



The Indiana Telehealth Network

REQUEST FOR PROPOSAL #00

Construction and Operation Of a Fiber Optic Based Internet Services Network

SECTION ONE

GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

1. INTRODUCTION

The Indiana Rural Health Association (IRHA) requires the Construction and Operation of High Speed Fiber Optic Based Internet Service for the healthcare participants listed in Attachment C. It is the intent of IRHA to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is being posted to the USAC website: <http://www.usac.org/rhc-pilot-program/tools/search-postings-2008.aspx> and the IRHA website: <http://www.indianaruralhealth.org/> for downloading. A nominal fee will be charged for providing hard copies. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

1.1. DEFINITIONS AND ABBREVIATIONS

Following are explanations of terms and abbreviations appearing throughout this RFP. Other special terms may be used in the RFP, but they are more localized and defined where they appear, rather than in the following list.

Implementation	The successful implementation of a high speed Fiber Optic Based Internet Service.
Installation	The delivery and physical setup of products or services requested in this RFP.
Respondent	The IRHA will not consider a proposal response if two or more bidders submit a joint or combined proposal. If submitting as joint or combined, one entity or individual must be clearly identified as the Respondent who will be ultimately responsible for performance of the contract.
Services	Work to be performed as specified in this RFP.
State	The State of Indiana.
Vendor	Any successful Respondent selected as a result of the procurement process to deliver the products or services requested by this RFP.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

1.2. PURPOSE OF THE RFP

The purpose of this RFP is to select a vendor that can satisfy the IRHA's need for High Speed Fiber Optic Based Internet Service. It is the intent of the IRHA to contract with one or more vendor(s) that provides quality High Speed Fiber Optic Based Internet Service.

1.3. SUMMARY SCOPE OF WORK

The Indiana Rural Health Association, Bloomington Hospital, Clarian Health Partners, The Lugar Center for Rural Health, the Indiana Telecommunications Association and St. Vincent Hospitals are collaborating in this effort. Funding for this pilot project will be provided through an 85% matching award, for eligible services, from the Universal Service Administrative Corporation (USAC) and a 15% match from local and state sources. The award will be made in accordance with the funding calendar set by USAC. It is intended that the construction of the fiber optic facilities will be fully funded for this project.

This RFP is offered as part of the FCC Rural Health Pilot Project and seeks to serve the advanced communications needs of the healthcare participants listed in Attachment C along with the communities which they serve. The installed fiber facility will be used first to serve the high bandwidth needs of the hospitals, then other health care organizations and finally the needs of other members of the community. By sharing the bandwidth created by this project, the reach of commercial broadband will be made available to many previously under-served areas of the state bringing new service options to these communities. See Attachments A and B for more information on the FCC Rural Health Pilot Project.

The capacity of the connection will be a minimum of 10 megabits per second Ethernet capacity scalable to 1 gig service used to support hospital services. As explained in 2.4.13, bidders are encouraged, at their own expense, to build out to other customers in the geographic area. Consistent quality high bandwidth will be used to support hospital services.

This Request for Proposal (RFP) provides interested bidders with sufficient information to prepare and submit proposals for consideration with the intent of contracting with one or more companies to provide access to native Ethernet supported high speed secure Internet service in the less populated communities that these hospitals serve every day. Underscoring the need to bring broadband to these communities, the winning bidders are encouraged to grow their service offerings to other customers in the geographic area.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

To ensure this initiative is sustainable and all partners are invested in and dedicated to its success the 15% match requirement will be shared appropriately among eligible sources as outlined in the FCC Order 07-198. Eligible sources include but are not limited to existing state general fund revenue, other federal funding received by the state, federal funding, grants, loans, or appropriations passed through an eligible source, for profit and not for profit health care facilities, eligible funding from state agencies, foundations or other philanthropic organizations, local governments, other eligible local organizations, and health care providers that receive broadband services as a result of this grant. Ineligible sources include in-kind or implied contributions; a local exchange carrier (LEC) or other telecom carrier, utility, contractor, consultant, or other service provider; and for-profit participants. In addition, no portion of the 15 percent contribution may come from the existing USAC Rural Health Care support mechanism.

This RFP is requesting price quotations and detailed explanations of services offered from the Service Provider in building fiber optic connections to each of the subject hospitals, monthly recurring costs associated with providing quality 10 megabit to 1 gigabit Ethernet broadband service, and monthly recurring costs associated with connecting the listed hospitals to a common meet point.

This RFP requests that bids include any number of the listed hospitals that the bidding provider desires to serve on an individual basis. The provider must provide at least 10 megabit Ethernet expandable to 1 gigabit service to a demarcation point on the premise of the subject hospital at a network interface device. Bidders may bid on any or all of the following: Phase 1, Phase 2, the aggregation facility and associated ongoing support, and/or Network Maintenance. No customer application hardware, software, billing services, technical and customer support may be provided by this pilot project, however, the client hospital may fund these services through other methods.

The IHRA will be the point of contact for payment of invoices for the successful bidders of the Network RFP.

Funding for this pilot project will be available in accordance with the funding calendar set by USAC. The schedule for construction over this time period will be provided by IRHA once the successful bidders are selected.

Successful bidders will be expected to market services, at their expense, over their built networks to other customers within the community once the needs of the hospital and other eligible customers are served in order to sustain the long term viability of the connections. The names, counties, and locations of the healthcare participants are noted in Attachment C.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

1.4. RFP OUTLINE

The outline of this RFP document is described below:

Section	Description
Section One – General Information and Requested Products or Services	This section provides an overview of the RFP, general timelines for the process, and a summary of the products/services being solicited by the IRHA/Agency via this RFP
Section Two – Proposal Preparation Instruction	This section provides instructions on the format and content of the RFP including a Letter of Cover, Business Proposal, Technical Proposal, and a Cost Proposal
Section Three – Proposal Evaluation Criteria	This sections discusses the evaluation criteria to be used to evaluate respondents’ proposals
Attachment A	FCC Pilot Program Order
Attachment B	Letter from FCC Wireline Competition Bureau concerning the Rural Health Care Pilot Program eligible costs, restrictions on resale and sustainability
Attachment C	List of Healthcare Participants

1.5. QUESTION/INQUIRY PROCESS

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **3:00 p.m. Eastern Time** on the tenth business day after this RFP is posted on the USAC website. Questions/Inquiries may be submitted via fax (812) 232-8602 or email to bsanders@indianarha.org and must be received by IRHA by the time and date indicated above.

Following the question/inquiry due date, IRHA will compile a list of the questions/inquiries submitted by all Respondents. The responses will be posted to the IRHA website at www.indianaruralhealth.org according to the RFP timetable established in Section 1.23. The question/inquiry and answer link will become active after responses to all questions have been compiled. Only answers posted on the IRHA website will be considered official and valid by the IRHA. No Respondent shall rely upon, take any action, or make any decision based upon any verbal communication.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on indianaruralhealth.org. If such addenda issuance is necessary, the IRHA may extend the due date and time of proposals to accommodate such additional information requirements, if required.

1.6. DUE DATE FOR PROPOSALS

All proposals must be received at the address below by the IRHA no later than **3:00 p.m. Eastern Time** on the forty-fifth business day after this RFP is posted on the USAC website. Each Respondent must submit **one original hard-copy** (marked "Original") and **one original CD-ROM (marked "Original") and 5** complete copies **on CD-ROM** of the proposal, including the Cover Letter and other related documentation as required in this RFP. The **original** CD-ROM will be considered the official response in evaluating responses for scoring and protest resolution. Each copy of the proposal must follow the format indicated in Section Two of this document. Unnecessarily elaborate brochures or other presentations, beyond those necessary to present a complete and effective proposal, are not desired. All proposals must be addressed to:

Don Kelso, Executive Director,
Indiana Rural Health Association
1024 South 6th Street, Suite 202
Terre Haute, IN 47807

All proposal packages must be clearly marked with the RFP number, due date, and time due. Any proposal received by the IRHA after the due date and time will not be considered. Any late proposals will be returned, unopened, to the Respondent upon request. All rejected proposals not claimed within 30 days of the proposal due date will be destroyed.

No more than one proposal per Respondent may be submitted per location.

The IRHA accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.

1.7. MODIFICATION OR WITHDRAWAL OF OFFERS

Modifications to responses to this RFP may only be made in the manner and format described in Section 1.6 and clearly identified as a modification.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

The Respondent's authorized representative may withdraw the proposal, in person, prior to the due date. Proper documentation and identification will be required before the IRHA will release the withdrawn proposal. The authorized representative will be required to sign a receipt for the withdrawn proposal.

Modification to, or withdrawal of, a proposal received by the IRHA after the exact hour and date specified for receipt of proposals will not be considered.

1.8. PRICING

Pricing on this RFP must be firm and remain open for a period of not less than 180 business days from the proposal due date.

Please refer to the Cost Proposal sub-section under Section 2 for a detailed discussion of the proposal pricing format and requirements.

1.9. PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

The IRHA reserves the right to request clarifications on proposals submitted to the IRHA. The IRHA also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the IRHA may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The IRHA will provide equivalent information to all respondents which have been chosen for discussions. Discussions, along with negotiations with responsible respondents may be conducted for any appropriate purpose.

The IRHA will schedule all discussions. Any information gathered through oral discussions must be confirmed in writing.

1.10. BEST AND FINAL OFFER

The IRHA may request best and final offers from those Respondents determined by the IRHA to be reasonably viable for contract award. However, the IRHA reserves the right to award a contract on the basis of initial proposals received. Therefore, each proposal should contain the Respondent's best terms from a price and technical standpoint.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Following evaluation of the best and final offers, the IRHA may select for final contract negotiations/execution the offers that are most advantageous to the IRHA, considering cost and the evaluation criteria in this RFP.

1.11. HOSPITAL SITE VISITS

Site visits, if required, will be coordinated by the IRHA in conjunction with the finalists.

1.12. TYPE AND TERM OF CONTRACT

The IRHA intends to sign a contract with one or more Respondent(s) to fulfill the requirements in this RFP.

The term of the contract shall be for a period of 3 years from the date of contract execution. There must be the opportunity for at least three renewals of 1 year each. Renewals will be determined by each location.

1.13. CONFIDENTIAL INFORMATION

IRHA and USAC confidentiality rules will be applied to documents associated with the submitted proposals.

1.14. TAXES

Proposals should not include any tax from which the IRHA is exempt.

1.15. RFP AWARD IS NOT A CONTRACT

This RFP is not an offer of contract. Acceptance of a proposal neither commits IRHA to award a contract to any vendor, even if all requirements stated in this proposal have been met. The IRHA will negotiate to meet the best interest of the goals stated in this RFP based on positive impact and cost effectiveness. IRHA reserves the right to contract with a vendor for reasons other than lowest price.

1.16. BID EXPENSES

Expenses incurred in the preparation of proposals in response to this RFP are the vendor's responsibility.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

1.17. OUT OF SCOPE WORK

No work performed by the selected vendor that is out of the scope as defined by the vendor's proposal and IRHA's contract will be reimbursed unless specifically authorized by IRHA (*and the Universal Service Administrative Corporation*) in writing.

1.18. PERMITS

This project will require the selected vendor to obtain certain permits as required, and the costs for these permits are the vendor's responsibility.

1.19. RESELL OF SERVICES

IRHA and the listed healthcare participants agree not to provide or resell any of the vendor provided services under this RFP outside of the facility to which the vendor has delivered services.

1.20. PROJECT COMPLETION

The Project is considered complete when the fiber is terminated and services are tested successfully for each Phase by IRHA and/or the served healthcare participant. While Phase 1 and Phase 2 of the project stand independently, each healthcare participant may choose to participate only in Phase 2.

1.21. LOCATION CONTRACTS

Successful bidders will be required to sign a written contract with each of the hospitals prior to construction and funding in order to finalize their bids.

1.22. MARKETABLE SERVICES

Successful bidders will be expected to actively market services to other potential customers within the communities of the hospitals that they serve under this project.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

1.23. SUMMARY OF MILESTONES

The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, these dates are commonly subject to change. At the conclusion of the evaluation process, all Respondents will be informed of the evaluation team's findings.

Key RFP Dates:

Activity	Date
Issue of RFP	Date posted on USAC website
Deadline to Submit Written Questions	10 Business Days after posting on USAC website
Response to Written Questions/RFP Amendments	17 Business Days after posting on USAC website
Submission of Proposals	45 Business Days after posting on USAC website
<i>The dates for the following activities are target dates only. These activities may be completed earlier or later than the date shown.</i>	
Proposal Evaluation/ Clarifications if Necessary	120 Business Days after posting on USAC website
Best and Final Offers (if necessary)	135 Business Days after posting on USAC website
Contract Award	180 Business Days or sooner after submission due date



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

SECTION TWO PROPOSAL PREPARATION INSTRUCTIONS

2. GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. All Respondents are required to format their proposals in a manner consistent with the guidelines described below:

- Each item must be addressed in the Respondent's proposal.
- The Cover Letter must be in the form of a letter. The business and technical proposals must be organized under the specific section titles as listed below.

2.1. COVER LETTER

The Cover Letter must address the following topics except those specifically identified as "optional."

2.1.1. Agreement with Requirement in listed in Section One

The Respondent must explicitly acknowledge understanding of the general information presented in Section One and agreement with any requirements/conditions listed in Section One.

2.1.2. Summary of Ability and Desire to Supply the Required Products or Services

The Cover Letter must briefly summarize the Respondent's ability to supply the requested products and/or services that meet the requirements defined in Section 2.4 and 2.5 of this RFP. The letter must also contain a statement indicating the Respondent's willingness to provide the requested products and/or services subject to the terms and conditions set forth in the RFP including, but not limited to, the USAC's mandatory contract clauses.

2.1.3. Signature of Authorized Representative

A person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions including the information requested in Section 2.2.4, must sign the Cover Letter.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

In the Cover Letter, please indicate the principal contact for the proposal along with an address, telephone and fax number as well as an e-mail address, if that contact is different than the individual authorized for signature.

2.1.4. Respondent Notification

Unless otherwise indicated in the Cover Letter, Respondents will be notified via e-mail.

It is the Respondent's obligation to notify the IRHA of any changes in any address that may have occurred since the origination of this solicitation. The IRHA will not be held responsible for incorrect vendor/contractor addresses.

2.1.5. Other Information

This item is optional. Any other information the Respondent may wish to briefly summarize will be acceptable.

2.2. BUSINESS PROPOSAL

The Business Proposal must address the following topics except those specifically identified as "optional."

2.2.1. General (optional)

This section of the business proposal may be used to introduce or summarize any information the Respondent deems relevant or important to the IRHA's successful acquisition of the products and/or services requested in this RFP.

2.2.2. Respondent's Company Structure

The legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

2.2.3. Company Financial Information

This section must include the Respondent's audited financial statement, including an income statement and balance sheet, for each of the two most recently completed fiscal years. The financial statements must demonstrate the Respondent's financial stability. If the financial statements being provided by the Respondent are those of a parent or holding company, additional financial information should be provided for the entity/organization directly responding to this RFP.

2.2.4. Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the IRHA in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services.

The Sarbanes Oxley Act of 2002, H.R. 3763, is NOT directly applicable to this procurement; however, its goals and objectives may be used as a guide in the determination of corporate responsibility for financial reports.

2.2.5. Contract Terms/Clauses

In your Cover Letter please indicate acceptance of the following mandatory contract terms. If you require additional contract terms please include them in this section. The IRHA reserves the right to reject any and all of these requested changes.

The mandatory contract terms are as follows:

- Authority to Bind Contractor
- Duties of Contractor, Rate of Pay, and Term of Contract
- Compliance with Laws
- Drug-free Workplace Provision and Certification
- Funding Cancellation
- Indemnification
- Governing Laws
- Non-discrimination clause
- Payments



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

- A SLA that includes availability requirements
- Penalties/Interest/Attorney's Fees
- Non-collusion and Acceptance
- Service Level Credits

Any or all portions of this RFP and any or all portions of the Respondents response may be incorporated as part of the final contract. Contracts will be signed with the winning bidder(s) prior to receiving a Funding Commitment Letter (FCL) from USAC. If, for any reason, a contract is denied by USAC, the IRHA reserves the right to re-contract contingent upon the receipt of a FCL from USAC.

Please include a sample contract with terms and agreements required as part of your response.

2.2.6. References

The Respondent must include a list of at least 3 clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. Information provided should include the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information.

2.2.7. Authorizing Document

Respondent personnel signing the Cover Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement.

2.2.8. Subcontractors

The Respondent is responsible for the performance of any obligations that may result from this RFP, and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products or services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the IRHA's evaluation. The Respondent must furnish information to the IRHA as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the IRHA. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate IRHA officials, and such relationships must meet with the approval of the IRHA.

The Respondent must list any subcontractor's name, address and the state in which formed that are proposed to be used in providing the required products or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal.

2.2.9. Redundancy

Provide details on any redundancy capabilities from the demarcation of each location to the Internet point of presence.

2.2.10. Service Levels

Outline response schedule delivery of services, such as response times on service outages or response times on service upgrade requests. This is to evaluate the bidder's commitment to responsiveness, availability and the performance of work in a timely manner. Bidders are required to provide a dedicated customer point of contact for service outages and upgrade requests.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Also include data that outlines your ability to meet your proposed requirements. Customer references are required, but also include other reports that show how you have successfully met these levels of service with current customers.

2.2.11. USAC Requirements

Bidders must meet all USAC requirements regardless of whether they are fully discussed in this RFP. Please provide your SPIN number with your response. For additional information, please refer to USAC's website at <http://www.usac.org/rhc-pilot-program/default.aspx>

2.3. TECHNICAL PROPOSAL

The Technical Proposal must be divided into 2 Phases, as outlined in the sections described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. RFP language should not be repeated within the response. Where appropriate, supporting documentation may be referenced by a page and paragraph number.

However, when this is done, the body of the technical proposal must contain a meaningful summary of the referenced material. The referenced document must be included as an appendix to the technical proposal with referenced sections clearly marked. If there are multiple references or multiple documents, these must be listed and organized for ease of use by the IRHA.

2.4. **Phase I – Provide/Improve/Upgrade fiber connectivity to Indiana Healthcare Participants**

This Phase of the project is to ensure that each of the healthcare participants listed in Attachment A have broadband connectivity of 10/50/100/Gig to the Internet. Ease of migration into Phase II is important. Funding for the construction/build out of this proposal is through an 85% matching award, for eligible services, from the Universal Service Administrative Corporation (USAC) and a 15% match from local and state sources, so all costs must be included in each response.

2.4.1. Bidders may utilize qualified subcontractors to perform the work, but the selected vendor will be responsible for all work.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

- 2.4.2. This RFP identifies the requirements that are to be provided to each of the Healthcare Participants. Notwithstanding any of the specific details described within this RFP, it will be the obligation of the selected vendor to adhere to accepted industry standard methods and practices.
- 2.4.3. The requirements of this proposal are to obtain pricing, responsiveness, availability and a commitment to perform work in a timely manner on an individual hospital basis.
- 2.4.4. Each listed healthcare participants require fiber optic cabling to their point of demarcation to provide 10 Mbps to 1 Gbps of non-blocking high speed Internet Service provisioned on a standard Ethernet interface handoff.
- 2.4.5. Basic Internet service capabilities need to be available from the bidder if required by the hospital. This includes DNS services, basic email services, Internet content filtering, security/intrusion protection and firewall protection.
- 2.4.6. Management reporting capabilities online to report on Internet availability and bandwidth utilization. Reports should be updated, at a minimum, on a weekly basis.
- 2.4.7. Service level requirements that include proactive monitoring by a 24/7/365 operations center to determine outages and provide corrective actions and estimated time to repair. Bidders are required to have capability to provide 4 hour or less, mean time to restore service.

Due to the critical nature of maintaining uptime at each of these facilities, please include a proposal for enhanced service levels that will provide a mean time to restore of 2 hours. Include in your proposal how you will achieve that goal, as well as your ability to measure it and provide compensation when you don't.

- 2.4.8. Completion of fiber optic cable installation within 120 days of contract execution between each hospital and vendor.
- 2.4.9. All fiber optic cable must be buried when deployed on any property owned or leased by the listed healthcare participant.
- 2.4.10. All fiber must be tested and certified after installation by the vendor.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

- 2.4.11. Each proposal must include cost from the bidder or sub-contracted quote for any construction cost related to conduit requirements, providing entrance facilities from the property line (telco pedestal) to the demarcation or minimum point of entry to each hospital. Total cost of laying conduit, core drilling or restoration of any asphalt or concrete to original landscape.
- 2.4.12. While bidders are allowed flexibility in the methods and equipment used to create these fiber connections, IRHA requires that these are disclosed in their responses to this RFP.
- 2.4.13. The FCC has issued several FAQ's regarding the FCC Rural Health Care Pilot Program. The following italicized information is taken verbatim from FAQ #27 concerning excess capacity for community use, which can be found on the FCC's website at:
<http://www.fcc.gov/cgb/rural/rhcp.html#faqs>
- *The Pilot Program will fund up to 85% of the costs incurred to deploy a state or regional dedicated broadband health care network. Only eligible health care providers and consortia that include eligible health care providers may apply for and receive funding. Ineligible entities are prohibited from receiving any funding from the Pilot Program. A selected participant is not restricted from sharing a network with ineligible entities, but the ineligible entities must pay their fair share of network costs attributable to the portion of network capacity used. See 2007 RHC PP Selection Order, paras. 16-19, 47, 73, 107. For these reasons, a participant must be able to demonstrate that a vendor's provision of excess capacity for community use will not increase the cost of the dedicated broadband health care network.*
 - *As part of the competitive bidding requirements, participants must certify to USAC that the vendor it chooses is, to the best of the participant's knowledge, the most cost-effective service or facility provider available. The Commission has defined "cost-effective" 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." While participants must make price a primary factor it does not have to be the sole primary factor. As detailed in paragraphs 78 and 79 of the 2007 RHC PP Selection Order,*



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

participants are required to consider non-cost evaluation factors. Accordingly, if a participant is either required under its applicable procurement rules or chooses to consider factors or assign points related to a vendor's commitment to provide excess capacity for community use, it may do so, as long as the selected vendor is the most cost-effective.

- *If a vendor only pays the incremental costs for excess capacity facilities built on the vendors own initiative or at the request of the participant, ownership of such facilities must be retained by participant and eligible HCP entities (because the bulk of the costs are USF funded). In contrast, if the vendor pays fair share for the excess capacity facilities, it may retain ownership and/or sell the excess capacity to future customers.*
- *The following must be considered when including excess capacity for community use as a factor in selecting a vendor:*
 - *Participant must demonstrate that USF funds will not be used to pay for such excess capacity.*
 - *The vendor must show that the costs for such excess capacity did not increase the eligible costs for the dedicated health care network.*
 - *Participants must receive sufficient cost information to be able to determine costs for the excess capacity apart from the costs for the dedicated health care network, and should seek assurances from vendors that the bid cost and quality of service for dedicated broadband health care network is the same whether the excess capacity for community use is included or not.*
 - *Participants should clarify in their RFPs that responses to the RFP that do not have commitments for excess capacity for community use, will also be considered.*

As detailed in Section 3.5 of this RFP, additional points will be awarded to bidders who choose to take advantage of the opportunities offered in this RFP to construct excess capacity for communities in and around the rural healthcare participants listed in Attachment C. All bidders' responses must indicate their willingness to fulfill all of the requirements listed in FCC FAQ #27.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

The ITN will give preference to bidders who construct excess capacity and pay their own fair share of the expense thereby allowing the bidder to retain ownership of the fiber the bidder proposes to construct. Bidders who choose to take advantage of the opportunities offered in this RFP to construct excess capacity for communities in and around the rural healthcare participants listed in Attachment C ***and pay their own fair share of the expense*** should provide the following economic development information.

- Outline what type of excess capacity you intend to install; wireless, copper or fiber.
- Provide a marketing plan indicating your approaches to promoting the additional services to the communities you are bidding on. Include information regarding the types of services and capacity of each of the services that will be made available, as well as the target audience and geographic coverage of your reach.
- Will your additional facilities target a specific population density? If so, what is it?
- Can you or will you target any low income populations, improving their ability to buy Internet access services? The State of Indiana is currently promoting the “Bring it Home Indiana” program. For more information on this program, contact Geoff Schomacker at the Indiana Office of Community and Rural Affairs.
- Please provide letters of support from community leaders or key businesses indicating your approach will address the needs of the communities surrounding the hospitals on which you are bidding.

The ITN will give consideration to bidders who construct excess capacity and pay only incremental costs for the expenses incurred with the construction of excess capacity. In this scenario, the bidder must acknowledge in their response that they will allow the ITN and the healthcare participants to own all of the fiber and conduit as well as giving ITN and the healthcare participants the right to negotiate an IRU with another vendor to lease any excess capacity, at the sole discretion of the ITN.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

The ITN will give consideration to RFP responses that do not have commitments for excess capacity for community use.

2.4.14. Individual contracts or invoicing for each hospital for services.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

2.5. Phase II – Creation of the Indiana Telehealth Network

The goal of this phase is to facilitate broadband connectivity between the healthcare participants listed in Attachment C or from a rural participant to any other tertiary care hospital. By means of this network each of the healthcare participants will be able to utilize resources that may not be available to them.

Each bidder must consider the goals of this project and develop a solution with those goals in mind. The key to your solution will be in its sustainability for each of the healthcare participants and growth for those that will come on board later. Many of these facilities do not have large budgets, so cost is a vital factor.

The following are the minimum requirements for the Indiana Telehealth Network.

- 2.5.1. A common meet point(s) where any participating hospital can gain secured access to a tertiary care hospital. The meet point can be at a carrier hotel or point of presence. A level of redundancy within the meet point(s) and network that cost effectively decreases risk.
- 2.5.2. The critical nature of this network encourages a level of redundancy, so as to mitigate risk of failure or extended outages. A solution that allows for a redundant path within the local loop, taking advantage of up front construction requirements, should be presented.
- 2.5.3. Secured/Encrypted termination for each facility to transmit patient information and meet HIPAA requirements.
- 2.5.4. An entry point to the Internet at the meet point(s), allowing for bandwidth sharing and burstable access.
- 2.5.5. A 24/7, 365 support that will oversee and maintain the Indiana Telehealth Network. Day 2 support from the Ethernet hand off at the customer premise, the entire meet point(s) operation and Internet drainage/capacity will be required. Management will be limited to health care services only and the connectivity between each hospital.
- 2.5.6. Bidders will commit to Service Level Agreements that represent their ability to maintain uptime and respond to issues in a timely manner. Service level credits should be included for non-compliance. Include an enhanced service level that will provide for a 2 hour mean time to restore, as well as your ability to measure it and compensate for non-compliance.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

- 2.5.7. Migration plan that will allow an ease of transition from Phase I and a timeline outlining your plan. Cost of migration must be included up front and should not be an added cost to each hospital.
- 2.5.8. Reporting that shows overall network performance, network availability, both from an individual circuit and backbone/core services and utilization allowing for capacity planning. Additional reports are welcome and online access is a plus.
- 2.5.9. Invoicing of each hospital for their connectivity choice and their portion of the meet point(s), support services and Internet usage.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

2.6. COST PROPOSAL

2.6.1. General instructions on preparing cost proposals

The cost proposal should be with the written proposal. The proposal will be scored using a standard quantitative calculation where the most points will be awarded to the proposal with the lowest cost. Various costing methodologies and models are available to analyze the cost information submitted to determine the lowest costs to the IRHA. IRHA will select one method and use it consistently throughout its analysis.

2.6.2. Format for submitting cost proposals

The following tables are designed for the proposer to detail pricing. Please complete a table for each site being proposed. Clearly indicate if the proposed pricing includes discounting from normal rates.

The pricing below will be based on the following contract terms. The term of the contract shall be for a period of 4 years from the date of contract execution. There must be the opportunity for at least six renewals of 1 year each. Renewals will be determined by each location.

Internet Services			
Site	Pricing Element	Monthly Cost	Install Cost
	10mbps (4 hour SLA)		
	50mbps (4 hour SLA)		
	100mbps (4 hour SLA)		
	1gbps (4 hour SLA)		
	10mbps (2 hour SLA)		
	50mbps (2 hour SLA)		
	100mbps (2 hour SLA)		
	1gbps (2 hour SLA)		



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Construction		
Site	Pricing Element	Install Cost
	Fiber build out	
	Conduit	

Phase II		
Pricing Element	Monthly Cost (per site)	Install Cost (per site)
Meet Point		
Internet Drainage		
Management/NOC Support		

Phase II			
Site	Pricing Element	Monthly Cost	Install Cost
	10mbps (4 hour SLA)		
	50mbps (4 hour SLA)		
	100mbps (4 hour SLA)		
	1gbps (4 hour SLA)		
	10mbps (2 hour SLA)		
	50mbps (2 hour SLA)		
	100mbps (2 hour SLA)		
	1gbps (2 hour SLA)		

Basic Services		
Pricing Element	Monthly Cost	Install Cost
Email		
DNS		
Internet Content Filtering		
Security/Intrusion protection		
Firewall Services		



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

SECTION THREE PROPOSAL EVALUATION

3. PROPOSAL EVALUATION PROCEDURE

All evaluation personnel will use the evaluation criteria stated in Section 3.5. The Executive Director of the IRHA or his designee will, in the exercise of his sole discretion, determine which proposal(s) offer the best means of servicing the interests of the IRHA. The exercise of this discretion will be final.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

- 3.1. Each proposal will be evaluated for adherence to requirements on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.
- 3.2. Each proposal will be evaluated on the basis of the categories included in Sections 3.5. A point score has been established for each category.
- 3.3. If technical proposals are close to equal, greater weight may be given to price and bidders who included opportunities for growth in additional facilities as requested in 2.4.13.
- 3.4. Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the IRHA, taking into account all of the evaluation factors, may be selected by the IRHA for further action, such as contract negotiations. If, however, the IRHA decides that no proposal is sufficiently advantageous to them, they may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the IRHA may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

3.5. EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 100). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.

Summary of Evaluation Criteria:

Criteria	Points
1. Adherence to Mandatory Requirements	Pass/Fail
2. Business Proposal	30 Points
3. Technical Proposal	30 Point
4. Cost Proposal	30 Points
5. Economic Development	10 Points
Total	100 Points

All proposals will be evaluated using the following approach.

Proposals will be evaluated only against Criteria 1 to ensure that they adhere to Mandatory Requirements. Any proposals not meeting the Mandatory Requirements will be disqualified.

Then the proposals that meet the Mandatory Requirements will then be scored based on Criteria 2, 3, 4, and 5. This scoring will have a maximum possible score of 100 points. All proposals will be ranked on the basis of their combined scores for Criteria 2, 3, 4, and 5. This ranking will be used to create a “short list.” Any proposal not making the “short list” will not be considered for any further evaluation. Additional points will be awarded to bidders whose proposals include the addition of excess capacity for community development at their own expense.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

There may be one or more rounds of proposal discussions focused on cost and other proposal elements.

If the IRHA conducts additional rounds of discussions and a Best and Final Offer round which lead to changes in either the technical or cost proposal for the short listed Respondents, their scores will be recomputed.

The Executive Director of the IRHA or his designee will, in the exercise of his sole discretion, determine which proposal(s) best meet the FCC's definition of cost-effectiveness and offer the best means of servicing the interests of the healthcare participants. The exercise of this discretion will be final.



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Attachment A

FCC Rural Health Care Pilot Program Order

<http://www.usac.org/rhc-pilot-program/tools/fcc-orders.aspx>



The Indiana Telehealth Network
REQUEST FOR PROPOSAL

Attachment B

Letter from FCC Wireline Competition Bureau concerning the Rural Health Care Pilot Program eligible costs, restrictions on resale and sustainability

http://www.usac.org/_res/documents/rhc-pilot-program/pdf/letter-from-WCB-Barash.pdf



The Indiana Telehealth Network
REQUEST FOR PROPOSAL

Attachment C

List of Healthcare Participants

Critical Access Hospitals (Participants 1-35)				
	Hospital Name and Address	County	Public/Profit	RUCA/Census
1	Adams Memorial Hospital	ADAMS	Public	Census Tract: 0303.00
	1100 Mercer Ave.		Not-for-Profit	County Code: 001
	Decatur, IN 46733			RUCA Primary: 7
				RUCA Secondary: 7.3
2	Bedford Regional Medical Center	LAWRENCE	Private	Census Tract: 9508.00
	2900 W. 16th Street		Not-for-Profit	County Code: 093
	Bedford, IN 47421			RUCA Primary: 4
				RUCA Secondary: 4.0
3	Blackford Community Hospital	BLACKFORD	Private	Census Tract: 9754.00
	410 Pilgrim Blvd.		Not-for-Profit	County Code: 009
	Hartford City, IN 47348			RUCA Primary: 7
				RUCA Secondary: 7.4
4	Bloomington Hospital of Orange County	ORANGE	Private	Census Tract: 9514.00
	642 West Hospital Road		Not-for-Profit	County Code: 117
	PO Box 499			RUCA Primary: 9
	Paoli, IN 47454			RUCA Secondary: 9.0
5	Cameron Memorial Community Hospital	STEUBEN	Private	Census Tract: 9714.00
	416 E. Maumee Street		Not-for-Profit	County Code: 151
	Angola, IN 46703			RUCA Primary: 7
				RUCA Secondary: 7.0
6	Community Hospital of Bremen	MARSHALL	Private	Census Tract: 0201.01
	1020 High Road PO Box 8		Not-for-Profit	County Code: 099
	Bremen, IN 46506			RUCA Primary: 8
				RUCA Secondary: 8.3



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
7	Decatur County Memorial Hospital	DECATUR	Public	Census Tract: 9693.00
	720 N. Lincoln Street		Not-for-Profit	County Code: 031
	Greensburg, IN 47240			RUCA Primary: 7
				RUCA Secondary: 7.0
8	Dukes Memorial Hospital	MIAMI	Private	Census Tract: 9522.00
	275 West 12 th St.		For-Profit	County Code: 103
	Peru, IN 46970			RUCA Primary: 4
				RUCA Secondary: 4.0
9	Dunn Memorial Hospital	LAWRENCE	Private	Census Tract: 9511.00
	1600 23rd Street		Not-for-Profit	County Code: 093
	Bedford, IN 47421			RUCA Primary: 4
				RUCA Secondary: 4.0
10	Gibson General Hospital	GIBSON	Private	Census Tract: 0505.00
	1808 Sherman Drive		Not-for-Profit	County Code: 051
	Princeton, IN 47670			RUCA Primary: 7
				RUCA Secondary: 7.3
11	Greene County General Hospital	GREENE	Public	Census Tract: 9549.00
	Rural Route #1, Box 1000		Not-for-Profit	County Code: 055
	Lone Tree Road			RUCA Primary: 7
	Linton, IN 47441			RUCA Secondary: 7.3
12	Harrison County Hospital	HARRISON	Public	Census Tract: 0603.00
	1141 Hospital Drive		Not-for-Profit	County Code: 061
	Corydon, IN 47112			RUCA Primary: 7
				RUCA Secondary: 7.3
13	Jasper County Hospital	JASPER	Public	Census Tract: 9912.00
	1104 E. Grace St.		Not-for-Profit	County Code: 073
	Rensselaer, IN 47978			RUCA Primary: 7
				RUCA Secondary: 7.0



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
14	Jay County Hospital	JAY	Public	Census Tract: 9631.00
	500 W. Votaw St.		Not-for-Profit	County Code: 075
	Portland, IN 47371			RUCA Primary: 7
				RUCA Secondary: 7.0
15	Margaret Mary's Community Hospital	FRANKLIN	Private	Census Tract: 9601.00
	321 Mitchell Ave.		Not-for-Profit	County Code: 047
	Batesville, IN 47006			RUCA Primary: 7
				RUCA Secondary: 7.0
16	Parkview LaGrange Hospital	LAGRANGE	Private	Census Tract: 9702.00
	207 North Townline Road		Not-for-Profit	County Code: 087
	LaGrange, IN 46761			RUCA Primary: 10
				RUCA Secondary: 10.4
17	Perry County Memorial Hospital	PERRY	Public	Census Tract: 9525.00
	One Hospital Road		Not-for-Profit	County Code: 123
	Tell City, IN 47586			RUCA Primary: 7
				RUCA Secondary: 7.0
18	Pulaski Memorial Hospital	PULASKI	Public	Census Tract: 9590.00
	616 E. 13th St.		Not-for-Profit	County Code: 131
	P.O. Box 279			RUCA Primary: 10
	Winamac, IN 46996			RUCA Secondary: 10.0
19	Putnam County Hospital	PUTNAM	Public	Census Tract: 9563.00
	1542 S. Bloomington St.		Not-for-Profit	County Code: 133
	Greencastle, IN 46135			RUCA Primary: 7
				RUCA Secondary: 7.3
20	Rush Memorial Hospital	RUSH	Public	Census Tract: 9744.00
	1300 N. Main St.		Not-for-Profit	County Code: 139
	PO Box 608			RUCA Primary: 7
	Rushville, IN 46173			RUCA Secondary: 7.3



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
21	Scott County Memorial Hospital	SCOTT	Public	Census Tract: 9670
	1451 North Gardner Street		Not-for-Profit	County Code: 143
	Scottsburg, IN 47170			RUCA Primary: 7
				RUCA Secondary: 7.3
22	St. Mary's Warrick Hospital	WARRICK	Private	Census Tract: 0306.00
	1116 Millis Avenue		Not-for-Profit	County Code: 173
	Boonville, IN 47601			RUCA Primary: 7
				RUCA Secondary: 7.1
23	St. Vincent Clay Hospital	CLAY	Private	Census Tract: 0402.00
	1206 East National Avenue		Not-for-Profit	County Code: 021
	PO Box 489			RUCA Primary: 7
	Brazil, IN 47834			RUCA Secondary: 7.3
24	St. Vincent Frankfort Hospital	CLINTON	Private	Census Tract: 9508.00
	1300 South Jackson Street		Not-for-Profit	County Code: 023
	Frankfort, IN 46041			RUCA Primary: 4
				RUCA Secondary: 4.0
25	St. Vincent Jennings Hospital	JENNINGS	Private	Census Tract: 9604.00
	301 Henry St.		Not-for-Profit	County Code: 079
	North Vernon, IN 47265			RUCA Primary: 7
				RUCA Secondary: 7.4
26	St. Vincent Mercy Hospital	MADISON	Private	Census Tract: 0102.00
	1331 South A Street		Not-for-Profit	County Code: 095
	Elwood, IN 46036			RUCA Primary: 7
				RUCA Secondary: 7.1
27	St. Vincent Randolph Hospital	RANDOLPH	Private	Census Tract: 9517.00
	473 Greenville Avenue		Not-for-Profit	County Code: 135
	Winchester, IN 47394			RUCA Primary: 7
				RUCA Secondary: 7.0



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
28	St. Vincent Williamsport Hospital	WARREN	Private	Census Tract: 9510.00
	412 N. Monroe Street		Not-for-Profit	County Code: 171
	Williamsport, IN 47993			RUCA Primary: 10
				RUCA Secondary: 10.1
29	Sullivan County Community Hospital	SULLIVAN	Public	Census Tract: 0503.00
	2200 North Section Street		Not-for-Profit	County Code: 153
	Sullivan, IN 47882			RUCA Primary: 9
				RUCA Secondary: 9.1
30	Tipton County Memorial Hospital	TIPTON	Public	Census Tract: 0204.00
	1000 S. Main Street		Not-for-Profit	County Code: 159
	Tipton, IN 46072			RUCA Primary: 7
				RUCA Secondary: 7.3
31	Wabash County Hospital	WABASH	Public	Census Tract: 9926.00
	710 N East Street		Not-for-Profit	County Code: 169
	Wabash, IN 46992			RUCA Primary: 4
				RUCA Secondary: 4.0
32	Washington County Memorial Hospital	WASHINGTON	Public	Census Tract: 9675.00
	911 N. Shelby Street		Not-for-Profit	County Code: 175
	Salem, IN 47167			RUCA Primary: 7
				RUCA Secondary: 7.3
33	West Central Community	VERMILLION	Private	Census Tract: 0205.00
	801 S. Main Street		Not-for-Profit	County Code: 165
	Clinton, IN 47842			RUCA Primary: 7
				RUCA Secondary: 7.1
34	White County Memorial Hospital	WHITE	Public	Census Tract: 9585.00
	720 S. Sixth Street		Not-for-Profit	County Code: 181
	Monticello, IN 47960			RUCA Primary: 8
				RUCA Secondary: 8.3



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
35	Woodlawn Hospital	FULTON	Private	Census Tract: 9531.00
	1400 E. Ninth Street		Not-for-Profit	County Code: 049
	Rochester, IN 46975			RUCA Primary: 7
				RUCA Secondary: 7.4
Not-for-Profit Rural Hospitals Under 100 Beds (Participants 36-41)				
36	Daviess Community Hospital	DAVIESS	Private	Census Tract: 9549.00
	1314 E. Walnut St.		Not-for-Profit	County Code: 027
	Washington, IN 47501			RUCA Primary: 4
				RUCA Secondary: 4.0
37	Hancock Regional Hospital	HANCOCK	Private	Census Tract: 4106.00
	801 N State Street		Not-for-Profit	County Code: 059
	Greenfield, IN 46140			RUCA Primary: 2
				RUCA Secondary: 2.0
38	Henry County Hospital	HENRY	Private	Census Tract: 9761.00
	1000 N. 16 th St.		Not-for-Profit	County Code: 065
	New Castle, IN 47362			RUCA Primary: 4
				RUCA Secondary: 4.0
39	Johnson Memorial Hospital	JOHNSON	Private	Census Tract: 6108.00
	1125 W. Jefferson St.		Not-for-Profit	County Code: 081
	Franklin, IN 46131			RUCA Primary: 4
				RUCA Secondary: 4.1
40	King's Daughters' Hospital and Health Services	JEFFERSON	Private	Census Tract: 9666.00
	One King's Daughter's Drive		Not-for-Profit	County Code: 077
	PO Box 447			RUCA Primary: 4
	Madison, IN 47250			RUCA Secondary: 4.0
41	Logansport Memorial Hospital	CASS	Private	Census Tract: 9512.00
	1101 Michigan Avenue		Not-for-Profit	County Code: 017
	Logansport, IN 46947			RUCA Primary: 4
				RUCA Secondary: 4.0



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

Urban Partner Hospitals (Participants 42-56)				
	Hospital Name and Address	County	Public/Profit	RUCA/Census
42	Bloomington Hospital	MONROE	Private	Census Tract: 0004.01
	601 West Second Street		Not-for-Profit	County Code: 105
	Bloomington, IN 47403			RUCA Primary: 1
				RUCA Secondary: 1.0
43	Clarian Health – Riley Hospital for Children	MARION	Private	Census Tract: 3539.00
	702 Barnhill Drive		Not-for-Profit	County Code: 097
	Indianapolis, IN 46202			RUCA Primary: 1
				RUCA Secondary: 1.0
44	Clarian Health – Indiana University Hospital	MARION	Private	Census Tract: 3539.00
	550 N. University Blvd.		Not-for-Profit	County Code: 097
	Indianapolis, IN 46202			RUCA Primary: 1
				RUCA Secondary: 1.0
45	Clarian Health – Methodist Hospital	MARION	Private	Census Tract: 3533.00
	1801 N. Senate		Not-for-Profit	County Code: 097
	Indianapolis, IN 46202			RUCA Primary: 1
				RUCA Secondary: 1.0
	Community Health Network – Community Hospitals of Indiana, Inc., Community Hospital East, Community Hospital North, Community Hospital South, The Indiana Heart Hospital			
	Individual site addresses are listed below, however, please quote bids to: DMARC for Disaster Recovery			
	733 West Henry Street			
	Indianapolis, IN 46225			



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
46	Community Hospitals of Indiana, Inc. (corporate address)	MARION	Private	Census Tract: 3609.00
	1500 N. Ritter Avenue		Not-for-Profit	County Code: 097
	Indianapolis, IN 46219			RUCA Primary: 1
				RUCA Secondary: 1.0
47	Community Hospital East	MARION	Private	Census Tract: 3609.00
	1500 N. Ritter Avenue		Not-for-Profit	County Code: 097
	Indianapolis, IN 46219			RUCA Primary: 1
				RUCA Secondary: 1.0
48	Community Hospital North	MARION	Private	Census Tract: 3301.06
	7250 Clearvista Parkway		Not-for-Profit	County Code: 097
	Indianapolis, IN 46256			RUCA Primary: 1
				RUCA Secondary: 1.0
49	Community Hospital South	MARION	Private	Census Tract: 3812.04
	1402 East County Line Road South		Not-for-Profit	County Code: 097
	Indianapolis, IN 46227			RUCA Primary: 1
				RUCA Secondary: 1.0
50	The Indiana Heart Hospital	MARION	Private	Census Tract: 3301.06
	8075 North Shadeland Avenue		Not-for-Profit	County Code: 97
	Indianapolis, IN 46256			RUCA Primary: 1
				RUCA Secondary: 1.0
51	St. Vincent Health	MARION	Private	Census Tract: 3201.08
	2001 W. 86 th Street		Not-for-Profit	County Code: 097
	Indianapolis, IN 46260			RUCA Primary: 1
				RUCA Secondary: 1.0
52	Sisters of St. Francis Health Services, Inc. – St. Francis Hospital & Health Centers – Beech Grove Campus	MARION	Private	Census Tract: 3575.00
	1600 Albany Street		Not-for-Profit	County Code: 097
	Beech Grove, IN 46107			RUCA Primary: 1
				RUCA Secondary: 1.0



The Indiana Telehealth Network

REQUEST FOR PROPOSAL

	Hospital Name and Address	County	Public/Profit	RUCA/Census
53	Sisters of St. Francis Health Services, Inc. – St. Francis Hospital & Health Centers – Indianapolis Campus	MARION	Private	Census Tract: 3904.01
	8111 South Emerson		Not-for-Profit	County Code: 097
	Indianapolis, IN 46237			RUCA Primary: 1
				RUCA Secondary: 1.0
54	Sisters of St. Francis Health Services, Inc. – St. Francis Hospital & Health Centers – Mooresville Campus	MORGAN	Private	Census Tract: 5102.00
	1201 Hadley Road		Not-for-Profit	County Code: 109
	Mooresville, IN 46158			RUCA Primary: 1
				RUCA Secondary: 1.0
55	Sisters of St. Francis Health Services, Inc. – St. Clare Medical Center	MONTGOMERY	Private	Census Tract: 9570.00
	1710 Lafayette Road		Not-for-Profit	County Code: 107
	Crawfordsville, IN 47933			RUCA Primary: 5
				RUCA Secondary: 5.2
56	Union Hospital, Inc.	VIGO	Private	Census Tract: 0009.00
	1606 N. 7 th Street		Not-for-Profit	County Code: 167
	Terre Haute, IN 47804			RUCA Primary: 1
				RUCA Secondary: 1.0