# REQUEST
# FOR
# PROPOSAL

**Healthcare Connect Fund – Funding Year 2027**

**RFP 14_Rosebud Health Care Center_FY27**

## Requested by
## Colorado Hospital Association – Broadband Services

a project of the Colorado Center for the Advancement of Patient Safety

## Table of Contents


**1. Background ..... 3**

**2. Due Date and Contact Instructions..... 3**

**3. Proposal Evaluation..... 3**

**4. List of Participating HCPs ..... 4**

**5. CHABS Consortium Healthcare Provider Requests ..... 4**

**6. Pricing and Cost Information..... 4**

**7. Implementation Schedule Description..... 5**

**8. Service and Performance Level Agreements ..... 5**

**9. Contract Provisions ..... 5**

**Appendices..... 8**

## 1. Background

A consortium of Colorado hospitals, behavioral health organizations, and health clinics organized by the Colorado Center for the Advancement of Patient Safety d/b/a Colorado Hospital Association Broadband Services (CHABS), is requesting proposals for broadband and Internet services (including build-out services if applicable), as well as for perimeter equipment and network management hardware and staffing.

CHABS is certified by the Universal Service Administration Company as a consortium under the Federal Communications Commission (FCC) Healthcare Connect Fund (HCF). CHABS therefore qualifies to submit this RFP and other documentation to receive funding through the HCF.

CHABS works collaboratively with eligible health care providers (HCPs) on funding a wide range of healthcare-related broadband use cases. USAC requires HCP's to sign a Letter of Agency enabling CHABS to request bids on their behalf. Once the bids are received, HCPs will determine whether they intend to proceed to the contracting phase of the process. Those HCPs that proceed to the contracting phase are authorizing CHABS to submit forms and process payments on their behalf for any service provided under a contract resulting from this RFP process.

It is anticipated that several vendors may be required to provide all the components requested. Vendors are encouraged to make proposals on those parts of the project where they feel they can effectively provide a solution. Vendor proposals will be evaluated based on the most "cost effective" solution in collaboration with the associated HCP.[1]

## 2. Due Date and Contact Instructions

All contact regarding this RFP shall be directed to:

Rob Jenkins
Sr. Director of Broadband Services
Colorado Hospital Association - Broadband Services
1700 Lincoln Street, Suite 3030
Denver, CO 80204
**E-mail**: RFP.MAIL@cha.com

Responses to this RFP are required within 28 calendar days of the date the RFP is posted on the FCC/USAC website and should be in possession of CHABS by no later than 5:00 p.m. MST of the RFP due date. The allowable contract selection date (ACSD) is the 29th day from the posting date and the first date health care providers can enter into contracts with vendors. The RFP evaluation period is 28 days.

All questions regarding this RFP should be submitted to CHABS by e-mail at least a week prior to the RFP response due date. Some questions may be triaged by CHABS to the specific HCP involved in the request. All responses to questions will be posted to the CHABS website https://cha.com/broadband-services/

## 3. Proposal Evaluation/Disqualification Factors

The CHABS consortium and its participants reserve the right to issue any resulting order with the vendors whose proposals, in the judgment of the CHABS and the affected HCPs, most nearly conform to the specifications and needs of the HCPs as described in our evaluation criteria. CHABS reserves the right to waive all technicalities in rejecting any or all proposals which in our judgment fail to satisfy the best interests of the CHABS consortium. The CHABS consortium is not obligated to accept any proposal received. It may accept proposals in whole or in part or may reject any or all proposals.

[1] Cost effective is defined in the HCF Order (54.642(c)) as "the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services."

Proposals will be evaluated based on the rubric below. If CHABS determines that a bid received meets minimum requirements but does not represent the most cost-effective solution, that bid can be disqualified regardless of being the lowest cost. Further, any bids that fail to address one or more of the criteria listed below, will be disqualified. Finally, any bid received that does not comply with the contracting provisions listed in section 9 of this RFP, in whole or in part, will be disqualified.

Proposed vendor responses for broadband projects will be based on the following evaluation criteria:

| Evaluation Criteria | Weight |
|---|---|
| • Cost of the Solution<br>Cost of Services, Implementation and Administration – See Section 6 | 25% |
| • Implementation Timeframe – See Section 7 | 20% |
| • Suitability to Health Care Provider's Goals | 20% |
| • Service Level Agreements (SLA) – See Section 8<br>Comprehensive Measurements<br>Single Point of Contact/Simplicity of Administration | 20% |
| • Compliance with the terms of this RFP – See section 9 | 15% |

## 4. List of Participating Healthcare Providers

The legal entities with service and/or equipment requests included in this RFP are listed in the attached detailed service request: **Appendix A.**

## 5. CHABS Consortium Healthcare Provider Requests

Unless otherwise noted, bids for broadband and Internet service requests should be for, month to month (annual), three year and, five-year terms. HCPs will determine the best suitable term length once all bids are received.

Reasonable and customary installation charges up to $5,000, and upfront charges for service provider deployment of new or upgraded facilities up to an average of $50,000 per consortium member, are eligible for funding through the HCF consortia program. Any requirements for upfront charges should be clearly stated in all proposals.

We may request variable levels of bandwidth so that HCPs can weigh the pros and cons of higher bandwidth levels against the additional cost incurred and because we wish to position CHABS consortium HCPs to "turn-up" their bandwidth as circumstances change without needing to go through a new competitive bidding process. However, we recognize that for a variety of reasons different service providers will have different increments of bandwidth that they can provision. Vendors are encouraged to quote the increments of bandwidth (even if not identical to what is in our request) as well as other requested increments they are able to deploy.

Vendors should provide the cost for (1) owning and (2) leasing the requested infrastructure. For requests seeking support for services or equipment that include an ineligible component, vendor should provide pricing for a comparable service or piece of equipment that includes only eligible components.

Vendors submitting proposals should describe their organization's general approach to account management and the plan for ongoing account management relative to the Service Requested. In the event the vendor has an existing account management relationship with an HCP listed within the Appendix, describe in detail how account management relationships will change if awarded some or all the Services in this RFP.

Provide contact information for all account management, technical as well as billing team members.

## 6. Pricing and Cost Information

Vendors must in all cases clearly indicate when solutions either require or are dependent upon additional hardware, systems and/or vendors, so that all costs of the functionality requested/promised are accounted for. If the vendor is unable to provide the costs for a dependent vendor system, this must be indicated in the response.

It is important to note that *not all* the costs associated with the solutions will necessarily qualify for HCF funds, and it is critical that CHABS and participants understand the complete cost of ownership. Proposals will be evaluated on the complete cost of ownership and incomplete proposals may be cause for disqualification. Quotes must include the following:

For telecommunications solutions:

1. Implementation Fees, including any cost of construction or required hardware, for end-to-end connectivity.
2. Ongoing transmission fees for end-to-end connectivity, including any fees for virtual circuits where applicable.
3. Tax/surcharge rate that will apply.
4. Any other costs associated with the solution and/or description of requirements that are prerequisites for the solution that may add additional cost to CHABS and its participants.

For hardware and/or software solutions:

1. Purchase price.
2. Installation costs.
3. Shipping charges.
4. Ongoing support costs and support hour limits that may add costs.
5. Tax/surcharge rate that will apply.
6. Any other costs associated with the solution and/or description of requirements that are prerequisites for the solution that may add additional cost to CHABS and its participants.

## 7. Implementation Schedule Description

Vendors should include a plan with timeline that provides a clear understanding of the vendor's capacity to implement the solution by a given time. Unless otherwise noted, the optimal date for turn-up of many of these service requests is the earliest commercially feasible date. The vendor's implementation timeline should allow time for testing the implemented circuits/services. Additionally, please identify any circumstances that may create potential delays. Meeting healthcare provider mission critical timing requirements will be one of the proposal evaluation criteria and may result in bid disqualification if not included.

## 8. Service and Performance Level Agreements (SLA)

The CHABS consortium expects that any contracts resulting from this RFP will contain guarantees to the performance of the proposed solution to the specified speeds, transaction volumes, uptime rates, latency, jitter, response time, guarantees, etc. Vendors are encouraged to include strong SLA measurements and identify escalation channels, if applicable.

## 9. Contracting Provisions

As discussed in Section 1 of this RFP, the Healthcare Connect Fund provides an opportunity for HCPs to receive a significant subsidy relating to a wide range of telecommunications products and services. However, the rules of the program demand that consortia, HCPs, and vendors adapt their standard processes and contracts to effectively take advantage of this opportunity. Based on CHABS's review of the Healthcare Connect Fund Order, we intend to require that vendors comply with the following contracting provisions, (failure to comply with the Healthcare Connect Fund program rules will result in disqualification of bid):

a. Vendors submitting bids are advised that the payment process for the HCF may not reflect vendors' current practices. Contracted vendors will bill the HCP directly for all contracted services. Once the bill is received by the HCP, the HCP will send the vendor a minimum remittance in the amount of 35% of the billed amount. Upon receipt of the remittance, the vendor will then send CHABS a copy of invoice for the HCP's services including notation of the minimum 35% remittance. CHABS will then send USAC and the vendor a USAC invoicing package that certifies the 35% payment was sent and that the bill accurately reflects the services the HCP is receiving. To receive the remaining 65% of the billed amount, the vendor will need to certify that the USAC invoicing package is accurate, after which the vendor will receive a disbursement from USAC in accordance with the selection made on the vendor's Form 498 (off-set of contribution or direct reimbursement).

b. CHABS will have a separate invoicing arrangement with each participating HCP through which HCPs will contribute to CHABS's administrative costs. Vendors will be required to incorporate payment term contract language that is consistent with the above process and guarantees the vendor will comply with all current and future requirements of the Healthcare Connect Fund.

c. Vendors will need to obtain a Form 498 (SPIN) to participate in this program. Block 18 must be completed to participate in the Rural Health Care Program (https://www.usac.org/rural-health-care/service-providers/ )

d. In some cases, bids are requested for connections/services that already have circuits in place and are under existing contract. Vendors holding these contracts should view this RFP as an opportunity to extend or expand what is already in place. If existing vendors' bids are deemed to be the most "cost effective," the existing vendors' solutions may be selected with whatever contract modifications are required to meet the new circumstances and HCF rules. Alternatively, existing contracts that were bid through the traditional program may be "Evergreen."

e. Any contract issued because of this RFP will be required to contain provisions permitting the addition of new sites, upgrading services and adding additional services.

f. CHABS wishes to maximize the opportunity to "Evergreen" contracts that result from this RFP. According to HCF FAQ language, "A new contract entered into by an HCP or consortium as a result of competitive bidding will be designated as evergreen if it meets all of the following requirements: (1) signed by the individual HCP or consortium lead entity; (2) specifies the service type, bandwidth and quantity; (3) specifies the term of the contract; (4) specifies the cost of services to be provided; and (5) includes the physical addresses or other identifying information of the HCPs purchasing from the contract."

g. Pursuant to #5, in those circumstances in which variable levels of bandwidth are being requested and quoted, vendors will be asked to incorporate the variable bandwidth levels and associated costs into the contract to allow HCPs to "turn up" their bandwidth without the need to engage in a new competitive bidding process.

h. Pursuant to #5, vendors will be asked to incorporate contract language that allows HCPs to voluntarily extend their contracts for 2 consecutive one-year terms after the end of the initial contract, since HCF rules allow for such extensions to be executed without the need for a new competitive bidding process. Here is sample contract language that would meet this contracting requirement: ***"Prior to the expiration date, the customer shall have the option to renew the Service Order for an additional one-year Service Period. If the customer exercises this option to renew, then the customer shall have a second option to renew the Service Order prior to the expiration of the first renewal for a second additional one-year period."***

i. For requests covering services already in place, or for new services please see ***Appendix B – Sample RHC Addendum Language***, for this or equivalent language to be included in the contract.

j. Another contracting consideration relates to the maximum 3-year length of an HCF funding commitment.[2] Even though it is anticipated that the HCF will fund connections/services for contracts resulting from this RFP for beyond the 3-year guaranteed commitment, it's important for CHABS and participant HCPs that cannot risk losing the subsidy after 3 years to structure contracts in a way that does not commit them beyond the 3-year period. This can be achieved either by settling on a 3 to 5-year term (as indicated in #7), or by the vendor including term language that allows CHABS participants to execute early termination of longer-term contracts in the circumstance that HCF funding were to no longer be available after the 3-year funding commitment.

k. All contracts issued because of this RFP will be between the vendor and the HCPs. CHABS has already contracted with the HCPs to serve as their contracting and payment validation agent among other functions of the consortium leader.

l. All contracts issued because of this RFP must include a covenant not to charge any termination fees for any services being replaced or upgraded by a Service Request included in this RFP.

m. Additional contract terms, including any required by participating HCPs, will be discussed and negotiated with selected vendors.

n. CHABS allows for Site and Service Substitutions (Contract Modification) in accordance with the rules found in the HCF order (47 C.F.R. § 54.646: 746 Appendix D, 47 C.F.R. § 54.646) this provision allows for the Consortium to add sites and upgrade or change service adjustments throughout the length of the contract without having to re-bid. Vendors to describe the scalability of bandwidth and service changes. New circuits or other service modifications must be coterminous to the original contract entered as a result of this RFP.

o. Due to the filing periods implemented by USAC and the FCC expedited contracting between the service provider and the healthcare provider is required. All contracts must be fully executed and submitted to consortium 7 days prior to the close of the filing funding window.

[2] **Are applicants guaranteed a certain amount of funding through the Healthcare Connect Fund?** No. Funding requests for all applicants are processed on a first-come, first-served basis, unless USAC has established a filing window, in which case all applications received within the window will be deemed to have been filed at the same time. However, because funding is not guaranteed, an applicant may choose to include in any contract it makes with a vendor a provision governing the effectiveness of the agreement if the applicant does not receive a funding commitment from USAC. See HCF Order* at paras. 365-368 for more information.
**Can an applicant receive support for a 36-month contract for eligible services if it covers a period that spans more than three funding years?** No. Applicants in the Healthcare Connect Fund can only receive a multi-year funding commitment that covers a period of up to three funding years. Accordingly, any months outside of the three funding years would not be covered by the commitment. For example, if an applicant requested a 36-month funding commitment for services starting on July 1, 2024, USAC could issue a 36-month funding commitment that would expire on June 30, 2027, and the applicant would receive a commitment for the full 36-month period. However, if an applicant requested a 36-month funding commitment for services that started on January 1, 2024, USAC could issue only a commitment for services for the remaining six months of funding year 2023, and all of funding years 2024 and 2025. Although the applicant's contract would also cover six months of funding year 2026, it would not be covered by the multi-year funding commitment. Accordingly, the commitment would end on June 30, 2026. See HCF Order* at paras. 294-299 for more information on multi-year funding commitments.

# Appendix A: Service Request

**Purpose:** **Support various health care related activities; access to mission critical systems (EMR); transmission, retrieval and exchange of data and/or radiology images**

**Term:** **Provide quotes for month-to-month, 3 year and 5 year terms**

**Health Care Provider (HCP) requests a complete solution to the request below.**

**Include in the complete solution, as applicable: construction, installation, network equipment and managed services.**

**If a specific technology is requested and not available, please provide an equivalent service or model. Provide leased and purchased pricing options for equipment if available. Service Providers should only provide proposals for the services they can deliver. HCP may request some or all of the suggested solution and may wish to contract individually with one or multiple service provider proposals.**

| HCP # | Site | Address | Provide a solution for the request below: |
|---|---|---|---|
| 12826 | Rosebud Health Care Center | 383 North 17th Avenue, Forsyth, MT 59327 | Please provide minium 100 Mbps dedicated Internet access (DIA). Please include all construction, installation, equipment and/or other costs to make circuit operational. |
| 12826 | Rosebud Health Care Center | 383 North 17th Avenue, Forsyth, MT 59327 | Please provide minium 100 Mbps internet. Please include all construction, installation, equipment and/or other costs to make circuit operational. |
| 12826 | Rosebud Health Care Center | 383 North 17th Avenue, Forsyth, MT 59327 | Please provide minimum 20/50 Mbps asymmetricall dedicated Internet access (DIA). Please include all construction, installation, equipment and/or other costs to make circuit operational. |
| 12826 | Rosebud Health Care Center | 383 North 17th Avenue, Forsyth, MT 59327 | Please provide minimum 20/20 Mbps symmetrical dedicated Internet access (DIA). Please include all construction, installation, equipment and/or other costs to make circuit operational. |
| 12826 | Rosebud Health Care Center | 383 North 17th Avenue, Forsyth, MT 59327 | Please provide ISDN/PRI. Please include all construction, installation, equipment and/or other costs to make circuit operational. |

HCP is requesting proposal for network management and professional services to assist in the network infrastructure update and support for a 12 month term. HCP will consider multi-vendor solutionThese services are to include, but are not limited to:

- Provide a program/platform, Arctic Wolf, DarkTrace or equivalent, that will identify advanced network threats
- Configure switch for traffic monitoring and remediation
- Managed network devices
- Software for network hardware monitoring and remote support
- Run quarterly scanning reports and provide support services to protect the network from security threats and vulnerabilities
- Provide network support and fix support for network appliances
- Provide site support for installation, decommissioning and testing

# Appendix B – Sample Addendum Language

**COLORADO TELEHEALTH NETWORK**
**HEALTHCARE CONNECT FUND SERVICE CONTRACT ADDENDUM**

**SAMPLE LANGUAGE**

This Addendum is entered into between [HCP LEGAL NAME] a Colorado non-profit corporation located at [HCP ADDRESS] ("HCP") and [SERVICE PROVIDER LEGAL NAME], a [SERVICE PROVIDER STATE] corporation located at [SERVICE PROVIDER ADDRESS] ("Service Provider"), collectively referred to herein as the Parties, this _____ day of _____, 20__ ("Effective Date") and made part of the contract previously executed by the parties on [ORIGINAL CONTRACT DATE].

**BACKGROUND**

1. HCP engaged Colorado Telehealth Network, a project of the Colorado Coalition for the Advancement of Patient Safety, a Colorado non-profit corporation located at 7335 E. Orchard Road, Greenwood Village, CO 80111 ("CTN"), to solicit proposals for certain broadband services to be financially supported under and consistent with the Federal Communication Commission's Healthcare Connect Fund ("HCF").

2. CTN produced a number of proposals using a Request For Proposal ("RFP") process consistent with the "fair and open" bidding process required by the HCF.

3. CTN and HCP mutually agreed to award the Services specified in this Addendum to Service Provider.

4. The Parties intend for this Addendum to qualify as an evergreen contract as defined by the HCF providing for the addition of both additional Sites and additional and/or upgraded Services beyond those initially described here.

5. This Addendum sets forth the terms and conditions necessary to ensure compliance with the HCF and secure the sixty-five percent discount provided by the HCF.

**AGREEMENT**

6. Addendum – All terms and conditions of the Agreement apply to the services described here unless specifically provided otherwise by this Addendum.

7. Services – Service Provider agrees to provide the Services as described and at the addresses described here. Additional descriptions and terms related to the Services are found in the attached [SERVICE PROVIDER SHOULD ATTACH THEIR STANDARD SERVICE TERMS AND REFERENCE HERE].

8. Term – The Term of this Addendum shall be 36 months commencing on the Start of Service Date or the Effective Date of this Addendum, whichever is later. The Term may be extended by written notice for two successive 1 year terms at HCP's option.

9. Billing Process – Service Provider will invoice HCP directly for all contracted services, such invoice to clearly identify the Amount Payable by HCP. The Amount Payable by HCP shall be 35% of the total amount due for HCF Eligible Services as determined by the Universal Service Administrative Corporation ("USAC"). HCP shall pay to Service Provider the Amount Payable within 30 days of the date of the invoice. Upon receipt of the payment, the vendor will then send CTN an invoice for the HCP's Services including notation of the 35% payment. CTN will then send USAC and Service Provider a USAC invoicing package that certifies the 35% payment was sent and that the bill accurately reflects the services the HCP is receiving. In order to receive the remaining 65% of the billed amount, Service Provider will need to follow USAC-defined processes to certify that the USAC invoicing package is accurate, after which the vendor will receive a disbursement from USAC in accordance with the selection made on the vendor's Form 498 (off-set of contribution or direct reimbursement).

10. Evergreen Contract – The Parties agree that this contract is intended to conform with the requirements for evergreen status designation as defined by the HCF. As such, HCP may elect to add Sites, add Services to existing Sites, or upgrade Services. Where applicable, pricing for new Sites, Services or Upgrades shall be consistent with pricing described in this Addendum and any attached exhibits.

**SERVICES**

11. Services – Services provided under this Addendum shall be those described here.

| *Site Address* | *Service Type* | *Bandwidth* | *Quantity* | *Cost* |
|---|---|---|---|---|
| | | | | |
| | | | | |

SIGNATURE PAGE FOLLOWS: --

SAMPLE