

EXHIBIT 7



**Iowa Rural Health
Telecommunications Program
Proposal for:**

**FCC Rural Health Care
Pilot Program Order
WC Docket 02-60**

To:
Commission's Secretary,
Office of the Secretary,
Federal Communications
Commission (FCC)

Submitted by:



May 4, 2007







Program / Subject

The Iowa Rural Health Telecommunications Program and following application are in response to the Federal Communications Commission Rural Health Care Pilot Program Order WC Docket 02-60.

Date: May 4, 2007

From: Iowa Rural Health Telecommunications Program and Iowa Hospital Association

Contact: Art Spies, Senior Vice President
Address: 100 East Grand Avenue, Suite 100
Des Moines, Iowa 50309
Email: spiesa@ihaonline.org

Priority Area Summary

The Iowa Rural Health Telecommunications Program is requesting funding from the Federal Communications Commission's Rural Health Care Pilot Program to connect a consortium of one hundred (100) rural and urban hospitals to the Iowa Communications Network, a statewide fiber backbone providing dedicated and secure network services.



TABLE OF CONTENTS

Submission Information	4
Executive Summary	6
Map – Participating Hospitals	9
Criteria Section 1 – Organization Identity	10
Criteria Section 2 – Goals and Objectives	12
Criteria Section 3 – Total Costs for Each Year	15
Map – Network Design – Merged Areas	17
Map – Network Design – 10 Gig MPLS Backbone	18
Criteria Section 4 – For-Profit Participation	19
Criteria Section 5 – Sources for Uncovered Funds	19
Criteria Section 6 – Participating Health Care Facilities	20
Criteria Section 7 – Addresses, ZIP Code, RUCA, and Phone Number	22
Criteria Section 8 – Previous Experience in Development and Management of Telemedicine	26
Criteria Section 9 – Project Management Plan	30
Criteria Section 10 – Program Coordination	38
Criteria Section 11 – Network Self Sustainment	39
Waivers	40
Appendixes	
Network Maps	43
Detailed Project Plan	62
Individual Hospital Materials List	64
Health Alert Network Detail	70
Letters of Support	72



EXECUTIVE SUMMARY

Problem

According to the Department of Health and Human Services, rural hospitals face unique challenges beyond their urban counterparts such as geographic isolation, travel issues, and fewer resources (ULP, 2007). Iowa's agricultural and farming heritage provide the basis for boasting as the nation's largest producer of eggs, pork, corn, soybeans, and ethanol (Economic, 2007). However, Iowa has the opportunity to improve the delivery of efficient, quality healthcare, specifically for smaller Iowa communities which are hampered by limited financial capital, an eighty-nine percent (89%) rural geography, and year round inclement weather with tornados, ice, snow, and flooding.

Proposed Solution

One goal
100 hospitals
1,000 megabits each
Enhanced healthcare for Iowans

The Iowa Rural Health Telecommunications Program (IRHTP) is a consortium of public and private hospitals and state government departments solving the problem of isolation, travel, and limited resources that constrain health care delivery in rural Iowa and its surrounding region.

The strength of our proposal lies in the common goal of one hundred (100) hospital partners, connecting to each other and the world with true 1,000 megabits (1 gigabit) of high speed bandwidth, to enable quality health care anywhere in the region. Never before have 100 hospitals agreed to connect to each other in this region. Never before have circuits of such speeds been available in remote areas of Iowa.

To achieve this goal, IRHTP will leverage the expertise of the Iowa Hospital Association (IHA) as a health care collaborator, the capability of the Iowa Communications Network (ICN) in administering telecommunications services, and the generosity of the Federal Communications Commission (FCC) in providing seed money. The goal is to use proven technology to connect one hundred (100) mostly rural hospitals, with 1,000 megabits of high speed Ethernet access, to a secure, dedicated, and financially sound network.

Parties Involved and Roles

- *100 hospitals*: Utilizes network access for telehealth services to improve health care in their communities. Each hospital will receive 1,000 megabit access through a buried fiber optic network, and will bear fifteen percent (15%) of individual cost.
- *Iowa Hospital Association (IHA)*: Leads the hospital collaboration and administers the proposal and procurement processes.
- *Iowa Communications Network (ICN) a State of Iowa owned common carrier*: Maintains and administers the new infrastructure once installed.



- *Federal Communications Commission (FCC)*: Provides eighty-five percent (85%) funding as seed money. Without seed money, this proposal cannot germinate.

Benefit and Cost Summary

The proposed healthcare network benefits Iowa patients, families and communities. The network will:

- Facilitate timely diagnosis and initiation of appropriate treatment or transfer of patients in rural Iowa communities.
- Facilitate rapid access to and transmission of diagnostic images and patient information between hospitals.
- Extend and improve terrorism and disaster preparedness and response through communication network interoperability between hospitals, Iowa Department of Public Health, and Iowa Homeland Security and Emergency Management.
- Provide the telecommunications foundation for a statewide deployment of electronic medical health, improving quality and patient safety.
- Support the viability of Iowa's rural hospitals, and the contribution those hospitals make to the economy of their rural communities.
- Enable future remote monitoring and care coordination for intensive care patients.

The result is high quality, secure health care access to 3 million Iowa residents, anywhere in the region, in any weather.

The proposed healthcare network expansion will cost approximately \$11.7 million. Of this, the consortium is requesting \$9.95 million, or 85 percent, be funded through the FCC. The remaining \$1.76 million, or 15 percent, is to be borne by the individual hospitals and through collaborative cost sharing. Costs include:

- \$7,704,050: last mile buried fiber connection for each hospital
- \$1,779,072: access electronics providing one (1) gigabit of bandwidth to each hospital
- \$2,221,510: core electronics for a dedicated, resilient ten (10) gigabit backbone.
- \$11,704,632: Total Cost

Proposal Features

Five (5) areas distinguish the IRHTP proposal:

1. ***Immediate results***. Our proposal can be implemented immediately after grant funding. Our needs assessment identifies in detail each part, process, and cost necessary for full implementation. The infrastructure to transport high speed services statewide is in place, and ready to accept one hundred (100) new health care locations. Internet2 service is also in place and ready to connect consortium members to any telemedicine application available on this nationwide backbone. The only steps remaining are to provide the last mile fiber connection for each of the collaborating hospitals and to implement new network electronics, providing a new dedicated, secure, statewide healthcare network.
2. ***Significant benefits***. Iowa's current telehealth activity is robust in hospitals that already possess high speed access. The next logical step is to connect smaller hospitals, especially in rural communities, to further enable telehealth and telemedicine collaboration. Upon

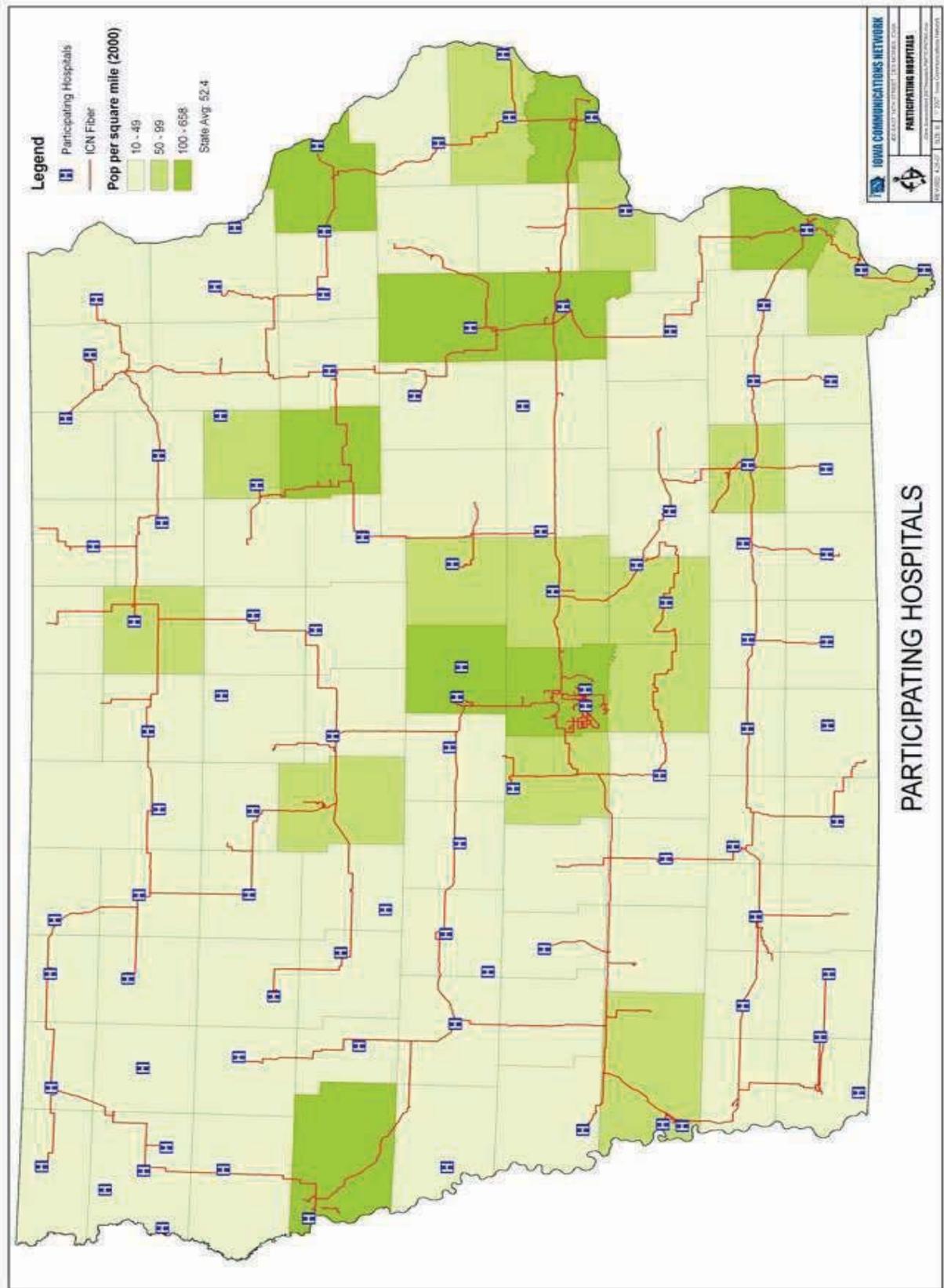


implementation, the consortium's proposal results in delivering on the promise of broadband by forming a statewide network connecting ninety-one percent (91%) of Iowa's rural hospitals to the remote resources they require. A comprehensive healthcare network, coupled with a uniform cost effective service and the elimination of bandwidth limitations will enable the delivery of vital telemedicine services regardless of a patient's location.

3. **Attainable goal.** A reasonable dedication of financial resources, building on existing infrastructure in a collaborative manner, is all that is required to attain the project goals. Our needs assessment indicates \$11.7 million is sufficient, with eighty-five percent (85%) seed money support, to complete the statewide network connecting one hundred (100) hospitals. The consortium will utilize current fiber assets and wavelengths to form a new dedicated ten (10) gigabit network using proven IP/MPLS and Ethernet technology.
4. **Sustainable program:** The Iowa Hospital Association (IHA) has a proven track record of building collaboration among Iowa hospitals. The Iowa Communications Network (ICN) has a proven track record of administering high-speed, low-cost telecommunications throughout the state. The ICN currently provides services to over forty (40) healthcare facilities in Iowa with on-network circuits providing some of the most cost effective telehealth services available in the state. By leveraging current organizations and infrastructure, the consortium has a very cost effective sustainable business model providing a uniform, non-mileage sensitive service throughout Iowa.
5. **Meets grant objectives and proposal requirements:** This proposal addresses each of the eleven (11) FCC docket requirements with additional details in the addendum. The consortium believes the goals of the proposed project closely align with the FCC's objectives to facilitate high-speed connections between hospitals to enable higher quality patient care for rural Americans, lower healthcare delivery costs, provide vital links for disaster preparedness and emergency response, and supply a conduit for a national electronic medical records system.

Conclusion

The Iowa consortium proposes to implement a dedicated, resilient, broadband network linking one hundred (100) hospitals to healthcare resources in the state and throughout the nation. This network will represent one of the largest public - private partnerships in the Midwest, and will improve the lives of Iowans. The proposed project will impact the viability of rural hospitals and the communities they serve by extending the important services the hospitals provide to patients, and the significant economic influence they have in their communities. The consortium respectfully asks the Federal Communications Commission to fully fund this proposal.





CRITERIA SECTION (1) - ORGANIZATION IDENTITY

1. **Introduction and background:** The Iowa Rural Health Telecommunications Program (IRHTP) is a voluntary consortium of ninety-seven (97) Iowa hospitals, one (1) Nebraska hospital, two (2) South Dakota hospitals and the Iowa Hospital Association (IHA). For the purpose of this program the IHA will be the organization legally and financially responsible for the conduct of activities supported by Federal Communications Commission funds.
 - a. The Iowa Rural Health Telecommunications Program (IRHTP) is comprised of public and non-profit hospitals that primarily serve rural areas. An Iowa workgroup with representatives from rural Iowa hospitals, the Iowa Hospital Association, several regional health networks, Midwest Rural Telemedicine Consortium, the Iowa Department of Public Health and the Iowa Communications Network, have been meeting since November 2006 to assess and formulate a statewide program to connect willing Iowa hospitals to a single broadband network. The IRHTP has performed a needs assessment for rural hospitals in Iowa and constructed a plan to leverage existing technology and assets to adopt the most efficient and cost effective means of connecting each hospital to a broadband network. This highly sustainable model will deliver broadband connections that can be used immediately by Iowa hospitals. The consortium has coordinated its efforts with other regional broadband networks including HUBNet and Sanford Communications and Collaboration Channels. IRHTP will continue to collaborate with healthcare systems and consortiums to enhance healthcare services in the upper Midwest region.
 - b. The Iowa Hospital Association (IHA) is a voluntary institutional membership organization representing hospital and health system interests to business, government and consumer audiences. IHA informs and helps shape health policy; fosters new forms of health care delivery; gathers and analyzes clinical utilization and financial data and monitors health care payment systems. Currently, all one hundred seventeen (117) short-term acute care Iowa hospitals are members of IHA.
 - IHA is a voluntary (501-c (6)) nonprofit corporation that exists to serve the public by serving hospitals and integrated health systems. The association and its membership are bonded by a common goal – the promotion, attainment and maintenance of the health and well-being of Iowa people and communities.
 - The mission of IHA is to represent Iowa hospitals and support them in achieving their missions and goals. IHA’s vision is to be Iowa’s most trusted, respected and influential leader in health policy and advocacy as well as a valued resource for information and education. The IHA works with member hospitals to improve delivery, organization and management of health care services.
 - IHA has two subsidiary corporations: The Iowa Hospital Education and Research Foundation (IHERF) and ServiShare of Iowa, Inc. (SSI). IHERF is the Association’s research and educational foundation. IHERF is a charitable non-profit entity which is exempt from federal income tax under section 501(c)(3) of the IRS Code. ServiShare is the Iowa Hospital Association’s not-for-profit, taxable subsidiary which provides an array of fee supported



programs including, insurance products and a group purchasing program for IHA members.

- c. The Iowa Communications Network (ICN) is Iowa's state owned fiber network that covers all 99 counties delivering data services, high-speed Internet, voice service, and video meetings for people in education, health care, public safety, homeland security, and other government agencies. The ICN is recognized as a common carrier and provides services to authorized users over a restricted access network. For over 12 years, the ICN's 3,000 miles of buried fiber, redundant network backbone, and its 24 hour Network Operations Service (NOC) have provided secure, reliable access during inclement weather, natural disasters, and crisis scenario training. Through partnership the ICN brings live full motion video to 773 classrooms around Iowa, located in schools, armories, libraries, hospitals, and federal and state government offices.

The ICN currently provides video conferencing and data networking services for Iowa Homeland Security Emergency Management Division (HSEMD) and its State Emergency Operations Center. Iowa is in the midst of a planning process for statewide radio interoperability. The early interoperability design assumptions include using the ICN as an interconnect medium for a statewide trunked land mobile radio system serving all political sub-divisions. The consultant's first report is due June 2007. The ICN also provides services for the Iowa Department of Public Health and its Health Alert Network (HAN). The HAN provides Iowa's hospitals and county public health offices a statewide trunked radio system that is fully integrated into the State Emergency Operations Center and interoperable with eight other state agencies on a selective basis. HAN also provides an automated notification system and collaborative tools for use during emergency events. Please see Appendix D for further detail.

2. **Iowa Rural Health Telecommunications Program Objectivity:** The IRHTP will be competitively neutral (not favoring one provider or technology over another), technically feasible (not requiring development of new technology), and economically feasible. The RFP process will allow the consortium to receive competitive offers for fiber facilities from independent phone companies, local exchange carriers, cable operators, municipalities, and others. These competitive offers will be weighed against installing a new last mile fiber connection from each hospital to the fiber backbone. The RFP process coupled with leveraging the State of Iowa's current networking assets will ensure an economically reasonable statewide healthcare network.



CRITERIA SECTION (2) - GOALS AND OBJECTIVES

The purpose of the IRHTP program is to improve equity, access, quality, security and efficiency of medical services in rural Iowa through the use of various telehealth and telemedicine applications. IRHTP's vision is to have all Iowa hospitals connected to a secure, resilient broadband network with Internet2 access by 2010. This state wide healthcare network will provide a cost effective Ethernet service and up to one (1) gigabit of capacity to each site.

The IRHTP has organized the program according to five (5) values:

- Equity
- Access
- Quality
- Security
- Efficiency.

The IRHTP will demonstrate how this fiber optic network will be used to provide improved healthcare services and extend the successful track record of telecommunications use by implementing a statewide broadband fiber network with ninety-seven (97) Iowa hospitals, one (1) Nebraska hospital and two (2) South Dakota hospitals.

1. Iowa Rural Health Telecommunications Program Goals

EQUITY

- a. By 2010, connect all Iowa hospitals to a secure, reliable broadband network with Internet2 connectivity.
- b. Provide hospitals will use the increased bandwidth for applications of their choosing.
- c. Introduce user choice in rural area(s) that may not have cost effective broadband service.

ACCESS

- a. Improve access to quality medical service in rural Iowa through the use of various telemedicine applications using an Iowa broadband network.
- b. Improve access to and availability of clinical and administrative information and education programming.
- c. Improve connectivity of Iowa hospitals with parent health systems located in surrounding states.

QUALITY

- a. Provide more timely diagnosis and initiation of appropriate treatment or transfer of patients in rural Iowa communities.
- b. Provide rapid access to, and transmission of, patient data and information between Iowa hospitals improving coordination and quality of patient care.
- c. Facilitate reporting of clinical quality data to various local, state and federal government agencies and payers.



SECURITY

- a. Improve terrorism and disaster preparedness and response through communication interoperability and redundancy with Iowa Homeland Security and Emergency Management and the Iowa Department of Public Health.
- b. Provide telecommunications backup/redundancy in a disaster or public health emergency.

EFFICIENCY

- a. Leverage current, proven State of Iowa assets, to extend broadband service to rural hospital throughout Iowa.
- b. Utilize current Internet2 services to provide regional and national healthcare connections.
- c. Continue and extend collaboration with Iowa Homeland Security and Emergency Management to include on-network connections.

2. Iowa Rural Health Telecommunications Program Objectives:

- a. Solicit bids and award contracts for:
 - i. Network connectivity and final design studies.
 - ii. Installation of fiber optic cable from the community endpoint to the hospital and acquisition and installation of endpoint equipment.
 - iii. Installation of core electronics creating a ten (10) gigabit dedicated resilient network backbone.
 - iv. Conduct and complete hospital connectivity design and cost studies.
- b. Finalize the project costs to include:
 - i. Fiber installation (estimated at \$7,704,050)
 - ii. Access network electronics (estimated at \$1,779,072)
 - iii. Core network electronics (estimated at \$2,221,510)
 - iv. Identify required changes to hospital routers and or firewalls to ensure appropriate access in each location
 - v. Network design, system architecture, and connectivity costs
 - vi. Program administrative costs (including project manager and funds accounting)
 - vii. Identify specific data service to install and associated hospital operational fees
- c. Complete fiber installation to include: install access edge, aggregation, and core network electronics.
- d. Meet with hospital to design required data services.
- e. Turn up circuits connecting each hospital to services and resources requested.
- f. Continue to demonstrate sustainability of the network.
- g. Identify best practice applications.
- h. Assist Iowa hospitals as they seek ways to improve access to telemedicine and telehealth programs/applications through use of the dedicated network.
- i. Work with neighboring state health system(s) to identify and install the most efficient and effective method of connecting their Iowa hospital(s) within the multi-state network(s).
- j. Identify and secure other sources of funding to cover the portion of the project not covered by the FCC Pilot funds.



k. Identify strategies to include other healthcare providers.

3. Additional telecommunications benefits for hospitals:

- Reduce ongoing communications costs for hospitals through consolidation of existing telecommunications lines.
- Improve flexibility in the use of network capacity (bandwidth) by individual hospital based on need.
- Improve communication interoperability between federal, state and local government, first responders and Iowa hospitals.
- Provide new access options to the Internet and Internet2
- Increased bandwidth (up to 1 gigabit) for future telehealth and telemedicine applications.



CRITERIA SECTION (3) - TOTAL COST FOR EACH YEAR

To enable higher quality patient care, facilitate the deployment of new applications, and provide an efficient communications conduit IRHTP proposes deploying a dedicated, resilient, high capacity statewide network connecting rural and urban hospitals. Systems were designed and detailed cost estimates were created to connect each of the one hundred (100) consortium members to the network through a statewide needs analysis process. Network cost modules include “last mile” fiber installation, edge network electronics, aggregation network systems and core network electronics. A summary of each of these modules as related to Iowa program costs, costs per program year and costs based on an FCC funding level of eighty-five percent (85%) are as follows:

Overall Iowa Program Costs			
Fiber Construction	Edge/Aggregation Electronics	Core Net Electronics	Project Total
\$7,704,050	\$1,779,072	\$2,221,510	\$11,704,632

Cost per Program Year			
FY 2008			
Fiber Construction	Edge/Aggregation Electronics	Core Net Electronics	Total FY 2008
\$3,802,650	\$330,376	\$2,221,510	\$6,354,563
FY 2009			
Fiber Construction	Edge/Aggregation Electronics	Core Net Electronics	Total FY 2009
\$3,901,700	\$1,448,696	\$0	\$5,350,096

Cost Allocation by Funding Source			
Pilot Project Funds - 85%			
Fiber Construction	Edge/Aggregation Electronics	Core Net Electronics	Total Funding
\$6,548,443	\$1,512,211	\$1,888,284	\$9,948,937
Consortium Funds - 15%			
Fiber Construction	Edge/Aggregation Electronics	Core Net Electronics	Total Funding
\$1,155,607	\$266,861	\$333,226	\$1,755,695

- 1. Network Design:** The proposed network design assumes a fiber build-out from the rural healthcare providers’ facilities to the carrier’s closest appropriate Point of Presence (POP). An Ethernet/MPLS edge device will provide a one (1) gigabit trunk from the hospital to the carriers closest POP. At the carrier POP the optical signal is converted to an ITU grid compatible wavelength and multiplexed onto a Course Wave Division Multiplexing (CWDM) transport network. The CWDM wavelength services may connect directly to an aggregation



site or may pass through multiple regeneration sites prior to terminating at one of nineteen (19) major switching sites. At the switch site, all CWDM traffic is de-multiplexed and terminated on an MPLS core/aggregation switch. The MPLS device aggregates all data flows and tunnels data as appropriate through ten (10) gigabit MPLS trunks. Optics for each ten (10) gigabit trunk forms the signal into an ITU grid compatible Dense Wave Division Multiplexing (DWDM) wavelength for transmission. Each of the nineteen (19) MPLS core/aggregation sites are then interconnected via an existing DWDM infrastructure to form a resilient statewide backbone. Please see Appendix A (Regional Maps) and B (Detailed Project Plan) for further network design details.

2. **Network Services:** Each hospital will be provided a minimum one (1) gigabit network uplink to meet current and future application requirements. Available connections will include multiple 10/100/1000 Ethernet ports and at least one T-1 interface for H.320 video conferencing requirements. Initially the MPLS network will provide a Virtual Leased Line (VLL) service and in some cases a Virtual Private LAN Service (VPLS) to each of the consortium's hospitals. Future enhancements may include IP VPNs and a statewide healthcare Intranet to gain further bandwidth efficiencies.
3. **Hospital Capital Costs:** As expected the "last mile" fiber build-out cost is the most expensive component of the consortium's proposal. Median fiber construction cost for the 100 sites is expected to be \$51,250 with four of the ninety-five (95) sites having costs in excess of \$330,000 each or an aggregate cost of \$2.023 million. The IRHTP will be searching for creative solutions and partnerships during the RFP process to mitigate the disproportionate financial burden these last mile connections may place on each consortium member. The IRHTP members understand that at least fifteen percent (15%) of the project construction costs will have to be covered by other sources of funding.

Two hospitals in South Dakota and one hospital in Nebraska are members of this consortium. At this time the consortium has not requested funding for fiber connections to the hospitals in Sioux Falls, South Dakota. The consortium will continue to pursue cost effective collaborative means to connect these hospitals to the IRHTP network.

Other additional unfunded costs (to be paid with non-FCC funds) include general administrative costs, development and program administrative costs, and any indirect expenses. Additionally, hospitals may need to upgrade or purchase new routers to provide the additional Ethernet interfaces for connection to the new dedicated healthcare network. Router upgrades are estimated at \$500 to \$2,000 depending on the age of existing equipment. The IRHTP is not requesting funding for router upgrades as part of this network infrastructure application.

4. **Hospital Operational Costs:** The cost of maintaining the new last mile fiber connections, network electronics, co-location fees and wavelength service fees will be covered by standardized monthly connection and bandwidth fees. Monthly fees could be offset by the consolidation of network services, centralization of data networking resources or new healthcare services enabled by a cost effective high bandwidth network.







CRITERIA SECTION (4) FOR-PROFIT PARTICIPATION

Currently, Iowa does not have any for-profit short term acute care hospitals. All Iowa hospitals are private, not-for-profit, or publicly held organizations. However, the consortium would not exclude for-profit facilities from participating in the telecommunications network. These for-profit organizations would have to fund one hundred percent (100%) of their Telecommunications installation cost.

CRITERIA SECTION (5) SOURCES FOR UNCOVERED FUNDS

Each participating hospital in this program understands that at least fifteen (15) percent of the cost to establish the broadband network will have to be self-funded. The hospitals listed in the application understand potential cost liabilities and have voluntarily elected to participate. The Iowa Hospital Association and other organizations across the state will continue to seek funding from other sources that could assist in the unfunded portion of this project. These funding sources could include, but are not limited to, the US Department of Agriculture, Iowa Department of Economic Development, Iowa Department of Homeland Security and Emergency Management, state appropriations and private grant opportunities.



CRITERIA SECTION (6) PARTICIPATING HEALTH CARE FACILITIES

The following comprehensive list includes consortium members from rural and urban Iowa hospitals along with urban hospitals in Nebraska and South Dakota.

Participating Healthcare Facilities

MARY GREELEY MEDICAL CENTER
MONROE COUNTY HOSPITAL
KOSSUTH REGIONAL HEALTH CENTER
AUDUBON COUNTY MEMORIAL HOSPITAL
BELMOND MEDICAL CENTER
DAVIS COUNTY HOSPITAL
BOONE COUNTY HOSPITAL
HANCOCK COUNTY MEMORIAL HOSPITAL
ST ANTHONY REGIONAL HOSPITAL
MERCY MEDICAL CENTER-CEDAR RAPIDS
MERCY MEDICAL CENTER-CENTERVILLE
LUCAS COUNTY HEALTH CENTER
FLOYD COUNTY MEMORIAL HOSPITAL
CHEROKEE REGIONAL MEDICAL CENTER
CLARINDA REGIONAL HEALTH CENTER
MERCY MEDICAL CENTER-CLINTON
ALEGENT HEALTH
MERCY HOSPITAL - CORNING
WAYNE COUNTY HOSPITAL
ALEGENT HEALTH-MERCY
HOSPITAL – COUNCIL BLUFFS
JENNIE EDMUNDSON HOSPITAL
REGIONAL HEALTH
SERVICES OF HOWARD COUNTY
GREATER REGIONAL MEDICAL CENTER
GENESIS MEDICAL CENTER
WINNESHIEK MEDICAL CENTER
CRAWFORD COUNTY MEMORIAL HOSPITAL
MERCY MEDICAL CENTER-DES MOINES
MERCY MEDICAL CENTER-MERCY CAPITOL
GENESIS MEDICAL CENTER-DEWITT
MERCY MEDICAL CENTER-DUBUQUE
MERCY MEDICAL CENTER – DYERSVILLE
CENTRAL COMMUNITY HOSPITAL
PALO ALTO COUNTY HEALTH SYSTEM
AVERA HOLY FAMILY HEALTH

JEFFERSON COUNTY HOSPITAL
FORT MADISON COMMUNITY HOSPITAL
ADAIR COUNTY MEMORIAL HOSPITAL
GRINNELL REGIONAL MEDICAL CENTER
GRUNDY COUNTY MEMORIAL HOSPITAL
GUTTENBERG MUNICIPAL HOSPITAL
GRAPE COMMUNITY HOSPITAL
FRANKLIN GENERAL HOSPITAL
HAWARDEN COMMUNITY HOSPITAL
HUMBOLDT COUNTY MEMORIAL HOSPITAL
HORN MEMORIAL HOSPITAL
BUCHANAN COUNTY HEALTH CENTER
UNIVERSITY OF IOWA HOSPITALS & CLINICS
ELLSWORTH MUNICIPAL HOSPITAL
GREENE COUNTY MEDICAL CENTER
KEOKUK AREA HOSPITAL
VAN BUREN COUNTY HOSPITAL
KNOXVILLE HOSPITAL & CLINICS
STEWART MEMORIAL
COMMUNITY HOSPITAL
FLOYD VALLEY HOSPITAL
DECATUR COUNTY HOSPITAL
REGIONAL MEDICAL CENTER
MANNING REGIONAL HEALTHCARE CENTER
JACKSON COUNTY
REGIONAL HEALTH CENTER
MARENGO MEMORIAL HOSPITAL
MARSHALLTOWN
MEDICAL & SURGICAL CENTER
MERCY MEDICAL CENTER-NORTH IOWA
ALEGENT HEALTH
COMMUNITY MEMORIAL HOSPITAL
RINGGOLD COUNTY HOSPITAL
HENRY COUNTY HEALTH CENTER
UNITY HEALTHCARE
STORY COUNTY MEDICAL CENTER



MERCY MEDICAL CENTER-NEW HAMPTON
SKIFF MEDICAL CENTER
BURGESS HEALTH CENTER
ORANGE CITY AREA HEALTH SYSTEM
MITCHELL COUNTY REGIONAL HEALTH CENTER
CLARKE COUNTY HOSPITAL
MAHASKA HEALTH PARTNERSHIP
OTTUMWA REGIONAL HEALTH CENTER
PELLA REGIONAL HEALTH CENTER
DALLAS COUNTY HOSPITAL
POCAHONTAS COMMUNITY HOSPITAL
BAUM HARMON MERCY HOSPITAL
MONTGOMERY COUNTY MEMORIAL HOSPITAL
MERRILL PIONEER COMMUNITY HOSPITAL
HEGG MEMORIAL HEALTH CENTER
SANFORD SHELDON MEDICAL CENTER
LORING HOSPITAL
SHENANDOAH MEDICAL CENTER

OSCEOLA COMMUNITY HOSPITAL
SIOUX CENTER COMMUNITY HOSPITAL & HEALTH CENTER
MERCY MEDICAL CENTER-SIOUX CITY
SPENCER HOSPITAL
LAKES REGIONAL HEALTHCARE
BUENA VISTA REGIONAL MEDICAL CENTER
COMMUNITY MEMORIAL HOSPITAL
VIRGINIA GAY HOSPITAL
GREAT RIVER MEDICAL CENTER
WASHINGTON COUNTY HOSPITAL & CLINICS
VETERANS MEMORIAL HOSPITAL
WAVERLY HEALTH CENTER
HAMILTON HOSPITAL
MADISON COUNTY HEALTH CARE SYSTEM
NEBRASKA METHODIST HOSPITAL
AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER
SANFORD MEDICAL CENTER





CRITERIA SECTION (7) ADDRESSES, ZIP CODE, RURAL URBAN COMMUNTING AREA AND PHONE NUMBER

The following consortium members represent both independent and affiliated hospitals. Affiliated hospitals represent ten (10) healthcare networks from Iowa, Nebraska and South Dakota.

Facility Name	Address	City	St.	Zip	Phone	RUCA
Mary Greeley Medical Center	1111 Duff Ave	Ames	IA	50010	515-239-2011	1
Monroe County Hospital	6580 165th St	Albia	IA	52531	641-932-2134	7
Kossuth Regional Health Center	1515 S. Phillips St	Algona	IA	50511	515-295-2451	7
Audubon County Memorial Hospital	515 Pacific St	Audubon	IA	50025	712-563-2611	10
Belmond Medical Center	403 1 st St SE	Belmond	IA	50421	641-444-3223	10
Davis County Hospital	507 North Madison	Bloomfield	IA	52537	641-664-2145	10.5
Boone County Hospital	1015 Union St	Boone	IA	50036	515-432-3140	4.2
Hancock County Memorial Hospital	532 1 st St NW	Britt	IA	50423	641-843-5000	10.6
St Anthony Regional Hospital	311 S. Clark	Carroll	IA	51401	712-792-3581	7
Mercy Medical Center – Cedar Rapids	701 10th St SE	Cedar Rapids	IA	52403	319-398-6011	1
Mercy Medical Center – Centerville	One St. Joseph's Dr.	Centerville	IA	52544	641-437-4111	7
Lucas County Health Center	1200 N. 7th St	Chariton	IA	50049	641-774-3000	7
Floyd County Memorial Hospital	700 11th St	Charles City	IA	50616	515-228-6230	7
Cherokee Regional Medical Center	300 Sioux Valley Drive	Cherokee	IA	51012	712-225-5101	7
Clarinda Regional Health Center	823 South 17th St, PO Box 217	Clarinda	IA	51632	712-542-2176	7
Mercy Medical Center-Clinton	1410 N. Fourth St	Clinton	IA	52732	563-244-5555	4
Alegent Health Mercy Hospital	603 Rosary Drive	Corning	IA	50841	641-322-3121	10
Wayne County Hospital	417 S. East St	Corydon	IA	50060	641-872-2260	10
Alegent Health-Mercy Hospital	800 Mercy Drive	Council Bluffs	IA	51503	712-328-5000	1
Jennie Edmundson Hospital	933 East Pierce St	Council Bluffs	IA	51503	712-396-6000	1
Regional Health Services of Howard County	235 Eight Ave West	Cresco	IA	52136	563-547-2101	7
Greater Regional Medical Center	1700 W. Townline St	Creston	IA	50801	641-782-7091	7
Genesis Medical Center	1227 East Rusholme St	Davenport	IA	52803	563-421-1000	1
Winneshiek Medical Center	901 Montgomery St	Decorah	IA	52101	563-382-2911	7
Crawford County Memorial Hospital	2020 First Ave South	Denison	IA	51442	712-263-5021	7
Mercy Medical Center – Des Moines	603 East 12th St	Des Moines	IA	50309	515-243-2584	1



Facility Name	Address	City	St.	Zip	Phone	RUCA
Mercy Medical Center – Mercy Capitol	1111 Sixth Ave	Des Moines	IA	50314	515-247-3121	1
Genesis Medical Center – Dewitt	1118 11 th St	DeWitt	IA	52742	563-659-4200	7.3
Mercy Medical Center – Dubuque	250 Mercy Drive	Dubuque	IA	52001	563-589-8000	1
Mercy Medical Center – Dyersville	1111 3rd St SW	Dyersville	IA	52040	563-875-7101	7.3
Central Community Hospital	901 Davidson St NW	Elkader	IA	52043	563-245-7000	10
Palo Alto County Health System	3201 First St	Emmetsburg	IA	50536	712-852-5500	7
Avera Holy Family Health	826 North Eighth St	Estherville	IA	51334	712-362-2631	7.4
Jefferson County Hospital	400 Highland Ave	Fairfield	IA	52556	64-472-4111	7
Fort Madison Community Hospital	5445 Avenue O	Fort Madison	IA	52627	319-376-2250	4
Adair County Memorial Hospital	609 S. E. Kent	Greenfield	IA	50849	641-743-2123	10
Grinnell Regional Medical Center	210 Fourth Ave	Grinnell	IA	50112	641-236-7511	7
Grundy County Memorial Hospital	201 East J Ave	Grundy Center	IA	50638	319-824-5421	10
Guttenberg Municipal Hospital	2nd and Main St PO Box 550	Guttenberg	IA	52052	563-252-1121	10
Grape Community Hospital	2959 Highway 275	Hamburg	IA	51640	712-382-1515	10.4
Franklin General Hospital	1720 Central Ave	Hampton	IA	50441	641-465-5000	7
Hawarden Community Hospital	1111 11th St	Hawarden	IA	51023	712-551-3100	10.6
Humboldt County Memorial Hospital	1000 North 15th St	Humboldt	IA	50548	515-332-4200	7.4
Horn Memorial Hospital	701 East Second St	Ida Grove	IA	51445	712-364-3311	10
Buchanan County Health Center	1600 First St East	Independence	IA	50644	319-334-6071	7.3
University of Iowa Hospitals & Clinics	200 Hawkins Drive	Iowa City	IA	52242	319-356-3945	1
Ellsworth Municipal Hospital	100 Rockslvania Ave	Iowa Falls	IA	50126	641-648-4631	7
Greene County Medical Center	1000 West Lincoln Way	Jefferson	IA	50129	515-386-2114	7
Keokuk Area Hospital	1600 Morgan St	Keokuk	IA	52632	319-524-5317	4
Van Buren County Hospital	304 Franklin St, Box 70	Keosauqua	IA	52565	319-293-3171	10.6
Knoxville Hospital & Clinics	1002 South Lincoln St	Knoxville	IA	50138	641.842.2151	7.3
Stewart Memorial Community Hospital	1301 West Main St	Lake City	IA	51449	712-464-3171	10.6
Floyd Valley Hospital	714 Lincoln St NE, Hwy 3 East	Le Mars	IA	51031	712-546-7871	7.3
Decatur County Hospital	1405 NW Church St	Leon	IA	50144	641-446-4871	10.6
Regional Medical Center	709 West Main St	Manchester	IA	52057	563-927-3232	7
Manning Regional Healthcare Center	410 Main St	Manning	IA	51455	712-655-2072	10.6



Facility Name	Address	City	St.	Zip	Phone	RUCA
Jackson County Regional Health Center	700 West Grove St	Maquoketa	IA	52060	563-652-2474	7
Marengo Memorial Hospital	300 West May St	Marengo	IA	52301	319-642-5543	10.4
Marshalltown Medical & Surgical Center	3 South 4th Ave	Marshalltown	IA	50158	641-754-5181	4
Mercy Medical Center – North Iowa	1000 Fourth St SW	Mason City	IA	50401	641-422-7000	4
Alegent Health Community Memorial Hospital	631 North 8th St	Missouri Valley	IA	51555	712-642-2784	7.1
Ringgold County Hospital	211 Shellway Drive	Mount Ayr	IA	50854	641-464-3226	10
Henry County Health Center	407 South White	Mount Pleasant	IA	52641	319-385-3141	7
Unity HealthCare	1518 Mulberry Ave	Muscatine	IA	52761	563-264-9100	4
Story County Medical Center	630 Sixth St	Nevada	IA	50201	515-382-2111	2
Mercy Medical Center – New Hampton	308 North Maple Ave	New Hampton	IA	50659	641-34-4121	7
Skiff Medical Center	204 North Fourth Ave East PO Box 1006	Newton	IA	50208	641-792-1273	4
Burgess Health Center	1600 Diamond St	Onawa	IA	51040	712-423-2311	7.3
Orange City Area Health System	1000 Lincoln Circle SE	Orange City	IA	51041	712-737-5225	7
Mitchell County Regional Health Center	616 North Eighth St	Osage	IA	50461	641-732-6000	7.4
Clarke County Hospital	800 South Fillmore	Osceloa	IA	50213	641-342-2184	7.3
Mahaska Health Partnership	1229 C Ave East	Oskaloosa	IA	52577	641-672-3100	4
Ottumwa Regional Health Center	1001 Pennsylvania Ave	Ottumwa	IA	52501	641-684-2300	4
Pella Regional Health Center	404 Jefferson	Pella	IA	50219	641-628-3150	7
Dallas County Hospital	610 Tenth St	Perry	IA	50220	515-465-3547	7.3
Pocahontas Community Hospital	606 NW Seventh St	Pocahontas	IA	50574	712-335-3501	10
Baum Harmon Mercy Hospital	255 North Welch Ave	Primghar	IA	51245	712-957-2300	10.6
Montgomery County Memorial Hospital	2301 Eastern Ave	Red Oak	IA	51566	712-623-7000	7
Merrill Pioneer Community Hospital	801 South Greene St	Rock Rapids	IA	51246	712-472-2591	10.4
Hegg Memorial Health Center	1202 21st Ave	Rock Valley	IA	51247	712-476-8000	7
Loring Hospital	211 Highland Ave	Sac City	IA	50583	712-662-7105	10
Sanford Sheldon Medical Center	118 North 7th Ave	Sheldon	IA	51201	712-324-5041	7
Shenandoah Medical Center	300 Pershing Ave	Shenandoah	IA	51601	712-246-1230	7
Osceola Community Hospital	Ninth Ave North	Sibley	IA	51249	712-754-2574	7
Sioux Center Community Hospital & Health Center	605 South Main Ave	Sioux Center	IA	51250	712-7221271	7
Mercy Medical Center – Sioux City	801 Fifth St	Sioux City	IA	51102	712-279-2010	1
Spencer Hospital	1200 First Ave East	Spencer	IA	51301	712-264-6198	4
Lakes Regional Healthcare	2301 Hwy 71 PO Box AB	Spirit Lake	IA	51360	712-336-1230	4



Facility Name	Address	City	St.	Zip	Phone	RUCA
Buena Vista Regional Medical Center	1525 West Fifth St	Storm Lake	IA	50588	712-732-4030	4
Community Memorial Hospital	909 West First St	Sumner	IA	50674	563-578-3275	10
Virginia Gay Hospital	502 North Ninth Ave	Vinton	IA	52349	319-472-6200	7.3
Great River Medical Center	1221 South Gear Ave	W. Burlington	IA	52655	319-768-1000	4
Washington County Hospital & Clinics	400 East Polk St	Washington	IA	52353	319-653-5481	7.3
Veterans Memorial Hospital	40 First Ave SE	Waukon	IA	52172	563-568-3411	7
Waverly Health Center	312 Ninth St SW	Waverly	IA	50677	319-352-4120	7.3
Hamilton Hospital	800 Ohio St	Webster City	IA	50595	515-832-9400	7
Madison County Health Care System	300 West Hutchings St	Winterset	IA	50273	515-462-2373	7.1
Nebraska Methodist Hospital	8303 Dodge St	Omaha	NE	68114	402-354-4000	1
Avera McKennan Hospital & Univ Health Center	800 East 21 st St	Sioux Falls	SD	57117	605-322-8000	1
Sanford Medical Center	1305 West 18 th St	Sioux Falls	SD	57105	605-571-1750	1

Other state and federal hospitals may benefit from connecting to the network in the future. Currently three Veterans Administration hospitals, four state mental health hospitals and the Department of Corrections are on-network with the ICN. In order to fully participate with consortium members, these facilities can either be bridged from the current ATM/SONET network to the new broadband network or the last mile access could be upgraded. The ICN also has facilities to a separate private Iowa healthcare network connecting seven (7) urban hospitals in the health system.



CRITERIA SECTION (8) PREVIOUS EXPERIENCE IN DEVELOPMENT AND MANAGEMENT OF TELEMEDICINE

The Iowa Rural Health Telecommunications Program will enhance the previous experiences that several organizations across the state already demonstrate. This application provides examples of current telehealth applications in the state. Below is a listing of current functional uses for the organizations listed in this application.

Current uses of telecommunications in Iowa

Teleradiology	54
Video Conferencing	68
Telemedicine	37

Example A – See below how one urban, regional organization (University of Iowa Hospital and Clinics) has partnered with its regional rural organizations to provide better equity, access, quality, security and efficiency in the state of Iowa.

Activity Name	Activity Description	Sites Linked
Pediatric Patient Educational Support	Videoconferencing over IP connections to the patient's classroom to keep the patient connected during extended hospital stays in conjunction with Patient Library and Educational Services.	Locations determined by need
Neonatology Staff Support	With the hiring of on-site residents at the Genesis Medical Center, Davenport Iowa, the Department of Neonatology installed videoconferencing systems in urban clinic and at the staff room in Davenport. Grand Rounds and patient cases are studied across the encrypted connection.	Genesis Medical Center, Davenport
Pediatric Echo-cardiology	Provide on-going support for the Pediatric telemedicine project begun under NLM II. Perform system troubleshooting for equipment located in urban pediatric clinic.	Genesis Medical Center, Davenport
		Mercy Medical Center, Dubuque
		Mercy Medical Center, Mason City
		Covenant Medical Center, Waterloo
		Ottumwa Regional Health Center
		St. Lukes Hospital, Cedar Rapids
		Great River Medical Center, Burlington (future)
Clinical Outreach Telemedicine Support	Support for the activities of the Clinical Outreach telemedicine services to remote clinics and correctional facilities. This involves troubleshooting connection and equipment problems and provides technical support for new initiatives in telemedicine. Clinical practices include Urology, Cardiology, Orthopedics, and Virology. Otolaryngology is a future addition.	Anamosa Correctional Facility
		Clarinda Correctional Facility
		Ft. Dodge Correctional Facility
		Iowa State Penitentiary
		Iowa Correctional Institution for Women
		Mt. Pleasant Correctional Facility
		Newton Correctional Facility
		Iowa Medical and Classification Center
		North Central Correctional Facility



Activity Name	Activity Description	Sites Linked
Dialysis Clinic Videoconferencing with Remote Sites	In conjunction with Clinical Outreach: Prepare budgetary figures for Dialysis Clinic for installations to support videoconferencing at their three remote clinics; include equipment necessary to link with UIHC; also include necessary peripheral devices as requested.	Grinnell UIHC Dialysis Clinic
		Washington UIHC Dialysis Clinic
		Muscatine UIHC Dialysis Clinic (future)
Cardiology Clinical Services	Trial program with the UIHC Department of Cardiology and Clinical Outreach to extend the University of Iowa Hospital and Clinic's (UIHC) to remote sites connected through the UIHC WAN.	UIHC Clinic, Marengo
		UIHC Clinic, Sigourney

Example B – See below how one group of hospitals (Midwest Rural Telemedicine Consortium) joined together in a network, in both rural and urban settings, has demonstrated the use of Telecommunications in many applications to improve the equity, access, quality, security and efficiency in the participating hospitals.

Activity Name	Activity Description	Sites Linked
Distance Learning	Provide access for health professionals to a wide array of health related topics through medical grand rounds, specialty grand rounds in the areas of geriatrics, pediatrics, and trauma, conferences related to bioterrorism and homeland security, courses for continuing education credit and college credit. These educational opportunities originate from Iowa hospitals, colleges and universities, state departments and federal agencies such as Centers for Disease Control.	Adair County Memorial Hospital
		Audubon County Memorial Hospital
		Belmond Medical Center
		Clarinda Regional Health Center
		Davis County Hospital
		Decatur County Hospital
		Ellsworth Municipal Hospital
		Floyd County Memorial Hospital
		Franklin General Hospital
		Hancock County Memorial Hospital
		Kossuth Regional Health Center
		Manning Regional Healthcare Center
		Marshalltown Medical & Surgical Center
		Mercy College of Health Sciences
		Mercy Medical Center – Centerville
		Mercy Medical Center – Des Moines
		Mercy Medical Center - Capitol
		Mercy Medical Center – New Hampton
		Mercy Medical Center – North Iowa
		Mitchell County Regional Health Center
Palo Alto County Hospital		
Regional Health Services of Howard County		
Ringgold County Hospital		
Story County Medical Center		
Wayne County Hospital		



Activity Name	Activity Description	Sites Linked
Dermatology Clinic	Interactive video sessions scheduled in rural locations allowing patients to see the dermatologist without leaving their community. To be expanded to additional sites.	Audubon County Memorial Hospital Manning Regional Healthcare Center
Language Interpretation	Offers access to language interpretation for deaf and hard of hearing patients. Certified staff. Interpreter training sessions offered.	Mercy Medical Center – Des Moines Hancock County Memorial Hospital Mercy Medical Center – North Iowa Mercy Medical Center – Sioux City Locations determined by need
Kailo Breaks	Wellness initiative that supports the health and well-being of colleagues	Belmond Medical Center Ellsworth Municipal Hospital Franklin General Hospital Hancock County Memorial Hospital Kossuth Regional Health Center Mercy Medical Center – New Hampton Mercy Medical Center – North Iowa Mitchell County Regional Health Center Palo Alto County Hospital Regional Health Services of Howard County
Tele-consultation	Interactive video consultations in the following specialty areas and are available on a request-by-request basis: burn, cardiology, dermatology, endocrinology, ENT, gastroenterology, general surgery, infectious disease, neonatology, nephrology, neurology, obstetrics, oncology, orthopedics, pain management, pathology, plastic surgery, psychiatry, pulmonology, radiology, thoracic surgery, vascular surgery, neurosurgery	Locations determined by need
Adult Echo - cardiology	Provides rapid transport for cardiac studies reducing the time needed to receive a diagnosis	Davis County Hospital Mercy Medical Center – Des Moines
Tele-dialysis Visits	Offers support for managing patients on dialysis. Potential opportunity exists for extending service to other sites.	Ringgold County Hospital Wayne County Hospital Mercy Medical Center – Des Moines

Potential Hospital Applications for All Participants

- Transmission of large sets of data/information (example: electronic medical record)
- Rapid (minutes versus hours) transmission of large clinical imaging files through:
 - Teleradiology/regional PACS systems
 - Mobile and fixed imaging applications
 - Remote pathology readings and diagnosis
 - Tele-pharmacy applications
- Telemedicine consulting via video-conferencing (doctor to patient) in areas of:
 - Specialty consultations
 - Emergency Department, psychiatric and stroke evaluations
 - Remote monitoring of ICU patients



- Communication with voice over IP (telephone system with centralized PBX)
- Education for:
 - Administrative staff (example: trustee educational programming and administrative meetings)
 - Clinical staff (example: grand rounds, disease specific briefings)
 - Distance learning for health professionals and students
 - Patients
- Electronic reporting facilitation to:
 - Center for Medicare and Medicaid Services (CMS)
 - Iowa Foundation for Medical Care (Iowa's Quality Improvement Organization)
 - Payers
 - State government (example: Iowa Homeland Security and Emergency Management, Iowa Department of Public Health, Department of Human Services, Department of Inspection and Appeals)
- Terrorism and Disaster Preparedness and Response communication through:
 - Public health surveillance and immunizations data bank tracking
 - Triage and hospital capacity status
 - Communications interoperability and redundancy



CRITERIA SECTION (9) PROJECT MANAGEMENT PLAN

The Iowa Rural Health Telecommunications Program has outlined the project management plan including the project leadership, management structure, as well as the work plan schedule and budget. Management structure and an organizational chart have been placed in section ten (10) of this application. The following summary discusses the project management approach and provides a rollup project management schedule. A detailed merged area project management plan can be found at the conclusion of this application in Appendix B.

- 1. Project Approach:** The IRHTP has chosen a “Design and Build” approach for infrastructure build-out for the proposed project. It is assumed that one prime contractor will bid the complete statewide fiber project and will secure the services of numerous outside plant sub-contractors. The prime contractor is responsible for all the right-of-way (ROW) procurement and resolution of ROW issues. The prime contractor also has the flexibility to initiate various public-private ROW arrangements as the opportunities present themselves. Typically, these are “share the sheath” and “share the trench” arrangements. Other major duties of the prime contractor include acquiring city and county permits, securing all outside plant materials to complete the project, completing as-built drawings per site, documenting all fiber testing, and coordinating other related issues with the consortiums project manager.

The IRHTP has prioritized the build-out areas into what it considers a logical statewide workflow to meet the consortium’s needs within the time permitted. The prime contractor will, however, receive latitude to proceed in a fashion maximizing its ability to economically mobilize and deploy its resources for the good of the IRHTP. The project plan divides work to be performed into merged areas. Seventeen merged areas were developed and represent the natural break between the access portion of the network and the aggregation/core network. The project plan assumes the prime contractor will start and complete several merged areas in fiscal year 2007 with the majority of the merged area outside plant work completed in fiscal year 2008. Installation of edge network electronics and CWDM access systems will follow completion, testing and acceptance of each last mile fiber link within the merged area. The installation of core electronics is not dependant on access portions of the network being completed. It is expected the procurement, testing, and installation of the core network electronics will proceed in parallel with the installation of sites in each merged area.

The IRHTP has adopted a “Link and Segment” approach to the test and acceptance of the network elements. A “segment” is the connection from an endpoint hospital to the nearest appropriate carrier Point of Presence (POP) in a city or county. A “link” is the connection from the carrier POP to the core switches regionally located within each merged area. Each link and segment will be tested for the specified fiber optic loss budget and appropriate bit error rate. All network core electronics as well as edge devices will be tested in a laboratory environment with manufactures engineers on site, before they are deployed to the field minimizing “out-of-box” failure issues.



- 2. Geographical Considerations:** In Iowa, the outside plant construction year is typically from March through November. By the end of November many outside plant contractors have shifted to projects in the warmer southern states. With this in mind, the project approach considers the limited time available from notice of grant award to the end of the CY 2007 construction period.

Iowa Rural Health Telecommunications Program
 Order WC Docket 02-60



Hospital Name	MA	Days	Hospital	Edge
		Work	Fiber Cost	Electronics
GRINNELL REGIONAL MEDICAL CENTER	4	6.3	\$ 25,000	\$ 22,960
MARSHALLTOWN MEDICAL & SURGICAL CENTER	4	2.5	\$ 10,000	\$ 22,960
GRUNDY COUNTY MEMORIAL HOSPITAL	4	16.0	\$ 63,800	\$ 20,000
		24.7	\$ 98,800	\$ 65,920
UNIVERSITY OF IOWA HOSPITALS & CLINICS	6	0.0	\$ -	\$ 12,288
WASHINGTON COUNTY HOSPITAL & CLINICS	6	22.0	\$ 87,900	\$ 20,000
MARENGO MEMORIAL HOSPITAL	6	8.5	\$ 69,000	\$ 20,000
		30.5	\$ 156,900	\$ 52,288
ADAIR COUNTY MEMORIAL HOSPITAL	11	15.7	\$ 62,800	\$ 82,800
GREATER REGIONAL MEDICAL CENTER	11		\$ -	\$ 9,656
CLARKE COUNTY HOSPITAL	11	20.7	\$ 99,700	\$ 120,340
		36.4	\$ 162,500	\$ 212,796
LAKES REGIONAL HEALTHCARE	16	20.0	\$ 80,000	\$ 100,000
PALO ALTO COUNTY HEALTH SYSTEM	16	4.4	\$ 22,500	\$ 43,140
AVERA HOLY FAMILY HEALTH	16	15.9	\$ 63,400	\$ 73,056
KOSSUTH REGIONAL HEALTH CENTER	16	32.8	\$ 131,000	\$ 151,640
SPENCER HOSPITAL	16	8.1	\$ 32,500	\$ 53,140
		81.1	\$ 329,400	\$ 420,976
GREAT RIVER MEDICAL CENTER	8	9.0	\$ 36,000	\$ 45,656
FORT MADISON COMMUNITY HOSPITAL	8	20.4	\$ 129,000	\$ 149,000
HENRY COUNTY HEALTH CENTER	8	14.7	\$ 58,900	\$ 78,900
KEOKUK AREA HOSPITAL	8	14.3	\$ 57,000	\$ 77,640
		58.3	\$ 280,900	\$ 351,196
MERCY MEDICAL CENTER-CLINTON	7	8.1	\$ 32,400	\$ 53,040
GENESIS MEDICAL CENTER - East Campus	7	22.7	\$ 90,700	\$ 100,356
UNITY HEALTHCARE	7	17.8	\$ 71,000	\$ 91,640
GENESIS MEDICAL CENTER-DEWITT	7	28.8	\$ 94,200	\$ 114,804
JACKSON COUNTY REGIONAL HEALTH CENTER	7	16.5	\$ 66,000	\$ 86,640
GENESIS MEDICAL CENTER - West Central Campus	7		\$ -	\$ -
		93.8	\$ 354,300	\$ 446,480
ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL	12	9.6	\$ 38,500	\$ 59,140
GRAPE COMMUNITY HOSPITAL	12	16.1	\$ 99,300	\$ 112,228
CLARINDA REGIONAL HEALTH CENTER	12	16.6	\$ 66,500	\$ 90,100
SHENANDOAH MEDICAL CENTER	12	17.6	\$ 70,400	\$ 83,776
JENNIE EDMUNDSON HOSPITAL	12	19.8	\$ 79,000	\$ 91,288
METHODIST HOSPITAL - OMAHA	12		\$ 100,000	\$ 110,260
ALEGENT HEALTH-MERCY HOSPITAL - COUNCIL BLUFFS	12	3.8	\$ 15,000	\$ 27,288
		83.4	\$ 468,700	\$ 574,080
MARY GREELEY MEDICAL CENTER	14	18.1	\$ 72,500	\$ 84,788
STORY COUNTY MEDICAL CENTER	14	57.7	\$ 360,000	\$ 372,288
ST ANTHONY REGIONAL HOSPITAL	14	17.4	\$ 69,500	\$ 90,140
BOONE COUNTY HOSPITAL	14	10.7	\$ 42,900	\$ 62,900
		103.9	\$ 544,900	\$ 610,116
MERCY MEDICAL CENTER - CEDAR RAPIDS	5	3.1	\$ 28,000	\$ 48,000
VIRGINIA GAY HOSPITAL	5	13.4	\$ 53,500	\$ 74,140
		16.5	\$ 81,500	\$ 122,140
HAMILTON HOSPITAL	17	11.1	\$ 44,200	\$ 64,200
GREENE COUNTY MEDICAL CENTER	17		\$ -	\$ 28,800
STEWART MEMORIAL COMMUNITY HOSPITAL	17	4.9	\$ 29,500	\$ 50,140
		15.9	\$ 73,700	\$ 143,140
SKIFF MEDICAL CENTER	10	8.3	\$ 33,000	\$ 45,928
PELLA REGIONAL HEALTH CENTER	10	19.3	\$ 77,100	\$ 100,060
KNOXVILLE HOSPITAL & CLINICS	10	18.2	\$ 72,600	\$ 112,756
MADISON COUNTY HEALTH CARE SYSTEM	10	7.2	\$ 28,600	\$ 48,600
DALLAS COUNTY HOSPITAL	10	6.5	\$ 49,500	\$ 70,864
MERCY MEDICAL CENTER-DES MOINES	10		\$ -	\$ 9,656
MERCY MEDICAL CENTER-MERCY CAPITOL	10		\$ -	\$ 9,656
		59.3	\$ 260,800	\$ 397,520

Iowa Rural Health Telecommunications Program
 Order WC Docket 02-60



Hospital Name	MA	Days		Hospital		Edge	
		Work		Fiber Cost		Electronics	
HORN MEMORIAL HOSPITAL	13	2.9	\$	11,500	\$	26,748	
CHEROKEE REGIONAL MEDICAL CENTER	13	10.5	\$	41,800	\$	67,720	
CRAWFORD COUNTY MEMORIAL HOSPITAL	13	21.6	\$	86,400	\$	108,720	
BURGESS HEALTH CENTER	13	5.2	\$	20,600	\$	42,448	
MERCY MEDICAL CENTER-SIOUX CITY	13	6.0	\$	24,000	\$	44,000	
FLOYD VALLEY HOSPITAL	13	2.5	\$	10,000	\$	30,000	
		48.6	\$	194,300	\$	319,636	
MITCHELL COUNTY REGIONAL HEALTH CENTER	1	13.3	\$	53,000	\$	65,928	
FLOYD COUNTY MEMORIAL HOSPITAL	1	19.5	\$	78,100	\$	98,100	
ELLSWORTH MUNICIPAL HOSPITAL	1	11.8	\$	47,000	\$	67,000	
FRANKLIN GENERAL HOSPITAL	1	21.7	\$	102,000	\$	122,000	
BELMOND MEDICAL CENTER	1	10.7	\$	77,600	\$	97,600	
HANCOCK COUNTY MEMORIAL HOSPITAL	1	8.5	\$	34,000	\$	54,000	
MERCY MEDICAL CENTER-NORTH IOWA	1	60.8	\$	243,000	\$	258,888	
		146.1	\$	634,700	\$	763,516	
JEFFERSON COUNTY HOSPITAL	9	10.0	\$	40,100	\$	52,388	
VAN BUREN COUNTY HOSPITAL	9	10.5	\$	42,000	\$	62,640	
DAVIS COUNTY HOSPITAL	9	12.0	\$	48,000	\$	68,000	
OTTUMWA REGIONAL HEALTH CENTER	9		\$	-	\$	9,656	
MERCY MEDICAL CENTER-CENTERVILLE	9	0.0	\$	-	\$	20,640	
WAYNE COUNTY HOSPITAL	9	0.0	\$	-	\$	22,960	
LUCAS COUNTY HEALTH CENTER	9	11.7	\$	46,900	\$	59,828	
MONROE COUNTY HOSPITAL	9	13.1	\$	69,500	\$	81,788	
MAHASKA HEALTH PARTNERSHIP	9	4.5	\$	18,000	\$	38,000	
		61.9	\$	264,500	\$	415,900	
DECATUR COUNTY HOSPITAL	11	80.0	\$	552,450	\$	575,410	
RINGGOLD COUNTY HOSPITAL	11	19.3	\$	77,300	\$	90,228	
ALEGENT HEALTH MERCY HOSPITAL - CORNING	11	7.4	\$	29,500	\$	41,788	
MONTGOMERY COUNTY MEMORIAL HOSPITAL	11	11.7	\$	46,800	\$	67,440	
AUDUBON COUNTY MEMORIAL HOSPITAL	11	13.1	\$	64,100	\$	79,988	
MANNING REGIONAL HEALTHCARE CENTER	11	13.8	\$	90,000	\$	107,096	
		145.2	\$	860,150	\$	961,950	
HUMBOLDT COUNTY MEMORIAL HOSPITAL	17	23.3	\$	93,300	\$	113,300	
BUENA VISTA REGIONAL MEDICAL CENTER	17	13.4	\$	53,600	\$	77,200	
LORING HOSPITAL	17		\$	-	\$	20,640	
POCAHONTAS COMMUNITY HOSPITAL	17	10.6	\$	42,300	\$	62,940	
		47.3	\$	189,200	\$	274,080	
MERCY MEDICAL CENTER - DYERSVILLE	3	20.5	\$	117,000	\$	126,656	
MERCY MEDICAL CENTER-DUBUQUE	3	0.0	\$	-	\$	20,000	
REGIONAL MEDICAL CENTER	3	15.1	\$	60,300	\$	80,940	
		35.6	\$	177,300	\$	227,596	
OSCEOLA COMMUNITY HOSPITAL	15	8.6	\$	34,400	\$	54,400	
ORANGE CITY AREA HEALTH SYSTEM	15	9.4	\$	37,500	\$	57,500	
BAUM-HARMON MERCY HOSPITAL	15	73.7	\$	593,500	\$	603,760	
HAWARDEN COMMUNITY HOSPITAL	15	5.5	\$	32,000	\$	52,640	
SIOUX CENTER COMMUNITY HOSPITAL & HEALTH CENTEF	15	8.0	\$	32,000	\$	44,288	
MERRILL PIONEER COMMUNITY HOSPITAL	15	7.0	\$	27,900	\$	48,540	
SANFORD SHELDON MEDICAL CENTER	15	12.4	\$	49,700	\$	59,356	
HEGG MEMORIAL HEALTH CENTER	15	44.4	\$	394,000	\$	406,288	
		169.0	\$	1,201,000	\$	1,326,772	
REGIONAL HEALTH SERVICES OF HOWARD COUNTY	2	19.0	\$	76,000	\$	96,000	
WINNESHIEK MEDICAL CENTER	2	9.8	\$	73,500	\$	93,500	
GUTTENBERG MUNICIPAL HOSPITAL	2	99.4	\$	674,500	\$	691,752	
CENTRAL COMMUNITY HOSPITAL	2	4.8	\$	19,000	\$	39,000	
COMMUNITY MEMORIAL HOSPITAL	2	39.5	\$	338,000	\$	350,928	
MERCY MEDICAL CENTER-NEW HAMPTON	2	9.9	\$	39,500	\$	59,500	
VETERANS MEMORIAL HOSPITAL	2	14.3	\$	57,000	\$	77,000	
		196.5	\$	1,277,500	\$	1,407,680	
WAVERLY HEALTH CENTER	4	6.5	\$	26,100	\$	46,740	
BUCHANAN COUNTY HEALTH CENTER	4	16.7	\$	66,900	\$	86,900	
		23.3	\$	93,000	\$	133,640	



Network Backbone Locations	MA	CWDM	MPLS BB
REGEN 204	1	\$ 4,887.20	\$ -
Mason City - Part 1	1	\$ 9,527.20	\$ 100,774.00
Oelwein - Part 2	2	\$ 12,407.20	\$ -
Elkader - Part 2	2	\$ 6,047.20	\$ -
Calmar - Part 1	2	\$ 12,127.20	\$ 61,780.00
Peosta - Part 1	3	\$ 3,447.20	\$ 100,150.00
REGEN 603	4	\$ 6,047.20	\$ -
Waterloo - Part 1	4	\$ 5,767.20	\$ 61,468.00
Cedar Rapids - Part 1	5	\$ 4,607.20	\$ 61,000.00
University of Iowa - Part 2	6	\$ 9,807.20	\$ -
SP 43	6	\$ 10,967.20	\$ 112,303.00
St. Ambrose - Part 3	7	\$ 6,047.20	\$ -
Bettendorf - Part 1	7	\$ 8,367.20	\$ 61,468.00
Burlington - Part 1	8	\$ 4,607.20	\$ 61,312.00
Fairfield - Part 2	9	\$ 6,047.20	\$ -
Chariton - Part 2	9	\$ 6,047.20	\$ -
Albia - Part 2	9	\$ 11,247.20	\$ -
Ottumwa - Part 1	9	\$ 15,887.20	\$ 113,083.00
REGEN 1106	10	\$ 6,047.20	\$ -
Winterset - Part 2	10	\$ 6,047.20	\$ -
JFHQ	10	\$ 10,967.20	\$ 112,459.00
Mount Ayr - Part 2	11	\$ 6,047.20	\$ -
REGEN 1120	11	\$ 11,247.20	\$ -
Audubon - Part 2	11	\$ 6,047.20	\$ -
Corning - Part 2	11	\$ 6,047.20	\$ -
Creston - Part 1	11	\$ 18,487.20	\$ 62,092.00
Sidney - Part 2	12	\$ 9,807.20	\$ -
Council Bluffs ING	12	\$ 6,047.20	\$ -
Council Bluffs - Part 1	12	\$ 14,727.20	\$ 100,618.00
Ida Grove - Part 2	13	\$ 6,047.20	\$ -
REGEN 1204	13	\$ 9,807.20	\$ -
Sioux City - Part 1	13	\$ 10,967.20	\$ 100,618.00
Ames - Part 2	14	\$ 6,047.20	\$ -
SP125	14	\$ 7,207.20	\$ 151,453.00
Sioux Center - Part 2	15	\$ 8,647.20	\$ -
Sheldon - Part 1	15	\$ 10,967.20	\$ 61,936.00
Estherville - Part 1	16	\$ 4,607.20	\$ 61,468.00
Rockwell City - Part 2	17	\$ 8,647.20	\$ -
REGEN 1131	17	\$ 3,447.20	\$ -
Fort Dodge - Part 1	17	\$ 12,127.20	\$ 100,618.00
SP23			\$ 104,482.00
Des Moines - Lucas	10		\$ 61,000.00
Network Mgmnt			\$ 237,500.00

3. Milestones/Timelines

ID	Task Name	Duration	Start	Finish	Predecessors
1	Rural Healthcare Project	500 days	8/1/07	6/30/09	
2	Final Design Review	16 days	8/1/07	8/22/07	
3	IHA Task Force reviews Final Design	15 days	8/1/07	8/21/07	
4	IHA Legal Officer reviews Final Design	15 days	8/1/07	8/21/07	
5	IHA accepts final design review	1 day	8/22/07	8/22/07	4
6	Procurement Phase	484 days	8/22/07	6/29/09	4
7	Outside Plant Projects	69 days	8/23/07	11/27/07	5
8	Publish Outside Plant Specifications - Year One Projects	24 days	8/23/07	9/25/07	5
9	Merged Area One	24 days	8/23/07	9/25/07	5
10	Merged Area Two	24 days	8/23/07	9/25/07	
11	Merged Area Three	24 days	8/23/07	9/25/07	
12	Merged Area Four	24 days	8/23/07	9/25/07	
13	Merged Area Five	24 days	8/23/07	9/25/07	
14	Merged Area Nine	24 days	8/23/07	9/25/07	
15	Merged Area Eleven	24 days	8/23/07	9/25/07	
16	Publish Core Electronics (CE) Bid Specifications	24 days	8/23/07	9/25/07	
17	Publish Edge Electronics (EE) Bid Specifications	24 days	8/23/07	9/25/07	
18	Publish CWDM Electronics Bid Specifications	24 days	8/23/07	9/25/07	
19	Publish NMP Electronics Bid Specifications	24 days	8/23/07	9/25/07	
20	Publish Outside Plant Bid Specifications - Year Two Projects	24 days	8/23/07	9/25/07	4
21	Merged Area Six	24 days	8/23/07	9/25/07	
22	Merged Area Seven	24 days	8/23/07	9/25/07	
23	Merged Area Eight	24 days	8/23/07	9/25/07	
24	Merged Area Ten	24 days	8/23/07	9/25/07	
25	Merged Area Twelve	24 days	8/23/07	9/25/07	
26	Merged Area Thirteen	24 days	8/23/07	9/25/07	
27	Merged Area Fourteen	24 days	8/23/07	9/25/07	
28	Merged Area Fifteen	24 days	8/23/07	9/25/07	
29	Merged Area Sixteen	24 days	8/23/07	9/25/07	
30	Merged Area Seventeen	24 days	8/23/07	9/25/07	
31	Release OSP Bid Documents to Vendors	4 days	8/30/07	9/4/07	



32	Mandatory OSP Vendors Conference	1 day	9/7/07	9/7/07	
33	Release RFP Addenda	5 days	9/10/07	9/14/07	32
34	OSP Bids Due	1 day	10/16/07	10/16/07	
35	Bid Evaluation	30 days	10/17/07	11/27/07	34
36	Bid Award	1 day	11/28/07	11/28/07	35
37	Installation Phase - Year One	174 days	10/31/07	6/30/08	
38	Merged Area One - 7 Sites	174 days	10/31/07	6/30/08	36
39	Merged Area Two - 9 Sites	174 days	10/31/07	6/30/08	36
40	Merged Area Three - 4 Sites	174 days	10/31/07	6/30/08	36
41	Merged Area Four - 4 Sites	174 days	10/31/07	6/30/08	36
42	Merged Area Five - 4 Sites	174 days	10/31/07	6/30/08	36
43	Merged Area Nine - 8 Sites	174 days	10/31/07	6/30/08	36
44	Merged Area Eleven - 10 Sites	174 days	10/31/07	6/30/08	36
45	Installation Phase – Year Two	425 days	10/31/07	6/16/09	
46	Merged Area Six - 8 Sites	425 days	10/31/07	6/16/09	36
47	Merged Area Seven - 4 Sites	425 days	10/31/07	6/16/09	36
48	Merged Area Eight - 10 Sites	425 days	10/31/07	6/16/09	36
49	Merged Area Ten - 10 Sites	425 days	10/31/07	6/16/09	36
50	Merged Area Twelve - 8 Sites	425 days	10/31/07	6/16/09	36
51	Merged Area Thirteen - 7 Sites	425 days	10/31/07	6/16/09	36
52	Merged Area Fourteen - 4 Sites	425 days	10/31/07	6/16/09	36
53	Merged Area Fifteen - 8 Sites	425 days	10/31/07	6/16/09	36
54	Merged Area Sixteen - 5 Sites	425 days	10/31/07	6/16/09	36
55	Merged Area Seventeen - 9 Sites	425 days	10/31/07	6/16/09	36
56	Network Electronics and Turn Up	93 days	9/25/07	1/31/08	
57	Network Electronics RFP issued	1 day	9/25/07	9/25/07	
58	Network Electronics Bidders Conference	1 day	9/28/07	9/28/07	
59	Network Electronics RFP Responses due	1 day	11/6/07	11/6/07	
60	Network Electronics RFP Evaluation	30 days	11/7/07	12/18/07	59
61	Network Electronics Test Lab evaluation	30 days	12/19/07	1/29/08	60
62	Award Network Electronics Contract	1 day	1/30/08	1/30/08	61
63	Order Network Electronics	1 day	1/31/08	1/31/08	62



64	Link and Segment Test and Acceptance	368 days	1/30/08	6/26/09	
65	Formulate Test and Acceptance Criteria	1 day	1/30/08	1/30/08	61
66	Release T & A Criteria to successful network electronics vendor	1 day	1/30/08	1/30/08	61
67	Year One Test and Acceptance by link and segment	109 days	1/30/08	6/30/08	61
68	Year Two Test and Acceptance by link and segment	368 days	1/30/08	6/26/09	61
69	Project Close Out	434 days	10/31/07	6/29/09	
70	Network Management trials and alarm verification	368 days	1/30/08	6/26/09	61
71	Accept Network Management Platform	30 days	1/30/08	3/11/08	61
72	Gather and catalog all documentation	433 days	10/31/07	6/26/09	36
73	Prepare final design Visio diagrams and network element descriptions	433 days	10/31/07	6/26/09	36
74	Final Project Briefing	1 day	6/29/09	6/29/09	73
75	Closeout	1 day	6/30/09	6/30/09	74

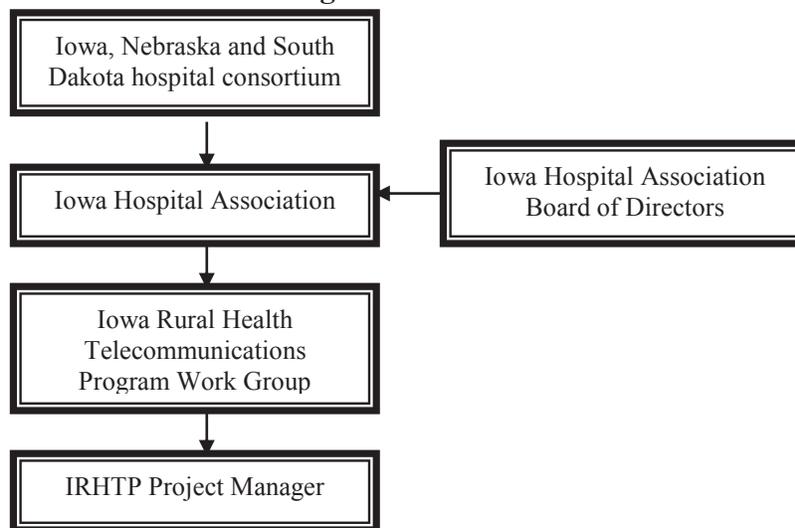


CRITERIA SECTION (10) PROGRAM COORDINATION

The Iowa Rural Health Telecommunications Program is comprised of four (4) organizational components having distinct responsibilities for each body. See the diagram below for the reporting structure of the Iowa Rural Health Telecommunications Program.

1. Project Manager for fiber construction will guide the construction of the proposed fiber broadband network. This manager will be responsible to deliver of the project within the scope defined. The management role will also be responsible for the budget, time table for the project to be completed and the delivery of the project.
This project manager will report to the directed workgroup at the Iowa Hospital Association, who in turn will report to the consortium of Iowa hospitals listed in this application. This position will be hired upon the award of funding.
2. The Iowa Rural Telecommunications Network workgroup will be responsible for the project administration and approval of work phase progression and financial remittance. Chair, appointed following funding award, will be responsible for these approvals. This workgroup will be comprised of representatives from the Iowa hospitals in the consortium leadership from the Iowa Hospital Association and state resource groups' representative(s).
3. The Iowa Hospital Association will be responsible for oversight and communication from Iowa consortium hospitals participating in this application and the project management representative(s). Iowa Hospital Association will provide administrative support to the Iowa Hospital Association Board appointed workgroup and provide general administrative and fund accounting for the project.
4. The Iowa Hospital Consortium is made up of the one hundred (100) Iowa, Nebraska and South Dakota hospitals listed in this application.

**Iowa Rural Health Telecommunications Program
Organizational – Chart**





CRITERIA SECTION (11) NETWORK SELF-SUSTAINMENT

1. Network Maintenance: The ongoing maintenance of the IRHTP network will be managed by the ICN. Since 1993 the ICN has maintained over 3000 miles of fiber and the network electronics to sustain over 800 network nodes.

The IRHTP is collaborating with the ICN for this project because of the following benefits it currently brings to the state:

- a. The ICN has over ten (10) years of fiber optic network administration, design, engineering and maintenance experience.
- b. The IRHTP can utilize the currently installed statewide fiber backbone, wavelengths, aggregation facilities, and points of presence to provide a cost effective broadband service.
- c. Once installed, documented, and accepted the ICN is responsible for maintaining and managing all transport systems into perpetuity.
- d. Once installed, documented and accepted the ICN is responsible for all fiber locates, relocates, and maintenance.
- e. The ICN provides a lower uniform fee structure regardless of urban or rural status, location or distance. Connection and usage fees will be based on bandwidth used by each hospital. The fees paid to the ICN will sustain the program.
- f. There is a history of state funding to support administration and maintenance of the fiber network.
- g. The ICN backbone is “in ground” versus strung on poles.
- h. The ICN has resilient gigabit connections providing Internet and Internet2 service to its authorized users.
- i. Iowa Homeland Security and Emergency Management already uses the ICN for video conferencing and data services.
- j. Currently, all Iowans are within fifteen (15) minutes of an ICN site. The ICN, an existing statewide broadband network, provides three (3) to four (4) points of presence in all ninety-nine (99) Iowa counties.

2. Network Financial Sustainability: The cost of maintaining the new last mile fiber connections, network electronics, co-location fees and wavelength service fees will be covered by standardized monthly connection and bandwidth fees. Monthly fees could be offset by the consolidation of network services, centralization of data networking resources or new healthcare services enabled by a cost effective high bandwidth network.

3. Future Iowa Hospital Value: Each facility included in this proposal was asked to consider their current uses of telemedicine and telecommunications and also weighed the benefits of future applications.

- a. **Out-of-State Participation:** The IRHTP anticipates that there will be a need for future on-going network services across Iowa’s state lines. The IRHTP will continue to seek options for this connectivity, in regards to financial and logistical (fiber construction) assistance.
- b. **Non-participating organizations:** The IRHTP anticipates that the remaining hospitals (twenty) in Iowa and for-profit entities in the region may inquire about connecting to the network in the future. The IRHTP will continue efforts to



collaborate with these groups. However, it is understood that FCC funding for this pilot program year will be limited to the hospital organizations listed in this application. Future partnerships will be established through other funding sources or future FCC cycle application(s).

WAIVERS

1. Non- Eligible Applicant and Disbursement of Funds Waiver

- a. The Iowa Rural Health Telecommunications Program (IRHTP) requests that the Iowa Hospital Association (IHA) represent the one hundred (100) hospitals in this application. One application is being submitted to the Federal Communications Commission (FCC) for this consortium of hospitals. The IHA will provide overall direction for this program on behalf of the participating hospitals.
- b. Because the IRHTP does not have any administrative or fiscal capability, the IRHTP requests a waiver for a non-eligible applicant, IHA, to administer and approve disbursement of all FCC Pilot Program funds awarded to IRHTP. IHA understands it is a non-eligible applicant as part of the consortium and will not directly receive or use any FCC pilot program funds. IHA will administer this network project on behalf of the IRHTP including managing timelines, the bid process, budgets, contractors and disbursement approvals for the good of the consortium members and the FCC. All administrative costs will be the responsibility of IHA and its consortium members.

2. Construction Payment and Installation Payment Method Waiver

- a. The Iowa Rural Health Telecommunications Program (IRHTP) requests a waiver for construction payments to extend beyond the 2006 and 2007 fiscal years (USAC fiscal year July 1, 2006 to June 30, 2007). It is IRHTP understanding that funding for the FCC Pilot Program will be appropriated from FY 2006 and FY 2007. Construction and implementation for IRHTP request will not be reimbursable until April 2008 with a project completion scheduled for July 2009. Construction retainage may also require disbursement of funds outside of a given fiscal year. This waiver requests the funds listed in this application be disbursed beyond the 2006 and 2007 fiscal years.
- b. Due to the size of IRHTP network and the potential for significant construction costs, IRHTP requests a waiver to allow progress billing. The Iowa Hospital Association will manage all contractors and progress billing requests. IHA will process, approve, and forward all progress billing requests to the appropriate USAC/FCC department which in turn will remit payments directly to each contractor. Payment requests will be according to natural breaks in construction timelines, regional completion and or completion of merged areas.

3. Federal Communications Commission

- a. The IRHTP requests a waiver from the Federal Communications Commission (FCC) individual hospital competitive bidding process. The IRHTP requests the ability to bid multiple hospitals, regions of Iowa, or the entire state of Iowa including fiber construction and all network electronics. IRHTP believes this approach will meet the FCC's competitive bidding requirements and yield a cohesive, integrated network.

4. Hospital Opt-out Waiver



- a. The Iowa Rural Health Telecommunications Program requests a waiver for all the entities listed in the application. The Iowa hospitals understand the cost of this program based on the Federal Communications Commission estimates of eighty-five percent (85%) reimbursement of construction costs. If the funding reimbursement does not reach eighty-five percent (85%) or actual construction costs exceed estimated costs, the program hospitals request an option to remove their respective hospital from this application.

