



**FCC Rural Health Care Pilot Program
WC Docket No. 02-60**

**Yearly Report
July 1, 2015 – June 30, 2016**

Submitted by the

Michigan Public Health Institute (MPHI)
Cat Coens, Project Coordinator (PC)

On September 30, 2016

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

The Michigan Public Health Institute (MPHI) Project Coordinator (PC) is Cat Coens, and the Assistant Project Coordinator (APC) is Stephanie Zacharda. Ms. Coens and Mrs. Zacharda are MPHI employees.

b. Provide a complete address for postal delivery and the telephone, fax, and email address for the responsible administrative official.

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c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

The Michigan Public Health Institute (MPHI) is legally and financially responsible for the conduct of activities supported by the award.

d. Explain how project is being coordinated throughout the state or region.

RFP 00 – Thumb Rural Health Network (Tower Construction)

FRN #38633

The contract and support period ended June 30, 2010.

The project was completed in early June of 2010.

Invoicing was completed in June 2010.

This section will be excluded from future yearly reports.

RFP 01 – Thumb Rural Health Network (Equipment)

FRN #39861

The contract and support period for ended December 31, 2009.

The equipment was received in December 2009.

Invoicing was completed in January 2010.

This section will be excluded from future yearly reports.

RFP 02 – Statewide Healthcare Network

FRN #53948

The contract ends September 30, 2018.

The support period ended September 24, 2015.

The equipment was received in December 2009.

Invoicing was completed in January 2010.

FRN #65265 (Add-on sites)

The contract ends September 30, 2017.

The support period ends September 24, 2018.

Invoicing was completed in September 24, 2015.

MPHI kept the participating HCPs and interested parties informed throughout project initiation, execution, and completion. Examples of MPHI coordination follow:

- The Governor of Michigan, DTMB, MDCH, and Michigan’s Congressional delegation, all of whom were keenly interested in a successful implementation of the project, were briefed on a regular basis. DTMB and MDCH officials conferred with the Project Coordinator and project team on a bi-weekly basis.
- MPHI sent each regional representative and each participating HCP letters and emails summarizing the project’s history.
- MPHI regularly conducted conference calls with regional representatives.
- In late April 2009, MPHI mailed eligibility review results to participating health care providers (HCPs). If any site was deemed ineligible for federal funding, the specific FCC rationale was provided.
- MPHI created a Michigan RHCPP website to facilitate communication. Updates were periodically posted. Announcements and documents were made available.
- Email updates were sent to all RFP 02 participants on October 12-13, 2009.
- Emails were sent to all participating HCPs on December 16-17, 2009, requesting a technical resource contact telephone number for each site to determine what telecommunications equipment served each location.
- On April 23, 2010, MPHI sent a package containing a letter detailing the next steps in the project, “Estimated Price”, and contracts were mailed to each of the contacts for the 121 participating health care provider organizations.
- MPHI hosted a conference call for all participating HCPs on May 12 and 13, 2010.
- In May and June, MPHI made hundreds of email, voice mail, and conference call contacts with representatives of a large majority of the participating HCPs.
- On August 24, 2010, MPHI conducted a survey to determine if there was sufficient interest to offer a second-round RFP 02 to add sites to the network that had not been listed on the original RFP 02’s Form 465 Attachment.
- On September 8, 2010, those HCPs that had committed sites to the network based on preliminary prices were informed by letter of the “Actual Price” to link each of their participating sites to the network. The letters identified sites that had the option to “opt out” because Actual Prices exceeded Estimated Prices by more than 10 percent.
- On Nov. 18, 2010, the final site construction schedule was emailed to the HCPs.
- On March 31, 2011, vendor-HCP contracts with cover letter were mailed to the participating HCPs; emails to the HCPs were also sent. Twenty-three (23) health care providers, representing 72 sites, signed.
- Following receipt of the Funding Commitment Letter (FCL) in July 29, 2011, the project entered the network construction phase.

- On January 23, 2012, MPHI emailed and mailed a hard-copy to the 23 participating organizations representing the 72 sites. The letter detailed the next steps in the project (focused on site acceptance and the invoicing process), provided Great Lakes Comnet (GLC) service provider contact information, and gave GLC the lead role, with MPHI limiting its future roles to invoice facilitation and problem resolution.
- The first sites came online in June 2012. Invoicing began in August 2012 and ended September 24, 2015.
- The add-on FRN was issued September 28, 2012. The support acknowledgement letter was issued October 25, 2012.

RFP 03 – Fiber Construction for four HCP systems

FRN #57882 (Portage)

The contract and support period ends December 31, 2033.
All work was completed on or before September 13, 2013.
Invoicing was completed on or before September 24, 2015.

FRN #58809 (Memorial)

The contract and support period ends December 31, 2033.
All work was completed on or before September 13, 2013.
Invoicing was completed on or before September 24, 2015.

FRN #58987 (Covenant)

The contract and support period ends December 31, 2033.
All work was completed on or before September 13, 2013.
Invoicing was completed on or before September 24, 2015.

FRN #59101 (Sparrow)

The contract and support period ends December 31, 2033.
All work was completed on or before September 13, 2013.
Invoicing was completed on or before September 24, 2015.

The opportunity to participate in RFP 03 was marketed to Michigan’s hospitals through the Michigan Health and Hospital Association (MHA). It was marketed to Michigan’s community health centers through the Michigan Primary Care Association (MPCA). HCPs submitted their applications in late November and early December 2010. The five (later reduced to four) participating HCPs then dealt directly with the MPHI project coordinator via weekly email and telephone calls. FCLs for all four were received in the first quarter of 2012. Following receipt of each FCL, MPHI emailed (and mailed a hard-copy letter to) the key participants at the hospital system and service provider. The letter detailed the next steps in the project (focused on site acceptance and the invoicing process), listed HCP and service provider contact information, and gave the service provider the lead role, with MPHI limiting its future role to invoice facilitation and problem resolution. The first sites came online in June 2012 and invoicing began in September. Invoicing concluded September 24, 2015.

- 2. Identify all health care facilities included in the network.**
 - a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.**
 - b. For each participating institution, indicate whether it is:**
 - i. Public or non-public;**
Note: Public, as used here, means “owned by a local, state, or federal government.”
 - ii. Not-for-profit or for-profit;**
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission’s rules or a description of the type of ineligible health care provider entity.**

Information on participating HCPs for RFP 02 is attached as **Appendix A**.

Information on participating HCPs for RFP 03 is attached as **Appendix B**.

- 3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors.**

This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring**
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;**
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;**
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;**
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.**

This section is not applicable.

RFP 01 was completed in June 2010.

RFP 02 was completed in June 2010.

RFP 03 was completed on September 13, 2013.

- 4. List of Connected Health Care Providers: Provide information below for all eligible and ineligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**
 - a. Health care provider site;**
 - b. Eligible provider (Yes/No);**
 - c. Type of network connection (e.g., fiber, copper, wireless);**

- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);**
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10Mbps);**
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);**
- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.**
- h. Provide a logical diagram or map of the network.**

The list of RFP connected sites is attached as **Appendix C**, and the RFP 03 list of connected sites is attached as **Appendix D**. A Michigan map is attached as **Appendix E** that shows the site locations for all RFPs.

- 5. Identify the following non-recurring and recurring costs,¹ where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**
 - a. Network Design**
 - b. Network Equipment, including engineering and installation**
 - c. Infrastructure Deployment/Outside Plant**
 - d. Engineering**
 - e. Construction**
 - f. Internet2, NLR, or Public Internet Connection**
 - g. Leased Facilities or Tariffed Services**
 - h. Network Management, Maintenance, and Operation Costs (not captured elsewhere)**
 - i. Other Non-Recurring and Recurring Costs**

RFP 02

- a. Network Design – N/A**

- b. Network Equipment, including engineering and installation**

Costs were embedded in Infrastructure Deployment/Outside Plant. They were broken out in the Network Cost Worksheet (NCW). Equipment was a small percentage of the actual engineering and construction cost.

- c. Infrastructure Deployment/Outside Plant: Engineering and Construction**

The RHCPP contributed \$5,266,241.35 for 72 sites (~85 percent). The HCPs contributed an additional \$929,336.80 (~15 percent). Because some sites were less than 100% eligible, the 85-15 split was not precise.

- d. Internet2, NLR, or Public Internet Connection**

Costs were embedded in the monthly Operation Costs.

¹ Non-recurring costs are flat charges incurred only once when acquiring a particular service or facility. Recurring costs are costs that recur, typically on a monthly basis, because they vary with respect to usage or length of service contract.

e. Leased Facilities or Tariffed Services – N/A

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

The RHCPP contributed \$2,106,058.63 in monthly operating subsidies for 72 sites during the first 24 months of operation at each site (~ 85 percent). The HCPs contributed an additional \$371,657.36 (~15 percent). Because some sites were less than 100% eligible, the 85-15 split was not precise.

g. Other Non-Recurring and Recurring Costs – N/A

RFP 02 Add-on (a/k/a Round 2)

a. Network Design – N/A

b. Network Equipment, including engineering and installation

Costs were embedded in Infrastructure Deployment/Outside Plant. They were broken out in the Network Cost Worksheet (NCW). Equipment was a small percentage of the actual engineering and construction costs.

c. Infrastructure Deployment/Outside Plant: Engineering and Construction

The RHCPP contributed \$600,160 for 6 sites (85 percent). The HCPs contributed an additional \$105,911 (15 percent).

d. Internet2, NLR, or Public Internet Connection

Costs were embedded in the monthly Operation Costs.

e. Leased Facilities or Tariffed Services – N/A

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

The RHCPP contributed \$263,793 in monthly operating subsidies for 6 sites during the first 24 months of operation at each site (85 percent). The HCPs contributed an additional \$46,552 (15 percent).

g. Other Non-Recurring and Recurring Costs – N/A

RFP 03

a. Network Design – N/A

b. Network Equipment, including engineering and installation

Participating hospitals purchased 20-year IRUs (Indefeasible Right-of-Use leases) or IRU-like arrangements. The hardware costs were embedded in the up-front, lump sum payment for the IRU.

c. Infrastructure Deployment/Outside Plant: Engineering and Construction

The infrastructure deployment/outside plant costs were embedded in the up-front, lump sum payment for the IRU.

d. Internet2, NLR, or Public Internet Connection

Costs were embedded in the up-front, lump sum payment for the IRU.

e. Leased Facilities or Tariffed Services – N/A

The RHCPP contributed approximately \$10,779,000 for the IRU and IRU-like arrangements (~ 85 percent), and the HCPs contributed an additional \$1.9 million (~15 percent).

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

The costs were embedded in the up-front, lump sum payment for the IRU.

g. Other Non-Recurring and Recurring Costs – N/A

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

ii. Ineligible Pilot Program network participants

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants

ii. Identify the respective amounts and remaining time for such assistance.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

RFP 02

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants

The actual costs to serve a site were allocated to that site. If a site was fully eligible, it received the full 85 percent subsidy. If a site was partially eligible, it received a pro-rated subsidy and paid the difference.

b. Describe the source of funds from:

- i. Eligible Pilot Program network participants**
- ii. Ineligible Pilot Program network participants**

The source of funds for the HCPs' match were provided by each HCP.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.**
- ii. Identify the respective amounts and remaining time for such assistance.**
MPHI is unaware of any other sources of HCP funding.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

The participants' 15 percent contribution paid for a telecomm network that is critical for inter-site and inter-HCP intrastate communication. **Appendix F** provides a list of telehealth applications supported by the RHCPP.

RFP 03

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants

Each fiber segment linking a pair of sites connected at least one 100%-eligible site, so all sites received the full 85 percent subsidy. The actual costs were allocated to site.

b. Describe the source of funds from:

- i. Eligible Pilot Program network participants**
- ii. Ineligible Pilot Program network participants**

Each HCP paid for their portion.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.**

ii. Identify the respective amounts and remaining time for such assistance.

MPHI is unaware of any other sources of HCP funding.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

The participants' 15 percent contribution paid for a hospital system telecommunications networks that supports use of electronic health records (EHRs), health information exchange (HIE), and other forms of health information technology (HIT) application. Please see **Appendix F** for a list of supported Telehealth Applications.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

RFP 02

All network participants (except for four data centers) were subsidy-eligible. The data centers were 100% eligible at the FCC Form 466 stage of the process. If there were any entities eligible to participate but ineligible for the subsidy, they would pay 100 percent of the cost of participation (both one-time connection and monthly service).

RFP 03

All participating sites were determined subsidy-eligible.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

Project Coordinator, Patrick Sheehan, left MPH in April, 2016, and was replaced by Cat Coens. The previous Assistant Project Coordinator, Anthony Kogut, was reassigned and replaced by Stephanie Zacharda.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

This section is not applicable.

RFP 01 was completed in June 2010.

RFP 02 was completed in June 2010.

RFP 03 was completed on September 13, 2013.

9. Provide detail on whether the network is or will become self-sustaining. Selected participants should provide an explanation of how network is self-sustaining.

a. Minimum 15% Fund Match

RFP 02 – Statewide Broadband Network

- **RFP 02 – Statewide Broadband Network.** Each participating health care provider paid its 15 percent share. Partially eligible sites were required to pay a larger share proportional with the eligibility percent determined by the FCC. To MPHI’s knowledge, no state or federal funding was used to pay the HCP’s share of the costs.
- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** Each participating hospital system paid its 15 percent share. All sites were 100 percent eligible. To MPHI’s knowledge, no state or federal funding was used to pay the hospital system’s share of the costs.

b. Project Sustainability Period

- **RFP 02 – Statewide Broadband Network.** The contractual commitment is for a period of five years, expiring September 30, 2018 for the original FRN and on September 30, 2017 for the add-on FRN. The vendor and the participating HCPs in the network are free to negotiate contract renewals. The vendor has a financial incentive to retain the HCPs as customers as the fiber optics built with Pilot Program funding must continue to be used for health care purposes. Factors favoring HCP renewal include fiber capacity, likelihood of attractive pricing, less disruption, and the existing relationship with the service provider. (See budget below.)
- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** Each of the four networks will be operated under a 20-year IRU contractual commitment expiring December 31, 2033. All construction and maintenance costs for the 20-year life of the lease was prepaid in a single lump sum.

c. Principal Factors & Budget

- **RFP 02 – Statewide Broadband Network.** MPHI required the vendor to maintain the quoted cost structure for a minimum of five years. Each participating health care provider has contractually agreed to participate in the network for a minimum of five years. After the first two years of operation, each HCP site paid 100 percent of the operating costs allocated to it. Prior to committing to the network, the HCP was informed of the costs so it could make an informed decision and budget accordingly. HCPs carefully considered the competing offers, if any, before committing to the project.

The economies of scale of negotiating a 78-site consortium have driven down the ongoing costs. MPHI used Pilot Program funds to pay for the up-front capital

investment and made the ongoing cost affordable for the sites. The cost is less than what the HCPs were paying for Internet service. In addition, the statewide health care network was tailored to meet the *unique* requirements of the health care industry.

The annual operating budget follows. Costs are *not* expected to increase upon expiration of the five-year contract due to competitive pressure.

Year	Annual Operating Costs (all inclusive, including USF taxes) for 78 Sites (e = estimated)
1	\$1,437,729
2	\$1,437,729
3	\$1,437,729
4	\$1,437,729
5	\$1,437,729
6	\$1,437,729 e
7	\$1,437,729 e
8	\$1,437,729 e
9	\$1,437,729 e
10	\$1,437,729 e

- RFP 03 – Private Fiber Networks for Four Hospital Systems.** RFP 03 helped hospital systems obtain fiber optic *infrastructure*. Each of the four networks are operated under a 20-year IRU contract. All construction and maintenance costs (over the 20-year life of the lease) were prepaid in a single lump sum. Upon expiration of the contract, assets will be returned to the telecomm service provider. Given the nature of the contracts, the annual cost to *maintain* each hospital system’s telecomm network during the next 20 years is expected to be close to zero. An HCP may encounter unpredictable maintenance costs of a possible *Force Majeure*, e.g., if a locality requires that all fiber optic cables be moved from one side of the street to the other.

Annual Maintenance Costs - Cost to <i>Maintain</i> the Fiber Optic Network Leased with Pilot Program Assistance
In all four cases, the source of the income used to defray the maintenance costs is the hospital's IT budget.

Year	Hospital System (differences based on cable mileage)			
	Covenant, Saginaw, MI	Memorial, Owosso, MI	Portage, Hancock, MI	Sparrow, Lansing, MI
1	\$1,000	\$10,000	\$0	\$14,000
2	\$1,075	\$10,750	\$0	\$15,050
3	\$1,156	\$11,556	\$0	\$16,179
4	\$1,242	\$12,423	\$0	\$17,392
5	\$1,335	\$13,355	\$0	\$18,697
6	\$1,436	\$14,356	\$0	\$20,099
7	\$1,543	\$15,433	\$0	\$21,606
8	\$1,659	\$16,590	\$0	\$23,227
9	\$1,783	\$17,835	\$0	\$24,969
10	\$1,917	\$19,172	\$0	\$26,841
11	\$2,061	\$20,610	\$0	\$28,854
12	\$2,216	\$22,156	\$0	\$31,019
13	\$2,382	\$23,818	\$0	\$33,345
14	\$2,560	\$25,604	\$0	\$35,846
15	\$2,752	\$27,524	\$0	\$38,534
16	\$2,959	\$29,589	\$0	\$41,424
17	\$3,181	\$31,808	\$0	\$44,531
18	\$3,419	\$34,194	\$0	\$47,871
19	\$3,676	\$36,758	\$0	\$51,461
20	\$3,951	\$39,515	\$0	\$55,321

Covenant Medical Center, Memorial Healthcare, and the Edward W. Sparrow Hospital Association will lease *fiber strands* under 20-year IRUs. Each vendor was prepaid to maintain the fiber network. Each hospital system is liable to repair problems caused by Force Majeure events and to share in the cost of fiber relocations that cannot be anticipated, e.g., by the mandate of local authorities.

Portage Health is leasing service *capacity* through a 20-year IRU. The vendor will be responsible for maintaining the network under all circumstances, foreseen and unforeseen.

d. Terms of Membership in the Network

- **RFP 02 – Statewide Broadband Network.** Each of the original 72 participating HCPs was required to sign a *Commitment Agreement* with MPHI. This contract more or less committed the HCP to participation while details of cost and network size were being determined. MPHI then signed a contract with the service provider, Great Lakes Comnet (GLC); this contract finalized costs, network size, the construction schedule, etc. With those details known, GLC and each participating HCP signed a *Network Construction and Service Agreement with Addendum*. This contract irrevocably committed the HCP to participation. Financial and other commitments are described elsewhere in this document. Generally, each HCP purchased the largest bandwidth connection it could afford, consistent with its expected future needs. However, MPHI believes that, in all cases, bandwidth requirements will eventually outstrip the bandwidth purchased. All network HCPs were eligible entities.

The add-on HCPs signed a *Network Construction and Service Agreement with Addendum* with GLC; due to the passage of time and the resolution of unknowns, it was unnecessary for the HCPs to sign a *Commitment Agreement* with MPHI. MPHI then amended its contract with GLC to add the additional sites.

- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** Each of the four hospital systems signed a 20-year contract with its service provider. This contract contained Pilot Program-specific clauses detailing the USAC invoicing process, etc. Financial and other commitments are described elsewhere in this document. Generally, each hospital system obtained enough fiber capacity to handle its telecomm bandwidth needs over the next 20 years. All network hospital systems included eligible HCPs.

e. Excess Capacity

- **RFP 02 – Statewide Broadband Network.** As the term was used by USAC, there was no excess capacity. First, the network is owned by the vendor, and the vendor offered a well-defined service to each HCP. Second, any surplus capacity or bandwidth supplied to an HCP was reserved *for its own use*, as health care telecommunications requirements were expected to increase over time. Third, the vendor will not use Pilot Program funding to build excess bandwidth or capacity that could be offered to organizations that are not members of the network.
- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** As the term is used by USAC, there was no excess capacity. Each hospital network was leased for the hospital system's exclusive use. No unused capacity will be offered to sites that are not owned by the hospital system and explicitly listed in Pilot Program documents.

f. Ownership Structure

- **RFP 02 – Statewide Broadband Network.** The telecomm network consists of at least five components:
 - the fiber backbone located in the State of Michigan;
 - the last-mile fiber connections from the backbone to each participating site;
 - the vendor equipment located at each site;
 - the HCP equipment located at each site (traffic and VPN routers); and
 - the network operations center and other infrastructure required to operate and maintain the network.

MPHI considered many different ownership structures. After consultation with State government, the participating HCPs, and other health IT non-profits, MPHI decided that the best ownership structure was vendor ownership. The vendor was best positioned technologically to operate the network and will have appropriate contractual and financial incentives to maintain and upgrade the network as necessary. No other candidates appeared to have the technological and organizational sophistication to build and operate the network. In addition, Michigan state law forbade non-telecomm service providers from building in the public right-of-way, effectively eliminating ALL other candidates from constructing the network. Given all that, the RFP explained the envisioned ownership structure and made it a requirement for bidding. The vendor owns all components described above except the HCP equipment located at each site; that equipment will be owned by the vendor (so that the vendor is required to maintain it) *until* the end of five years or a site leaves the network (whichever occurs first), at which point ownership is transferred to the HCP.

- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** Each hospital system signed a 20-year IRU agreement with a telecomm service provider that served their region. Three hospital systems are leasing fiber strands. The vendor owns everything between the fiber termination points at each pair of sites. The fourth hospital system (Portage Health) has a 20-year, guaranteed service arrangement with their telecomm service provider. This functions exactly like a standard IRU, except a one GBPS *capacity* is being leased instead of actual fiber *strands*. This was due to the minimal competition among service providers in the Upper Peninsula of Michigan and state laws that required telecomm service providers to own any fiber placed in the public right-of-way. The telecomm service provider owns everything between the fiber termination points at each pair of sites.

MPHI's preference would have been to build hospital-owned fiber for each of the four hospital systems, but State law forbade "private networks"—even those owned by not-for-profit hospitals—to use public right-of-way. MPHI protested to State government officials but was told that there was no recourse.

g. Sources of Future Support

- **RFP 02 – Statewide Broadband Network.** Each HCP’s monthly operating costs will be paid from its general revenues. The health care sites are totally dependent on the network to operate. The fees being paid for participation in the Pilot Program network are historically less than what the HCPs have paid in the past for far lower bandwidth. The HCPs should be able to financially support the network. Although the HCPs are contractually committed for only five years, the financial economies and operational utility of the Pilot-funded network should compel the HCPs to continue using it.

Many of the Pilot-eligible, rural, not-for-profit health care providers participating in RFP 02 are eligible for the Primary Program. To help offset the network’s ongoing costs after the first two years of operation, eligible rural HCPs were migrated from the Pilot Program into the traditional Rural Health Care Primary Program. To facilitate this, MPHl requested that USAC grant “evergreen” status to the contracts that resulted from Michigan’s RHCPP projects. To MPHl’s knowledge, once Pilot Program subsidies end, no state or federal funding (other than the FCC’s RHC Primary Program) will be used to defray the HCP’s telecomm network costs.

- **RFP 03 – Private Fiber Networks for Four Hospital Systems** Under the IRU arrangements negotiated for the four hospital systems, there are no ongoing costs for 20 years, other than:
 - The costs detailed under the **Principal Factors & Budget** section above.
 - The hospital’s share of the cost to repair problems caused by *Force Majeure* events.
 - The hospital’s share of the cost of fiber relocations that cannot be anticipated, e.g., by the mandate of local authorities.

h. Management of the Network

- **RFP 02 – Statewide Broadband Network.** The vendor, Great Lakes Comnet (GLC), now known as Everstream, will manage the network. The costs will be incorporated into the participants’ ongoing monthly service fees. MPHl’s and the HCPs’ contracts with GLC require it to operate the network. Those contracts contain a Service Level Agreement (SLA) and appropriate penalties for failing to abide by the SLA. To MPHl’s knowledge, the monthly service fees are paid from each HCP’s IT operating budget.
- **RFP 03 – Private Fiber Networks for Four Hospital Systems.** The three hospital systems that leased actual fiber strands will manage their own networks. The telecomm service providers are required to maintain the fiber, cable, conduit, pole attachments, and all other infrastructure. Under SLAs, providers are to ensure that any interruptions in service are immediately addressed. The hospital systems should not incur any significant operating costs during the 20-year IRU.

For the Portage system leasing one GBPS connections between its sites, the service provider will manage and maintain the system under an SLA with appropriate penalties for non-compliance.

The Health Care Connect Fund could be utilized by HCP's to subsidize their future telecom network costs. MPHI is not involved in that process.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application.

The supported network provides:

Rural Health Care

- Reliable, high-speed internet connections to rural hospital locations improving access to diagnoses, treatment, and care in underserved areas.
- Connectivity between main health care system facilities and outlying remote satellite facilities.
- Rural hospital growth and improved viability as major employers in their communities.
- High levels of bandwidth, security, redundancy, and flexibility needed to support the current and future technology needs of HCPs in rural regions.

Data & Electronic Medical Records (EMR)

- Transition from paper charts to EMR software solutions.
- Improved patient and provider access to health information.
- Achievement of meaningful use status for hospital and eligible providers.
- Ability for HCPs to access government, public and private institutions, and repositories.
- Receipt of electronic lab results from regional facilities.
- Centralized data centers for processing and storing patient information in EMRs.
- Remote hosting of clinical applications.

Telehealth

- Improved access to Telepsychiatry and telemedicine services.
- Ability to provide health care and specialty health care from other regions of the state and nation to underserved populations.
- Electronically connecting hospital physicians and staff with local primary care providers (PCPs) for post-hospital details.
- Improved continuum of care and reduction in unnecessary transfers.
- Increased capacity to respond to large-scale disaster events.

- Enables multi-site, real-time communications.
- Access to continuing education and resources without travel.
- Increased collaboration and coordination of projects.
- Prisoners can receive timely treatment in remote areas.

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute.

Please see **Appendix F** for a list of supported telehealth applications. The supported network provides the following benefits:

- High-definition video to rural locations.
- Sharing of robust electronic health record (EHR) technology that facilitate referrals, consults, and provider communication between regional care centers.
- Patients avoid the pain and discomfort of travel and financial hardship to receive treatment.
- Faster access to diagnosis and treatment for rural patients.
- Tele-psychiatry services to patients across the State.
- At least one site obtained eligibility in a program through the University of Washington which will use telemedicine to help patients who are diagnosed with bipolar disorder or post-traumatic stress syndrome (PTSD).
- Full-time telemedicine at various sites provided by remote physicians.
- Improved existing telemedicine/telehealth within the Michigan Department of Corrections (DOC).

c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities.

The supported network provides:

- Access to clinical diagnosis and treatment in specialty areas such as psychiatry, cardiology, oncology, neonatology, and infectious disease that would normally be very expensive or unavailable.
- Connections to a health information exchange, laboratory, and radiology services.
- Prisoners are able to receive treatment on-site instead of being transported to specialists.

d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information.

The supported network provides for:

- Access to email, internet, and/or video calls to interact with geographically dispersed medical experts and resource information.
 - Provider access to information available in online based medical tools, journals, clinical resources, libraries, etc.
 - Reporting clinical quality measures to the federal government and applications for future grants and funding.
 - Data contribution for clinical registries and health studies on diabetes.
 - Remote access to images and records to provide consultation and assist in diagnoses and treatment.
 - Provider access to online continuing clinical education.
- e. Explain how the supported network has allowed health care professionals to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.***

The supported network provides for:

- HCPs to monitor patients remotely.
- Coordination of incident command and disaster recovery.
- Sharing of various radiological/cardiac PACS images with partner locations.
- Distance education for Graduate Medical Student/Residency programs.
- Specialists can review charts, labs, and test results to quickly diagnose issues.
- Clinicians to access clinical databases and support programs such as Epocrates, Up-to-Date, and Mqic.
- Creation of an emergency contact list for all staff and providers and to disseminate the emergency policies and procedures organization-wide.
- More effective infectious disease management.
- Physicians to access patient records to provide evidence-based patient-centric care.

11. Provide detail on how the supported network has complied with Department of Health and Human Services (HHS) health IT initiatives:

- a. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology***

The supported network provides for:

- Sharing hosted instances of ONC CCHIT certified EHRs.
- Remote hosting of EMR / EHR systems, such as Cerner.
- Regional EMRs with data compilation and reporting to appropriate agencies.

- Providers have access to shared health information exchange databases, as well as exchange of data, with the State of Michigan for their Syndromic Surveillance, MSSS immunization registry, MCIR etc.

b. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations.

The supported network provides for:

- Development of standards, services, and policies that enable the secure exchange of health information over the Internet.
- HCPs participate in two different methods of sharing information using NHIN standards.
- Connections to federal agencies, health care providers, health information exchanges, and patients.
- Hospitals in rural locations have a secure method to store patient medical records and for safe and secure transfer of that medical information to other providers and specialists outside the area.
- Enhanced clinical decision making and thorough care options.
- A standard and specific way of electronically storing and transferring patient information that aligns with the protocol developed by NHIN.

c. Explain how the supported network has used resources available at HHS' Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology.

The supported network provides for:

- Access to the AHRQ-funded project resources toolkit utilized in research and planning for projects, as well as the database of AHRQ HIT projects.
- Security testing measures beyond what is required. The health information security and privacy collaboration toolkit has been beneficial in doing year-round testing.
- HCPs review AHRQ information that useful in a Federally Qualified Health Center (FQHC) program.
- Use of surveys found in the Health Survey IT Compendium when the need to evaluate an HIT project arises.
- IT project collaboration support.

d. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives.

Health care providers reported that they are individually responsible for emergency response plans and are educated with the implications set forth in the PAHPA's emergency preparedness and emergency response activities. HCPs work on measures to provide the best public health and medical preparedness and response for deliberate and natural emergency situations through education, training, and situational scenarios specific to the populations they serve.

e. Explain how the supported network has used resources available through HHS' Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

The network has allowed health care providers to begin sharing information with the CDC for participation in the National Hospital Care Survey (NHCS) in 2016. The network is also used for patient and disease surveillance reporting via the Michigan Disease Surveillance System (MDSS) and the Michigan Syndromic Surveillance System (MSSS). The network has allowed health care providers to use PHIN tools to track data such as reporting, data collection and exchange, and disease notification and surveillance.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

The state fiber backbone has allowed limited remote access credentials to public health officials needing to access information. The network is used as a communication tool during local and regional disaster drills.

Appendix A - RFP 02 participating HCPs

Appendix B - RFP 03 participating HCPs

Appendix C - RFP 02 Connected HCPs

Appendix D - RFP 03 Connected HCPs

Appendix E - Map showing site locations for all RFPs

**Appendix F – Network Telehealth Applications supported
by the RHCPP**

Appendix A - Health Care Facilities Included in the RFP 02 Statewide Network (72 Original and 6 Add-on)

Organization	Site	Address	City	County	State	Zip Code	Census Tract	RUCA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity Type"	Brief Explanation of Eligibility or Ineligibility	Tel.
Alcona Health Centers Data Center	Data Center	100 N. Ripley Blvd., Ste. C	Alpena	Alpena	MI	49707	0008.00	4.0	NO	TRUE	NO	11: Other (ineligible) entity	Data center supporting multiple non-profit health system	989-356-0673
AuSable Valley Community Mental Health	Tawas City	1199 West Harris Avenue	Tawas City	Iosco	MI	48763	9910.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	Oscoda	5805 North Cedar Lake Road	Oscoda	Iosco	MI	48750	9902.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	West Branch	511 Griffin Road	West Branch	Ogemaw	MI	48661	9505.00	10.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
AuSable Valley Community Mental Health	Mio	42 North Mt. Tom Road	Mio	Oscoda	MI	48647	9704.00	10.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-362-8636
Bronson Healthcare Group	Bronson Battle Creek Hospital	300 North Ave.	Battle Creek	Calhoun	MI	49017	0009.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	269-341-6344
Bronson Healthcare Group	Beckley Road Urgent Care	5352 Beckley Rd., Ste. B	Battle Creek	Calhoun	MI	49015	0018.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	269-341-6344
Bronson Healthcare Group	Bronson Methodist Hospital	601 John Street	Kalamazoo	Kalamazoo	MI	49007	0009.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	269-341-6344
Bronson Healthcare Group	Bronson Lakeview Hospital	408 Hazen	Paw Paw	Van Buren	MI	49079	0117.00	2.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	269-341-6344
Central Michigan District Health Department	Reed City	4329 220th Avenue	Reed City	Osceola	MI	49677	9706.00	7.4	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-773-5921
Charlevoix Area Hospital	Boyne Area Medical Center	223 North Park Street	Boyne City	Charlevoix	MI	49712	9814.00	7.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	231-547-8500
Charlevoix Area Hospital	Charlevoix Area Hospital	14700 Lake Shore Drive	Charlevoix	Charlevoix	MI	49720	9804.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	231-547-8500
Charlevoix Area Hospital	Jordan Valley Rehabilitation Center	100 Main Street	East Jordan	Charlevoix	MI	49727	9811.00	10.6	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	231-547-8500
District Health Department No. 2	Harrisville	311 Lake Street	Harrisville	Alcona	MI	48740	9801.00	10.0	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	Tawas City	420 West Lake Street	Tawas City	Iosco	MI	48763	9909.00	7.0	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	West Branch	630 Progress Street	West Branch	Ogemaw	MI	48661	9505.00	10.0	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
District Health Department No. 2	Mio	393 South Mt. Tom Road	Mio	Oscoda	MI	48647	9705.00	10.0	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	989-343-1806
Gratiot County Community Mental Health	Gratiot County Community Mental Health	608 Wright Avenue	Alma	Gratiot	MI	48801	9904.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	989-466-4109
HealthSource Saginaw, Inc.	HealthSource Saginaw, Inc.	3340 Hospital Road	Saginaw	Saginaw	MI	48603	0103.02	1.0	NO	TRUE	YES - 33.2%	6: Rural health clinic	Non-profit rural health clinic	989-790-7888
Hillsdale Community Health Center	Reading	143 South Main Street	Reading	Hillsdale	MI	49274	0504.00	10.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	517-437-6204
Hillsdale Community Health Center	Howell	168 South Howell Street	Hillsdale	Hillsdale	MI	49242	0508.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	517-437-6204
Hillsdale Community Health Center	Hidden Meadows	451 Hidden Meadows	Hillsdale	Hillsdale	MI	49242	0509.00	10.6	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	517-437-6204
InterCare Community Health Network	Benton Harbor	RELOCATION - 951 S. Fair Ave. (old location: 697 Weld St.)	Benton Harbor	Berrien	MI	49022	0021.00	1.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Claire	6270 West Main Street	Eau Claire	Berrien	MI	49111	0106.00	3.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Bangor - Charles	308 Charles Street	Bangor	Van Buren	MI	49013	0107.00	10.6	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Bangor - Industrial	50 Industrial Park Drive	Bangor	Van Buren	MI	49013	0107.00	10.6	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Pullman	5498 109th Avenue	Pullman	Allegan	MI	49450	0310.00	3.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Holland	285 James Street	Holland	Ottawa	MI	49424	0222.02	1.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	269-427-7937
InterCare Community Health Network	Data Center	4815 Delemere Ave.	Royal Oak	Oakland	MI	48073	1830.00	1.0	NO	TRUE	NO	11: Other (ineligible) entity	Data center supporting multiple non-profit health system	269-427-7937
Thumb Rural Health Network	McKenzie Memorial Hospital - Sandusky	120 Delaware St.	Sandusky	Sanilac	MI	48471	9709.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	810-987-3622
Memorial Family Care Center	Memorial Family Care Center	2481 North 72nd Avenue	Hart	Oceana	MI	49420	0101.00	10.0	NO	TRUE	YES	6: Rural health clinic	Non-profit rural health clinic	231-845-2365
Memorial Medical Center of West Michigan	Memorial Medical Center of West Mich	One Atkinson Drive	Ludington	Mason	MI	49431	9504.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-845-2365
Mercy Hospital Cadillac	Mercy Hospital Cadillac	400 Hobart St.	Cadillac	Wexford	MI	49601	9806.00	4.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-935-6171
Mercy Hospital Grayling	Mercy Hospital Grayling	1100 E. Michigan Ave.	Grayling	Crawford	MI	49738	9602.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-935-6171
Michigan Department of Corrections	St. Louis Correctional Facility	8585 North Crowell Road	St. Louis	Gratiot	MI	48880	9903.00	4.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Saginaw Correctional Facility	9625 Pierce Road	Freeland	Saginaw	MI	48623	0101.00	1.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Pugsley Correctional Facility	7401 East Walton Road	Kingsley	Grand Traverse	MI	49649	9903.00	4.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Oaks Correctional Facility	1500 Caberfae Highway	Manistee	Manistee	MI	49660	9905.00	8.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Alger Correctional Facility	6141 Industrial Park Drive	Munising	Alger	MI	49862	9801.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Baraga Correctional Facility	13924 Wadaga Road	Baraga	Baraga	MI	49908	9502.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Chippewa Correctional Facility	4269 West M-80	Kincheloe	Chippewa	MI	49784	9709.00	5.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Ojibway Correctional Facility	N 5705 Ojibway Road	Marenisco	Gogebic	MI	49947	9504.00	8.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Newberry Correctional Facility	3001 Newberry Avenue	Newberry	Luce	MI	49868	9601.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Marquette Correctional Facility	1960 US 41 South	Marquette	Marquette	MI	49855	0010.00	10.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198

Appendix A - Health Care Facilities Included in the RFP 02 Statewide Network (72 Original and 6 Add-on)

Organization	Site	Address	City	County	State	Zip Code	Census Tract	R/CA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity Type"	Brief Explanation of Eligibility or Ineligibility	Tel.
Michigan Department of Corrections	Bellamy Creek Correctional Facility	1727 West Bluewater Highway	Ionia	Ionia	MI	48846	0306.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Carson City Correctional Facility	10522 East Boyer Road	Carson City	Montcalm	MI	48811	9810.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Handlon Correctional Facility	1728 Bluewater Highway	Ionia	Ionia	MI	48846	0317.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Ionia Maximum Facility	1576 Bluewater Highway	Ionia	Ionia	MI	48846	0317.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Michigan Reformatory	1342 West Main Street	Ionia	Ionia	MI	48846	0306.00	4.2	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Boyer Road Correctional Facility	10274 East Boyer Road	Carson City	Montcalm	MI	48811	9810.00	7.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Michigan Department of Corrections	Brooks Correctional Facility	2500 South Sheridan Drive	Muskegon	Muskegon	MI	49444	0004.00	1.0	YES	TRUE	YES - 67.4%	2: Community health center or health center pr	Health clinic located in state correctional facility	517-373-3198
Munson Medical Center	Hospital	1105 Sixth Street	Traverse City	Grand Traverse	MI	49684	9914.00	4.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-935-6171
Munson Medical Center	Data Center	49 Hughes Drive	Traverse city	Grand Traverse	MI	49686	9906.00	5.0	NO	TRUE	NO	11: Other (ineligible) entity	Data center supporting multiple non-profit health system	231-935-6171
Muskegon Family Care	Muskegon Heights	2201 South Getty Street	Muskegon Heigh	Muskegon	MI	49444	0013.00	1.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	231-737-1754
Northpointe Behavioral Health Care	Kingsford	715 Pyle Drive	Kingsford	Dickinson	MI	49802	9506.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Northpointe Behavioral Health Care	Iron River	703 Second Avenue	Iron River	Iron	MI	49935	9803.00	7.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Northpointe Behavioral Health Care	Menominee	401 Tenth Avenue	Menominee	Menominee	MI	49858	9607.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-779-0525
Otsego Memorial Hospital	Hospital	825 North Center Avenue	Gaylord	Otsego	MI	49735	9503.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-731-2400
Pathways Community Mental Health	Marquette - Spring	200 West Spring Street	Marquette	Marquette	MI	49855	0003.00	4.0	NO	TRUE	YES	4: Community mental health center	CMH Svc. Pgm. established by MI Mental Health Code	906-225-5138
Thumb Rural Health Network	Scheurer Hospital - Pigeon	170 North Caseville Road	Pigeon	Huron	MI	48755	9507.00	10.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	810-987-3622
South Haven Community Hospital Authority	South Haven Community Hospital Auth	955 South Bailey Avenue	South Haven	Van Buren	MI	49090	0104.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	269-639-2841
Spectrum Health System	Sparta Family Practice	RELOCATION - 2111 12 Mile Rd. NW (old location: 25 Ida Red Ave.)	Sparta	Kent	MI	49345	0104.01	2.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	CTIS - Data Center	4690 60th Street, SE	Grand Rapids	Kent	MI	49512	0148.04	1.0	NO	TRUE	NO	11: Other (ineligible) entity	Data center supporting multiple non-profit health system	616-486-4235
Spectrum Health System	Butterworth Hospital	100 Michigan Street, NE	Grand Rapids	Kent	MI	49503	0020.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	Blodgett Hospital	1840 Wealthy Street, SE	Grand Rapids	Kent	MI	49506	0124.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	Kelsey Memorial Hospital & Northern M	418 Washington Street	Lakeview	Montcalm	MI	48850	9804.00	10.6	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	616-486-4235
Spectrum Health System	United Memorial Healthcare Assn	615 South Bower Street	Greenville	Montcalm	MI	48838	9813.00	7.3	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	616-486-4235
Spectrum Health System	Reed City Hospital	300 North Patterson Road	Reed City	Osceola	MI	49677	9706.00	7.4	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	616-486-4235
Spectrum Health System	Holland Lakeshore Area Radiation Onco	12642 Riley Street	Holland	Ottawa	MI	49424	0222.02	1.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	Campustowne Professionals	4868 Lake Michigan Drive	Allendale	Ottawa	MI	49401	0234.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Urban health clinic owned by a non-profit hospital	616-486-4235
Spectrum Health System	AeroMed - Big Rapids	21325 18 Mile Road	Big Rapids	Mecosta	MI	49307	9605.00	4.0	NO	TRUE	YES	6: Rural health clinic	Rural health clinic owned by a non-profit hospital	616-486-4235
Thunder Bay Community Health Services	Onaway Clinic	21258 West M-68 Highway	Onaway	Presque Isle	MI	49765	9504.00	10.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	989-358-3903
Thunder Bay Community Health Services	Onaway School	4549 South M-33 Highway	Onaway	Presque Isle	MI	49765	9504.00	10.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	989-358-3903
Thunder Bay Community Health Services	Rogers City Clinic	205 South Bradley Highway	Rogers City	Presque Isle	MI	49779	9502.00	7.0	NO	TRUE	YES	2: Community health center or health center pr	Federally Qualified Health Clinic	989-358-3903
Van Buren/Cass District Health Department	Cassopolis	201 M-62 North	Cassopolis	Cass	MI	49031	0007.00	10.4	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	269-621-3143
Van Buren/Cass District Health Department	Dowagiac	520 Main Street, Suite B	Dowagiac	Cass	MI	49047	0004.00	7.3	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	269-621-3143
Van Buren/Cass District Health Department	Hartford	57418 County Road 681, Suite A	Hartford	Van Buren	MI	49057	0113.00	10.5	YES	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	269-621-3143
West Shore Medical Center	Hospital	1465 East Parkdale Avenue	Manistee	Manistee	MI	49660	9904.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	231-398-1188

Appendix B - Health Care Facilities Included in the Four (4) RFP 03 Hospital Fiber Network Projects

Organization	Site	Address	City	County	State	Zip Code	Census Tract	RUCA	Public?	Non-profit	Pilot Eligible?	USAC "Eligible Entity Type"	Brief Explanation of Eligibility or Ineligibility	Tel.
Covenant Medical Center, Inc.	Covenant Medical Center Cooper	700 Cooper Ave.	Saginaw	Saginaw	MI	48602	0018.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-583-6714
Covenant Medical Center, Inc.	Covenant HealthCare Michigan	515 N. Michigan Ave.	Saginaw	Saginaw	MI	48602	0017.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-583-6714
Covenant Medical Center, Inc.	Covenant HealthCare Mackinaw	5400 Mackinaw Rd.	Saginaw	Saginaw	MI	48604	0102.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Medical clinic, lab, & outpatient PT	989-583-6714
Memorial Healthcare	Main Campus	826 W. King St.	Owosso	Shiawassee	MI	48867	0304.00	4.2	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	989-729-4734
Memorial Healthcare	Chesaning Outpatient Services	305 S. Saginaw St.	Chesaning	Saginaw	MI	48616	0127.00	10.4	NO	TRUE	YES	6: Rural health clinic	Lab, radiology, & outpatient PT staffed by licensed professionals	989-729-4734
Memorial Healthcare	Chesaning Family Practice	300 S. Chapman St.	Chesaning	Saginaw	MI	48616	0127.00	10.4	NO	TRUE	YES	6: Rural health clinic	Medical clinic	989-729-4734
Memorial Healthcare	State Road Outpatient Services	239 N. State Rd.	Owosso	Shiawassee	MI	48867	0317.00	4.2	NO	TRUE	YES	6: Rural health clinic	Medical clinic, lab, & radiology	989-729-4734
Memorial Healthcare	Durand Family Healthcare	9099 E. Lansing Rd.	Durand	Shiawassee	MI	48429	0319.00	2.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic, lab, radiology, & dermatologist	989-729-4734
Memorial Healthcare	Laingsburg Primary Care	7200 N. Woodbury Rd.	Laingsburg	Shiawassee	MI	48848	0314.01	2.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic	989-729-4734
Memorial Healthcare	Ovid Health Care	113 S. Main St.	Ovid	Clinton	MI	48866	0110.01	3.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic	989-729-4734
Memorial Healthcare	Michigan Neurological Institute	503 E. Main St.	Owosso	Shiawassee	MI	48867	0305.00	4.2	NO	TRUE	YES	6: Rural health clinic	Medical clinic & specialist in neuro- diagnostics	989-729-4734
Memorial Healthcare	Arnold Clinic	812 Bradley St.	Owosso	Shiawassee	MI	48867	0306.00	4.2	NO	TRUE	YES	6: Rural health clinic	Medical clinic	989-729-4734
Memorial Healthcare	Woodard Station Physical Therapy	317 S. Elm St., Ste. 116	Owosso	Shiawassee	MI	48867	0306.00	4.2	NO	TRUE	YES	6: Rural health clinic	Outpatient PT staffed by licensed professionals	989-729-4734
Memorial Healthcare	Perry Family Practice	3337 W. Britton Rd.	Perry	Shiawassee	MI	48872	0315.00	2.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic, lab, & radiology	989-729-4734
Memorial Healthcare	Perry Physical Therapy	3737 W. Lansing Rd.	Perry	Shiawassee	MI	48872	0315.00	2.0	NO	TRUE	YES	6: Rural health clinic	Outpatient PT staffed by licensed professionals	989-729-4734
Portage Health	Portage Health	500 Campus Dr.	Hancock	Houghton	MI	49930	9905.00	4.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	906-483-1994
Portage Health	Rehab Calumet	56901 S. Sixth St.	Calumet	Houghton	MI	49913	9903.00	7.2	NO	TRUE	YES	6: Rural health clinic	Outpatient PT staffed by licensed professionals	906-483-1994
Portage Health	Medical Group Lake Linden	945 Ninth St., Bootjack Rd.	Lake Linden	Houghton	MI	49945	9904.00	5.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic	906-483-1994
Portage Health	Western Upper Peninsula Health Dept.	540 Depot St.	Hancock	Houghton	MI	49930	9906.00	4.0	NO	TRUE	YES	3: Local health department or agency	District (multi-county) public health department	906-483-1994
Portage Health	Houghton Express Care	921 W. Sharon Ave.	Houghton	Houghton	MI	49931	9909.00	4.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic staffed by licensed Physician Assistants	906-483-1994
Portage Health	University Center	600 MacInnes Dr.	Houghton	Houghton	MI	49931	9908.00	4.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic	906-483-1994
Portage Health	Ontonagon Community Health Center	751 S. Seventh St.	Ontonagon	Ontonagon	MI	49953	9702.00	10.0	NO	TRUE	YES	6: Rural health clinic	Medical clinic	906-483-1994
Portage Health	Baraga County Memorial Hospital	18341 U.S. Highway 41	L'Anse	Baraga	MI	49946	9501.00	10.0	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	906-524-3207
Portage Health	Marquette General Health System	420 W. Magnetic St.	Marquette	Marquette	MI	49855	0004.00	4.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	906-483-1994
Edward W. Sparrow Hospital Association	Sparrow Hospital	1215 E. Michigan Ave.	Lansing	Ingham	MI	48912	0014.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	517-364-6600
Edward W. Sparrow Hospital Association	St. Lawrence Campus	1210 W. Saginaw St.	Lansing	Ingham	MI	48915	0005.00	1.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	517-364-6600
Edward W. Sparrow Hospital Association	Medical Dental Building	2909 E. Grand River Ave., Ste. 204	Lansing	Ingham	MI	48912	0031.01	1.0	NO	TRUE	YES - 63.1%	10: Urban Health Clinic	Medical clinic & lab	517-364-6600
Edward W. Sparrow Hospital Association	Sparrow Professional Building	1200 E. Michigan Ave.	Lansing	Ingham	MI	48912	0065.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Medical clinic, pain center, lab, radiology, & outpatient PT	517-364-6600
Edward W. Sparrow Hospital Association	Thoracic Cardiovascular Institute	405 W. Greenlawn Ave., Ste. 400	Lansing	Ingham	MI	48910	0026.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Medical clinic & cardiology practice	517-364-6600
Edward W. Sparrow Hospital Association	Sparrow Okemos	1600 W. Grand River Ave.	Okemos	Ingham	MI	48864	0049.01	1.0	NO	TRUE	YES	10: Urban Health Clinic	Medical clinic, lab, & radiology	517-364-6600
Edward W. Sparrow Hospital Association	Mason Community Health Center	800 E. Columbia St.	Mason	Ingham	MI	48854	0063.00	1.0	NO	TRUE	YES	10: Urban Health Clinic	Medical clinic, lab, radiology, & outpatient PT	517-364-6600
Edward W. Sparrow Hospital Association	Sparrow Ionia Hospital	479 Lafayette St.	Ionia	Ionia	MI	48846	0317.00	4.2	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	517-364-6600
Edward W. Sparrow Hospital Association	Sparrow Clinton Hospital	805 S. Oakland St.	St. Johns	Clinton	MI	48879	0108.00	7.1	NO	TRUE	YES	5: Not-for-profit hospital	MI Nonprofit Critical Access Hospital	517-364-6600
Edward W. Sparrow Hospital Association	Carson City Hospital	406 E. Elm St.	Carson City	Montcalm	MI	48811	9810.00	7.0	NO	TRUE	YES	5: Not-for-profit hospital	Nonprofit community hospital	517-364-6600

Appendix C - RFP 02 Connected Health Care Providers

RFP 02: Connected Health Care Facilities Included in the Statewide Network (72 Original and 6 Add-on)									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
1	Alcona Health Centers Data Center	Alpena	Fiber	Managed MPLS	Carrier-provided	45 mbps	Yes	Yes	See *****
2	AuSable Valley Community Mental Health	Tawas City	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
3	AuSable Valley Community Mental Health	Oscoda	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
4	AuSable Valley Community Mental Health	West Branch	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
5	AuSable Valley Community Mental Health	Mio	YES	Copper	Carrier-provided	T-1	Yes	Yes	See ***
6	Bronson Battle Creek Hospital	Battle Creek	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See ****
7	Bronson Beckley Road Urgent Care	Battle Creek	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See ****
8	Bronson Healthcare Group	Kalamazoo	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
9	Bronson Healthcare Group	Paw Paw	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
10	Central Michigan District Health Department	Reed City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
11	Charlevoix Area Hospital	Boyne City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
12	Charlevoix Area Hospital	Charlevoix	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See **
13	Charlevoix Area Hospital	East Jordan	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
14	District Health Department No. 2	Harrisville	YES	Copper	Carrier-provided	T-1	Yes	Yes	See ***
15	District Health Department No. 2	Tawas City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
16	District Health Department No. 2	West Branch	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
17	District Health Department No. 2	Mio	YES	Copper	Carrier-provided	T-1	Yes	Yes	See ***
18	Gratiot County Community Mental Health	Alma	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
19	HealthSource Saginaw, Inc.	Saginaw	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
20	Hillsdale Community Health Center	Reading	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
21	Hillsdale Community Health Center	Hillsdale	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
22	Hillsdale Community Health Center	Hillsdale	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
23	InterCare Community Health Network	Benton Harbor	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
24	InterCare Community Health Network	Eau Claire	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
25	InterCare Community Health Network	Bangor	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
26	InterCare Community Health Network	Bangor	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *

Appendix C - RFP 02 Connected Health Care Providers

RFP 02: Connected Health Care Facilities Included in the Statewide Network (72 Original and 6 Add-on)									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
27	InterCare Community Health Network	Pullman	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
28	InterCare Community Health Network	Holland	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
29	InterCare Community Health Network	Royal Oak	YES	Fiber	Carrier-provided	100 mbps	Yes	Yes	See ****~
30	Thumb Rural Health Network	Sandusky	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
31	Memorial Family Care Center	Hart	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
32	Memorial Medical Center of West Michigan	Ludington	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
33	Mercy Hospital Cadillac	Cadillac	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See ****
34	Mercy Hospital Grayling	Grayling	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See ****
35	Michigan Department of Corrections	St. Louis	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
36	Michigan Department of Corrections	Freeland	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
37	Michigan Department of Corrections	Kingsley	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
38	Michigan Department of Corrections	Manistee	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
39	Michigan Department of Corrections	Munising	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
40	Michigan Department of Corrections	Baraga	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
41	Michigan Department of Corrections	Kincheloe	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
42	Michigan Department of Corrections	Marenisco	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
43	Michigan Department of Corrections	Newberry	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
44	Michigan Department of Corrections	Marquette	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
45	Michigan Department of Corrections	Ionia	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
46	Michigan Department of Corrections	Carson City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
47	Michigan Department of Corrections	Ionia	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
48	Michigan Department of Corrections	Ionia	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
49	Michigan Department of Corrections	Ionia	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
50	Michigan Department of Corrections	Carson City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *
51	Michigan Department of Corrections	Muskegon	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *

Appendix C - RFP 02 Connected Health Care Providers

RFP 02: Connected Health Care Facilities Included in the Statewide Network (72 Original and 6 Add-on)									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
52	Munson Medical Center	Traverse City	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
53	Munson Medical Center	Traverse city	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
54	Muskegon Family Care	Muskegon Heights	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
55	Northpointe Behavioral Health Care	Kingsford	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
56	Northpointe Behavioral Health Care	Iron River	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
57	Northpointe Behavioral Health Care	Menominee	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
58	Otsego Memorial Hospital	Gaylord	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
59	Pathways Community Mental Health	Marquette	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
60	Thumb Rural Health Network	Pigeon	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
61	South Haven Community Hospital Authority	South Haven	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *****
62	Spectrum Health System Family Practice	Sparta	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *~
63	Spectrum Health System Data Center	Grand Rapids	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See **~
64	Spectrum Health System Butterworth	Grand Rapids	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See **~
65	Spectrum Health System Blodgett	Grand Rapids	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See **~
66	Spectrum Health System	Lakeview	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See ***~
67	Spectrum Health System	Greenville	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See **~
68	Spectrum Health System	Reed City	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See ***~
69	Spectrum Health System	Holland	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See ***~
70	Spectrum Health System	Allendale	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See ***~
71	Spectrum Health System	Big Rapids	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See *~
72	Thunder Bay Community Health Services Clinic	Onaway	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
73	Thunder Bay Community Health Services School	Onaway	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
74	Thunder Bay Community Health Services City Clinic	Rogers City	YES	Fiber	Carrier-provided	10 mbps	Yes	Yes	See **
75	Van Buren/Cass District Health Department	Cassopolis	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
76	Van Buren/Cass District Health Department	Dowagiac	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *
77	Van Buren/Cass District Health Department	Hartford	YES	Fiber	Carrier-provided	45 mbps	Yes	Yes	See *

Appendix C - RFP 02 Connected Health Care Providers

RFP 02: Connected Health Care Facilities Included in the Statewide Network (72 Original and 6 Add-on)									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
78	West Shore Medical Center	Manistee	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See ***

Site Equipment

- * Cisco ASA 5510 VPN & Cisco 3845 Router
- ** Cisco ASA 5510 VPN & Cisco 1811 Router
- *** Cisco 1841 Router
- **** Cisco ASA 5585 VPN & Cisco ME-3600
- ***** Cisco ASA 5550 VPN & Cisco 3845 Router
- *~ Cisco 2901 Router
- **~ Cisco ASR 1001 Router
- ***~ Cisco 3925 Router
- ****~ Cisco ASA 5510 VPN & Cisco 2591

Appendix D - RFP 03 Connected Health Care Providers

RFP 03: Connected Health Care Facilities Included in the Four Hospital Fiber Network Projects									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
1	Covenant Medical Center Cooper	Saginaw	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
2	Covenant HealthCare Michigan	Saginaw	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
3	Covenant HealthCare Mackinaw	Saginaw	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
4	Main Campus	Owosso	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
5	Chesaning Outpatient Services	Chesaning	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
6	Chesaning Family Practice	Chesaning	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
7	State Road Outpatient Services	Owosso	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
8	Durand Family Healthcare	Durand	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
9	Laingsburg Primary Care	Laingsburg	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
10	Ovid Health Care	Ovid	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
11	Michigan Neurological Institute	Owosso	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
12	Arnold Clinic	Owosso	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
13	Woodard Station Physical Therapy	Owosso	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
14	Perry Family Practice	Perry	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
15	Perry Physical Therapy	Perry	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
16	Portage Health	Hancock	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
17	Rehab Calumet	Calumet	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
18	Medical Group Lake Linden	Lake Linden	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
19	Western Upper Peninsula Health Dept.	Hancock	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
20	Houghton Express Care	Houghton	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
21	University Center	Houghton	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
22	Ontonagon Community Health Center	Ontonagon	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
23	Baraga County Memorial Hospital	L'Anse	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
24	Marquette General Health System	Marquette	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
25	Sparrow Hospital	Lansing	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
26	St. Lawrence Campus	Lansing	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *

Appendix D - RFP 03 Connected Health Care Providers

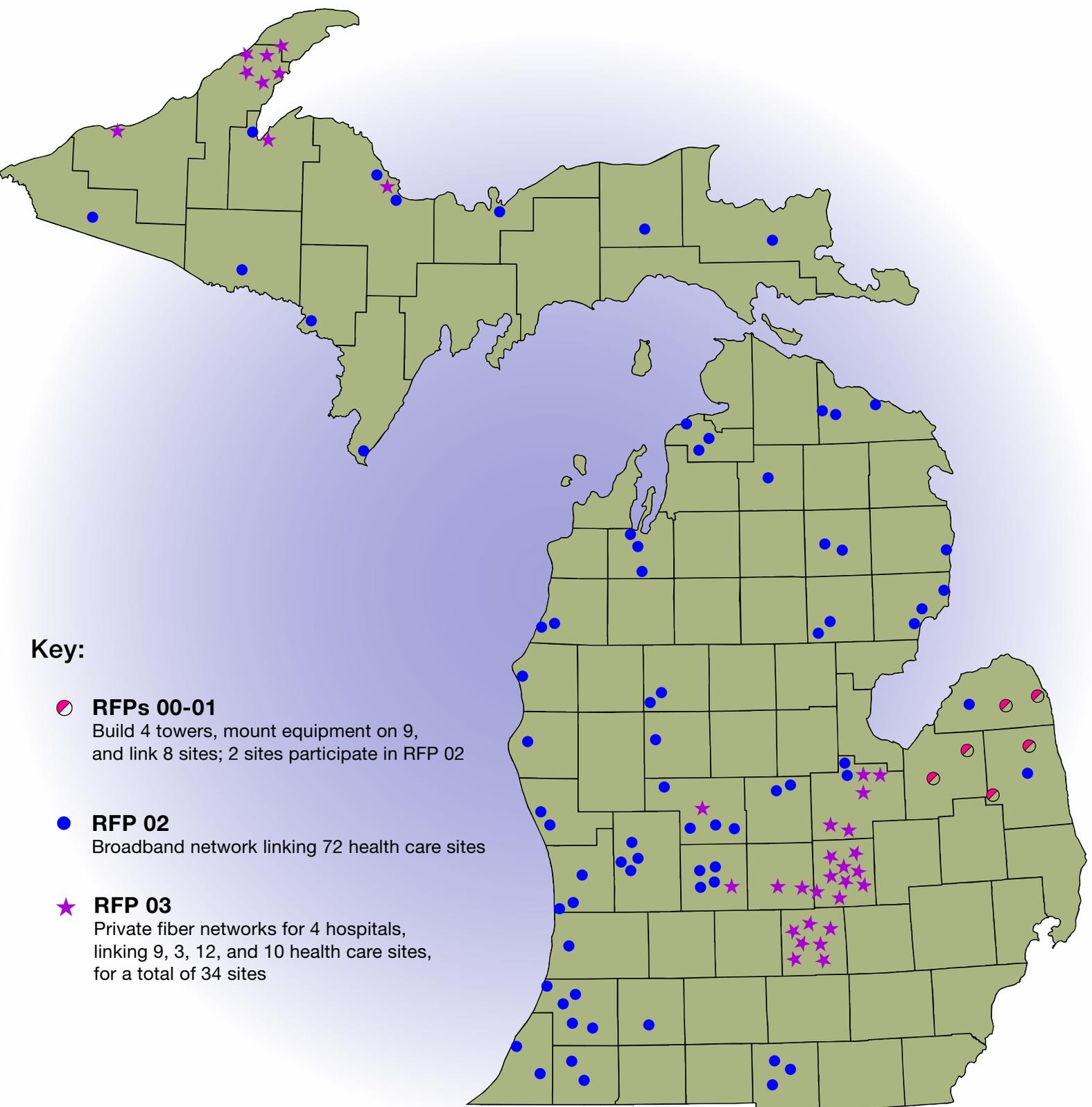
RFP 03: Connected Health Care Facilities Included in the Four Hospital Fiber Network Projects									
	Health Care Provider	City in Michigan	Eligible	Connection Type	Connection Provided By	Bandwidth	Gateway to Internet 2	Gateway to Public Internet	Site Equipment
27	Medical Dental Building	Lansing	This building was demolished in 2015. The Sparrow Health Center Lansing is currently under construction and is expected to be completed in 2017.						
28	Sparrow Professional Building	Lansing	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
29	Thoracic Cardiovascular Institute	Lansing	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
30	Sparrow Okemos	Okemos	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
31	Mason Community Health Center	Mason	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
32	Sparrow Ionia Hospital	Ionia	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
33	Sparrow Clinton Hospital	St. Johns	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *
34	Sparrow Carson Hospital	Carson City	YES	Fiber	Carrier-provided	1 Gbps	Yes	Yes	See *

* Leased Facility

Rural Health Care Pilot Program

MPHI RFPS 00, 01, 02, and 03

112 Sites



Key:

-  **RFPs 00-01**
Build 4 towers, mount equipment on 9, and link 8 sites; 2 sites participate in RFP 02
-  **RFP 02**
Broadband network linking 72 health care sites
-  **RFP 03**
Private fiber networks for 4 hospitals, linking 9, 3, 12, and 10 health care sites, for a total of 34 sites

Appendix F
Michigan Public Health Institute (MPHI) Consortia Network Telehealth Applications

Telehealth Applications	Select only applicable (Use the dropdown)
1. Exchange of EHRs	Yes
2. Participation in Health Information Exchange	Yes
3. Remote Training	Yes
4. Adult Echocardiology	Yes
5. Adult Psychiatry	Yes
6. Allergy / Rheumatology / Immunology	Yes
7. Cardiovascular Surgery (Including pre, post surgery)	Yes
8. Chronic Disease Counseling (diabetes, cardiac rehab etc...)	Yes
9. Clinical Pharmacology / Pharmacy	Yes
10. CT and MRI Interpretations (adult and pediatric)	Yes
11. Dentistry (adult and pediatric)	
12. Dermatology (adult and pediatric)	
13. Diabetes Clinical Services (adult and pediatric)	Yes
14. Endocrinology clinical services (adult and pediatric)	Yes
15. ENT (adult and pediatric)	Yes
16. ENT Surgery (including pre, post surgery)	Yes
17. Gastroenterology (adult and pediatric)	
18. General Pediatrics	Yes
19. General surgery (including pre, post surgery)	Yes
20. Genetics and Gentic Counseling (adult and pediatric)	
21. Geriatrics	Yes
22. Hematology (adult and pediatric)	Yes
23. Hospice Services	Yes
24. Infectious Disease / HIV (adult and pediatric)	Yes
25. Intensivist / Intensive Care Unit Services	Yes
26. Interventional Cardiology	Yes
27. Neonatology	Yes
28. Nephrology (adult and pediatric)	Yes
29. Neurology and Neurodevelopmental (adult and pediatric)	Yes
30. Obstetrics / Gynecology	Yes
31. Oncology (adult and pediatric)	Yes
32. Orthopedic Surgery (including pre, post surgery)	Yes
33. Orthopedics (adult and pediatric)	Yes
34. Pathology	Yes
35. Pediatric / Adolescent Psychiatry	Yes
36. Pediatric Echocardiology	Yes
37. Physiatry / Physical Medicine (adult and pediatric)	Yes
38. Physical Therapy (adult and pediatric)	Yes
39. Plastic Surgery (including pre, post surgery)	Yes
40. Pulmonology (adult and pediatric)	Yes
41. Primary Care (adult)	Yes
42. Psychological Counseling and Other services (adult and pediatric)	Yes
43. Radiology (adult and pediatric)	Yes
44. Rehabilitation (adult and pediatric)	Yes
45. Routine Adult Cardiology (Includes CHF)	Yes
46. Routine Pediatric Cardiology	Yes
47. Speech Therapy (adult and pediatric)	Yes
48. Substance Abuse Services	Yes
49. Trauma	Yes
50. Wound Care / Decubitus Ulcers (adult and pediatric)	Yes
51. Other (Please type other Telehealth applications)	Patient access to patient portal