



Amended and Restated Addendum No. 1

This amended and restated Addendum No. 1 replaces in its entirety the previously posted Addendum No 1.

RFP P514-26 WORKFORCE MANAGEMENT ASSESMENT & TRANSFORMATION

The purpose of this Addendum is to extend the deadline of admissions of proposals and to provide offeror questions with UNMH responses 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.

THE RFP PROPOSAL DUE DATE IS EXTENDED.

RFP PROPOSALS ARE DUE TUESDAY JUNE 9th, 2026 @ 2:00PM MST/MDT.

WRITTEN RESPONSES – QUESTIONS AND ANSWERS

Question 1. Please clarify the statement related to the implementation timeline (Page 15): “UNMH desired timeline not to exceed completion end of calendar year 2026.” Is the calendar year “not to exceed” related to the Transformation work in its entirety, or the delivery of the implementation plan noted in the bullet following the not to exceed bullet (“Offeror to provide detailed implementation timeline”)

UNMH RESPONSE: Item III.D.5.vi.4 (page 14) Deliverables is anticipated work to be completed by end of calendar year 2026.

Question 2. What workforce management systems are currently in use or planned to be implemented during the next 6 months:

WFM IT SYSTEM	Currently in place	System planned for upcoming implementation (anticipated date)
Time and attendance		
Payroll		
HRIS		
Productivity reports		
Cost accounting		
Staff scheduling		
Contingent workforce management		
Contingent workforce marketplace		

UNMH RESPONSE: Systems currently in place: UKG (time and attendance, productivity, scheduling), Lawson (payroll, HRIS), others not relevant. There are no plans for upcoming changes in implementation these systems.

Question 3. Please list any individual department or functional group-based productivity tools (shift management, individual production tracking, etc) in place across the organization.

UNMH RESPONSE: UNMH Utilizes excel based shift management and productivity tracking tools as well as UKG productivity tools.

Question 4. If you are not using a commercial productivity reporting tool for house-wide productivity reports, is there a “home grown” tool in place?

UNMH RESPONSE: See question 3.

Question 5. What employee groups are covered by collective bargaining agreements (CBAs)? When are each of the CBAs due to be negotiated next?

UNMH RESPONSE: CBAs are not relevant to this RFP.

Question 6. Please provide a listing of any functions that are outsourced.

UNMH RESPONSE: UNMH does not believe the requested information is necessary for preparation of a proposal. The successful offeror will be provided all information necessary to perform the contracted services.

Question 7. Are any functions being considered for outsourcing or insourcing?

UNMH RESPONSE: See Question 6.

Question 8. What, if any, performance improvement framework(s) are broadly used in the organization?

UNMH RESPONSE: We currently utilize a performance management system to assist leaders in monitoring revenue, expenses, volumes, and FTEs. We utilize a productivity analytics through time and attendance and we have a productivity variance review process in place.

Question 9. Are there any tactics for realizing productivity gains and workforce expense reduction that are “off the table?”

UNMH RESPONSE: UNMH does not believe the requested information is necessary for preparation of a proposal. The successful offeror will be provided all information necessary to perform the contracted services.

Question 10. Have there been any major operational changes (e.g., RIF, service line rationalization, tower expansions) within the past year?

UNMH RESPONSE: In October of 2025 the Critical Care Tower was opened.

Question 11. Have you conducted similar consulting engagements in the past? What has made them successful and what would you look to avoid?

UNMH RESPONSE: We currently have productivity metrics in place, and are looking to update those metrics.

Question 12. Confirm this scope of work is exclusively for UNM Hospital (UNMH), including Carrie Tingley Children’s Hospital (CTH), Children’s Psychiatric Center (CPC), UNM Psychiatric Center (UNMPC), UNMH’s 59 hospital-based clinics located at the main campus, UNMH’s off-site ambulatory locations, and the seven retail pharmacy locations within UNMH’s off-site clinics. Sandoval Regional Medical Center (SRMC), UNM Children’s Hospital, and their associated ambulatory care sites are excluded from this scope of work.

UNMH RESPONSE: As a correction to Exhibit A section I.A.i, all locations of UNM Hospital (including the Sandoval Regional Medical Center and UNM Children's Hospital) will be included in the scope.

Question 13. Are providers, including APPs and hospital-based providers, in scope or out of scope? If in scope, are there any specific exclusions within the physician enterprise (e.g., hospitalists, primary care, anesthesia)? If the ambulatory clinics are included in scope and if providers are excluded from the scope, does UNMH want the consultant to benchmark clinic-based non-provider staffing only?

UNMH RESPONSE: Physicians are out of scope. APPs inclusion will be determined upon review. Although physicians and APPs contribute to determining benchmarks, only non-provider staffing will be included in departmental benchmarks.

Question 14. Are the administrative, fixed, and overhead departments (i.e., corporate and shared services like HR, Finance, IT, etc.) cost centers within the UNMH entity? If so, are services centralized and do they provide functional support to the entirety of the health system?

UNMH RESPONSE: Yes. These centralized services support UNMH, and the facilities outlined in Exhibit A section I.A.i of the RFP. Also, to include Sandoval Regional Medical Center, as well as the UNM Children's Hospital, in the scope of work

Question 15. Are there any specific cost centers or functional areas excluded from this scope of work?

UNMH RESPONSE: No

Question 16. Are there specific FTE and/or dollar savings targets established related to this work?

UNMH RESPONSE: UNMH has productivity metrics in place and is in need of updating current benchmarks and departmental operations.

Question 17. Are any departments, services or functions outsourced - if yes, which?

UNMH RESPONSE: See Question 6.

Question 18. Please identify the current HRIS, payroll/timekeeping, scheduling, productivity management, ERP/financial, and workforce vendor-management systems that will be in scope for the assessment, including any planned transitions such as Vaya/NMHA.

UNMH RESPONSE: See Questions 2 and 3.

Question 19. For Phase 2, what do you expect to be included in implementation? For example, does implementation include governance launch, productivity target deployment, dashboard/reporting support, department action planning, workforce management system configuration, change management support, or ongoing savings tracking?

UNMH RESPONSE: Yes to all.

Question 20. Please identify the current systems used for timekeeping, payroll, HRIS, position control, productivity reporting, budgeting, and cost accounting.

UNMH RESPONSE: See question 18.

Question 21. Will UNM be able to provide at least 26 pay periods of department-level volume, payroll, agency, vacancy, and financial data for each site? If not, which data elements are unavailable or unreliable?

UNMH RESPONSE: Yes.

Question 22. Have there been any recent productivity engagements done by UNM in the past few years that may impact how prepared leaders may be for this type of work?

UNMH RESPONSE: UNMH has productivity metrics in place and is in need of updating to current benchmarks and departmental operations.

Question 23. Please confirm the shipping address and that there will be someone over the age of 18 available to sign for the package which will be our RFP response.

Shipping Address: Purchasing Department - 933 Bradbury Dr. SE, Suite 3165 Albuquerque, NM 87106

UNMH RESPONSE: Confirmed.

Question 24. Scope boundaries and organizational coverage- RFP Reference: Exhibit A, Section I.A.i, page 11; Exhibit A, Section III.A and III.D, pages 12-14. Please confirm which entities, sites, and functions are included in the initial assessment. Should Offerors assume the scope includes all six hospitals referenced in the RFP, as well as acute care, ambulatory clinics, behavioral health, administrative/shared services, retail pharmacy, home health, and hospice, or should the initial scope be limited to selected entities and functions.

UNMH RESPONSE: See question 12.

Question 25. Scope boundaries and organizational coverage- RFP Reference: Exhibit A, Section II, page 12; Exhibit A, Section III.A.4-5 and III.D.5, pages 12-14. Please clarify which workforce populations are included in scope. Should the assessment include employed staff only, or also physicians, APPs, residents/fellows, faculty, agency/travelers, contracted labor, outsourced services, and shared services personnel? Please also identify any workforce groups, departments, or initiatives that should be excluded from the initial scope or sequenced for later work.

UNMH RESPONSE: Scope includes all departments and staffing under UNMH. It does not include physicians, residents/fellows, nor faculty.

Question 26. Objectives, success measures, and financial expectations- RFP Reference: Exhibit A, Section II, page 12; Exhibit A, Section III.C, page 13. The RFP identifies multiple objectives, including productivity improvement, avoidable labor expense reduction, stronger governance, leadership accountability, and sustainable operational, structural, and technology-enabled improvements. For proposal planning purposes, please rank or identify the highest-priority outcomes UNMH expects from the initial engagement?

UNMH RESPONSE: These are all important components of the project. The expectation is that the project will assist us in developing the focus areas.

Question 27. Objectives, success measures, and financial expectations- RFP Reference: Exhibit A, Section III.B.2, page 12; Exhibit A, Section III.D.5.vi, page 14. Does UNMH have an expected savings target, FTE opportunity range, productivity improvement goal, or financial threshold that Offerors should use to calibrate the approach and level of opportunity sizing?

UNMH RESPONSE: See Question 26.

Question 28. Data availability, definitions, and baselines- RFP Reference: Exhibit A, Section III.D.2, page 13; Exhibit A, Section III.D.5.i.2, page 14. The RFP references analysis of 26 pay periods of internal productivity trends. Are 26 pay periods of complete and reconcilable labor, productivity, premium pay, agency, volume, and staffing data available across acute care, ambulatory, behavioral health, and administrative departments; and what known data limitations should Offerors anticipate?

UNMH RESPONSE: Yes

Question 29. Benchmarking and comparison groups- RFP Reference: Exhibit A, Section III.A.4, page 12; Exhibit A, Section III.D.5.i-iii, page 14. What benchmarking sources are used today for workforce productivity, staffing, span of control, premium pay, ambulatory support ratios, and administrative/shared services?

UNMH RESPONSE: Vizient

Question 30. Interviews, observations, and stakeholder engagement- RFP Reference: Exhibit A, Section III.A.2, page 12; Exhibit A, Section III.D.3, page 13. Which stakeholder groups should Offerors assume will participate in interviews, focus groups, validation sessions, and on-site observations, and should observations be broad-based or targeted to high-cost, high-volume, high-complexity areas?

UNMH RESPONSE: Staff, leadership, executives; broad-based

Question 31. Workforce analytics and opportunity assessment- RFP Reference: Exhibit A, Section III.A.4, page 12; Exhibit A, Section III.D.5.i.3-6, page 14. Which labor cost categories are creating the greatest pressure today, including overtime, incentive pay, shift differentials, callback, agency/travelers, vacancy backfill, turnover, management overhead, or staffing variation to demand?

UNMH RESPONSE: Additional information will be provided to the successful offeror.

Question 32. Workforce analytics and opportunity assessment- RFP Reference: Exhibit A, Section III.D.2.iv, page 13; Exhibit A, Section III.D.5.i, page 14. Should Offerors assume that current productivity targets, staffing grids, workload indicators, and productivity reporting practices are available for review across acute and ambulatory settings, or should the proposal include time to develop a baseline where such targets are incomplete or inconsistent?

UNMH RESPONSE: UNMH has productivity metrics in place and is in need of updating to current benchmarks and departmental operations, as well as establish metrics for any departments that do not already have in place..

Question 33. Workforce analytics and opportunity assessment- RFP Reference: Exhibit A, Section III.B.2 and III.B.5, page 12; Exhibit A, Section III.D.5.vi, page 14. Should the assessment produce cost-center-level recommendations and opportunity sizing, or should findings remain at the system, entity, service-line, and functional level?

UNMH RESPONSE: Cost-center level

Question 34. Labor governance and accountability- RFP Reference: Exhibit A, Section III.C.1.iii, page 13; Exhibit A, Section III.D.5.iv, page 14. Do governance structures currently exist for labor productivity, position control, staffing model approval, agency utilization, premium pay approval, scheduling discipline, and accountability follow-up?

UNMH RESPONSE: Yes

Question 35. Labor governance and accountability- RFP Reference: Exhibit A, Section III.C.1.iii, page 13; Exhibit A, Section III.D.5.iv, page 14; Exhibit A, Section III.D.5.vi.3, page 14. Should the future-state labor governance recommendation include a defined decision-rights and accountability model across finance, HR, nursing, operations, ambulatory leadership, entity leadership, service lines, and department managers?

UNMH RESPONSE: Yes

Question 36. Workforce technology- RFP Reference: Exhibit A, Section I.A.iii, page 11; Exhibit A, Section III.A.6, page 12; Exhibit A, Section III.D.5.v, page 14. Please identify the primary workforce management, scheduling, timekeeping, HR/payroll, productivity reporting, position control, and labor analytics platforms that should be considered in scope for the technology assessment. Please also indicate whether these platforms are generally standardized across UNMH or vary materially by entity or setting.?

UNMH RESPONSE: See Question 2.

Question 37. Workforce technology- RFP Reference: Exhibit A, Section III.A.6, page 12; Exhibit A, Section III.D.5.v, page 14. Please clarify UNMH's technology expectations for this engagement. Should Offerors propose a current-state gap assessment only, optimization opportunities for existing tools, future-state requirements definition, replacement recommendations, vendor evaluation support, an implementation roadmap, or some combination of these?

UNMH RESPONSE: Recommendation on optimization or replacement of the current tools will be considered but not a primary focus as consulting services are the primary focus of the RFP.

Question 38. Change management, communication, and leadership alignment- RFP Reference: Exhibit A, Section III.A.3 and III.A.7, page 12; Exhibit A, Section III.D.4, pages 13-14. Please clarify the expected level of change management and leadership enablement support within the initial scope. Should Offerors include executive alignment, stakeholder mapping, communications, leadership talking points, manager training, frontline engagement, governance launch support, and implementation adoption planning, or should some of these activities be treated as optional implementation support?

UNMH RESPONSE: UNMH has productivity metrics in place and is in need of updating to current benchmarks and departmental operations, as well as establish metrics for any departments that do not already have in place. While there may be some process modifications identified, productivity tracking is not a new concept to the organization.

Question 39. Deliverables, timeline, and implementation phase- RFP Reference: Exhibit A, Section III.D.6, page 15; Exhibit H, page 27. Does the desired completion by the end of calendar year 2026 apply only to the assessment and final recommendations, or also to implementation planning or early implementation support?

UNMH RESPONSE: Also to implementation planning and early implementation support.

Question 40. Deliverables, timeline, and implementation phase- RFP Reference: Exhibit A, Section II, page 12; Exhibit A, Section III.B and III.D.6, pages 12 and 15; Exhibit H, page 27. Should Offerors structure the work into Phase 1 assessment and Phase 2 implementation support consistent with Exhibit H, or may Offerors propose an alternative phasing model?

UNMH RESPONSE: Offerors may propose an alternative phasing model.

Question 41. Deliverables, timeline, and implementation phase- RFP Reference: Exhibit A, Section III.B, page 12; Exhibit A, Section III.D.5.vi and III.D.6, pages 14-15. What level of implementation detail should be included in the final deliverable, including prioritized roadmap, business cases, opportunity sizing, owners, timing, dependencies, investment requirements, governance structure, risks, and change management plan?

UNMH RESPONSE: See #38 above.

Question 42. Proposal evaluation and differentiation- RFP Reference: Exhibit A, Section IV.C, page 17; Exhibit H, page 27. Exhibit H requests hourly wage details by phase and total project cost, while also allowing Offerors to include alternative pricing models. Must Offerors complete Exhibit H using the required hourly-rate and phase-cost structure or can a fixed-fee or phased fixed-fee pricing approach be provided?

UNMH RESPONSE: Either may be provided as long it encompasses all of the deliverables.

If there are any questions or inquiries in relation to this Addendum, Offerors may contact Shannon Rodgers at (505) 272-9571 or by email at sjrodgers@salud.unm.edu.