

REQUEST FOR PROPOSAL

Margaret Mary Health Consortium

Healthcare Connect Fund

RFP-2026



1. Statement of Purpose

- a. Established by the Federal Communications Commission's ("FCC") Report and Order released December 21, 2012 (FCC 12-150), the Healthcare Connect Fund ("HCF") is a Universal Service Fund ("USF") program, authorized by Congress and administered by the Universal Service Administration Company ("USAC"). This Request for Proposal ("RFP") seeks services to be provided pursuant to the HCF.
- b. The nonprofit Margaret Mary Health Consortium joins together various network opportunities to healthcare providers in Indiana. The Margaret Mary Health Consortium provides their facilities with an integrated data network connecting acute-care hospitals, surgery centers, dialysis centers, clinical facilities, skilled nursing facilities, rehabilitation facilities, administration, and data centers into one cohesive system.
- c. Margaret Mary Health Consortium is comprised of both rural and urban locations, which allows the consortium to meet the needs of patients at any location within the network, even if those patients have to travel to an urban location for specialized care.
- d. Margaret Mary Health Consortium is focused on providing a rigid network for telemedicine, which promotes the immediate and accurate diagnosis for patients in rural areas, as well as their treatment.
- e. The urgency of treatment necessitates that Margaret Mary Health Consortium maintain the highest quality and reliability of data and networking services available. It is anticipated that the Margaret Mary Health Consortium will continue to expand as new opportunities in the associated areas become available.

2. Project Correspondence and Questions

- a. All project correspondence and questions shall be by email to Rachel Lawmaster-Morris at rl@EspyServices.com.
- b. Responding vendors should submit any questions, noted errors, discrepancies, ambiguities, exceptions, or deficiencies they have concerning this RFP by emailing such requests, with "Margaret Mary Health Consortium RFP-26 Inquiry" in the subject line, to Rachel Lawmaster-Morris at rl@EspyServices.com by 5:00 pm (EST) on or before the 7th day following the posting of this RFP on the USAC website. No inquiries will be received or answered after 5:00 pm (EST) on the 7th day following the posting of this RFP on the USAC website.
 - i. The purpose and reason for the 7-day time limit is to allow all potential bidders the opportunity to review and address any questions that have been provided to others inquiring about the RFP.
- c. Inquiries regarding services must include both the specific site location(s) and circuit(s) information.
- d. Inquiries will not be addressed over the phone or any other form of communication outside of e-mail.**
- e. Once all inquiries have been received and answers have been established after the 7th day following the RFP posting, a statement showing all inquiries and their answers will be combined into one document and provided to all individuals/organizations which have submitted inquiries. This document will be provided to all who have expressed interest in submitting a proposal no later than the 11th day following the RFP posting at 5:00 pm EST.

- i. This time frame allows for any and all potential bidders to make adjustments to their proposals, either submitted or yet to be submitted.

3. Instructions to Responding Vendors

- a. This RFP is open to all providers of data networking, telecommunications, local exchange carriers, cable operators, equipment vendors, and contractors. Since all eligible expenses will be filed with USAC for USF support, each responding vendor must have a current 498 ID (formerly known as a Service Provider Identification Number [SPIN]) and current status of the 498 ID must be included in the proposal. Each responding vendor must also have a current FCC Registration Number (FRN).
- b. Responding vendor's FCC Form 498 must be updated to show that the service provider has acknowledged participation in the HCF program.
 - i. USAC requires that a 498 ID be utilized in the invoicing and fund disbursement process on the part of the service provider. Responding vendors will be required to confirm and provide information to USAC regarding the services received by the Consortium and other HCP locations as well as confirmation regarding fund disbursement to the Consortium and HCP locations.
- c. Espy Services will not accept third-party (or agent) bids. All bids must be received directly from the vendor that holds the current 498 ID. If selected, the vendor who bids will be signing the contract with the HCP and will be paid directly by the HCP for telecommunications services.
- d. The proper signing, certifying, and issuance of documentation for proper invoicing and disbursement of USF funding is required from the service provider in order to be eligible for proposal consideration.
- e. Bids submitted must include the company name of the service provider(s).
- f. Bids submitted must include a minimum of three (3) references similar in size and scope of Margaret Mary Health Consortium.
- g. Bid submissions must include information regarding any and all early termination fees for services and/or equipment being proposed.
- h. Bids must include the company name(s) of any subcontracting third-party organizations being utilized to fulfill the bid submitted.
- i. All subcontracting must be preapproved by Margaret Mary Health Consortium.
 - i. A minimum of three (3) references must be submitted for each subcontractor/third-party organization(s) being utilized to fulfill the bid being submitted.
 - ii. All requirements pertaining to the company submitting the bid must also be met by any and all subcontractor/third-party organization(s) being utilized to fulfill the bid submitted.
- j. The bid presented should demonstrate a clear and full understanding of the goals associated with the RFP.
- k. Requested Contract Period: Margaret Mary Health Consortium requests responses for a 36-month contract period, but will entertain shorter term commitments (12 to 24 months).
- l. Bidder's e-mail contact information must be included in order to receive award and scoring matrix information.
- m. **Failure to follow these guidelines may result in the bid to be rejected or not evaluated for this RFP project.**

4. Competitive Bidding

- a. Margaret Mary Health Consortium will receive competitive bids for 28 consecutive days from the date the RFP is posted on the USAC website.
- b. Bids can be emailed to Espy Services, Inc. and must be received at the specified email address **no later** than the Form 461 posting time on the 28th day following the posting of the RFP on the USAC website.
- c. **All bids must be emailed to:**

Email Submission:

Subject: Margaret Mary Health Consortium FY2026 – RFP Response

Email: rl@EspyServices.com

- d. No proposals will be opened, nor will any decisions be made regarding this RFP until the first day of the Allowable Contract Selection Date (“ACSD”).
- e. Terms included in bid proposals must be valid and acceptable by the bidder for a minimum of 120 days from the ACSD.
- f. Neither Margaret Mary Health Consortium, nor any of its affiliates, are responsible for any costs incurred by a bidder related to the preparation or delivery of the bid proposal. In addition, Margaret Mary Health Consortium and its affiliates are not responsible for any costs associated with activities, travel, subject matter experts, or preparation as it relates to the RFP process.
- g. All rules and processes associated with the RFP bid will follow the procurement and selection rules established by the FCC and USAC. Bidders should be fully aware and up to date regarding rules and processes established by the FCC and USAC. Any errors or omissions will result in the bid being rejected or dismissed.
- h. Bids will be reviewed initially by Espy Services; all bids meeting the established guidelines associated with this RFP will be provided to the appropriate Margaret Mary Health Consortium employees for further approval. Immediately following the awarding of the bid to the selected offeror(s), all offerors will be notified.
- i. The selection decisions made by Margaret Mary Health Consortium and reported to USAC, under this RFP, are final. Appeals and/or resubmissions, after the Form 461 posting time on the 28th day following posting, will not be considered. Margaret Mary Health Consortium, representing the Margaret Mary Health Consortium facilities, reserves the right to issue any resulting order with the bidder(s) whose proposal, in the judgment of the consortium, most closely conforms to the specifications documented in the RFP and will best serve the needs of the Margaret Mary Health Consortium participant members included in this request.
- j. Margaret Mary Health Consortium is not obligated to accept any proposal received.
- k. Margaret Mary Health Consortium may accept proposals in whole, or in part, based upon the overall needs of the consortium.
- l. Margaret Mary Health Consortium may reject any proposals in whole, or in part, if it limits or modifies any terms and conditions and/or specifications of this RFP.
- m. It is understood that all documentation will be recorded for a minimum of ten (10) years by both Espy Services, Inc. and any responding vendor.

5. Bid Evaluation Process

Bids will be evaluated using the following weighted criteria for each category:

Evaluation Criterion	Percentage
Price of Services	20%
Reliability of Service	20%
Prior experience, including past performance	15%
Number of locations served, scalability	15%
Request for proposal compliance	15%
Consideration of early termination fees	15%

- a. Price of services may include, among other things, monthly recurring costs, non-recurring costs, taxes and fees, and any additional costs that the HCP may potentially realize based on any given vendor selection.
- b. With regard to reliability of service, the Consortium will evaluate the responding vendor's reputation and their ability to provide a secure and reliable network which meets the documented bandwidth requirements in Attachment A. Service outages must be shown to be under .05%.
- c. In evaluating prior experience, including past performance, the Consortium will take into consideration the responding vendor's documentation of projects with similar size and scope.
- d. Regarding number of locations served, the responding vendor must be able to comply the scalability scenarios referred to in section 6.d.i and 6.d.ii of this RFP.
- e. The Consortium will consider the responding vendor's compliance with the RFP and its ability to deliver a clear bid submission, given the parameters and guidelines set forth herein.
- f. The Consortium will take into consideration incumbent service provider's early termination fees for any services and/or equipment that are under a contract, which new services and/or equipment would replace (if any).
 - i. Bid submissions must address reimbursement of any and all early termination fees (including, but not limited to, services and equipment) incurred due to any potential change of service providers. Any agreement submitted in the bid proposal must include the vendor's intention to reimburse any and all existing service provider's early termination fees incurred by accepting a bid as well as the bidding vendor's early termination fee policy.
- g. **The Margaret Mary Health Consortium reserves the right to select bid proposals which, in the sole judgment of its members, most nearly conforms to the specifications set forth herein.**

6. Technical Requirements

- a. Responding vendors are asked to provide proposals based upon the list of locations, services, and the current bandwidths noted on Attachment A, included with this RFP. The listing may show both registered and non-registered sites; however, the ability to provide services to the greatest number of locations regardless of registration will be considered in the bidding process.
- b. Responding vendors, the HCF Order states that applicants seeking support for services or equipment that include an ineligible component must explicitly request in their RFP that service providers provide pricing for a comparable service or piece of equipment that includes only eligible components.
- c. Bid submissions must be capable of providing a secure, reliable network which meets the documented bandwidth requirements as shown in Attachment A.

- d. Bidders should anticipate and account for scalability of services due to additions in locations and/or advancements in technology.
 - i. Anticipated broadband scalability should be documented by including the required bandwidth listed as well as the highest level of service per location. Increases in bandwidth and/or locations could be required at any time.
 - ii. Anticipated location scalability should be documented by providing a list of counties in the described area where service(s) can be provided.
- e. Responding vendor shall allow for Site and Service Substitutions pursuant to Appendix D, 47 C.F.R. § 54.646. The responding vendor shall allow Margaret Mary Health Consortium to add sites and/or upgrade, change, or relocate services through the length of the contract term without having to re-bid.
- f. Responding vendor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- g. All equipment, installation, and maintenance used to implement the Margaret Mary Health Consortium network must meet, as described in Attachment A, the specified service required to maintain the high standard of healthcare established by Margaret Mary Health Consortium.
 - i. Any deviation from the specified services and/or equipment may result in the bid proposal being rejected.
- h. Any and all costs associated with equipment that is necessary to make the proposed service(s) functional must be included in the bid submission.
- i. Any and all costs associated with the implementation of services must be defined and expressed within the bid submission.
- j. Any potential installation costs should be estimated and clearly expressed within the bid submission.
 - i. Margaret Mary Health Consortium understands that precise installation costs cannot be ascertained until detailed discussion occurs. Failure to estimate any potential costs associated with equipment and/or service installation will serve as an acknowledgement that no such costs will be incurred.
- k. Any and all costs (monthly or annual) associated with network maintenance and/or technical support must be included in the bid submission.
 - i. Failure to estimate any potential costs associated with maintenance and/or technical support will serve as an acknowledgement that no such costs will be incurred.
- l. Margaret Mary Health Consortium reserves the right to request proof that the responding vendor maintains, or has already maintained, networking that matches and/or exceeds the list of network requirements detailed in this RFP and Attachment A.

7. Sites and Service/Equipment (Attachment A)

- a. Currently HCP: 132220 is conditionally approved for eligibility. This is a new location that will be opening in summer 2026.
- b. Margaret Mary Health Consortium is seeking bids on dark fiber. In your bid, please address this service as well as the modulating equipment.
- c. Margaret Mary Health Consortium is seeking services at the following HCPs:

HCP	Site Name	Location "A" (HCP Site)	Location "Z"	Service Type
16483	Margaret Mary Community Hospital	321 Mitchell Ave. Batesville, IN 47006	24 Six Pine Ranch Rd. Batesville, IN 47006	10G Dark Fiber or equivalent
16483	Margaret Mary Community Hospital	321 Mitchell Ave. Batesville, IN 47006	24 Six Pine Ranch Rd. Batesville, IN 47006	10G Dark Fiber or equivalent
16483	Margaret Mary Community Hospital	321 Mitchell Ave. Batesville, IN 47006	24 Six Pine Ranch Rd. Batesville, IN 47006	10G Dark Fiber or equivalent
16483	Margaret Mary Community Hospital	321 Mitchell Ave. Batesville, IN 47006	24 Six Pine Ranch Rd. Batesville, IN 47006	10G Dark Fiber or equivalent
16483	Margaret Mary Community Hospital	321 Mitchell Ave. Batesville, IN 47006		2G DIA or equivalent w/ Static IP
38276	Margaret Mary Medical Arts Center	188 State Route 129 Batesville, IN 47006		100M Ethernet or equivalent
38277	Margaret Mary Health Center of Batesville	256 State Route 129 Batesville, IN 47006		100M Ethernet or equivalent
38281	Margaret Mary Rehabilitation Center	206 State Route 129 Batesville, IN 47006		100M Ethernet or equivalent
38282	Margaret Mary Professional Center	1033 State Route 29, Batesville, IN 47706		100M Ethernet or equivalent
64402	Margaret Mary - General Surgery	731 N Lincoln St. Greensburg, IN 47240		100M Ethernet or equivalent
116949	Margaret Mary Health Center at Brookville	11137 U.S. 52 Brookville, IN 47012		100M Ethernet or equivalent
116950	Margaret Mary Health Center of Osgood	112 North Buckeye St. Osgood, IN 47037		100M Ethernet or equivalent
116951	Margaret Mary Health Center at Milan	930 N Main St. Milan, IN 47031		100M Ethernet or equivalent
117260	MMH Business Center	305 John St. Batesville, IN 47006		100M Ethernet or equivalent
118229	BTD Health And Wellness Center	227 Six Pine Ranch Rd. Batesville, IN 47006		10M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006		2G DIA with /27 IP Block or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006		2G DIA with /27 IP Block or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	1051 State Road 229, Batesville, IN 47006 (HCP: 38280)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	930 N. Main St., Milan, IN 47031 (HCP: 116951)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	731 N. Lincoln St., Greensburg, IN 47240 (HCP: 64402)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	188 State Road 129 S, Batesville, IN 47006 (HCP: 38276)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	206 State Road 129 S, Batesville, IN 47006 (HCP: 38281)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	11137 US. Highway 52, Brookville, IN 47006 (HCP: 116949)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	305 John St., Brookville, IN 47006 (HCP: 117260)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	112 N. Buckeye St., Osgood, IN 47037 (HCP: 116950)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	256 State Road 129 S, Batesville, IN 47006 (HCP: 38277)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	1033 State Road 229, Batesville, IN 47006 (HCP: 38282)	100M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	227 Six Pine Ranch Rd., Batesville, IN 47006	10M Ethernet or equivalent
132220	MMH Hospital	1155 SR 229 N, Batesville, IN 47006	24 Six Pine Ranch Rd., Batesville, IN 47006	1G Ethernet or equivalent

8. Location Bid Summaries

- a. Responding vendors must provide the required specifications of this RFP in detailed summaries per location in their bid submission. Any bids received that do not include these exact summaries, per location, will receive a score of zero under RFP compliance in the scoring matrix and/or have their proposal rejected as incomplete due to non-compliance.
- b. Summaries must include:
 - i. Quoted bandwidth for each location as noted in Attachment A
 - ii. Any proposed deviation from the documented bandwidth, either lower or higher, per location – clearly showing the RFP’s documented bandwidth and the proposed bandwidth for that location
 - iii. Length of time the responding vendor has provided these services to the specified areas
 - iv. Itemized list of costs of services per location, per 36-month agreement
 - v. Itemized list of minimum equipment and software requirements per location
 - vi. Monthly recurring costs per location
 - vii. Any and all annual fees or non-recurring costs per service, per location
 - viii. All expected technical and service call requirements as well as guaranteed response times per location
 - ix. Itemized list of subcontractors per service, per location (if applicable)

9. Service Level Agreement

- a. Responding vendors shall provide their operational expectations for the following network metrics, with the anticipation that these network metrics will become the basis for a Service Level Agreement.
- b. Packet Delivery: Expressed in percentage (in the form of ##.###%) of packets the network is expected to deliver.
- c. Latency: Expressed in milliseconds for round trip time between any two HCPs.
- d. Jitter: Expressed in milliseconds between any two HCPs.
- e. Network Availability: Expressed as a percentage (in the form of ##.###%).
- f. Response Time: Expressed in terms of initial trouble report response time in minutes and on-site response time in hours.
- g. Planned Network Maintenance: Please indicate the standard notification the responding vendor provides to customers for planned network maintenance. Responding vendor should describe their standard network maintenance window.
- h. Escalation Procedures: Responding vendor should provide NOC initial point of contact and trouble escalation procedures.
- i. Security Incidents: Responding vendor shall list any programs and procedures in place specifically for monitoring and resolving security incidents.
- j. Credit Allowances: Responding vendor must provide a listing of the credit allowances and/or refunds that may be assessed based upon service outages. Responding vendor should state the outage intervals and the refund amounts. For example, if service were unavailable for 30 minutes, state the refund amount. If service were unavailable for 1 hour, state the refund amount.

10. Insurance

- a. The successful vendor, at its own expense, shall procure and maintain in full force and effect during the term of the proposed agreement, insurance policies for the

types and amounts stated below by a reputable insurance company and under terms satisfactory to Margaret Mary Health Consortium. Margaret Mary Health Consortium shall be named as an additional insured with respect to Commercial General Liability.

- i. Vendor Seller's Worker's Compensation insurance will contain a waiver of subrogation in favor of Margaret Mary Health Consortium.
 - ii. Commercial General Liability: \$1,000,000 each occurrence/\$3,000,000 aggregate
 - iii. Worker's Compensation: Pursuant to Statute
 1. Employer's Liability: \$1,000,000/\$1,000,000/\$1,000,000
 - iv. Automobile Liability: \$1,000,000 single limit (if responding vendors intend on using hired automobiles to meet the terms of the bid submission)
 - v. Fidelity Bonding (Crime/Fidelity Liability): \$25,000 minimum (if responding vendor's agents or employees will be on Margaret Mary Health Consortium premises to meet the terms of the bid submission)
- b. Any agreement with a service provider necessitates that there will be occasions in which service provider personnel may be "on-site"; therefore, proof of insurance will be required. Proof of insurance **must be included** in the bid proposal. Failure to provide proof of insurance will result in the bid being rejected unless a full explanation (approved by the bid review staff) is provided as to why proof of insurance was not included.

11. Bid Award

- a. Bid award notifications will be sent out to all who participated in the RFP process within 30 days of the ACSD.
- b. The selected vendor(s) will work with Margaret Mary Health Consortium staff to coordinate the transition from the existing provider/network and implement the replacement services with a minimum amount of interruption and downtime.
- c. If the bid is awarded to the incumbent service provider(s) and there are no changes to services or billing, then no transition work will be required.
- d. The selected vendor(s) shall agree to assign one point of contact through which Margaret Mary Health Consortium and the service provider may communicate. This contact will serve as the project manager through the initial implementation phase of service. After the implementation phase, the selected vendor(s) shall agree to provide one point of contact who will serve as the account manager. All communication to and from the Margaret Mary Health Consortium will be managed by the project manager, and then the account manager.
- e. When selected, bidder(s) agree to sign the Margaret Mary Health Consortium confidentiality agreement. Selected bidders agree to hold all information regarding Margaret Mary Health Consortium in strict confidentiality.
- f. For selected vendor(s), access to Margaret Mary Health Consortium facilities will be provided after meeting all compliance requirements and signing vendor agreements to maintain established guidelines regarding safety, security, and vendor conduct. Additionally, vendor agrees to maintain Margaret Mary Health Consortium established insurance requirements.