

## Request for Proposals (RFP) – No. LHC003

### Opening of Proposals – April 2017

#### **RFP for: Upgrading and Operating a Broadband Network known as LoneStar Healthcare Consortium/Maine (LHC)**

You are invited to submit responses in the form of proposals in accordance with the requirements of this Request for Proposals (RFP) solicitation. *Please be aware that you must have a Service Provider Identification Number (SPIN) explicitly selecting participation in the Healthcare Connect Fund program.*

Responses are to be submitted to Mr. Kevin Welch of the LoneStar Healthcare Consortium not later than the date and time specified in Paragraph 4, Section A., Project Overview, at which time respondents to this request will be publicly identified. Due to the possibility of further due diligence or perhaps negotiation with any Offerors submitting a proposal which appears to be eligible for contract award pursuant to selection criteria set forth in this RFP, prices may not be divulged at time of opening.

The proposals must be signed by an official authorized to bind the offer, and it shall contain a statement to the effect that the proposal is firm for a period of at least 90 days from the closing date for submission of proposals. Proposals shall be submitted showing the above proposal number (LHC003). LHC assumes no responsibility for unmarked or incorrectly marked envelopes being considered for further review or award.

This solicitation does not commit LHC or Kevin Welch to award a contract for the articles of goods and services. LHC and Kevin Welch reserve the right to accept or reject any or all proposals received as a result of this request, to negotiate with all qualified Offerors, and to cancel in part or in entirety this solicitation if it is in the best interest of LHC and Kevin Welch to do so. Neither LHC or Kevin Welch, or any agent will be obligated in any way by any Offeror to this RFP.

LHC is requesting Healthcare Connect Fund support for 8 sites that have been approved for eligibility by the RHCD of USAC. All sites are identified in Section A., Project Overview.

Please also be aware of the joint activity nature of the Form 463 which is the invoicing document that serves as the request to the USAC for disbursement of funding from the HCF for services and equipment set forth in the Consortium's funding commitment letter. This Form 463 is a joint process between the Consortium Leader and the service provider. The Consortium initiates the filing of the Form 463, but the service provider has the opportunity to review and revise it before it is submitted to the USAC for processing and payment. Prior to submitting the Form 463 the Consortium must certify that the form is accurate and that the consortium member has paid its 35% contribution.

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## **A. Project Overview**

The LoneStar Healthcare Consortium, Inc. (LHC) is seeking proposals for a long term fiber/Ethernet service (or equivalent) that provides upgrades and new fiber optic lines (or equivalent), managed switch/firewall service, and networking equipment, over a secure fiber (or equivalent) broadband network. The service will provide 10 Mbps to 10 Gbps connectivity over fiber connections (or equivalent) to participating entities of the LHC. Public Internet service is also being sought as a part of the managed broadband service. The consortium is seeking proposals which will receive partial funding through the Healthcare Connect Fund for initially eleven sites, for up to 8 years for:

- a. monthly non-recurring costs associated with provisioning the leased services and
- b. non-recurring costs for networking equipment, including high speed routers.

The number of consortium members and their locations is expected to grow in the future.

## **2. Goals and Objectives:**

All of our consortium members are experienced electronic health record (EHR) users, and are in advanced stages of the CMS Meaningful Use Program. This EHR use status will be substantially facilitated with the addition of improved, secure broadband communications, opening our consortium members to opportunities such as:

- Exchange of EHR generated patient data between healthcare providers
- Electronic exchange of images (X-rays, MRIs and CAT Scans) and video conferencing
- Telemedicine – two-way, real time, interactive, remote communications between a patient, healthcare provider and hospital
- Movement of billing and scheduling information
- Improved rural-urban collaboration
- Improved electronic patient health information (ePHI) security when “in the cloud”, resulting from HIPAA compliant communications security

## **3. Strategy for Aggregating the specific needs of healthcare providers:**

Our membership is a growing mix of rural and non-rural providers that need the availability of high capacity broadband in a highly secure network. To achieve this we will bring together:

- Fiber optic (or equivalent) based service from vendors that are committed to broadband service in our consortium area(s)
- Our existing clinical, administrative and statewide and regional healthcare partnerships
- Collaboration of our membership for care coordination
- A private, dedicated network that improves HIPAA security standards compliance
- Firewall infrastructure to secure and protect network resources
- Encryption of network traffic

#### 4. Strategy for leveraging existing technology:

LHC has performed a Needs Analysis of the communications capabilities of our membership. Based on this analysis, an awareness of technology available in the IT marketplace and capabilities with EHR systems, we will build our own “best case” program to leverage existing technology and appropriate upgrades. Our Leadership Committee, made up of the IT Directors of each of our provider member organizations will contribute “best case” situations to our Consortium Leader. During our planned Leadership conference calls we will discuss all “best case” submissions. Our Leadership Committee members are very competent and are our best leverage over a very complex technology environment.

The purpose of this RFP is to solicit proposals from offerors who wish to provide:

- a. leased broadband/Intranet services and public Internet services.
- b. managed switch/firewall service over the secure fiber, or equivalent, broadband network, and public Internet.
- c. Requested network equipment.

Offerors who are not able to provide both services may team with other providers in order to submit a complete proposal.

#### 5. Proposal Submission Process

**Proposals shall be submitted in physical hard copy and electronic copy to:**

Name: Kevin Welch  
Title: CEO  
Organization: LoneStar Healthcare Consortium, Inc.  
Address: 46 Exeter Avenue, Longmeadow, MA 01106  
  
Telephone: 781-953-2369  
Email: [info@healthcarecommunications.org](mailto:info@healthcarecommunications.org)

- a. **Closing date for submitting proposals** is 5:00 PM (EDT) on the 28<sup>th</sup> day after posting of the RFP on the USAC web site. Proposals received after the specific closing date and time will not be accepted, and the proposal period of 28 days will not be extended.
- b. **Number of copies required:** 2 hard copy and 1 electronic copy
- c. **Format of proposals:**
  - Cover letter
  - Executive Summary
  - Description of Broadband Service
  - Description of Public Internet Service
  - Description of Proposed Hardware and Software
  - Project Management Description

- Qualifications and References of Offerors and All Subcontractors
- Delivery Schedule/Timeline
- Pricing (please provide lease and purchase prices for NRC items)
- Contact Information

**d. Questions about the RFP:**

- Can be submitted for the first 5 business days from posting of the RFP.
- LHC will post answers to all questions received within 4 days, following the initial 5 business day period at <https://healthcarecommunications-rfp.socialhoop.com>.
- All materials submitted in response to the RFP become the property of LHC.
- Proposals and supporting materials will not be returned to Offerors.
- Pricing will be considered as part of the proposal evaluation process.
  - The award of the contract/contracts will not necessarily go to the proposal with the lowest bid.
  - LHC reserves the right to reject any or all proposals.

**e. Participating Members of LHC are at the following 8 locations, all in the State of Maine.**

Site No.	Site Name	HCP #	Type	Street Address	City/Town	State	Zip Code
1	York County Community Action Corporation	28567	Admin	6 Spruce Street	Sanford	ME	04073
2	York County Community Healthcare NAP (Nasson Healthcare)	26503	Clinic	15 Oak Street	Springvale	ME	04083
3	Maine Behavioral Health (Nasson Healthcare-MBH-Springvale)	51297	Clinic	474 Main Street	Springvale	ME	04083
4	Maine Behavioral Health (Nasson Health Care MBH-Biddeford)	51300	Clinic	2 Springbrook Drive	Biddeford	ME	04005
5	York County Shelter	51294	Clinic	147 Shaker Hill Road	Alfred	ME	04002
6	DFD Russell Medical Center - Monmouth	23699	Clinic	11 Academy Road	Monmouth	ME	04259
7	DFD Russell Medical Center - Leeds	12579	Clinic	180 Church Hill Road	Leeds	ME	04263
8	DFD Russell Medical Center - Turner	23772	Clinic	7 South Main Street	Turner	ME	04282

## **B. Project Administration**

### **1. Background**

LoneStar Healthcare Consortium (LHC) is the legal entity to administer, in coordination with its consortium membership, the RFP proposals review and contract award. The selected vendor may be required to enter into member specific or site specific scopes of service.

LHC is a non-profit corporation that is now managing the Healthcare Connect Fund grant application and will continue in full control of this project. The LHC will continue in this role until its service is no longer necessary.

### **2. Our Vision**

Our LHC broadband network will improve the quality, access and affordability of healthcare for both rural and non-rural members of our consortium.

- Quality: We will function as a multi-consortium member or isolated private, dedicated network(s) and strive to have higher (encrypted) data transfer speeds than currently in use and, a more secure ePHI environment due to much improved Internet fire-wall protection.
- Access: Our network will be dedicated to use by our membership and may provide capabilities such as remote diagnosis, tele-health consults, transfer of digital images and continuing education.
- Affordability: The secure transfer of ePHI will be significantly enhanced without substantial additional consortium expenditures, with the financial help of the Healthcare Connect Fund.
- Project Management: We will work very closely with the winning vendor to achieve maximum benefit from the highest level of Project Management.

### **3. Our Mission Statement**

The mission of LHC is to ensure that our health care facilities have high quality, affordable, digital connectivity in order to maximize connectivity capabilities and service that will provide residents of our catchment area with the best health care possible.

### **4. Our Goals**

Assist member health care providers to increased access to information systems that may be fully utilized to:

- a. Improve patient safety (alert for medication errors, drug allergies and emergency response).
- b. Improve healthcare quality by

- making available to members their complete electronic medical records, test results and x-rays at the point of care,
  - integrate health information from multiple sources and providers,
  - Incorporate the use of decision support tools with guidelines and research results.
- c. Create a health information system that may be used to share common patient medical information among LHC members to improve quality of care and maximize cost efficiencies.

## C. Organization of LoneStar Healthcare Consortium

**LHC's co-founder and CEO, Kevin Welch** leads our network development with guidance from the Director of Information Technology for each of our consortium member healthcare groups. Kevin is a graduate of Boston College, BS Accounting, with over 40 years of experience in the information technology industry. This includes early years as programmer/analyst in a manufacturing environment and then many years in senior sales and sales/management roles serving the US Departments of Defense and Treasury, and NATO Forces in Western Europe. He later managed the K-12 education market with Sprint in the nine northeast US states, where he was heavily involved in the USAC's Schools & Libraries program. Most recently he assisted medical practices in Connecticut in filing applications for EHR Meaningful Use subsidy dollars from the CMS Medicare and Medicaid Programs, and with the Healthcare Connect Fund.

At present Kevin is managing our Needs Analysis, project planning, application preparation and interface with USAC/Healthcare Connect Fund. After award of broadband services provider contracts, the awarded provider will provide management of our network services delivery.

**LHC's co-founder and President is Peter Hertan.** Educated at MIT in Electrical Engineering, Peter joined IBM for a career in Engineering, Product Development and marketing. He left IBM at the dawn of the microprocessor revolution to join the Silicon Valley startup world building products enabled by the universal availability of powerful personal computers and networking. Among the most relevant was Internet Presence Providers (IPP), a pioneer in Internet Hosting and Web development where he was CEO. When it was acquired he joined NetScaler at its inception where he held several senior management positions including System Engineering. The company was acquired by Citrix which has maintained NetScaler as the world's leading web content accelerator. He then joined NeoAccel at its founding as VP of Marketing & Product Management, a pioneer in network security (acquired by VMware, where it provides state of the art SSL VPN functionality in the core). For the past 4 years he was VP of Marketing at Dhaani Systems, developer of the most advanced power management software for very large networks of personal computers.

In support of LHC efforts will be:

- a. Our Board of Trustees, which will consist of a senior executive of each of our member organizations.
- b. Our Leadership Committee, which will consist of key leadership and information technology staff from each of our consortium member organizations.

## **D. Technical Requirements**

**Offerors shall provide a detailed description of the following items.**

- **leased broadband (fiber or equivalent) private Intranet and public Internet service,**
- **Managed switch/firewall service**
- **Specified networking equipment**

Offerors are required to provide bids for both the broadband (fiber or equivalent) private Intranet and public Internet services. LHC members listed at the end of Section E. (Service Level Agreement - Upgrades Requested) must be able to access the public Internet connection via their individual consortium member isolated, private Intranet backbone. Offerors who do not typically offer both services (private backbone Intranet and public Internet) may team with other providers in order to submit a complete solution. Offerors who team with other providers will be viewed by LHC as having entered into a “Prime contractor/sub-contractor” relationship. Only the Prime Contractor can submit a fully completed bid in response to this RFP. The Prime Contractor will be responsible for providing each LHC member organization with a single bill for both services (broadband private Intranet and public Internet) as they apply to non-recurring charges (NRC) and monthly recurring charges (MRC). The Prime Contractor will also be the initial point of contact for all issues relating to the operation and maintenance of the leased network, the leased network services and purchased items. Please keep in mind the LHC is seeking proposals, which will receive partial funding through the Healthcare Connect Fund (HCF), for the non-recurring costs (NRC) associated with provisioning the leased services and up to eight years of monthly recurring costs (MRC) for all or any participating contingency of the 8 LHC locations. *Offerors proposing services or equipment that include ineligible components must include pricing for a comparable service or piece of equipment that includes only eligible components.*

### **Technical Summary**

1. For Construction, installation, implementation, and delivery of full-duplex 10Mbps to 10 Gbps (at members option) Intranet leased service to the facility telecommunications demarcation point at the 8 LHC member sites listed at the end of Section E. (Service Level Agreement - Upgrades Requested).
  - a. This managed service must also bundle public Internet services which will be available to all or any participating contingency of the 8 LHC member sites.
  - b. The broadband infrastructure (private Intranet) connection rate will respond to speeds requested by each of the 8 LHC member sites listed.



- c. Offerors providing a complete, high speed router/firewall solution must include Threat Management with the following features.
- Web Filtering
  - Identity Based Management
  - IDS/IPS
  - Data Leak Prevention
  - Antivirus/AntiSPAM
  - Static and Dynamic Routing
  - Application Control
  - Wireless LAN Controller functionality
  - Wireless connection to mobile clinics in rural and non-rural areas.
- d. Offerors are requested to provide pricing options for multiple Mbps and Gbps speeds in the following format.

10 Mbps	50 Mbps	100 Mbps	200 Mbps	500 Mbps	1 Gbps	5 Gbps	10 Gbps
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#### **Connectivity**

2. Offerors shall provide connectivity between each site of each consortium member and isolated from other consortium members.
3. Offerors shall provide dedicated Internet access on a per consortium member basis and optionally on a per site basis.
4. Offerors shall provide a means for non-participating sites to connect via firewalled LAN to LAN VPN, or dedicated leased lines to individual sites or consortium member private networks.
6. Describe the broadband infrastructure (private Intranet) and architecture, including network diagrams for how the private broadband network may connect to regional and national systems, and how users may access the local service to support technologies for broadband data, voice and video. Include a network diagram that shows physical and virtual connections from each LHC member site to the provider's network (private Intranet and Public Internet connections).
7. Every site connected to the network will have the capability of having secure virtual connections to every other site within the same consortium member sites on the LHC group network. This shall include support for layer 2 virtual local area networks (VLANs), layer 2 multi-site Q in Q networks, and routed site to site, point to point networks within each consortium member's sites. Virtual private networks (VPNs), SSL and IPSec must be possible to each site or to each consortium member network as a whole.
8. Describe the maximum number of VLANs that may be configured on each type of managed switch/firewall that is bid. The minimum number of VLANs supported at each LHC site, at no additional charge, will be as follows:

- a. 10 Mbps sites get 1 default VLAN and 2 additional VLANs.
  - b. 100 Mbps sites get 1 default VLAN and 10 additional VLANs.
  - c. 1 Gbps (and more) sites get 1 default VLAN and 20 additional VLANs.
9. Every site connected to the individual LHC group network will have the capability of accessing the public Internet. Offerors shall provide a minimum of 10 Mbps of dedicated full-duplex public Internet access to each consortium member site.
  10. Offerors can provide a single full-duplex connection to the public Internet or, for the purpose of redundancy, they can provide 2 or more full-duplex connections whose aggregate bandwidth meets the total public Internet connection requirement (10 Mbps, 50 Mbps, 100 Mbps, 200 Mbps, 500 Mbps, 1 Gbps, 5Gbps, and 10 Gbps. Offerors who provide multiple full-duplex public Internet connections shall ensure that each of the full-duplex public Internet connections has a different upstream provider, routing or medium.
  11. Offerors shall devise a plan to allow all 8 LHC member sites to have a minimum committed information rate (CIR) of 10 Mbps of full-duplex bandwidth to the public Internet. The proposed public Internet connection may be oversubscribed on a per consortium member site basis but in the event 100% of the available public Internet bandwidth is in use, the Offeror must be able to prioritize the traffic and drop packets based on the LHC consortium member's precedence requirements. The prioritization order will be determined after contract award.

**Network Management Equipment (Please propose NRC)**

12. Optionally, offerors can provide security appliance to support up to 500 clients, managed centrally over the web, and classifies applications, users and devices. Any devices proposed must include self-configuring site-to-site VPN, active directory integration, and identity-based policies. Also included should be Layer 7 application visibility, application prioritization, web caching and advanced security services.
13. LHC member groups must also have a router/switch appliance to provide visibility and control, self-provisioning for rapid deployment, automatic reporting and seamless firmware updates. The proposed devices will provide built-in antivirus scan, customizable splash pages, built-in real-time RF spectrum view and cloud based automatic RF optimization.
14. LHC member groups must also have video wireless functionality that includes 128 GB high write endurance solid state storage, 720p video recording with H.264 encoding, 3-10mm variable focal lens, and IR illumination up to 30mm. Access will control who can view live and historic footage, limit access to video exporting and grant viewing access to individual cameras and device tags.

**Managed Firewall – high speed router (Please propose MRC and NRC)**

15. Optionally, every site connected to the network should allow for a managed firewall service. The firewall must be able to analyze up to layer 3 of the OSI model and must forward

packets at the line rate of the private Intranet connection speeds requested by each of the 8 LHC member sites listed at the end of Section E. (Service Level Agreement -Upgrades Requested). The managed firewall may be part of the managed switch or it can be a stand-alone device.

16. Any managed firewall must support 3DES and AES encryption. Encrypted traffic is also required to be forwarded at the rate of the private Intranet connection listed for each of the 8 LHC member sites listed at the end of Section E. (Service level Agreement - Upgrades Requested).
17. LHC member groups must be able to originate and terminate virtual private network (VPN) connections on their own equipment located behind or parallel to any Offeror managed firewall. LHC consortium members must be able to configure these types of VPN connections (i.e., those that originate and are terminated behind or parallel to the Offeror's managed firewall) at will and without assistance or permission of the Offeror.
18. LHC members would be interested in seeing solutions that include an intrusion detection system (at a minimum) and/or an intrusion prevention system (preferred). Offerors who provide either or both of these systems shall list them as an enhanced service offering (managed switch/firewall /IDS/IPS) in the pricing presented to LHC consortium member groups.
19. LHC members would like the proposed Internet service to include a public block of static IP addresses, at no additional charge, as part of an enhanced Internet service offering for each LHC site or to each consortium member as a whole.
20. Any managed firewall or other Internet facing device should have at least one public IP address as well as be capable of providing additional addresses for firewalled public access to consortium member network resources such as mail, application and web servers.
21. Offerors who include public IP addresses/block will get the addresses/block from the American Registry for Internet Numbers (ARIN) and will confirm that none of the addresses have been blacklisted.

#### **Circuit capacity & connectivity**

22. Optionally, provide circuit band width and pricing options for private/dedicated cloud services connectivity. This should include:
  - a. Pricing for back-up data storage and data processing.
  - b. 3<sup>rd</sup> party cloud service vendors that would be made accessible with this connectivity.
23. Optionally, provide a dark fiber or equivalent, private connection, without Internet access, from site A to site B, within the same clinical organization.
24. Optionally, provide wireless communication capability for mobile clinics at speed options as requested in point D.1.d. (above).
25. Describe how the proposed service will meet the specified broadband connectivity requirements of the project.

26. List the industry technical standards that the Offeror will use for this project. Describe how the equipment could support IPv6 when that becomes a de facto standard.
27. Describe how the broadband service (private Intranet, fiber or equivalent) will connect to the individual LHC consortium member sites identified in the RFP. Clearly describe the steps the LHC consortium member will need to take in order to connect their LAN equipment to the Offeror's managed switch/firewall equipment.
28. LHC consortium members may have VPN connections in their current network environment (SSL and IPSec). Describe how the Offeror will help the consortium member migrate their current VPN assignments from their current network to the Offeror's proposed network. Provide a management plan that describes this process and include a timeline (i.e., how long will it take to migrate 1-5 VPNs, 5 to 10 VPNs 10 to 30 VPNs).
29. All private broadband (fiber or equivalent) Intranet traffic between LHC member group sites must stay on the private Intranet without connecting through the public Internet. Describe how traffic will traverse through the network for:
  - a. Traffic originating at 1 LHC consortium member site location and terminating at a different location within the same consortium member.
  - b. Traffic at 1 consortium member site location and terminating at a different consortium member site location via the public Internet.
30. Include the terms under which a third party service provider could interconnect to a consortium member's network should the consortium member need to connect to other provider networks, public or private.
31. In accordance with all terms and conditions of awarded contracts, offeror will allow substitution of sites and services throughout the life of the contract term. Proposals must provide for upgrades/downgrades and, site changes and member additions during the life of the contract. All vendors are hereby made aware that:
  - The Consortium may add new member HCP's to clinic groups in its network.
  - Consortium sites may change location.
  - The Consortium members may upgrade or downgrade bandwidth and services.
  - New HCPs may join the Consortium.
32. Describe the redundancy (if any) of the vendor hardware. Additionally, the proposed Offeror equipment shall include an option for redundant AC or DC power (as applicable). Note: the Offeror should make recommendations for UPS and battery back-up requirements to support the proposed equipment.
33. Describe the redundancy (if any) of the proposed vendor connection to the LHC member group location. This may include wireless broadband, satellite, etc.
34. Describe how all data, voice and video traffic transmitted within an LHC consortium member, between the consortium member and the Internet, and other external (to another LHC consortium member network) networks can be encrypted using 3DES and AES.

35. The Offeror shall describe what contractual safeguards will be provided to LHC consortium members to protect them from problems that arise due to accidental or intentional issues that may occur and could harm an LHC consortium member site (i.e., improperly configured firewall rules that allow unauthorized access to the LHC consortium member networks).

**(Network Management)**

36. Each consortium member network must have the capability of interfacing with the Internet, and other public, statewide, regional, and national healthcare networks.
37. This RFP is to enable the existence of the requested network and up to 8 years of network services delivery (based on funding commitment of 3 year basic contract, 2 year optional extension and another optional 3 years), allowing participating entities the option of continuing services. If, during the eight year service period, another customer of this service is awarded a lower price, LHC members will have their price adjusted downward to the lower price.
38. Include a timeline for how the requested network will be completed and ready for testing and deployment within 6 months of contract award (weather permitting) and assuming timely approval of permits and 3<sup>rd</sup> party permitting/approval, also dependent on award of a Healthcare Connect Funding commitment letter.
39. Include a timeline and description of how the Offeror will conduct network testing and certification of all transmission media in accordance with industry-standard practices. The Offeror will be required to produce a report that documents the results of network testing and certification.
40. Provide a detailed description of how the Offeror will provide Network Management Services for Monitoring and Alerting network status. Additionally, the Offeror shall provide online reports that can be accessed via the public Internet. On-line reports should include the following information for each LHC site location:
- Daily/5 minute average
  - Weekly/30 minute average
  - Monthly /2 hour average
  - Yearly/1 day average
  - Differentiate between private Intranet bandwidth usage and public Internet bandwidth usage.

37. A mutually acceptable non-disclosure agreement will be provided by proposers for signature by the LoneStar Healthcare Communications consortium.

## **E. Service Level Agreement**

The leased service shall include a Service Level Agreement (SLA) specifying basic service levels, trouble-management response times, circuit availability and latency. The Offeror must submit

a representative SLA with the proposal response. **Failure to demonstrate the ability to meet the following requirements may result in rejection of the Offeror's proposal.**

<u>SLA Requirements</u>	<u>LHC Targets</u>
Service Availability Objective (per month)	100.00%
Network Monitoring & Alerts	24 x 7
Mean Time to Respond	1 Hour
Mean Time to Respond Updates	2 Hours
Mean Time to Repair	4 Hours
Latency Within AHCC Member Networks	<10 Milliseconds Port-to-Port
Management Reports	On-line, weekly and upon request

### Member upgrades requested

Site No.	Site Name	Upgrade External Lines to Fiber Cable	Add Broadband Capacity	Add Backup Wired Capacity	Add Routers
1	York County Community Action Corporation	100 Mb		10 Mb	1
2	Healthcare NAP (Nasson Healthcare)	40 Mb		10 Mb	1
	P2P from site 1 to site 2	100 Mb			
3	Nasson Healthcare - MBH-Springvale		20 Mb		1
4	Maine Behavioral Health (Nasson Healthcare MBH - Biddeford)		20 Mb		1
5	York County Shelter		20 Mb		1
6	DFD Russell Medical Center - Monmouth	No	No	No	No
7	DFD Russell Medical Center - Leeds	No	No	No	No
8	DFD Russell Medical Center - Turner	No	No	No	No

## F. Project Management Requirements

Offerors shall include a detailed Project Management Plan for implementing the private broadband Intranet and the public Internet services. The Project Management Plan shall include narrative information, detailed project milestones and schedule information. The Offeror shall include an estimated start time and completion dates for each of the member groups of the LHC consortium. This should be described in timetables that address the following issues.

**Project Management:** Provide a description of the Offeror's management team for this project. List all key personnel and their qualifications.

**Project Schedule:** Provide an implementation schedule for the proposed service, including delivery dates, implementation milestones, task relationships and dependencies, and a timeline.

**Broadband (private Intranet) and public Internet access service systems Architecture and Development:** Provide descriptions of how the service(s) will be designed, including details of customer testing and final implementation, the extent to which broadband (private Intranet) and public Internet connectivity to participating LHC entities will be guaranteed: how the private Intranet and public Internet service will deliver differentiated levels of service depending on the different bandwidth needs and Quality of Service (QoS) requirements of the LHC users.

**Ongoing Service Maintenance and Assistance:** Offerors shall provide details of all maintenance activities and how assistance will be provided to LHC users. This data shall include, but not be limited to:

- How 24/7 maintenance support will be provided. The response time for major and minor problems.
- How the service will be monitored on a continuous basis for any problems and what proactive steps will be taken to ensure the QoS.
- How reports will be made available to LHC member's management on-line via the public Internet or through the newly created private Intranet.
- Description of what software will be used to generate reports containing the following minimum information for both private Intranet and public Internet.
  - Circuit Bandwidth Utilization
  - Peak Bandwidth Analysis
  - Circuit Up-time
  - Circuit Down-time

## **G. Offeror Qualifications and References**

Offerors shall demonstrate their ability and competence to complete this project by providing the information requested below which describes the Offeror's company and services.

- Full legal company name
- Year business was established
- Number of people currently employed
- Provide a copy of your most recent annual report, if a public company or, if a non-public company, a copy of your most recent annual financial condition
- A description of the qualifications, experience, capability and/or capacity of the Offeror to successfully provide the broadband service and complete this project in a timely manner
- A description of the qualifications of the members of the proposed project team that will be assigned to this project. A certified Project Manager is preferred.
- Information on current broadband clients including the total number of current broadband clients
- A list of broadband service provided to similar organizations
- Evidence of successful completion of a project of similar size and complexity
- Contact information for references for three projects similar in size, application and scope, and a brief description of their broadband installations
- Evidence of Offeror's financial bonding status

The Offeror will be required to provide to LHC a performance bond for the full amount of the contract within 10 days of the notification of acceptance of the Offeror's bid by the responsible LHC entity. No contract will be executed without a performance bond in place. The LHC consortium will be the designated "Owner" of the performance bond.

## **H. Budgeting and Pricing**

Offerors shall provide a detailed breakdown and summary of costs to provide broadband (private Intranet) and public Internet as described in this RFP. This breakdown shall be organized:

1. By the legal entity, at two levels
  - a. For all 8 sites within the LHC
  - b. For each of the consortium members that make up the LHC
2. By services and equipment provided
  - a. For installation/non-recurring charges
    - i. Carrier infrastructure upgrades



- ii. Consortium member purchased equipment necessary to implement the requested network
  - b. For monthly recurring charges
    - i. Service delivery of private broadband Intranet
    - ii. Service delivery of public Internet access
    - iii. Maintenance service charges
- 3. Legal agreements shall be provided supporting delivery of all equipment and all services
  - a. Equipment purchase including product description (data sheets)
  - b. Monthly services for both broadband (private Intranet) and public Internet access
  - c. Service Level Agreement

Offerors shall provide pricing options for all types of equipment and services so that LHC members may select line capacity and pricing that best fits their individual site circumstances. These prices shall be separated into

- recurring and non-recurring charges
- equipment and services
- maintenance service charges

In addition, the following points apply to Offeror's RFP response:

1. LHC will accept only complete solutions for equipment and services, for example, an Offeror responding to the need for routers/firewalls will provide a complete solution, including expected life cycle mandated upgrades to equipment and software, and ongoing maintenance service of the complete product.
2. Pricing provided shall be for a term of up to 8 years for all recurring costs and, a "favored nation clause" will be included in the Offeror's terms provided with submitted proposal.
  - a. Each LHC site will select an offered price/rate of speed for services for broadband/private Intranet (for example, 100 Mbps or 1 Gbps) for a period of time in the initial contract. At the end of the initial contract each site shall have the right to reduce or increase bandwidth as needed in a new contract.
3. LHC will reject any and all offers that may violate the rules and regulations of the Healthcare Connect Fund.
4. For those Offerors using sub-contractors, the Offeror will assume responsibility for all work and will be the primary contact for all services provided by the Offeror.
5. LHC will provide a Payment Schedule and Terms that link payments to deliverables.

# **I. Vendor Selection Process**

## **Basis of Award**

Proposals will be evaluated on the basis of completeness of response and number of Quality Points earned, using Bid Evaluation Criteria in Phase II (below). An LHC evaluation committee will choose a short list of responsive Offerors and then review, evaluate and score each proposal. This process will be broken down into three phases.

## **Phase I – Offeror Qualification Assessment**

To be considered responsive and to continue in the scoring process, the Offeror must:

- a. Provide all required documentation by the requested due date.
- b. Provide a proposal that is complete and complies with the instructions and requirements stated in the RFP.

## **Phase II – Bid Evaluation Points**

Offerors who satisfactorily meet the Phase I criteria will then have their submitted proposals further qualified by the detailed scoring process. In this Phase, the Offeror's response will undergo intensive evaluation. The following criteria will be utilized to select a "short list" of finalists.

- a. Cost (25%): LHC will review each Offeror's detailed breakdown and summary of costs. An award will be based primarily, but not solely on the lowest cost.
- b. Other - Technical Design (15%): The robustness, flexibility, maturity, scalability, manageability, adaptability, capacity, security and extensibility of the Offerors proposed solution.
- c. Prior Experience, including past performance (20%): Qualifications, experience, capability and/or capacity of the Offeror to successfully provide the managed switch/firewall broadband Intranet and public Internet service.
- d. Technical Support (15%): Breadth and depth of technical support and related costs.
- e. Project Management Plan (10%): Detailed Project Management Plan for implementing the managed switch/firewall broadband Intranet and public Internet service. Qualifications of the members of the proposed project team that will be assigned to the project implementation.
- f. Leverage Existing Resources (15%): How well does the Offeror's proposed leverage, improve, and extend existing member equipment and technology investment?

Each Offeror will receive a total point score known as Quality Points, which will be assigned as follows.

<u>Criteria</u>	<u>Percentage</u>
Cost	25
Other – Technical Design	15
Prior Experience, including past performance	20
Technical Support	15
Project Management Plan	10
Leverage Existing Resources	15
<hr/>	
Total	100

### **Phase III**

At the sole discretion of LHC, a finalist Offeror may be directly selected from the group of semi-finalists, based upon Quality Point score. Alternatively, LHC may elect to schedule Offeror oral presentations. Semi-finalists will be required to submit best and final pricing (BAFO) prior to oral presentations. At the end of Phase III, a finalist Offeror will be selected, based on the highest Quality Point Score.

### **Special Note - FCC Order and Offeror Selection**

Pursuant to section 54.642 of the FCC Commission's rules, LHC must participate in a competitive bidding process and follow any additional state, local or other procurement requirements to select the most cost-effective provider of services eligible for Universal Service Administrative Company's support under the Healthcare Connect Fund support mechanism.