

**Penobscot Community Health Care  
(PCHC)**

**Request for Proposals**

*Chronic Care Management (CCM)*  
*and*  
*Remote Patient Monitoring (RPM)*

December 29, 2025

## **PCHC - REQUEST FOR PROPOSALS – CCM & RPM Services**

PCHC is soliciting proposals from qualified Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) service vendors for the provision of these services, including supplying, monitoring, tracking and documentation of medical devices, and billing support for approximately 2,400 Medicare and Medicare Advantage CCM-qualified patients.

The project includes enrollment in the program, obtaining consents, supplying equipment, monitoring, tracking and documentation of medical devices for the covered patient population. The selected vendor will be expected to coordinate all equipment logistics, delivery to patients, remote setup and support to patients for the issued devices.

### **PROPOSAL SUBMISSION & SELECTION SCHEDULE**

<b>Proposal Submission Deadline:</b>	January 6, 2026 by 5:00 PM EST
<b>PCHC scoring of proposals:</b>	January 6 - 9, 2026
<b>PCHC notification to selected bidder:</b>	January 9, 2026
<b>Target Go-Live/Start of services:</b>	February 2026

### **THE PROCESS**

Prospective CCM & RPM vendors are invited to submit electronic proposals for consideration. PCHC will evaluate submissions and may select the most qualified vendor based on experience, service capabilities, value, and ability to meet the outlined project requirements. Please see the services list with specifications at the end of this document.

Upon selection, PCHC intends to enter into a formal agreement covering the provision of CCM and RPM services, as well as the supply, delivery, and support of medical monitoring devices. The selected supplier will be responsible for coordinating all aspects of monitoring, equipment logistics and support in accordance with the patients' service needs.

Close collaboration with PCHC's clinical, administrative, and facilities teams will be required to ensure smooth integration, full operatory functionality, and timely deployment. Vendors are encouraged to include in their proposals recommendations that enhance equipment efficiency, long-term value, and system compatibility.

### **SELECTION PROCESS BEING USED**

PCHC will review and score the qualified proposals. The reviewers will utilize a ranking card that will allow points in various categories, weighted by importance to PCHC's needs for serving this patient population. PCHC may conduct interviews to help determine their final selection.

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### **TIME AND PLACE FOR RECEIPT OF QUALIFICATION PROPOSALS**

1. Electronic proposal shall be sent on or before 2:00 pm, January 6, 2025, to the following:

***Kathryn Bragdon – PCHC ACOO – kbragdon@pchc.com***

2. No proposals will be accepted after the time and date indicated above unless otherwise stipulated in an addendum. Ample time should be allowed for the transmittal of proposals.
3. All proposals shall remain in effect for a period of not less than thirty (30) calendar days following the date for opening of proposals.
4. The Owner may consider as informal any proposal not prepared and submitted in accordance with the provisions hereof, and may waive any informalities, accept, or reject any and all such proposals.
5. The Proposal, its attachments and all other documents relating thereto which require a signature must bear the written signature of the Proposer. If the Proposer is a partnership, a general partner must sign the Proposal; if a corporation, the Proposal must be signed by a duly authorized officer of such corporation, under the seal of the corporation. If the Proposer is an individual using a firm name, indicate the individual's name.

### **SELECTION OF QUALIFIED PROPOSER**

Within seven (7) calendar days of the submittal, or at any time thereafter before such proposal is withdrawn, PCHC shall by way of email notify the selected proposer. This notification shall set forth the intention of the Owner to negotiate terms of the work contract for performance of the project based upon the proposal.

The selected proposer(s) shall, by return email and within five (5) business days of the date of the Owner's notification, acknowledge receipt and confirm their willingness to enter into agreement negotiations for the purchase and installation of dental equipment.

In the event that the most qualified proposer fails to acknowledge the notification or cannot demonstrate the ability to meet the requirements as outlined in the RFP, the Owner may terminate that proposer's involvement in the selection process. Within five (5) business days of such determination, the Owner may notify the next most responsive and responsible proposer. All terms regarding proposer qualifications and selection shall then apply to the next vendor as if they were the original selected proposer.

If negotiations with any proposer do not result in a mutually acceptable agreement, the Owner reserves the right to terminate negotiations and proceed to the next most qualified proposer. This process may be repeated as necessary at the sole discretion of the Owner until a contract is successfully awarded.

Notwithstanding any other provisions of these instructions, the Owner reserves the right to accept or reject any and all proposals.

If only one proposal is received, the Owner may:

- a. Delay the proposal review in order to determine why other vendors did not respond and to encourage other proposers to respond.

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- b. Consider the one proposal received and: (1) negotiate a contract, or (2) award a contract based upon the proposal received; or (3) reject the proposal.

Any provision contained in this section that conflicts with applicable federal or state laws or regulations shall be governed by the requirements of such laws and regulations.

The Owner's decision regarding the selection of the most qualified RPM vendor shall be considered final.

### **PERFORMANCE BOND AND PAYMENT BOND**

At the discretion of the owner, a Performance Bond and/or Payment Bond may be required to ensure fulfillment of the agreement for delivery and installation of dental equipment, and for the payment of all suppliers or subcontractors involved. If required, such bonds shall be in an amount up to one hundred percent (100%) of the total contract value, issued by a surety company licensed in the State of Maine and acceptable to PCHC.

PCHC reserves the right to waive bonding requirements depending on the qualifications and financial standing of the selected vendor.

### **RESPONSIBILITIES**

The selected Remote Patient Monitoring services provider will be responsible for services divided into three key areas:

1. ***Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) services***
  - a. Vital Sign tracking and monitoring for applicable and eligible patients
  - b. Confirm eligibility for CCM Services
  - c. Enroll patients per Medicare Guidelines into the Chronic Care Management Program by performing the following activities
  - d. Enroll Patient into the CCM Program
  - e. Obtain written consent for participation
  - f. Provide Chronic Care Management services as defined by Medicare Guidelines
  - g. Document and track all eligible patient interactions
2. ***RPM devices provided to patients***
  - a. Identify specific devices needed by each patient
  - b. Provide PCHC description of devices to be used (make/model/SN, etc.)
  - c. Arrange and affect delivery of devices to each
  - d. Assist each patient with setup of devices
    - i. Manage any subcontractors or installation technicians involved in equipment setup.
    - ii. Maintain device delivery records, setup documentation. The supplier shall provide detailed asset tracking documentation for compliance purposes.
  - e. Provide ongoing device support to patients

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### ***3. Billing***

- a. Provide complete billing service and support (for Medicare/Medicare Advantage patients)

## **THE PROPOSAL**

Each Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) service provider's electronic proposal shall address all of the criteria stated below, including providing detailed answers to the question list in item #15:

1. A cover letter signed by an authorized representative of the company with the authority to commit to the proposal.
2. Identification and qualifications of key personnel involved in the procurement, project coordination, equipment delivery (to patients) and setup/support. Named personnel should remain assigned to the project throughout the duration.
3. Relevant experience in providing these CCM/RPM services for health care organizations of similar size and scope within the past five years – preferably specific to FQHCs. Include a list of comparable projects with FQHCs, if applicable.
4. The vendor must possess comprehensive knowledge of all regulatory guidelines and requirements for Chronic Care Management and must be able to demonstrate compliance with these regulations. Please provide a narrative description of the company's approach to provision of CCM/RPM services and support.
5. Proposers shall submit a fee proposal document. Pricing should include itemized service costs, setup/maintenance/support and training fees, and any applicable service or warranty charges. Proposers will clearly identify what is included in each cost category.
6. Financial references and current bonding limitations. It is expected that 100% Payment and Performance Bonds will be required.
7. Proof of insurance including general liability, worker's compensation, and any applicable product-related coverage. Certificates of insurance will be required prior to any onsite work.
8. Disclosure of any current or past litigation, arbitration, or mediation involving the company within the last 5 years.
9. A description of the company's safety practices and protocols related to equipment delivery and installation.
10. Demonstrated ability to recommend value-based alternative or system efficiencies without compromising clinical performance or compatibility.
11. A complete breakdown of applicable labor or service rates, if relevant to any reimbursable portions of the proposal.

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13. A description of the company's process for project closeout, including verification of operability, documentation, and warranty activation procedures.
14. Any additional information the company considers relevant to the selection process.
15. Demonstrated understanding of Federally Qualified Health Care (FQHC) rules and regulations.
16. Please provide detailed answers to all questions below:
  - a. What is your capacity for beginning these services in early February 2026?
  - b. What is the upfront cost to PCHC?
  - c. Is there a cost associated with the necessary equipment for CCM/RPM?
  - d. What IT support or requirements are needed from PCHC?
  - e. What contracts or agreements are required?
  - f. What are the commitment expectations?
  - g. What are the conditions and notice requirements for termination?
  - h. Please include a Proforma with revenue estimates based on an estimated 2,400 Medicare and Medicare Advantage patients who would qualify for CCM.
  - i. Are you currently working with any Federally Qualified Health Centers? If so, can you provide references?
  - j. What is your best estimate for a “go live” date to launch your platform, ensuring adequate and effective educational information is provided to providers, patients, and staff?
  - k. Do you have marketing plans and informational materials available? Are they/can they be co-branded?
  - l. Do you provide onsite support during the launch, or is it entirely remote?
  - m. Based on past experience, how long does it typically take to engage enough patients to meet your revenue projections?
  - n. Do you have clinical escalation workflows that you can share?
  - o. Please describe your process for equipment distribution, education, enrollment, and customer/patient support?
  - p. Do you have a patient feedback process; how do you assess patient satisfaction with these services?
    - a. For CCM?
    - b. For RPM?
  - q. What is your process for following up on patient concerns?
    - a. For CCM?
    - b. For RPM?
  - r. How many sites are you currently working with?
    - a. For CCM?
    - b. For RPM?
    - c. Percentage/ number of FQHC of total?
      - i. For CCM?
      - ii. For RPM?
  - d. What is the average size of the groups you are working with? What is the largest sized group you are working with?
    - i. For CCM?
    - ii. For RPM?
  - e. What is the percentage/number of rural sites you work with?

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- i. For CCM?
- ii. For RPM?

*END OF REQUEST FOR QUALIFICATION*