



REQUEST FOR PROPOSAL

Intermountain Healthcare

FCC Health Connect Fund Program

Administered under Universal Service Administrative Company guidelines

RFP #01

Prepared by:



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INTRODUCTION AND BACKGROUND

Interested parties are invited to submit a bid response to this Request for Proposal (RFP) and propose a general contract for the procurement, installation, and support of broadband connectivity, managed services, networking equipment and warranties for the Intermountain Healthcare consortium, a Federal Communications Commission (FCC) Rural Healthcare Connect Fund Consortium HCP #34088.

Intermountain Healthcare is applying with the Universal Service Administrative Company (USAC), for program support funding through the Rural Healthcare Connect Fund (RHCF). This process requires a RFP to be posted on the USAC Web site for a minimum of 28 days in order for vendors to respond to the RFP.

Intermountain Healthcare is a Utah-based, not-for-profit system of 24 hospitals (includes "virtual" hospital), a Medical Group with more than 2,400 physicians and advanced practice clinicians at about 160 clinics, a health plans division called SelectHealth, and other health services. Helping people live the healthiest lives possible, Intermountain is widely recognized as a leader in clinical quality improvement and efficient healthcare delivery.

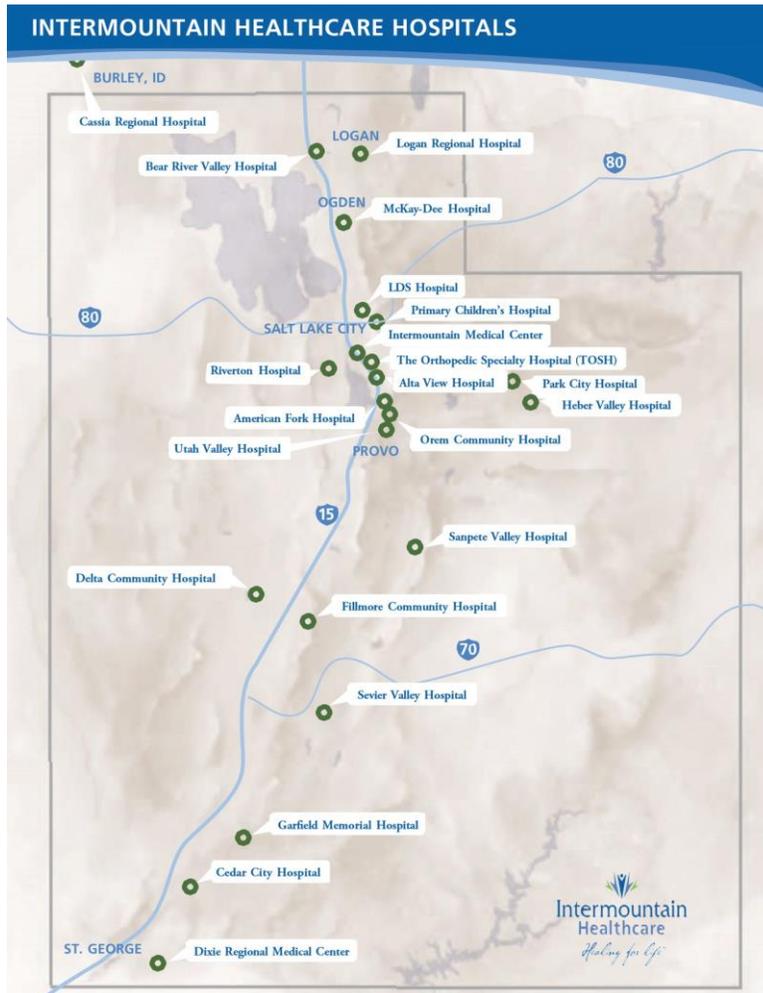


FIGURE 1. ILLUSTRATIVE SITE MAP

Fiberutilities Group LLC (FG) is a professional technology and management company that has been retained by Intermountain Healthcare to administer this (RFP) and evaluate the vendor responses.

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The goal of the Intermountain Healthcare is to link rural caregivers, hospitals, and clinics to clinical resources, expertise and knowledge not readily available in the rural communities thus improving the healthcare delivery system across communities served by the Intermountain Healthcare.

The Intermountain Healthcare is seeking proposals for long term leased or owned network services and the engineering, equipment, warranty, implementation, and ongoing network support to procure, install, and maintain a dedicated, managed, and secure broadband (private Intranet) network. Public Internet service and public voice dedicated and/or switched services, including the engineering, equipment, warranty, implementation, and ongoing network support required to make the voice services function properly are also being sought as part of this RFP.

Intermountain Healthcare has existing broadband connections, including public Internet and voice services, with all facilities; however, we are seeking bids from competing service providers to identify the most appropriate services that can support our existing and future needs with lowest cost being an important consideration.

The Intermountain Healthcare is seeking proposals, which will receive partial funding through the Healthcare Connect Fund (HCF), for the nonrecurring costs (NRC) associated with provisioning the leased service and up to three (3) years of monthly recurring costs (MRC) for all of the Intermountain Healthcare locations.

This RFP is seeking:

1. Broadband connectivity (including Public Internet) for all consortium member sites
2. Redundant broadband connectivity for all consortium member sites
3. Managed services and network technology for all consortium member sites
4. Network equipment, technologies, and associated warranties for all or some of the consortium sites
5. Network design, engineering, management, and network operation bids for all or part of the Intermountain Healthcare network.

Bidders are requested to provide the cost of (1) owning and (2) leasing the requested infrastructure. For services or equipment that include an ineligible component, service providers must provide pricing for a comparable service or piece of equipment that includes only eligible components.

Vendors may respond to any of these services separately and are not required to respond to all aspects of the RFP.

The goal of this project is to facilitate, through connectivity, improvements in patient care by making available both critical care and new, groundbreaking health care applications for rural users. Specific uses include (but are not limited to):

- Intra- and inter-region secure medical records sharing
- Connectivity to other regional health care networks and national interoperability initiatives, such as the Department of Health and Human Services or the Center for Disease Control, Internet2 or other private healthcare networks
- Enabling the deployment and use of various tele-health applications in a rural environment through large bandwidth connectivity

PROPOSAL SUBMISSION PROCESS

All questions or requests for clarification related to the requirements specified in this RFP should be directed to:

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Gerald E Horst
Fiberutilities Group, LLC
222 Third Avenue SE
Suite 500
Cedar Rapids, Iowa, 52401
Phone: 319- 297-6904
Fax: 319-364-8100
E mail: ghorst@networkbetter.com

For more information on the FCC Healthcare Connect Fund Program, see the USAC website address <https://www.usac.org/rural-health-care/>

The bidding process will begin upon USAC posting this RFP on its website and remain open for no less than the 28 days required by USAC and will fully comply with all USAC required bid posting requirements and timelines. Bids shall be due on the 28th day after USAC posts the RFP.

Bid Response Deadline5:00 PM Central Time on the 28th day after posting
Bid Award Announcements (approx.) 5 days after bid response deadline

Intermountain Healthcare is committed to a fair, open, and transparent bidding process. All questions or requests for clarification should be presented to the RFP Point of Contact listed in the section above.

Verbal and written communications shall not be binding on Intermountain Healthcare unless expressly set forth in writing and signed by Intermountain Healthcare.

All bidders responding to this RFP must have a valid 498 ID (formerly known as Service Provider Identification Number or SPIN) issued by USAC.

The bidder's 498 ID must be provided at the time of the RFP response. Bidders must make certain that their 498 ID qualifies them for participation in the HCF. Any questions by bidders related to the 498 ID or USAC's requirements should be reviewed at the USAC website address: <https://www.usac.org/service-providers/>

All RFP responses should include:

- Complete Contact Information
- Identification of 498 ID (SPIN)
- Background Information
- Description of Proposed Services
- Project Management Description
- Qualifications and References of Offerors and all Subcontractors
- Schedule/Timeline
- Pricing Section

All responses to this RFP must be electronic and received in MS Word or PDF format at: ghorst@fiberutilities.com with **"INTERMOUNTAIN HEALTHCARE RFP RESPONSE"** in the subject line. **ALL RFP RESPONSES MUST BE RECEIVED BY NO LATER THAN 5:00 PM CENTRAL TIME ON THE 28TH DAY AFTER THE POSTING OF THE RFP. PROPOSALS RECEIVED AFTER THE SPECIFIED CLOSING DATE AND TIME WILL NOT BE ACCEPTED.**

This RFP is not a contract between Intermountain Healthcare and the winning bidder(s).

BID EVALUATION PROCESS

Bids not meeting the specifications as outlined in this RFP may be disqualified.

Bids will be evaluated using the following weighted criteria for each category:

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| Evaluation Criteria | Percentage |
|------------------------|------------|
| 1. Overall cost | 30% |
| 2. Prior Experience | 25% |
| 3. One Vendor Solution | 25% |
| 4. Bandwidth | 20% |

The selection will be based on all factors indicated in this section and may not go to the lowest bidder if cost is outweighed by a combination of other features in the winning vendor's bid. The point scale listed above will determine the most cost-effective solution for the Intermountain Healthcare Consortium. The Intermountain Healthcare Consortium reserves the right to select bid proposals which, in the sole judgment of the consortium leader, most nearly conforms to the specifications set forth herein. Intermountain Healthcare reserves the right to reject any and all bids and to waive formalities.

Intermountain Healthcare reserves the right to contact a bidder after submission of bid proposals for the purpose of clarifying a bid proposal to ensure mutual understanding. This contact may include written questions, interviews, site visits, and a review of past performance. This information may be used to evaluate the bidder's bid proposal. However, the information received from the bidder shall not be considered in the evaluation of a bidder's bid proposal if the information materially alters the content of the bid proposal.

The issuance of this RFP and the receipt of information in response to this RFP shall not in any way cause Intermountain Healthcare to incur any liability or obligation to Bidders, financial or otherwise. Intermountain Healthcare shall under no circumstances have any responsibility for any cost or expenses of any Bidder in preparing and submitting its bid. Intermountain Healthcare shall not be liable to any broker, consultant, or other entity acting on behalf of the Bidder for any brokerage or other fee or payment related directly or indirectly to this RFP or to the selection of a Bidder.

All RFP proposals and supporting material submitted by Bidder or its agents in response to this RFP becomes the property of Intermountain Healthcare and will not be returned.

Winning bidders shall agree to maintain transaction documentation and records for a period of 5 years after payment in compliance with FCC rules and USAC document retention requirements.

This is a request for proposal, not an offer. Submission of a response does not constitute acceptance nor does an award. An offer and acceptance only occurs upon the successful negotiation and execution of an agreement between the bidder and Intermountain Healthcare. Intermountain Healthcare reserves the right to not award a bid for any reason for any or all locations.

RFP responses will not be shared with other bidders.

All bids submitted will receive a closure response consisting of either a) the awarding of the bid or b) a non-award notification via email. Bidders should anticipate a minimum of 5 days to complete the analysis of bids and provide the appropriate closure response.

The payment process will be according to the Healthcare Connect Fund rules and regulations, found at: <https://www.usac.org/rural-health-care/healthcare-connect-fund-program/step-6-invoice-usac/>

INTERMOUNTAIN HEALTHCARE PARTICIPATING ENTITIES

The participating Intermountain Healthcare members include rural health clinics, rural hospitals, urban hospitals, off-site data centers, and off-site administrative offices.

Table 2.

PARTICIPATING LOCATIONS

| # | HCP | Name | Address | City | State | Zip |
|----|-------|--|--------------------------|------------------|-------|-------|
| 1 | 10332 | BEAR RIVER VALLEY HOSPITAL | 905 N 1000 W | TREMONTON | UT | 84337 |
| 2 | 10333 | CASSIA REGIONAL MEDICAL CENTER | 1501 HILAND AVE | BURLEY | ID | 83318 |
| 3 | 10334 | DELTA COMMUNITY MEDICAL CENTER | 126 WHITE SAGE AVE | DELTA | UT | 84624 |
| 4 | 10335 | DIXIE REGIONAL MEDICAL CENTER | 544 S 400 E | SAINT GEORGE | UT | 84770 |
| 5 | 10337 | FILLMORE COMMUNITY MEDICAL CENTER | 674 S HWY 99 | FILLMORE | UT | 84631 |
| 6 | 10338 | GARFIELD MEMORIAL HOSPITAL | 200 N 400 E | PANGUITCH | UT | 84759 |
| 7 | 10339 | LOGAN REGIONAL HOSPITAL | 500 E 1400 N | LOGAN | UT | 84341 |
| 8 | 10341 | SANPETE VALLEY HOSPITAL | 1100 S MEDICAL DR | MOUNT PLEASANT | UT | 84647 |
| 9 | 10342 | SEVIER VALLEY HOSPITAL | 1000 N MAIN ST | RICHFIELD | UT | 84701 |
| 10 | 10344 | VALLEY VIEW MEDICAL CENTER | 1303 N MAIN ST | CEDAR CITY | UT | 84721 |
| 11 | 13048 | HEBER VALLEY MED CENTER | 1485 S HWY 40 | HEBER CITY | UT | 84032 |
| 12 | 13050 | EPHRAIM HEALTH CENTER | 525 N MAIN ST | EPHRAIM | UT | 84627 |
| 13 | 13054 | MANTI FAMILY PRACTICE | 159 N MAIN ST | MANTI | UT | 84642 |
| 14 | 13783 | THE NEW DIXIE REGIONAL MEDICAL CENTER | 1380 E MEDICAL CENTER DR | SAINT GEORGE | UT | 84790 |
| 15 | 14505 | TOOELE DIALYSIS | 196 E 2000 N | TOOELE | UT | 84074 |
| 16 | 16413 | NORTH SEVIER MEDICAL CLINIC | 530 N 250 W | SALINA | UT | 84654 |
| 17 | 16427 | BRYCE VALLEY CLINIC | 25 S REDROCK DR | CANNONVILLE | UT | 84718 |
| 18 | 18082 | PARK CITY MEDICAL CENTER | 900 ROUND VALLEY DR | PARK CITY | UT | 84060 |
| 19 | 24015 | AMERICAN FORK HOSPITAL | 170 N 1100 E | AMERICAN FORK | UT | 84003 |
| 20 | 24043 | HURRICANE VALLEY CLINIC | 75 N 2260 W | HURRICANE | UT | 84737 |
| 21 | 24062 | THE ORTHOPEDIC SPECIALTY HOSPITAL (TOSH) | 5848 S 300 E | MURRAY | UT | 84107 |
| 22 | 24066 | MCKAY-DEE HOSPITAL | 4401 HARRISON BLVD | OGDEN | UT | 84403 |
| 23 | 24075 | OREM COMMUNITY HOSPITAL | 331 N 400 W | OREM | UT | 84057 |
| 24 | 27188 | LAKE PARK IHC DATA CENTER | 4646 W. LAKE PARK BLVD | WEST VALLEY CITY | UT | 84120 |
| 25 | 37609 | INTERMOUNTAIN MEDICAL CENTER | 5121 S COTTONWOOD ST | MURRAY | UT | 84107 |
| 26 | 37621 | UTAH VALLEY REGIONAL MEDICAL CENTER | 1034 N 500 W | PROVO | UT | 84604 |
| 27 | 37629 | RIVERTON HOSPITAL | 3741 W 12600 S | RIVERTON | UT | 84065 |
| 28 | 37634 | ALTA VIEW HOSPITAL | | SANDY | UT | 84094 |
| 29 | 37689 | LDS HOSPITAL | 8TH AVENUE ST | SALT LAKE CITY | UT | 84143 |
| 30 | 37706 | PRIMARY CHILDREN'S MEDICAL CENTER | 100 N MARIO CAPECCHI DR | SALT LAKE CITY | UT | 84113 |
| 31 | 37726 | TOOELE INSTACARE | 777 N MAIN ST | TOOELE | UT | 84074 |

SITE AND SERVICE SUBSTITUTIONS

The Intermountain Healthcare may make site substitutions in accordance with the FCC policy to minimize the burden on consortium participants and increase administrative efficiency by enabling HCPs to ask USAC to substitute or modify the site or service without modifying the actual commitment letter. Additionally, the consortium may institute site and service substitutions over time as long as the site being added is eligible under the HCF; the substitution does not violate the current contract; the substitution is within the scope of the controlling request for services, including any applicable request for proposal used in the competitive bidding process; and (if it qualifies) does not cause the total amount of support under the funding commitment to increase.

AVAILABILITY REQUIREMENTS

Availability is a percentage of total time that service is operative when measured over a 30-calendar month (720 hour) period. Ethernet or equivalent service is considered inoperative when service is degraded to a level in which the packets are not passed between the user point of demarcation and the host point of demarcation. The end-to-end availability test standard for Ethernet or equivalent service specified for the access connection is:

| Specification | Availability |
|-----------------------|--------------|
| Single Cable Entrance | 99.5% |

The response time by the bidder shall be no greater than 3 hours from notification by the network operator or the end user of the service interruption. Vendor shall provide proactive notification and update the network managers hourly on progress attempts to fix the incident. Vendor shall also provide an escalation contact list.

PERFORMANCE REQUIREMENTS

Performance is noted in terms of packet loss and latency. Packet Loss Ratio is defined as percentage of in-profile Ethernet or equivalent frames not reliably delivered between the edge router to the ingress/egress point of the core network router over a given measurement interval.

Latency is defined as the average time it takes a packet to travel from the edge router to the ingress/egress point of the Intermountain Healthcare Consortium network router over a given measurement interval.

The Packet Loss Ratio and Latency standards for end-to-end portions of Ethernet or equivalent service are

| SPECIFICATION | MONTHLY AVERAGE |
|-------------------|-------------------|
| Packet Loss Ratio | No more than 0.5% |
| Latency | No more than 30ms |