



NEO RHIO

Northeast Ohio Regional Health Information Organization



**OneCommunity
Northeast Ohio Regional Health Information
Organization**

**Federal Communications Commission
Rural Health Care Pilot Program**

Quarterly Data Report

HealthNet

October 30, 2009

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1.0 Project Contact and Coordination Information

1.1 Project Leader

Mr. Mark T. Ansboury

Sr. Vice President and Chief Technology Officer

OneCommunity

216-923-2200

mark.ansboury@onecommunity.org

<http://www.onecommunity.org>

800 West St. Clair

Second Floor

Cleveland, Ohio 44113

1.2 Project Coordinator

Mr. David J. Corrado

Director – Program Management Office

OneCommunity

216-923-2298

dcorrado@onecommunity.org

<http://www.onecommunity.org>

800 West St. Clair

Second Floor

Cleveland, Ohio 44113

Fax 216-923-2299

1.3 Legal and Financial Agent

OneCommunity is the organization that is legally and financially responsible for the conduct of activities supported by the award and is listed on the Internet at www.onecommunity.org.

OneCommunity is a nonprofit organization that serves Northeast Ohio by connecting public and nonprofit institutions to a next-generation fiber-optic network; enabling those institutions to offer enhanced, innovative solutions and transforming the region's image and economic future by attracting outside investment and creating business and job opportunities.

OneCommunity currently serves educational, governmental, research, arts and cultural, nonprofit and health care organizations across Northeast Ohio. OneCommunity currently provides network connections that provide access to these regional assets. The OneCommunity network is supported 24/7.

1.4 Community Support Collaboration

The OneCommunity and the Northeast Ohio Regional Health Information Organization (NEO RHIO) is providing community support and open HealthNet workshops for the regions healthcare community and will be hosting additional Telemedicine activities promoting collaboration. OneCommunity and NEO RHIO are both non-profit corporations serving Northeast Ohio. They are inclusive, multi-stakeholder collaborations dedicated to improving the quality, safety and efficiency of healthcare in Northeast Ohio through the use of information technology and the secure exchange of health information and incorporation of Telemedicine in our regional rural and urban healthcare systems.

Throughout this project, healthcare stakeholders, directly and indirectly affiliated with this project, receive a quarterly update on project status and programs that have influence on this project. A representative sample of the most recent healthcare status can be found in Appendix A.

1.5 State and Regional Project Coordination

OneCommunity, NEO RHIO, local, county and state government along with other key medical and technology partners have coordinated this project under the name of **HealthNet**. With OneCommunity and the NEO RHIO as the central drivers, a collaborative outreach program has been designed and implemented and initial workshops have been heralded throughout Northeast Ohio. The outreach program identified key components of the project and presented a detailed overview. Some organizations received one to one presentations. A communications desk has been set up to answer any ongoing questions along with an internal SharePoint site for communication, document repository and document revision control.

There are some recent updates to our quarterly report as described in the Key Objectives Met section.

1.5.1 Outreach Communication Objectives

- Federal Communications Commission - Vision
- Rural Health Care Pilot - Goals
- What Does It Mean For Northeast Ohio?
- HealthNet Overview
- HealthNet Services
- HealthNet Benefits
- Communication with local, regional and state government
- Communication of government stimulus package and benefits for FCC Healthcare project
- Quarterly stakeholders status update

1.5.2 Key Objectives Met

- Evaluated 36 vendor proposals
 - Vendor scorecard
 - Followup vendor meetings for response verifications
- Vendors award completed in early June, 2009
- Project moved into vendor kickoff meeting phase
 - Construct detailed project plan with payment milestones
 - Developed a specific SharePoint site for project and field-based updates
 - Initiate weekly vendor update meetings
- Enhanced sustainability model

2.0 Healthcare Facilities Included in this Network

As the Letters of Agency signature process evolved there were several modifications made to the hospital data in Table 2.1. This was principally in the area of contact names, contact information and the removal of a few hospitals that will participate in a 2nd RFP. There were no material changes to the hospital data or impact on the project.

All the hospital organizations that are part of the current HealthNet project are non-profit. There are multiple urban hospitals interested in participating in the HealthNet project. These urban centers are all non-profit. To the best of our knowledge and investigation, all rural organizations should be eligible under section 254 of the 1996 Act and the Commission's rules. The following table gives detail information on the hospitals Counties, addresses, zip code, Rural Urban Commuting Area (R UCA) code, contact information and phone number for each healthcare facility participating in the network. Contact persons may change at any time. We are currently engaged in discussions with other rural non-profit institutions that will participate in leveraging HealthNet. OneCommunity currently has over 72 hospitals, clinic and healthcare service organizations using HealthNet. With the expansion through the FCC RHCP Project, HealthNet will be expanding services to 16 rural Hospitals authorized under the agreement but will also be able to include additional rural health care institutions covering their own costs to connect.

All healthcare facilities in table 2.1 are public, non-profit, eligible entity under section 254 of the 1996 Act.

Table 2.1 - HealthNet Rural Hospitals – LOA Completed

System	Census Track	County	Facility Name & Address	RUCA C O D	HPSA	Contact Names	Phone
	9705.00	Ashland	Samaritan Regional Health System 1025 Center Street Ashland, OH 44805	4		Danny Boggs,	419-289-0491
CCHS	0006.01	Ashtabula	Ashtabula County Medical Center 2420 Lake Ave Ashtabula, OH 44004 Glenbeigh of Rock Creek 2420 Lake Ave Ashtabula, OH 44004	2	HPSA	Kevin Miller,	440-997-6520
	0011.00	Ashtabula	Jefferson Health Center 222 East Beech St. Jefferson, Ohio 44047	3		Kevin Miller, CEO &	440-997-6520
UHHS	0001.03	Ashtabula	Conneaut Medical Center 158 West Main Road Conneaut, OH 44030 Geneva Medical Center 870 West Main Street Geneva, OH 44041	2	HPSA	Rich Frenchie,	440-593-1131
	0009.00			4.2	HPSA	Rich Frenchie, CEO	440-593-1131
CHN & CC5	0411.00	Erie	Firelands Regional Medical Center 1101 Decatur St. Sandusky, Ohio 44870	1		Chuck Stark, Dan Moncher,	419-557-7400 419- 557-
CHN & CC5	9956.00	Huron	Fisher Titus Medical Center 272 Benedict Ave., Norwalk, OH 44857			Pat Martin, CEO Wendy Melching,	419-668-8101 419- 663-
CC5	0505.00	Ottawa	H.B. Magruder Memorial Hospital 615 Fulton Street, Port Clinton, OH 43452	4	45780	Dave Norwyne,	419- 557-
CC5	9622.00	Sandusky MUA	Bellevue 811 NW St. Bellevue, Ohio 44811 Memorial (Fremont) 715 S. Taft Ave Fremont, OH 43420	7.3	HPSA	Mike Winthrop, Alan Ganci, CFO	419-557-7400 419- 557-
CC5	9613.00			4.2	HPSA	Al Gorman, CEO Rick Ruppel,	419-668-8101 419- 663-
	0216.00	Tuscarawas MUA	Twin City 819 N. First Street Dennison, OH 44621 Union Hospital 659 Boulevard Dover, OH 44622	4	HPSA	Marge Jentes,	740-922-2800
	0211.00			4	HPSA	Bill Harding,	330-343-3311
	0003.00		Wooster Community 1761 Beall Ave. Wooster, Ohio 44691	4		Bill Sheron, CEO	330-263-8100
	9917.00	Coshocton	Coshocton County Memorial Hospital 1460 Orange Street Coshocton, OH 43812	4		Seth Peterson	740-623-4128
	9521.00	Columbiana	East Liverpool City Hospital 425 West 5 th Street East Liverpool, Ohio 43920	4		Frank Mader – Director of IT Services	330-386-3186

System	Census Track Code	County	Facility Name & Address	RUCA C O D E	HPSA	Contact Names	Phone
	9767.00	Holmes MUA	Joel Pomerene Memorial Hospital 981 Wooster Road Millersburg, Ohio 44654	10.5	HPSA	Tony Snyder,	419-557-7400

Table 2.2 - Pending LOA Hospitals

System	Census Track Code	County	Facility Name & Address	RUCA C O D E	HPSA	Contact Names	Phone
Mercy Health Partners	9963.00	Huron	Mercy Hospital – Willard 10 East Howard St. Willard, Ohio 44890	4.2		Joe Glass	419- 251-8982
	0001.00	Seneca	Fostoria Community 501 Van Buren St. Fostoria, Oh 44830	4	HPSA	Tim Jakacki, CEO	419-435-7734
	0007.00		Mercy Hospital – Tiffin 2355 Tiffin Avenue Findlay, OH 45840	4	HPSA	Joe Glass	419-251-8982
	0011.00	Wayne	Dunlap Memorial 832 South Main Street Orville, OH 44667	7.4		Rod Steiger, CEO	330-682-3010

3.0 Network Narrative

- a) At the core of the network OneCommunity uses a Core DWDM system using Fujitsu Flashwave 7500 platform. This platform allows the out of the box capacity of 64 Lambda channels. By adding Wave Switching services an additional 16 channels for a total of 80 Channels, the Wave Switching system allows up to eight degrees, which allows 4 separate DWDM rings to terminate into a single system. This allows Lambda's to be digitally cross connected from one ring to another. The Flashwave 7500 system supports all major transport services such as 1Gbps, 10Gbps, 40Gbps and sub rated Gigabit optical services for Ethernet delivery. The network also supports SONET services such as OC-3, OC-12, OC-48, OC-192, and OC-768. The platform can also transport SAN traffic using Fibre Channel and can transport proprietary optical protocols using alien waveform transponders. Over the next year Fujitsu will be releasing their 100Gbps transponder that allows the aggregation of 10Gig and 40 Gig channels over a single channel.

The DWDM transport system drops into the core Ethernet routing system for regional transport of Ethernet Traffic. OneCommunity at its core uses primarily Cisco Catalyst 6000 series Multilayer switches. The Core system uses a MPLS platform on its 6500 series for Layer 2 and Layer 3 transport. For layer 2 OneCommunity deploys an EoMPLS solution that allows Layer 2 Ethernet to be routed through the network using the Layer 3 functionality of MPLS. The EoMPLS tunnels enter the network usually as Dot1Q trunks or Access Ports, encapsulated into MPLS Packet stream and tagged for

Routing. The MPLS Tagged traffic is routed to its remote node and converted back into a Dot1q Trunk or Access port. For Layer 3 Routing MPLS allows the creation of MPLS VPN's called Virtual Routing Forwarders (VRF). This allows OneCommunity to create MPLS VPN's for each customer on the network. The MPLS VPN only handles the routes associated with that VPN and is not shared with other VPN routing tables or the core routing Table. This ensures that each customer has the highest level of security possible. Having multiple MPLS VPN's for customers is like have multiple private routers dedicated to that customer, but allows the use of shared links throughout the network. MPLS VPN's can be private and only route between customer endpoints, or a MPLS VPN can have access to the Internet to create a Public/Private network. Each Core Access device has Multiple Supervisor 720-3BXL for redundancy. All core connections are at a minimum of 10Gbps. All chassis have dual power supplies using 6000W connection to a local UPS and Generator Protected power system.

Upstream Internet service providers are attached to the OneCommunity network using Border Routers. Border routers use Cisco Catalyst 6500 series chassis and have high capacity links to the upstream provider. The Border Layer is fully meshed with every other border element in the network for maximum redundancy. OneCommunity has multiple upstream providers with connections not only locally but also has out of state connections to various up-stream providers. OneCommunity receives full routing tables for each upstream provider, and receives 26000 plus public routes.

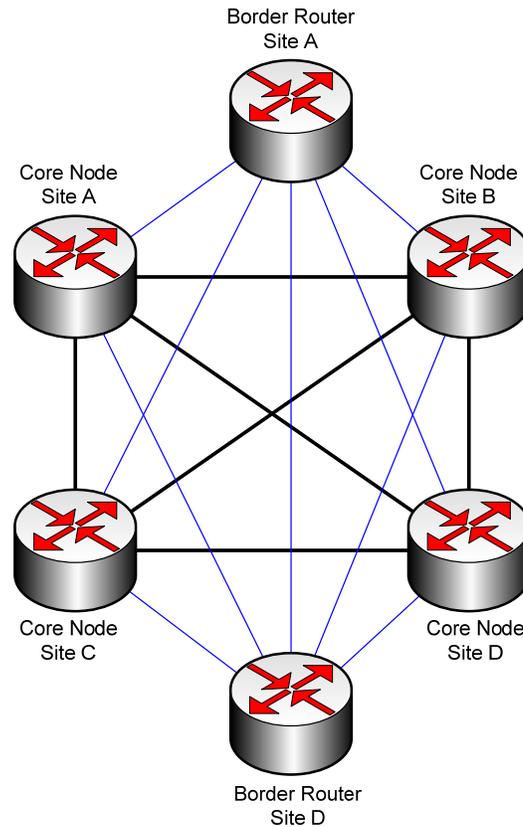
- b) Customers and service providers attach to the OneCommunity network at the access Layer. The access layer is connected to at a minimum of (2) core layers that allow for maximum redundancy. Each access layer depending on site size is a Cisco Catalyst 3560G-12D, Cisco 3750-12S, or Cisco Catalyst 6500 Series Devices. In most cases the access device has Dual Power supplies and is connected to a UPS and generator-backed power system.

- c) The border layer provides OneCommunity's connection to its upstream peers. The border routers receive full routes from upstream, and are strategically injected into the core layer. The border layer is always fully meshed with all other border routers and core routers. OneCommunity uses Cisco 6504 Chassis with Supervisor 720-3BXL for all its border routers.

Key points for the Border Layer Design Standards:

- The border layer is used to provide connectivity to OneCommunity upstream providers;
- OneCommunity will has (3) primary upstream providers and (3) secondary upstream peers.
- The (3) primary upstream providers are Global Crossing, Level 3 Communications, and Cogent Communications. These peers provide connectivity to the general Internet on a regional, national and international level;
- The (3) secondary upstream peers include National Lambda Rail (NLR), OARNet, and Internet 2. These peers provide connectivity to other networks that have transport to specialized or proprietary networks;

- Each border router connects to at least two (2) core layer nodes to provide upstream redundancy and failover.



- d) OneCommunity has designed a DWDM based infrastructure that uses MPLS network transport services. Healthcare sites will connect via a dual-path entrance fiber system that can provide backbone services at 1 Gbps speeds. Other laterals requiring a wireless connection will connect at 100 Mbps. The HealthNet network connects into Internet2 national backbone through a BGP peering gateway on the OneCommunity fiber backbone.

Estimated fiber construction, network region, is as follows (zone maps provided on following pages):

<u>Eastern Zone</u>	<u>Western Zone</u>	<u>Southern Zone</u>
<u>202,734 ft. (U)</u>	<u>562,023 ft. (U)</u>	<u>538,461 ft. (U)</u>
<u>148,028 (A)</u>	<u>410,366 ft. (A)</u>	<u>393,162 ft. (A)</u>

U – Underground
A – Aerial

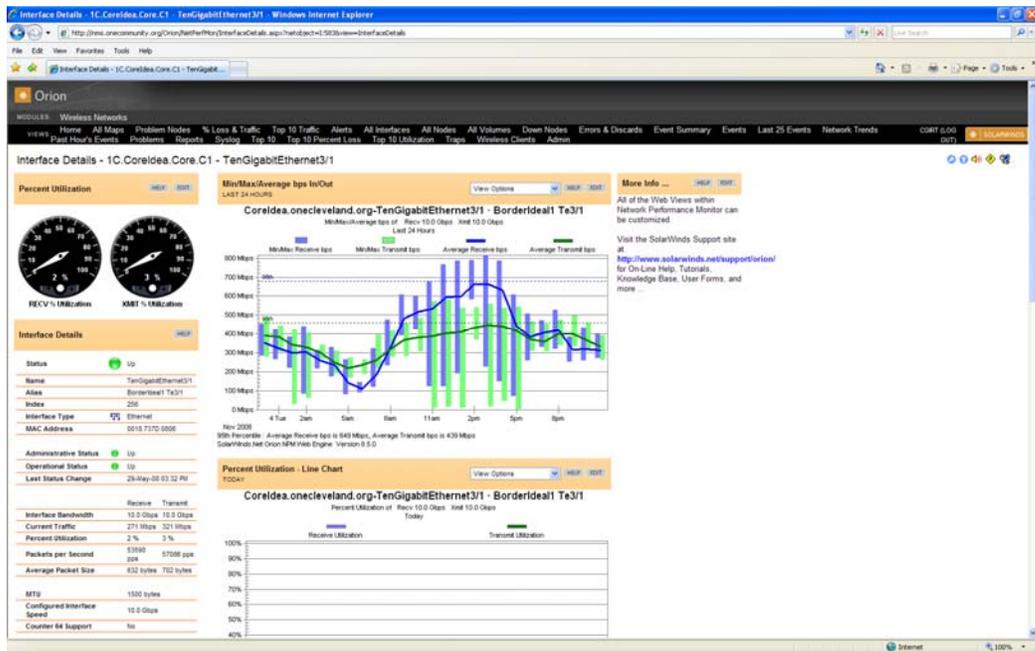
e) OneCommunity had deployed Solar Winds the powerful and flexible monitoring system. Solar Winds network Performance Monitor enables you to quickly detect, diagnose and resolve network performance problems and outages. It offers views that are designed to deliver the critical information network engineers need. A series of powerful modules extend Solar Winds management capabilities to Network infrastructure, VoIP infrastructure, NetFlow traffic analysis, wireless devices, and applications.

- Monitors and analyzes **real-time, in-depth network performance metrics** for routers, switches, servers, and any other SNMP-enabled devices
- Provides a highly **intuitive, customizable web interface** with point-and-click simplicity that supports multiple views by user and department, as well as cutting-edge map views and “Top 10” views of your global network
- Gets you up and running in less than an hour with Orion NPM's **do-it-yourself deployment**
- Enables **advanced alerting** for correlated events, sustained conditions, and complex combinations of device states
- Scales to **accommodate growth** and management needs with a hot standby engine, multiple polling engines, and additional web servers
- **Extends management capabilities** to NetFlow traffic analysis and monitoring of VoIP performance, wireless devices, applications and servers
- Leverages a **Universal Device Poller** to monitor any SNMP-enabled device
- **Orion Application Performance Monitor**
Orion Application Performance Monitor (APM) extends Orion’s powerful monitoring capabilities to applications and servers. OneCommunity can get the visibility into the performance of applications and the underlying operating systems and servers they run on. APM delivers a one-stop shop for monitoring network, application, and server data in a single, unified console, enabling you to quickly identify and resolve issues with business-critical applications – before they affect your end-users.
- **Orion NetFlow Traffic Analyzer**
Orion NetFlow Traffic Analyzer (NTA) enables you to capture flow data from continuous streams of network traffic and convert those raw numbers into easy-to-interpret charts and tables that quantify exactly how the corporate network is being used, by whom and for what purpose – enabling you to shut down the bandwidth hogs.
- **Orion VoIP Monitor**
Orion VoIP Monitor allows you to proactively analyze VoIP quality across WAN links, as well as monitor the underlying systems and protocols that the VoIP environment relies upon, providing complete integration with Orion NPM and offering the same scalability that you’ve grown to love in Orion NPM. VoIP Monitor's simulation-based approach with IP SLA alerts you to problems and enables you to fix them before an end-user can notice any voice quality issues.

- Orion Wireless Network Monitor**
 Wireless Network Monitor extends the management capabilities of Orion to wireless access points and associated wireless clients and sessions. Network professionals who are responsible for supporting wireless network devices rely on Wireless Network Monitor to perform activities, such as monitoring wireless access points (APs) for signal strength and quality, supporting 802.11-compliant APs via standard and vendor-proprietary SNMP MIBs, monitoring client statistics for Cisco wireless APs, recording historical session activity of clients that roam from one AP to another, and more!

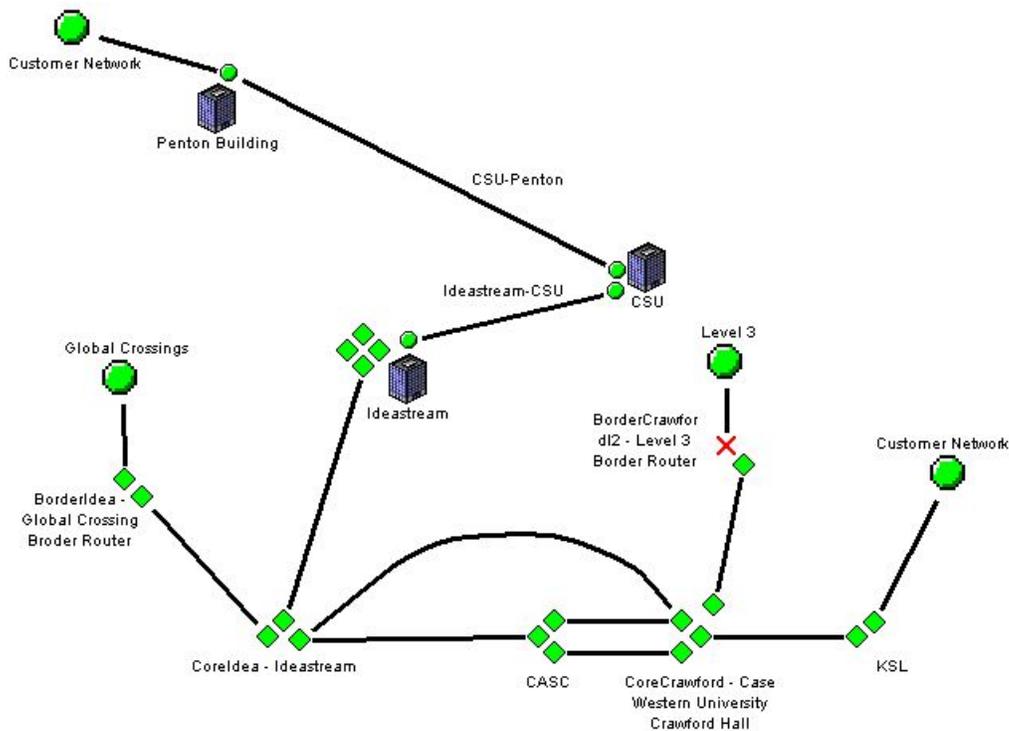


Typical Web view of a Network Device



Typical Interface View

Solar Winds also delivers a powerful web based tool that can be customized for specific customer needs. OneCommunity can give customers access to their network elements to show a real-time view into network statics that are customizable to the customer's specifications.



Customized Customer Map View

Customer Monitoring

OneCommunity can also offer its monitoring services to a customer network. This would ensure that a customer has 7x24x365 monitoring on its critical network elements. OneCommunity can offer monitoring of Network Devices such as Switches, Routers, Firewalls, Servers, Voice Gateways, Call Mangers, or any other SNMP enabled devices. OneCommunity can offset companies IT services by ensuring that issues are brought to the customer's attention before they become a major outage. OneCommunity can also act as a service agent for the customer and open and track trouble tickets with various carriers or internal resources.

Network Management

OneCommunity has broken its network management functionality into 5 distinct areas or departments. These areas include Engineering, Operations, Administration, Maintenance, and Provisioning.

- **Engineering** ensures that the network is designed to provide maximum reliability by focusing on network construction. The Engineering Department designs the OneCommunity network to be fully redundant at all layers and in the event of a failure that the network has the ability to re-route traffic to reach its destination.
- **Operations** deals with keeping the network (and the services that the network provides) up and running smoothly. It includes monitoring the network to spot problems as soon as possible, ideally before users are affected. OneCommunity has Network Operations Engineers on staff 7x24x365 days a year to deal with internal and customer network issues
- **Administration** deals with keeping track of resources in the network and how they are assigned. It includes all the "housekeeping" that is necessary to keep the network under control. Administration is also part of the Network Operations Center and is in charge of customer event notifications, Change Management procedures, and ensuring that communications is withheld between the customer base and the OneCommunity staff.
- **Maintenance** is concerned with performing repairs and upgrades - for example, when equipment must be replaced, when a router needs a patch for an operating system image, when a new switch is added to a network. Maintenance also involves corrective and preventive measures to make the managed network run "better", such as adjusting device configuration parameters. Maintenance is usually performed by the network operations center if the issue is in house and performed by Field Engineering if the issue resides at a remote co-location or customer premise.
- **Provisioning** is concerned with configuring resources in the network to support a given service. For example, this might include setting up the network so that a new customer can receive voice service. This function is performed, depending on complexity by the network operations center or the engineering staff.

Network Management Tools

Solar Winds and OneConnect are the primary network management tools used to ensure proper reporting, asset management, software/firmware management, IP management, and various other parameters used in daily network operations.

Reporting – The Solar winds is the primary tool used to generate reports for network statistics and performance. The tool also provides various reporting functions such as link capacity, device capacity, and advanced information on the network to allow the engineering department to ensure it has ample lead times for network augmentations.

Asset Management – The Solar Winds tool allows OneCommunity to track its assets that have been deployed to have a quick view in the event that a specific device needs security updates or replacement.

Software/Firmware Management – This function of Solar Winds allows the OneCommunity Operations and Maintenance staff ensures that all devices on the network have to most up to date software/firmware revisions. This includes critical security updates for network servers, IOS upgrades for Routers and Switches, and software upgrades for the regional transport systems. When a new revision is released for a particular device the device will generate a minor alarm to make the network operations center aware of new updates.

IP Management – Solar winds has a robust IP management tool that allows OneCommunity Engineering and operations staff keeps detailed records of its private and public IP space. It will also allow administration to SWIP IP space to ARIN for public address registration.

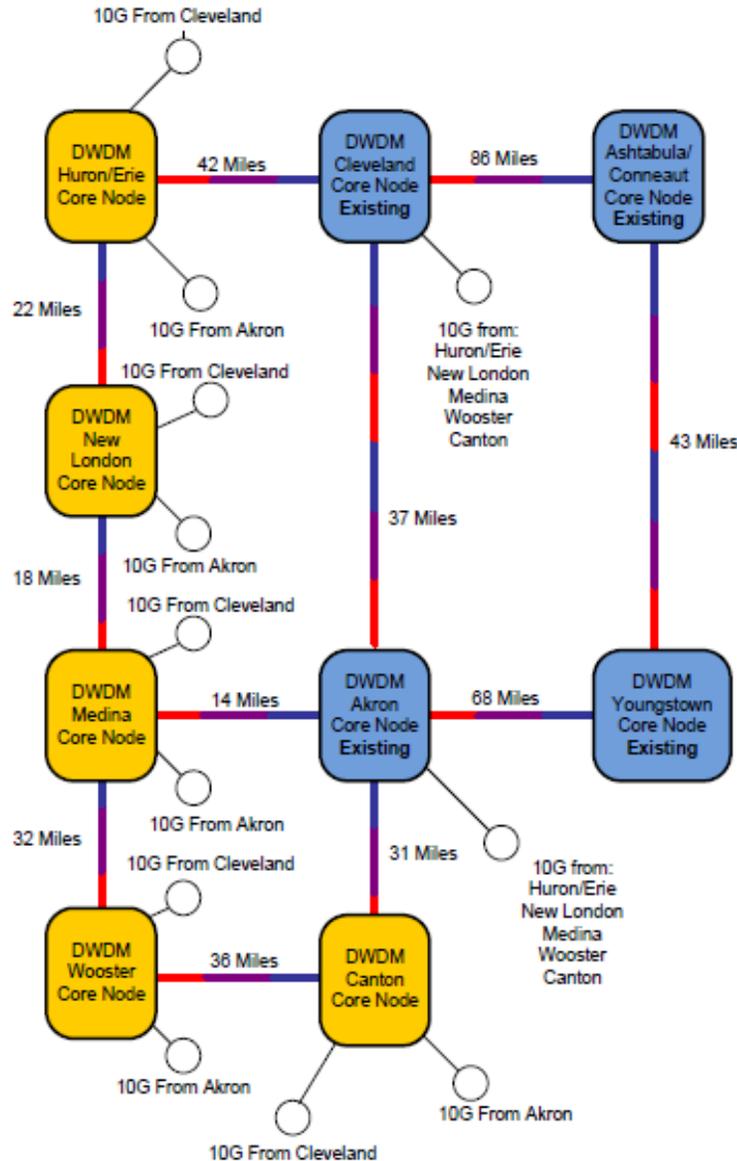
Other powerful tools that are native to Solar winds are the engineering toolkit. This feature rich package allows the network operations and maintenance staff to use powerful tools to isolate issues or troubles. This package includes discovery tools, real time monitoring tools, diagnostic tools, and a Cisco specific tool kit.

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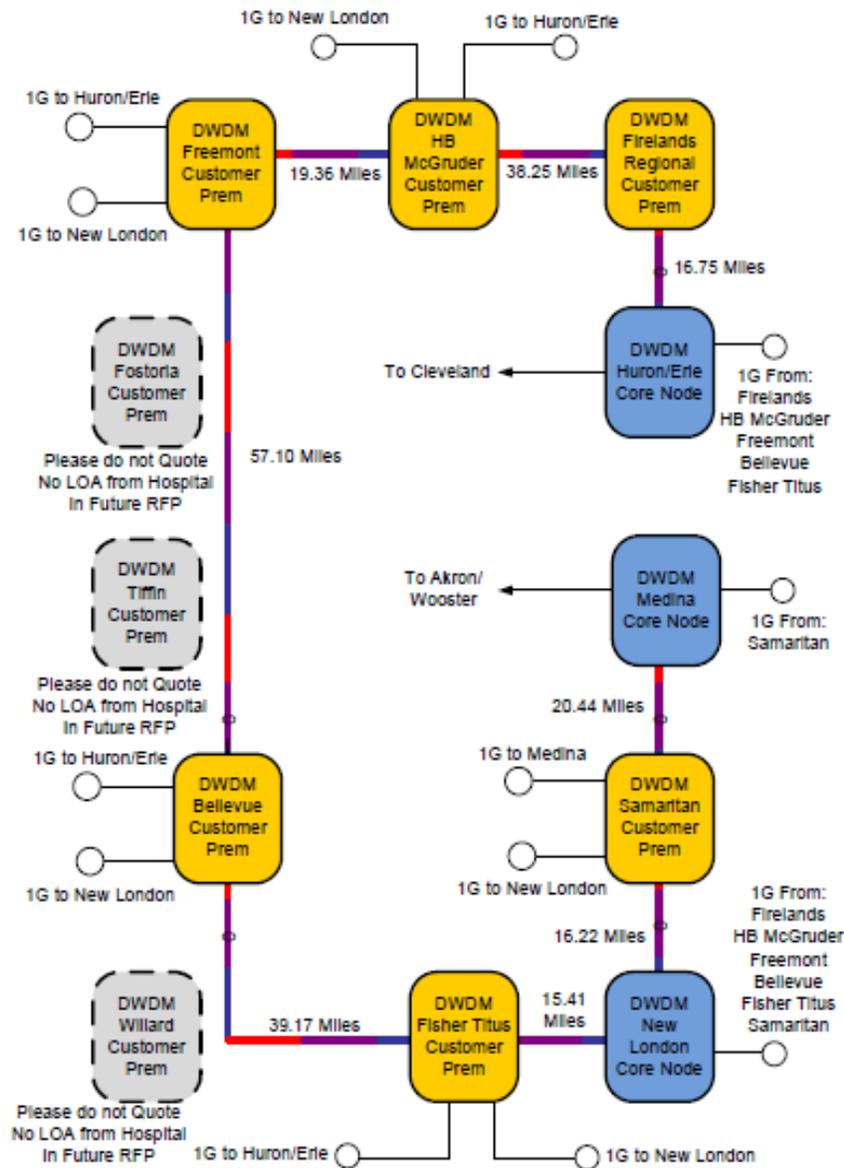
4.0 List of Connected Healthcare Providers

a-g) Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

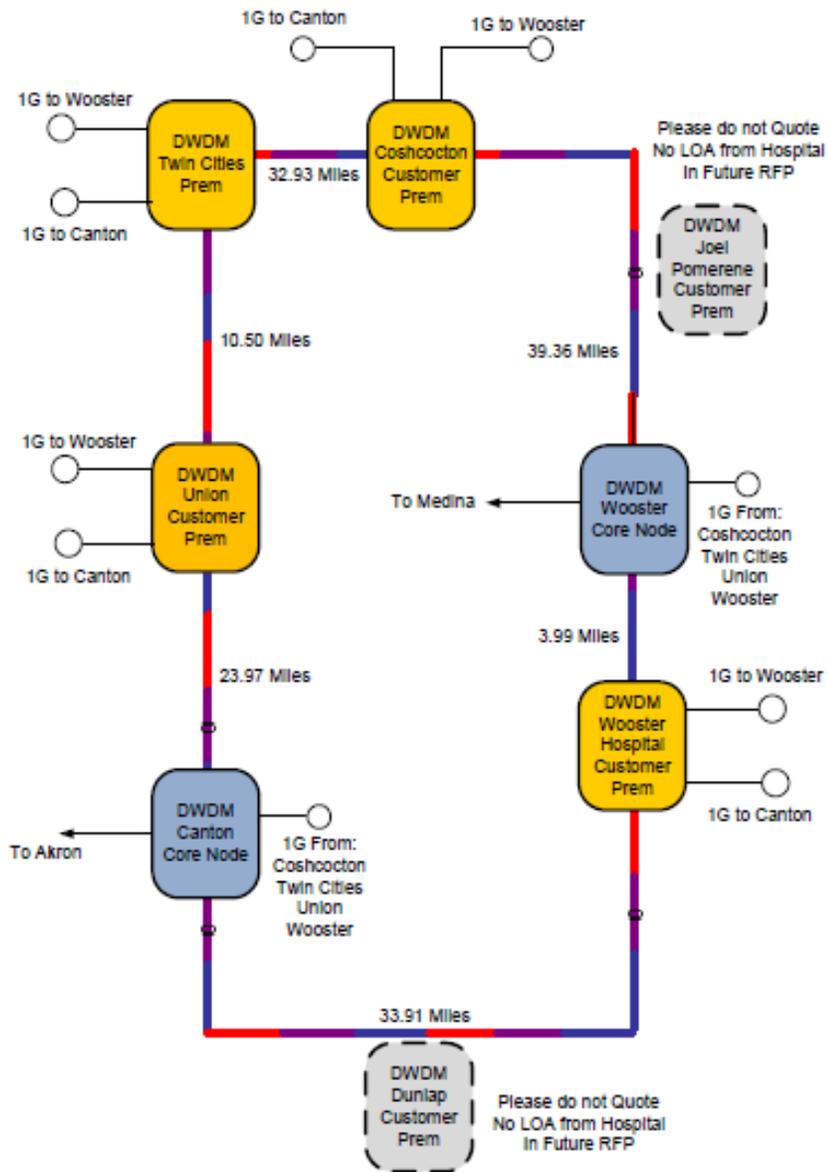
4.1 Logical Network Diagrams



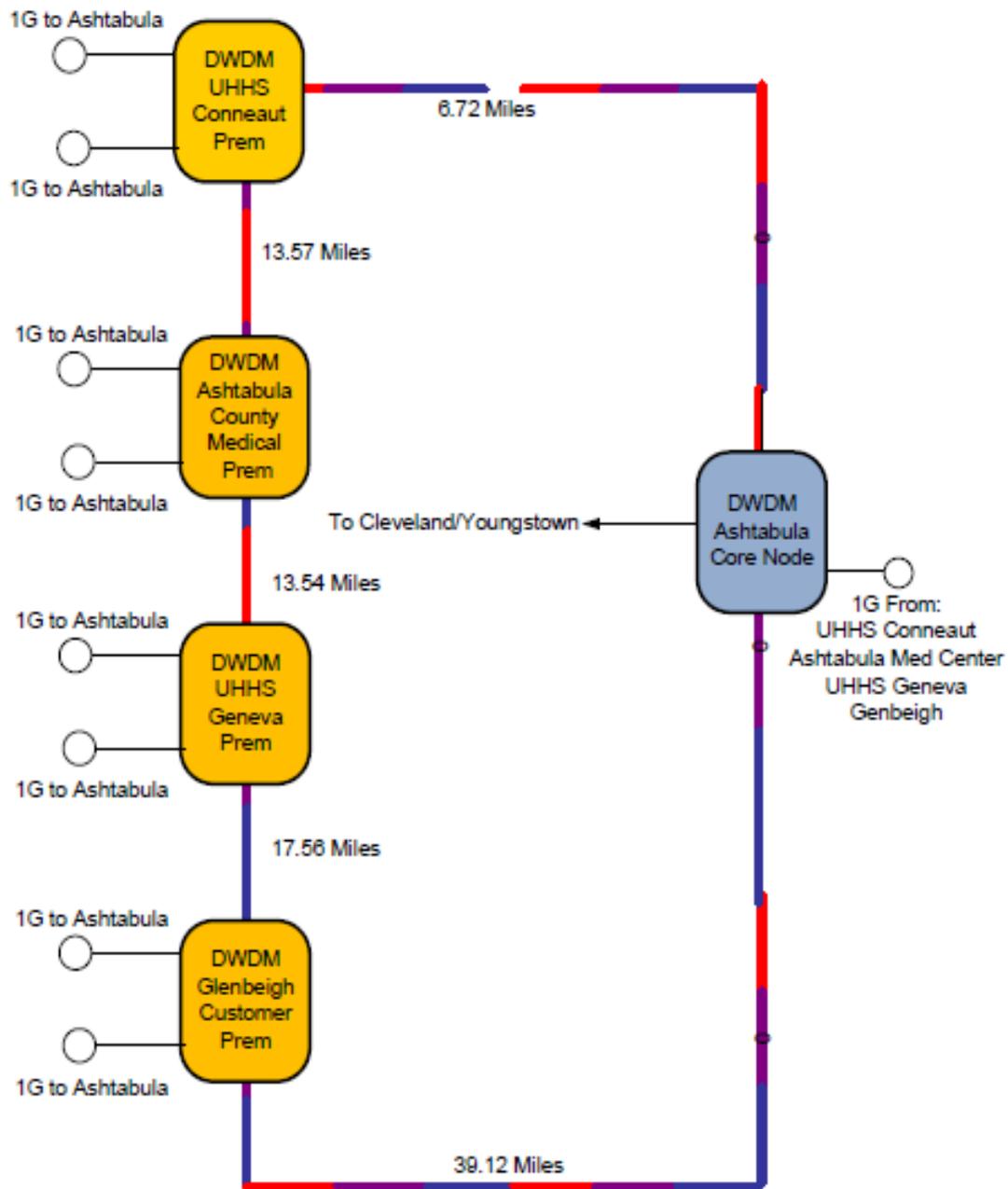
4.1.1 DWDM Backbone Network Design



4.1.2 Western Ring Network Design



4.1.3 Southern Ring Network Design



4.1.4 Eastern Ring Network Design

5.0 Budgeted vs. Actual Costs – Recurring and Non-recurring

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. The budgeted portion of the table has been completed with the actual costs updated per quarter once we begin implementation. Scheduled timeframe for construction start is the beginning of November, 2009.

		Budgeted	Actual
<i>Backbone equipment</i>	<i>Fujitsu</i>	1,376,214.00	
	<i>Texcel</i>	\$ 421,331.40	
<i>Fiber Material Cost</i>	<i>OFS Fitel</i>	\$ 1,320,604.80	
<i>Build Material Cost</i>	<i>AD Technologies</i>	\$ 371,287.12	
	<i>Multilink</i>	\$ 96,857.85	
<i>Fiber installation</i>	<i>GNJ</i>	\$ 7,324,121.77	
<i>Make ready (paid by 1C)</i>	<i>OneCommunity</i>	\$ 1,081,313.64	
<i>Construction management</i>	<i>OneCommunity</i>	\$ 649,972.06	
<i>Permits</i>	<i>OneCommunity</i>	\$ 126,100.00	
<i>Ring equipment cost</i>	<i>Texcel</i>	\$ 509,955.60	
Project Cost		\$ 13,277,882.36	

6.0 Cost Distribution and Funding Sources

Vendor contracts, equipment acquisition and provisioning is in progress; however, circuit connectivity has not been established and no customer premise equipment has been placed. No costs have yet been incurred. When invoicing begins, the following will apply:

- a) All participants are eligible. Costs are allocated among partners based on the contracted connectivity and hardware specified for their subsidiary health care provider sites.
- b) Sources of funds from:
 - i. Eligible Participants: partners will pay the fifteen percent (15%) contribution for their subsidiary health care provider sites from commercial loans.
 - ii. There are no ineligible sites in the HealthNet supported network during this phase of the project.
- c) There are no grants anticipated from local, state or federal sources at this time.
- d) The capability to connect broadband level connectivity to locations that otherwise would not be served for essentially fifteen percent (15%) of the total cost, enables Intranet based services within the OneCommunity network to be distributed to rural locations. Additional healthcare services can be provided on a wider scale through network expansion to a targeted audience, in this case rural healthcare providers, which is a strategic goal of the OneCommunity business model.

Cost Distribution by Healthcare Facility

	Texcel	Fujitsu	OFS Fitel	AD Technologies	Multilink	GNJ	OneCommunity (Make-ready)	OneCommunity (Construction Management)	OneCommunity (Permits)	Total Cost per Healthcare Facility
Ashtabula County Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 44,469.58	\$ 23,205.45	\$ 6,053.62	\$ 240,454.03	\$ 35,397.00	\$ 21,276.93	\$ 4,139.92	\$ 519,215.33
Coshocton County Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 171,616.86	\$ 23,205.45	\$ 6,053.62	\$ 957,143.07	\$ 141,197.00	\$ 84,872.84	\$ 16,479.21	\$ 1,544,786.85
East Liverpool City Hospital	\$ 58,205.44	\$ 86,013.38	\$ 22,469.02	\$ 23,205.45	\$ 6,053.62	\$ 122,889.17	\$ 19,738.20	\$ 11,864.50	\$ 2,115.79	\$ 352,554.55
Firelands Regional Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 177,306.64	\$ 23,205.45	\$ 6,053.62	\$ 1,106,240.50	\$ 145,901.54	\$ 87,700.72	\$ 19,046.23	\$ 1,709,673.50
Fisher Titus Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 74,763.82	\$ 23,205.45	\$ 6,053.62	\$ 414,668.95	\$ 61,115.18	\$ 36,736.02	\$ 7,139.39	\$ 767,901.23
Glenbeigh Hospital of Rockcreek	\$ 58,205.44	\$ 86,013.38	\$ 81,338.70	\$ 23,205.45	\$ 6,053.62	\$ 334,266.04	\$ 66,551.54	\$ 40,003.79	\$ 5,755.09	\$ 701,393.03
H. B. Magruder Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 82,729.54	\$ 23,205.45	\$ 6,053.62	\$ 459,284.97	\$ 67,701.54	\$ 40,695.05	\$ 7,907.55	\$ 831,796.53
Jefferson Healthcare Center	\$ 58,205.44	\$ 86,013.38	\$ 75,396.02	\$ 23,205.45	\$ 6,053.62	\$ 418,209.91	\$ 61,637.91	\$ 37,050.23	\$ 7,200.35	\$ 772,972.29
Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 59,591.02	\$ 23,205.45	\$ 6,053.62	\$ 329,686.06	\$ 48,569.73	\$ 29,195.00	\$ 5,676.23	\$ 646,195.91
Samaritan Regional Health System	\$ 58,205.44	\$ 86,013.38	\$ 77,608.72	\$ 23,205.45	\$ 6,053.62	\$ 430,603.25	\$ 63,467.45	\$ 38,149.96	\$ 7,413.73	\$ 790,720.98
The Bellevue Hospital	\$ 58,205.44	\$ 86,013.38	\$ 43,153.82	\$ 23,205.45	\$ 6,053.62	\$ 237,621.27	\$ 34,978.82	\$ 21,025.57	\$ 4,091.14	\$ 514,348.49
Twin City Hospital	\$ 58,205.44	\$ 86,013.38	\$ 134,190.62	\$ 23,205.45	\$ 6,053.62	\$ 747,518.61	\$ 110,251.54	\$ 66,271.66	\$ 12,870.09	\$ 1,244,580.40
UHHS Conneaut Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 67,683.18	\$ 23,205.45	\$ 6,053.62	\$ 375,010.27	\$ 55,260.64	\$ 33,216.88	\$ 6,456.58	\$ 711,105.42
UHHS Geneva Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 44,469.58	\$ 23,205.45	\$ 6,053.62	\$ 240,454.03	\$ 35,397.00	\$ 21,276.93	\$ 4,139.92	\$ 519,215.33
Union Hospital	\$ 58,205.44	\$ 86,013.38	\$ 60,728.98	\$ 23,205.45	\$ 6,053.62	\$ 336,059.78	\$ 49,510.64	\$ 29,760.58	\$ 5,785.97	\$ 655,323.81
Wooster Community Hospital	\$ 58,205.44	\$ 86,013.38	\$ 103,212.82	\$ 23,205.45	\$ 6,053.62	\$ 574,011.87	\$ 84,637.91	\$ 50,875.42	\$ 9,882.81	\$ 996,098.71
Total	\$ 931,287.00	\$ 1,376,214.00	\$ 1,320,728.92	\$ 371,287.12	\$ 96,857.85	\$ 7,324,121.77	\$ 1,081,313.64	\$ 649,972.06	\$ 126,100.00	\$ 13,277,882.36

7.0 Connection Requirements for Ineligible Entities

OneCommunity builds all networks as “open access” which means that other service providers can participate in using OneCommunity’s infrastructure transport. The extension of our current network with the addition of the FCC build extends this open access to additional regional areas who cannot either obtain or afford broadband access.

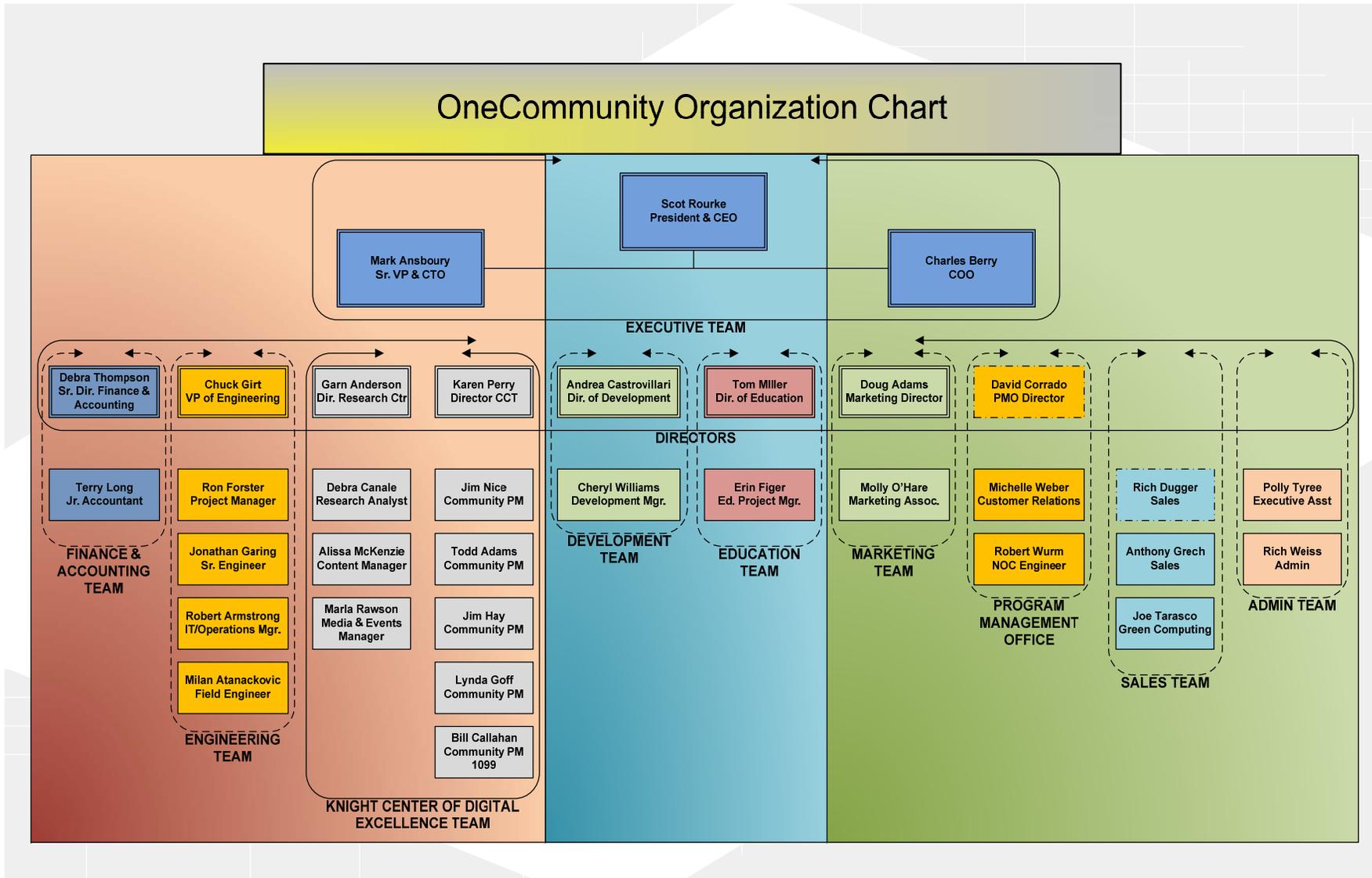
Ineligible entities do not require any additional technical requirements nor additional procedures in order to connect to the OneCommunity network. With the exception of increased pricing compared to eligible entities, connection to the network can be accomplished by direct loop or through a lateral build. Separate last mile providers can participate in the connecting of these entities.

No ineligible entities are participating in the project.

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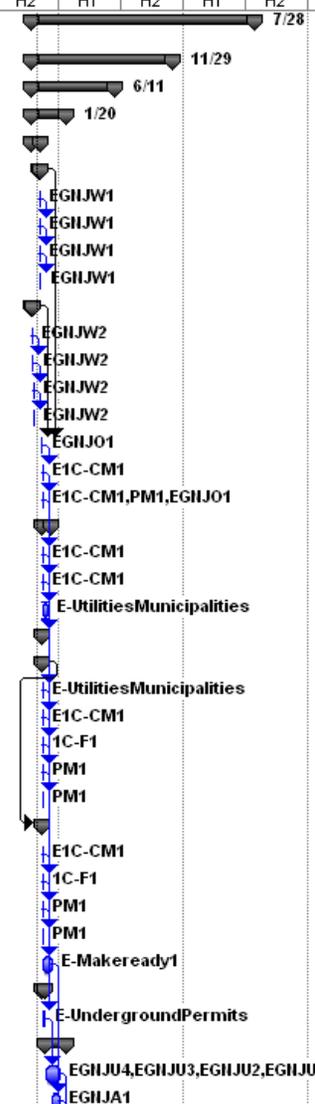
8.0 Project Management

a) Current Leadership and Management Structure



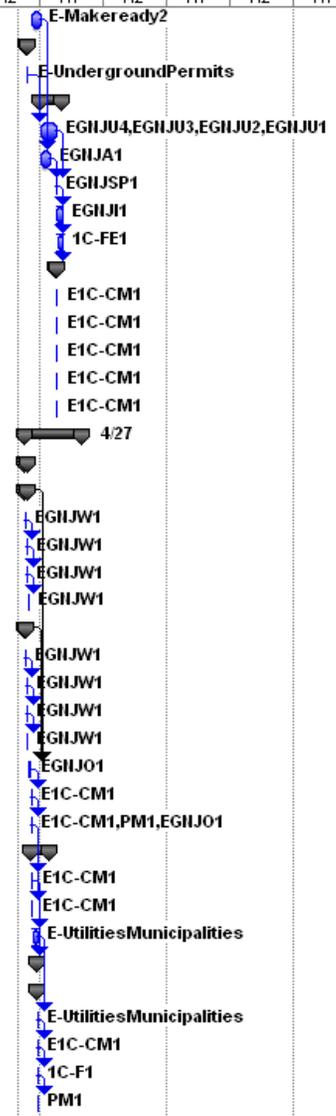
b) Detailed Project Plan (tentative project start – November 2, 2009)

ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
1	FCC HealthNet Network Build			10/12/09	7/28/11									
2	Phase 1			10/12/09	11/29/10									
3	Eastern Zone			10/12/09	6/11/10									
4	Segment E-1 (Ashtabula-Conneaut)	Conneaut	15	10/12/09	1/20/10									
5	Conduct site walkout			10/12/09	11/4/09									
6	Aerial			11/2/09	11/4/09									
7	Obtain pole information			11/2/09	11/2/09									
8	Gather pole birthmark (if available)			11/2/09	11/3/09									
9	Obtain utility name who owns each pole			11/3/09	11/3/09									
10	Measure individual utilities on poles			11/3/09	11/4/09									
11	Underground			10/12/09	10/14/09									
12	Identify underground locations			10/12/09	10/12/09									
13	Identify riser poles			10/12/09	10/13/09									
14	Location of pull vaults			10/13/09	10/13/09									
15	Gather information on construction obstacles			10/13/09	10/14/09									
16	Summarize walkout information and enter into CAD drs			11/4/09	11/9/09									
17	Verify field information			11/9/09	11/10/09									
18	Define detailed project plan for aerial & underground w			11/10/09	11/11/09									
19	Permitting			11/11/09	12/8/09									
20	Submit pole information to utilities and municipalitie			11/11/09	11/12/09									
21	Submit underground information to municipalities, i			11/11/09	11/12/09									
22	Receive approval from utilities and municipalities			11/12/09	11/23/09									
23	Make-Ready			11/12/09	11/12/09									
24	Engineering Costing			11/12/09	11/12/09									
25	Define project steps for make-ready wo			11/12/09	11/12/09									
26	Receive invoice for engineering			11/12/09	11/12/09									
27	Pay 100% of engineering invoice			11/12/09	11/12/09									
28	Submit payment package to USAC			11/12/09	11/12/09									
29	Receive 85% USAC reimbursement			11/12/09	11/12/09									
30	Make-Ready Costing			11/12/09	11/12/09									
31	Receive invoice for make-ready			11/12/09	11/12/09									
32	Pay 100% of make-ready invoice			11/12/09	11/12/09									
33	Submit payment package to USAC			11/12/09	11/12/09									
34	Receive 85% USAC reimbursement			11/12/09	11/12/09									
35	Conduct make-ready work			11/12/09	12/8/09									
36	Underground Approvals			11/12/09	11/17/09									
37	Receive underground permits			11/12/09	11/17/09									
38	Field Construction			11/17/09	1/19/10									
39	Conduct underground work			11/17/09	12/29/09									
40	Conduct pole work			12/8/09	12/30/09									



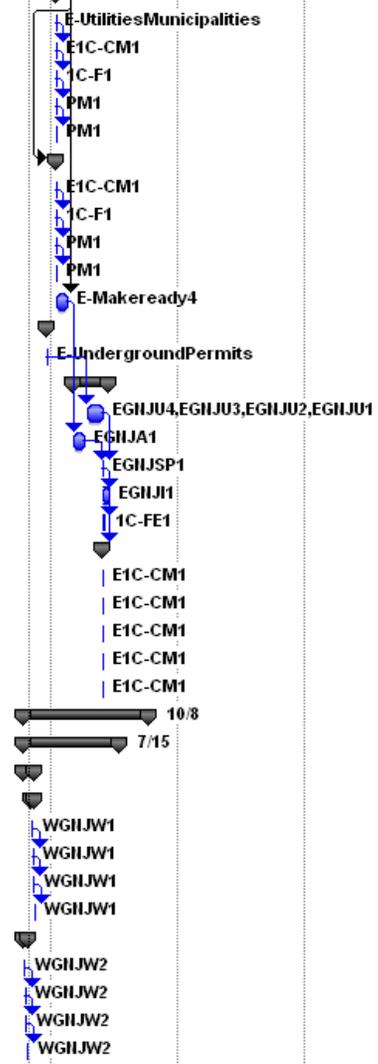
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
41	Test spliced fibers (entire segment)			12/30/09	12/31/09				EGIJSP1					
42	Implement lateral and inside fiber connection			12/31/09	1/19/10				EGIJJ1					
43	Install network electronics (core, distribution and			12/31/09	1/11/10				1C-FE1					
44	Signoff acceptance			1/19/10	1/20/10									
45	As built drawings			1/19/10	1/20/10				E1C-CM1					
46	Splicing diagram			1/19/10	1/19/10				E1C-CM1					
47	Link loss report			1/19/10	1/19/10				E1C-CM1					
48	Packing slips			1/19/10	1/19/10				E1C-CM1					
49	Pre-test documentation			1/19/10	1/19/10				E1C-CM1					
50	Segment E-2 (Geneva-Ashtabula)	Ashtabula & Geneva	14	10/19/09	3/2/10				3/2					
51	Conduct site walkout			10/19/09	11/11/09									
52	Aerial			11/6/09	11/11/09									
53	Obtain pole information			11/6/09	11/9/09				EGIJW1					
54	Gather pole birthmark (if available)			11/9/09	11/10/09				EGIJW1					
55	Obtain utility name who owns each pole			11/10/09	11/11/09				EGIJW1					
56	Measure individual utilities on poles			11/11/09	11/11/09				EGIJW1					
57	Underground			10/19/09	10/22/09									
58	Identify underground locations			10/19/09	10/19/09				EGIJW1					
59	Identify riser poles			10/20/09	10/21/09				EGIJW1					
60	Location of pull vaults			10/21/09	10/21/09				EGIJW1					
61	Gather information on construction obstacles			10/21/09	10/22/09				EGIJW1					
62	Summarize walkout information and enter into CAD dra			11/11/09	11/16/09				EGIJJ1					
63	Verify field information			11/16/09	11/17/09				E1C-CM1					
64	Define detailed project plan for aerial & underground w			11/17/09	11/18/09				E1C-CM1,PM1,EGIJJ1					
65	Permitting			11/18/09	12/28/09									
66	Submit pole information to utilities and municipalitie			11/18/09	11/19/09				E1C-CM1					
67	Submit underground information to municipalities, i			11/18/09	11/19/09				E1C-CM1					
68	Receive approval from utilities and municipalities			11/23/09	12/3/09				E-UtilitiesMunicipalities					
69	Make-Ready			12/4/09	12/4/09									
70	Engineering Costing			12/4/09	12/4/09									
71	Define project steps for make-ready wo			12/4/09	12/4/09				E-UtilitiesMunicipalities					
72	Receive invoice for engineering			12/4/09	12/4/09				E1C-CM1					
73	Pay 100% of engineering invoice			12/4/09	12/4/09				1C-F1					
74	Submit payment package to USAC			12/4/09	12/4/09				PM1					
75	Receive 85% USAC reimbursement			12/4/09	12/4/09				PM1					
76	Make-Ready Costing			12/4/09	12/4/09									
77	Receive invoice for make-ready			12/4/09	12/4/09				E1C-CM1					
78	Pay 100% of make-ready invoice			12/4/09	12/4/09				1C-F1					
79	Submit payment package to USAC			12/4/09	12/4/09				PM1					
80	Receive 85% USAC reimbursement			12/4/09	12/4/09				PM1					

ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
81	Conduct make-ready work			12/4/09	12/28/09									
82	Underground Approvals			11/19/09	11/24/09									
83	Receive underground permits			11/19/09	11/24/09									
84	Field Construction			12/29/09	3/2/10									
85	Conduct underground work			12/29/09	2/10/10									
86	Conduct pole work			12/30/09	1/26/10									
87	Test spliced fibers (entire segment)			2/10/10	2/11/10									
88	Implement lateral and inside fiber connection			2/11/10	3/2/10									
89	Install network electronics (core, distribution and			2/18/10	3/1/10									
90	Signoff acceptance			2/11/10	2/15/10									
91	As built drawings			2/11/10	2/15/10									
92	Splicing diagram			2/11/10	2/15/10									
93	Link loss report			2/11/10	2/15/10									
94	Packing slips			2/11/10	2/15/10									
95	Pre-test documentation			2/11/10	2/15/10									
96	Segment E-3 (Rockcreek-Geneva)	Glenbeigh	19	11/13/09	4/27/10									
97	Conduct site walkout			11/13/09	11/24/09									
98	Aerial			11/13/09	11/24/09									
99	Obtain pole information			11/13/09	11/16/09									
100	Gather pole birthmark (if available)			11/17/09	11/18/09									
101	Obtain utility name who owns each pole			11/19/09	11/19/09									
102	Measure individual utilities on poles			11/23/09	11/24/09									
103	Underground			11/16/09	11/20/09									
104	Identify underground locations			11/16/09	11/16/09									
105	Identify riser poles			11/17/09	11/18/09									
106	Location of pull vaults			11/19/09	11/19/09									
107	Gather information on construction obstacles			11/19/09	11/20/09									
108	Summarize walkout information and enter into CAD dra			11/24/09	12/2/09									
109	Verify field information			12/2/09	12/3/09									
110	Define detailed project plan for aerial & underground w			12/3/09	12/4/09									
111	Permitting			12/4/09	1/26/10									
112	Submit pole information to utilities and municipalitie			12/4/09	12/7/09									
113	Submit underground information to municipalities, i			12/4/09	12/7/09									
114	Receive approval from utilities and municipalities			12/7/09	12/21/09									
115	Make-Ready			12/21/09	12/21/09									
116	Engineering Costing			12/21/09	12/21/09									
117	Define project steps for make-ready wo			12/21/09	12/21/09									
118	Receive invoice for engineering			12/21/09	12/21/09									
119	Pay 100% of engineering invoice			12/21/09	12/21/09									
120	Submit payment package to USAC			12/21/09	12/21/09									



ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
121	Receive 85% USAC reimbursement			12/21/09	12/21/09				PM1					
	Make-Ready Costing			12/21/09	12/21/09									
122	Receive invoice for make-ready			12/21/09	12/21/09				E1C-CM1					
123	Pay 100% of make-ready invoice			12/21/09	12/21/09				1C-F1					
124	Submit payment package to USAC			12/21/09	12/21/09				PM1					
125	Receive 85% USAC reimbursement			12/21/09	12/21/09				PM1					
126	Conduct make-ready work			12/21/09	1/26/10				E-Makeready3					
127	Underground Approvals			12/7/09	12/11/09									
128	Receive underground permits			12/7/09	12/11/09				E-UndergroundPermits					
129	Field Construction			1/26/10	4/27/10									
130	Conduct underground work			2/10/10	4/12/10				EGIJU4,EGIJU3,EGIJU2,EGIJU1					
131	Conduct pole work			1/26/10	3/2/10				EGIJA1					
132	Test spliced fibers (entire segment)			4/12/10	4/13/10				EGIJSP1					
133	Implement lateral and inside fiber connection			4/13/10	4/27/10				EGIJH1					
134	Install network electronics (core, distribution and			4/13/10	4/20/10				1C-FE1					
135	Signoff acceptance			4/13/10	4/15/10									
136	As built drawings			4/13/10	4/15/10				E1C-CM1					
137	Splicing diagram			4/13/10	4/14/10				E1C-CM1					
138	Link loss report			4/13/10	4/14/10				E1C-CM1					
139	Packing slips			4/13/10	4/14/10				E1C-CM1					
140	Pre-test documentation			4/13/10	4/14/10				E1C-CM1					
141	Segment E-4 (RockCreek-Jefferson)	Jefferson	18	11/24/09	6/11/10									
142	Conduct site walkout			11/24/09	12/4/09									
143	Aerial			12/1/09	12/4/09									
144	Obtain pole information			12/1/09	12/1/09				EGIJW1					
145	Gather pole birthmark (if available)			12/1/09	12/2/09				EGIJW1					
146	Obtain utility name who owns each pole			12/2/09	12/3/09				EGIJW1					
147	Measure individual utilities on poles			12/3/09	12/4/09				EGIJW1					
148	Underground			11/24/09	12/1/09									
149	Identify underground locations			11/24/09	11/25/09				EGIJW1					
150	Identify riser poles			11/25/09	11/30/09				EGIJW1					
151	Location of pull vaults			11/30/09	11/30/09				EGIJW1					
152	Gather information on construction obstacles			11/30/09	12/1/09				EGIJW1					
153	Summarize walkout information and enter into CAD dra			12/4/09	12/9/09				EGIJU1					
154	Verify field information			12/9/09	12/11/09				E1C-CM1					
155	Define detailed project plan for aerial & underground w			12/11/09	12/11/09				E1C-CM1,PM1,EGIJU1					
156	Permitting			12/11/09	2/11/10									
157	Submit pole information to utilities and municipalitie			12/11/09	12/14/09				E1C-CM1					
158	Submit underground information to municipalities,			12/11/09	12/14/09				E1C-CM1					
159	Receive approval from utilities and municipalities			12/28/09	1/11/10				E-UtilitiesMunicipalities					

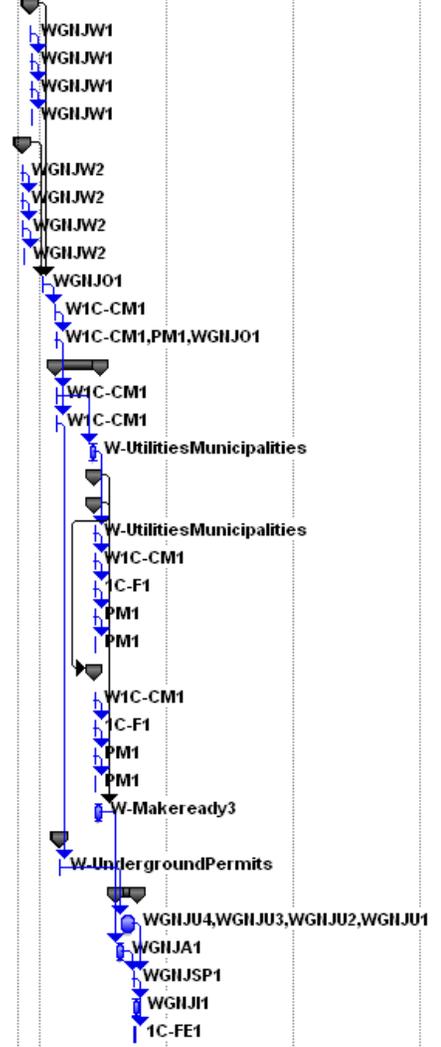
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
161	Make-Ready			1/11/10	1/12/10									
162	Engineering Costing			1/11/10	1/11/10									
163	Define project steps for make-ready wo			1/11/10	1/11/10									
164	Receive invoice for engineering			1/11/10	1/11/10									
165	Pay 100% of engineering invoice			1/11/10	1/11/10									
166	Submit payment package to USAC			1/11/10	1/11/10									
167	Receive 85% USAC reimbursement			1/11/10	1/11/10									
168	Make-Ready Costing			1/11/10	1/12/10									
169	Receive invoice for make-ready			1/11/10	1/11/10									
170	Pay 100% of make-ready invoice			1/11/10	1/11/10									
171	Submit payment package to USAC			1/11/10	1/12/10									
172	Receive 85% USAC reimbursement			1/12/10	1/12/10									
173	Conduct make-ready work			1/12/10	2/11/10									
174	Underground Approvals			12/14/09	12/18/09									
175	Receive underground permits			12/14/09	12/18/09									
176	Field Construction			3/2/10	6/11/10									
177	Conduct underground work			4/12/10	5/25/10									
178	Conduct pole work			3/2/10	3/31/10									
179	Test spliced fibers (entire segment)			5/25/10	5/27/10									
180	Implement lateral and inside fiber connection			5/27/10	6/11/10									
181	Install network electronics (core, distribution and			5/27/10	6/4/10									
182	Signoff acceptance			5/27/10	5/28/10									
183	As built drawings			5/27/10	5/28/10									
184	Splicing diagram			5/27/10	5/27/10									
185	Link loss report			5/27/10	5/27/10									
186	Packing slips			5/27/10	5/27/10									
187	Pre-test documentation			5/27/10	5/27/10									
188	Western Zone			10/12/09	10/8/10									
189	Segment W-1 (Elyria-Sandusky)	Firelands	51	10/12/09	7/15/10									
190	Conduct site walkout			10/12/09	11/12/09									
191	Aerial			11/2/09	11/12/09									
192	Obtain pole information			11/2/09	11/4/09									
193	Gather pole birthmark (if available)			11/4/09	11/6/09									
194	Obtain utility name who owns each pole			11/6/09	11/10/09									
195	Measure individual utilities on poles			11/10/09	11/12/09									
196	Underground			10/12/09	10/22/09									
197	Identify underground locations			10/12/09	10/14/09									
198	Identify riser poles			10/14/09	10/16/09									
199	Location of pull vaults			10/16/09	10/20/09									
200	Gather information on construction obstacles			10/20/09	10/22/09									



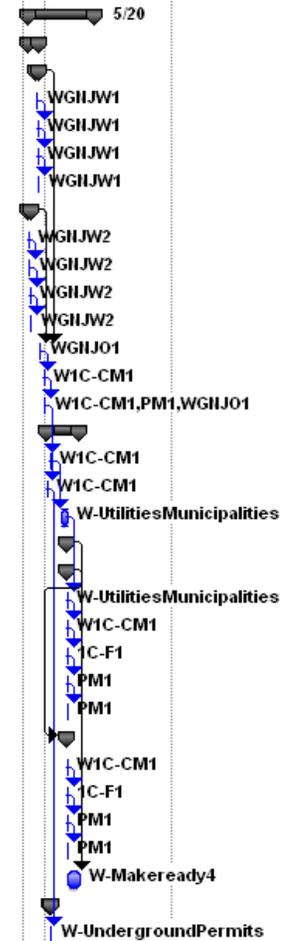
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
201	Summarize walkout information and enter into CAD dra			11/12/09	12/1/09				WGIIJ01					
202	Verify field information			12/1/09	12/4/09				W1C-CM1					
203	Define detailed project plan for aerial & underground w			12/4/09	12/14/09				WGIIJ01,PM1,W1C-CM1					
204	Permitting			12/14/09	4/7/10									
205	Submit pole information to utilities and municipalitie			12/28/09	12/31/09				W1C-CM1					
206	Submit underground information to municipalities, i			12/14/09	12/17/09				W1C-CM1					
207	Receive approval from utilities and municipalities			12/31/09	2/15/10				W-UtilitiesMunicipalities					
208	Make-Ready			12/31/09	1/5/10									
209	Engineering Costing			12/31/09	1/4/10									
210	Define project steps for make-ready wo			12/31/09	12/31/09				W-UtilitiesMunicipalities					
211	Receive invoice for engineering			1/4/10	1/4/10				W1C-CM1					
212	Pay 100% of engineering invoice			1/4/10	1/4/10				1C-F1					
213	Submit payment package to USAC			1/4/10	1/4/10				PM1					
214	Receive 85% USAC reimbursement			1/4/10	1/4/10				PM1					
215	Make-Ready Costing			1/5/10	1/5/10									
216	Receive invoice for make-ready			1/5/10	1/5/10				W1C-CM1					
217	Pay 100% of make-ready invoice			1/5/10	1/5/10				1C-F1					
218	Submit payment package to USAC			1/5/10	1/5/10				PM1					
219	Receive 85% USAC reimbursement			1/5/10	1/5/10				PM1					
220	Conduct make-ready work			1/5/10	4/7/10				W-Makeredy1					
221	Underground Approvals			12/17/09	1/5/10									
222	Receive underground permits			12/17/09	1/5/10				W-UndergroundPermits					
223	Field Construction			1/5/10	7/9/10									
224	Conduct underground work			1/5/10	6/1/10				WGIIJU1,WGIIJU2,WGIIJU3,WGIIJU4					
225	Conduct pole work			4/7/10	6/18/10				WGIIJA1					
226	Test spliced fibers (entire segment)			6/18/10	6/24/10				WGIIJSP1					
227	Implement lateral and inside fiber connection			6/28/10	7/9/10				WGIIJ1					
228	Install network electronics (core, distribution and i			6/25/10	7/2/10				1C-FE1					
229	Signoff acceptance			7/12/10	7/15/10									
230	As built drawings			7/12/10	7/15/10				W1C-CM1					
231	Splicing diagram			7/12/10	7/12/10				W1C-CM1					
232	Link loss report			7/12/10	7/12/10				W1C-CM1					
233	Packing slips			7/12/10	7/12/10				W1C-CM1					
234	Pre-test documentation			7/12/10	7/12/10				W1C-CM1					
235	Segment W-2 (Sandusky-Clyde)		33	10/26/09	9/8/10									
236	Conduct site walkout			10/26/09	11/24/09									
237	Aerial			11/16/09	11/24/09									
238	Obtain pole information			11/16/09	11/18/09				WGIIJW1					
239	Gather pole birthmark (if available)			11/18/09	11/19/09				WGIIJW1					
240	Obtain utility name who owns each pole			11/19/09	11/23/09				WGIIJW1					

ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
241	Measure individual utilities on poles			11/23/09	11/24/09				WGIJW1					
242	Underground			10/26/09	11/3/09				WGIJW2					
243	Identify underground locations			10/26/09	10/28/09				WGIJW2					
244	Identify riser poles			10/28/09	10/29/09				WGIJW2					
245	Location of pull vaults			10/29/09	11/2/09				WGIJW2					
246	Gather information on construction obstacles			11/2/09	11/3/09				WGIJW2					
247	Summarize walkout information and enter into CAD drawings			11/30/09	12/8/09				WGIJU1					
248	Verify field information			12/8/09	12/11/09				W1C-CM1					
249	Define detailed project plan for aerial & underground work			12/11/09	12/18/09				W1C-CM1,PM1,WGIJU1					
250	Permitting			1/7/10	5/14/10									
251	Submit pole information to utilities and municipalities			1/7/10	1/13/10				W1C-CM1					
252	Submit underground information to municipalities, utilities			1/12/10	1/14/10				W1C-CM1					
253	Receive approval from utilities and municipalities			2/25/10	3/25/10				W-UtilitiesMunicipalities					
254	Make-Ready			3/25/10	3/25/10									
255	Engineering Costing			3/25/10	3/25/10									
256	Define project steps for make-ready work			3/25/10	3/25/10				W-UtilitiesMunicipalities					
257	Receive invoice for engineering			3/25/10	3/25/10				W1C-CM1					
258	Pay 100% of engineering invoice			3/25/10	3/25/10				1C-F1					
259	Submit payment package to USAC			3/25/10	3/25/10				PM1					
260	Receive 85% USAC reimbursement			3/25/10	3/25/10				PM1					
261	Make-Ready Costing			3/25/10	3/25/10									
262	Receive invoice for make-ready work			3/25/10	3/25/10				W1C-CM1					
263	Pay 100% of make-ready invoice			3/25/10	3/25/10				1C-F1					
264	Submit payment package to USAC			3/25/10	3/25/10				PM1					
265	Receive 85% USAC reimbursement			3/25/10	3/25/10				PM1					
266	Conduct make-ready work			3/25/10	5/14/10				W-Makeready2					
267	Underground Approvals			1/19/10	2/1/10									
268	Receive underground permits			1/19/10	2/1/10				W-UndergroundPermits					
269	Field Construction			6/1/10	9/8/10									
270	Conduct underground work			6/1/10	8/20/10				WGIJU4,WGIJU3,WGIJU2,WGIJU1					
271	Conduct pole work			6/18/10	8/5/10				WGIJA1					
272	Test spliced fibers (entire segment)			8/20/10	8/24/10				WGIJSP1					
273	Implement lateral and inside fiber connection			8/24/10	9/8/10				WGIJU1					
274	Install network electronics (core, distribution and access)			8/24/10	8/31/10				1C-FE1					
275	Signoff acceptance			8/24/10	8/27/10									
276	As built drawings			8/24/10	8/27/10				W1C-CM1					
277	Splicing diagram			8/24/10	8/25/10				W1C-CM1					
278	Link loss report			8/24/10	8/25/10				W1C-CM1					
279	Packing slips			8/24/10	8/25/10				W1C-CM1					
280	Pre-test documentation			8/24/10	8/25/10				W1C-CM1					

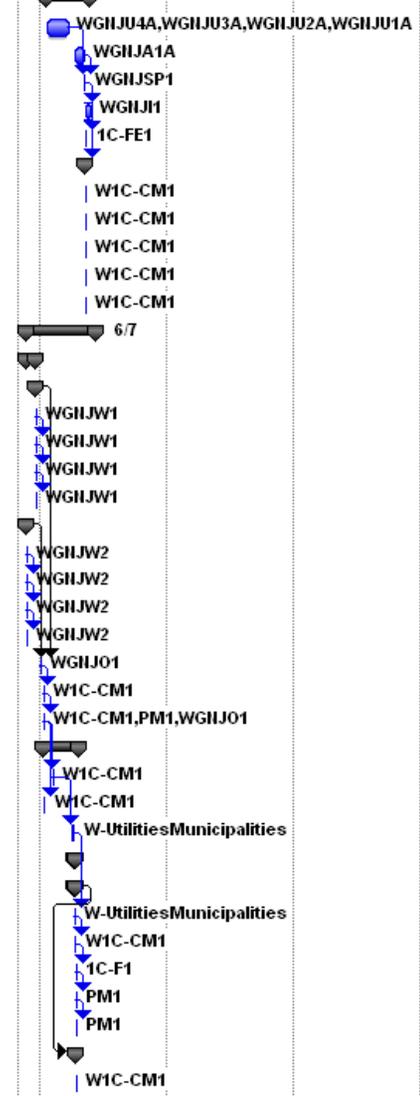
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
281	Segment W-3 (Clyde - Fremont)	Memorial	12	11/5/09	10/8/10									
282	Conduct site walkout			11/5/09	12/2/09									
283	Aerial			11/30/09	12/2/09									
284	Obtain pole information			11/30/09	12/1/09									
285	Gather pole birthmark (if available)			12/1/09	12/1/09									
286	Obtain utility name who owns each pole			12/1/09	12/2/09									
287	Measure individual utilities on poles			12/2/09	12/2/09									
288	Underground			11/5/09	11/9/09									
289	Identify underground locations			11/5/09	11/6/09									
290	Identify riser poles			11/6/09	11/6/09									
291	Location of pull vaults			11/6/09	11/9/09									
292	Gather information on construction obstacles			11/9/09	11/9/09									
293	Summarize walkout information and enter into CAD dra			1/4/10	1/6/10									
294	Verify field information			2/9/10	2/10/10									
295	Define detailed project plan for aerial & underground w			2/10/10	2/11/10									
296	Permitting			2/11/10	6/21/10									
297	Submit pole information to utilities and municipalitie			2/11/10	2/15/10									
298	Submit underground information to municipalities, i			2/11/10	2/15/10									
299	Receive approval from utilities and municipalities			5/24/10	6/2/10									
300	Make-Ready			6/2/10	6/2/10									
301	Engineering Costing			6/2/10	6/2/10									
302	Define project steps for make-ready wo			6/2/10	6/2/10									
303	Receive invoice for engineering			6/2/10	6/2/10									
304	Pay 100% of engineering invoice			6/2/10	6/2/10									
305	Submit payment package to USAC			6/2/10	6/2/10									
306	Receive 85% USAC reimbursement			6/2/10	6/2/10									
307	Make-Ready Costing			6/2/10	6/2/10									
308	Receive invoice for make-ready			6/2/10	6/2/10									
309	Pay 100% of make-ready invoice			6/2/10	6/2/10									
310	Submit payment package to USAC			6/2/10	6/2/10									
311	Receive 85% USAC reimbursement			6/2/10	6/2/10									
312	Conduct make-ready work			6/2/10	6/21/10									
313	Underground Approvals			2/22/10	2/24/10									
314	Receive underground permits			2/22/10	2/24/10									
315	Field Construction			8/5/10	10/8/10									
316	Conduct underground work			8/20/10	9/22/10									
317	Conduct pole work			8/5/10	8/23/10									
318	Test spliced fibers (entire segment)			9/22/10	9/23/10									
319	Implement lateral and inside fiber connection			9/24/10	10/8/10									
320	Install network electronics (core, distribution and i			9/23/10	9/30/10									



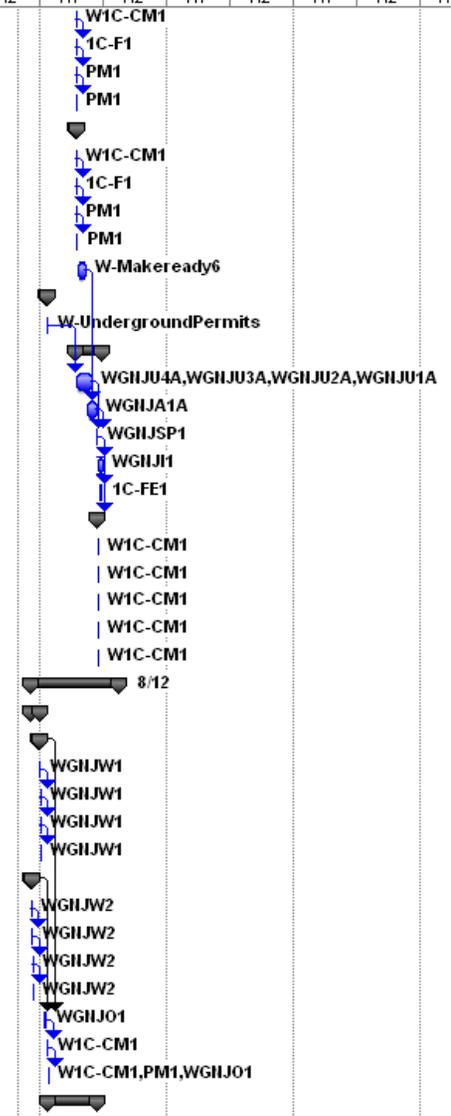
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
321	Signoff acceptance			9/23/10	9/24/10									
322	As built drawings			9/23/10	9/24/10									
323	Splicing diagram			9/23/10	9/23/10									
324	Link loss report			9/23/10	9/23/10									
325	Packing slips			9/23/10	9/23/10									
326	Pre-test documentation			9/23/10	9/23/10									
327	Segment W-4 (Fremont-Port Clinton)	Magruder	20	11/11/09	5/20/10									
328	Conduct site walkout			11/11/09	12/10/09									
329	Aerial			12/4/09	12/10/09									
330	Obtain pole information			12/4/09	12/7/09									
331	Gather pole birthmark (if available)			12/7/09	12/8/09									
332	Obtain utility name who owns each pole			12/8/09	12/9/09									
333	Measure individual utilities on poles			12/9/09	12/10/09									
334	Underground			11/11/09	11/17/09									
335	Identify underground locations			11/11/09	11/12/09									
336	Identify riser poles			11/12/09	11/13/09									
337	Location of pull vaults			11/13/09	11/16/09									
338	Gather information on construction obstacles			11/16/09	11/17/09									
339	Summarize walkout information and enter into CAD dra			12/14/09	12/18/09									
340	Verify field information			12/23/09	12/24/09									
341	Define detailed project plan for aerial & underground w			12/24/09	12/29/09									
342	Permitting			1/4/10	4/7/10									
343	Submit pole information to utilities and municipalitie			1/11/10	1/12/10									
344	Submit underground information to municipalities, i			1/4/10	1/5/10									
345	Receive approval from utilities and municipalities			2/11/10	3/1/10									
346	Make-Ready			3/1/10	3/2/10									
347	Engineering Costing			3/1/10	3/2/10									
348	Define project steps for make-ready wo			3/1/10	3/1/10									
349	Receive invoice for engineering			3/1/10	3/1/10									
350	Pay 100% of engineering invoice			3/1/10	3/1/10									
351	Submit payment package to USAC			3/1/10	3/1/10									
352	Receive 85% USAC reimbursement			3/1/10	3/2/10									
353	Make-Ready Costing			3/2/10	3/2/10									
354	Receive invoice for make-ready			3/2/10	3/2/10									
355	Pay 100% of make-ready invoice			3/2/10	3/2/10									
356	Submit payment package to USAC			3/2/10	3/2/10									
357	Receive 85% USAC reimbursement			3/2/10	3/2/10									
358	Conduct make-ready work			3/2/10	4/7/10									
359	Underground Approvals			1/11/10	1/18/10									
360	Receive underground permits			1/11/10	1/18/10									



ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
361	Field Construction			1/18/10	5/20/10									
362	Conduct underground work			1/18/10	3/18/10									
363	Conduct pole work			4/7/10	5/5/10									
364	Test spliced fibers (entire segment)			5/5/10	5/6/10									
365	Implement lateral and inside fiber connection			5/6/10	5/20/10									
366	Install network electronics (core, distribution and v			5/6/10	5/13/10									
367	Signoff acceptance			5/6/10	5/10/10									
368	As built drawings			5/6/10	5/10/10									
369	Splicing diagram			5/6/10	5/7/10									
370	Link loss report			5/6/10	5/7/10									
371	Packing slips			5/6/10	5/7/10									
372	Pre-test documentation			5/6/10	5/7/10									
373	Segment W-5 (Clyde-Bellevue)	Bellevue	7	11/19/09	6/7/10									
374	Conduct site walkout			11/19/09	12/15/09									
375	Aerial			12/14/09	12/15/09									
376	Obtain pole information			12/14/09	12/14/09									
377	Gather pole birthmark (if available)			12/14/09	12/14/09									
378	Obtain utility name who owns each pole			12/14/09	12/15/09									
379	Measure individual utilities on poles			12/15/09	12/15/09									
380	Underground			11/19/09	11/20/09									
381	Identify underground locations			11/19/09	11/19/09									
382	Identify riser poles			11/19/09	11/19/09									
383	Location of pull vaults			11/19/09	11/20/09									
384	Gather information on construction obstacles			11/20/09	11/20/09									
385	Summarize walkout information and enter into CAD dre			12/28/09	12/29/09									
386	Verify field information			1/5/10	1/6/10									
387	Define detailed project plan for aerial & underground w			1/6/10	1/7/10									
388	Permitting			1/7/10	4/20/10									
389	Submit pole information to utilities and municipalitie			2/2/10	2/3/10									
390	Submit underground information to municipalities, i			1/7/10	1/11/10									
391	Receive approval from utilities and municipalities			3/30/10	4/5/10									
392	Make-Ready			4/5/10	4/9/10									
393	Engineering Costing			4/5/10	4/9/10									
394	Define project steps for make-ready wo			4/5/10	4/5/10									
395	Receive invoice for engineering			4/9/10	4/9/10									
396	Pay 100% of engineering invoice			4/9/10	4/9/10									
397	Submit payment package to USAC			4/9/10	4/9/10									
398	Receive 85% USAC reimbursement			4/9/10	4/9/10									
399	Make-Ready Costing			4/9/10	4/9/10									
400	Receive invoice for make-ready			4/9/10	4/9/10									



ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
441	Receive invoice for engineering			4/13/10	4/13/10									
442	Pay 100% of engineering invoice			4/13/10	4/13/10									
443	Submit payment package to USAC			4/13/10	4/13/10									
444	Receive 85% USAC reimbursement			4/13/10	4/13/10									
445	Make-Ready Costing			4/13/10	4/14/10									
446	Receive invoice for make-ready			4/13/10	4/13/10									
447	Pay 100% of make-ready invoice			4/13/10	4/13/10									
448	Submit payment package to USAC			4/13/10	4/13/10									
449	Receive 85% USAC reimbursement			4/13/10	4/14/10									
450	Conduct make-ready work			4/14/10	5/10/10									
451	Underground Approvals			1/18/10	1/21/10									
452	Receive underground permits			1/18/10	1/21/10									
453	Field Construction			4/9/10	6/25/10									
454	Conduct underground work			4/9/10	5/24/10									
455	Conduct pole work			5/14/10	6/10/10									
456	Test spliced fibers (entire segment)			6/10/10	6/11/10									
457	Implement lateral and inside fiber connection			6/11/10	6/25/10									
458	Install network electronics (core, distribution and v			6/17/10	6/24/10									
459	Signoff acceptance			6/11/10	6/14/10									
460	As built drawings			6/11/10	6/14/10									
461	Splicing diagram			6/11/10	6/11/10									
462	Link loss report			6/11/10	6/11/10									
463	Packing slips			6/11/10	6/11/10									
464	Pre-test documentation			6/11/10	6/11/10									
465	Segment W-7 (Horwalk - New London)		26	12/3/09	8/12/10									
466	Conduct site walkout			12/3/09	12/31/09									
467	Aerial			12/24/09	12/31/09									
468	Obtain pole information			12/24/09	12/28/09									
469	Gather pole birthmark (if available)			12/28/09	12/29/09									
470	Obtain utility name who owns each pole			12/29/09	12/30/09									
471	Measure individual utilities on poles			12/30/09	12/31/09									
472	Underground			12/3/09	12/9/09									
473	Identify underground locations			12/3/09	12/4/09									
474	Identify riser poles			12/4/09	12/7/09									
475	Location of pull vaults			12/7/09	12/8/09									
476	Gather information on construction obstacles			12/8/09	12/9/09									
477	Summarize walkout information and enter into CAD dre			1/6/10	1/18/10									
478	Verify field information			1/18/10	1/20/10									
479	Define detailed project plan for aerial & underground w			1/20/10	1/21/10									
480	Permitting			1/21/10	6/14/10									

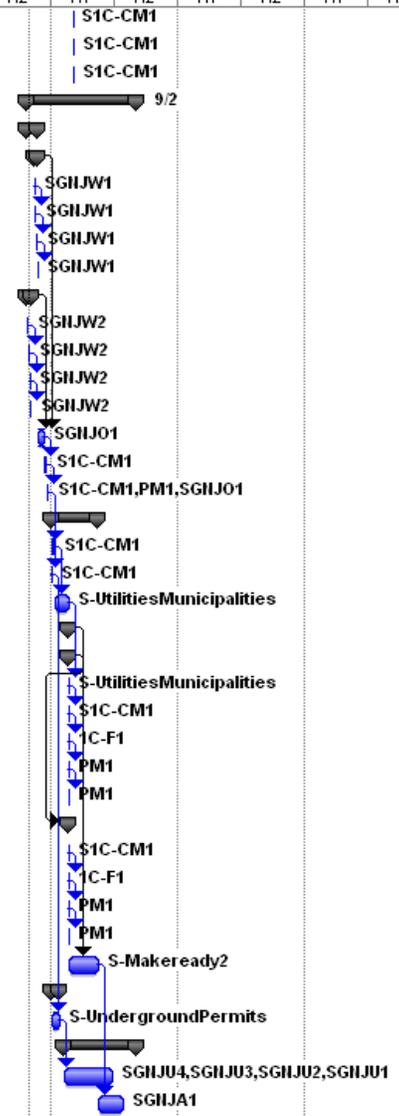


ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
481	Submit pole information to utilities and municipalities			1/27/10	2/1/10				W1C-CM1					
482	Submit underground information to municipalities, utilities and			1/21/10	1/26/10				W1C-CM1					
483	Receive approval from utilities and municipalities			4/19/10	5/5/10				W-UtilitiesMunicipalities					
484	Make-Ready			5/5/10	5/6/10									
485	Engineering Costing			5/5/10	5/5/10									
486	Define project steps for make-ready work			5/5/10	5/5/10				W-UtilitiesMunicipalities					
487	Receive invoice for engineering			5/5/10	5/5/10				W1C-CM1					
488	Pay 100% of engineering invoice			5/5/10	5/5/10				1C-F1					
489	Submit payment package to USAC			5/5/10	5/5/10				PM1					
490	Receive 85% USAC reimbursement			5/5/10	5/5/10				PM1					
491	Make-Ready Costing			5/5/10	5/6/10									
492	Receive invoice for make-ready			5/5/10	5/5/10				W1C-CM1					
493	Pay 100% of make-ready invoice			5/5/10	5/5/10				1C-F1					
494	Submit payment package to USAC			5/5/10	5/5/10				PM1					
495	Receive 85% USAC reimbursement			5/5/10	5/6/10				PM1					
496	Conduct make-ready work			5/6/10	6/14/10				W-Makeready7					
497	Underground Approvals			2/2/10	2/11/10									
498	Receive underground permits			2/2/10	2/11/10				W-UndergroundPermits					
499	Field Construction			5/24/10	8/12/10									
500	Conduct underground work			5/24/10	7/28/10				WGIIJU1A,WGIIJU2A,WGIIJU3A,WGIIJU4A					
501	Conduct pole work			6/14/10	7/20/10				WGIIJA1A					
502	Test spliced fibers (entire segment)			7/28/10	7/29/10				WGIIJSP1					
503	Implement lateral and inside fiber connection			7/29/10	8/12/10				WGIIJH1					
504	Install network electronics (core, distribution and			7/30/10	8/5/10				1C-FE1					
505	Signoff acceptance			7/29/10	8/2/10									
506	As built drawings			7/29/10	8/2/10				W1C-CM1					
507	Splicing diagram			7/29/10	7/30/10				W1C-CM1					
508	Link loss report			7/29/10	7/30/10				W1C-CM1					
509	Packing slips			7/29/10	7/30/10				W1C-CM1					
510	Pre-test documentation			7/29/10	7/30/10				W1C-CM1					
511	Segment W-8 (New London - Ashland)	Samaritan	18	12/11/09	9/28/10									
512	Conduct site walkout			12/11/09	1/12/10									
513	Aerial			1/5/10	1/12/10									
514	Obtain pole information			1/5/10	1/6/10				WGIIJW1					
515	Gather pole birthmark (if available)			1/6/10	1/7/10				WGIIJW1					
516	Obtain utility name who owns each pole			1/7/10	1/11/10				WGIIJW1					
517	Measure individual utilities on poles			1/11/10	1/12/10				WGIIJW1					
518	Underground			12/11/09	12/17/09									
519	Identify underground locations			12/11/09	12/14/09				WGIIJW2					
520	Identify riser poles			12/14/09	12/15/09				WGIIJW2					

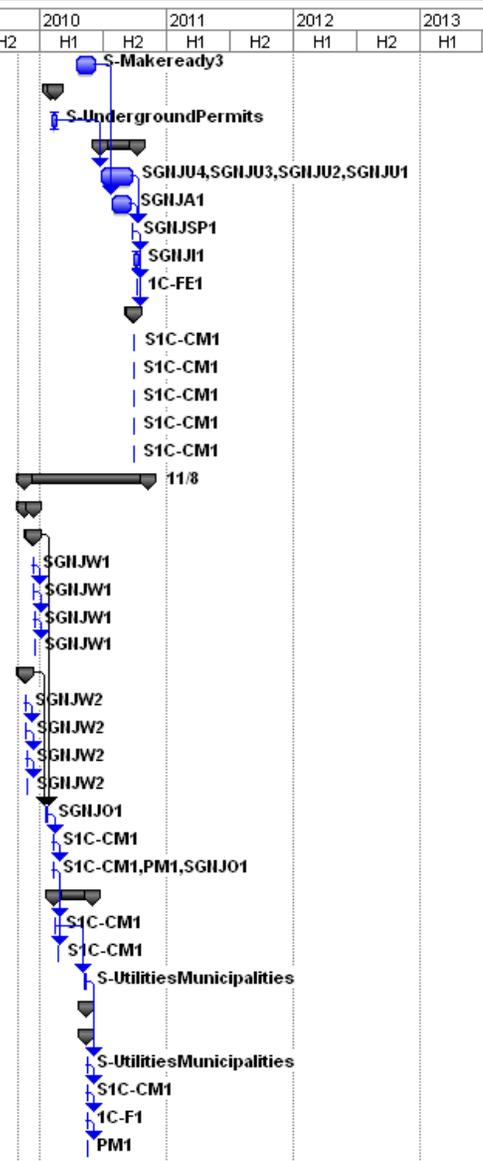
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009			2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2	H1
521	Location of pull vaults			12/15/09	12/16/09				WGIIJW2						
522	Gather information on construction obstacles			12/16/09	12/17/09				WGIIJW2						
523	Summarize walkout information and enter into CAD drawings			1/18/10	1/25/10				WGIJ01						
524	Verify field information			2/1/10	2/3/10				W1C-CM1						
525	Define detailed project plan for aerial & underground work			2/3/10	2/3/10				W1C-CM1,PM1,WGIJ01						
526	Permitting			2/3/10	6/18/10										
527	Submit pole information to utilities and municipalities			2/8/10	2/9/10				W1C-CM1						
528	Submit underground information to municipalities, utilities, and other agencies			2/3/10	2/8/10				W1C-CM1						
529	Receive approval from utilities and municipalities			5/10/10	5/20/10				W-UtilitiesMunicipalities						
530	Make-Ready			5/20/10	5/21/10										
531	Engineering Costing			5/20/10	5/21/10										
532	Define project steps for make-ready work			5/20/10	5/20/10				W-UtilitiesMunicipalities						
533	Receive invoice for engineering			5/20/10	5/21/10				W1C-CM1						
534	Pay 100% of engineering invoice			5/21/10	5/21/10				1C-F1						
535	Submit payment package to USAC			5/21/10	5/21/10				PM1						
536	Receive 85% USAC reimbursement			5/21/10	5/21/10				PM1						
537	Make-Ready Costing			5/21/10	5/21/10										
538	Receive invoice for make-ready work			5/21/10	5/21/10				W1C-CM1						
539	Pay 100% of make-ready invoice			5/21/10	5/21/10				1C-F1						
540	Submit payment package to USAC			5/21/10	5/21/10				PM1						
541	Receive 85% USAC reimbursement			5/21/10	5/21/10				PM1						
542	Conduct make-ready work			5/21/10	6/18/10				W-Makeready8						
543	Underground Approvals			2/15/10	2/18/10										
544	Receive underground permits			2/15/10	2/18/10				W-UndergroundPermits						
545	Field Construction			7/28/10	9/28/10										
546	Conduct underground work			7/28/10	9/13/10				WGIJU4A,WGIJU3A,WGIJU2A,WGIJU1A						
547	Conduct pole work			8/27/10	9/24/10				WGIJA1						
548	Test spliced fibers (entire segment)			9/13/10	9/14/10				WGIJSP1						
549	Implement lateral and inside fiber connection			9/14/10	9/28/10				WGIJH1						
550	Install network electronics (core, distribution and access)			9/14/10	9/21/10				1C-FE1						
551	Signoff acceptance			9/14/10	9/16/10										
552	As built drawings			9/14/10	9/16/10				W1C-CM1						
553	Splicing diagram			9/14/10	9/15/10				W1C-CM1						
554	Link loss report			9/14/10	9/15/10				W1C-CM1						
555	Packing slips			9/14/10	9/15/10				W1C-CM1						
556	Pre-test documentation			9/14/10	9/15/10				W1C-CM1						
557	Southern Zone			10/12/09	11/8/10										
558	Segment S-1 (Canton-Akron)		24	10/12/09	3/3/10										
559	Conduct site walkout			10/12/09	11/6/09										
560	Aerial			11/2/09	11/6/09										

ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
561	Obtain pole information			11/2/09	11/3/09				SGIJW1					
562	Gather pole birthmark (if available)			11/3/09	11/4/09				SGIJW1					
563	Obtain utility name who owns each pole			11/4/09	11/5/09				SGIJW1					
564	Measure individual utilities on poles			11/5/09	11/6/09				SGIJW1					
565	Underground			10/12/09	10/16/09									
566	Identify underground locations			10/12/09	10/13/09				SGIJW2					
567	Identify riser poles			10/13/09	10/14/09				SGIJW2					
568	Location of pull vaults			10/14/09	10/15/09				SGIJW2					
569	Gather information on construction obstacles			10/15/09	10/16/09				SGIJW2					
570	Summarize walkout information and enter into CAD dra			11/6/09	11/13/09				SGIJ01					
571	Verify field information			11/13/09	11/16/09				S1C-CM1					
572	Define detailed project plan for aerial & underground w			11/16/09	11/17/09				SGIJ01,PM1,S1C-CM1					
573	Permitting			11/17/09	12/28/09									
574	Submit pole information to utilities and municipalitie			11/17/09	11/18/09				S1C-CM1					
575	Submit underground information to municipalities, i			11/17/09	11/18/09				S1C-CM1					
576	Receive approval from utilities and municipalities			11/18/09	12/8/09				S-UtilitiesMunicipalities					
577	Make-Ready			11/18/09	11/19/09									
578	Engineering Costing			11/18/09	11/19/09									
579	Define project steps for make-ready wo			11/18/09	11/18/09				S-UtilitiesMunicipalities					
580	Receive invoice for engineering			11/18/09	11/18/09				S1C-CM1					
581	Pay 100% of engineering invoice			11/18/09	11/18/09				1C-F1					
582	Submit payment package to USAC			11/18/09	11/19/09				PM1					
583	Receive 85% USAC reimbursement			11/19/09	11/19/09				PM1					
584	Make-Ready Costing			11/19/09	11/19/09									
585	Receive invoice for make-ready			11/19/09	11/19/09				S1C-CM1					
586	Pay 100% of make-ready invoice			11/19/09	11/19/09				1C-F1					
587	Submit payment package to USAC			11/19/09	11/19/09				PM1					
588	Receive 85% USAC reimbursement			11/19/09	11/19/09				PM1					
589	Conduct make-ready work			11/19/09	12/28/09				S-Makeready1					
590	Underground Approvals			11/18/09	11/25/09									
591	Receive underground permits			11/18/09	11/25/09				S-UndergroundPermits					
592	Field Construction			11/25/09	3/1/10									
593	Conduct underground work			11/25/09	2/3/10				SGIJU1,SGIJU2,SGIJU3,SGIJU4					
594	Conduct pole work			12/28/09	2/8/10				SGIJA1					
595	Test spliced fibers (entire segment)			2/8/10	2/10/10				SGIJS1					
596	Implement lateral and inside fiber connection			2/10/10	3/1/10				SGIJI1					
597	Install network electronics (core, distribution and i			2/10/10	2/18/10				1C-FE1					
598	Signoff acceptance			3/1/10	3/3/10									
599	As built drawings			3/1/10	3/3/10				S1C-CM1					
600	Splicing diagram			3/1/10	3/1/10				S1C-CM1					

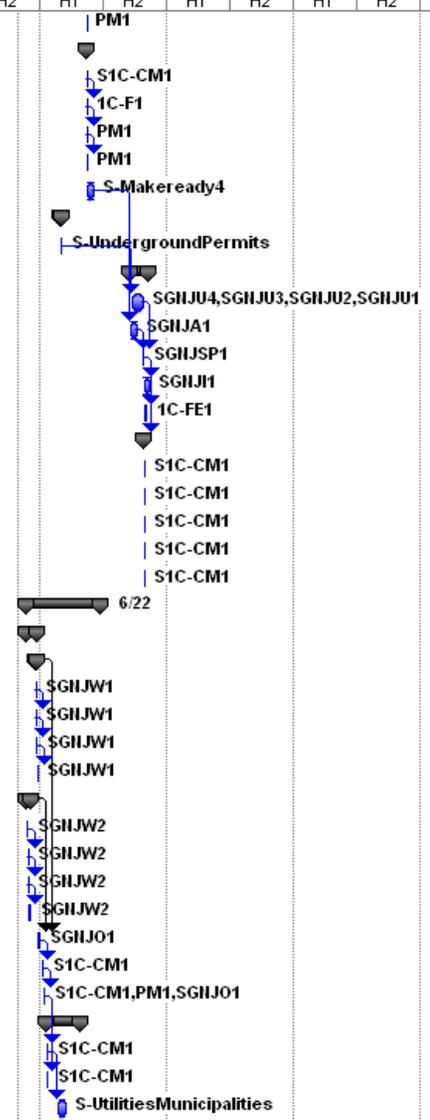
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
601	Link loss report			3/1/10	3/1/10									
602	Packing slips			3/1/10	3/1/10									
603	Pre-test documentation			3/1/10	3/1/10									
604	Segment S-2 (Wooster-Coshocton)	Coshocton	49	10/20/09	9/2/10									
605	Conduct site walkout			10/20/09	11/20/09									
606	Aerial			11/10/09	11/20/09									
607	Obtain pole information			11/10/09	11/12/09									
608	Gather pole birthmark (if available)			11/12/09	11/16/09									
609	Obtain utility name who owns each pole			11/16/09	11/18/09									
610	Measure individual utilities on poles			11/18/09	11/20/09									
611	Underground			10/20/09	10/30/09									
612	Identify underground locations			10/20/09	10/22/09									
613	Identify riser poles			10/22/09	10/26/09									
614	Location of pull vaults			10/26/09	10/28/09									
615	Gather information on construction obstacles			10/28/09	10/30/09									
616	Summarize walkout information and enter into CAD dra			11/20/09	12/8/09									
617	Verify field information			12/8/09	12/14/09									
618	Define detailed project plan for aerial & underground w			12/14/09	12/22/09									
619	Permitting			12/28/09	5/11/10									
620	Submit pole information to utilities and municipalitie			12/31/09	1/7/10									
621	Submit underground information to municipalities, i			12/28/09	12/31/09									
622	Receive approval from utilities and municipalities			1/7/10	2/18/10									
623	Make-Ready			2/18/10	2/18/10									
624	Engineering Costing			2/18/10	2/18/10									
625	Define project steps for make-ready wo			2/18/10	2/18/10									
626	Receive invoice for engineering			2/18/10	2/18/10									
627	Pay 100% of engineering invoice			2/18/10	2/18/10									
628	Submit payment package to USAC			2/18/10	2/18/10									
629	Receive 85% USAC reimbursement			2/18/10	2/18/10									
630	Make-Ready Costing			2/18/10	2/18/10									
631	Receive invoice for make-ready			2/18/10	2/18/10									
632	Pay 100% of make-ready invoice			2/18/10	2/18/10									
633	Submit payment package to USAC			2/18/10	2/18/10									
634	Receive 85% USAC reimbursement			2/18/10	2/18/10									
635	Conduct make-ready work			2/18/10	5/11/10									
636	Underground Approvals			12/31/09	1/20/10									
637	Receive underground permits			12/31/09	1/20/10									
638	Field Construction			2/3/10	9/2/10									
639	Conduct underground work			2/3/10	6/21/10									
640	Conduct pole work			5/11/10	7/21/10									



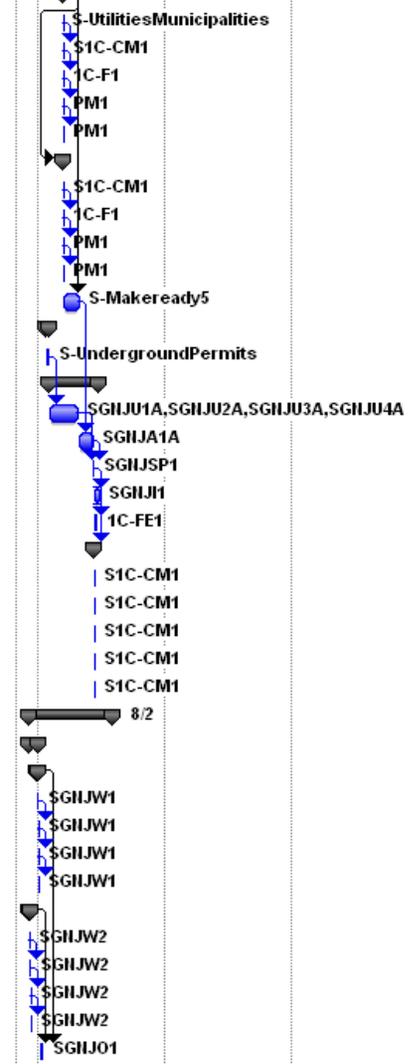
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
681	Conduct make-ready work			4/12/10	6/4/10									
682	Underground Approvals			2/1/10	2/11/10									
683	Receive underground permits			2/1/10	2/11/10									
684	Field Construction			6/21/10	10/8/10									
685	Conduct underground work			6/21/10	9/21/10									
686	Conduct pole work			7/21/10	9/14/10									
687	Test spliced fibers (entire segment)			9/21/10	9/24/10									
688	Implement lateral and inside fiber connection			9/24/10	10/8/10									
689	Install network electronics (core, distribution and v			10/4/10	10/8/10									
690	Signoff acceptance			9/24/10	9/28/10									
691	As built drawings			9/24/10	9/28/10									
692	Splicing diagram			9/24/10	9/24/10									
693	Link loss report			9/24/10	9/24/10									
694	Packing slips			9/24/10	9/24/10									
695	Pre-test documentation			9/24/10	9/24/10									
696	Segment S-4 (Denison - New Philadelphia)	Union	13	11/16/09	11/8/10									
697	Conduct site walkout			11/16/09	12/11/09									
698	Aerial			12/9/09	12/11/09									
699	Obtain pole information			12/9/09	12/9/09									
700	Gather pole birthmark (if available)			12/9/09	12/10/09									
701	Obtain utility name who owns each pole			12/10/09	12/10/09									
702	Measure individual utilities on poles			12/10/09	12/11/09									
703	Underground			11/16/09	11/18/09									
704	Identify underground locations			11/16/09	11/16/09									
705	Identify riser poles			11/16/09	11/17/09									
706	Location of pull vaults			11/17/09	11/17/09									
707	Gather information on construction obstacles			11/17/09	11/18/09									
708	Summarize walkout information and enter into CAD dra			1/13/10	1/19/10									
709	Verify field information			2/1/10	2/2/10									
710	Define detailed project plan for aerial & underground w			2/2/10	2/3/10									
711	Permitting			2/9/10	6/1/10									
712	Submit pole information to utilities and municipalitie			2/9/10	2/10/10									
713	Submit underground information to municipalities, i			2/15/10	2/15/10									
714	Receive approval from utilities and municipalities			5/3/10	5/11/10									
715	Make-Ready			5/11/10	5/11/10									
716	Engineering Costing			5/11/10	5/11/10									
717	Define project steps for make-ready wo			5/11/10	5/11/10									
718	Receive invoice for engineering			5/11/10	5/11/10									
719	Pay 100% of engineering invoice			5/11/10	5/11/10									
720	Submit payment package to USAC			5/11/10	5/11/10									



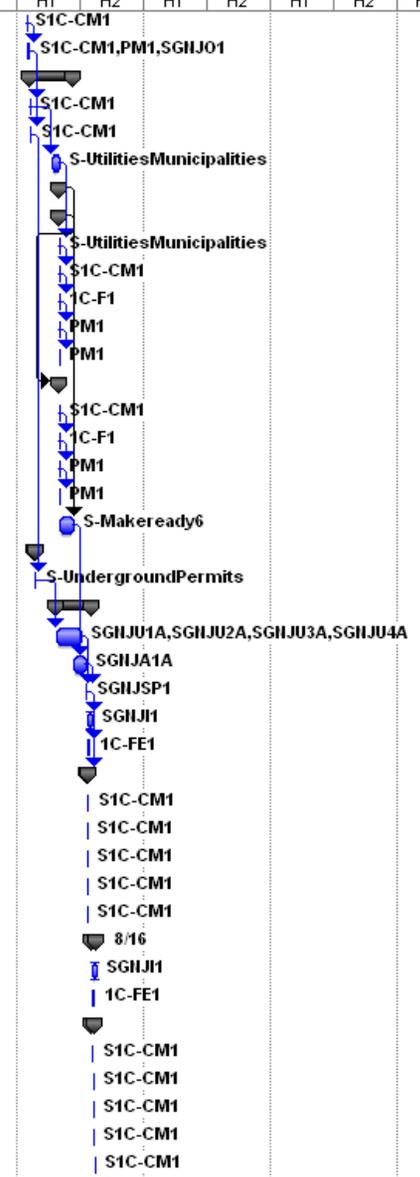
ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013
						H2	H1	H2	H1	H2	H1	H2	H1	H2
721	Receive 85% USAC reimbursement			5/11/10	5/11/10									
722	Make-Ready Costing			5/11/10	5/11/10									
723	Receive invoice for make-ready			5/11/10	5/11/10									
724	Pay 100% of make-ready invoice			5/11/10	5/11/10									
725	Submit payment package to USAC			5/11/10	5/11/10									
726	Receive 85% USAC reimbursement			5/11/10	5/11/10									
727	Conduct make-ready work			5/11/10	6/1/10									
728	Underground Approvals			2/24/10	3/2/10									
729	Receive underground permits			2/24/10	3/2/10									
730	Field Construction			9/14/10	11/8/10									
731	Conduct underground work			9/21/10	10/22/10									
732	Conduct pole work			9/14/10	10/1/10									
733	Test spliced fibers (entire segment)			10/22/10	10/25/10									
734	Implement lateral and inside fiber connection			10/25/10	11/8/10									
735	Install network electronics (core, distribution and			10/25/10	11/1/10									
736	Signoff acceptance			10/25/10	10/26/10									
737	As built drawings			10/25/10	10/26/10									
738	Splicing diagram			10/25/10	10/25/10									
739	Link loss report			10/25/10	10/25/10									
740	Packing slips			10/25/10	10/25/10									
741	Pre-test documentation			10/25/10	10/25/10									
742	Segment S-5 (New Philadelphia - Canton)		28	11/20/09	6/22/10									
743	Conduct site walkout			11/20/09	12/22/09									
744	Aerial			12/15/09	12/22/09									
745	Obtain pole information			12/15/09	12/16/09									
746	Gather pole birthmark (if available)			12/16/09	12/17/09									
747	Obtain utility name who owns each pole			12/17/09	12/18/09									
748	Measure individual utilities on poles			12/18/09	12/22/09									
749	Underground			11/20/09	12/1/09									
750	Identify underground locations			11/20/09	11/23/09									
751	Identify riser poles			11/23/09	11/24/09									
752	Location of pull vaults			11/24/09	11/25/09									
753	Gather information on construction obstacles			11/25/09	12/1/09									
754	Summarize walkout information and enter into CAD dra			12/22/09	12/31/09									
755	Verify field information			1/5/10	1/7/10									
756	Define detailed project plan for aerial & underground w			1/7/10	1/13/10									
757	Permitting			1/18/10	4/26/10									
758	Submit pole information to utilities and municipalitie			1/18/10	1/19/10									
759	Submit underground information to municipalities,			1/18/10	1/19/10									
760	Receive approval from utilities and municipalities			2/15/10	3/9/10									



ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013	
						H1	H2								
761	Make-Ready			3/9/10	3/10/10										
762	Engineering Costing			3/9/10	3/9/10										
763	Define project steps for make-ready wo			3/9/10	3/9/10										
764	Receive invoice for engineering			3/9/10	3/9/10										
765	Pay 100% of engineering invoice			3/9/10	3/9/10										
766	Submit payment package to USAC			3/9/10	3/9/10										
767	Receive 85% USAC reimbursement			3/9/10	3/9/10										
768	Make-Ready Costing			3/9/10	3/10/10										
769	Receive invoice for make-ready			3/9/10	3/9/10										
770	Pay 100% of make-ready invoice			3/9/10	3/9/10										
771	Submit payment package to USAC			3/9/10	3/10/10										
772	Receive 85% USAC reimbursement			3/10/10	3/10/10										
773	Conduct make-ready work			3/10/10	4/26/10										
774	Underground Approvals			1/19/10	1/28/10										
775	Receive underground permits			1/19/10	1/28/10										
776	Field Construction			1/28/10	6/22/10										
777	Conduct underground work			1/28/10	4/22/10										
778	Conduct pole work			4/26/10	6/4/10										
779	Test spliced fibers (entire segment)			6/4/10	6/8/10										
780	Implement lateral and inside fiber connection			6/8/10	6/22/10										
781	Install network electronics (core, distribution and			6/8/10	6/15/10										
782	Signoff acceptance			6/8/10	6/10/10										
783	As built drawings			6/8/10	6/10/10										
784	Splicing diagram			6/8/10	6/8/10										
785	Link loss report			6/8/10	6/8/10										
786	Packing slips			6/8/10	6/8/10										
787	Pre-test documentation			6/8/10	6/8/10										
788	Segment S-6 (Ashland-Wooster)	Wooster Community	27	12/3/09	8/2/10										
789	Conduct site walkout			12/3/09	12/31/09										
790	Aerial			12/24/09	12/31/09										
791	Obtain pole information			12/24/09	12/28/09										
792	Gather pole birthmark (if available)			12/28/09	12/29/09										
793	Obtain utility name who owns each pole			12/29/09	12/30/09										
794	Measure individual utilities on poles			12/30/09	12/31/09										
795	Underground			12/3/09	12/9/09										
796	Identify underground locations			12/3/09	12/4/09										
797	Identify riser poles			12/4/09	12/7/09										
798	Location of pull vaults			12/7/09	12/8/09										
799	Gather information on construction obstacles			12/8/09	12/9/09										
800	Summarize walkout information and enter into CAD dra			1/4/10	1/12/10										



ID	Task Name	Hospital Name	Fiber Miles	Start	Finish	2009		2010		2011		2012		2013	
						H1	H2								
801	Verify field information			1/25/10	1/27/10										
802	Define detailed project plan for aerial & underground work			1/27/10	2/1/10										
803	Permitting			2/2/10	6/8/10										
804	Submit pole information to utilities and municipalities			2/2/10	2/4/10										
805	Submit underground information to municipalities, utilities			2/4/10	2/9/10										
806	Receive approval from utilities and municipalities			4/9/10	4/27/10										
807	Make-Ready			4/27/10	4/28/10										
808	Engineering Costing			4/27/10	4/28/10										
809	Define project steps for make-ready work			4/27/10	4/28/10										
810	Receive invoice for engineering			4/28/10	4/28/10										
811	Pay 100% of engineering invoice			4/28/10	4/28/10										
812	Submit payment package to USAC			4/28/10	4/28/10										
813	Receive 85% USAC reimbursement			4/28/10	4/28/10										
814	Make-Ready Costing			4/28/10	4/28/10										
815	Receive invoice for make-ready			4/28/10	4/28/10										
816	Pay 100% of make-ready invoice			4/28/10	4/28/10										
817	Submit payment package to USAC			4/28/10	4/28/10										
818	Receive 85% USAC reimbursement			4/28/10	4/28/10										
819	Conduct make-ready work			4/28/10	6/8/10										
820	Underground Approvals			2/15/10	2/23/10										
821	Receive underground permits			2/15/10	2/23/10										
822	Field Construction			4/22/10	8/2/10										
823	Conduct underground work			4/22/10	6/30/10										
824	Conduct pole work			6/8/10	7/15/10										
825	Test spliced fibers (entire segment)			7/15/10	7/19/10										
826	Implement lateral and inside fiber connection			7/19/10	8/2/10										
827	Install network electronics (core, distribution and edge)			7/19/10	7/26/10										
828	Signoff acceptance			7/19/10	7/21/10										
829	As built drawings			7/19/10	7/21/10										
830	Splicing diagram			7/19/10	7/19/10										
831	Link loss report			7/19/10	7/19/10										
832	Packing slips			7/19/10	7/19/10										
833	Pre-test documentation			7/19/10	7/19/10										
834	OneCommunity Access Ring Fiber	East Liverpool	.2	8/2/10	8/16/10										
835	Implement lateral and inside fiber connection			8/2/10	8/16/10										
836	Install network electronics (core, distribution and edge)			8/2/10	8/9/10										
837	Signoff acceptance			8/2/10	8/9/10										
838	As built drawings			8/2/10	8/4/10										
839	Splicing diagram			8/4/10	8/4/10										
840	Link loss report			8/4/10	8/4/10										
841	Packing slips			8/4/10	8/5/10										
842	Pre-test documentation			8/9/10	8/9/10										



9.0 Network Sustainability Model

1. Analysis of the costs anticipated under the accepted bid proposals received in response to the HealthNet FCC RHCPP Network Infrastructure Procurement Request for Proposal, (FY 2008, RFP) affirms that the OneCommunity/NEO RHIO HealthNet Sustainability Plan described in the RHCPP application is reasonable and valid.
2. **OneCommunity/NEO RHIO will be the owner operator of HealthNet** and provide network services to the HealthNet members funded under the FCC RHCPP grant.
 - a. The HealthNet model is based on investing and capitalizing fiber/network assets on behalf of the community with the intended purpose of providing community subscribers access to high capacity fiber network services while lowering subscriber operational expenses. OneCommunity is a non-profit organization focused on using technology to address the community's top social priorities. As a result OneCommunity has attracted over \$50 million in new stakeholder and private investment for community based projects.
 - b. OneCommunity/NEO RHIO currently provides HealthNet network services to over 62 acute care hospitals and clinics. Subscribers of these services contribute capital and monthly recurring service fees under a 5 years' operating agreement with options extend services on a yearly basis thereafter.
 - c. RHC HealthNet Subscribers will pay a 50% of the cost for a fully redundant 1 Gbps fiber connection. This is an 85% reduction in operating costs for similar services and provides sufficient earned income to cover on-going operational expenses associated with the rural deployment of HealthNet.
3. **OneCommunity/NEO RHIO will fund 15% matching dollars** necessary to complete the project and proposed budget specific to HealthNet and additional capacity build-out..
 - a. **HealthNet contributions, service fees of over \$1 Million**
 - b. **10 Year long term capital note of \$3.5 Million**
 - c. **Budgeted Earned Income/Expenses**

	5 Year Impact & Program Forecast Based on FCC RHCPP					5 Year Total Total
	Start-Up 2009	12 months 2010	12 months 2011	12 months 2012	12 months 2013	
Earned Income Enabled by FCC RHCPP and Additional Capacity Build-Out						
Funds from Financing						-
FCC RHCP Grant Re-Imbursement Revenue	6,107,139	5,179,842		-	-	11,286,982
Additional Capacity Fiber Build-Out	1,837,908	2,845,625				4,683,533
Access Services	100,530	1,607,055	3,292,402	4,825,805	6,207,263	16,033,055
Integration Non Recurring Charge	277,233	1,249,817	1,254,000	1,254,000	1,254,000	5,289,050
Total Earned Income	8,322,811	10,882,339	4,546,402	6,079,805	7,461,263	37,292,619
Expenses						
Staffing Additions	-	6,563	185,764	402,822	661,497	1,256,646
FCC Contract Services	1,616,470	5,647,478	-	-	-	7,263,948
FCC Capital	4,781,527	-	-	-	-	4,781,527
Additional Capacity Fiber Build-Out	1,216,958	1,849,656				3,066,614
Access Services	56,740	998,324	2,109,527	3,196,420	4,259,001	10,620,012
Capital - Integration Non Recurring Charge	144,250	662,508	664,600	664,600	664,600	2,800,558
Total Expense	7,815,945	9,157,966	2,774,127	3,861,020	4,923,601	28,532,660
Earnings Before Interest and Taxes	506,865	1,724,373	1,772,275	2,218,785	2,537,662	8,759,960
\$3,500,000 term interest and Pay		212,325	509,580	509,580	509,580	1,741,065
Interest on Capital Line	(4,662)	(36,793)	-	-	-	(41,454)
Net Earned Income over Expenses	511,527	1,548,841	1,262,695	1,709,205	2,028,082	7,060,349

4. Earned Income/Overcapacity requests for rural access outside of the qualified HealthNet subscribers will require additional capital investments from OneCommunity and from the requesting subscribers for the development, implementation and operations to support the expansion and development of any additional capacity.

- a. OneCommunity will invest additional funding to support fiber build-out as required to connect non-HealthNet subscribers.
- b. Earned Income; In addition to HealthNet subscribers other public interest groups from schools, libraries, non-profits, local, county and state government are requesting access to the fiber network and are proposing to contribute dollars for additional capital deployment and operational expenses which will provide additional earned income to cover our regional operating and maintenance of the fiber/wireless network.
 - i. Capital contribution in proportion to the subscribers use of the fiber network
 - ii. Earned Income at a non-discounted FCC RHCPP rate
- c. Local, county and state government organizations have engaged OneCommunity/NEO RHIO to investigate and lead efforts for additional ARRA funding to address the region's top social priorities facing our public interest in rural, unserved and underserved communities. OneCommunity/NEO RHIO will be seeking additional funding sources to cover the needs of our rural and unserved communities.

5. **OneCommunity has over 5 years of operational sustainability** and has created an operational business model that will ensure sustainability throughout the useful life (e.g., 20 years) of the regional fiber plant and has operated EBITA positive every year since it was created in 2003.
 - a. Existing operational fiber network supporting over 62 hospitals and clinics and over 350 fiber subscribers.
 - i. Minimum term of the contract is 60 months. Subscribers sign up for a 5 year operational support agreement with options to extend service on an annual basis thereafter.
 - ii. Fiber Construction/Capital investments for long-term services such as IRUs are entered in a minimum of 10 years with options for 5 year extensions thereafter.
 - b. Expanded FCC RHCPP fiber plant serving rural health care acute hospitals and clinics as an extension of the existing regional/urban fiber infrastructure requires a marginal annual operational investment of \$200K annually fully funded under the existing operational agreements for the rural hospital build-out.

6. The following are the sustainability plans for each proposed scenario:
 - a. **First Scenario:**

In the event that the FCC replaces the current RHC program with a program that mirrors the Pilot Project, the HealthNet partners will be able to maintain the network as designed and potentially accelerate further network development through a further reduction in operating expenses. HealthNet subscribers would directly benefit from additional investment and see a further reduction in expenses; easily enabling them to cover the 15% cost match for access to the HealthNet network. The network partners would continue to fund their portions of the costs out of operations.
 - b. **Second Scenario:**

In this scenario all universal service funding for rural health care organizations is phased out. The current RHC program has contributed to the deployment of a regional fiber plant with a long term life (e.g., greater than 20 years) to the benefit of its HealthNet partners. The network offers significantly greater capacity to HealthNet subscribers for substantially lower fees than they have in the past. HealthNet subscribers will have no trouble sustaining the current level of operating costs without the RHC subsidies. These costs have been manageable and are funded out of current operating budgets. Since the current RHC program does not fund excess capacity partner organizations will continue to fund any additional capital costs necessary for expanded connectivity through their respective capital plans.

The following table provides details of estimated costs for each of the two scenarios described in the Sustainability Plan above. Rural Health Care reimbursements are estimated based on the current Program, where possible.

In year 3 and beyond, NEO RHIO anticipates two possible scenarios related to sustainability. In the **first scenario**, the Pilot Project replaces the current Universal Service, Rural Health Care (RHC) program and funding continues at up to 85%. In the **second scenario**, the FCC phases out and eventually eliminates all funding.

Facility	City	State	Partner	Connectivity		Annual Cost		Notes
				Circuit (Mbps)	Gross MRC	Scenario 1	Scenario 2	
Samaritan Regional Health System	Ashland	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	Scenario 1 Assumes RHC USF Funding of 85% Scenario 2 Assumes RHC USF Does Not provide any future funding
Ashtabula County Medical Center	Ashtabula	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Glenbeigh of Rock Creek	Ashtabula	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Jefferson Health Center	Jefferson	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Conneaut Medical Center	Conneaut	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Geneva Medical Center	Geneva	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Firelands Regional Medical Center	Sandusky	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Fisher Titus Medical Center	Norwalk	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
H.B. Magruder Memorial Hospital	Clinton	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Bellevue	Bellevue	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Memorial	Fremont	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Twin City	Dennison	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Union Hospital	Dover	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Wooster Community	Wooster	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
Coshocton County Memorial Hospital	Coshocton	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	
East Liverpool City Hospital	East Liverpool	Ohio	NEO RHIC	1,000	1,236	2,225	14,832	

Excess Bandwidth and Excess Capacity Scenarios

Scenario 1: Participant Owns 100% of Dedicated Network; No-Excess Bandwidth or Excess Capacity for Use by Other Network Members or Non-Network Members

The participant contracts with vendor to construct dedicated network capacity for current eligible HCP members¹, with the participant getting ownership of the fiber or an IRU. The participant owns 100% of the fiber, or an IRU. The participant pays not less than 15% of the eligible costs for the IRU, and universal service funds pay for not more than 85% of such eligible costs.

An IRU is for the specified bandwidth/number of fibers only, and excess capacity is not likely to be an issue. Any capacity paid for by universal service funds belong to the participant.

In the case of an IRU, the participant does not control how much additional capacity the vendor builds on its own, because the price paid by the participant for the IRU is set by competitive bidding.⁽²⁾ However, in reviewing bids, a participant should receive sufficient information to determine whether it is paying construction costs. See Scenario 7. If the price is based on construction costs and the participant is paying more than a fair share of construction costs, an IRU would not be appropriate, and the participant should obtain ownership (possibly joint ownership) of what is being constructed.

The participant must certify selection of the most cost-effective bid and USAC will verify that cost was a primary factor in selection.

10.0 Detail on How the Supported Network Has Advanced Telemedicine Benefits

The goal of HealthNet is to extend the current network and install additional gigabyte optical fiber connections to hospitals in the rural areas of Northeastern Ohio. In order to provide the levels of broadband that are required for Health Information Exchange (HIE) and telemedicine applications, the kinds of services that are routinely available in rural areas are not sufficient. Typically, rural areas may have access to T1 circuits (1.5 Mbps), but generally these services are extremely expensive and there are typically no services faster than T1 available at an affordable and sustainable price.

In order to satisfactorily transmit and receive medical imaging, and to improve the quality of medical care that can be provided, speeds in a different order of magnitude are required. HealthNet will provide 100 Mbps of bandwidth, upstream and downstream, to all locations connected via wireless, and will provide 1 gigabit of bandwidth, upstream and downstream, to all locations connected via fiber. In our proposed network design, over 80% of the locations included in our proposal will have the benefit of at least 1 gigabit.

Transport capability provides for advanced services that augment the distribution and aggregation of medical records. Services such as voice over IP and full duplex video provide a positive impact to the sustainability model and reduces operational costs for healthcare customers.

Shared services across a common high-speed network infrastructure can eliminate redundant operational costs. In addition, shared services builds on standardization which reduces cost through increased efficiency.

11.0 Compliance with HHS Health IT Initiatives

OneCommunity/NEO RHIO are uniquely positioned to help local and regional health care facilities along with a state OHIP-led, REC achieve its EHR adoption, meaningful use, and HIE objectives throughout the entire Northern portion of Ohio, especially (but not limited to) rural areas. OneCommunity's reach - which mirrors the areas touched by its federally-funded and State-supported broadband initiatives - extends into 58 of Ohio's 88 counties, touches 80% of the State's population, and provides unparalleled access to several thousand priority providers representing 100's of hospitals, clinics and 1000's of priority practices.

More than 60 hospitals and clinics are served by one of OneCommunity's broadband projects (two thirds of them are rural). For instance, broadband infrastructure is already being deployed (construction beginning November 2009) to dozens of rural facilities in Northeastern Ohio under the \$11M, FCC-funded HealthNet project. An additional \$163M (funding decision pending) will be used to extend similar infrastructure and services throughout the aforementioned Northern Ohio counties, with \$30M set aside for public interest sites (including health care facilities).

The importance of these facilities - and OneCommunity's existing relationship with them - to the success of the REC cannot be overstated. Rural hospitals represent the ideal channel for engaging and supporting priority providers who admit patients to those hospitals. Most - if not all - of these hospitals have been developing or are already struggling to execute strategies to deliver (and even partially fund) EHRs to affiliated practices. Many are finding that they don't have the human or financial resources to fully support this, even without considering the additional resources required to help their community affiliates achieve meaningful use. Working collaboratively (and perhaps even sharing resources) with OneCommunity and the REC, these hospitals will help to ensure the sustainability and success not only of their individual community strategy, but of the REC itself. In short, OneCommunity's relationships with these "last mile" hospitals will help to ensure access to all priority providers and streamline the REC's operational efficiency.

In order to help fulfill the REC's meaningful use mission in Northern Ohio, OneCommunity has already formed a collaborative including several other regionally-based organizations, including Ohio KePRO, Better Health Greater Cleveland, and NEO RHIO. KePRO - the Medicare QIO for Ohio, based in Cleveland - has been doing foundational meaningful use work throughout Ohio for the past several years. They are prepared to ramp up staffing and thus provide the so-called "boots on the ground" needed to provide actual technical assistance services to the practices recruited through OneCommunity's hospital relationships. Better Health Greater Cleveland (BHGC) - the regional Aligning Forces for Quality organization funded by the Robert Wood Johnson Foundation initially in 2007 - is perhaps the nation's (and certainly Ohio's) leading expert on how to improve clinical performance with and extract quality data from EHRs. Through OneCommunity and the REC, BHGC will be able to effectively and efficiently "distribute" this know-how beyond Cuyahoga County to the far corners of the region. NEO RHIO - directly supported by OneCommunity in its early stages - will help OneCommunity and recruited practices address health information exchange (HIE) and interoperability aspects of meaningful use, as well as to synchronize and integrate with State HIE infrastructure and policy.

OneCommunity has also already engaged numerous other regionally-relevant organizations, each of whom will support one or more aspects of the REC's mission, including adoption, education, informatics workforce development / job placement, and public health. For the moment, these organizations primarily represent Northeastern Ohio (and mostly the Cleveland / Akron-Canton corridor) but OneCommunity is prepared to rapidly engage similar organizations throughout Northern Ohio. Those organizations that have already declared their intent to support regional REC-related activities through OneCommunity include professional societies (the Academy of Medicine of Cleveland and Northern Ohio), hospital associations (the Center for Health Affairs and the Akron Regional Hospital Association), hospitals (University Hospitals Health System, Mercy Hospital System, Summa), FQHCs (Neighborhood Family Practice of Cleveland), institutions of higher learning (Case Western Reserve University, Cuyahoga Community College), health plans (Medical Mutual of Ohio), health departments (Cleveland Department of Public Health and the Cuyahoga County Board of Health), business coalitions (Health Action Council), and workforce agencies (the Cuyahoga County Workforce Development Board).

Lastly, for the past two years, OneCommunity has been leading the Community Clinical Data Sharing Network (CCDSN) project, funded by United Way. Under this project, OneCommunity has been helping a half-dozen FQHCs and free clinics select, acquire and implement EHRs in a way that will ensure community interoperability. OneCommunity will leverage this experience to extend similar services to priority practices - especially those serving rural and other underserved populations - throughout the region. In addition to the local/regional efforts OneCommunity and NEO RHIO are working with local and other state Telehealth partners to create a statewide approach for Telehealth services.

12.0 Network Coordination with the Department of Health and Human Services (HHS)

HealthNet has become the interconnected framework for inter hospital and health information throughout the region and is supporting health information exchange locally and as appropriate through Internet2 and National Lambda Rail nationally. Numerous R&D and data pilots have developing supporting local and national HER/HIE services. OneCommunity/NEO RHIO are working with numerous counties, the regional Health Action Council, public health officials and others for the development of a number of medical home initiatives for the development of emergency communications for emergency and public health response.

OneCommunity/NEO RHIO are also working with statewide Health Services and the Governors creation of the Ohio Health Information Partnership to provide an integrated regional/statewide solution for HER/HIE and public health management.

Statewide Strategy

The Ohio Health Information Partnership (OHIP) has received approval through the Office of the National Coordinator (ONC) to submit its full application to serve as the statewide regional extension center (REC) for Ohio. The application identifies three principal objectives for OHIP's approach in pursuing a statewide extension center. These objectives are:

1. To integrate and synchronize adoption activities with the statewide health information exchange (HIE);
2. To coordinate a statewide strategy that ensures statewide adoption, especially in rural areas; and
3. To ensure a consistent level of quality for health information technology (HIT) support services offered statewide in support of both electronic health record (EHR) adoption and subsequent use.

OHIP has identified that many of the resources needed to achieve widespread adoption of EHRs and the achievement of meaningful use by health care providers already exist within the state. These resources, however, are not currently coordinated in an effort that best supports the broader health care community. It is the intention of OHIP to create regional partnerships with existing entities to create a coordinated effort that will provide Ohio's health care community with the resources necessary to adopt EHRs and achieve meaningful use. These regional partners may include, but are not limited to, hospitals systems, physician groups, quality improvement organizations, universities and community colleges, professional associations, consultants and operational HIEs. OneCommunity/NEO RHIO have endorsed and committed to providing regional support for the State OHIP initiative.

HIE and EHR synchronization

One step in creating an effective, coordinated effort is identifying that there is a natural correlation between EHRs and an HIE. Providers are driven to adopt EHRs not only to obtain efficiencies in their office, but to increase the quality, safety and efficiency of patient care through the seamless ability to exchange health information with other providers of care. The value of an HIE to a provider is directly related to the number of HIE participants and the timeliness and type of data exchanged pertaining to their patients. For many health care providers, especially small practices and primary care providers, the cost and effort associated with purchasing, implementing and utilizing an EHR is only justified if an HIE is available. As more participants use EHRs to link their patient's health information to an HIE, the value of the HIE increases. For this reason, OHIP/OneCommunity will develop these two roles in tandem.

Statewide Adoption of EHRs

Ohio has several large urban communities that are home to some of the most technologically advanced health care providers in the country. In contrast, approximately 20% of Ohio's population lives in a rural area that may lack the necessary resources and infrastructure to support the adoption of EHRs. Therefore, it is critical to have a strategy that supports the statewide adoption of EHRs. Without this focus, small group and rural providers who need the most help with adoption run the risk of being neglected. To ensure comprehensive, statewide adoption, we will develop a transparent and competitive process to identify and select its regional partners. A designated regional partner may be a collaboration of entities that work together to serve their region. An example of this concept is a hospital system, physician's group, local HIE and community college that work together to create a single regional entity. This is just an example of entities that may collaborate but is not an exhaustive list of possibilities. These partners must currently provide educational or technical EHR support and commit to work with both urban and rural areas to ensure statewide coverage and meet the goals OHIP has established. Due to the breadth of knowledge and experience required from these regional partners, a collaboration of entities will have the capacity to meet those goals. OHIP plans to divide the state into regions and request that these potential partners provide plans to serve their respective regions.

Consistent Quality

To ensure consistent quality, the REC application has outlined three levels of achievement: REC program outcomes, provider-specific milestones and meaningful use criteria. At the program level, the Health Information Technology Regional Center (HITRC) has established the required outcomes that each regional partner must accomplish such as increasing the number of priority primary care providers that are actively using EHRs. On the provider level, the HITRC has articulated the three milestones that every provider must meet such as adopting EHRs, going live with their EHR and meeting the meaningful use requirements of an EHR. Finally, the Department of Health and Human Services (HHS) has developed meaningful use criteria that will be required to meet the third milestone established by HITRC.

To assist providers in meeting these milestones, OHIP will establish core requirements and materials for its regional partners to ensure that every provider, regardless of geographic location, receives the consistent quality necessary to achieve meaningful use EHR services. While OHIP plans to establish core requirements and materials consistent with HITRC guidance, they do not plan to specify how regional partners must achieve their objectives. The goal is to ensure that each region is receiving the same quality while allowing regional partners to develop flexible delivery models to meet their specific geographic needs. Focusing on milestones and not process is important when taking into account the cultural, market, and political differences within health care delivery depending on each region in the state. For example, the way in which these services are delivered in the Cleveland metropolitan area will be different from the way in which those services are delivered in an Appalachian region and both may differ from how those services are delivered in the Cincinnati metropolitan area. OHIP's strategy would allow different approaches in different regions while still achieving the same outcomes.

Service Delivery Overview

Under OHIP's proposed regional partnership model, some services will be provided directly by OHIP while other services will be provided through regional partners or delivered through a coordinated effort of both OHIP and the regional partner. The following section outlines whether OHIP, the regional partner or both will provide the service to the provider.

- Education and Outreach Services
Responsible Party: Joint

OHIP will be responsible for developing core course materials and online resources to be used by our regional partners consistent with information provided through the HITRC. Regional partners will be responsible for disseminating materials to providers in their regions, providing individual and group training sessions, providing supplemental materials related to the specific needs of their region and making individual provider visits when necessary.

- National Learning Consortium
Responsible Party: OHIP

OHIP will be responsible for representing Ohio in HITRC events. They will also convey Ohio's needs and position in federally led efforts. OHIP will collect and disseminate information to regional partners via the education and outreach services as well as through regular communication methods.

- Vendor Selection & Group Purchasing
Responsible Party: OHIP

OHIP will work with its board members, regional partners and others to structure group-purchasing opportunities. The goal is to identify discounted EHR opportunities through bulk purchasing or existing HIE networks. These opportunities do not represent preferred nor required vendors, but are simply an identification of discounted systems offerings.

- Implementation and Project Management
Responsible Party: Regional partners

Regional partners will be responsible for supplying direct technical assistance and project management services to individual providers working to achieve meaningful use through the implementation of an EHR. Services should include individualized and on-site coaching, consultation, troubleshooting, organizational readiness, IT infrastructure assessments and remediation, software configuration, system optimization and training for all staff.

- Practice and Workflow Redesign
Responsible Party: Regional partners

Regional partners will be responsible for providing direct, hands-on assistance to the providers who would like to achieve EHR meaningful use. These services include redesigning and documenting related clinical and administrative processes and assisting in tailoring functions and policies for clinicians and support staff so that clinical and administrative efficiency can be achieved.

Additionally, regional partners will need to ensure that each practice is meeting HHS's defined criteria for meaningful use by payment year, such as:

- Implementing electronic administrative transactions,
 - Utilizing electronic prescribing,
 - Participating in electronic laboratory ordering and receipt of results,
 - Sharing key clinical data across practice settings,
 - Providing patient access to their health information,
 - Public health reporting, and
 - The adoption of policies and practices that protect the privacy and security of personal health information.
- Functional Interoperability and HIE
Responsible Party: Joint

Through its role in managing the statewide HIE, OHIP will identify detailed technical and participation requirements for connecting to the statewide HIE. Additionally, OHIP will work with any exchange functioning within Ohio to help maintain consistent standards for providers needing to access the statewide exchange through any HIE. The regional partners will assist individual providers through the technical process of connecting to a local HIE or directly to the statewide HIE.

- Privacy and Security Best Practices
Responsible Party: OHIP

OHIP will publish best practices and share national standards relating to security and privacy. Regional partners will be responsible for ensuring that individual providers are aware of and implement these practices and standards.

- Local Workforce Support
Responsible Party: Joint

OHIP will help coordinate and establish training for workforce support services at a statewide level in conjunction with the higher education system and other statewide training providers. These services will be available through our regional partners.

Regional partners will be responsible for utilizing the statewide services established by OHIP. Additionally, regional partners should work with local organizations to supplement and customize the statewide services.

Appendix A – HealthNet Update

HealthNet Update June 2009



Vendor Kick-off Meeting Scheduled for Rural Health Care Pilot Project

We're very pleased with the selection of vendors who will be implementing our Rural Health Care Pilot Project. Here's a look at what's been happening with the project:

- In addition to OneCommunity, who will be conducting the construction management portion of this project, we have selected six (6) vendors that will participate in fiber fulfillment, equipment provisioning and fiber placement.
- We are completing our next round of FCC documentation that includes an RFP analysis, detailed network diagrams, allocated costing models and project plans
- Vendor invites have been sent for our August, 2009 kickoff. Our near term schedule is as follows:

RFP Event	Date
Vendor kickoff meeting	August 11, 2009
Onsite customer update	August 12, 2009
Detailed project plan completion	August 28, 2009
Initiate construction	September 7, 2009

The proposal review process was extensive that focused not only on price but the capability, by a vendor, to integrate into existing OneCommunity fiber networks and a vendor's capability to deliver services in an expedient manner. In reviewing vendor responses, our focus remained on delivering the most expeditious fiber network to our clients without compromising on quality. We believe that our vendor selections will accomplish this goal.

These 16 hospitals have signed Letters of Agency and will be connected in Phase I:

- Ashtabula County Medical Center
- Bellevue Hospital
- Conneaut Medical Center
- Coshocton County Memorial Hospital
- East Liverpool City Hospital
- Fisher Titus Medical Center
- Firelands Regional Medical Center
- Fremont Memorial Hospital
- Geneva Medical Center
- Glenbeigh
- Jefferson Healthcare Center
- H.B. Magruder Memorial Hospital
- Samaritan Regional Health System
- Twin City Hospital
- Union Hospital
- Wooster Community Hospital

For hospitals that are interested in connecting but have not signed an LOA, send an email to sales@onecommunity.org.

More broadband opportunities could be coming to communities

With more than \$4.7 billion in grants available to expand broadband services to unserved and underserved areas through the [Broadband Technology Opportunities Program](#) (BTOP), OneCommunity is working with partners across Ohio and the nation to structure successful projects and strategies, including a master proposal aimed at Northern Ohio. The **Big Broadband for Northern Ohio** project will add 1,300 miles of broadband fiber to the OneCommunity network, and feature both direct fiber connectivity and high-bandwidth, fixed WiMAX wireless services covering 19,302 square miles across 30 counties.

OneCommunity has constructed a Broadband Stimulus Office that handles the development and construction of broadband proposals, representing strategic partnerships with organizations that can benefit from our “open access” network by delivering network services.

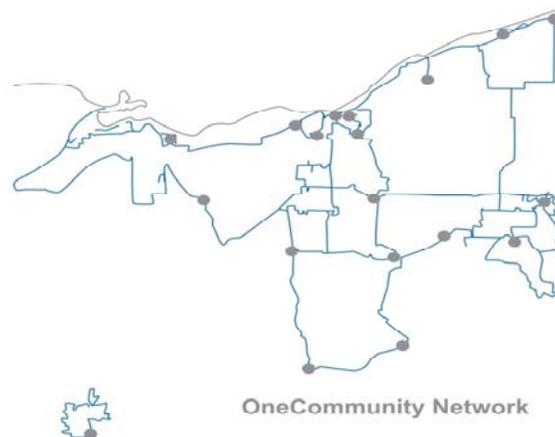
Our strategic direction for building a network that can be utilized by other service providers fits well with the BTOP goals and objectives for extending broadband access to areas that are un-served or under-served.

Watch for more details about this project in the coming weeks at www.onecommunity.org.

For more information about HealthNet or the RHCPP, send an email to healthnet@onecommunity.org.

HealthNet is a collaborative platform for the expansion of secure broadband fiber and wireless services to Northeast Ohio's health communities for the purpose of promoting health information exchange (HIE) and telemedicine services between our rural, underserved and urban communities. The Northeast Ohio Regional Health Information Organization (NEO RHIO), OneCommunity and other key medical and technology partners have developed interconnection, disaster recovery, shared infrastructure and applications support programs.

OneCommunity currently connects more than 50 hospitals and clinics via broadband fiber, and as part of the FCC's Rural Health Care Pilot Program (RHCPP), HealthNet will expand connectivity to dozens more rural hospitals and health care facilities.



Connecting Health Care Providers

Ashland • Ashtabula • Carroll • Columbiana • Coshocton • Cuyahoga • Erie • Geauga • Holmes • Huron • Lake • Lorain • Mahoning • Medina • Portage • Sandusky • Seneca • Stark • Summit • Trumbull • Tuscarawas • Wayne