

Alaska eHealth Network



Request for Proposal

AeHN Network Connectivity – Phase 2

FCC Rural Health Care Pilot Program Administered under Universal Service Administrative Company Guidelines

Requested by: Alaska eHealth Network

February 17, 2011

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1. Introduction

This request for proposal is offered and will be managed by The Alaska eHealth Network (AeHN). AeHN is a 501(c)(3) Alaska non-profit corporation, organized and managed by Alaskans. As a network of public and private organizations and businesses involved in healthcare, AeHN seeks to implement the necessary network solutions to support telehealth related services. The purpose of this RFP is:

- To obtain detailed written proposals from Bidders regarding their experience and capabilities in successfully delivering network services as described herein.
- To obtain pricing structures, work plans, implementation schedules, and proposed methodologies and approaches to be utilized.
- To solicit proposals in a standard format that will enable AeHN to compare and evaluate Bidders and award a contract based on the selection criteria specified herein.

In May, 2007 the Alaska Native Tribal Health Consortium (ANTHC) applied for and was subsequently awarded access to funds from the FCC's Rural Health Care Pilot Program (RHCPP).

In July, 2010, ANTHC turned over management of the FCC Rural Health Care Pilot project to the Alaska eHealth Network (AeHN). AeHN's ultimate objective is to:

“Unify disparate healthcare networks throughout Alaska and supply rural health providers with connectivity to urban health centers for the purposes of telehealth and support the exchange of health information.”

Therefore, AeHN is seeking bids for network solutions, within which a single Bidder (or consortium of Bidders) provides installation, maintenance and monitoring services needed to support enhanced connectivity for our participating sites and networks.

The goal of the network is to:

- Connect existing participating networks
- Update/upgrade existing participant sites and connect them, and to
- Bring onboard new participating sites and connect them.

Funds awarded under this RFP will be administered under the rules and guidelines of the FCC Universal Service Administrative Company (USAC) Rural Healthcare Pilot Program.

AeHN intends to use RHCPP funds to enable connectivity for eligible health care entities in as many communities as possible. Additionally, AeHN anticipates that numerous health care

entities, such as health care related private enterprises, physicians, and clinics, will also choose to connect to the network.

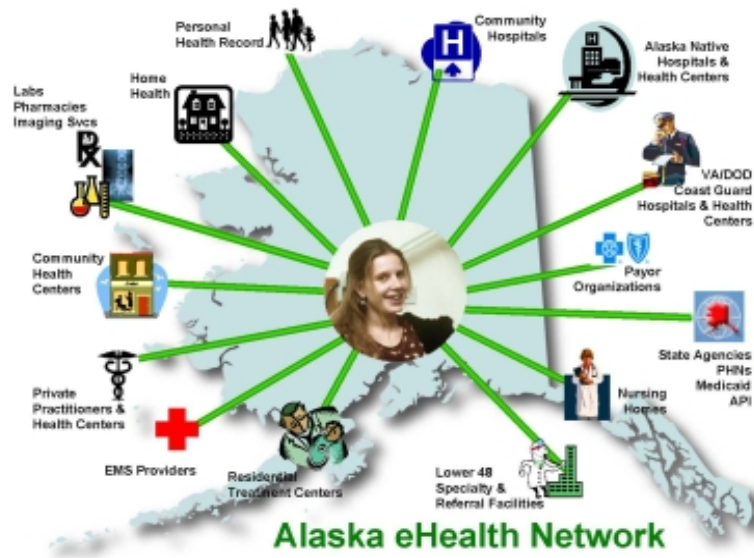
AeHN is dedicated to supporting peer-to-peer healthcare-related communications. AeHN intends for the network to establish connections to or directly peer with several regional, statewide and national networks, thereby participating in a “network of networks” that supports enhanced telehealth services, including telemedicine consultation, distance education, remote patient monitoring and other healthcare industry related electronic transactions.

The AeHN network must provide connectivity over long physical distances within Alaska plus connectivity to the “lower 48” and support at least three different modes of use:

- Internet remote access client connections
- LAN-to-LAN internetworking
- Controlled access within an intranet

1.1 Background and Environment

Alaskan communities face unique challenges in obtaining access to quality health services. Alaska is the largest state in the nation, containing 586,412 square miles, and yet has a mere 12,200 miles of public roads. The lack of connecting road systems results in 75% of Alaskan communities and 25% of Alaska residents being unconnected by road to a hospital or physician. These communities must depend on other modes of transport, such as plane, boat, and snow machine to access basic medical services. Not only are many patients and providers required to travel in order for patients to receive needed medical services, but that travel is much more expensive, treacherous, and complicated than in most states.



“Neighboring” villages are as much as 400 miles apart. The typical referral from rural Alaska is over 100 miles away and costs hundreds of dollars to fly the patient to the specialist. The distance from regional facilities to the four major hospitals in Anchorage average 700 miles and cost \$800 to fly. Flying is usually the only practical means of transportation since most rural facilities are not connected to the road system. Alaska’s geography has caused Alaskans to address telehealth, distance education, and HIE in a dramatically different regard than most states. These HIT approaches are viewed as less an enhancement to care delivery, but rather as a means by which to provide basic levels of care.

While the need for a secure, coordinated healthcare network in Alaska is similar to the need in many states, Alaska’s environment is very different. Alaska, while a large geographical state, has a small population with a historical collaboration among healthcare partners and competitors working on progressive telehealth, health information technology (HIT), and HIE projects. In addition, Alaska has a wide variety of healthcare payers including Medicare, Medicaid, as well as other public payers that include the Department of Defense (Tricare), the Indian Health Service, the Veteran’s Administration, a multitude of private payers, and self-payers.

There are 226 federally recognized tribes, 162 local governments, numerous federal and state supported health associations, community health centers and many privately run clinics.

The Alaska healthcare system includes four major healthcare payer systems, each separate and distinct yet dependent upon each other due to patient overlap, isolation from the rest of the United States, and Alaska’s geography. These four systems are private, Federal, Tribal, and

Medicaid. Approximately 17.7% are uninsured. These four systems are often covered by different privacy and security laws, business policies, regulations, and traditions. Many coordinated health systems around the nation strictly address the private insurance and Medicare/Medicaid markets while ignoring the federal/tribal aspects, which are important in Alaska and other areas of the country.

The following is current AeHN market information:

DEMOGRAPHIC	STATISTICS
Number of hospitals	27 total (13 critical access)
Number of physicians	1,600
Number of healthcare providers	8,000
% of all Alaskan jobs in healthcare	10%
Number of pharmacies	100
Alaska Population	698,473 (2009)
Federally Qualified Health Centers/ Community Health Centers	26 locations, 174 sites

1.2 Objective

AeHN’s objective is to connect individual participants and to unify separate electronic healthcare networks that are being developed throughout Alaska; supplying rural health providers with connectivity to referral providers both in Alaska and in the Lower 48. A key feature will be the ability to work over both private networks as well as public networks like the Internet. The unifying structure should be a network that uses a public telecommunication infrastructure such as the Internet and Internet2 to provide remote healthcare facilities or individual healthcare providers with secure network access.

We desire to avoid an expensive system of owned or leased lines that may be redundant to network infrastructure already in place.

The network will encapsulate data transfers between networked devices which are not on the same private network so as to keep the transferred data private from other devices on one or more intervening local or wide area networks.

This coordinated network will facilitate the exchange of critical health information between health providers. It will also support telemedicine services, the transfer of high-resolution images for patient care, as well as videoconferencing and Voice-over-Internet applications within Alaska and to the lower 48 states.

The project involves the linking of existing healthcare networks, creating new connections to rural locations where no connectivity currently exists, and/or upgrading the transport, bandwidth and customer premise equipment of existing sites with network access.

It is intended for the network to have access to the I2 network, enabling high-speed data transfer capabilities while maintaining quick access for users. The support of I2 will directly facilitate telehealth applications by providing an effective medium for electronic data delivery to tertiary care facilities outside of Alaska, connection to the National Health Information Network, and ensure that telehealth capabilities will be efficient and reliable.

1.3 Contact Information

All questions or requests for clarification related to the requirements specified in this RFP must be directed to:

Mark Schwartz
AeHN FCC RHCPP Phase 2 Selection Project Manager
Peer Consulting, LLC
425-985-6910
Email: markschwartz@peerconsulting.net

Additional information about AeHN is on the AeHN website at <http://www.ak-ehealth.com/>. Information about the AeHN Business Plan is located in the Documents tab.

For more information on the Rural Health Care Pilot Program:

Phone: 1-800-229-5476 - Web address: <http://www.usac.org/rhc-pilot-program/>.

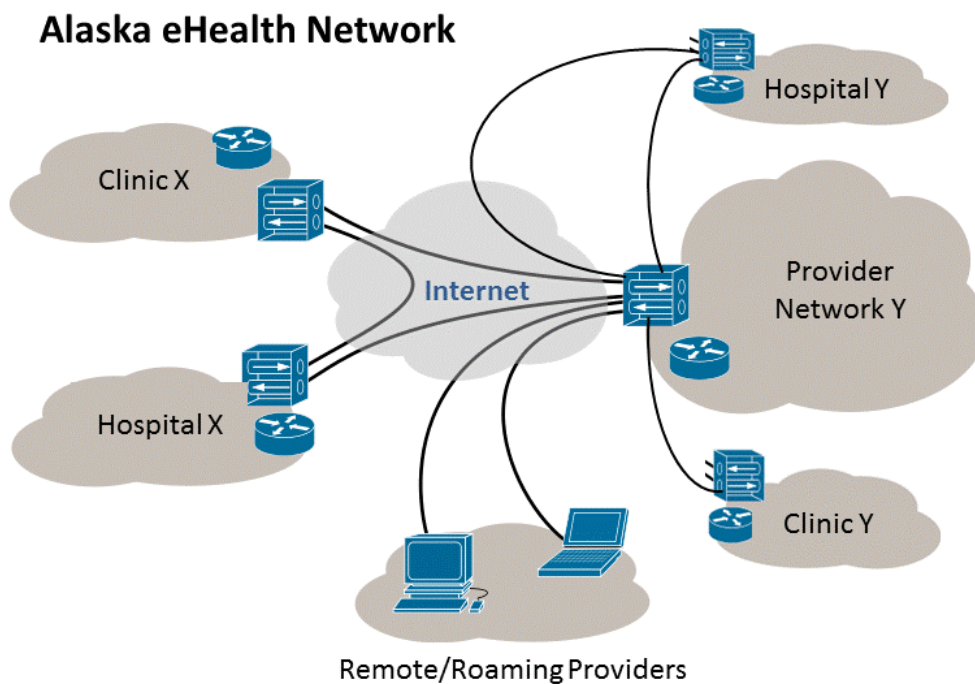
Information and documents related to this RFP may be accessed at <http://www.usac.org/rhc-pilot-program/tools/search-postings-2009.aspx> and clicking on the "Search Posted Services" link and then clicking on the box for AK.

2. Description

This section provides a description of the AeHN project and explains what the AeHN network is intended to be.

2.1 The Network

The AeHN network is intended to unify currently separated healthcare networks, rural clinics and urban health centers within the state of Alaska. In addition to broadband access, the network may also provide aggregated application services, voice, video, telehealth and internet connectivity to all medical entities (participants) invited to subscribe to the network.



Given the geographic range of Alaska's healthcare providers and the range of services planned, the network must be accessible in a manner that can accommodate numerous interconnections to other medical networks, application service providers, internet service providers,

government entities, and other existing and future autonomous systems. Scalability is an overriding theme, potentially connecting more than 250 sites.

AeHN desires a scalable network that follows industry best practices where possible, with a WAN-interfacing module capable of accommodating unlimited network interconnects without any fundamental redesign.

2.2 Planned Applications and Other Services

Note: This section is provided to you as information only to assist you in understanding our long term goals and objectives.

While the FCC Rural Health Care Pilot Program does not provide funding for health technology applications, the implementation of the network will facilitate the use of a Health Information Exchange, telehealth applications (both videoconferencing and store and forward), and Voice over IP (VoIP).

Since many of these applications are being developed or implemented on disparate networks throughout the state, the unification of networks will allow for these existing applications to be shared with all connected AeHN members.

The development of a statewide healthcare network will allow for any organization to have one connection point for all available services. Connecting to a managed system reduces the barrier to entry and provides higher quality, greater throughput, greater reliability, and lower support costs for the participating organizations. This coordinated approach allows the organizations to focus on the business of healthcare and worry less about the technology.

Telehealth applications play a vital role in the communication between providers, patients, and other healthcare delivery organizations. While telehealth applications are currently in practice at many of the locations, this project will increase both the number of users and the number of functionalities.

Telehealth will be used for a variety of specialty services, including pharmacy, orthopedics, pathology, and ear, nose, and throat practices. Communication via telehealth may be in the form of store-and-forward methods or real-time transmission of digital images. Another application of telehealth in this project will support Telepsychiatry, in which the use of video conferencing will enable patients to visit doctors at another location. Video communication will also be used in doctor/clinic-to-hospital conferencing, delivering care to special needs children in school, monitoring of ICU patients, and administering complex, real-time catheterization

studies. Telehealth will support various home health applications as well, allowing private nurses and aides to communicate with the doctors regarding their patient's health.

The HIE that AeHN is implementing uses standards based data sets, messaging services and interfaces that allow bi-directional flow of information between AeHN members. This allows for the transmission of relevant patient information, such as EHRs, digital radiology images, or consultative reports, between providers in real time. This functionality is particularly important in Alaska where the harsh topography alone causes physicians to rely heavily on telecommunications. The network will use anonymous resolution to preserve the privacy and security of the data through de-identified transfer of information. The network will also implement a record locator service to allow each provider to select the information that can be shared, maintaining patient privacy as needed.

Another feature of AeHN will be the Personal Health Record (PHR). The PHR enables patients to manage their own healthcare and closely monitor their personal health information. Patients will be able to communicate with clinicians through a portal, as well as send emails. Patients will also be able to save their PHR to disk and transport their relevant patient information to any doctor. In addition to accessing their health information, patients will also be able to utilize network resources such as condition specific support networks, disease specific knowledge bases, and other e-clinical services such as online scheduling, clinician messaging, and access to educational materials.

These new advances will allow Alaskans to improve their own healthcare by making them an active participant in the collection and maintenance of relevant information. The PHR will provide a mechanism for patients to set access permissions and review audit reports of their health information.

The AeHN network will greatly improve the capabilities of patients, providers, and payers to access important healthcare information. School nurses will be able to access student records, such as dental histories and immunizations, to help parents better manage their children's needs. The University of Alaska will be better able to offer degree and certificate programs to more students at distant locations. Clinics and universities will have open communication, including multicast seminars in medicine and healthcare research access that could strengthen the knowledge base of Alaskan providers. AeHN will provide accessible data for important public health monitoring, such as disease registries, immunizations, bio-terrorism tracking, and disaster preparedness. In addition, the network will offer a connection to Emergency Medical Services throughout the state, as well as maintain a global catalog of emergency services and providers. Alaskan providers will be directly connected to payers, including Medicaid, for eligibility, submission, and reporting services.

Last, the process of network implementation will be documented for reporting to the Rural Health Funding Program. These reports will provide valuable insight to the uses of FCC funding for future and ongoing investments. AeHN will work with the FCC to collect data and identify ways that Rural Health Care Funding can assist in providing an uninterrupted, efficient high-speed network that is applicable to small rural communities nationwide. Connecting healthcare providers through a network spanning across Alaska will provide a valuable model for dissemination throughout the nation, especially to rural areas. AeHN will demonstrate that the appropriate distribution of bandwidth in rural areas can be more effective than increasing bandwidth to urban settings. Additionally, the collaboration of public and private organizations involved in this project can help the FCC to resolve issues regarding fees for network usage.

3. Participants

Use of the AeHN network is comprised of two types of participants; individual and network. The winning bidder shall be required to propose solutions for connecting both.

AeHN recognizes that the mode of network connection required to connect each single or network of participants may vary. The winning bidder will be required to complete a small design study with each participating organization and network to determine the best connectivity options fundable under RHCPP guidelines. Connectivity requirements are needed to determine the bandwidth, transport and customer premise equipment for each participant in order to complete your overall bid and to obtain funding from the FCC USAC.

In the response section (Attachment 2), Bidders are required to present an itemized listing, by participant, of the connectivity solution proposed and describe how each participant will be incorporated into a unified AeHN network architecture.

3.1 Individual Participants

Many AeHN participants are not affiliated with any existing Regional Networks, nor do they have WAN access through participation in a regional, statewide or national educational or research network infrastructure. Some members of this group may subscribe to public Internet access services through an ISP. Each member of this group may require a dedicated connection to the network.

Some of these sites may require updates/upgrades to their existing services while others are not connected at all and may require new services.

Attachment 2 of this RFP contains a spreadsheet listing the Participating Facilities that are seeking new or updated/upgraded services and/or need to be connected to the network. Attachment 2 is where you will propose your services, per each participant or participating network.

3.2 Network Participants

Certain AeHN participants are members of a regional network comprised of individual clinics and hospitals that cooperatively participate in healthcare-related activities. Examples of these Networks include Alaska Native Tribal Health Consortium, Tanana Chiefs Conference, Alaska

Regional Telehealth Network and Eastern Aleutian Tribes. For these networks, the goal is to connect to their network(s), thereby connecting all the sites that are members of that network.

Each of these networks currently interconnects multiple clients within its own network. In most cases these Networks provide gateway services to external healthcare provider networks and/or the public Internet.

Attachment 2 of this RFP contains a spreadsheet listing the Participating Networks that are seeking updated/upgraded services and/or need to be connected to the network.

4. Educational, and Research and National

Some AeHN Participants currently or would like to connect to regional or statewide educational and research networks. Our plans call for all participants to have access to the National Health Information Network. Individual connections to these networks will not be required. A connection to Internet2 is another example so that AeHN members can connect to University and other Research Networks in the lower 48 states.

5. Question – Clarification Process

AeHN is committed to a fair, open, and transparent bidding process and will hold one clarification conference call related to the information presented in this RFP. Vendors are encouraged to submit questions prior to the conference call. These questions will be answered in writing and provided to all vendors prior to the call.

Additional or clarifying questions should be presented at this session which is open to all bidding the project.

The actual date for the Conference Call will be determined by the date that USAC posts this RFP; an estimated timeframe is presented below.

The exact date for the conference calls will be provided to you by email, provided you have expressed an interest to bid and have provided us with the necessary contact information.

Bidders seeking clarification have responsibility for submitting questions and attending the conference call. Questions and their answers will be posted to the AeHN website at <http://www.ak-ehealth.com>, in the Documents section.

A bidder email distribution list will be created for the purpose of distributing any additional written information by AeHN.

Any bidder desiring to be included on this distribution list should send an email with contact information to: markschwartz@peerconsulting.net and bill@ak-ehealth.org with “AeHN FCC RHCPP Phase 2 – VPN Procurement” in the subject line.

6. Bid Submission Process

1. All bidders responding to this RFP must have a valid Service Provider Identification Number (SPIN) issued by USAC. The bidder’s SPIN number must be provided at the time of the RFP response or the bid may be disqualified.
2. Bidders must make certain that their SPIN qualifies them for participation in the RHCPP.
3. Any questions by bidders related to SPIN’s or USAC’s requirements should be directed to USAC by email (RHCPILLOT@usac.com) or by telephone (1-800-229-5476).
4. All RFP responses should contain complete contact information for the responding bidder (name, company, mailing address, phone number, fax number and email address).
5. All responses to this RFP must be electronic and received in MS Word 2007 for Attachment 1 and MS Excel 2007 for Attachment 2. Your proposal should be emailed to:

Mark Schwartz, markschwartz@peerconsulting.net and Bill Sorrells, bill@ak-ehealth.org with “AeHN FCC RHCPP Phase 2 - RESPONSE” in the subject line.

In addition, ONE complete hard copy of the response, with a signed cover letter is to be mailed, along with all attachments, to:

Bill Sorrells
Alaska eHealth Network Director
PMB 1143, 2440 E Tudor Road
Anchorage, Alaska 99507

6. For response date purposes, the date of the electronic copy receipt is sufficient.
7. Bidders should fully review anticipated terms and conditions expectations prior to submitting their bids for services.

7. Bidding Criteria

Bids not meeting the specifications as outlined in this RFP may be disqualified from consideration for this AeHN project.

7.1 Conditions of Response

1. AeHN reserves the right to contact a bidder after submission of bid proposals for the purpose of clarifying a bid proposal to ensure mutual understanding. This contact may include written questions, interviews, site visits, and a review of past performance. This information may be used to evaluate the bidder's bid proposal. However, the information received from the bidder shall not be considered in the evaluation of a bidder's bid proposal if the information materially alters the content of the bid proposal.
2. AeHN reserves the right to waive deficiencies in a bid proposal. The decision as to whether a deficiency will be waived or will require the rejection of a bid proposal will be at the sole discretion of AeHN. This reserved right does not diminish AeHN's right to reject a bid proposal if bidder fails to comply or respond to any part of this RFP.
3. Upon award of a contract, the bidder will provide certification per USAC requirements and will assist AeHN in the preparation of the Network Cost Worksheet (NCW). These are required for the Funding Commitment Letter (FCL) issued by USAC.
4. The successful bidder must, within thirty (30) days, enter into a contract with AeHN to implement the services contemplated by this RFP. Failure of a successful bidder to agree to the terms of a contract within a timely manner may be grounds for AeHN to award the project to another bidder.
5. Winning bidders shall agree to maintain transaction documentation and records for a period of 5 years after payment in compliance with FCC rules and USAC document retention requirements.
6. This is a request for proposal, not an offer. Submission of a response does not constitute acceptance nor does an award. An offer and acceptance only occurs upon the successful negotiation and execution of an agreement between the bidder and AeHN. AeHN reserves the right to not award a bid for any reason and for any or all user locations. AeHN also reserves the right to re-bid specific user connections in a later phase of the project.
7. AeHN will not share RFP responses with other bidders unless required to do so by law, State or Federal regulations, or court order.
8. The final contract with the selected Bidder will incorporate this Request for Proposal, including its Appendices and Addenda (if any), and the submitted response.
9. AeHN reserves the right to cancel any contracts resulting from this RFP, for cause, at any time or at the end of any fiscal year (June 30), should insufficient funds be budgeted in the following year to continue the contract, by giving 120 days' written notice and upon payment of costs actually incurred by the Bidder prior to the notice of cancellation.

10. Records developed by the Bidder and related to the project costs will be maintained for a period of five years following the completion of the project.
11. The Bidder or Bidders awarded a contract as a result of this RFP may not assign or sublet the whole or any part of the contract without the prior written consent of AeHN.
12. The Bidder must warrant that, for a minimum of one (1) year from final acceptance of each hardware component, network transport and software package included in the proposed system, shall meet all of the specifications set forth in Bidder's proposal and in the operational manuals current as of the date of AeHN's final acceptance of such hardware, network and software products and will be free of defects. In the event of the Bidder's breach of its warranty hereunder, AeHN shall have the option to repair or replace the hardware and/or software, and the Bidder will be liable for excess costs incurred by AeHN therefore.
13. Expenses incurred by the vendor in developing responses to the RFP are entirely the responsibility of the vendor, and may not be charged to AeHN or their representatives.
14. Unnecessarily elaborate responses beyond that sufficient to present complete information are neither necessary nor desired. Emphasis should be on completeness and clarity of the information or proposal submitted.
15. AeHN reserves the right to request additional information, proposals or modifications to proposals after the date indicated, should such action be in the best interests of AeHN.
16. AeHN reserves the right to share the contents of the vendor information/proposal with their consultants, the evaluation team, legal counsel or other group/individual under contract to provide expertise in the system evaluation process.
17. AeHN may request a respondent to furnish such supplemental information as is sufficient to assure the respondent's system functionality, business organization and financial resources are adequate to successfully install and support the system.
18. All information and proposals and accompanying documentation become the property of AeHN and will not be returned.
19. AeHN reserves the right to waive any and all formalities and to reject any product or service not meeting its requirements.
20. It is expressly understood by the proposing vendor that any data input, processed, output, or stored by the proposed system is the sole and exclusive property of AeHN. Vendor agrees that no publication or other use of such data (including participant contact information and email addresses), in its detail, or in aggregate, will be permitted without the express written consent of an authorized officer of AeHN and no requirement to share data will be accepted in the contract.
21. Vendor will make no public statement, explicitly or implicitly, indicating a vendor or potential vendor relationship with AeHN unless sanctioned in writing by an authorized officer of AeHN.

22. No form of AeHN's name or any of its participating facilities shall be used in promotional materials, signs, announcements, or other forms of communication or advertising originated by Bidder unless AeHN's (and respective Participating Facility) express written permission for such use has been obtained in advance.

7.2 Prime Contractor, Consortiums of Bidders and Single Award

The RFP is available for all individual companies or strategic teams who may be interested in supplying telecommunications and network services to AeHN. You must have a valid Service Provider Identification Number (SPIN) issued by USAC to be able to bid. Potential Bidders should be aware of the following requirements.

1. AeHN will award a single contract comprising all requested services. No partial or split awards may be made.
2. AeHN requires that each proposal identify a Prime Contractor and that the Prime Contractor shall bear full responsibility for the awarded Contract. Bidders are encouraged to create partnerships with multiple subcontractors if necessary. However, as the "single" provider and single point of contact for the awarded Contract, Prime Contractor shall bear the full responsibility for implementation and maintenance for their awarded Contract and all subcontractor, subsidiaries and affiliates.

7.3 Vendor Presentations

Bidders selected as finalists will be required to give a live presentation to the AeHN evaluation task force. The presentations will be scheduled to take place approximately three weeks after AeHN has selected the finalists. The presentation should offer a webinar option for our rural members that are unable to attend an in-person presentation in Anchorage.

7.4 AeHN Requested Network Design

In Attachment 1, you are requested to propose your AeHN network solution. Your proposal may allow for alternative solutions that may offer superior cost or performance advantages over the requirements we have stated. Your solution must meet or exceed all designated criteria and requirements as specified in this RFP, including but not limited to:

1. Performance
2. Interoperability
3. Reliability underwritten by Service Level Agreements (SLA)

4. Any-to-any VPN security
5. Quality of service (QOS)

In order to be selected, your solution in aggregate must be adjudged to offer superior price and performance. Moreover, as stipulated in the following section, your proposal must support the entire geographic extent of AeHN participants as listed in Attachment 2 of this RFP.

7.5 Rural Participants

The FCC RHCPP Program has been established primarily to assist health care facilities that are located in rural locations. In the event that funding or other constraints dictate that the entire complement of Participants included in this RFP cannot be accommodated within this project, the final decision regarding which of the Participants will be included in the project will be solely within the purview of the AeHN Board of Directors. For purposes of responding to this RFP, Bidder's are required to provide a connection solution and associated pricing for each of the Participants included in Attachment 2.

Certain geographic locations situated in remote locations currently have marginal or inadequate telecommunications infrastructure supported by traditional ILEC and/or CLEC providers. Consequently, the existing telecommunications infrastructure that serves some of these rural sites may not be adequate to support the preferred, perhaps not even the minimum acceptable bandwidth capacity as stipulated in this RFP or as requested by the participating site. AeHN recognizes that installation of extensive landline or other physical infrastructure may not be financially practical solely to support a limited constituency within a given geographic area. Nonetheless, Bidders are encouraged to exercise creativity in providing effective solutions for these disadvantaged participants.

Although Bidder's overall cost quotation for the project will be an important criterion for selecting the finalist Bidder, AeHN will give consideration to proposals that provide creative, effective solutions for connectivity to "hard to reach" rural participants.

7.6 Defined One Year Implementation Schedule

AeHN requires that Contractor commit to a maximum one year implementation schedule, subject only to extensions due to circumstances beyond Contractor's control. Connections with external networks as specified in this RFP shall also be installed and fully operational. In Attachment 1, Bidders will be required to describe in detail how their project management plan accomplishes this schedule.

7.7 Geographic Equity in Distribution of Participants

The network will be geographically dispersed throughout the entire State of Alaska. AeHN recognizes that many mitigating factors may influence the precise order of participant connection; however, Bidder’s implementation plans will be required to demonstrate sufficient flexibility to accommodate ad hoc changes while adhering to the overall goal of maintaining geographic equity. Bidders will be required to demonstrate that project management, technical and administrative staff and resources will be assigned to the project to a sufficient extent that a statewide implementation can be supported.

8. Evaluation Process

8.1 Evaluation Timetable

AeHN is following USAC guidelines for the selection process. The RFP will be posted for the minimum 28 days required by USAC and will fully comply with all USAC required bid posting requirements and timelines. Following receipt of RFP responses an evaluation task force will examine the responses to determine which vendors meet AeHN and USAC requirements. The following is the timetable for the evaluation process:

Activity	Completion Date *
RFP Posted by USAC	MM/DD/YY
Questions regarding the RFP submitted to AeHN	10 days from USAC posting
Bidders Conference Call 1 – Please submit your questions as soon as possible, prior to the conference call.	15 days from USAC posting
Proposal Submission Deadline	30 calendar days from USAC posting
Reference Checking and Proposal Evaluation Completion	Three weeks after proposal submission deadline
Vendor Presentations	Two weeks after proposal evaluation completion
Vendor of Choice Selected	One week after Vendor presentations
Board Approval	TBD

Begin Implementation	August/September 2011
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* Dates will be assigned to the above schedule once USAC posts the RFP to their website.

9. Guidelines for Reply

AeHN must keep responses as standard as possible from all responding vendors. Therefore, you must use Attachments 1 and 2 of the RFP for your reply and submit them in Word and Excel format (not PDF), respectively.

It is mandatory that you reply to ALL sections outlined in Attachments 1 and 2. Divide your reply based upon the sections and sequence of the response.

If including brochures, use them only as embedded links; brochures cannot be used as answers to questions, only as additional information.

Questions must be answered in the space following the question and in the format requested. Review of addendum information must not be necessary to evaluate the response unless specifically requested. All addendum references must be embedded links in the body of the electronic document and named as such (e.g., Addendum 1- name of document).

Any vendor with multiple solutions must complete their proposal with the best fit solution; only one response per vendor will be evaluated.

Vendors that do not have all required components should partner as necessary with other vendors to present a complete solution in a single proposal. In such situations AeHN will contract with only the primary vendor and the responding vendor must act as the primary vendor for functionality delivery and system support purposes.

All questions and/or communication about the evaluation process with AeHN must be submitted via email to markschwartz@peerconsulting.net. Questions received prior to the Bidders' Conference Call will be answered during the call. Questions and their answers will be posted to the AeHN website at <http://www.ak-ehealth.com>, in the Documents section. Any meetings, contacts, phone calls, etc. with any evaluation team members during the evaluation process will disqualify the vendor.

9.1 Proposal Elements

To facilitate your response in an electronic format, the following portions of the RFP document are provided as attachments in Microsoft Word and Excel files. Note that the Excel file has multiple worksheet tabs that may need to be completed.

9.1.1 Attachment 1

(must be returned in Word format, not PDF)

- Vendor Profile
- Proposed Network Solution
- Participant Requirements
- Installation Plan
- Maintenance and Warranty Services

9.1.2 Attachment 2

(must be returned in Excel format, not PDF)

Complete tabs 2, 3 and 4 in the Attachment 2 spreadsheets to identify ALL participant bandwidth, transport and customer premise equipment being proposed and their respective costs. Your proposal will be expected to itemize (1) the one-time (non-recurring) costs, including all hardware and infrastructure items and their installation, and (2) the recurring monthly service fees charged to each participating facility connected to the network for a period of three (3) years following that HCP's Operation Date.

Worksheets included in Attachment 2 include:

1. Instructions for Completing Attachment 2
2. List of Participating Facilities and their Requests/Requirements
3. Participant Services : Proposed Services, Equipment and Costs for Participating Sites; which includes:
 - a. Hardware Costs
 - b. Service and Support Costs
 - c. Telecommunications Costs
 - d. Summary Costs
4. AeHN Network Costs