



New England Telehealth Consortium

Connected Care Pilot Program

NETC and MaineHealth

Services and Equipment

Request for Proposal

RFP-3308

1. Statement of Purpose

- 1.1 Established by the Federal Communications Commission's ("FCC") Report and Order released April 2, 2020 (FCC 20-44), the Connected Care Pilot Program (CCPP) is a Universal Service Fund program, authorized by Congress and administered by the Universal Service Administrative Company ("USAC"). This Request for Proposal ("RFP") seeks services and equipment to be provided pursuant to the Connected Care Pilot Program.
- 1.2 The proposed project between New England Telehealth Consortium (NETC) and MaineHealth (MH) (known as "the Project") will bring broadband access to patient homes in the MaineHealth service area. The target sites which include low income and veteran patients have limited, nonexistent or unaffordable access to adequate broadband which limits their ability to utilize telemedicine and telehealth services by MaineHealth clinicians. NETC and MH have collaborated on this Project to provide a full suite of telehealth services with adequate connectivity to patients in their homes. The goal of this Project is to ensure that all participating patients have access to a network service that will meet all the specifications of a high-quality telehealth and telemedicine.
- 1.3 The New England Telehealth Consortium ("NETC") is a regional healthcare consortium in northern New England comprised of over 1000 healthcare providers. NETC is a non-profit organization which was formed in 2007 in response to the FCC's Rural Health Care Pilot Program and continues with its mission to bring high quality managed and subsidized network services to non-profit health care sites throughout New England.
- 1.4 MaineHealth is a not-for-profit integrated health system whose vision is "working together so our communities are the healthiest in America." It consists of nine local health systems, a comprehensive behavioral health network, diagnostic services, home health agencies, and 1700 employed providers working together through the MaineHealth Medical group. With approximately 22,000 employees, MaineHealth provides preventative care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire.
- 1.5 This RFP seeks pricing for Internet Services, WAN Services and Equipment for MaineHealth, who will be the billing entity associated with this RFP.
- 1.6 This Project intends to provide the following telehealth/telemedicine services on its network:
 - 1.6.1 Audio-Visual Telehealth Visit (Individual)
 - 1.6.2 Audio-Visual Telehealth Visit (Group)
 - 1.6.3 MyChart Messaging (or equivalent)
 - 1.6.4 Navigating MyChart Portal (or equivalent)
 - 1.6.5 Using Behavioral Health app (or equivalent)
 - 1.6.6 Viewing patient education videos
 - 1.6.7 Submitting blood pressure readings
 - 1.6.8 Submitting glucose readings
 - 1.6.9 Submitting weight readings
 - 1.6.10 Submitting inhaler use

- 1.6.11 Submitting intermittent pulse oximetry readings
- 1.6.12 Submitting temperature readings
- 1.6.13 Submitting continuous pulse oximetry readings
- 1.6.14 Submitting stethoscope auscultation

2. Project Correspondence and Questions

2.1 All project correspondence and questions shall be by email to:

RFP Administrator
HealthConnect Networks
145 Exchange Street
Bangor, ME 04401
Email: rfp@healthconnectnetworks.com

3. Schedule

- 3.1 Proposals will be disqualified if an electronic copy, in either Microsoft Word or Portable Document Format (preferred), is not received prior to the Allowable Contract Selection Date (ACSD) listed on USAC's website; unless no other proposals are received. <https://rhc.usac.org/hcf/public/searchPosted.htm>
- 3.2 This RFP has been submitted with a 28-day competitive bidding period.
- 3.3 Proposals shall be submitted to RFP Administrator, HealthConnect Networks, by email at rfp@healthconnectnetworks.com.
- 3.4 Please indicate "NETC RFP-3308 Proposal" on the email subject line.

4. Instructions to Responding Vendors

- 4.1 Responding Vendors shall use the numbering convention in this RFP when formatting their response. The Responding Vendor's response shall be explained in detail and shall indicate how the Responding Vendor proposes to satisfy each requirement, where necessary. **At the very least, the Responding Vendor must indicate compliance, non-compliance, understood or exception for each line item.**
- 4.2 Responding Vendors shall cite specific terms and conditions to which the Responding Vendor takes exception. The Responding Vendor shall state the exact requirement to which exception is taken. Any cost impact associated with an exception shall be identified and included in the proposal.
- 4.3 All proposals shall be electronic and signed by the Responding Vendor.
- 4.4 Responding Vendors should submit any questions, noted errors, discrepancies, ambiguities, exceptions, or deficiencies they have concerning this RFP by emailing such requests, with "NETC RFP-3308 Inquiry" in the subject line, to RFP Administrator, HealthConnect Networks at rfp@healthconnectnetworks.com on or before the 14th day following the posting of this RFP on the USAC website. Answers to all questions/requests will be posted on the NETC website, www.netelc.org, on or before the 20th day following the posting of this RFP on the USAC website. If applicable, state the section number being referenced.
- 4.5 Responding Vendors shall take all responsibility for any errors or omissions in their quote or proposal.

- 4.6 No contract will be awarded except to responsible vendors capable of performing the work requested. Responding Vendor's employees shall be trained and qualified to perform the work and operate all required equipment. Before the award of the Contract, any Responding Vendor may be required to show that they have the necessary facilities, experience, ability and financial resources to perform the work in a satisfactory manner.
- 4.7 Requested Contract Period: NETC requests responses for a 36-month contract period.
- 4.8 All proposals submitted shall be valid for one year, or until the contract is signed, whichever comes first.
- 4.9 Negligence on the part of the Responding Vendor in preparing the proposal confers no right of withdrawal after the time fixed for the receipt of the proposals.
- 4.10 All proposals shall provide a straightforward, concise delineation of the Responding Vendor's capabilities to satisfy the requirements of this invitation. Emphasis should be on completeness and clarity of content.
- 4.11 NETC reserves the right to require Responding Vendors to demonstrate a proof of concept of their offering.
- 4.12 It is the responsibility of the Responding Vendors to review, evaluate and request clarification prior to submittal of a proposal.
- 4.13 Based on the required interaction process with the FCC and USAC, it is not possible to determine a definitive project start date – as it is dependent on approvals and posting where NETC has limited control.
- 4.14 Each Responding Vendor must name the project manager that Responding Vendor will assign to the project along with a description of the project manager's qualifications.
- 4.15 Responding Vendors are encouraged to provide professional references from similar projects, including: contact name, mailing address, phone number, and email address.
- 4.16 NETC reserves the right to seek clarification of each Proposal or to make an award without further discussion of the Proposals received. Therefore, it is important that each Proposal be organized and submitted in a clear and complete manner.
- 4.17 Each Responding Vendor must have a current FCC Registration Number (FRN). More information about obtaining an FRN can be found at <https://apps.fcc.gov/coresWeb/publicHome.do>.
- 4.18 Each Responding Vendor must have a current USAC 498 ID (also known as a Service Provider Identification Number (SPIN)). More information about obtaining the 498 ID can be found at <http://www.usac.org/sp/about/obtain-498ID/default.aspx>.
- 4.19 All materials submitted in response to the RFP become the property of NETC. If there is any concern about confidentiality, mark the appropriate pages of your response "Confidential." NETC will attempt to honor all reasonable requests for vendor confidentiality.
- 4.20 The Responding Vendor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- 4.21 A Proposal may be rejected in whole or in part if it limits or modifies any terms and conditions and/or specifications of this RFP.

- 4.22 By responding, the Responding Vendor states that the Proposal is not made in connection with any competing Responding Vendor submitting a separate response to the RFP and is, in all aspects, fair and without collusion or fraud.
- 4.23 Any and all information provided to vendors by NETC or its sites, is considered to be proprietary information and must be used solely for the purpose of preparing the proposal and is not to be released outside the Responding Vendor organization without written permission from NETC or its sites.
- 4.24 Responding Vendor shall list their experience with the FCC Rural Healthcare USF program and process.
- 4.25 In the event that Dark Fiber is requested in this RFP modulation equipment is not required unless explicitly requested in section 11.

5. Authorized Negotiator

- 5.1 The proposal shall be signed by the person authorized to legally bind the proposal.
- 5.2 The proposal shall designate an authorized negotiator who shall be empowered to make binding commitments.

6. Responding Vendors Responsibility for Proposal Costs

- 6.1 The Responding Vendor shall be fully responsible for all proposal development and submittal costs. NETC assumes no contractual or financial obligation as a result of issuance of this RFP.

7. Compliance with Laws, Permits, Rules

- 7.1 The Successful Vendor shall comply with all rules, regulations, ordinances, codes and laws relating to the work or the conduct thereof and shall secure and pay for any permits and licenses necessary for the execution of the work.
- 7.2 The Successful Vendor shall be subject to the safety department's workplace rules at a given site.

8. Insurance

- 8.1 The Successful Vendor shall agree to maintain General Liability Insurance, Worker's Compensation and Employer's Liability Insurance, where applicable, to cover all its personnel engaged in the performance of the services herein described as well as damages arising as a result of the performance of such services.
- 8.2 The Successful Vendor further agrees to require its subcontractor(s), if any, to maintain General Liability Insurance, Worker's Compensation and Employer's Liability Insurance, where applicable. The amounts of such coverage shall be as reasonably determined by Successful Vendor.
- 8.3 Proof of policies shall be provided to NETC with proposal.

9. General Network Requirements

- 9.1 NETC invites Responding Vendors to bid on the whole network or individual sites, services, and/or facilities.

- 9.2 NETC prefers that services be delivered over technology that provides for symmetrical bandwidth, except where specific requests for asymmetrical bandwidth may be noted.
- 9.3 Internet Services offered should be capable of supporting IPv4 and IPv6 and should include static IP addresses, as necessary and justified by each participating HCP.
- 9.4 Fiber (or equivalent) may be jumpered at any distributions point as necessary. Vendor will identify and document any re-transmitting or monitoring equipment, in the fiber (or equivalent) path.
- 9.5 Proposals for a fiber solution must include fiber (or equivalent) path routes, route length, and transmission path length.
- 9.6 Bandwidths listed for each particular HCP may indicate multiple bandwidth increments. The first (**bold**) is the minimum requirement. Responding Vendors shall provide pricing for all bandwidths listed for each HCP. If a carrier is unable to meet the requirement cost-effectively, it should respond with pricing for the maximum bandwidth it can provide.
- 9.7 Responding Vendor shall provide their operational expectations for the following network metrics, with the anticipation that these network metrics will become the basis for a Service Level Agreement (not applicable for patient locations) to be negotiated with the Selected Vendor:
 - 9.7.1 Network Availability: Expressed as a percentage (in the form of ##.###%).
- 9.8 Site and Service Substitutions. Responding Vendor shall allow for Site and Service Substitutions pursuant to FCC 12-150 Rural Health Care Support Mechanism Appendix D (Final Rules), 47 C.F.R. § 54.646. The Responding Vendor shall allow NETC to add sites and/or upgrade, change, or relocate services and equipment through the length of the contract-term without having to rebid.

10. Service Level Agreement – Applies to Carrier DIA Services Only

- 10.1 Responding Vendor shall provide their operational expectations for the following network metrics, with the anticipation that these network metrics will become the basis for a Service Level Agreement.
- 10.2 Packet Delivery: Expressed in percentage (in the form of ##.###%) of packets the network is expected to deliver
- 10.3 Latency: Expressed in milliseconds for round trip time between any two HCPs
- 10.4 Jitter: Expressed in milliseconds between any two HCPs
- 10.5 Network Availability: Expressed as a percentage (in the form of ##.###%).
- 10.6 Response Time: Expressed in terms of initial trouble report response time in minutes and on-site response time in hours.
- 10.7 Planned Network Maintenance: Please indicate the standard notification Responding Vendor provides to customers for planned network maintenance. Responding Vendor should describe their standard network maintenance window.
- 10.8 Escalation Procedures: Responding Vendor should provide NOC initial point of contact and trouble escalation procedures.
- 10.9 Security Incidents: Responding Vendor shall list any programs and procedures in place specifically for monitoring and resolving security incidents.

10.10 **Credit Allowances:** Responding Vendor must provide a listing of the credit allowances and/or refunds that may be assessed based upon service outages. Responding Vendor should state the outage intervals and the refund amounts. For example, if service were unavailable for 30 minutes, state the refund amount. If service were unavailable for an hour, state the refund amount.

11. Sites and Services

11.1 MaineHealth and NETC are seeking services at the following HCPs:

Southern Maine Health Care (1137 Main St B101) 1137 Main St B101 Sanford, ME HCP#66806	St. Andrews Hospital 6 St. Andrews Lane Boothbay Harbor, ME HCP# 15027	Western Maine Mountain Clinic 97 Summit Road Newry, ME HCP#66801
Pen Bay Women's Health Center 3 Glen Cove Drive, Suite 1 Rockport, ME HCP#66800	Arrowsmith Data Center 40 Belvedere Road Damariscotta, ME HCP#66345	Maine Behavioral Healthcare (78 Atlantic Place) 78 Atlantic Place South Portland, ME HCP#66341
Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME HCP# 13480	Western Maine Primary Care, Family Medicine 8 Pikes Hill Norway, ME HCP#66339	WCPM Arthur Jewell Community Health Center 55 Reynolds Road Brooks, ME HCP# 66336
WCMP Neurology 16 Fahy Street Suite 102 Belfast, ME HCP# 66335	Waldoboro Family Medicine 27 Mill Street Waldoboro, ME HCP# 66334	Waldo County Family Practice 9 Fahy Street Belfast, ME HCP# 66331
Waldo County General Hospital/Belfast 118 Northport Avenue Belfast, ME HCP# 16134	Stockton Springs Regional Health Center 11 Cape Jellison Rd Stockton Springs, ME HCP#66329	Stephens Memorial Specialty Clinic 199 Main Street Norway, ME HCP#66328
Southern Maine Health Care- Family Medicine 2 Livewell Drive Kennebunk, ME HCP#66327	SMHC Sports Performance Center Sanford-Springvale 1 Emile Levasseur Drive Sanford, ME HCP#66323	SMHC Pediatrics 3 Shape Drive Kennebunk, ME HCP# 66321
SMHC Occupational Health/Workwell 13 July Street Sanford, ME HCP# 66319	SMHC ElderCare - The Newton Center 35 July Street Sanford, ME HCP#66316	Sanford Peer Support Center 19 Washington Street Sanford, ME HCP#66315
Penobscot Bay YMCA 116 Union Street Rockport, ME HCP#66314	Memorial Hospital 3073 White Mountain Highway North Conway, NH HCP# 23457	Pen Bay Rheumatology 817 Commercial Street Rockport, ME HCP#66312
Pen Bay Nephrology 3 Glen Cove Drive, Suite 3 Rockport, ME HCP# 66310	Pen Bay Family Medicine 7 Madelyn Lane Suite 200 Rockport, ME HCP# 66309	Pen Bay Diabetes and Nutrition Care Center 731 Commercial Street Suite 1 Rockport, ME HCP# 66307

<p>Maine Medical Partners Otolaryngology (55 Main Street) 55 Main Street Bridgton, ME HCP# 66304</p>	<p>Maine Medical Partners MaineHealth Cardiology 35 Medical Center Parkway Suite 101 Augusta, ME HCP# 66301</p>	<p>Lincolnvile Regional Health Center 2399 Atlantic Highway Linconville, ME HCP# 66299</p>
<p>Lincoln Medical Partners Ophthalmology 71 Main Street Newcastle, ME HCP# 66296</p>	<p>Lincoln Medical Partners General Surgery 24 Miles Centerway Damariscotta, ME HCP# 66294</p>	<p>Lincoln Medical Partners- Family Practice 592 W Main Street Waldoboro, ME HCP# 66292</p>
<p>Lincoln Medical Partners- Family Medicine 49 Hooper Street Wiscasset, ME HCP# 66290</p>	<p>Knapp Family Practice 96 Main Street Livermore Falls, ME HCP# 66288</p>	<p>Health Connections 163 Northport Avenue Belfast, ME HCP# 66286</p>
<p>Pen Bay Physicians & Associates 3 Glen Cove Dr Suite 2 Rockport, ME HCP# 13834</p>	<p>Franklin Health Urology 126 Middle Street Farmington, ME HCP# 66284</p>	<p>Donald S Walker Health Center 43 West Main St Liberty, ME HCP# 66283</p>
<p>Penobscot Bay Medical Center 6 Glen Cove Drive Rockport, ME HCP# 13829</p>	<p>Maine Behavioral Healthcare- Counseling and Mental Health 18 Belvedere Road Damariscotta, ME HCP# 65865</p>	<p>Maine Behavioral Healthcare (66 Baribeau Drive) 66 Baribeau Drive Brunswick, ME HCP# 65863</p>
<p>Maine Behavioral Healthcare (31 Beach Street) 31 Beach Street Saco, ME HCP# 65862</p>	<p>Maine Behavioral Healthcare (236 Gannett Drive) 236 Gannett Drive South Portland, ME HCP# 65861</p>	<p>Maine Behavioral Healthcare (165 Lancaster Street) 165 Lancaster Street Portland, ME HCP# 65860</p>
<p>Maine Behavioral Healthcare (11 Medical Center Drive) 11 Medical Center Drive Brunswick, ME HCP#65859</p>	<p>Franklin Health Behavioral Services 181 Franklin Health Commons Farmington, ME HCP# 65857</p>	<p>MMP Administration (300 Southborough) 300 Southborough South Portland, ME HCP# 65600</p>
<p>MMP Administration (190 Riverside Street) 190 Riverside Street Portland, ME HCP# 65596</p>	<p>MaineHealth Administration Offices 1 Riverfront Plaza Westbrook, ME HCP# 65587</p>	<p>Maine Behavioral Healthcare (474 Main Street) 474 Main Street Springvale, ME HCP# 51297</p>
<p>St Andrews Village Assisted Living 145 Emery Lane Boothbay Harbor, ME HCP# 65574</p>	<p>Saint Joseph's Rehabilitation and Residence 1133 Washington Ave Portland, ME HCP# 65568</p>	<p>Maine Medical Center McGeachey Hall 216 Vaughan Street Portland, ME HCP# 65560</p>
<p>Franklin Health Primary Care 131 Franklin Health Commons Farmington, ME HCP# 65553</p>	<p>Data Center 360 Old County Road Rockland, ME HCP# 61811</p>	<p>Southern Maine HealthCare/Waterboro 10 Goodall Drive East Waterboro, ME HCP# 61809</p>
<p>Mid Coast Speech and Hearing Center 6 Madelyn Ln.</p>	<p>Henrietta D. Goodall Hospital, Inc. 25 June Street</p>	<p>Maine Behavioral Healthcare, Biddeford 2 Springbrook Drive</p>

Rockport, ME HCP# 61808	Sanford, ME HCP# 61806	Biddeford, ME HCP#51300
Central Data Center 409 Old Country Road Rockland, ME HCP# 26824	Midcoast Mental Health 15 Midcoast Drive Belfast, ME HCP# 26409	Maine Behavioral Healthcare, Spring Harbor Hospital 123 Andover Road Westbrook, ME HCP# 23786
Cancer Care Center of York County 27 Industrial Avenue Sanford, ME HCP# 23736	MMC - Brighton Campus 335 Brighton Avenue Portland, ME HCP# 23712	Maine Behavioral Healthcare (576 St. John Street) 576 St. John Street Portland, ME HCP# 23710
Maine Medical Center 22 Bramhall Street Portland, ME HCP# 23707	Miles Memorial Hospital 35 Miles Street Damariscotta, ME HCP# 23609	1 Medical Center Drive 1 Medical Center Drive Biddeford, ME HCP# 23567
Stephens Memorial Hospital 181 Main Street Norway, ME HCP# 23458	St. Mary's Regional Med Ctr 93 Campus Avenue Lewiston, ME HCP# 34355	Thayer Campus 149 North Street Waterville ME HCP# 26533
Mid Coast Hospital 123 Medical Center Drive Brunswick Maine HCP# 23583	CarePartners - Rockland Bok Medical Arts Building 22 White Street, 2nd Floor Rockland, ME HCP# 66282	Full Circle Direct Primary Care 68 Chapman Street Damariscotta, ME HCP# 66285
Surgical Skin Associates 731 Commercial St. Rockport, ME HCP# 65576	Three Rivers Orthopedics 167 Livermore Falls Road Ste 1 Farmington, ME HCP# 66330	Wiscasset Family Health 66 Water Street Wiscasset, ME HCP# 66340
Pen Bay Skin Center 8 Wellness Avenue Rockport, ME HCP# 66313	Western Maine Pediatrics 193 Main Street Suite 9 Norway, ME HCP# 66338	WCMP Physical & Integrative Med 37 Mortland Road Searsport, ME HCP# 93808
WCMP Cardiovascular Medicine 116 Northport Avenue Suite 210 Belfast, ME HCP# 93807	SMHC Internal Medicine 72 Main St. Kennebunk, ME HCP# 93806	Quarry Hill 30 Community Drive Camden, ME HCP# 93805
MMP Cardiology Rockport 4 Glen Cove Drive Suite 108 Rockport, ME HCP# 93804	Maine Behavioral Healthcare 12 Union Street Rockland, ME HCP# 93803	Cove's Edge 26 Schooner St. Damariscotta, ME HCP# 93792
Lincoln Medical Partners - Pediatrics 79 Schooner Street Damariscotta, ME HCP# 93801	Knox Center 6 White St. Rockland, ME HCP# 93800	Dr. Robert Laurence 760 Commercial St. Rockport, ME HCP# 93794

<p>Dr. Charles Kava 68 Ben Paul Lane Rockport, ME HCP# 93793</p>	<p>Mid Coast Senior Health 58 Baribeau Dr Brunswick, ME HCP#23584</p>	
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- 11.2 **Network Diagram:** Proposed Network Diagrams are provided in Appendix A.
- 11.3 MaineHealth’s Connected Care Pilot initiative will create a seamless digital bridge between patients and their care teams, ensuring that vital health data, virtual visits, and clinical alerts flow reliably from the moment a patient first receives a connected-care device at the hospital and continue uninterrupted throughout every step of their journey, across exam rooms, hallways, and ultimately back to their homes, so clinicians can monitor, intervene, and engage without connectivity barriers.
- 11.3.1 Network Objectives
- 11.3.1.1 Zero-touch onboarding - Devices authenticate and connect automatically, with no patient setup or login steps.
 - 11.3.1.2 End-to-end continuity - A single, persistent connection that functions equally well inside facilities, on campus grounds, and off-site.
 - 11.3.1.3 Clinical-grade reliability - Carrier-class uptime and quality of service that support real-time monitoring, video consultations, and rapid alerting.
 - 11.3.1.4 Data security & privacy - Encryption, segmentation, and policy controls that protect patient information at all points in transit.
- 11.4 Campus Connectivity Requirements - To ensure every Connected Care device experiences seamless, uninterrupted broadband from the moment it is issued every occupied floor must be reachable by the coverage layer. Distributed Access Expansion Links as follows:
- 11.4.1 Head-End & Intra-Floor Backbone
- 11.4.1.1 Optical Expansion Unit (OEU) (or equivalent): Install a central head-end OEU (or equivalent) in the main equipment room (MDF) of each campus.
 - 11.4.1.2 Single-Strand SMF Uplinks: Run one single-strand single-mode fiber (or equivalent) from the OEU to each Remote Optical Unit (ROU) or antenna (or equivalent) location on every occupied floor.
- 11.4.2 Indoor coverage design shall encompass the gross square footage shown below.
- 11.4.2.1 Maine Medical Ctr Campus (HCP# 23707) – 1,500,00 Sq. Ft.
 - 11.4.2.1.1 Main Hospital – 1,200,000 Sq. Ft.
 - 11.4.2.1.2 Malone Tower – 300,000 Sq. Ft.
 - 11.4.2.2 Waldo General Hospital (HCP# 16134) - 166,408 Sq. Ft.
 - 11.4.2.3 Miles Campus (HCP# 23609) – 79,281 Sq. Ft.

- 11.4.2.4 MMC – Biddeford (HCP# 23567) – 261,260 Sq. Ft.
- 11.4.2.5 Mid Coast Hospital (HCP# 23583) – 181,047 Sq. Ft.
- 11.4.2.6 Pen Bay Medical Center (HCP# 13829) – 183,500 Sq. Ft.
- 11.4.2.7 Stephens Memorial Hospital (HCP# 23458) – 146,387 Sq. Ft.
- 11.4.2.8 Spring Harbor Hospital (HCP# 23786) – 86,532 Sq. Ft.
- 11.4.2.9 Henrietta Goodall Hospital (HCP# 61806) – 109,500 Sq. Ft.
- 11.4.2.10 Franklin Memorial Hospital (HCP# 13480) – 184,228 Sq. Ft.
- 11.4.2.11 Brighton Campus (HCP# 23712) – 209,149 Sq. Ft.
- 11.4.2.12 Memorial Hospital (HCP# 23457) – 151,812 Sq. Ft.
- 11.4.3 DAS Management System (DMS)
 - 11.4.3.1 Centralized Monitoring: Provide a cloud-accessible DMS that offers real-time alarm notification, performance dashboards, and firmware management for all OEU/ROU/BDA elements.
 - 11.4.3.2 Secure Access & Reporting: Support role-based access controls and deliver monthly health & usage reports.
- 11.5 MaineHealth requires a Dedicated Internet Connection at each hospital campus. This high-capacity, symmetrical link lets patient-issued devices instantly upload biometric readings, images, and questionnaire responses to cloud-based care platforms without delay, while simultaneously giving clinicians the bandwidth and low latency needed to conduct HD video visits with off-site patients, retrieve live EHR updates, and collaborate with remote specialist, all of which are essential for a seamless, continuous Connected Care experience. Vendors shall provide pricing for all available symmetrical bandwidth increments from 1 Gbps to 10 Gbps.
 - 11.5.1 Maine Medical Center (HCP# 23707)
 - 11.5.2 Waldo County General Hospital (HCP# 16134)
 - 11.5.3 Lincoln Health – Miles Campus (HCP# 23609)
 - 11.5.4 Maine Medical Center – Biddeford (HCP# 23567)
 - 11.5.5 Mid Coast Hospital (HCP# 23583)
 - 11.5.6 Pen Bay Medical Center (HCP# 13829)
 - 11.5.7 Stephens Memorial Hospital (HCP# 23458)
 - 11.5.8 Spring Harbor Hospital (HCP# 23786)
 - 11.5.9 Henrietta D. Goodall Hospital (HCP# 61806)
 - 11.5.10 Franklin Memorial Hospital (HCP# 13480)
 - 11.5.11 Brighton Campus (HCP# 23712)
 - 11.5.12 Memorial Hospital (HCP# 23457)
- 11.6 MaineHealth requires a dedicated, carrier-grade wireless connection, either cellular (4G/5G) or a functionally equivalent technology, for each medical device, tablet, or laptop so that telehealth sessions, remote monitoring, and secure data transfers remain seamless anywhere the patient goes.
 - 11.6.1 Vendors shall provide pricing for up to 500 SIM/eSIM subscriptions, with unit pricing for additional blocks of 50, 100, and 250 lines.

- 11.6.1.1 Portal for Management – Web-based tool to activate, suspend, and monitor lines, view usage, and download billing reports.
- 11.6.1.2 Rural Fallback Capability – Service must roam onto Starlink Direct-to-Cell (or equivalent satellite-to-device layer) whenever terrestrial 4 G/5 G coverage is unavailable, requiring no additional hardware or user action.
- 11.6.1.3 Private APN / VPN Integration – All traffic must traverse a HIPAA-compliant private APN or encrypted VPN tunnel, isolating patient data from the public Internet.
- 11.6.1.4 24 × 7 Support & Analytics – Single NOC contact with real-time ticketing, SIM replacement services, and monthly analytics summarizing uptime, usage, and alert trends.

12. Miscellaneous Fees

- 12.1 Responding Vendor shall state the Universal Service Fund fee or percentage if applicable. If applicable, Responding Vendor shall define the charge and describe how it is calculated.
- 12.2 Because NETC obtains federal subsidies on costs identified through the RFP process, it is critical for the Responding Vendor to provide an accurate estimate of all costs that may be incurred by HCPs, including non-recurring costs, monthly recurring costs, taxes, and fees that may apply.
- 12.3 The Responding Vendor should define those charges and describe how they are calculated so that NETC can include all anticipated costs in the subsidy request under the Connected Care Pilot Program.

13. Evergreen Contracts

- 13.1 NETC wishes to maximize the opportunity to obtain Evergreen contracts that result from this RFP; therefore, the following provisions should be included in final contract language:
 - 13.1.1 It should refer to itself as a Master Services Agreement;
 - 13.1.2 It should specify Net 45-day payment terms;
 - 13.1.3 It should be signed by the individual Billing Entity;
 - 13.1.4 It should specify the service type, bandwidth, and quantity;
 - 13.1.5 It should specify the term of the contract;
 - 13.1.6 It should specify the cost of services to be provided;
 - 13.1.7 It should include the physical addresses or other identifying information of the HCPs purchasing from the agreement;
 - 13.1.8 It should specify that upon reaching the end of the original contract term that services will continue at the same rates as during the contract term;
 - 13.1.9 It should specify that extension of services beyond the original contract term is automatic unless sufficient notification to terminate is given by either party;

- 13.1.10 It should contain language that allows for Site and Service Substitutions pursuant to Appendix D, 47 C.F.R. § 54.646. The Responding Vendor shall allow the Billing Entity to add sites and/or upgrade, change, or relocate services and/or bandwidth. This language permits the billing entity to make network changes without going to competitive bid.

14. Billing

- 14.1 NETC is the billing entity.
- 14.2 Responding Vendor shall describe their capability to provide for duplicate electronic or paper billing.
- 14.3 Reimbursement for network services must comply with Connected Care Pilot Program rules and procedures, and the terms of payment must accommodate USAC billing and payment timeframes. Initial payments are contingent upon delivery of service.
- 14.4 Each Responding Vendor must clearly and specifically state their understanding of and adherence to the FCC/USAC Connected Care Pilot Program payment procedures.
- 14.5 ACH Transfer will be the preferred method of payment.
- 14.6 Additional Fees:
 - 14.6.1 Proposing Vendor must include all fees and taxes that will be assessed on any services provided.
 - 14.6.2 Successful Vendors must agree that Late Fees will not be assessed against the portion of the invoice funded by USAC.

15. Evaluation and Selection Criteria

- 15.1 NETC will select the most cost-effective vendor per USAC requirements. Each Responding Vendor is encouraged to provide detailed responses to demonstrate its experience and expertise in providing Internet and WAN Services. The selection will be based on all factors listed and may not go to the lowest price proposal if price is outweighed by a combination of other features and factors in the winning Responding Vendor's proposal.
- 15.2 NETC reserves the right to select proposals that, in the sole judgment of NETC, most nearly conform to the specifications set forth herein, will best serve the needs of NETC and its participants, and provides the most cost-effective means of producing those results.
- 15.3 NETC is not obligated to accept or select any proposal received in response to this RFP. In particular, NETC may select proposals in whole or in part, or it may disqualify any and all proposals received.
- 15.4 Changes in applicable laws and rules may affect the award process or any resulting contracts. Responding Vendors are responsible for determining legal requirements and restrictions that may apply. Responding Vendors are encouraged to visit the official Federal websites pertaining to the Connected Care Pilot Program at: <https://www.usac.org/rural-health-care/connected-care-pilot-program/>

15.5 The selection decisions made by NETC and reported to USAC under this RFP are final.

15.6 NETC will evaluate proposals and select vendors based on the following criteria:

Criteria	Scoring Weight
Costs	20%
Ease of Implementation	20%
Experience with Vendor	20%
Technical Merit of Proposal	20%
Compliance with CCPP Payment Process and Rules	20%

15.6.1 Costs may include, among other things, monthly recurring costs, non-recurring costs, taxes and fees, the termination liability associated with existing contractual obligations, and any additional costs that the HCP may potentially realize based on any given vendor selection.

15.6.2 In evaluating Ease of Implementation, the Consortium will consider, among other things, the time to install, the disruption of existing services, the complexity of the installation, HCP requirements proposed by the vendor, and the impact on healthcare operations.

15.6.3 With regard to Experience with Vendor, the Consortium will score vendors based on guidance from the Connected Care Pilot Program Order and the following criteria:

15.6.3.1 The bid evaluator's previous experience with the service provider or proposing vendor.

15.6.3.2 References from Customers of the Proposing Vendor for similar projects of the same size and scope.

15.6.3.3 Documentation from the proposing vendor that demonstrates the vendor's experience with similar projects of the same size and scope.

15.6.4 Technical Merit of Proposal scores will be assigned based on how well the proposed solution meets the current Healthcare needs of the HCP. This may include, among other things, service level agreement language, technology description, continuity of network platform, diversity and redundancy in the service provider's network, diversity from existing services, transport technology, reliability, technical support capabilities, the availability of local technicians and repair garages, scalability, expandability, and future network capabilities.

15.6.5 Compliance with CCPP Payment Process and Rules, scores will either receive full points or zero points for this criterion, depending on whether the vendor agrees to comply with the process.

16. Rejection/Negotiation Rights

16.1 NETC reserves the right to disqualify any proposals for substantial non-compliance with the terms of this RFP. NETC reserves the right to accept or negotiate the contractual terms of any proposal(s) in response to this RFP.

16.2 NETC reserves the right to select multiple service providers, including which circuits each HCP will purchase from selected service providers.

Appendix A: Proposed Network Diagrams



