

January 28, 2008

RHC Pilot Program
Program Integrity Assurance
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Project: Bacon County Health Services, Inc.
302 South Wayne St. Alma Ga. 31510

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This project is being coordinated by Cindy Turner –CEO, Harry Bennett – CFO , and Neil Osteen IT director, all of Bacon County Health Services Inc.

The overall project has not changed substantially from the last quarterly update. We have only deleted a couple of sites that were not eligible.

We completed a draft copy of our RFP and along with USAC we are drilling down on each site's eligibility. All of the questions are pertaining to confirmation of name, addresses, relationship of each site with the participating institution, and confirming that there will not be duplication of services from USAC. We have provided the questions to the other facilities and have responses from almost all of them. We hope to have a RFP complete for posting soon.

The institutions that are going to participate are:

Coffee Regional Medical Center
1101 Ocilla Road P.O. Box 1287
Douglas, GA 31534
912-383-5620
912-389-2112 fax
Public – Not for Profit
Census Tract 9905.00
6 proposed sites

Wayne Memorial Hospital
865 South First Street P.O. Box 410
Jesup Georgia 31598
Public – Not for Profit
Census Tract 9703.00
3 proposed sites

Satilla Health Services, Inc.
410 Darling Avenue
Waycross, Georgia 31501
912-287-2504
912-287-2712 fax
Public – Not for Profit
Census Tract 9505.00
2 proposed sites

Appling Health Care System
163 E. Tollison Street
Baxley, GA 31513
912-367-9841
912-367-1272
Census Tract 9503.00
2 proposed sites

The following was copied from the proposed RFP that addresses many of the data reporting requirements.

Network Requirements

2.0 *Proposals must include the following costs:*

Local Bandwidth- Bandwidth from the health facility end location back to the common router/switch.

Internet Bandwidth- Bandwidth from the end location to the Public Internet.

Internet2 Bandwidth- Bandwidth from the end location to the Internet 2 network.

- 2.1 *Connections should be redundant when possible. Bidder to specify when not connections are not redundant.*
- 2.2 *Maintenance must be provided with a maximum 24 hours.*
- 2.3 *Connections should be fiber, Sonet ring, wireless, T-1. All connections should specify the type of facility.*
- 2.4 *Routers/switches and/or firewalls must be provided by the bidder at the end of each circuit to secure the network and to provide network monitoring.*
- 2.5 *Bids must specify calendar days for project completion for each location.*

Proposal Format

- 3.0 *By submitting a Bid the proposer accepts all provisions of this RFP unless specifically noted as an exception.*
- 3.1 *Proposal should be on 8.5 x 11 inch paper unbound. An electronic copy and three paper copies should be provided.*
- 3.2 *All proposal will be treated as Public information after the bid opening.*
- 3.3 *BCHS and or other members of this consortium intend to enter into contracts with the vendor. BCHS and other members do not guarantee any minimum compensation to vendor. Some locations may be omitted for various reasons.*
- 3.4 *In evaluating proposals, BCHS will consider the following selection criteria:*
- *Cost for service of recurring and non-recurring items.*
 - *Qualifications and Experiences of the proposer*
 - *Agreement to comply with all FCC Pilot Program Regulations*
 - *Agreement to apply Pilot support on BCHS account in a timely manner and to invoice on a monthly basis using the RHCPP invoice format*
 - *Length of Construction time*
 - *Other Criteria as may be deemed necessary.*
- 3.5 *Questions should be submitted to Bacon Health System via e-mail. Responses will be via e-mail and be made available to all bidders. Email hbennett@bchsi.org*
- 3.6 *Bid proposals must be received at Bacon Health System by 5:00 pm _____. No emails or faxes will be accepted.*

- 3.7 *Proposals must include a construction timeline.*
- 3.8 *Invoicing and payment terms will conform to USAC procedures and rules.*
- 3.9 *Bid proposals must identify all costs associated with the proposed solution, including design, installation, configuration, maintenance, and monthly recurring costs.*
- 3.10 *Bacon County Health System reserves the right to reject any or all bids.*
- 3.11 *Bidders are bidding on bandwidth between locations or networks. Facilities used must be specified in the proposal as well as the amount of bandwidth. A specific type of facility is not required.*
- 3.12 *Contract term will be three years. Any exceptions must be specified.*
- 3.13 *Bidders will include a standard contract if any with the proposal. Contracts will have to meet USAC requirements.*
- 3.14 *For uniformity in evaluating bids. The Proposal must include the bid sheet in Attachment 1.*

Construction and Installation

- 4.1 *The optimal facility will be fiber optic cable with gigabit Ethernet copper or optical interface.*
- 4.2 *When construction is required at the owners location, the owner will specify the construction route from the Public right of way to the hospital property.*
- 4.3 *The demarcation point will be at the location designated by the owner. Fiber must be terminated on patch panels using SC or ST connectors.*

Quarterly data question 6 refers to the 15% contribution. This requirement has been outlined to each of the participants and is understood that this is a cash requirement.

Question number 7 is not applicable at this time.

Question number 8 refers to a management plan. The leadership or management has not changed. The RFP is under review by USAC and we shall proceed with posting with their approval.

In reference to questions 8 – 12 . The project is still evolving and is expected to be self sustaining. After the network is constructed the institutions will have the ability to transmit large files quickly. Currently in rural Georgia the cost of infrastructure to handle large amounts of data hinders the advance of electronic medical records as well as many other common uses in larger towns.

The installation of this new infrastructure should open many opportunities that will initiate the adoption of new technologies that already exist. After all of the participating institutions have this new capability there will be an increase in response time to a multitude of critical situations.

This project is evolving and is enabling rural health systems the luxury of exploring new opportunities.

After we post the RFP and go through the questions from the vendors we will have much more technical and precise information to report.

