



WPHCA

Wisconsin Primary Health
Care Association

REQUEST FOR PROPOSAL: Encrypted Email Services

WISCONSIN PRIMARY HEALTH CARE ASSOCIATION

The Wisconsin Primary Health Care Association (WPHCA) is distributing a Request for Proposal (RFP) for the services of a Vendor to support WPHCA and its Federally Qualified Health Centers (referred to as Health Centers), as described in section 330 of the Public Health Service Act, in providing an encrypted, secure email solution that meets desired technical requirements, functionality, and support at a competitive cost.

Responses to the request should be made no later than **June 16, 2023**. Responses should be made to Ben Williams, Director of Business Development and Member Services, as indicated in the following Background and Information. All communication should be directed to the primary contact. Responses may be delivered by email to the primary contact email address. Information regarding the Wisconsin Primary Health Care Association is considered proprietary and should not be shared outside of your organization without permission. **WPHCA will treat all response materials shared by Vendors as information that may be shared with participating Health Centers, but will not be disclosed outside of the Association membership.**

WISCONSIN PRIMARY HEALTH CARE ASSOCIATION BACKGROUND INFORMATION AND PURPOSE

Primary Contact

- Name: Ben Williams
- Title: Director of Business Development and Member Services
- Office/Location Address: 5202 Eastpark Blvd., Suite 109, Madison, WI 53718
- Phone Number: 608-571-6018
- E-Mail Address: bwilliams@wphca.org
- Organization's Home Page: www.wphca.org

Overview, Background, Purpose

- WPHCA is a nonprofit, membership organization representing 19 FQHCs (referred to as Community Health Centers, CHCs, or Health Centers) in Wisconsin. WPHCA was founded in 1982.
- WPHCA's mission is to advance the efforts of Wisconsin Community Health Centers in providing access to comprehensive, community-oriented primary health care services.
- WPHCA envisions a future where every individual and community in Wisconsin achieves their highest health potential.
- In 2021, WPHCA advanced a vision for racial equity and inclusion transformation work: WPHCA is a wildly welcoming and inclusive organization that models growth and learning in a multicultural workforce. We are a catalyst for change in Wisconsin as we address and repair past and present harms in healthcare. To achieve this vision, we will adopt anti-racist strategies, working at the intersections of structural racism and the social determinants of health, and will support our partners in doing the same.
- The purpose of this RFP is to identify and select a Vendor providing an encrypted, secure email solution.
- Nineteen (19) Health Centers will be eligible to participate as a result of this RFP. However, not all may opt into receiving this assistance. WPHCA is interested in whether group purchasing rates may be available to incentivize the maximum number of participants.
- Currently, seven (7) organizations participate in a group purchased solution with 820 licenses.

OBJECTIVES AND SCOPE OF SERVICES

WPHCA and its participating members are seeking proposals from qualified Vendors to provide an encrypted, secure email solution that meets desired technical requirements, functionality, and support.

The scope of the contract will include:

1. Implementation and long-term support of a secure messaging solution.
2. Product integration with Outlook and Gmail, including automated processes for securing email.
3. Demonstration of scalability and cost effectiveness of the product for use in multiple organizations.

Respondents and solutions will be considered across four primary criteria:

(1) Technical Requirements: Any solution must be HIPAA-compliant and mitigate risks of potential patient privacy breaches. Ideal solutions will seamlessly integrate with existing mail systems in place at WPHCA and participating Health Centers. Respondents are encouraged to describe solution capabilities in detail, such as Sender Policy Framework (SPF), DomainKeys Identified Mail (DKIM), and Domain-based Message Authentication, Reporting, and Conformance (DMARC) for email authentication. **The ideal vendor will allow the creation of a separate DKIM key/record for each domain participating in the group purchase.** The intent is for the ideal solution to enable Health Centers who choose to turn on DMARC and DKIM to do so while allowing others in the group purchase to not use DMARC or DKIM (i.e. the DMARC/DKIM keys are per organization not per group purchase).

(2) Features and Functionality: Ideal solutions will include features such as user interface, mobile access, message expiration, and audit trails. End user simplicity is preferred. Ideal solutions will be customizable for member Health Centers and include automated updates. Below are examples of desired features and functionality:

- **Seamless integration:** The software should be easy to integrate with existing email platforms in place at WPHCA and participating Health Centers, such as Outlook or Gmail, so that users can continue to use their preferred email interface without having to switch to a new platform.
- **Automatic encryption:** The software should be able to automatically encrypt emails that contain sensitive information, so that users don't have to remember to manually encrypt each email.
- **Simple interface:** The encryption software should have a simple and intuitive interface that users can easily navigate, without requiring extensive training.
- **Mobile compatibility:** The software should be compatible with mobile devices, so that users can send and receive encrypted emails on the go.
- **One-click decryption:** The software should make it easy for recipients to decrypt the email with just one click, without requiring them to download and install additional software.

- **Customizable settings:** The software should allow users to customize their encryption settings based on their specific needs and preferences.
- **Branding:** As appropriate, ability to apply the unique branding for each participating Health Center.

(3) Deployment and Support: Respondents should describe available support for adoption and implementation. Outline activities such as deployment, training, and ongoing technical support and maintenance. This may include requirements for installation, configuration, and migration of data from existing email system.

(4) Pricing: Provide a detailed breakdown of costs, including any one-time setup fees or ongoing maintenance and support costs. Include clear descriptions of pricing model(s), such as per-user or per-message pricing. WPHCA is applying in concert with its members; please highlight opportunities and incentives for group purchasing.

RESPONSE

Please provide a proposal reflecting the project scope and criteria, applicable rates, and total fee for these services. The proposal should also include:

1. Primary Contact, name, title, location, phone number, e-mail address, and website.
2. Describe the roles and qualifications of the personnel providing the services (e.g., titles and capacities; certifications and/or degrees)
3. Describe your experience with Primary Care Associations (PCAs) and Health Center Controlled Network (HCCNs), and/or clinically integrated networks or accountable care organizations
 - o Additionally, describe your experience with business associates of covered entities (Community Health Centers) in non-profit and/or safety net health care settings.
4. Describe your approach to connecting technical solutions with organizational policies and procedures to increase adherence and positive behaviors/practices.
5. Describe your experience and commitment to working with communities of color and groups who have experienced significant barriers to accessing health care or experience in effectively engaging and working with multi-cultural and diverse communities.
6. Please share any documentation or certifications of organization status as Minority-Owned (MBE), Service-Disabled Veteran Owned (DVB), Lesbian, Gay, Bisexual, or Transgender-Owned (LGBTBE), and/or Woman-Owned (WBE). Status defined as vendors that are at least 51% owned, managed, and controlled by a member or members of selected population. [See definitions on criteria here.](#)
7. Please indicate any factors that may limit your ability to complete the deliverables by January 1, 2024.
8. Provide references (name, email, and phone number) for at least **3** non-profit clients (Primary Care Associations, Health Care Controlled Networks, and

Community Health Centers preferred) who have contracted for services from your organization.

9. List any real or apparent potential conflicts of interest.
10. Include any other information that may be helpful in evaluating your qualifications, services, including any disciplinary action received within the past three years. Also, describe any regulatory action taken by any oversight body against the proposing organization.
11. Include rates and total fees for the stated deliverables. See sample summary here:

Deliverable	Fee	Additional Description
1. Solution(s)	Fee and/or hourly rate(s)	Please add any notes or considerations about the capacity to provide service, contingencies that may impact deliverables, or factors that may influence the ability to provide service
2. Implementation and support	Fee and/or hourly rate(s) for support	Please add any notes or considerations about the capacity to provide service, contingencies that may impact deliverables, or factors that may influence the ability to provide service
3. Scaling benefits	Group purchasing incentives by rate (\$ or %) and scale (e.g., by number of staff, patients, or Health Centers)	Describe, if available, incentives for scale using a clear formula

RESPONSE EVALUATION CRITERIA

Information will be evaluated by WPHCA and participating Health Centers on the following criteria:

- Responsiveness and approach to the Request for Proposal (RFP), particularly:
 - Technical Requirements
 - Features and Functionality
 - Deployment and Support
 - Pricing
- Relevant experience and availability of Vendor with qualifications and abilities.
- Experience and commitment to working with communities of color and groups who have experienced significant barriers to accessing health care or experience in effectively engaging and working with multi-cultural and diverse communities.

DECISION MAKING AND SCOPE OF WORK TIMELINE

Activity	Date
WPHCA releases RFP	May 15, 2023
Written Q&A (from emails and vendor call) provided	June 1, 2023
Responses due by 5:00 pm CST	June 16, 2023
WPHCA and CHC review of responses complete. Clarifications provided as necessary.	
Invitation for selected vendors to present	
Vendor presentations to WPHCA	July 1 - 30, 2023
Selection of vendor	August 31, 2023
Contract and establish a Business Associates Agreement signed between WPHCA and vendor	September 2023
Target start of services	February 1, 2024
Target completion	Ongoing partnership with regular, scheduled times of review and term renewal (e.g., annual performance review, renewal every 3 years)

Criteria

Proposals will be evaluated along multiple factors. While price is an important consideration, proposals that are competitive in price will be given greater consideration. Selection will ultimately be determined by overall value provided. The weights below are illustrative of our priority, final decisions will be determined by WPHCA and participating Health Centers.

Criteria	Weight
Technical Requirements	10%
Features and Functionality	50%
Deployment and Support	15%
Response Feedback	
Describe the roles and qualifications of the personnel providing the training and services (e.g., titles and capacities; certifications and/or degrees)	5%
Describe your experience with Primary Care Associations (PCAs) and Health Center Controlled Network (HCCNs),. Additionally, describe your experience with business associates of covered entities (Community Health Centers) in non-profit and/or safety net health care settings.	5%
Describe your experience and commitment to working with communities of color and groups who have experienced significant barriers to accessing health care or experience in effectively engaging and working with multi-cultural and diverse communities.	5%
Please share any documentation or certifications of organization status as Minority-Owned (MBE), Service-Disabled Veteran Owned (DVB), Lesbian, Gay, Bisexual, or Transgender-Owned (LGBTBE), and/or Woman-Owned (WBE). Status defined as vendors that are at least 51% owned, managed, and controlled by a member or members of selected population. See definitions on criteria here.	5%
Please indicate any factors that may limit your ability to start services by January 1, 2024.	0%
Provide references (name, email, and phone number) for at least 3 non-profit clients (Health Centers preferred) who have contracted for services from your organization.	5%
List any real or apparent potential conflicts of interest.	0%
Include any other information that may be helpful in evaluating your qualifications, including peer reviews within the past three years and any disciplinary action received within the past three years. Also, describe any regulatory action taken by any oversight body against the proposing organization.	0%