



Bridging the health equity divide.

REQUEST FOR PROPOSAL

FOR SERVICES AT MEMBERED HEALTH CARE
PROVIDERS (“HCPs”)

FCC CONNECTED CARE PILOT PROGRAM

RFP 03

NETWORK INFRASTRUCTURE
PROCUREMENT (INTERNET ACCESS)

Contact for Consortium

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1.0 General Information

1.1. Connected Care Pilot Program

In its Report and Order FCC 20-44, the FCC established a longer-term Connected Care Pilot Program ("Pilot Program"), which will provide up to \$100 million of support from the Universal Service Fund ("USF") over a three-year period to eligible health care providers to defray the costs of providing connected care services and assess how funds may be used to support connected care services.

1.2. Introduction

In Massachusetts ("MA"), approximately one million people (nearly 1 in 8), rely on Federally Qualified Health Centers ("FQHCs") each year to receive medical care. Serving as a vital resource for vulnerable populations, FQHCs ensure that all people, including low-income; non-English speaking; veterans; and people of color have access to care and the necessary resources to address their social needs. Given the coronavirus pandemic, Community Care Cooperative, Inc. ("C3"), a MA-based, non-profit, Accountable Care Organization formed and owned by FQHCs and the Massachusetts League of Community Health Centers ("League"), the State Primary Care Association, along with their member health centers, identified the need to create a robust telehealth infrastructure, so that patients could access care outside of the traditional clinic setting. These organizations formed the MA FQHC Telehealth Consortium ("Consortium").

For the Pilot Program, this Consortium is comprised of 33 health centers serving over 690,000 patients. C3 will be the legal contracting party for all requests for proposals ("RFPs") on behalf of the Consortium (**HCP# 73261**) and member FQHCs. C3 is located at 75 Federal Street, Floor 7, Boston, MA 02210. C3 is providing this RFP for services to the sites listed in **Exhibit A** across Massachusetts.

Within MA, access to broadband services is correlated with race and socioeconomic status: people who are non-white and of lower socioeconomic status have poorer access to broadband. Over 101,000 health center patients do not have access to broadband. In predominantly minority census tracts, 1 in 4 households are without broadband, compared to tracts that are 95% white, which have only 1 in 8 households without broadband. Moreover, many of the Consortium FQHCs lack the necessary network equipment and broadband capabilities to conduct secure telehealth sessions with patients.

Consequently, to address the digital divide and ensure that all patients have access to healthcare services, the Consortium has developed the following goals for the Pilot Program: 1) Provide low-income individuals and veterans who have behavioral health conditions, including substance use disorders access to broadband by providing them with MIFI/hotspots, leading to improved clinical outcomes, as well as addressing health-related social needs; and 2) Build infrastructure capacity and security at health centers by improving broadband internet and data connections, as well as cyber security measures, so all FQHC staff have access to reliable and secure connections to render telehealth services. Through the Pilot Program, the Consortium will provide 25,000 patients with access to secure, telehealth visits annually. The Consortium intends to target patients who fall below 135% of the poverty level, some of whom are in rural areas, as well as veterans with behavioral health conditions.

The FCC Pilot Program will provide funding for selected pilot projects to cover 85% of the eligible costs of broadband connectivity, certain network equipment (e.g., network equipment needed to make broadband service functional), and information services necessary to provide connected care services to the intended patient populations. The Consortium has secured the 15% matching costs for the three-year pilot period via operating funds, as well as philanthropy.

1.3. Goals & Objectives

The Consortium aims to improve network connectivity for sharing, distributing, and coordinating connected care services among member HCPs, addressing structural barriers to digital access which disproportionately affect patients who are low income and from racial/ethnic minority groups. The goal is to support high quality care and continuity of treatment through telehealth modalities for patients who may be limited by factors such as transportation and being with a disability. The connectivity provided in the form of broadband internet and

MIFI/hotspots will build capacity to electronically exchange health information and engage in connected care services to all residents in the communities served by the health centers.

1.4. Requested Bids

This RFP seeks to establish a contract for the provision of high-quality mobile hotspot devices (“hotspots”), fast and reliable internet connectivity (i.e., data plan), and reputable technical support for participating entities specified in Exhibit A. The goods and services requested will facilitate connectivity between Consortium HCPs and patients served by the health centers to increase access to connected care services.

This partnership between C3 and the selected Bidder(s) (“service provider(s)”) shall be grounded in a shared vision for digital equity. The selected provider(s) shall demonstrate willingness to tailor business operations to meet C3 and the Pilot Programs goals and guidelines.

C3 will entertain the following types of bids under this RFP:

1.4.1. Network Equipment. Products and related services necessary to make internet service for patients (“Patients”) of the Pilot Program functional including but not limited to implementation, delivery, maintenance, and reoccurring costs.

1.5. Competitive Offers

The RFP process will allow the Consortium to receive bulk-rate competitive offers from mobile telecommunication carriers and mobile virtual network operators (“MVNOs”). These competitive offers will be evaluated by the Consortium according to the criteria set forth in this document.

The Consortium understands there may be HCPs outside the means of the Bidder in which the requested goods and service are not feasible (e.g., outside geographic region). Bidder is asked to provide an accurate service coverage map and specify which entities in **Exhibit A** they intend to service.

In those circumstances for which variable bandwidths and sites are quoted, the Consortium may enter multiple contracts, evaluated and awarded based on **Section 5.0 Proposal Evaluation** criteria, to best accommodate HCPs in certain areas across the state.

1.6. Cost of Delivery

The Consortium is not responsible for any costs incurred by the Bidder related to the preparation or delivery of the bid proposal or any other activities carried out by the Bidder as it relates to this RFP.

- ☐ **Service provider understands and complies with this section.**
- ☐ **Service provider has the following exceptions to this section:**

2.0. Administrative and Procedural Information

2.1. Notices

2.1.1. This procurement is subject to the FCC procurement rules as administered by the Universal Service Administrative Company ("USAC"). Bidders must meet all FCC and/or USAC requirements. C3/the Consortium will submit an FCC Form 461 to USAC, who will review the documentation and will post the Form 461, RFP and other documentation on the USAC website.

2.1.2. Bidder's response to the RFP demonstrates a clear and complete understanding of the goals of the overall project.

2.1.3. Bidder shall explain and justify exceptions, including any HCPs from **Exhibit A** left out of their proposal.

2.2. The following considerations apply to the proposal submission/review process:

2.2.1. Intent to Bid Letter. A letter signifying the bidder's intent to bid on this project must be received via e-mail no later than 21 days after the RFP is posted for bidding. Letter of intent e-mails should be sent to Yudi Liu, Program Coordinator at yliu@c3aco.org with the following information: the name and address of your company; the company's authorized representative's name, title, address, phone number and e-mail address. In addition, please ensure the Subject Line includes "FCC Connected Care Pilot Program RFP03 Letter of Intent." Only bidders submitting such a notice will be eligible to send questions and receive answers and additional information concerning this RFP.

2.2.2. RFP Questions. Questions concerning this RFP should be submitted to C3's Program Coordinator, Yudi Liu via email at yliu@c3aco.org. Vendors are invited to submit written questions and/or requests for interpretation/consideration/acceptance concerning this RFP within five ("5") business days from the posting of this RFP. C3 will reply to all questions received within four ("4") business days following the initial five ("5") business day period. This is the sole means by which queries from bidders will be accepted. Any communications not sent via electronic mail will not be entertained and communications with persons other than the Program Coordinator will not be considered authoritative, are not binding, and may be disavowed without notice or explanation by C3.

2.2.3 RFP Amendments. In the event it becomes necessary for C3 to amend, add to or delete any part of this RFP, the amendment will be posted on the USAC website, as required.

2.2.4. Bid Proposal Deadline. Bid proposals must be sent electronically to the Program Coordinator at the email address set forth in Section 2.2.5 below with a subject line "FCC Connected Care Pilot RFP03 Bid." Bids must be received no later than 11:59pm Eastern Time on the 28th day after posting date as published on the USAC website: <https://rhc.usac.org/hcf/public/searchPosted.htm>. This receipt deadline requirement is a mandatory requirement and is not subject to waiver by C3. Accordingly, no bid proposals will be accepted after the date and time specified. Bids for each RFP must be submitted separately. Email attachments are limited to less than 10 MB. Any attachments over that limit must be sent via separate emails and should be labeled "FCC Connected Care Pilot RFP03 Bid Part _ of _". Hard copy bids **will not** be accepted.

2.2.5 Bid Proposal Delivery. Bid proposals must be e-mailed to Yudi Liu, Program Coordinator at yliu@c3aco.org.

2.2.6. Bid Proposal Confidentiality. The information contained in this RFP (or accumulated through other approved communications) is for proposal purposes only and is not to be disclosed or used for any other purpose. Notwithstanding the foregoing and regardless of any statement contained within bidder's response to the contrary, C3 may disclose such information as needed for

its participation in the FCC Pilot Program, and may further disclose such information to its employees, agents and consultants; provided, however, that such employees, agents and consultants are not competitors of the bidder. The RFP and all materials submitted become the property of C3 and may be returned at C3's option. Selection or rejection of the proposal does not affect this right.

- ☐ **Service provider understands and complies with this section.**
- ☐ **Service provider has the following exceptions to this section:**

3.0. Bid Requirements

3.1. General Requirements

3.1.1. Bid Proposal Valid Period. All bid proposals must be valid for a period of sixty ("60") days from date the proposal is opened.

3.1.2. Scope of Work Response and Cost Information. Bid proposal must respond to all requirements under Section 3.3 ("Scope of Work") and Section 3.4 ("Price Proposal").

3.2. Implementation Requirements

3.2.1. Implementation. Implementation must begin no later than fifteen ("15") calendar days from the effective date of the agreement. Implementation must be completed no later than sixty ("60") calendar days from the effective date of the agreement or as mutually agreed, so long as good faith efforts are put forth by the bidder. Completion entails delivery of devices to C3 and/or Consortium HCPs but is not contingent upon activation and usage of the data plan which will vary based on the Patient and HCP.

3.2.1.1. Project Plan and Timeline: Proposals must include a project plan and timeline detailing milestones and overall schedule. Critical path items and potential delay circumstances must be clearly identified.

3.2.2. Project Management. Bidder agrees to provide a project manager or other individual who will be the primary contact for all dealings with the Consortium. Implementation communication and post- implementation troubleshooting process will be clearly defined.

3.3. Scope of Work

3.3.1. No Throttling. Bidder agrees to provide the full upload and download speeds contracted for each hotspot deployed with no throttling of speeds. If this is not tenable, Bidder may indicate *"Service provider has the following exceptions to this section"* at the end of Section 3.5 and provide an explanation for the exemption.

3.3.2. Ability to Connected Two or More Devices. Patients shall have the capability to connect a minimum of 2 Wi-Fi enabled devices to the hotspot. Bidder shall provide details on the ability of their product to achieve this aim, including the bandwidth each device can expect to receive when 2 or more devices are simultaneously utilizing the hotspot for activities such as video calling.

3.3.3. Price Proposal. Bidders are asked to submit a price proposal pursuant to the requirements of Section 3.4.

3.3.3. Contract Length. This RFP is to enable the requested network equipment and services for a period of one ("1") year under the Pilot Program.

3.3.4. Services Changes. Participating entities shall have the option to request service changes (e.g., adding additional months to the data plan) independent from a competitive bidding process.

3.3.5. Estimated Quantity of Devices. The Consortium is seeking a contract for the provision of 300 hotspots and related services. These are estimates only, and the Consortium reserves the right to adjust quantities to meet the needs of the organization and to comply with the requirements of the Pilot Program.

3.3.6. Invoicing Frequency. Outside of one-time hardware costs, Bidder will be responsible for providing services billed in the form of quarterly recurring charges ("MRC") or at another interval agreeable with Consortium operations and compliant with Pilot Program invoicing guidelines.

described in Section 3.4.5.

3.3.7. Reliability. Reliability is extremely important since C3, the Consortium and its membered HCPs interacts with its patients via the Internet and the goods and services sought in this RFP are intended to facilitate that patient-provider relationship and care coordination. Accordingly, plan descriptions guaranteeing no throttling and/or reasonable data caps, or similar provisions are recommended but are not a requirement.

3.3.8. Device Replacement Options. Bidder shall specify the solution for handling broken hotspots, charging cables, and related accessory items that come with the product proposed in the response. If replacement and repairs are not free, please specify the cost associated.

3.3.9. Technical Support. The quality of support available when problems arise will be considered. Bidders should describe the model of support through which they will address technical issues encountered by Patient and/or HCPs who use the hotspot products.

3.3.10. Management. The Consortium and/or HCPs shall have access to a management portal to turn on and off devices and monitor bandwidth. This management would be shared with the Bidder or in those situations where a Bidder does not own the remote management service, a description of the bidder's arrangements for support with the third parties shall be provided.

3.3.11. Patient Privacy. Bidder is asked to provide proposals that answer to the following questions around data privacy:

What information is collected?

Where is the information stored and for how long?

Who has access to the information?

Who is the information shared with?

Does your solution meet HIPAA standards? Please provide certification (e.g., SOC 2) if so.

3.4. Price Proposal.

3.4.1. Cost will be evaluated including recurring, non-recurring, taxes, surcharges, and any other fees that are incurred to use the proposed services. Bid proposals must identify all costs associated with the proposed solution including:

3.4.1.1. Hardware

3.4.1.2. Installation/implementation related to costs/fees such as configuration and provisioning charges

3.4.1.3. Delivery and maintenance costs

3.4.1.4. Recurring costs such as monthly recurring charges amortized over the period of the proposed contract for transmission at the proposed bandwidth, management fees, replacement costs, transport charges, taxes, surcharges, fees, equipment rental and assessments.

3.4.2. Bidder shall provide total price for the provisioning of 300 hotspot devices, and the fixed monthly recurring cost for a minimum bandwidth of 10 Mbps down, 5 Mbps up. Quotes are being requested for various levels of speeds. This will enable the Consortium to weigh the pros and cons of higher levels of service against the additional cost incurred. Bidder, however, should feel free to quote the increments of service that they are able to deploy, even if it is not identical to what is in the RFP. Bidder may include additional costs for remote management if such services are provided alongside the product. Contracts will be between the selected Bidder(s) and C3.

3.4.3. If the Bidder terminates the contract early, contract termination fees, including specific penalties, if any, for early termination are the responsibility of the Bidder.

3.4.4. Proposals will contain acknowledgement of, and provisions for providing, USAC invoicing requirements and formats. Bidder will conform to invoicing procedures and processes as promulgated by USAC.

3.4.5. Payment for products and services obtained in this procurement will be in accordance with the Pilot Program rules as promulgated by the FCC. Project invoices shall be itemized and sent to C3. The Consortium invoices shall be separate from any and all existing invoices that the service provider may have with C3, the Consortium and/or the signing HCP. In addition, separate accounting identifiers shall be used. C3/the Consortium have obtained funds for matching costs.

Bidder should be aware that the payment process for the Connected Care Pilot Program may not reflect the Bidder's current billing practices. Payments for products and services obtained in this procurement will be in accordance with Pilot Program rules as promulgated by the FCC. The selected Bidder(s) will bill C3 directly for all contracted services. C3 will request an invoicing arrangement where it will contribute its 15% share of the costs. Therefore, it is encouraged any Master Service Agreement (MSA) language includes the option for batch invoicing (e.g., quarterly) that allows for operationally practical and efficient batch invoicing.

Additionally, all bid proposals must understand and acknowledge USAC invoicing requirements and formats. Bidder will conform to invoicing procedures and processes as promulgated by USAC. Bidder is required to have a current Service Provider Identification Number (SPIN) as required by the Healthcare Connect Fund Order. A SPIN number may be obtained by contacting the Universal Services Administrative Company (www.usac.org). Furthermore, Selected Bidder will be required to incorporate payment term language that is consistent with the Pilot Program payment process and guarantees the service provider will comply with the requirements of the Pilot Program and the FCC Form 463 (Invoice and Request for Disbursement Form) submission and review process (www.usac.org).

3.5. Site and Service Substitutions. Bidder 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 Bidder shall allow C3 and the signing HCP to add sites and/or upgrade, change, or relocate services through the length of the contract-term without having to rebid.

- ☐ **Service provider understands and complies with this section.**
- ☐ **Service provider has the following exceptions to this section:**

4.0 Terms and Conditions

The terms and conditions for a contract will be between the service provider and C3 on behalf of the signing HCP.

- ☐ **Service provider understands and complies with this section.**
- ☐ **Service provider has the following exceptions to this section:**

5.0. Proposal Evaluation

Review criteria are outlined below with specific scoring points. Bidder responses will be evaluated based on, but not limited to the following criteria:

Evaluation Criteria	Point System
Cost of solution; both start-up implementation and ongoing maintenance	30
Service solution, how well the proposed solution meets the current needs of the HCPs, which may include speeds & coverage, priority for no throttling or reasonable data caps	25
Prior experience, including but not limited to qualifications, experience, references from clients of the Bidder for similar projects of like size and scope	25
Compliance with Pilot Program Payment Process and Rules; scored either fully or zero points depending on if the Bidder agrees to comply with Pilot Program's payment process outlined in 3.4.5	20

5.1. Proposal and Contract Terms

5.1.1. Cost will be evaluated including recurring, non-recurring, taxes, surcharges, and any other costs or fees to use the proposed services. Bidder should provide pricing for monthly data plans and one-time cost for hotspot device. Contracts will be between the selected Bidder(s) and C3.

5.2. Evaluation and Decision

5.2.1. The selection will be based on all factors indicated and may therefore not go to the lowest bidder.

5.2.2. The Consortium/C3 reserves the right to select bid proposals which, in the sole judgment of the Consortium/C3, most nearly conform to the specifications set forth herein, will best serve the needs of C3, the Consortium and/or the participating HCP and provide the most cost-effective means for producing results.

5.2.3. The Consortium/C3 reserves the right to waive any and all issues of form or presentation in considering bid presentations for acceptance or rejection, if, in the sole opinion of the Consortium/C3, such waiver is in the best interest of the project.

5.2.4. The Consortium/C3 is not obligated to accept any proposal received in response to this RFP. Specifically, C3 may accept received proposals in whole or in part, or it may reject any all proposals received.

5.2.5. Changes in applicable laws and rules may affect the award process or any resulting contracts. Bidders are responsible for ascertaining pertinent legal requirements and restrictions. Bidders are encouraged to visit the official Federal websites pertaining to the Pilot Program at

www.fcc.gov.

5.2.6. The selection decisions made by The Consortium/C3 and reported to USAC under this RFP are final and appeals or re-submissions will not be considered.

- ☐ **Service provider understands and complies with this section.**
- ☐ **Service provider has the following exceptions to this section:**

Exhibit A: Sites by HCP Entity

Exhibit A is a separate excel file that lists all Sites by HCP Entity participating in this RFP.