

University of New Mexico Hospitals

Request for Proposals
Addendum No. 1

**Project Number:
RFP P435-21 Revised**

Healthcare Staffing and Technology



Due Date: May 17, 2021 2:00 p.m. MST
The time and date proposals are due shall be strictly observed.

ADDENDUM NO. 1
THE UNIVERSITY OF NEW MEXICO
HOSPITALS
Purchasing Department

The purpose of this Addendum is to notify all potential respondents of any changes to the original RFP and to answer questions regarding the RFP. The answers provided in this Addendum hereby amend and/or modify the original RFP Document and Specifications. All offerors are subject to the provisions of this addendum.

1. Will UNMH provide a breakdown of spend and/or utilization for clinical vs. non-clinical staffing? **A:** Non clinical staff such as Food and Nutrition, Environmental staff, and Housekeeping are not part of the RFP scope.
2. Can UNMH disclose which specific departments will be on the selection/steering committee for this RFP? **A:** Staffing department and finance.
3. Can UNMH disclose how many companies were invited to participate in the RFP P435-21 Healthcare Staffing and Technology. **A:** The RFP is open to the public.
- 4.. Can UNMH clarify “Currently Placed” on pg.18,19 ? Does UNMH want to know how many candidates are currently placed at UNMH only or all clients in total? **A:** The phrase “currently placed” refers to all candidates an offeror has currently placed with all of its clients.
5. Can UNMH clarify your definition of “Market Place” on page 19? **A:** Use of Market Basket is just a general term, for example to fill a hypothetical market basket with 4 apples and 6 oranges and request pricing. Here our “market basket” is simply the RN nurse category referenced, at a stipulated number of hours and we request the amount of your fee so that we have a baseline to calculate your fee and compare cost from Offeror to Offeror.

6. In 5.E.1, were the assumptions of 60,000 hours/\$150 per hour/\$9 million in spend for the sole purpose of UNM evaluating an apples-to-apples “market basket” comparison across bidders? Or are these assumptions indicative of UNMH’S anticipated annual spend/volume for contingent labor moving forward. **A:** Correct, this is a hypothetical, and not actual or anticipated. The \$9M number provided is representative of spend in recent years, however, spend in this area can vary considerably based on circumstances and UNMH staffing strategy.

7. Can UNMH provide the anticipated dates for finalists presentations to take place? Will the finalist presentations be in-person or virtual ? **A:** If UNMH determines to require finalist presentations, it is likely that travel will not be required, although UNMH reserves that option. At this time, there is no timeline or scheduled dates for presentations/product demos.

8. Is the hospital an exempt facility in regards to paying the Gross Sales Tax? **A:** Although UNMH is tax exempt from paying the gross sales tax on “goods”, UNMH is **not exempt** from paying gross receipts on services.

9. Page 30, #28 Indemnification & Insurance – Will UNMH allow the indemnification language to be modified so that it is made clear that the bidder will only indemnify to the extent and in proportion to the negligent acts or omissions of the respective supplier’s travelers on assignment? **A.** [At this early time, UNMH will not engage UNMH’s counsel to address issues relating to indemnification](#)

10. Page 30, #20 “Equal Opportunity And Affirmative Action” Is it required that bidders already have an affirmative action program in place? **A.** No

11. On page 26, Section F where the contract states “The Certificate of Insurance shall be in the form of AIA Document G-705 or similar format acceptable to the Owner”. Will UNMH accept certificates using an AIA 27 form? **A.** [Accord form is satisfactory](#)

13. Exhibit I: Is the completion of Exhibit I required for proposal submission or is it done upon award? If required for submission, is there a specific format for the Security Plan (the link on page 37 directs back to the main bids/proposals page)? If so, please provide. **A:** Offerors do not need to complete exhibit I. Exhibit I illustrates the type of info required by UNMH IT in connection with the security review.

14. Who manages your contract labor vendor relationships? **A:** [The unit director of the staffing office](#)

15. What kind of contracts are you currently using? **A:** We have typically used 13-week contracts with option to extend
16. Do you have any specific concerns or pain points? **A:** UNMH has had difficulty with recruiting and sourcing Pediatric dialysis and apheresis nurses with respect to the program. It has also been difficult to get credentials in time and difficult to manage individual invoices that come from the staffing companies.
17. What is your current labor spend both in clinical and non-clinical? **A:** The \$9M number provided is representative of spend in recent years, however, spend in this area can vary considerably based on circumstances and UNMH staffing strategy.
18. What Type of model are you using? **A:** At this time UNMH manages its own processes and utilizes multiple vendors to meet the staffing needs.
19. Should we advance and be provided the opportunity to present, do you anticipate on-site (face-to-face) presentations or virtual presentations? **A:** See number 7 please.
20. We are interested in bidding for only one category that is Contingent Labor. Would you allow the vendors to submit the proposal for only staffing part. **A:** UNMH prefers one vendor that will provide a full solution for all staffing needs as set forth in the RFP. The RFP expressly states that any offer that proposes a staffing solution without providing the technology solution will be rejected.
21. Will UNMH provide a breakdown of utilization by clinical specialty? (ie. ICU, MS, TELE, ER, etc.). UNMH utilizes ED, PCU, Dialysis RN's, ECHO Techs, PT/OT, and Endoscopy nurses daily along with RN Case Managers and UR nurses.