

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29.	Question. Could Valleywise Health please clarify whether references to third-party systems apply only to legacy vendors, or if they include all third-party solutions that will be deployed and/or integrated as part of the Workday implementation? (Work Statement, page 14, Section 3.3.1.5)
Answer. This includes all third-party systems deployed and/or integrated as part of the Workday implementation.	

30.	Question. Could Valleywise Health confirm whether an internal education or training team exists? If so, what level of capacity does this team have to collaborate with the selected vendor's training team (e.g., use of existing templates, alignment with LMS standards, and participation in training design and validation)? (Education and Training, page 14-15, Section 3.3.4; 3.2.4.2; 3.2.4.4)
Answer. Yes, there is an internal training team that will be collaborating on the work.	

31.	Question. Could Valleywise Health describe how end users are currently trained? (Example: are learners used to in-person training, remote instructor-led training, web-based training, job shadowing or a combination of these for other initiatives such as compliance or HR training)? (Education and Training, page 14-15, Section 3.3.4; 3.2.4.2; 3.2.4.4)
Answer. The team uses a variety of training modalities including in person, remote instructor led, web based, and on the job training.	

32.	Question. Could Valleywise Health confirm whether a Learning Management System (LMS) is currently in use? If so, please specify the platform. (Education and Training, page 14-15, Section 3.3.4; 3.2.4.2; 3.2.4.4)
Answer. Yes, the current LMS is Apex and will be replaced with Workday.	

33.	Question. Does Valleywise Health have preferred training delivery methods (e.g., self-paced vs. instructor-led) based on prior initiatives or user feedback? (Education and Training, page 14-15, Section 3.3.4; 3.2.4.2; 3.2.4.4)
Answer. Self-paced is the preferred method unless best practice indicates a synchronous/didactic approach is warranted.	

34.	Question. Could Valleywise Health confirm whether there are internal change management resources or capabilities? If so, what level of involvement is expected from these resources in collaborating with the selected vendor (e.g., advisory participation, co-delivery, or limited review/feedback)? (Change Management, page 11, Section 3.2.4.1, 3.2.4.4)
Answer. There is not a formal change management team or defined methodology in use at Valleywise Health. We will be identifying change agents and are amenable to utilizing the implementation partner best practices. Our internal resources will be heavily involved and be the face of the messaging and execution.	

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35.	Question. Does Valleywise Health currently follow a defined change management methodology or framework? If so, please provide details. We are Prosci® ADKAR® certified but can certainly align with the client on your preferred approach. (Change Management, page 11, Section 3.2.4.1, 3.2.4.4)
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Answer. No formal methodology is in place at Valleywise Health. We will leverage our partner's best practice.

36.	Question. Could Valleywise Health share how previous large-scale technology or operational changes have been received by the organization historically? (Change Management, page 11, Section 3.2.4.1, 3.2.4.4)
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Answer. Valleywise Health has seen significant maturation in technology transformation over the last two years. Specifically Epic Refuel delivery, realization of Epic Honor Roll designation, and improvement to Epic Gold Stars level 7/projected 8 by end of June. We have developed strong partnerships and cases for change with our clinical and business partners.

37.	Question. What are the primary concerns or risks Valleywise Health anticipates regarding user adoption and organizational readiness for this transformation? (Change Management, page 11, Section 3.2.4.1, 3.2.4.4)
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Answer. Typical watch points for an ERP transition such as adopting recommended best practice workflows, adoption of role/security changes, trusting automation. Current state is challenged and readiness for change exists across HR, Supply Chain, and Finance.

38.	Question. Could Valleywise Health confirm which legacy systems are in scope for data conversion? (Work Statement, page 15, 3.3.2.4)
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Answer. This is not public information. Relevant details will be made available to the successful proposer upon contract award during the discovery phase.

39.	Question. For financial data, will summarized general ledger (GL) journal entries be acceptable, or will detailed transaction-level journals be required? (Work Statement, page 15, 3.3.2.4)
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Answer. Detailed transaction level journals will be required.

40.	Question. Could Valleywise Health provide an estimate of the volume of data to be converted from each legacy system? (Work Statement, page 15, 3.3.2.4)
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Answer. This is not public information. Relevant details will be made available to the successful proposer upon contract award during the discovery phase.

41.	Question. Could Valleywise Health confirm the number of historical years of data that will be migrated for each system? (Work Statement, page 15, 3.3.2.4)
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Answer. Generally, data conversion will be limited to a 2 – 3 year period unless otherwise mandated.

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42.	Question. The evaluation criteria request a “Summary of 3–5 Recent Implementations, including scope, timeline, budget vs. actuals, key challenges, and outcomes.” However, this requirement does not appear in Attachment B. Could Valleywise Health confirm whether this information should be included within Attachment B or if updated instructions or templates will be provided? (Organizational Information, page 19, Section 4.3.1; Experience and References (Attachments B and C))
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Answer. The Experience/Firm’s Qualifications outlined in Section 4.3.1.1 serve as a guideline for the organizational information that should be included in the proposal. This section is not a checklist of specific questions included in Attachment B, but rather a framework. Proposers should integrate this information into their narrative responses within Attachment B; for extended narrative responses, vendors may append additional pages provided they are clearly marked with the specific attachment letter.

43.	Question. The evaluation criteria reference a detailed review of Pricing Attachment E, including: Pricing model (Fixed Fee, Time & Materials, Hybrid) Rate card by role Change order process Warranty terms However, these elements are not reflected in the current version of Attachment E. Could Valleywise Health confirm whether these components should be incorporated into Attachment E or provided elsewhere in the proposal submission? (Pricing, page 20, Section 4.3.2; Pricing)
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Answer. Section 4.3.2 (Pricing) requirements have been updated to align with Attachment E: Pricing. Proposers must enter all requested amounts within Attachment E for Unit A, Unit B, or both units. If the proposer chooses to add supplemental pricing info, they may append up to two (2) additional pages for items such as discounts, resources, etc. Proposers should refer to Addendum #1, Attachment A-1 below for the complete revised text.

44.	Question. Could Valleywise Health please confirm whether Attachment J (Business Associate Agreement) is required to be completed and submitted as part of the proposal response? (Business Associate Agreement, page 62-70, Attachment J)
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Answer. Attachment J: Business Associate Agreement must be signed and submitted with your proposal. A revised version of Attachment J, which now includes the required signature block, has been added to this Addendum. Additionally, Section 5 (Instructions to Proposers) has been updated to reflect this change; please refer to Addendum #1, Attachment A-1 below for the revised text.

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45.	Question. The RFP evaluation criteria (Section 4.3.5.2) references the requirement to provide the “Total Number of Certified Consultants by Module.” Could Valleywise Health please clarify the intent of this requirement? Specifically, should proposers provide: The total number of currently active Workday-certified consultants by module Or the total number of Workday-certified consultants we are proposing and/or assigned to this engagement by module? (Team and Staffing Robustness, Page 21, Section 4.3.5)
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Answer. The intent of this requirement is to understand total number of certified consultants by module to assess bench depth.

Respondents are also welcome to provide the number of certified consultants they propose to assign to this engagement by module.

46.	Question. Functional: Do you use Cash Basis Accounting?
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Answer. No.

47.	Question. Functional: What are your anticipated Accounting Center use cases?(i.e., EPIC revenue details)
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Answer. Epic charge actions (charges, payments, adjustments, refunds, etc.) - leverage accounting center to map to GL, apply any accounting rules, journals, etc.

48.	Question. Technical: Can you provide a list of source systems where data will need to be extracted from as part of the data conversion effort?
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Answer. This is not public information. Relevant details will be made available to the successful proposer upon contract award during the discovery phase.

49.	Question. Technical: Which current systems or processes are most manual, error-prone or resource- intensive and where do you see the greatest opportunity for automation?
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Answer.

- Accounts Payable.
- Position control, which impacts new hires, transfers, position changes, etc.,
- The receiving process (multi-step) picking process, monitoring outdates and the stock-picking process are the most error prone.
- Reporting is resource intensive and lacks key data/integration

50.	Question. Timeline: Does the City have any blackout durations which we should consider while formulating the project timeline?
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Answer. No.

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51.	Question. Advisory & Change Management: How would Valleywise Health describe its organizational readiness for an enterprise-wide transformation of this scale, particularly across operational, clinical support, and administrative functions?
Answer. Readiness for change is high. Many key leaders and teammates that will be involved in this transformation have experience with Workday.	
52.	Question. Advisory & Change Management: Does Valleywise Health currently have internal organizational change management, communications, or training resources that your SI would partner with to support adoption, readiness, or reinforcement activities during the implementation?
Answer. Valleywise Health has a training team and communications team that will be involved in the project. While we do not have a dedicated change management team, change agents will be identified across HR, Supply Chain, and Finance.	
53.	Question. Advisory & Change Management: Based on Valleywise Health’s current ERP, HCM, payroll, and workforce management landscape, where does the organization see the greatest opportunities for improved user experience, self-service adoption, or process standardization?
Answer. Integration across HR functions and operational reporting, data integration and standard reporting for finance, process automation and standardization across supply chain.	
54.	Question. Advisory & Change Management: Given Valleywise Health’s diverse workforce and operational environment, are there preferred training modalities or workforce populations that may require tailored enablement strategies (e.g., instructor-led, virtual, self-paced, super-user support)?
Answer. Preference is for self-paced training and super user support.	
55.	Question. Advisory & Change Management: Are there other major operational, clinical, or technology initiatives planned during the implementation timeline that Valleywise Health believes may impact organizational readiness or stakeholder capacity?
Answer. While there are always initiatives underway in a healthcare system, this has been identified as the primary transformation initiative for the period.	
56.	Question. Post-Deployment: How do you define success in the first 30. 60. and 90 days after go live?
Answer. 30 days – data accuracy, success in adopting new workflows, payroll processing accuracy, demonstrated ability to support and troubleshoot any system issues; 60 days – successful learning curve trajectory for end users, reporting completeness, successful month end, end user happiness; 90 days – maturation in workflows, process stabilization, quarter end success, and demonstrated visibility into opportunities to improve operational performance.	

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57.	Question. Post-Deployment: Would you be interested in 12 months of AMS support after go-live?
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Answer. AMS support is not part of this RFP.

58.	Question. Post-Deployment: What are your expectation for payroll stablization and employee support during the first few payroll cycles post go live?
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Answer. Our expectation is that payroll processing is successful as defined by error rates less than 1%, payroll timeliness, successful integrations, and positive feedback from HR, Finance, and employees.

59.	Question. Current Systems: Are you leveraging a current BPO solution today, if so who?
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Answer. Currently Payroll processing (will transition to in-house).

60.	Question. Current Systems: If you are using a BPO solution today can you state what end to end solutions are included for Valleywise
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Answer. Currently Payroll processing (will transition to in-house).

61.	Question. Current Systems: Is benefits services outsourced? If yes, please elaborate?
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Answer. We do not outsource our benefits.

62.	Question. Current Systems: Is Payroll managed in house or is it outsourced? If yes please elaborate
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Answer. Historically this was managed in house and was outsourced a few years ago. This ERP transformation will bring payroll back in house.

63.	Question. Current Systems: Who is managing your ACA and Cobra services?
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Answer. ACA is managed internally by HR. WEX administers our COBRA.

64.	Question. Has Valleywise Health identified use cases for Workday Extend and Prism Analytics? If so, can Valleywise Health share the use cases?
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Answer. One potential use case has been identified; at this time, it is unknown if it will move forward. This is expected to be finalized as part of the discovery process.

Valleywise Health has identified several initial priority use cases for Prism Analytics, including workforce turnover and retention analysis using HCM and scheduling data, agency and contract labor cost tracking alongside FTE spend, and recruiting effectiveness reporting, such as time-to-fill and sourcing channel performance.

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The implementation partner will be expected to collaborate with the Data and Analytics team to further refine, prioritize, and expand the analytics roadmap during discovery and implementation phases.

65. Question. Adaptive Planning is generally seen as a Phase 2 item to reduce rework. Adaptive Planning is listed as an in-scope SKU for the October 1, 2027 go-live. Given that this is a Big Bang deployment, does Valleywise Health intend to go live with Adaptive Planning mid-fiscal year, or is there a specific window aligned with your budget cycle?

Answer. The Adaptive Planning module is not in scope for the October 1, 2027 go-live.

66. Question. The RFP currently defines a Big Bang deployment for all of the Workday SKUs provided. Are there any other SKUs Valleywise Health is seeking as Phase 2 Items?

Answer. None identified at this time.

67. Question. How many years of historical data does Valleywise Health intend to migrate into Workday for HR, Finance, and Supply Chain?

Answer. Generally, data conversion will be limited to a 2 – 3 years period unless otherwise mandated.

68. Question. Core HR: Does Valleywise Health have employees with “Multiple Jobs” (e.g. different pay, managers, cost centers, and responsibilities)? If so, what is the volume of employees with multiple jobs?

Answer. Yes, this number varies, but the current count is 58.

69. Question. Payroll/ Time Tracking: How many distinct differential rules, premium pay types, and holiday pay policies are currently active?

Answer. Valleywise Health has less than ten (10).

70. Question. Talent Optimization: Is the intent for Workday to serve as the primary system of record for tracking licenses and certifications? Does Valleywise Health want to include configuration of Disciplinary Action and Performance Improvement Plans?

Answer. Yes to all.

71. Question. Core Finance: How many distinct FEINs and legal entities does Valleywise Health have? Additionally, does the organization currently maintain separate Charts of Accounts for different facilities, or is the goal to move to a single, unified COA on Workday?

Answer. Valleywise Health currently has one (1) FEIN; we currently have one COA for everything

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72.	Question. Core Finance: Does Valleywise Health have any partial ownership, joint ventures, or non-controlling interests that will require specific consolidation or intercompany accounting configuration?
Answer. No	

73.	Question. Core Finance: Does Valleywise Health have any fund accounting requirements?
Answer. Yes, but not within our GL system; we have to maintain those records within the County Treasurer's GL system.	

74.	Question. Inventory: How many physical stocking locations or warehouses does Valleywise Health have?
Answer. <ul style="list-style-type: none">• Valleywise Health stocks close to 70 supply rooms across all facilities.• Valleywise Health operates two perpetual inventory warehouses: the Main campus warehouse and the Maryvale campus.• Valleywise Health stocks supplies for approximately 70 different areas across all Valleywise Health facilities.	

75.	Question. Inventory: Can Valleywise Health provide the approximate count of active items in your item master? Does Valleywise Health tracking preferred suppliers and have inventory put away locations/replenishment information on them?
Answer. <ul style="list-style-type: none">• Item breakdown<ul style="list-style-type: none">○ Valleywise Health Virtual Item Master (VIM): 693,278○ Valleywise Health Cataloged items: 25,860○ Valleywise Health Warehouse items (Stock): 1,667• Valleywise Health does not currently receive put away location information for items, but we would prefer to have that capability if possible.	

76.	Question. The link in 3(c)(1) of the Standard Contract Provisions does not lead to the "False Claims Act Policy", as indicated. Same for 3(c)(2). Can these provisions be provided or the links be repaired?
Answer. The required compliance policies have been formally incorporated into the RFP via this Addendum 1 as Exhibit 1: Valleywise Health False Claims Act Policy and Exhibit 2: Valleywise Health Code of Conduct and Ethics Policy. Additionally, Valleywise Health Standard Contract Provisions, Section 3 (Laws, Rules and Regulations), has been updated to reflect this change; please refer to Addendum #1, Attachment A-1 below for the revised text.	

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77.	Question. The link in 3(A) of the Standard Contract Provisions does not work. Can this provision be provided or the link repaired?
Answer. The link for the Minimum Subcontract Provisions has been updated. Bidders may access the document at the following: https://www.azahcccs.gov/PlansProviders/Downloads/MSPs_100124.pdf ; Additionally, Valleywise Health Standard Contract Provisions, Section 3 (Laws, Rules and Regulations), has been updated to reflect this change; please refer to Addendum #1, Attachment A-1 below for the revised text.	

78.	Question. Will Valleywise Health allow the use of AI-enabled tools within the implementation to enhance efficiency and outcomes?
Answer. Yes, Valleywise Health intends to fully leverage native AI as approved by governance.	

79.	Question. Will Valleywise allow the use of offshore or non-US based resources?
Answer. Onshore resources only.	

80.	Question. We would like to understand your resource capabilities in the areas of Change Management, training, and communication.
Answer. Training and communication teams will be engaged in the project. Change Management agents within the departments will be identified, but not a primary function.	

81.	Question. When is Benefits open enrollment?
Answer. . The Fiscal Year End is June 30 th . Open enrollment opens Early/Mid-May each year; open for fourteen (14) days, passive enrollment preferred.	

82.	Question. Scope: Can you confirm what functional areas you would like to implement under the Core Financials SKU (Accounting & Finance, Accounts Payable, Accounts Receivable, Cash Management, Revenue Management, Asset Management, Tax, Endowments)?
Answer. Endowments will not be in scope. The remaining functional areas in scope for this module have not been finalized at this time.	

83.	Question. Scope: Can you confirm what functional areas you would like to implement under the Core HCM SKU (Absence Management, Benefits, Advanced Compensation)?
Answer. Absence management is not in scope, that will be maintained in UKG.	

84.	Question. Scope: Describe, with as much detail as possible, the use case(s) your organization is trying to solve with Prism (e.g. combine Workday data with data from system X to uncover Y)?
Answer. Valleywise Health has identified several initial priority use cases for Prism Analytics, including workforce turnover and retention analysis using HCM and scheduling data, agency and contract labor	

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cost tracking alongside FTE spend, and recruiting effectiveness reporting such as time-to-fill and sourcing channel performance.

The implementation partner will be expected to collaborate with the Data and Analytics team to further refine, prioritize, and expand the analytics roadmap during discovery and implementation phases.

85. Question. Scope: Describe, with as much detail as possible, the use case(s) your organization is trying to solve with Accounting Center? (i.e. Which third party financial system will Workday be connecting to, and for what purpose? Typically, we see the use of Accounting Center to connect to a client's legacy General Ledger in order to move that data into Workday)

Answer. The use cases for this module have not been finalized at this time.

86. Question. Scope: Can you provide the list of current integrations you shared in excel format please?

Answer. The list of current integrations will not be provided in Excel format. Vendors must utilize the format provided within the RFP.

87. Question. Compensation: Do you have salaried plans? If yes, how many and please describe.

Answer. We have salaried and hourly employees in our system. They all utilize one single salary structure that includes regular ranges as well as flat ranges.

88. Question. Compensation: Do you have hourly plans? If yes, how many and please describe.

Answer. We have salaried and hourly employees in our system. They all utilize one single salary structure that includes regular ranges as well as flat ranges.

89. Question. Compensation: Do you have executive plans? If yes, how many and please describe.

Answer. Yes, they are all part of the salary structure mentioned above.

90. Question. Compensation: Any other compensation plans? If yes, how many and please describe.

Answer. No.

91. Question. Compensation: Do you have allowance plans? If yes, how many and please describe.

Answer. Yes, we utilize various pay practices including shift differentials, call pay, overtime, etc.

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92.	Question. Compensation: Do you have bonus plans? If yes, how many and please describe.
Answer. Yes, bonus plans exist for Director level and above and are awarded annually based on goal performance and board approval.	
93.	Question. Compensation: Do you have commission plans? If yes, how many and please describe.
Answer. No.	
94.	Question. Compensation: Do you have merit plans (monetary and non-monetary)? If yes, how many and please describe.
Answer. Valleywise Health has annual merit adjustment. It has historically been a flat percentage across all eligible employees. Valleywise Health also engages in market adjustments when warranted and budget permits.	
95.	Question. Compensation: Do you have stock option plans? If yes, how many and please describe.
Answer. No.	
96.	Question. Compensation: Are there any plans to implement any new pay programs in the next 12 months?
Answer. Valleywise Health plans on retooling our salary structure and assigning jobs as appropriate.	
97.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many holiday calendars do you track?
Answer. Maintained in UKG.	
98.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many different Work Schedules will be maintained in Workday?
Answer. Maintained in UKG.	
99.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many time off plans do you have that accrue (e.g. Vacation, Sick)?
Answer. Maintained in UKG.	
100.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many time off plans do you have that do not accrue (e.g. Bereavement, Jury Duty)?
Answer. Maintained in UKG.	

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101.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many different entitlement based (balance tracking) leave policies do you have (i.e., different entitlements for full and/or partial Maternity, Long Term Sickness, Adoption, etc. plans)?
Answer. Maintained in UKG.	

102.	Question. Absence Management (if going to be maintained in UKG, feel free to skip...): How many different non-entitlement based (no balance tracking) leave policies do you have (i.e., Unpaid leaves, sabbatical leave, education leave, etc.)?
Answer. Maintained in UKG.	

103.	Question. Benefits: How many distinct benefits plans of each type below are you currently offering? Describe the various plans offered. If you do not plan on utilizing Workday for a plan please indicate. This should represent your global offerings. (NOTE: if Benefits is going to be maintained by UMR, feel free to skip...)
Answer. <ol style="list-style-type: none">1. Medical -<ul style="list-style-type: none">• 3 Self-Insured Medical Options (<i>Preferred/Valleywise, Point-of-Service, and High Deductible Health Plan</i>)• Employee + Employer Contributions• Pre-Tax Contributions / 26 Per Year• Coverage Levels include EE Only / EE + SP / EE + CH / EE + FAM2. Dental -<ul style="list-style-type: none">• 1 Self-Insured Dental Plan (<i>Copay Plan</i>)• 1 Fully Insured Plan (<i>PPO Plan</i>)• Employee + Employer Contributions• Pre-Tax Contributions / 26 Per Year• Coverage Levels include EE Only / EE + SP / EE + CH / EE + FAM3. Vision<ul style="list-style-type: none">• 1 Self-Insured Vision Plan• Employee Contributions Only / No Employer Contribution• Pre-Tax Contributions / 26 Per Year• Coverage Levels include EE Only / EE + SP / EE + CH / EE + FAM4. Wellness Well-being<ul style="list-style-type: none">• 2 Employer Credits, Gold, Platinum• Employer Contribution Only• Pre-Tax Contributions / 26 Per Year• VitalWELL Wellness Program in partnership with Vitality• Post-OE Credit awarded Annually5. Life Insurance -	

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- 1 Basic & AD&D Plan for Covered Employees (1x Annual Salary)
 - Employer Contribution Only
- 1 Executive Basic & AD&D Plan for Executives (2x Annual Salary)
 - Employer Contribution Only
- 1 Supplemental Life Insurance & AD&D Plan for EE
 - 300k GI / 10k Increments
 - Employee Contribution Only / No Employer Contribution
 - Post-Tax Contributions / 26 Per Year
 - Rates determined by EE Age
- 1 Supplemental Life Insurance & AD&D Plan for Spouse
 - 50k GI / 5k Increments
 - Contingent upon EE Enrollment / Cannot be more than 50% of EE Amount
 - Employee Contribution Only / No Employer Contribution
 - Post-Tax Contributions / 26 Per Year
 - Rates determined by SP Age

6. Savings –

- Health Savings Account managed by Optum Bank
 - Contingent upon EE Enrollment in Medical HDHP
 - Employee + Employer Contributions
 - Employer Contribution \$500 / \$1000, prorated per pay period upon registration
 - Pre-Tax Contributions / 26 Per Year
- Retirement Savings / Deferred Compensation Savings
 - Arizona State Retirement System (ASRS) Pension Plan
 - All non-Retired Employees working 20 Hours or More are required to participate
 - Employee + Employer Contributions
 - Ineligible Employees Monitored Weekly for 20/20 Rule for Eligibility during the Fiscal Year
 - We do not currently manage 401(a), 457, and ROTH Deferred Compensation Plans through the Benefits Module; they are currently managed using bridges from Nationwide to ADP within the Payroll deduction module

7. Spending Accounts -

- 1 Medical Flexible Spending Account
 - IRS Annual Maximum
 - Not Contingent upon EE Enrollment in Medical Plan
 - BUT EE Cannot be enrolled in HDHP
 - Employee Contribution Only / No Employer Contribution
 - Pre-Tax Contributions / 26 Per Year
- 1 Dependent Daycare Flexible Spending Account
 - 6k Annual Maximum
 - Contingent upon EE Eligible Dependent

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- Employee Contribution Only / No Employer Contribution
- Pre-Tax Contributions / 26 Per Year

8. LTD

- Arizona State Retirement Benefit
- All non-Retired Employees working 20 Hours or More are required to participate
- Employee + Employer Contributions
- Pre-Tax Contributions / 26 Per Year
- Ineligible Employees Monitored Weekly for 20/20 Rule for Eligibility during the Fiscal Year

9. STD

- 3 Fully Insured Short Term Disability Options
 - 7 Day Elimination Period
 - 14 Day Elimination Period
 - 30 Day Elimination Period
- 60% of Earnings up to \$2500 weekly
- Employee Contribution Only / No Employer Contribution
- Pre-Tax Contributions / 26 Per Year
- Rates determined by EE Age

10. AD&D –

- AD&D is combined with our Basic and Supplemental Life lines above

11. Legal -

- 1 Fully Insured Prepaid Legal Plan
- Employee Contributions Only / No Employer Contributions
- Post-Tax Contributions / 26 Per Year
- Coverage Levels include EE and Dependents / EE, Dependents, and Parents

12. Other –

- 1 Fully Insured Voluntary Accident Plan
 - Employee Contributions Only / No Employer Contributions
 - Post-Tax Contributions / 26 Per Year
 - Coverage Levels include EE Only / EE + SP / EE + CH / EE + FAM
- 1 Fully Insured Voluntary Critical Illness Plan
 - \$40k EE Coverage / \$40k SP Coverage / \$20k Child
 - Employee Contributions Only / No Employer Contributions
 - Post-Tax Contributions / 26 Per Year
 - Coverage Levels include EE Only / EE + SP
 - Children Auto covered under EE Plan
- 1 Fully Insured Voluntary Hospital Indemnity
 - Employee Contributions Only / No Employer Contributions
 - Post-Tax Contributions / 26 Per Year
 - Coverage Levels include EE Only / EE + SP / EE + CH / EE + FAM

13. Employee Assistance Program

- 1 Fully Insured EAP

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- All Employees are Auto-Enrolled
 - Employer Contributions Only / 26 Per Year
14. Retiree Benefits (*repeated from #6 above*)
- Retirement Savings / Deferred Compensation Savings
 - Arizona State Retirement System (ASRS) Pension Plan
 - All non-Retired Employees working 20 Hours or More are required to participate
 - Employee + Employer Contributions
 - Ineligible Employees Monitored Weekly for 20/20 Rule for Eligibility during the Fiscal Year
 - Pre-Tax Contributions / 26 Per Year
 - We do not currently manage 401(a), 457, and ROTH Deferred Compensation Plans through the Benefits Module; they are currently managed using bridges from Nationwide to ADP within the Payroll deduction module

Question. Benefits: Please confirm the carrier and list it where applicable.

104.

- **Medical - UHC**
- **Dental - Metlife**
- **Vision - ?**
- **Well-being - Vitality**
- **Life Insurance - ?**
- **Savings - ?**
- **Spending Accounts - WEX**
- **LTD/STD - ?**
- **FMLA – Lincoln Financial**
- **AD&D – Lincoln Financial**
- **Legal - Metlife**
- **Other**
- **Employee Assistance Program - ?**
- **Retiree Benefits (administered by 3rd party)**

Answer.

1. Medical - UMR
2. Dental - MetLife
3. Vision - United Healthcare
4. Well-being - VitalWELL / Vitality
5. Life Insurance - Sun Life
6. Savings
 - HSA - Optum Bank
 - Deferred Compensation (401a,457, ROTH) - Nationwide
 - Arizona State Retirement - ASRS
7. Spending Accounts - WEX

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8. LTD - ASRS
9. STD - Sun Life
10. FMLA – Valleywise HR Leaves
11. AD&D – Sun Life
12. Legal - MetLaw
13. Other –
 - Voluntary Accident - Sun Life
 - Voluntary Critical Illness - Sun Life
 - Voluntary Hospital Indemnity - Sun Life
14. Employee Assistance Program - ComPsych
15. Retiree Benefits - *repeated from #6 above*
 - Deferred Compensation (401a,457, ROTH) - Nationwide
 - Arizona State Retirement - ASRS

105. Question. Benefits: Will you retain WEX for COBRA?

Answer. Yes

106. Question. Benefits: Approximately how many different eligibility groups of employees do you have?

Answer. Valleywise Health has approximately Fourteen (14) different eligibility groups of employees.

107. Question. Benefits: When does Open Enrollment take place?

Answer. The Fiscal Year End is June 30th. Open enrollment opens Early/Mid-May each year; open for fourteen (14) days, passive enrollment preferred.

108. Question. US Payroll: How many legal entities (FEIN's) do you have? (You identified 17 businesses: Valleywise Health Medical Center, the Arizona Burn Center, the Comprehensive Healthcare Center, the Arizona Children's Center, the 7th Avenue Walk-In Clinic, and 11 community oriented health centers, and an attendant care program. We would like to confirm the total number of legal entities

Answer. Valleywise health has one (1) legal entity.

109. Question. US Payroll: Do you have any unions represented in your organization? How many CBA's? Work council involvement?

Answer. No Unions.

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110.	Question. US Payroll: Do You Have Any Employees Holding More than One Unique Job at a Time? If so, can they get paid different rates based on the job? eg. Workers who are assigned to multiple positions, where they may work 20 hours per week in one job, at one rate of pay, and 20 hours per week in another at a different rate of pay
Answer. Yes, Valleywise Health has employee's with second level positions. Second level positions can be paid at a different rate.	

111.	Question. US Payroll: Do you have employees with Shift/Case Pay/Shift Differentials?
Answer. Yes, nights and weekends.	

112.	Question. US Payroll: How many pay groups do you currently have (please list)? A pay group is defined as a group of workers who have their pay calculated and processed together. Workers in a pay group must share the same period schedule.
Answer. Valleywise Health has one (1) pay group.	

113.	Question. US Payroll: How many banks and unique accounts are used to process payroll checks and payroll related payments?
Answer. Valleywise Health used one (1) bank and unique account to process payroll.	

114.	Question. US Payroll: How many earning codes do you have?
Answer. Valleywise Health has one hundred and one (101) earning codes.	

115.	Question. US Payroll: How many deduction codes do you have?
Answer. Valleywise Health has one hundred and eighty-one (181) deduction codes.	

116.	Question. US Payroll: How many garnishments do you have?
Answer. Valleywise Health has more than one hundred (100+) garnishments.	

117.	Question. Talent Management (formerly Talent Optimization): Does your organization have a Talent Calibration process? If yes, please describe.
Answer. No	

118.	Question. Talent Management (formerly Talent Optimization): How often are performance reviews completed?
Answer. Performance reviews are completed every six (6) months for new position and annually thereafter.	

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119.	Question. Talent Management (formerly Talent Optimization): How many review templates do you utilize, such as Employee Reviews, Performance Improvement Plans, Disciplinary Plans, Personal Development Plans?
Answer. Valleywise Health utilized the following review templates: <ul style="list-style-type: none">• PIP• Verbal Counseling• Written Reprimand• Final Written Reprimand• 6 month review• Annual Review; regular; per diem/pool	
120.	Question. Talent Acquisition (formerly Recruiting): Does your company have both an internal and external career site?
Answer. Valleywise Health has one (1) site for both internal and external.	
121.	Question. Talent Acquisition (formerly Recruiting): Do you have multiple external career sites - if so, how many?
Answer. Valleywise Health has one (1) external career site.	
122.	Question. Talent Acquisition (formerly Recruiting): Does your existing ATS/ RM system integrate to job boards, job board aggregator, background checking, or other 3rd parties? Please list all vendors related.
Answer. Valleywise Health's job ads are organically scraped to the traditional job boards. We manually input job ads on niche sites when there is a cost or one off request. We currently use a hashtag to determine which positions are sponsored on Indeed.	
123.	Question. Talent Acquisition (formerly Recruiting): Do you have multiple offer letter templates? If so, how many?
Answer. Valleywise Health has six (6) offer letter templates.	
124.	Question. Talent Acquisition (formerly Recruiting): How many branded letter heads do you have?
Answer. Valleywise Health has forty (40) branded letterheads.	
125.	Question. Talent Acquisition (formerly Recruiting): How many estimated active candidates are in your ATS/ RM system(s) today?
Answer. Valleywise Health has 1,169 active candidates.	

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126.	Question. Talent Acquisition (formerly Recruiting): How many open requisitions are in your current ATS/RM system today?
Answer. Valleywise Health has 460 open requisitions.	

127.	Question. Learning: Do you have content vendors? Please specify.
Answer. Yes. All of the vendors provide clinical content only.	
<ul style="list-style-type: none">• RQI for life support (BLS, ALS and PALS)• CPI, Crisi Prevention Intervention• Lippincott, clinical practice training	

128.	Question. Learning: How many historical enrollment records are required to be converted to Workday? For how many years?
Answer. Currently we have 37,000 enrollment records spanning the most recent 10 years. Generally, data conversion will be limited to a 2 – 3 year period unless otherwise mandated.	

129.	Question. Accounting and General Ledger: Identify the elements in your chart of accounts structure and the unique value count for each. (e.g. Company, Ledger Account, Cost Center, Region, Product, Fund)
Answer. Company, Location, Department/Cost Center, Ledger Account.	

130.	Question. Accounting and General Ledger: Identify the accounting books you record. (e.g., GAAP, Statutory, Tax, IFRS)
Answer. GAAP.	

131.	Question. Accounting and General Ledger: Describe your fiscal year. (e.g., Calendar year starting January 1, 4-4-5)
Answer. The Valleywise Health's Fiscal Year is July - June.	

132.	Question. Accounting and General Ledger: Do you have multiple fiscal calendars?
Answer. No.	

134.	Question. Accounting and General Ledger: How many allocations do you generate per period? Also identify the types of allocation bases used. (e.g., 12 based on headcount, 6 based on revenue by region, 3 based on square footage)
Answer. None currently, but would like to use in future state	

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135.	Question. Accounts Receivable (if not going to be maintained in Workday, feel free to skip...): Do you use customer contracts?
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Answer. Not yet known if Workday will be used for this. Volume is quite small and currently managed manually.

136.	Question. Accounts Receivable (if not going to be maintained in Workday, feel free to skip...): Do you use billing schedules?
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Answer. Not yet known if Workday will be used for this. Volume is quite small and currently managed manually.

137.	Question. Accounts Receivable (if not going to be maintained in Workday, feel free to skip...): Do you use revenue recognition schedules?
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Answer. Not yet known if Workday will be used for this. Volume is quite small and currently managed manually.

138.	Question. Accounts Receivable (if not going to be maintained in Workday, feel free to skip...): Do you have Projects tied to your revenue recognition?
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Answer. Not yet known if Workday will be used for this. Volume is quite small and currently managed manually.

139.	Question. Asset Management (if not going to be maintained in Workday, feel free to skip...): Do you currently track items/assets assigned to a worker? (Ex. Laptops, Cell Phones, Badges etc.)
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Answer. This will not be maintained in Workday.

140.	Question. Asset Management (if not going to be maintained in Workday, feel free to skip...): Do you have to post GL entries for assets on your tax books?
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Answer. This will not be maintained in Workday.

141.	Question. Asset Management (if not going to be maintained in Workday, feel free to skip...): How many assets do you currently track and plan on bringing into Workday?
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Answer. This will not be maintained in Workday.

142.	Question. Projects: What types of projects do you have? (Ex. Professional services, marketing, IT)
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Answer. The projects in scope for this module have not been determined at this time.

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143. Question. Projects: How many active projects will need to be brought to Workday?

Answer. The projects in scope for this module have not been determined at this time.

144. Question. Projects: How many project plans will need to be brought to Workday?

Answer. The projects in scope for this module have not been determined at this time.

145. Question. Projects: How many resource plans will need to be brought to Workday?

Answer. The projects in scope for this module have not been determined at this time.

146. Question. Expenses: Will you be using Corporate Credit Cards? If so, which Credit Card Companies will you be using?

Answer. Currently Valleywise Health uses Purchase Cards issued by PNC Bank.

147. Question. Change Management & Training: Valleywise serves a highly diverse patient and employee population across multiple languages and cultures. Does this create specific requirements for training content or communications that vendors should factor into the Unit 2 scope?

Answer. Training materials are delivered in English.

148. Question. Change Management & Training: We understand that Change Management is a key priority. What training delivery methods have been most effective for the Valleywise's staff in the past (e.g., in-person sessions, videos, quick reference guides)?

Answer. Training has historically been in person, but training program modernization has been occurring over the last year. High success has been seen with asynchronous web based training and tip sheets/reference guides.

149. Question. Change Management & Training: What challenges do you anticipate around user adoption across your organization?

Answer. Customary and standard challenges with adopting new workflows. Current processes are so challenged, readiness for change exists across finance, supply chain, and HR.

150. Question. Commercial: If a single vendor responds to both Unit 1 (base implementation) and Unit 2 (change management, training, hypercare), will that be evaluated as one integrated proposal or scored independently against vendors responding to only one unit?

Answer. Proposals submitting pricing for both Unit A and Unit B will be evaluated as a single, integrated proposal. While the costs for Unit A and Unit B will be benchmarked independently against other vendors responding to those specific units to ensure a fair market comparison, each proposer will receive only one final, consolidated score for their pricing submission.

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151.	Question. Cross-Functional Planning: Workforce Planning is in scope. Does Valleywise have an existing headcount planning or budgeting process and tool today that this will replace? Are Finance stakeholders already aligned on future-state design expectations for this module?
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Answer. The projects in scope for this module have not been determined at this time.

152.	Question. Cross-Functional Planning: Prism Analytics Enterprise is listed as in scope. Does Valleywise have a defined set of reporting and analytics use cases for Prism, or will the implementation partner be expected to help define the analytics roadmap as part of the engagement?
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Answer. Valleywise Health has identified several initial priority use cases for Prism Analytics, including workforce turnover and retention analysis using HCM and scheduling data, agency and contract labor cost tracking alongside FTE spend, and recruiting effectiveness reporting such as time-to-fill and sourcing channel performance.

The implementation partner will be expected to collaborate with the Data and Analytics team to further refine, prioritize, and expand the analytics roadmap during discovery and implementation phases.

153.	Question. Data & Migration: Are there known data quality issues in the current ADP environment that vendors should factor into migration effort and timeline? Has any prior data cleansing or remediation work been performed in anticipation of this implementation?
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Answer. No data quality issues have been identified.

154.	Question. Data & Migration: What is the current state of employee data across systems — ADP, Kronos UKG, Epic, ServiceNow — and is there a defined system of record for each data domain, or is there meaningful duplication or inconsistency across platforms?
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Answer. ADP HRIS, UKG, Epic, and Service Now are all enterprise applications. There is a defined system of record and we do not expect duplication or inconsistency.

155.	Question. Data & Migration: For Financials, what is the current chart of accounts structure, and does Valleywise anticipate a redesign of the Financial Data Model (FDM) as part of this implementation or a lift-and-shift approach?
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Answer. Yes, Valleywise expects to redesign the chart of accounts and FDM.

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156.	Question. FINS: Accounting Center is in scope — this typically indicates a need to bring in external transactional data (e.g., from Epic or other clinical systems) into Workday for accounting purposes. Can Valleywise confirm the primary use case for Accounting Center in their environment?
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Answer. Epic data will be integrated.

157.	Question. FINS: How many legal entities, cost centers, and funds does Valleywise currently operate across?
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Answer. There is one (1) legal entity, 500+ cost centers. Valleywise does not do fund accounting.

158.	Question. FINS: Is Valleywise subject to governmental accounting standards (GASB) given its status as a special health care district and political subdivision of Arizona?
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Answer. Yes.

159.	Question. FINS: Are you planning to update EPIC to use the new workday FDM or will you rely on translation mappings?
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Answer. The projects in scope for this module have not been determined at this time but likely will be looking to use FDM and minimize translation mappings where operationally possible.

160.	Question. SCM/Inventory: Approximately how many inventory sites, stocking locations, and purchase items are there?
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Answer.

- Valleywise Health stocks close to 70 supply rooms across all facilities.
- Valleywise Health operates two perpetual inventory warehouses: the Main campus warehouse and the Maryvale campus.
- Valleywise Health stocks supplies for approximately 70 different areas across all Valleywise Health facilities.
- Item breakdown
 - Valleywise Health Virtual Item Master (VIM): 693,278
 - Valleywise Health Cataloged items: 25,860
 - Valleywise Health Warehouse items (Stock): 1,667
- Valleywise Health does not currently receive put away location information for items, but we would prefer to have that capability if possible.

161.	Question. SCM/Inventory: Are there expected to be inventory integrations between EPIC and Workday?
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Answer. Yes.

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162.	Question. HCM PAY: How many distinct pay groups, EINs, and pay frequencies does Valleywise currently operate across all entities?
Answer. Valleywise Health has one (1) entity, one (1) EIN, and one (1) pay frequency (bi-weekly)	

163.	Question. HCM PAY: Does the ~5,000 FTE workforce include part-time, PRN, and contingent workers? What's the breakdown of the ~5,000 FTEs?
Answer. The 5,000 FTE workforce does not include contingent workers, PRN, contractors, etc.	

164.	Question. HCM PAY: Are any employee populations covered by collective bargaining agreements, and if so, how many unions and what is the approximate employee count covered?
Answer. No.	

165.	Question. HCM PAY: Are physicians and providers employed directly by Valleywise Health, or are they contracted/independent?
Answer. Providers are contracted. Valleywise Health does employ a very small number of dentists and mid level providers.	

166.	Question. Scope & Current State: The RFP lists 22 in-scope SKUs but does not include Workday Time Tracking or Absence Management. Does Valleywise intend to retain Kronos UKG as the system of record for time and attendance?
Answer. Time tracking and absence management will continue in UKG WFM.	

167.	Question. Scope & Current State: Are there any entities with distinct legal structures, union agreements, or separate pay groups that would materially affect Payroll and HCM configuration complexity?
Answer. No.	

168.	Question. Team & Governance: What is the anticipated size and composition of Valleywise's internal project team? How many dedicated FTEs does Valleywise plan to assign across functional and technical workstreams, and will backfill resources be provided for team members pulled from operational roles?
Answer. Executive sponsorship will be with CIO, Interim CFO, and the CHRO. The Chief Compliance Officer will have heavy involvement. Functional leads have been identified across HR, Supply Chain, and Finance/Accounting. The Technology and Data Services department has defined the project team that will transition into ongoing application maintenance along with new FTEs that have been approved. The existing integration, security, and training teams will support the Workday implementation.	

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169.	Question. Timeline: The RFP targets a July 2026 contract start and an October 1, 2027 Big Bang go-live. Are there internal drivers — such as ADP or Kronos contract expirations — that make the October 2027 date fixed rather than aspirational?
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Answer. The date was selected based on optimal time frame for conversion based on fiscal year activities, holidays, and application rationalization. A successful go live is paramount and will not be sacrificed for a date. Dates will be evaluated as part of the formal project planning before final confirmation.	
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170.	Question. Timeline: Are there any planned organizational changes, M&A activity, labor negotiations, or system changes at Valleywise during the July 2026–October 2027 window that the implementation partner should be aware of and factor into the project plan?
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Answer. A planned CEO retirement is occurring with selection processes underway this summer. The new CEO will be placed by October 2026. The previous CFO has retired and that position will be recruited for by the new CEO while the position will be covered by an interim leader. No M&A, labor negotiations, or major system changes are planned.	
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171.	Question. How does Valleywise Health currently manage employee timekeeping? Does this process differ across different locations? If yes, can you please provide a list of the solutions that are being used, what location is using them, and how many users are using them. Does your current solution have a direct API integration with Workday? Can you please outline any frustrations with the current timekeeping process?
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Answer. Valleywise Health uses UKG Workforce Manager for timekeeping across the organization and UKG does support an API to Workday that we intend to implement. This system was implemented at the end of 2025 and optimized early 2026. 4280 employees track time. 65 RFID badge swipe clocks are used and 14 additional clocks are being added.	
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172.	Question. Are there any physical time clocks being used within Valleywise Health? If yes, what type of clock is being used (biometric, proximity, mag stripe, camera enabled). How many clocks are being used? How many employees are required to clock in/out at a physical time clock?
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Answer. Valleywise health uses 65 UKG RFID badge swipe clock readers with 14 being added this year. 4280 employees track time.	
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ATTACHMENT A-1

Pursuant to Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (1-2), the above reference solicitation shall be amended as follows:

1. Section 2.0 Schedule of Events shall be deleted in its entirety and replaced with the following (revisions are indicated in red font):

2.0 SCHEDULE OF EVENTS

The time frame for the procurement under this RFP is as follows:

Notice of Solicitation Issued	May 5, 2026
Deadline for Written Questions	May 15, 2026
Proposer’s Conference	N/A
Proposal Submission Deadline	June 4, 2026, at 3:00 pm Phoenix, AZ Time
Valleywise Health Proposal Review and Shortlist Decision	TBD
Oral Presentations	Week of June 15, 2026 (Tentative)
Contract Negotiations Finalized	July 1, 2026
Board of Director’s Award	July 1, 2026
Contract Start Date	July 23, 2026

Valleywise Health reserves the right to deviate from this schedule.

2. Section 4.0 Evaluation Criteria and Process, Subsection 4.3, shall be deleted in its entirety and replaced with the following (revisions are indicated in red font):
 - 4.3 A **points-based scoring** system will be utilized for scoring proposals. The evaluation criteria may be distributed across several key categories to ensure a thorough and balanced assessment of all proposals. The Valleywise Health Evaluation Committee will evaluate all proposals based on the criteria described below. **Please see Table 2 below for the point allocations.**

Table 2. Evaluation Criteria Point Allocations

Categories	Points
Experience and References	100
Pricing	50
Approach and Methods - Response to Requirements	100
Compliance with RFP Requirements & Contract Provisions	50
Team and Staffing	75
Technical Capabilities	75
Innovation and Value Add	50
Total Points	500

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3. Section 4.0 Evaluation Criteria and Process, Subsection 4.3, Subsection 4.3.2. Pricing, shall be deleted in its entirety and replaced with the following (revisions are indicated in red font):

4.3.2. **Pricing:** Proposals will be evaluated on the competitiveness and reasonableness of the pricing submitted.

4.3.2.1. Pricing (Attachment E)

Although price will be a factor in proposal evaluation, Valleywise Health reserves the right to accept other than the lowest priced proposal. **If the proposer chooses to add supplemental pricing info, they may append up to two (2) additional pages for items such as discounts, resources etc.**

4. Section 4.0 (Evaluation Criteria and Process), Subsection 4.3, Subsections 4.3.5 through 4.3.7, shall be deleted in their entirety and replaced with the following (revisions are indicated in red font).

4.3.5. **Team and Staffing Robustness:** This section considers the strength, experience, and reliability of the proposed project team and staffing plan. **Proposers should include a dedicated section for this information within their Attachment F narrative response.**

4.3.5.1. Team and Staffing

4.3.5.2. Total Number of Certified Consultants by Module

4.3.5.3. Ability to Provide All Onshore Resources

4.3.5.4. Named Resources with Resumes for July 2026–October 2027 Initiative

4.3.5.5. Resource Continuity Strategy

4.3.5.6. Backfill and Escalation Processes

4.3.6. **Technical Capabilities:** This criterion reviews the proposer’s technical expertise and the suitability of their solutions to meet project requirements. **Proposers should include a dedicated section for this information within their Attachment F narrative response.**

4.3.6.1. Technical Capabilities

4.3.6.2. Integration Strategy and Tools

4.3.6.3. Reporting and Analytics Strategy

4.3.6.4. Data Migration Tools and Validation Approach

4.3.6.5. Payroll Testing and Validation Methods

4.3.6.6. Testing Methodology

4.3.6.7. Defect Tracking and Resolution Process

4.3.6.8. Cutover Process

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4.3.7. **Innovation/Value Add**: This area evaluates any unique approaches, proprietary tools, or additional value the proposer brings beyond the core requirements. **Proposers should include a dedicated section for this information within their Attachment F narrative response.**

4.3.7.1. Innovation and Value Add

4.3.7.2. Overview of Proprietary Project Accelerators, Tools, and Templates

4.3.7.3. AI Expertise

4.3.7.4. Differentiators Over Competitors

4.3.7.5. Automation Strategies

5. Section 5.0 Instructions to Proposers, Subsection 5.2 Required Response Format, shall be deleted in its entirety and replaced with the following (revisions are indicated in red font):

5.2 Required Response Format

To assist in the evaluation process, all proposals must follow the same format. Proposals in any other format may be considered informal and may be rejected.

Completed proposals are to be submitted via email to Procurement Officer KELLY GARRETT at Kelly.Garrett@valleywisehealth.org. Emails may be broken out into multiple emails (single email size limit of 150Mb) and as such needs to be numbered in sequence and clearly marked i.e. Solicitation # 90-26-264 RFP Response <Your company Name> Mail 1 of 3 etc. The submission of the Proposal must be submitted with the attachments in the following order and labeled as follows. The original must be labeled as such.

5.2.1. Offer and Acceptance (signed and dated)

5.2.2. Table of Contents

5.2.3. Authorization to Submit Proposal and Required Certifications (Attachment A)

5.2.4. Organizational Information (Attachment B)

5.2.5. Professional References (Attachment C)

5.2.6. Conflict of Interest Disclosure (Attachment D)

5.2.7. Proposer's Pricing (Attachment E)

5.2.8. Proposer's Reply to Work Statement (Attachment F)

5.2.9. Proposer's Stated Exceptions to RFP Requirements (Attachment G)

5.2.10. Proprietary and/or Confidential Information (Attachment H)

5.2.11. Signed Business Associate Agreement (Attachment J)

5.2.12. Signed Addenda to this RFP

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6. Section 5.0 Instructions to Proposers, Subsection 5.3 Authorization to Submit Proposal (Attachment A), is revised and replaced as follows; the changes are noted in red:

5.3. Authorization to Submit Proposal (Attachment A)

Attachment A must be completed and signed by a person authorized to make a binding offer for their organization. The **executed** document must be included in the submission

7. Section 5.0 Instructions to Proposers, Subsection 5.11. Proprietary and/or Confidential Information (Attachment H), is revised and replaced as follows (revisions are indicated in red font):

5.11. Proprietary and/or Confidential Information (Attachment H)

Attachment H must be verified and signed by a person authorized to make a binding offer for their organization. The **executed** document must be included in the submission. **Any information that is deemed proprietary and/or confidential by a proposer must be clearly identified as such.** If an entire offer is submitted as confidential it will be automatically disqualified. The Proposer shall submit justification for any information designated as proprietary and/or confidential in nature. Final determinations of nondisclosure, however, rest with the Procurement Officer, Kelly Garrett. The Proposer will be notified if their request is denied and will be given the opportunity to rescind the submitted offer or **proceed** with the proprietary and/or confidential information considered as part of the public offer.

Valleywise Health will not be held accountable if material from responses is obtained by parties other than Valleywise Health without the written consent of the Proposer.

8. Section 5.0 Instructions to Proposers, Subsection 5.12. Business Associate Agreement (Attachment J) is hereby inserted as follows. The existing subsections 5.12. (Signed Addenda) through 5.17. (Rights of Valleywise Health) are hereby renumbered sequentially to 5.13. through 5.18.

5.12. Business Associate Agreement (Attachment J)

Attachment J must be completed and signed by the organization's authorized signer. The executed document must be included in the submission. The "For Release of Information to Third Parties" form, located on the last page of Attachment J, does not require a signature upon proposal submission; it is a template provided for the applicant to utilize with third parties as needed.

9. Valleywise Health Standard Contract Provisions, Subsection 3 Laws, Rules and Regulations, Paragraphs A and C, shall be deleted in its entirety and replaced with the following (revisions are indicated in red font):

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3. LAWS, RULES AND REGULATIONS

- A. This Contract and Contractor is subject to all state and federal laws, rules and regulations that pertain hereto, including OSHA statutes and regulations. When providing services to persons that participate in the Arizona Health Care Cost Containment System (AHCCCS) and/or Arizona Long-Term Care System (ALTCS) program, the requirements contained herein are superseded by the requirements of the Minimum Subcontract Provisions on the AHCCCS website at: <https://www.azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html>
- C. Contractor shall comply with Section 6032 of the Deficit Reduction Act of 2005, as amended, and Valleywise Health policies related to the False Claims Act and the detection of fraud, waste and abuse. The Valleywise Health policy is incorporated into this agreement as Exhibit 1: Valleywise Health False Claims Act Policy and Exhibit 2: Valleywise Health Code of Conduct & Ethics Policy. Contractor agrees to comply with the requirements stipulated by federal law and Valleywise Health policy.
10. Attachment B: Organizational Information is hereby replaced by Attachment B: Organizational Information (Rev 1), which is attached to this Addendum document. Proposals submitted using the previous version of Attachment B may be deemed non-responsive.
11. Attachment J: Business Associate Agreement is hereby replaced by Attachment J: Business Associate Agreement (Rev 1), which is attached to this Addendum document. Proposals submitted using the previous version of Attachment J may be deemed non-responsive.

INDEX OF NEW & REVISED DOCUMENTS ATTACHED TO ADDENDUM 1

The following new documents are physically attached to the end of this Addendum 1 and are fully incorporated into the solicitation packet:

1. Fillable PDF versions of the Offer and Acceptance & Attachments A through H
2. Attachment B: Organizational Information (REV 1): Revised version; replaces original Attachment B in its entirety.
3. Attachment J: Business Associate Agreement (REV 1): Revised version; replaces original Attachment J in its entirety.
4. Exhibit 1: Valleywise Health False Claims Act Policy
5. Exhibit 2: Valleywise Health Code of Conduct and Ethics Policy