Request for Proposal **HCP 71384**

Chesapeake Regional Healthcare (CRH) **FCC Healthcare Connect Fund**

The Chesapeake Regional Healthcare (CRH) Consortium (HCP 71384), acting on behalf of its seven consortium members, is soliciting bids for telecommunications services through the FCC Healthcare Connect Fund. Proposals must provide for a one-year term of service. The Chesapeake Regional Healthcare Consortium is a collaborative network of health care providers representing [5] health care facilities, one administrative office and the hospital. It is the vision of the Chesapeake Regional Healthcare Consortium to enable a set of standard telehealth connection services throughout the state of Virginia and eastern North Carolina that will facilitate a healthcare location to share one or more telehealth services with any other healthcare location within Virginia and North Carolina and ultimately, to interconnect with other health care providers regionally and nationally.

This RFP addresses the telecommunications, for 7 facilities in the consortium that are seeking new or enhanced services. Simultaneous with the build outs identified herein, the Chesapeake Regional Healthcare Consortium will develop network architecture and routing to address the overall vision for the remaining sites in the consortium and the Chesapeake Regional Healthcare network. Sites addressed by services provided in this RFP will then be prepared to participate in further network scalability addressed by the Chesapeake Regional Healthcare network implementation plan.

Chesapeake Regional Healthcare is a non-profit healthcare consortium of [5] rural health care providers in North Carolina and [1] healthcare organizations and [1] admin office in Virginia. It provides services to its members, including educational programs for members and trustees, preferred vendor contracts, networking opportunities, physician and ancillary staff recruitment, collection agency services, and annual wage and benefit surveys. The connectivity provided will continue to build and enhance member capacity to electronically exchange health information and engage in telemedicine services. Chesapeake Regional Healthcare is requesting enhanced and reliable services for its members that currently do not have adequate telecommunication capacity to handle facility demands.

Requested services. This request for proposal establishes new or scalable site connections at 7 member sites that currently have unreliable or inadequate connectivity for their needs. Other sites in the consortium have established adequate connections, but they are not interoperable, which will be addressed in the overall network architecture of Chesapeake Regional Healthcare. There will also be a direct connection to the Chesapeake Regional Healthcare's managing entity, Chesapeake Regional Healthcare.

These services will ensure uninterrupted connectivity for all sites as specified in Table 1.1, attached. The configuration must support quality of service (QoS), specifically DSCP prioritization end-to-end for telehealth and secure reliable connections for electronic health information exchange. Eventually the connectivity will be able to provide additional services to the members for a converged IP network that will consolidate many technologies into one platform. The successful bidder(s) will support routes for existing services at the original sites and referral hospitals and clinics to provide a seamless transition to their bandwidth solution(s).

Telecom service options end-user sites should reflect overall pricing, quality standards, and network-wide service requirements as described below and in Table 1.1. Bids must be responsive to service needs established by end-user sites in Table 1.1. A DS3 connection to the Chesapeake Regional Hospital will allow the CRH sites to interoperate with other health care providers in Virginia and North Carolina and beyond. All site connections are listed in Table 1.1 and the Form 461 attachment, which incorporates this RFP.

The existing HCP's sites will connect via T-1 circuits with router and T-1 port capacity to accommodate the bandwidth needed for each site as defined. The vendor(s) must deliver connectivity over a private data network in a secure and prioritized fashion on an Internet Protocol (IP) platform. Vendor(s) may be required to purchase local access from the local exchange carrier to complete last-mile connectivity to nearest POP. The end user site would be responsible for internal wiring and connection to the room locations where the telehealth equipment will be located (note to vendor: this expense is not an eligible expense in the Healthcare Connect Fund and the participating HCPs will be 100% responsible for the internal wiring expense). The vendor shall provide network services in a manner that meets HIPAA requirements concerning telecommunications.

Quality of Service (QoS) - All local access circuits and vendor's core infrastructure network should be designed to deliver scalable QoS, specifically DSCP from end-to-end. Vendor will be required to prioritize traffic with QoS to ensure packet delivery and latency remains at or above industry standards for the routing protocols as well as for switching.

Network IP services should support: *(As a requirement the vendor must be able to guarantee that the requested services are included in the SLA/contract for **each** connection that will be made. If the parameters cannot be met after the point of implementation, the CRH reserves the right to terminate any and all contracts, because services are not being met as specified.)*

1. Specified bandwidth for each site in Table 1.1
2. Administrative network security policy and operational requirements for data transport that meets HIPAA security and privacy requirements of State and Federal regulations and statutes.
3. Support for standards-based encryption protocols.
4. Requirements defined for common technical standards and operational procedures to maintain system reliability; relevant parameters include:
   i) An average end to centralized [Consortium] hub site delay of less than (<) 20 millisecond.
   ii) Provide less than (<) 0.1% packet loss.
   iii) Provide less than (<) 20 millisecond jitter (delay variance).
   iv) Provide greater than or equal to 99.99% network availability.

Proposed system testing and acceptance provisions will be required on all bid proposals. CRH reserves the right to work in concert with vendors to develop appropriate test and acceptance criteria for a specific installation or configuration, to be defined and accepted by both parties prior to contract initiation.

IMPLEMENTATION SCHEDULE DESCRIPTION
Any network build-out that is required by the responding bidder, is preferred to occur prior to any inclement weather or winter conditions, and therefore any construction should begin in within 60 days of a signed contract. Please include a plan with timeline, and address ability to meet project timeline goals. Identify circumstances that may create project delays.

Project Management Plan
The Project Manager for this RFP will be Mr. Thomas Gates, an employee of Chesapeake Regional Healthcare. He will work with the selected vendor(s) to implement a timeline and phased approach for the installation of the circuits. Mr. Gates will develop the testing and evaluation criteria. After an operational period not to exceed 30 days he will certify and accept delivery. Mr. Maurice Bastarache, (39+ years' experience healthcare IT) the CIO of Chesapeake Regional Healthcare will certify that there is a budget available to support the CRH funding for this project.

PRICING AND COST INFORMATION
Vendors submitting proposals should identify all costs associated with the solution they are quoting.

Bid proposals should identify all costs that are included in bid in sufficient detail as to confirm the proposed solution, including installation, configuration, maintenance, and any recurring costs, complies with the Healthcare Connect Fund's eligibility requirements.

All subcontracting shall be pre-approved by CRH. The Prime Contractor/Bidder shall be responsible for all subcontractor(s) work and payment. CRH will not pay any subcontractor or third parties directly. Proof of release of liens of subcontractors will need to be submitted prior to invoice approval.

A deadline for bid submissions will be 28 days after the posting of the Form 461 on the USAC web site. Program rules require the Form 461 and RFP to be posted for a minimum of 28 days, meaning that at a minimum a contract could not be signed until the 29th day after posting of the RFP. You must submit 3 copies of your proposal in hard copy format to CRH, c/o: MSP Consultants, LLC, 5770 Waterloo Bridge Circle, Haymarket, VA 20169, and 1 email copy to: msp-llc@outlook.com.

All bid proposals must understand and acknowledge USAC invoicing requirements and formats. Bidder will conform to invoicing procedures and processes as promulgated by USAC. Any successful bidder(s) is required to have a current SPIN/498 ID as required by the Healthcare Connect Fund Order. A SPIN/498 ID number may be obtained by contacting the Universal Services Administrative Company (www.usac.org) Service providers will also need to have an active registration with SAM.gov.

All costs may not qualify for HCF funding. Bidders must provide accurate, detailed cost information for every component of their proposals.

To obtain funding for the services being requested through this RFP, the consortium is subject to the rules and regulations of the FCC Healthcare Connect Fund program. Vendors must meet all program requirements. Once CRH has submitted the Form 461 and this RFP it will be posted to the USAC website. More information on bidding and posting rules can be found at: http://www.usac.org/rhc/healthcare-connect/default.aspx

PROPOSAL EVALUATION

All costs incurred by Vendor(s) in preparing and submitting a proposal are the Vendor(s) responsibility and **shall not** be charged to the [Consortium] or reflected as an expense of the resulting contracts. Proposed vendor responses will be based on but not limited to the following:

- Total solution cost, including ongoing services and any required start-up construction **(60 points)**
- Previous work with health care providers **(20 points)**
- Network IP Services such as QoS, DSCP and H.323 **(10 points)**
- Proposed implementation time frames **(5 points)**
- An evaluation of vendor features, capabilities, and overall alignment with the project scope **(5 points)**

The selection will be based on all factors indicated in this section and may not go to the lowest bidder if cost is outweighed by a combination of other features in the winning vendor's bid. The point scale listed above will determine the most cost-effective solution for CRH's members.

CRH reserves the right to select bid proposals which, in the sole judgment of the CRH, most nearly conforms to the specifications set forth herein.

CRH reserves the right, when it determines that doing so serves the project's best interests, to waive deficiencies in the form or presentation of any bid when evaluating it for acceptance or rejection.

CRH is not responsible for any costs incurred by a vendor related to the preparation or delivery of the bid proposal, or any other activities carried out by the vendor as it relates to this RFP.

Changes in applicable laws and rules may affect the award process or any resulting contracts. Vendors are responsible for ascertaining pertinent legal requirements and restrictions. Vendors are encouraged to visit the official FCC website pertaining to the Healthcare Connect Fund Rural Health Care Program | Federal Communications Commission

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

The CRH team, representing the facilities reserves the right to issue any resulting order with the vendor(s) whose proposal, in the judgment of the group, most nearly conforms to the specifications and will best serve the needs of the CRH participant members included in this request. CRH is not obligated to accept any proposal received. It may accept proposals in whole or in part or may reject all proposals.

CONTACT ON THIS RFP:

MSP Consultants, LLC
5770 Waterloo Bridge Circle
Haymarket, VA 20169
msp-llc@outlook.com

ATTACHMENTS

Table 1.1 – Network Map

TABLE 1.1

HCP Name	Connection	Termination Point
71646 Chesapeake Regional Surgical Specialists	200MB DIA	1138 N Road St Elizabeth City, NC 27909
71648 Chesapeake Regional Primary Care – Camden	100 MB (DIA)	100 Plank Bridge Road Camden, NC 27921
71649 Currituck Internal Medicine	200/300 MB (DIA)	534 Caratoke Hwy Moyock, NC 27958
71660 Chesapeake Regional Medical Associates – OBX	100 MB (DIA)	5116 N Croatan Hwy Kitty Hawk, NC 27949
71663 Advanced Wound Care Center	200 MB (DIA)	1805 W City Dr Elizabeth City, NC 27909
71691 CRH IT Admin Office	200 MB DIA 100 MB - Metro-E	600 Independence Pkwy, Suite 201 Chesapeake, VA
71672 Chesapeake Regional Medical Center	1GB DIA 200 MB 200 MB (Metro -E) 500 MB (VPRN) 500 MB (E-LINE)	736 North Battlefield Blvd Chesapeake, VA 23320