

**ADMINISTRACIÓN DE
SEGUROS DE SALUD DE PUERTO RICO
(ASES)**

**PUERTO RICO HEALTH INSURANCE
ADMINISTRATION (PRHIA)**



TELEMEDICINE SERVICES

GOVERNMENT HEALTH PLAN

**REQUEST FOR QUOTATIONS AND
QUALIFICATIONS**

RFQ # GHP TELEMEDICINE PILOT PROGRAM 2021

ISSUE DATE: OCTOBER 6, 2021

DUE DATE: OCTOBER 25, 2021 1:00 PM (AST)

Table of Content

1. General Information	1
2. Scope of Work	5
3. Schedule	11
4. Response Format and Organization	13
5. Evaluation and Scoring	14
6. Mandatory Requirements	18
7. Technical Responses	20
8. Cost Quotation	25
9. Appendixes (A-G)	27
10. Attachments (1-3)	Not embedded in this document

Section 1 General Information

1.1 Purpose of the RFQ

This is an invitation to provide the Puerto Rico Health Insurance Administration (PRHIA or ASES for its Spanish acronym) information regarding your interest and ability to provide Telemedicine Services for a Pilot Program under the Government Health Plan (GHP) or Vital and the potential cost of such a program. **The award of a contract for professional services under this process is totally contingent upon ASES obtaining grant funds from the Coronavirus Relief Fund (CRF) for the Telemedicine Program in Puerto Rico to operate a GHP Telemedicine Pilot Program. THEREFORE, IF ASES DOES NOT RECEIVE THE GRANT, IT MAY CANCEL THIS RFQ AT ANY TIME.**

1.2 Issuing Office, RFQ Reference Number and Procurement Contact Information

1.1.1 ASES is the issuing office for this RFQ and all subsequent addenda relating to it.

1.1.2 This RFQ is titled GHP Telemedicine Pilot Program, and its reference number is **RFQ # GHP Telemedicine Pilot Program 2021**. It is required to refer to or include this number on all quotes, correspondence, and documentation relating to the RFQ.

1.1.3 ASES has designated a Procurement Contact person who is responsible for the conduct and administration of this procurement. Any inquiries or requests regarding this procurement shall be submitted only to the Procurement Contact, in writing, and by email. Questions shall be clearly labeled and shall cite the specific source that forms the basis of the question. For example, if the Offeror has a question related to this procurement schedule, the Offeror must cite to Section 3.1 of this RFP.

The decisions notified by the Procurement Contact on any matter regarding this procurement shall be final.

Contact information for the Procurement Contact is as follows:

Martha L. Vélez González, Esq.
Urb. Caribe Sector El Cinco
1549 Calle Alda
San Juan, PR 00926-2712
Tel. 787 474 3300 ext. 3006
mavelez@asespr.org

1.3 Background

Pursuant to Title XIX of the Federal Social Security Act, codified as 42 USC 1396 et seq. (“the Social Security Act”), and Act No. 72 of September 7, 1993 of the Laws of Puerto Rico (“Act 72”), a comprehensive program of medical assistance for needy persons exists in Puerto Rico. The Puerto Rico Health Department (“the Health Department”) is the single State agency designated to administer medical assistance in Puerto Rico under Title XIX of the Social Security Act of 1935, as amended, and is charged with ensuring the appropriate delivery of health care services under the Medicaid and the Children’s Health Insurance Program (“CHIP”) in Puerto Rico, and ASES manages these programs pursuant to a delegation of authority.

ASES is a public corporation with autonomy to develop and execute the terms of its organic law, Act No. 72 of September 7, 1993, as amended. As part of its responsibilities, ASES contracts with Managed Care Organizations (“MCOs”), PBMs, and/or Pharmacy Program Administrators (“PPAs”) to provide medical and prescription drug services island-wide in Puerto Rico to persons who are eligible for Medicaid, CHIP and Other Enrollees. ASES is responsible for health care policy, purchasing, planning, and regulation pursuant to Act 72, as amended, and other sources of law of Puerto Rico, and pursuant to this statutory provision. ASES has established a managed care program under the medical assistance program, known as “GHP,” “GHP Program,” “the Government Health Plan”, or “Vital”.

Currently, ASES holds contracts with four (4) Managed Care Organizations (MCOs) to provide GHP services. As of August 1, 2021, GHP serves approximately 1,533,807 beneficiaries including (1) 1,425,245 Medicaid Enrollees, (2) 90,964 CHIP enrollees and (3) 17,598 Other Enrollees. The Other Enrollees population includes individuals who meet State-eligibility standards established by the Puerto Rico Medicaid Program but do not qualify for Medicaid or CHIP.

ASES is currently in the process of submitting an application to obtain a grant from the CRF, an organization that provides emergency assistance to entities of Puerto Rico’s Health Care System, including local health clinics (e.g., IPA’s), Federally Qualified Health Centers (330s), state and private universities, Centers for Diagnostic and Treatment (CDTs), township governments, 501(c)(3) non-governmental organizations (NGOs), or coalitions capable of providing patient care via telemedicine. These funds are restricted to use for necessary expenditures related to establishing or expanding telemedicine capabilities due to the COVID-19 emergency, by providing supplemental financial support beyond what was included by other assistance opportunities. The Program aims to increase access to health care in Puerto Rico specifically to populations that include rural, underserved communities, and other vulnerable groups.

Puerto Rico shows a substantial amount of under-served populations due to the drastic reduction in the number of general practice and specialty physicians across the entire territory. These populations tend to be concentrated in rural areas, and, particularly, in the central part of Puerto Rico where the abrupt terrain and difficult land access make travel difficult, especially for disabled/non-mobile individuals.

It is ASES understanding that telemedicine services can be a safer option for healthcare personnel and patients by reducing potential infectious exposure and, consequently, reducing the strain on healthcare systems by minimizing the surge on patients demand on facilities and reduce the use of PPE by healthcare providers. By maintaining continuity of care to the extent possible can avoid additional negative consequence from delayed preventive, chronic, or routine care. Remote access to healthcare services may increase participation for those who are medically or socially vulnerable or who do not

have ready access to providers. Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.

1.4 Scope of the RFQ and Offeror's Minimum Qualifications

ASES intends to provide Vital patients suffering from medical under-service or difficulties in accessing medical care with a full complement of remote devices measuring their vital signs and other clinical data, which will be monitored by a full team of physicians and nurses. This team will be prepared to advise the patients about any significant change in their health condition before it becomes an emergent life-threatening event and guide the patient to seek medical or hospital care on a timely basis. This will help solve the problem of under-service and provide for better, holistic, 24/7 care for the patient population enjoying the remote monitoring services.

Accordingly, ASES intends to engage in a pilot program for a maximum of 2,000 beneficiaries of the Vital Program with Diabetes Mellitus Types I & II who have conditions associated with decompensation resulting from lack of follow-up, treatment, and medication noncompliance during the COVID-19 pandemic period. This pilot program is aimed at increasing access to healthcare services specifically to elderly and pediatric beneficiaries with diabetic conditions who live mainly in rural and under-served communities. The program must integrate physicians with relevant specialties through GHP MCO's provider networks.

The main goals of the Pilot Program are:

1. Improvement of overall control of diabetic conditions;
2. Improvement in follow-up and treatment and medication adherence;
3. Reduction in ER visits;
4. Reduction in hospitalizations;
5. Reduction in readmissions; and
6. Reduction in worsening of related conditions (chronic kidney disease, vascular disease, heart disease, and others).

This pilot program is intended to be operational and GO LIVE by January 1, 2022 to allow for the deployment of necessary hardware, software and proper educational resources to the enrolled beneficiaries from the selected population in order to ensure proper management of use of the new technology and measurement of vital signs and complete interaction with the healthcare team.

The Contract term is expected to be for one (1) year with an optional extension for an additional year, contingent upon available funds. If the pilot program is successful and ASES gains access to additional funding, it is ASES' expectation to continue the program on a more permanent basis and larger scale after the COVID-19 emergency period.

The Offeror must agree, and quote implementation and ongoing costs based on the Total Ownership Cost Method. The Total Ownership Cost Method includes not only the direct costs of the specific deliverables required for the provision of the Contracted Services but also all indirect costs that would be logically attributed to the provision of such Services. It is an all-inclusive rate. **WARNING:** CRF program establishes that the program's administrative costs cap is 10% of the total proposal cost.

If granted the CRF funds, it is ASES' intent to contract with an entity that meets the following **MINIMUM QUALIFICATIONS**:

- Is authorized by the Department of State of Puerto Rico to do business in Puerto Rico prior to Contract Award. If at the time of submittal of the quote, the Offeror is in the process of being so authorized, the Offeror must present sufficient evidence of said process and the current status.
- Is in compliance with all applicable legal requirements to become a government service provider.
- Is not excluded by the federal government from providing services for the Medicaid program, or by the state government pursuant to Law 2 of 2018 or other applicable laws.
- Demonstrates a minimum experience of three (3) years in the last five (5) years developing and implementing telehealth/telemedicine programs for services similar in scope and magnitude to the ones sought in this RFQ. (It is preferred that the Contractor is accredited by the Utilization Review Accreditation Commission (URAC) and Quality and Accreditation Institute (QAI)).
- Is sufficiently staffed to deploy the needed personnel to commence providing direct telemedicine services to the enrolled beneficiaries from the selected population by the Go Live date. Personnel providing direct services must be HIPAA trained, fluent in Spanish and culturally competent. Clinical staff should be duly licensed to provide services in Puerto Rico.
- Demonstrates experience in data management, data integration and reporting capabilities.
- Demonstrates operational capacity to support an expected Go-live date of January 1, 2022.
- Have the capability for 24/7 monitoring of enrolled beneficiaries that could require such continuous monitoring.
- Is financially solvent to provide services for short term period (at least 90 calendar days) in the event of delayed reimbursement.
- Utilizes HIPAA compliant certified technological platforms for the provision of the telemedicine services.

The selected Offeror must also:

- Demonstrate a clear understanding of ASES' needs, the services sought and the Contractor's responsibilities and its role as partner to ASES.
- Demonstrate the capability to perform all services and meet all the scope of work requirements.
- Demonstrate how the Offeror will contribute to the achievement and advancement of ASES' goals and objectives.

In sum, the intent is to, after receipt of grant funds, award a Contract to the most responsive and responsible entity that demonstrate the ability to meet the requirements of this RFQ at the most competitive prices.

Section 2 Scope of Work

If awarded a grant under the CRF for the Telemedicine Program in Puerto Rico, ASES will then partner with a Contractor to perform all required services for the Vital – Telemedicine Pilot Program. Said Contractor must perform the following minimum required functions:

2.1. Telemedicine Chronic Disease Care Management Solution:

The Contractor is responsible for the design, implementation, delivery, and quality assurance of an integrated chronic disease care management solution, through the use of telehealth services, to provide consultation, assessment, care planning review, patient education and outreach, counseling, disease management, and patient monitoring, as required by their current condition, for both elderly and pediatric GHP beneficiaries with Diabetes Mellitus Types I & II who have conditions associated with decompensation resulting from lack of follow-up, treatment, and medication noncompliance (non-adherence) who mainly live in rural and under-served communities in Puerto Rico, aimed at:

1. improving overall control of the patient's diabetic condition;
 2. improving the patient's treatment and medication adherence;
 3. reducing ER visits, hospitalizations, readmissions; and
 4. reducing the worsening of related conditions (chronic kidney disease, vascular disease, heart disease, and others).
- 2.1.1 The chronic disease care management system must be holistic, affordable, effective, high quality, secure, flexible, customizable and scalable using the best applicable industry practices.
 - 2.1.2. The system must have in place clear clinical care pathways to assure continuity of care and that the patient's healthcare needs are timely fulfilled and properly addressed. The Contractor must assure that the GHP enrolled beneficiaries from the selected population will receive the highest standard of care.
 - 2.1.3 The Contractor shall ensure all contractor staff communicates and coordinates effectively and efficiently with the end-users. The Contractor shall seek to ensure customer satisfaction and the professional and ethical behavior of all contractor personnel.
 - 2.1.4 The Contractor shall have in place and ensure compliance with operational policies and procedures essential for effective chronic disease care management and telehealth service delivery that reflect the best applicable industry practices and ensure their periodic review.

2.2 Virtual Communications:

- 2.2.1 Primarily for teleconsultation, the solution shall enable two-way communication between patient-to-healthcare provider to assess, treat, and provide care to a

patient remotely using real-time interactive audio-video conferencing equipment and software or WebRTC (Web Real-Time Communication) or a cloud-based scalable video conferencing solution (FedRAMP certified cloud service).

2.2.1.1 The video conferencing solution should be optimized for end-users primarily located in rural and non-urban areas where users have very slow network or internet connectivity speeds. (This applies to both WebRTC and Application-based solutions.)

2.2.1.2 The solution shall have the capability for a seamless switching from audio/video to audio-only if the connection is unsatisfactory or have a process in place to reconnect dropped calls.

2.2.2 The contractor must also provide other electronic communication platforms such as email, smart phones, wireless tools and other forms of telecommunication technology for the delivery of other functions and aspects of the chronic disease care management solution.

2.3 Technical Solution:

2.3.1 The Contractor must provide a reliable integrated system and infrastructure with interoperability compatible with the exchange and compilation of comprehensive health data and information, with end user interface that is intuitive and easy to use and navigate, with uninterrupted inter-connectivity among all required end users and adequate bandwidth.

2.3.2 The system must be capable of supporting:

2.3.2.1 The latest versions of the most common, modern, secure web browsers, and WebRTC;

2.3.2.2 Be compatible with the most commonly used mobile devices, tablet, laptop, and personal computer platforms; and

2.3.2.3 Support the latest versions of the most common operating systems as well as versions released in the past five (5) years.

2.3.3 The system must have the capability to share, transmit and capture data through routine workflows and the data collection system must be automated and integrated into the telehealth system taking appropriate measures to guarantee and protect the validity and credibility of the health data collected.

2.3.4 The system must have the capability to access, store and transmit electronic data in a secure, confidential, HIPAA compliant manner (preferably also have ISO 27001 compliance certification), have in place security measures for the use of telehealth technologies with the capability for data encryption, password protection, user identification and authentication protocols.

- 2.3.5 The system must have help features (e.g. help desk, “how to guides” as tutorials or web based training) to enhance the ability for end users to quickly use and learn the environment they will interface with. Tutorials or training materials should be short, succinct, and easy to follow and show how to use all the features available to the end user. These materials must meet federal format and language requirements for written and verbal communications in 42 CFR 438.10.
- 2.3.6 The system must provide adequate mechanisms for the obtention of the patients consent for audio recording, applicable monitoring of health status, data storage and data transfer.
- 2.3.7 The system must have reporting capabilities for the adequate measurement and compilation of key performance health-goal indicators of the Pilot Program, key contractor’s performance requirements and proper use of grant funds.
- 2.3.8 The system must provide for customizable patient and provider satisfaction surveys to measure customer satisfaction.
- 2.3.9 The system must provide for incident recording and reporting to handle complaints of beneficiaries enrolled in the Pilot Program.
- 2.3.10 The system must be compliant with Section 508 of the Rehabilitation Act and PR Law No. 229 of September 2003, as amended, and any other federal and state applicable laws governing accessibility.
- 2.3.11 The Contractor must have in place adequate policies and procedures for comprehensive data security, records retention, system refreshes, business continuity, disaster back-up and recovery.
- 2.3.12 The system must host all data and services within the United States. All data shall only be processed, transmitted, and stored in facilities and through networks located within the U.S.

2.4 Key Performance Requirements the contractor must comply with:

Contractor shall have the capacity to provide the necessary personal resources, equipment, and infrastructure to manage, perform, and administer the contract in compliance with the following performance objectives and Acceptable Quality Level (AQL):

- 2.4.1 System Operations: AQL - meet a performance target of 99.9% system availability uptime.
- 2.4.2 Technical Support:
 - 2.4.2.1 Timely –

- a. AQL: Services are available 24 hours a day, seven days a week, every day of the year with 99.9% uptime.
- b. AQL: The Contractor staff will respond to $\geq 98\%$ of support requests within (5) minutes of being contacted by the end-user.
- c. AQL: The Contractor shall resolve $\geq 80\%$ of support requests within (20) minutes.

2.4.2.2 Communication:

AQL: $\geq 95\%$ of customer survey responses shall have a satisfactory or higher rating.

2.5 Equipment

- 2.5.1 The Contractor must provide the enrolled participants from the selected group/population of GHP beneficiaries all equipment needed to engage in the care management program, including but not limited to a full complement of user-friendly, "FDA cleared" monitoring devices for measuring their vital signs and other clinical data necessary for the proper management of their diabetes condition. The equipment must be in very good functioning condition at all times and be compatible with the technical requirements of the telehealth system in place for the case management program.
- 2.5.2 Provide technical and service support, equipment testing and replacement system, maintenance and failure management. Local service support is preferable.

2.6 Staffing:

- 2.6.1 The Contractor must provide, sufficient trained, knowledgeable, experienced, professional, and fully capable personnel (clinical, non-clinical, administrative, multidisciplinary, IT technicians, etc.) to perform all the activities described in this RFQ. The Contractor will maintain appropriate staffing levels as needed by ASES throughout the term of the Contract.
- 2.6.2 The Contractor must provide, at a minimum, the following Key Personnel:
 - 1. **Project Manager**- will provide overall leadership, technical supervision and guidance for all contractor personnel assigned to the contract. Must have the technical and managerial skills to effectively manage a project of this size and complexity. Shall be a multi-functional individual with strong managerial experience in providing technical advice, organizing, planning, directing, and managing contractor staff to ensure that goals and objectives of the project, as well as, problem resolution and customer satisfaction, is accomplished within prescribed time frames. The PM shall be an employee of the Offeror, have prior experience in similar projects, be fully bilingual, have demonstrated

experience tracking, monitoring, reporting, standardizing, and overseeing project cost, schedule, and performance measures in a dynamic environment and demonstrated experience ability in oral and written communication. Preferably should possess an active Project Management Institute (PMI) Program Project Management Professional certification, or equivalent level of certification.

2. IT technicians duly certified, preferably located in Puerto Rico
 3. Clinical Staff:
 - a. Physicians (at least one (1) internist or endocrinologist and one (1) pediatrician) – preferably duly licensed to practice in Puerto Rico and able to comply with all requirements of Puerto Rico Law 168 of 2018 and Regulations #9107-2019 of “Junta de Licenciamiento y Disciplina Médica para regular el uso de la Telemedicina en Puerto Rico.
 - b. Nurse practitioners – duly licensed to practice in Puerto Rico, preferably with experience in chronic disease care management.
- 2.6.3 The Contractor shall ensure all contractor staff are culturally sensitive and appropriate. and are trained in the administrative, physical and technical aspects of HIPAA Law as established in 45 CFR §§ 164.308, 164.310, 164.312, 164.316.
- 2.6.4 The Contractor shall ensure that all clinical staff and non-clinical staff providing direct services are fluent in Spanish.
- 2.6.5 The Contractor shall ensure that all clinical staff is duly licensed to provide health services in Puerto Rico.

2.7 Education and Outreach:

The Contractor will provide resources to carry out educational and outreach activities to engage and follow-up beneficiaries enrolled in the Pilot Program. The Contractor will carry out those activities deemed necessary to provide the corresponding follow up for promoting the continuity of healthcare required to accomplish the goals of the Program. Periodic reports to demonstrate compliance with the activities carried out must be presented on a regular basis to ASES. Specifically, the Contractor shall:

- 2.7.1 Provide patient training on the proper use of all telemedicine services, platforms, devices and equipment.
- 2.7.2 Engage the patient and/or their legal guardian and/or caretaker to participate in their care plan and help them adhere to their medication regimens.
- 2.7.3 Provide clinical advice to the patients about any significant change in their health condition before it becomes an emergent life-threatening event.
- 2.7.4 Provide guidance to the patient to seek medical or hospital care on a timely basis.

- 2.7.5 Provide other applicable educational and outreach activities to the enrolled participants from the selected group of GHP beneficiaries and their caregivers (accessible in multiple ways including phone, internet, and via auxiliary aids and services when requested).

2.8 Accounting practices, compliance with CRF Grant Requirements monthly financial reports, audit and certification of use of CRF Program Funds.

The services to be provided are subject to the Audit rules of Puerto Rico and the United States of America's Office of the Comptroller, as well as to those from any other Government agency having jurisdiction over the subject matter, which may include without limitation, the Financial Oversight and Management Board for Puerto Rico. Furthermore, by accepting CRF funds, ASES is also required to certify proper and legal use of the funds and agrees to cooperate in any audit proceedings requested by the Government of Puerto Rico or other governing entity responsible for the compliant use of funds.

The Contract awarded by ASES will include a provision to the effect that ASES, the Department of Health, the U.S. Comptroller General, the Government of Puerto Rico or other governing entity responsible for the compliant use of funds or any of their duly Authorized Representatives, must have access to any books, documents, papers and records and staff of the Contractor which are directly pertinent to the Services for the purpose of making evaluations, examinations, excerpts and transcriptions. Accordingly:

- 2.8.1 The Contractor is required to keep all accounts, books and records pertaining to financial and economic transactions for expenses related to this GHP Pilot Program separate from the Contractor's other lines of business and to retain evidence of all Pilot Program expenses for a period of ten (10) years.
- 2.8.2 The Contractor must submit monthly financial reports by the 7th of every month in the template to be provided by ASES. The Contractor must also submit all necessary information requested by ASES to be able to submit a comprehensive financial reconciliation report and any other similar report(s) at any other required dates.

2.9 Reporting:

The Contractor must provide all reports required in this RFQ and/or required by ASES or any *ad hoc* reports solicited from time to time, including but not limited to the following:

- 2.9.1 Enrollment Report of beneficiaries participating in the pilot program – Monthly
- 2.9.2 Customer Satisfaction Survey Result Report, including Technical Support, Monthly and Annually.
- 2.9.3 Contractor's Performance Monitoring Report – Monthly

2.9.4 Key performance indicators goals of the program

2.9.5 Financial report on financial and economic transactions for expenses related to the GHP Pilot Program for compliance with the CRF (See Section 2.8.2 of this RFQ) – No later than the 7th day of every month.

2.10 Compliance Requirements:

2.10.1 The Contractor must provide a solution that is in compliance with all Medicaid regulations, applicable federal and state laws, including but not limited to, HIPAA Law and other applicable privacy and reimbursement laws and regulations, applicable medical licensing laws as waived or modified in connection with the COVID-19 pandemic, the False Claims Act, the Anti-Kickback statute, Civil Monetary Penalties Law, the Coronavirus Aid Relief and Economic Security (CARES) Act and other laws and regulations mentioned in this RFQ. See also, Attachment 1 of this RFQ.

2.10.2 All patient/beneficiary communications must meet federal format and language requirements for written and verbal communications in 42 CFR 438.10.

Section 3 Schedule

3.1 Schedule The delivery schedule set forth herein represents ASES’ best estimate of the schedule that will be followed. After the issuance of the RFQ, unless stated otherwise, items will be due at 6:00 p.m. (Atlantic Standard Time - AST) on the dates specified below. If a component of this schedule – such as *Submission of Quotes*– is delayed, the rest of the schedule will likely be shifted by the same number of days.

Action	Responsible Party	Date
1. Notice of RFQ and invitation process	ASES	October 6, 2021
2. Deadline to submit written questions	Potential Offeror	October 13, 2021 (due at 11:59 PM AST)
3. Deadline to submit Notice of Intent to Participate	Potential Offeror	October 18, 2021 (due at 11:59 PM AST)
4. Publishing of responses to written questions	ASES	October 19, 2021

Action	Responsible Party	Date
5. Submission of Quotes	Offeror	October 25, 2021 (due at 1:00 PM AST)
6. Notice of Intent to Award Contract	ASES	Approximately Fifteen (15) days after receipt of CRF Grant Funds
7. Implementation Date	ASES and awarded Contractor	January 1, 2022

NOTE: Dates are subject to change based on number of Quotes to evaluate and any unforeseen situation or force majeure. ASES reserves the right to request additional/clarification from Offerors at any time during the process.

3.1.1 Questions and Answers

3.1.1.1 Offerors that fail to report a known or suspected problem with the RFQ and/or its accompanying materials or fail to seek clarification and/or correction of the RFQ and/or its accompanying materials shall submit a Quote at their own risk. In addition, if awarded the Contract, the Contractor shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

Offerors shall submit all questions in writing by email to the Procurement Contact using the Questions and Answers Template in Appendix F of this RFQ. Offerors shall submit all questions in writing by a **non-encrypted email** to the Procurement Contact. ASES will not accept questions and issues submitted by means other than email. The email message must contain the following as the subject line:

Question/Clarifications: (Offeror's Name)

Questions must be received by **11:59 PM (AST) on October 13, 2021.**

3.1.1.2 Written responses to written questions and any RFQ amendments will be distributed to all potential Offerors appearing on the process distribution list.

ASES shall make every effort to provide answers as close to the deadline (October 19, 2021) as possible. ASES may consolidate and/or paraphrase similar or related inquiries. ASES' official responses and other official communications pursuant to this RFQ shall constitute an amendment or supplement of this RFQ.

ASES reserves the right to amend this RFQ (including all appendices) any time before the closing date for submitting Quotes (October 25, 2021), excluding changes to the schedule of events. Amendments shall be sent to all Offerors appearing on the process distribution list.

3.1.2 Deadline to submit Notice of Intent to Participate (Appendix A of this RFQ)

Offerors that submit a Notice of Intent to Participate (Appendix A) on or **before 11:59 PM (AST) on October 18, 2021**, will:

- a. have their organization placed on the distribution list;
- b. be able to receive written responses to questions, any RFQ amendments and notices; and
- c. be provided a username and password to access the secure site where Quotes will be uploaded.

3.1.3 Submission of the Quote

Quotes are due at 1:00 PM (AST), OCTOBER 25, 2021. Offerors are required to submit only one (1) Quote in response to this RFQ. The Quote must be uploaded onto the secure site with the unique password and username given to the Offeror. The Offeror must place the Quote's responses (Mandatory, Technical and Cost) in the appropriate folders with the Offeror's name on ASES' secure site repository (ShareFile). **A LATE QUOTE SHALL NOT BE ACCEPTED AND SHALL CAUSE THE QUOTE TO BE DISQUALIFIED.**

The Offeror shall not distribute the Quote to any entity not specified in this RFP, nor shall the Offeror share its Quote with other potential Offeror.

The contents of any Quote shall be maintained in strict confidentiality by ASES and shall not be disclosed to competing Offerors or the general public during the procurement process.

3.1.4 Notice of Intent to Award Contract

Based on ASES' selection of the successful Offeror, the Executive Director of ASES shall send such Offeror a written Notice of Intent to Award.

Section 4 Response Format and Organization

4.1 Response Format:

- 4.1.1 Quotes should be prepared simply and economically. ASES is interested in Quotes that provide well-organized, comprehensive, technically sound business solutions and straightforward, detailed and precise descriptions of the Offeror's ability to meet the requirements of this request. Vague explanations may undermine the proposing firm's credibility and may result in reduced Quote scores. ASES will determine the

responsiveness of the Quote by its quality, not by its volume, packaging or colorful displays.

The person authorized to legally bind the Offeror must sign each RFQ appendix that requires a signature and/or initials.

4.1.2 All Quotes must include the following documents:

- 1) Mandatory Requirements. The Offeror's response to the Mandatory Requirements listed in Section 6 of this RFQ must be uploaded to the secure site as a separate document. The documents and appendices pertaining to each subsection of Section 6 must be uploaded to the corresponding folder created and identified accordingly.
- 2) Technical Responses - The response should identify each requirement being addressed as enumerated in the RFQ. The Offeror's response to the Technical Questions listed in Section 7 of this RFQ must be uploaded to the corresponding folders created and identified accordingly.
- 3) Cost Quote (Appendix G) - Must include a duly signed PDF copy of the cost Quote template with initials on each page as well as an Excel version. Both must contain the same information and each page must be identified with the name of the Offeror. In case of any inconsistencies between the PDF and Excel version, the PDF version will control.

Section 5 Evaluation and Scoring

5.1 General

- 5.1.1 Failure of the Offeror to comply with the instructions of this RFQ, failure to submit a complete response and quotation shall be grounds to disqualify the Offeror's Response. However, ASES reserves the right to waive minor irregularities and minor instances of non-compliance. ASES reserves the right to use its best judgment to determine what constitutes a minor irregularity and a minor instance of non-compliance.
- 5.1.2 ASES reserves the right to ask clarifying questions and request additional information from the Offeror at any stage of the process. If the Offeror fails to answer and/or respond to any clarifying questions or requests for additional information, the Offeror's Quote will be disqualified. ASES shall be the sole judge in the selection of the successful Offeror.

5.2 Scoring Summary

5.2.1 Bids will be weighted as follows:

Mandatory Requirements (Section 6)	Pass/Fail
Technical Questions (Section 7)	80%

Cost Quote (Section 8)	20%
------------------------	-----

5.3 Mandatory Requirements Evaluation

Each Quote shall be evaluated to determine whether the requirements, as specified in this RFQ, have been met. Failure to adequately meet any Mandatory submission requirement may cause the entire Quote to be deemed non-responsive and be rejected from further consideration. Each Quote will be evaluated against the following criteria:

- The Quote was submitted within the closing date and time.
- If the Quote meets all requirements in Section 6 Mandatory Requirements Quote of this RFQ, the Quote will “Pass” the Mandatory Requirements section. If the Quote is missing certain requirements in Section 6 Mandatory Requirements Quote of this RFQ that are not minor irregularities and minor instances of noncompliance as noted above, the Quote will “Fail” the Mandatory Requirements section.
- If ASES does not receive any Quote that meets the Mandatory Requirements, ASES may cancel this RFQ.

5.4 Technical Questions Evaluation

5.4.1 Each Quote that passed the Mandatory Requirements evaluation shall be evaluated to determine whether the technical requirements, as specified in this RFQ, have been met.

5.4.2 The responses to technical questions will be reviewed, evaluated and scored based on the response’s completeness, thoroughness, and how it demonstrates that it meets or exceeds the RFQ requirements. The scoring criteria ASES will use to assign points is as follows:

Point Value	Descriptions	Criteria for Point Assignment
0	Absent or Unresponsive	Response is missing or is non-responsive for it does not address ASES’ requirements.
1	Barely Satisfactory	Response is incomplete. The Offeror failed to provide a fully compliant response to the requirements of this RFQ and the omission(s), or defect(s), are significant.
2	Satisfactory	Response is complete and meets ASES’ requirements. This score may be awarded if the Offeror has met the minimum requirements established in the RFQ. Omission(s) or defect(s), if any, are insignificant and acceptable. The response is considered to be of average quality.

Point Value	Descriptions	Criteria for Point Assignment
3	More than Satisfactory	Response is more than satisfactory and fully meets ASES' requirements. No omission(s) or defect(s) are apparent. The response is above the average quality that is expected from a qualified Offeror.
4	Superior	Response surpasses ASES' requirements. Offeror offers one (1) or more enhancing feature, method or approach that will benefit ASES.

In assigning points, evaluators shall consider issues including, but not limited to, the extent to which a Quote response:

- a. Is lacking the required information (e.g. whether it is lacking depth or breadth or significant facts and/or details).
- b. Is fully developed.
- c. Demonstrates that the Offeror understands ASES' needs, the services sought, and/or the Offeror's responsibilities.
- d. Illustrates the Offeror's capability to perform all services and meet all requirements.
- e. If implemented, will contribute to the achievement of ASES' goals and objectives.
- f. Demonstrates the Offeror's capacity, capability and/or commitment to exceed regular service needs, that is, whether it offers enhanced features, approaches, or methods, or creative or innovative business solutions.

5.4.3 Maximum points for each Technical Response category to be scored are as follows:

Technical RFQ Section	Section#	Section Weighting	Total Points for Section	# of Questions	Points for Each Question
Qualifications and Experience	7.1	20%	160	4	40
Implementation	7.2	15%	120	2	60
Chronic Disease Care Management Solution	7.3	20%	160	4	40
Technical Requirements	7.4	20%	160	8	20
Equipment	7.5	10%	80	2	40
Staffing and Key Personnel	7.6	10%	80	2	40

Technical RFQ Section	Section#	Section Weighting	Total Points for Section	# of Questions	Points for Each Question
Education and Outreach	7.7	5%	40	2	20
Total Questions and Technical Points		100%	800	24	

5.4.4 Points to each question will be awarded as follows:

Point Value	% of Possible Points
4	100%
3	75%
2	50%
1	25%
0	0%

5.5 Cost Quote Evaluation

Each Quote that passed the Mandatory Requirements evaluation shall have its Cost Quote evaluated.

5.5.1 Each Cost Quote shall be reviewed to ensure that the Cost Quote is complete. The Cost Quote may be determined non-responsive if the Offeror fails to comply with the Cost Quote instructions and requirements.

5.5.2 The total maximum amount of points for Cost Quote is 200 points. The Offeror's cost quote with the lowest price will receive the highest available rating allocated to price. Each proposal that has a higher price than the lowest will have a lower rating for price. The points allocated to higher-priced proposals will be equal to the lowest proposal price multiplied by the maximum points available for price, divided by the higher proposal price.

5.6 Selection of Offeror and Intent to Award Contract

5.6.1 Results of all the evaluations will be presented blind to the Executive Director of ASES.

5.6.2 Upon careful consideration of the final recommendations of the designated evaluators, ASES' Executive Director, after a holistic analysis, may either request a Best and Final Offer from the Offeror's with the Top 3 combined scores, or proceed to make a final determination as to the Offeror that will be selected.

- 5.6.3 ASES reserves the right to select a Quote with a higher cost, if the quality of the service or if it is in the best interest of the Government of Puerto Rico in this regard, so warrants it. Such a determination must be fully justified in the record.
- 5.6.4 ASES reserves the right to reject any and all Quotes in whole or in part, if it is determined to be in the best interest of Puerto Rico.
- 5.6.5 In case that only one Quote is received or that only one Offeror is a responsive proponent, ASES reserves the right, in its best interest and in its sole discretion, to award the RFQ to said Offeror with or without a prior negotiation or cancel the RFQ.
- 5.6.6 Upon selection of the Offeror that will receive a Contract, once ASES is awarded the CRF grant funds, it shall then initiate the contracting process. The selected Offeror shall be notified in writing by the Executive Director of ASES that the Quote has been accepted and that ASES intends to engage the Offeror.

Section 6 Mandatory Requirements

6.1 Letter of Transmittal

The Offeror must include a signed Letter of Transmittal. (See Appendix B).

6.2 Coronavirus Relief Fund Certification

The Offeror must include a signed Certification confirming its agreement with certain requirements of the CRF Grand Program for Telemedicine in Puerto Rico. (See Appendix C).

6.3 Qualifications

Provide a detailed description of the company, its operations, and ownership, addressing the following:

- 6.3.1 Background of the Offeror and a general description of primary business of the organization and its client base, product and services offering, clientele market description, areas of specialization, length of time organization has been in business, number of employees and any parent corporations, if applicable;
- 6.3.2. Indicate whether the Offeror has presence in the Commonwealth of Puerto Rico and the type of presence;
- 6.3.3 What attributes make your company an ideal partner for ASES.

6.4 References:

Provide a list of three (3) specific business references that can discuss Offeror's qualifications, experience, and performance. Each reference must include the contact's name, phone number, email address, a brief description of the services provided, and the period of service. Include a letter addressed to the Executive Director of ASES authorizing him to contact the reference.

6.5 Suspension and Debarment Form

The Offeror must complete the Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters Form to certify compliance with federal regulations relating to suspension and debarment. (See Appendix E of this RFQ).

6.6 Financial and Legal Documentation

6.6.1 Provide audited financial statements prepared by an independent Certified Public Accountant (CPA) for the two (2) most recent fiscal years. If the Financial Statements for the latest full fiscal years have not been issued, submit Management-prepared financial statement and related notes. Explain any negative financial information in the Offeror's financial statements.

6.6.2 Current Certification of the Single Registry of Professional Service Providers ("RUP" for its Spanish acronym) issued by the Puerto Rico General Services Administration ("Administración de Servicios Generales de Puerto Rico" or "ASG" for its Spanish acronym).

6.6.2.1 If the Offeror has completed the registry process and is awaiting issuance of the certification by ASG at the time of submitting the Quote, the Offeror must submit:

- (1) evidence of payment of the certification process;
- (2) the current status of said process;
- (3) all the certifications and documentation submitted to the RUP with evidence of submission; and
- (4) a certification attesting that it recognizes that, if a Contract is awarded to the Offeror under this RFQ:
 - a. the Offeror must provide, before the signature of the Contract, a Current Certification of the Single Registry of Professional Service Providers (RUP Certification); and
 - b. that failure to provide the RUP Certification will cause the cancellation of the award and ASES will issue the Award in favor of the next best Offeror that complies with this requirement.

6.2.2.2 If the Offeror is not registered in the RUP at the time of submission of the Quote:

(1) the Offeror must submit with the Quote all the certifications required by the RUP. **See Attachment 3 of this RFQ.**

(2) the Offeror will be given an automatic term of five (5) business days, from the date of the deadline for the submission of the Quote, to submit the RUP Certification. If at the term of the five (5) business days, the Offeror does not have the certification, it must comply with the requirements of Section 6.6.2.1 of this RFQ.

Failure to fully comply with Section 6.6.2 is cause for the disqualification of the Offeror.

6.6.3 The Offeror must submit the Mandatory Requirements Template, Appendix D, which includes:

- A. The Mandatory Requirement Certification which consists of a detailed checklist of mandatory documents and information that must be provided prior to the signature of the Contract; and
- B. The Mandatory Requirements Information which consists of a set of detailed questions that must be answered by the Offeror and certified as true and correct. Additional information may be requested based on answers provided. **See further specific instructions in Appendix D.**

6.7 Corporate Resolution

Provide a corporate resolution identifying the person authorized to represent and legally bind the entity. In case of a Limited Liability Company, the Offeror must submit evidence of the designation as Administrator or as authorized voting member. See Letter of Transmittal, Appendix B of this RFQ.

6.8 Performance Bond

Provide a Certification to the effect that if awarded a contract, the Offeror will provide prior to signing the Contract and maintain throughout the term of the Contract a Performance Bond in the amount of one hundred percent (100%) of the maximum annual contract amount for itself and Subcontractors, if any, issued by an insurance company duly authorized to do business in Puerto Rico, duly certified by the Office of the Insurance Commissioner of Puerto Rico and approved by ASES.

Section 7 Technical Questions

The Offeror shall complete all requirements, including the narratives and required appendices, in this section. In responding to each question, the Offeror shall explicitly state whether a subcontractor will be

utilized. If the Offeror intends to utilize a subcontractor(s), the Offeror must provide the name of the subcontractor in the response.

Offeror must demonstrate the necessary experience and capacity to assume all applicable functions as demonstrated by providing detailed responses to the following questions. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, descriptive literature and/or detailed information specifically tailored for the services required under this RFQ to demonstrate its ability to meet requirements.

7.1 Qualifications and Experience:

7.1.1 Provide a detailed statement demonstrating how the Offeror complies with the requirement of a minimum experience of three (3) years in the last five (5) years providing Telemedicine/Telehealth services similar in scope and magnitude to the ones sought in this RFQ. Include with your response the following information about, at least three (3) recent projects implemented by the Offeror which demonstrate that it possesses said experience.

PROJECT DESCRIPTION (include number of participants, scope of the project)	Budget (Total Cost)	Duration (specific dates) & Location	Client	Key Outcome/Impact of the Assignment

7.1.2 Provide a statement describing the Offeror’s most recent experience working with: (a) Medicaid agencies; or (b) in health-related projects of the size of GHP. Include the total experience in years/months.

7.1.3 Indicate what recognized telehealth accreditations the Offeror currently possesses (e.g. Utilization Review Accreditation Commission (URAC) and Quality and Accreditation Institute (QAI)), and since when it has said accreditation(s). Provide appropriate evidence of accreditation.

7.1.4 List any industry awards that the Offeror has received for the proposed solution or a similar one in terms of scope and magnitude. State the awarding party and the date received.

7.2 Implementation:

- 7.2.1 Provide a detailed Implementation Plan (IP) to achieve an implementation of services by the Implementation Date. The IP must show the Contractor's approach and timeline, how resources will be deployed and who will provide oversight. The IP should take the form of both a narrative and graphic format that displays the schedule, milestones, risks and resource support. Include any barriers the Offeror has identified to meeting the timeframes and how those barriers will be mitigated.
- 7.2.2 Describe any operational recommendations that you have that may expedite the implementation.

7.3 Chronic Disease Care Management Solution

When answering the following questions, describe any features, benefits, and value-added functionality that the Offeror's solution provides in addition to those required by ASES, especially where those benefits and value will allow providers and patients the highest standard of care. Identify the key attributes of the proposed solution that make it stand out in the marketplace as an ideal fit for this RFQ helping to meet ASES' goals.

- 7.3.1 Fully describe the Offeror's approach to provide an integrated chronic disease care management program through the use of telemedicine/telehealth services for elderly and pediatric GHP beneficiaries with Diabetes Mellitus Types I & II who have conditions associated with decompensation resulting from lack of follow-up and treatment, and medication noncompliance (non-adherence) and who mainly live in rural and under-served communities in Puerto Rico, that complies with the requirements of this RFQ as detailed in the Scope of Work (SOW).
- 7.3.2 Describe Offeror's approach to accomplish with its proposed solution the GHP Telemedicine Pilot Program goals, namely:
 - 1. Impact 100% of the group of beneficiaries enrolled to participate in the Program;
 - 2. Improve the overall control of the program beneficiaries' diabetic condition;
 - 3. Improve the follow up and medication adherence of the program's enrolled beneficiaries;
 - 4. Reduce the Emergency Room visits, hospitalizations and/or readmissions of the program's enrolled beneficiaries;
 - 5. Reduce the worsening of related conditions of the program's beneficiaries.
- 7.3.3 Describe Offeror's ability and approach to meet the requirements of Section 2.1.2 of the SOW.
- 7.3.4 Describe the Offeror's approach to comply with all requirements of Section 2.2 of the SOW. If the Offeror intends to use a cloud-based solution, include adequate evidence of being FedRamp certified or that it meets the requirements to become FedRAMP certified before January 1, 2022.

7.4 Technical Requirements

When answering the following questions, describe any features, benefits, and value-added functionality that the Offeror's solution provides in addition to those required by ASES, especially where those benefits and value will allow providers and patients the highest standard of care. Identify the key attributes of the proposed solution that make it stand out in the marketplace as an ideal fit for this RFQ helping to meet ASES' goals.

- 7.4.1 Describe the approach to optimize connectivity between end-users and beneficiaries enrolled in the Program that are primarily located in rural and non-urban areas where they have very slow network or internet connectivity speeds.
- 7.4.2 Describe the capacity of the Offeror's system in terms of the maximum video calls (15–30-minute calls on average) per week during standard business hours (8:00 AM to 6:00 PM) that it can handle. Indicate how many it can handle simultaneously on peak hours.
- 7.4.3 Describe the Offeror's approach to meet the information assurance and accessibility requirements of Sections 2.3.1, 2.3.3, 2.3.4, 2.3.6 & 2.3.10 of the SOW.
- 7.4.4 Explain how the Offeror's proposed solution complies with the requirements of Section 2.3.2 of the SOW.
- 7.4.5 Explain how the Offeror's proposed solution complies with the requirements of Sections 2.3.7, 2.3.8 & 2.3.9 of the SOW.
- 7.4.6 Provide a brief summary of the Business Continuity and Disaster Recovery ("BC-DR") Plan that provides reasonable safeguards against the destruction, loss, intrusion and unauthorized alteration of Data and system processes.
- 7.4.7 Describe the Offeror's ability to assure that systems shall be able to transmit, receive and process Data in a secure and HIPAA-compliant. In addition, answer the following questions:
 - 7.4.7.1 Do you have an ISO 27001 compliance certification. If so, please provide the evidence.
 - 7.4.7.2 Is the Offeror involved in an active breach investigation? If Yes, provide details.
 - 7.4.7.3 During the past five (5) years, has the Offeror had any privacy breach incident, complaint, or litigation? If Yes, provide a brief description of any corrective action plan, contractual and/or administrative sanctions or judgement imposed as a result.
 - 7.4.7.4 Indicate whether you have a Privacy officer, Security officer and provide their names and qualifications?
- 7.4.8 Describe how beneficiaries with disabilities, such as hearing loss or visual impairment, will be supported. For e.g. qualified reader; information in large print, qualified sign language interpreter, oral interpreter, cued-speech interpreter, real-time captioning.)

7.5 Equipment

- 7.5.1 Provide a description, including brands and models, of all the monitoring devices and other equipment that will be provided to the beneficiaries enrolled in the Program as part of your proposed solution. Include information on its ease of use, how intuitive they are, installation requirements, how delivery to the beneficiaries enrolled in the Program will be accomplished, whether it is FDA cleared or approved, how dependent on internet access and data access it is.
- 7.5.2 Describe Offeror’s approach to meet the requirements of Section 2.5.2 of the SOW of this RFQ.

7.6 Staffing and Key Personnel

- 7.6.1 Using the table below, provide information on the proposed staffing to be implemented to ensure employment of sufficient qualified, experienced and knowledgeable staff to provide all required services, meet all requirements and comply with the Contractor’s performance metrics.

TITLE (if more than one per type or category, add additional rows)	BRIEF SUMMARY OF FUNCTIONS	YEARS OF EXPERIENCE	HIGHEST EDUCATIONAL QUALIFICATION; CERTIFICATIONS	WHERE WILL BE LOCATED (PR OR US)	FTEs
Project Manager*					
IT Technician*					
Physicians (identify by specialty)					
Nurse Practitioners					
Other (specify whether administrative, clinical or non-clinical)					

***NOTE:** The information to be provided must be for specific individuals, not generic for title/role.

- 7.6.2 Describe how the Offeror trains and ensures appropriate licensing and certification requirements for all staff, particularly clinical staff.

7.7 Education and Outreach

- 7.7.1 Describe the Offeror's approach to meet the training and education functions stated in Section 2.7.1 of the SOW for this RFQ. Describe the help features of the Offeror's proposed solution and how they comply with the requirements of Section 2.3.5 of the SOW.
- 7.7.2 Describe the Offeror's approach to meet the other functions stated in Section 2.7 of the SOW for this RFQ.

Section 8 Cost Quote

8.1 General Instructions

The Offeror shall also submit a Cost Quote, using the Cost Quotation Template included in Appendix G-1 of this RFQ. Offerors are cautioned not to make assumptions when submitting Cost Quotes. If clarifications are needed, please submit questions during the Q&A period to ensure all assumptions are confirmed or clarified. Costs left out of a Quote based on an assumption will not be negotiated at time of award.

The submitted Cost Quote must include a duly signed PDF copy of the Cost Quote template with initials and printed name on each page.

8.2 Cost Quote Workbook

8.2.1 Using the Cost Quote Workbook of Appendix G-1, the Offeror must propose costs to provide the required services.

8.2.2 ASES WILL PAY EXCLUSIVELY ON A PER ENROLLED PARTICIPANT PER MONTH BASIS UP TO A MAXIMUM OF 2,000 ENROLLEES.

8.2.3 The Offeror must quote costs based on the Total Ownership Cost Method. The Total Ownership Cost Method includes not only the direct costs of the specific deliverables required for the provision of the services but also all indirect costs that would be logically attributed to the provision of these services. It is an all-inclusive rate.

8.2.4 The Offeror must complete Section 1.1 of the Cost Quote which captures the per enrolled participant per month cost for all required services and functions. The Offeror must provide a detailed narrative response explaining the associated costs for the services and any relevant information that will help ASES in evaluating the fairness and reasonableness of the Quote. If there is a difference between the cost for Contract Year 1 & Optional Contract Year 2, please provide a detailed explanation in the yellow area.

8.2.5 Section 1.3 captures the total maximum annual cost of the contract based on a total maximum of 2,000 GHP beneficiaries enrolled in the Pilot Program multiplied by the Per Enrollee Per Month cost stated in Section 1.1. This section is for information purposes and for the establishment of the required amount of the Performance Bond. **See Sections 6.8 & 8.2.2.**

8.2.6 In Section 2 of the Cost Quote, the Offeror must provide the typical return on investment (ROI) information for the solution presented in response to this RFQ, if available. If not, the Offeror must state why it is not available.

8.3 Staff Costs and FTEs Worksheet:

The Offeror must provide all the information requested in Appendix G-2 "Staff Costs and FTEs". Information must be provided for Key Personnel, Clinical and Non-Clinical Staff that will be providing services in the Pilot Program. This information is for evaluating the fairness and reasonableness of the Quote.

Appendix A

Notice of Intent to Participate

RFP # GHP Telemedicine Pilot Program 2021

The Notice of Intent to Participate should be signed and returned to the Procurement Contact BY EMAIL on or before **11:59 PM (AST) on October 18, 2021**. Only potential Offerors who return this completed form, indicating the intent to submit a Quote, will be able to receive written responses to questions, any RFQ amendments and notices, and be provided a username and password to access the secure site where Quotes will be uploaded.

1. ORGANIZATION: _____

2. CONTACT AUTHORIZED REPRESENTATIVE: _____

3. TITLE: _____ PHONE NO.: _____

4. EMAIL: _____ FAX NO.: _____

5. MAILING ADDRESS: _____

6. CITY: _____ STATE: _____ ZIP CODE: _____

7. PLEASE RESPOND BY MARKING WITH AN (X) THE APPROPRIATE BOX:

Firm DOES intend to respond to this RFQ.

Firm DOES NOT intend to respond to this RFQ.

SIGNATURE: _____

DATE: _____

Print Name: _____

Position: _____

Appendix B

Letter of Transmittal Form

RFQ# GHP Telemedicine Pilot Program 2021

Offeror's Name: _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL.

1. Identity (Name) and Mailing Address of the submitting organization:

2. Person authorized by the organization to contractually obligate/legally bind the organization
(must be a person identified in the Corporate Resolution):

Name _____

Title _____

Email address _____

Telephone number _____

Fax number _____

3. Person to be contacted for clarifications and additional information:

Name _____

Title _____

Email address _____

Telephone number _____

Fax number _____

4. Provide the Offeror's federal taxpayer identification number and Commonwealth taxpayer identification number, if different. _____

5. Use of subcontractor (Select one)

_____ No Subcontractor will be used in the performance of this Contract **OR**

_____The following Subcontractor(s) will be used in the performance of this Contract (indicate the service to be performed):

(Attach extra sheets, as needed)

6. Please describe any relationship with any entity that will be used in the performance of this Contract.

(Attach extra sheets, as needed)

7. _____ I acknowledge receipt of a complete copy, beginning with the title page and table of contents, Appendices A-G of this RFQ, Attachments 1-3 of this RFQ, and its corresponding amendments, if any.

_____ I concur that submission of our Quote constitutes acceptance of all the conditions governing this process including but not limited to the Evaluation Factors contained in Section 5 of this RFQ. **See also Attachment 2 of this RFQ – Conditions Governing this RFQ).**

_____ I certify the Offeror's adherence to the requirements of this RFQ and the expectations of ASES as stated in this RFQ.

_____ On behalf of the submitting organization named in item #1, above, I understand that the Contract provided remains subject ONLY to revisions required by ASES, the Centers for Medicare & Medicaid Services, Financial Oversight and Management Board for Puerto Rico, Government of Puerto Rico and acknowledge that the submitting organization named in item #1 above, is prepared to and capable of complying with all of the terms in the Contract.

_____, 2021

Authorized Signature

Date

Appendix C

Certification CRF Grant Program

RFQ# GHP Telemedicine Pilot Program 2021

Certification CORONAVIRUS RELIEF FUND (CRF) GRANT PROGRAM Telemedicine Program in Puerto Rico

_____ I understand that, if selected, the Offeror shall submit any and all required documentation and agrees to any and all audits of the Grant Funds, requested by the Grantor and/or ASES.

_____ I understand that, if selected, any information provided in this Quote that will form part of ASES' grant application can become public information, and Offeror waives any right to confidentiality, unless expressly requested and approved by the CRF and ASES.

_____ The Offeror acknowledges that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the Quote that it supports, may be the subject of criminal prosecution and also may subject me and the Offeror to civil penalties and/or administrative remedies for false claims or otherwise.

_____ I understand that, if selected, the Offeror must comply with all applicable CFR program requirements and procedures, all applicable federal and state laws, including but not limited to CMS and Medicaid regulations, the False Claims Act, the Anti-Kickback Statute, and Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

_____ I understand that, if selected, the Offeror must comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws, as waived or modified in connection with the COVID-19 pandemic.

_____ I understand that, if selected, all documentation associated with this application must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the Telemedicine Program in Puerto Rico rules and requirements, subject to audit.

_____ I understand that all requested goods and services funded under the Telemedicine Program in Puerto Rico must be used for their intended purposes.

(Signature)

(Date)

Appendix D

MANDATORY REQUIREMENTS TEMPLATE

RFQ# Telemedicine GHP Pilot Program 2021

This Appendix is not imbedded in this document but is included as a separate Excel document entitled Appendix D – Mandatory Requirements Template. This appendix includes:

- A. The Mandatory Requirement Certification which consists of a detailed checklist of all mandatory documents and information that must be provided prior to the signature of the Contract; and
- B. The Mandatory Requirements Information which consists of a set of detailed questions that must be answered by the Offeror and certified as true and correct. Additional information may be requested base on answers provided.

Appendix E

Suspensions and Debarment Form

RFQ# Telemedicine GHP Pilot Program 2021

The entering of a Contract between ASES and the successful Offeror pursuant to this RFQ is a “covered transaction,” as defined by 2 C.F.R. Part 376, 2 CFR part 180 and other applicable federal regulations. ASES’ Contract with the successful Offeror shall contain a provision relating to debarment, suspension, and responsibility. All Offerors must provide as a part of their Quotes a certification to ASES in the form provided below. **FAILURE OF AN OFFEROR TO FURNISH A CERTIFICATION OR PROVIDE SUCH ADDITIONAL INFORMATION AS REQUESTED BY THE PROCUREMENT CONTACT FOR THIS RFQ WILL RENDER THE OFFEROR NONRESPONSIVE.** Furthermore, the Offeror shall provide Immediate written notice to the Procurement Contact for this RFQ if, at any time prior to Contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Although ASES may review the veracity of the certification through the use of the Federal Excluded Parties Listing System or by any other means, the certification provided by the Offeror in paragraph (a) below is a material representation of fact upon which ASES will rely when making a Contract award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to ASES, ASES may terminate the Contract resulting from this RFQ for default.

The certification provided by the Offeror in paragraph (a) below will be considered in connection with a determination of the Offeror's responsiveness. A certification that any of the items in paragraph (a) below exists, may result in rejection of the Offeror's Quote for non-responsiveness and the withholding of an award under this RFQ. If the Offeror's certification indicates that any of the items in paragraph (a) below exists, the Offeror shall provide with its Quote a full written explanation of the specific basis for, and circumstances connected to, the item.

The Offeror's failure to provide such explanation will result in rejection of the Offeror's Quote. If the Offeror's certification indicates that any of the items in paragraph (a) below exists, ASES, in its sole discretion, may request that the U.S. Department of Health and Human Services and any other applicable federal agency grant an exception under 2 C.F.R. 180.135 and any other applicable federal regulations if ASES believes that this process schedule so permits and an exception is applicable and warranted under the circumstances. In no event will ASES award a Contract to a Offeror if the requested exception is not granted for the Offeror.

CERTIFICATION

(a)(1) By signing and submitting a Quote in response to this RFQ, the Offeror certifies, to the best of its knowledge and belief, after reasonable inquiry, that:

(i) The Offeror and/or any of its Principals- **Statements under letters A through F MUST BE ANSWERED by circling the correct statement.**

- A. **Are / are not** presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal department or agency; **(REQUIRED)**
- B. **Have / have not**, within a three (3) year period preceding the date of the Offeror's Quote, been convicted of or had a civil judgment rendered against them for: commission of Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or Government of Puerto Rico) contract or subcontract; violation of federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; **(REQUIRED)**
- C. **Are / are not** presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, state or Government of Puerto Rico) with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this certification; **(REQUIRED)**
- D. **Have / have not**, within a three (3) year period preceding the date of Offeror's Quote, had one or more public agreements or transactions (federal, state or Government of Puerto Rico) terminated for cause or default; and **(REQUIRED)**
- E. **Have / have not** been excluded from participation from Medicare, Medicaid, other federal health care programs or other federal behavioral health care programs pursuant to Title XI of the Social Security Act, 42 U.S.C. § 1320a-7 and other applicable federal statutes. **(REQUIRED)**
- F. **Have / have not** within the last ten (10) years, been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid, Medicare, or health care related offense or have been debarred or suspended by any federal or state government body, and if so, an explanation providing relevant dates. Offeror(s) shall include the Offeror or any of the Offeror's employees, Agents, independent contractors, or proposed Subcontractor(s), the Offeror's Parent organization, Affiliates, and subsidiaries. **(REQUIRED)**
 - i. "Principal," for the purposes of this certification, shall have the meaning set forth in 2 C.F.R. 180.995 and shall include an officer, director; owner, partner, principal investigator, or other person having management or supervisory responsibilities related to a covered transaction. "Principal" also includes a consultant or other person, whether or not employed by the participant or paid with federal funds, who: is in a position to handle federal funds; is in a position to influence or Control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

- ii. For the purposes of this certification, the terms used in the certification, such as covered transaction, debarred, excluded, exclusion, ineligible, ineligibility, participant, and person have the meanings set forth in the definitions and coverage rules of 2 C.F.R. part 180 and other applicable federal regulations.
- iii. Nothing contained in the foregoing certification shall be construed to require the establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

OFFEROR:_____

SIGNED BY:_____

TITLE:_____

DATE:_____

Appendix F

Questions and Answers

RFQ# GHP Telemedicine Pilot Program 2021

Instructions: Please provide all questions by populating this template. You must submit it as a **WORD document only**, **questions sent in other formats (e.g., PDF, Excel) will not be accepted.** ASES reserves the right to disregard any questions that have not been submitted using this template.

#	Section #	Page #	Questions	Answers
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Appendix G -1

Cost Quotation Template

RFQ # GHP Telemedicine Pilot Program 2021

THIS APPENDIX WILL ALSO BE PROVIDED IN EXCEL FORMAT

Offeror			
Authorized Representative Signature			
Authorized Representative Name (Print)			
<p>Instructions: Include in Section 1.1 the total all-inclusive monthly cost per enrolled beneficiary. This must cover all indirect and direct costs of providing all required scope of work services and functions per enrolled participant in the Pilot Program. The amount in the blue cell for each year must be result of the corresponding amount in Section 1.1 for said year times 2,000 GHP beneficiaries to participate in the Pilot Program. In the yellow area please provide any additional relevant information, particularly, if there is any change in cost from Year 1 to Optional Year 2.</p>			
Section 1 - Total Quote			
		Year 1	Optional Year 2
1.1	Per Enrolled Beneficiary Per Month Cost	\$	\$
1.2	Maximum number of participants in the Pilot Program	2,000	2,000
1.3	Total Maximum Annual Cost for the Pilot Program (multiply Section 1.1 by 1.2 and include the total in Section 1.3)	\$	\$
Section 2 - Return on Investment (ROI)			
Please provide the typical return on investment (ROI) information for the solution presented in response to this RFQ, if available. In the yellow area provide detailed information to explain the ROI or if the information is not available, please state so and explain why.			

Appendix G - 2

Staff's Cost & FTEs Template

RFQ # GHP Telemedicine Pilot Program 2021

Offeror				
Offeror's Authorized Representative Signature: (PDF Version Only)				
Offeror's Authorized Representative Name (Print): (PDF Version Only)				
Using the information provided in response to Technical Question #7.6.1, please provide the following information.				
Contractor Staff Title	# of FTEs	Total Monthly Hours per FTE	Rate per hour per FTE	5. Annual Cost with Benefits
Key Personnel				
Project Manager				
IT Technician(s)				
Clinical Staff:				
a. Physician(s)				
b. Nurse Practitioner(s)				
c. Other Clinical Staff				
Other Personnel				