



ADDENDUM NO. 1 TO RFP 9600-94: Locum Tenens Managed Services Provider (MSP)

Date: Tuesday, September 30, 2025

To: All participants submitting Proposals for RFP # 9600-94

From: Freddy Vigilmartinez, Management Analyst, NMC Contracts Division

Subject: Addendum No. 1 to RFP #9600-94

This addendum is to answer the questions* that have been received by prospective bidders for RFP 9600-94.

*Questions highlighted in yellow required further consulting with our legal team. We will issue the answer to these questions in Addendum No. 2.

Locum Tenens Managed Service Provider

1. Will this be a **single-award** or multiple-award contract?
A: Single vendor
2. Who is the **incumbent contractor** currently providing these services?
A: We do not have an incumbent MSP.
3. What **vendor management system (VMS)** is being used by the incumbent?
A: We do not have an incumbent VMS.
4. Can NMC share **historical spend** and usage under the current or prior contracts (including specialty-level utilization)?

Locum Tenens spend for the past 3 fiscal years	
Fiscal Year (July-June)	Annual Spend
FY23	\$3,096,126
FY24	\$3,637,476
FY25	\$4,757,697
Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
Urology	2
Hospitalist	3
Obstetrics/Gynecology	4
Pediatric Hospitalist	5
Primary Care / Ambulatory Only	6
Physical and Rehabilitation Medicine	7
Pathology	8
Family Medicine	9
Trauma Nurse Practitioner	10

5. Approximately how many **Locum Tenens providers** are expected annually?
A: The number of locum tenens providers is dependent on the need for coverage.

6. Is NMC seeking a Managed Service Provider (MSP) who will supply providers **directly**, or must the MSP engage and manage a network of subcontracted locum agencies?
A: NMC is seeking a Managed Service Provider (MSP) only.

7. Are contractors required to provide coverage for **short-term absences** (e.g., one or two days) in addition to long-term coverage (maternity, extended leave, emergencies)?
A: Yes, the length of the assignment is dependent on the need for coverage.

8. If short-term coverage is required, must those providers undergo the **full credentialing and background check process**?
A: According the Medical Staff Bylaws, temporary privileges may be granted to a practitioner serving as a locum tenens for a period not-to-exceed 120 days per year (four 30-day periods) to see only the patients of the practitioner for whom he/she is providing locum tenens services. Practitioners granted temporary privileges as locum tenens must have a completed Medical Staff application reviewed and signed by the applicable Clinical Service Director, Chief of Staff or CMO, and Chief Executive Officer, or their designees. Practitioners needed as locums for longer than the 120-day period shall apply for Medical Staff membership and privileges in accordance with Article V of these Bylaws and will be appointed to the Courtesy Staff.

9. Can you clarify whether the MSP must provide **non-physician providers** (e.g., nurse practitioners, PAs, CRNAs), or is the focus exclusively on physicians?

A: NMC generally utilizes locums for physician positions, we may need.

10. Exhibit D requires extensive provider documentation (CV, AMA report, license, DEA, NPI, references, disciplinary history, Medicare/Medi-Cal certification, etc.). Should these documents be submitted **at candidate submission**, or only **after selection and prior to assignment start**?

A: Exhibit C and a CV is required for presentation; Exhibit D is required after selection and assignment is contingent upon completion of Medical Staff Credentialing.

11. Does NMC accept **electronic credentialing files** through the vendor's VMS, or must hard copies be provided?

A: NMC's application to Medical Staff is electronic.

12. Will NMC publish or provide the **incumbent rate**, including the cost of VMS, for information purposes?

Locum Tenens spend for the past 3 fiscal years	
Fiscal Year (July-June)	Annual Spend
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13. Are travel, lodging, and per diem costs expected to be **included in the all-inclusive hourly rate**, or can they be billed separately?

A: All-inclusive rates include travel, lodging, administrative fees, and associated costs. No additional charges may be billed.

14. Will there be **annual rate negotiations** or escalation clauses allowed during the contract?

A: Please refer to Section 7.3 of the RFP document.

15. Can proposals be submitted **electronically** (via email or portal), or must they be **hard copy + USB** as listed in the requirements?

A: All proposals must be mailed as per instructions in Sections 8 & 9 of the RFP document.

16. Will there be a **public bid opening**, or are proposals evaluated internally only?

A: All bids are opened internally by NMC's Contracts Division staff. Proposals are then submitted to the evaluating committee for scoring.

17. Does NMC intend to interview or conduct **oral presentations/demos** with the shortlisted vendors?

A: NMC will not be scheduling any presentations/demos during the bidding process.

19. Section 11 provides a **10% scoring preference** for Local Vendors within Monterey, Santa Cruz, or San Benito Counties. If a firm is not local but partners with a **local subcontractor**, can the prime contractor still claim preference points?

A: Vendors must meet one or more of the qualifying criteria listed on **Attachment I. Local Business Declaration Form**.

20. Does NMC require proof of **local business registration** at submission, or can it be obtained prior to contract execution?

A: Vendors must complete **Attachment I. Local Business Declaration Form**, and submit the completed and signed form with proposal package. To qualify as a local business, vendors must be eligible at time of proposal submission.

21. What is the **expected contract start date** after award?

A: January 1, 2026.

22. Will this contract allow **piggybacking** by other Monterey County departments or agencies beyond NMC?

A: Please refer to Section 17 in the RFP document.

23. Does NMC require the awarded MSP to maintain a **local office** in Monterey County, or is virtual support acceptable if responsiveness is met?

A: No, it is not necessary to maintain an office in Monterey County to provide these services.

24. Will NMC require the MSP to coordinate or deliver formal orientation for locum providers prior to their first assignment, or will NMC handle all orientation internally?

A: Orientation by NMC is required for all medical staff including locums.

25. If orientation is required, what is the expected duration (e.g., half-day, full day, multiple days), and will it be paid at the provider's hourly rate?

A: Medical Staff Orientation is onsite and up to 4 hours and is usually incorporated on the first day of service.

26. Are there standardized orientation materials (e.g., EMR training, hospital policies, compliance modules) that providers must complete before starting work?

A: Medical Staff Orientation is onsite and up to 4 hours and is usually incorporated on the first day of service.

27. Will orientation include department-specific training (e.g., Trauma Center protocols, ICU policies), and is the MSP responsible for ensuring completion?

A: Yes, in addition to the required medical staff orientation, there will be department specific orientation.

28. Does NMC require annual re-orientation or refresher training for long-term locum providers?

A: No.

29. Should the orientation process be detailed as part of our proposal's technical approach, or will NMC provide its own defined process post-award?

A: Orientation varies by specialty; instructions will be given during the credentialing process.

30. Do we have to provide locum tenens agencies with the proposal or there are agencies already in place?

A: Contractors shall engage with established locum tenens agencies for the referral of qualified Providers in one or more of the medical specialties.

31. For section Pre-Qualifications/Licensing: Contractor must acknowledge in writing that it meets all the pre-qualifications and licensing requirements as set forth in Section 6.0 herein.

A: Contractors must demonstrate and acknowledge that they meet all the requirements in the RFP, within their proposals.

32. Identify sub-consultants, if any, you propose to use to provide the services, do we have to comply with the requirement, or a detailed response is required for the scope?

A: If you are proposing to utilize sub-consultants, please list the sub-consultants.

33. In order to claim the points under the Local Preference Policy, can we fulfill any of the one criterion and get the points for preference or all the pointers have to be checked marked?

A: To be considered, vendors must meet at least one of the requirements listed in Attachment I, complete form, and submit with their proposal.

34. Is this a new requirement? If no, please provide the incumbent names and spent under the contract with the pricing information?

A: Attachment I is not a requirement. It is, however, a factor in the evaluation process.

35. What is the estimated budget for the RFP?

A: Locum tenens fill in for or cover the duties of another Provider during leave or staffing shortages which are unpredictable by nature. The historical annual spend is provided below.

Annual spend for the past 3 fiscal years	
Fiscal Year (July-June)	Annual Spend
FY23	\$3,096,126
FY24	\$3,637,476
FY25	\$4,757,697

36. We wanted to understand the backstory on how we've changed from our last bid to a MSP bid and what the team hopes to accomplish with this new process.

A: NMC is seeking an MSP to streamline the processes of recruitment, credentialing, time tracking, and payment for temporary placements.

37. What is the current spend on locums annually & what is projected?

Annual spend for the past 3 fiscal years	
Fiscal Year (July-June)	Annual Spend
FY23	\$3,096,126
FY24	\$3,637,476
FY25	\$4,757,697

A: Annual spend is dependent on the need for coverage and is somewhat unpredictable.

38. What specialties are most important / used by the hospital system?

A: All specialties listed in Exhibit A are important to NMC. Historically, the top 10 specialties in terms of utilization over the past three years (July 1, 2022 to June 30, 2025) are as follows:

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
Urology	2
Hospitalist	3
Obstetrics/Gynecology	4
Pediatric Hospitalist	5
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39. Can the expenses be billed separately from the hourly rates, or must they be all inclusive?

A: All rates must be billed all-inclusive.

40. What features are most attractive to the hospital system on a software system, and will we have an opportunity for demo with the team?

A: Contractor (1) must demonstrate the ability to engage with a large network of established locum tenens staffing agencies to source qualified Providers across the medical specialties listed in Exhibit A – Rate Sheet; (2) must demonstrate a comprehensive process for identifying, screening, and pre-qualifying Providers prior to referring them to NMC including verification of credentials, licensure, and suitability for assignment; (3) must provide a demonstration of its automated vendor management system streamlining the processes of recruitment, credentialing, time tracking, and payment for temporary Provider placements in a timely and cost-efficient manner.

41. May we submit electronically or is there only a mail option at this time?

A: All proposals must be mailed AND received by NMC on or before the proposal submittal deadline, per specifications detailed in the RFP proposal requirements.

42. Which specialties are currently used as locums? Are there any specialties that are challenging to fill currently?

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
Urology	2
Hospitalist	3
Obstetrics/Gynecology	4
Pediatric Hospitalist	5
Primary Care / Ambulatory Only	6
Physical and Rehabilitation Medicine	7
Pathology	8
Family Medicine	9
Trauma Nurse Practitioner	10

43. What are your typical timelines for privileging, and in what scenarios do you grant temporary/emergency privileges?

A: the average time to credential is 60-90 days dependent on the application and the ability to respond to inquiries regarding the application. According the Medical Staff Bylaws, temporary privileges may be granted to a practitioner serving as a locum tenens for a period not to exceed 120 days per year (four 30-day periods) to see only the patients of the practitioner for whom he/she is providing locum tenens services. Practitioners granted temporary privileges as a locum tenens must have a completed Medical Staff application reviewed and signed by the applicable Clinical Service Director, Chief of Staff or CMO, and Chief Executive Officer, or their designees. Practitioners needed as locums for longer than the 120-day period shall apply for Medical Staff membership and privileges in accordance with Article V of these Bylaws and will be appointed to the Courtesy Staff.

44. Do you have a formal name-clear process? If so, at what stage is name-clear required (before submittal or after conditional acceptance), what information is needed, and what is the usual turnaround time?

A: Name-clear's may be submitted by email. The usual turn-around time for name clear is 48 hours. After the name is clear the candidate's CV and Pre-Application (Exhibit C) are required for conditional acceptance.

45. Are there any additional costs associated with privileging or on-boarding that we would be responsible for, ex: application fees?

A: According to the Medical Staff Bylaws, the initial application fee is \$400.

46. Background on Staff clarification: In “Background on Staff: Briefly describe what type of background checks you run for all your staff,” does “all your staff” refer to our internal employees, the providers/contractors we assign to NMC, or both (answered separately)?

A: Contractors assigned to NMC.

47. Will you accept minimum and maximum hourly bill rates per specialty on Exhibit A, or do you require a single fixed rate?

A: Yes, we will consider proposals with minimum and maximum hourly bill rates.

48. Will there be an opportunity to negotiate contract terms post-award?

A: Please submit any exceptions you may have with your proposal documents. All exceptions will be reviewed and considered. The impact will depend on the nature of the exception and how it will impact the needs of NMC for the services listed in the RFP. This is to ensure transparency and fairness to all bidders.

49. Will the bidder be able to propose additional contract terms post-award, if it does not include those additional contract terms in its RFP response?

A: Please submit any exceptions you may have with your proposal documents. All exceptions will be reviewed and considered. The impact will depend on the nature of the exception and how it will impact the needs of NMC for the services listed in the RFP. This is to ensure transparency and fairness to all bidders.

50. Will the bidder be negatively impacted if it submits exceptions?

A: All exceptions will be reviewed and considered. The impact will depend on the nature of the exception and how it will impact the needs of NMC for the services listed in the RFP.

51. Will the bidder be negatively impacted if it submits additional proposed contract terms to address the particular scope of work?

A: Please submit any exceptions you may have with your proposal documents. All exceptions will be reviewed and considered. The impact will depend on the nature of the exception and how it will impact the needs of NMC for the services listed in the RFP.

52. Is NMC open to reviewing an MSP agreement on the successful bidder's paper?

A: MSP Agreement will be drafted in COUNTY/NMC's Agreement Template.

53. Exhibit D references a nonrefundable application fee. Can you please confirm if this is applicable? If so please provide additional information about this.

A: According to Medical Staff Rules and Regs, all initial applicants are assessed a non-refundable application fee payable at the time the application is submitted. The Medical Executive Committee is responsible to review and set the application fee structure. The current initial application fee is \$400 per physician and \$150 per advanced practice practitioner.

54. Exhibit D references an attached Policy, but there no Policy attached to the RFP. Can you please confirm if this is applicable? If so please provide a copy of the referenced Policy.

A: Policy attached.

55. Exhibit D references a privilege delineation list or practice prerogative form. Can you please confirm if this is applicable? If so please provide additional information about this as well a copy of the list/form.

A: Privilege delineation list or practice prerogative form is attached to the electronic medical staff application. This form varies by specialty.

56. Exhibit D references a Delegation of Services Agreement. Can you please confirm if this is applicable? If so please provide a copy of the referenced Agreement.

A: this form is applicable to physician assistant applicants only. Unless otherwise specified, physician assistants will be assigned by NMC Medical Staff to the Service Director, varies by specialty.

57. Section 6.2.1 of the RFP states providers are required to comply with the Business Associate Agreement and all applicable confidentiality agreement. Can you please confirm if providers will be required to sign a BAA and/or confidentiality agreement in connection with their assignment?

(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

58. Section 6.2.1 of the RFP states providers will be required to comply with the Certification of Physician for County of Monterey. Can you please provide additional information about this?

A: This is no longer relevant and will be removed from the RFP.

59. Locum tenens providers are generally provided as independent contractors and not as employees. Given this, can you please confirm if Section 6.2.11 of the RFP is applicable?

(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

60. Is NMC open to receiving invoices on a weekly or bi-weekly basis, rather than on a monthly basis?

A: Yes.

61. If the bidder is not a Local Vendor, as described in Section 11 of the RFP, can you please confirm that the bidder does not need to submit a Local Business Declaration Form with "N/A" marked on the form?

A: Local Business Declaration form is NOT a requirement.

62. Section 17.1 of the RFP describes piggyback Agreements. Can you please confirm if the successful bidder will have the option to choose which County departments to provide services to?

(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

63. Section 2.1 of the Sample Agreement references Security for Contractor's proposal. Can you please confirm if this is applicable? If so please provide additional information about this.
(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

64. Section 2.1 of the Sample Agreement references Performance Bonds. Can you please confirm if this is applicable? If so please provide additional information about this.
A: Not applicable for this RFP.

65. Section 6.2 of the Sample Agreement states an invoice will be paid within 30 days after the County Auditor-Controller receives an invoice that has been certified by NMC. Can you please confirm what NMC's typical time frame is for certifying and submitting invoices to the County Auditor-Controller?
A: Timeframe will depend on multiple factors, and it is difficult to estimate. However, all efforts are made to ensure payments are made to vendors in a reasonable and timely manner.

66. Can you please confirm if a Business Associate Agreement is required if the bidder as an organization will not have access to any PHI in connection with providing staffing services to NMC?
(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

67. Can you please confirm if the RFP Signature Page needs to be signed by a corporate officer of the bidder?
A: Please refer to instructions on the RFP Signature Page. Signatory must be an official officer representing the firm.

68. What is your spend per fiscal year for the last three years? How many hours were billed, and can this be broken out by site and physician/provider specialty?

Locum Tenens spend for the past 3 fiscal years	
Fiscal Year (July-June)	Annual Spend
FY23	\$3,096,126
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FY25	\$4,757,697
Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
Urology	2
Hospitalist	3
Obstetrics/Gynecology	4
Pediatric Hospitalist	5

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Primary Care / Ambulatory Only	6
Physical and Rehabilitation Medicine	7
Pathology	8
Family Medicine	9
Trauma Nurse Practitioner	10

69. Is there any desire to include nursing, allied or other healthcare personnel in the MSP program?

A: This MSP included Advanced Practice Practitioners, but not nursing.

70. Were there any jobs that were unfilled? Did you see lack of coverage in any areas? Did the incumbent companies fill 100% of your needs?

A: There was no incumbent MSP.

71. Who are the incumbent agencies?

A: There was no incumbent MSP.

72. Regarding the BAA – As a company, we have no need or intent to have/obtain any patient information. Is this required?

(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

73. Are we able to submit redlines to your agreement for review?

A: Please submit any exceptions you may have in the within your proposal as per directions on the RFP document. These exceptions are evaluated by the RFP proposal scoring panel.

74. Are you open to us placing someone onsite, physically in the county office's or in the facility, to oversee this program?

A: Not at this time.

75. We interpret the length of the locums assignment to be 90 days as a key aspect of the deliverable. To confirm, no locum can work more than 90 days?

A: According to Medical Staff Bylaws, Temporary privileges may be granted to a practitioner serving as a locum tenens for a period not to exceed 120 days per year (four 30-day periods) to see only the patients of the practitioner for whom he/she is providing locum tenens services.

Practitioners granted temporary privileges as a locum tenens must have a completed Medical Staff application reviewed and signed by the applicable Clinical Service Director, Chief of Staff or CMO, and Chief Executive Officer, or their designees. Practitioners with temporary privileges may not vote in Medical Staff elections and may not hold Medical Staff office.

Practitioners needed as locums for longer than the 120-day period shall apply for Medical Staff membership and privileges in accordance with Article V of these Bylaws and will be appointed to the Courtesy Staff.

76. If a candidate has over \$100,000 in malpractice claims, are they disqualified?

A: not necessarily, claims over \$100,000 must be reviewed by the applicable Clinical Service Director, Chief of Staff or CMO, and Chief Executive Officer, or their designees.

77. How is overtime handled? We see that holiday pay is \$30 an hour extra but there is no mention of overtime.

A: Since there is no guarantee

78. Are you open to seeing a rate range by specialty versus just one flat rate?

A: Yes, we will consider proposals with minimum and maximum hourly bill rates.

79. How much is the fee for the medical staff application?

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A: According to Medical Staff Rules and Regs, all initial applicants are assessed a non-refundable application fee payable at the time the application is submitted. The Medical Executive Committee is responsible to review and set the application fee structure. The current initial application fee is \$400 per physician and \$150 per advanced practice practitioner.

80. Are you able to provide historical utilization and/or spend for each title on the provided rate card?

FY23	\$3,096,126
Hospitalist	\$1,469,693
Pediatric Hospitalist	\$13,010
Physical and Rehabilitation	
Medicine	\$75,445
Trauma NP	\$61,110
Urology	\$1,023,110
Vascular Surgery	\$398,468
Primary Care / Ambulatory Only	\$48,676
Family Medicine	\$6,615
FY24	\$3,637,476
Hospitalist	\$499,289
Obstetrics/Gynecology	\$183,033
Pediatric Hospitalist	\$205,729
Physical and Rehabilitation	
Medicine	\$140,754
Urology	\$1,067,988
Vascular Surgery	\$1,389,248
Primary Care / Ambulatory Only	\$151,435
FY25	\$4,757,697
Hospitalist	\$463,679
Obstetrics/Gynecology	\$1,077,044
Pathology	\$16,490
Pediatric Hospitalist	\$112,785
Urology	\$1,211,537
Vascular Surgery	\$1,805,856
Primary Care / Ambulatory Only	\$70,307

81. Are you able to provide expected utilization in the upcoming fiscal period and/or spend for each title on the rate card?

A: NMC may have a need for all specialties listed in Exhibit A. Historically, the top 10 specialties in terms of utilization over the past three years (July 1, 2022 to June 30, 2025) are as follows:

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
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82. Within the Technical Aspects section of the submission, are there specific components or feature functionality that NMC wishes proposers to detail?

A: If vendor has technical capabilities, software functionality, etc. in addition to the requirements of this RFP, please provide explanation of such within your proposal, if you wish.

83. Are screenshots acceptable for inclusion in the Technical Aspects section?

A: Yes. Please ensure clear image quality.

84. Is there an incumbent provider of Locums MSP services that is being replaced by this procurement? If so, are there any deficiencies NMC would like to see corrected by the new vendor?

A: There is no incumbent.

85. Are there specific reporting requirements that NMC wishes for or desires beyond the basic reporting of utilization and hourly utilization limits as requested in the RFP?

86. Please provide any available historical information regarding the typical number of locum tenens positions requested annually, as well as overall spend for these services.

A: NMC may have a need for all specialties listed in Exhibit A. Historically, the top 10 specialties in terms of utilization over the past three years (July 1, 2022 to June 30, 2025) are as follows:

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
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87. How many locum tenens agencies does Natividad currently contract with for physician and advanced practice provider coverage?

A: Five.

88. Could Natividad provide the names of the current contracted locum tenens agencies?

A: Cross Country Locums; Jackson & Coker; AMN/Staff Care; Sumo Medical Search; and Locumtenens.com.

89. Which clinical departments are currently outsourced, and which are handled exclusively in-house with other locums agencies?

A: NMC may have a need for all specialties listed in Exhibit A. Historically, the top 10 specialties in terms of utilization over the past three years (July 1, 2022 to June 30, 2025) are as follows:

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
Vascular Surgery	1
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Hospitalist	3
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91. Does Natividad currently utilize a Managed Services Provider (MSP) or a Vendor Management System (VMS) model for locum tenens staffing? If so, which platform is currently in use?

A: NMC does not currently utilize a MSP OR VMS.

92. Are there specific features or capabilities that Natividad prefers in a VMS platform?

A: No, NMC does not currently utilize a MSP.

93. If an MSP or centralized staffing model is in place today, can Natividad share feedback on which aspects of the program are functioning well and which areas present challenges or opportunities for improvement?

A: there is no MSP in place today.

94. Does Natividad anticipate a transition period from the current staffing model to the MSP model? If so, what is the expected length of this transition?

(QUESTION WILL BE ANSWERED IN ADDENDUM NO. 2)

95. Will Natividad require the MSP to assume responsibility for existing locum agency agreements immediately upon contract start, or will there be a phased approach?

A: Ideally, the MSP will be doing business with the existing locum agencies.

96. What key performance indicators (KPIs) or service level agreements (SLAs) does Natividad plan to use to evaluate MSP performance (e.g., time-to-fill, credentialing turnaround, provider quality, cost savings)?

A: Broad access; assistance with credentialing; quality and cost savings.

97. Does Natividad anticipate establishing annual budgets or specialty-specific caps for locum spend under this contract?

A: not to exceed \$5M.

98. Will the selected MSP be expected to integrate its Vendor Management System with Natividad's internal systems (e.g., scheduling, timekeeping, HRIS)?

A: Vendor will be expected to fully deliver on all requirements listed on Section 6, and throughout the RFP.

99. Are there specific reporting formats or data outputs required by Natividad for tracking utilization and spend?

A: No specific format listed in RFP, however, if able to, please provide a sample of format you can provide (optional).

100. Will the selected MSP have exclusivity in managing all agency relationships, or will certain departments retain the ability to contract directly with vendors outside the MSP model?

A: NMC reserves the right to have the ability to contract directly with vendors outside the MSP model. Chosen MSP will be engaged for the services listed in this RFP.

101. If exclusivity is granted, will the MSP also manage specialty areas that historically have been filled directly by the hospital?

A: Chosen MSP will be tasked with the duties listed in the Scope of Work section, and all of the requirements and responsibilities listed in this RFP.

102. Could you clarify the volume of specialties or modalities needed?

A: NMC may have a need for all specialties listed in Exhibit A. Historically, the top 10 specialties in terms of utilization over the past three years (July 1, 2022 to June 30, 2025) are as follows:

Utilization by Specialty for the period (July 1, 2022 to June 30, 2025)	Top 10
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Family Medicine	9
Trauma Nurse Practitioner	10

103. Are you seeking a technology solution to support supplier management, or a comprehensive system-wide platform?

A: A comprehensive MSP as per specifications listed in the RFP.

104. Do you intend to post both permanent and locum roles through the VMS?

A: Not at this time.

105. Would the medical center be open to exploring a total talent partnership through a VMS that encompasses all services—including allied health, nursing, and non-clinical roles?

A: Not at this time. NMC has separate agreements for the provision of nursing and non-clinical roles. This RFP is specifically for physician and advanced practice practitioner services.

106. Would there be interest in broader talent support solutions such as RPO (Recruitment Process Outsourcing) and per diem staffing?

A: Not at this time. This RFP is specifically for physician and advanced practice practitioner services.

107. Do you prefer a single, dedicated POC, or would contacts per specialty/location be preferred?

A: Contractor must be able provide sufficient staffing to assist NMC with its staffing and credentialing needs. Such point of contact shall be available during NMC's normal business hours seven days per week including weekends and holidays at no additional charge. Designated point person must be able to respond to requests within 24 hours.

108. Please provide the total annual spend for the positions in scope for this RFP.

FY23	\$3,096,126
Hospitalist	\$1,469,693
Pediatric Hospitalist	\$13,010
Physical and Rehabilitation	
Medicine	\$75,445
Trauma NP	\$61,110
Urology	\$1,023,110
Vascular Surgery	\$398,468
Primary Care / Ambulatory Only	\$48,676
Family Medicine	\$6,615
FY24	\$3,637,476
Hospitalist	\$499,289
Obstetrics/Gynecology	\$183,033
Pediatric Hospitalist	\$205,729
Physical and Rehabilitation	
Medicine	\$140,754
Urology	\$1,067,988
Vascular Surgery	\$1,389,248
Primary Care / Ambulatory Only	\$151,435
FY25	\$4,757,697
Hospitalist	\$463,679
Obstetrics/Gynecology	\$1,077,044
Pathology	\$16,490
Pediatric Hospitalist	\$112,785
Urology	\$1,211,537
Vascular Surgery	\$1,805,856
Primary Care / Ambulatory Only	\$70,307

109. How many Locums agencies does Natividad currently work with?
A: 4

110. What is the current annual spend for Locum Tenens at Natividad
A: Please see table in answer to question No. 4.

111. Is Natividad looking for a full-service MSP, or a VMS Tech?
A: Full-service MSP.

112. who at Natividad will be the decision makers & stakeholders for this particular RPF?
A: Primary Decision Makers: NMC Med Staff Office, NMC evaluation committee, NMC leadership. Primary Stakeholders: County of Monterey, local population, NMC patients and staff, etc.

Signature page to follow

Please be sure to sign and submit the signature page in your bid proposal to acknowledge receipt of Addendum No. 1

Addendum No. 1 to RFP #9600-94 Locum Tenens Managed Service Provider (MSP)

This Addendum No. 1 Signature Page below must be signed and submitted with your proposal please.

Per **Section 4.7.** **“IT IS THE CONTRACTORS’ SOLE RESPONSIBILITY TO ENSURE THAT THEY RECEIVE ANY AND ALL ADDENDA FOR THIS RFP** by either informing Natividad Medical Center of their mailing information or by regularly checking the NMC web page at www.natividad.com (Vendors tab). Addenda will be posted on the website the day they are released.”

- ❖ This acknowledgement signature page of Addendum No. 1 must be submitted with your proposal.
- ❖ If this acknowledgement signature page is not submitted with you bid proposal, your entire proposal package may be considered non-responsive.

**RECEIPT IS HEREBY ACKNOWLEDGED OF ADDENDUM NO. 1,
RFP # 9600-94**

Authorized Company Signature

Printed Name

Company Name

Date