# QUARTERLY REPORT
# 8
# 30 APRIL 2010

## HEARTLAND UNIFIED BROADBAND NETWORK

# HUBNET

## RURAL HEALTHCARE PILOT PROGRAM
## WC DOCKET NO. 02-60

Heartland Unified Broadband Network
Avera Health
3900 West Avera Drive
Sioux Falls, SD 57108
Attn: Kimberly Johnson, Associate Project Coordinator

1. Administrative and Procedural Information

1.1. Pursuant to the Federal Communications Commission Order, WC Docket No. 02-60, "Rural Healthcare Support Mechanism," defining the "Rural Healthcare Pilot Program," the Heartland Unified Broadband Network ("HUBNet") submits the following information as its 'Quarterly Report" for the period ending 30 January 2010.

1.2. HUBNet is a consortium of three Partners:

1.2.1. **Avera Health**, Sioux Falls, SD, the administrative and fiduciary Partner. ("Avera") A regional integrated healthcare network with more than 228 locations in eastern South Dakota, Minnesota, Iowa, North Dakota, and Nebraska.

1.2.2. **Regional Health**, Rapid City, SD. ("Regional") An integrated healthcare network of more than 40 entities in South Dakota and Wyoming.

1.2.3. **Dakota Network of Community Health Centers**, Howard, SD. ("DNCHC") A not-for-profit corporation that supports the information technology needs of 24 Federally-Qualified Health Centers and 2 Primary Care Association offices in South Dakota and North Dakota.

1.3. In order to most accurately follow the information request as defined in the Appendix, this report is divided into parts conforming with the sections presented in the Appendix, and the text from the Appendix is reproduced as the introductory paragraphs of each section. Text sourced from the Appendix is presented in the Times New Roman typeface and is reproduced verbatim, without editing by HUBNet. Citations and footnotes are omitted.

1.4. Designation of participating sites as 'Public" or "Non-Public" is based on ownership of physical property; i.e., the physical plant (land, buildings) of a hospital may be owned by a public entity – city or county – but the hospital operations may be leased to a HUBNet Partner for operations. Facilities in this or similar situations are labeled as "Public" in this report.

1.5. This document was created by members of the HUBNet Steering and Technical Committees, and attempts to faithfully and fully meet the letter and spirit of the Commission's request for information. Questions concerning this document should be directed to:

Heartland Unified Broadband Network
Avera Health
3900 West Avera Drive
Sioux Falls, SD 57108
Attn: Kimberly Johnson, Associate Project Coordinator

**APPENDIX D**
**Pilot Program Participants Quarterly Data Reports**

1. Project Contact and Coordination Information
   a. Identify the project leader(s) and respective business affiliations.

**30 January 2010:** No change since last report.

**30 April 2010:** No change since last report.

| Name/Title | Project Role | Address | Phone | Fax |
|---|---|---|---|---|
| Jim Veline<br>Senior Vice President<br>CIO | **Project Director**<br>Administrative Committee;<br>Steering Committee | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Jim.Veline@Avera.org | 605-322-4707 | 605-322-4799 |
| Kimberly Johnson<br>Senior Project Manager | **Assoc. Project Director**<br>Administrative Committee;<br>Steering Committee | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Kimberly.Johnson@Avera.org | 605-322-4704 | 605-322-4520 |
| Jim Burkett<br>Director, Technology Support | **Technical Committee Lead**<br>Administrative Committee;<br>Steering Committee | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Jim.Burkett@Avera.org | 605-322-6080 | 605-322-4520 |
| Tad Jacobs, DO<br>Chief Medical Information Officer | **Telehealth Committee Lead**;<br>EDI Committee; | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Tad.Jacobs@Avera.org | 605-864-1150 | 605-322-4520 |
| Jason Wulf<br>Financial Analyst | Administrative Committee;<br>Steering Committee | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Jason Wulf@Avera.org | 605-322-4722 | 605-322-4799 |
| Scott O'Farrell<br>Director, Technology Services | Technical Committee | **Avera Health**<br>Avera McKennan Hospital<br>800 E. 21st Street<br>Sioux Falls, SD 57105<br>Scott.OFarrell@McKennan.org | 605-322-6088 | 605-322-6007 |
| Ted McCann<br>Network Architect | Technical Committee | **Avera Health**<br>3900 W. Avera Drive<br>Sioux Falls, SD 57108<br>Ted.McCann@Avera.org | 605-322-6078 | 605-322-4520 |
| Matt Schroeder<br>Supervisor, Network Engineering | Technical Committee | **Avera Health**<br>Avera McKennan Hospital<br>800 E. 21st Street<br>Sioux Falls, SD 57105<br>Matt.Schreoder@McKennan.org | 605-322-6156 | 605-322-6013 |
| Joe Hafner<br>Network Manager | Technical Committee | **Avera Health**<br>Avera Queen of Peace<br>525 N. Foster Street<br>Mitchell, SD 57301<br>Joe.Hafner@AveraQueenofPeace.org | 605-995-2559 | 605-995-2441 |
| Chris Nelson<br>Network Manager | Technical Committee | **Avera Health**<br>Avera Sacred Heart<br>501 Summit Street<br>Yankton, SD 57078<br>CNelson@SHHServices.com | 605-668-8330 | 605-668-8351 |
| Scott Stolle<br>Network Manager | Technical Committee | **Avera Health**<br>Avera St. Luke's<br>305 S. State Street<br>Aberdeen, SD<br>Scott.Stolle@AveraStLukes.org | 605-622-5190 | 605-622-4038 |

| | | | | |
|---|---|---|---|---|
| John Mengenhausen<br>Chief Executive Officer | Administrative Committee;<br>Steering Committee | **Dakota Network of Community Health Centers**<br>Horizon Health Care, Inc.<br>109 North Main Street<br>Howard, SD 57349 jmengenhausen@horizonhealthcare.org | 605-772-4525 | 605-772-5185 |
| Lance S. Lim, MD<br>Physician | Telehealth Committee;<br>EDI Committee | **Dakota Network of Community Health Centers**<br>Jerauld County Clinic,<br>602 First Street NE Suite 1<br>Wessington Springs, SD 57382<br>llim@horizonhealthcare.org | 605-539-1767 | 605-539-9546 |
| Scott Weatherill<br>IT Director | Technical Committee; Telehealth Committee;<br>EDI Committee | **Dakota Network of Community Health Centers**<br>Horizon Health Care, Inc.<br>109 North Main Street<br>Howard, SD 57349 sweatherill@horizonhealthcare.org | 605-772-4518 | 605-772-5185 |
| Richard Latuchie<br>Vice President, Information Technology<br>CIO | Administrative Committee;<br>Steering Committee | **Regional Health**<br>353 Fairmont Blvd<br>Rapid City, SD 57701<br>RLatuchie@rcrh.org | 605-719-4944 | 605-719-8053 |
| Brian Smith, MD<br>Faculty Physician | Telehealth Committee;<br>EDI Committee | **Regional Health**<br>Family Medicine Residency Clinic<br>502 East Monroe Street<br>Rapid City, SD 57701<br>bsmith3@rcrh.org | 605-719-4060 | 605-719-4012 |
| Alan T. Williams, Assistant Director of Information Systems | Technical Committee; Steering Committee; Administrative Committee | **Regional Health**<br>353 Fairmont Blvd<br>Rapid City, SD 57709<br>awilliams@RCRH.org | 605-716-8305 | 605-716-8302 |
| Andy Gerlach<br>Network Analyst | Technical Committee | **Regional Health**<br>353 Fairmont Blvd<br>Rapid City, SD 57701<br>agerlach@rcrh.org | 605-716-8466 | 605-719-4206 |

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

Jim Veline
Senior Vice President, CIO
Avera Health
3900 W/ Avera Drive
Sioux Falls, SD 57108
Jim.Veline@Avera.org
(605) 322-4707 (vox)
(605) 322-4799 (fax)

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

Avera Health
3900 W/ Avera Drive
Sioux Falls, SD 57108

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

Avera Health staff directs and administers the HUBNet project with the assistance of DNCHC and Regional Health staff. The key Avera Health staff work with the two partner organizations in the form of three primary committees. The Project Director will oversee these committees.

The three general committees have been divided among administrative/management activities; technical activities; and clinical activities. At the request of Regional Health and the Dakota Network, Avera Health staff will lead and administer the work of the three committees. Many activities cross over and involve more than one committee. The committees are key in assuring the success of the pilot project, as well as the long-term sustainability of HUBNet.

The committees are:

**Administrative/Management Committee**

Responsible for activities and functions that relate to management and administrative functions of HUB-Net. This includes day-to-day management activities, as well as general policies, procedures and activities that relate to administrative infrastructure. This committee is responsible for financial management issues and has a key role in working with organizations that have expressed an interest in participating in HUBNet in Year 3 and beyond.

**Technical Committee**

Responsible for technical aspects of the project, including the information system and network planning; design; development; bid proposal evaluation and vendor selection; and implementation.

**Telehealth & EDI Committees**

Responsible for the development of clinical telemedicine and data sharing / interchange activities, and provides clinicians' perspectives on telehealth applications. This committee works closely with the Technical Committee to help ensure that the network infrastructure supports the planned development and enhancement of telemedicine and clinical applications.

2. Identify all health care facilities included in the network.

   a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
   b. For each participating institution, indicate whether it is:
      i. Public or non-public;
      ii. Not-for-profit or for-profit;
      iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

**30 January 2009**: The facilities indicated by *facility name** in the chart below have declined participation in the project upon evaluation of the bid proposal for the site.

**30 April 2009**: The facilities indicated by *facility name** in the chart below have declined participation in the project upon evaluation of the bid proposal for the site. USAC funding commitment for connectivity and equipment for the participating sites was received on 07 April 2009.

**30 July 2009:** No change in participation since last report. Initial network implementation has begun; see the appropriate following sections for specific information.

**30 October 2009:** The facilities indicated by *facility name** in the chart below have declined participation in the project during the current reporting period. Initial network implementation continuing; see the appropriate following sections for specific information.

**30 January 2010:** No change since last report.

**30 April 2010:** No change since last report.

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Belle Fourche Regional Medical Center | 2200 Thirteenth Avenue | Belle Fourche | Butte | SD | 57717 | (605) 892-2701 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.4 | 997700 | Regional |
| Foothills Regional Medical Clinic | 8057 Stage Stop Road | Black Hawk | Meade | SD | 57718 | (605) 718-7625 | Urban health clinic, non-public | SD state licensed not-for-profit primary care clinic located in an urban area | 1 | 1.0 | 20301 | Regional |
| Buffalo Regional Medical Clinic | 209 Ramsland | Buffalo | Harding | SD | 57720 | (605) 375-3744 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 998700 | Regional |
| Custer Regional Hospital | 1039 Montgomery Street | Custer | Custer | SD | 57730 | (605) 673-2229 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.0 | 995200 | Regional |
| Lead-Deadwood Regional Hospital | 61 Charles Street | Deadwood | Lawrence | SD | 57732 | (605) 722-6101 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.5 | 996100 | Regional |
| Edgemont Regional Medical Clinic | 908 H Street | Edgemont | Fall River | SD | 57735 | (605) 662-7250 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.3 | 994100 | Regional |
| Hill City Regional Medical Clinic | 557 E. Main Street | Hill City | Pennington | SD | 57745 | (605) 574-4470 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 2 | 2.0 | 011700 | Regional |
| Fall River Health Services | 209 N. 16th Street | Hot Springs | Fall River | SD | 57747 | (605) 745-3159 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 7 | 7.0 | 994200 | Regional |
| Kadoka Clinic* | 601 Chestnut Street | Kadoka | Jackson | SD | 57543 | (605) 837-2257 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 991100 | Regional |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bennett County Hospital* | 102 Major Allen Road | Martin | Bennett | SD | 57551 | (605) 685-6622 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 940900 | Regional |
| Philip Health Services | 505 W. Pine Street | Philip | Haakon | SD | 57567 | (605) 859-2511 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 990100 | Regional |
| Aspen Regional Medical Clinic | 640 Flormann Street | Rapid City | Pennington | SD | 57701 | (605) 718-3300 | Rural health clinic, non-public | SD state licensed not-for-profit primary and specialty care clinic located in an urban area | 1 | 1.0 | 010800 | Regional |
| Dakota Plaza Regional Medical Clinic* | 3501 5th Street | Rapid City | Pennington | SD | 57701 | (605) 747-8305 | Rural health clinic, non-public | SD state licensed not-for-profit specialty care clinic located in an urban area | 1 | 1.0 | 010901 | Regional |
| Family Medicine Residency | 502 E. Monroe | Rapid City | Pennington | SD | 57701 | (605) 719-4060 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in an urban area | 1 | 1.0 | 010400 | Regional |
| Rapid City Regional Hospital | 353 Fairmont Boulevard | Rapid City | Pennington | SD | 57701 | (605) 719-1000 | Not-for-profit hospital, non-public | SD state licensed not-for-profit tertiary care hospital; Joint Commission-accredited at time of application; located in an urban area | 1 | 1.0 | 010901 | Regional |
| Rosebud Regional Medical Clinic - Dialysis | 1 Soldier Creek Road | Rosebud | Todd | SD | 57570 | (605) 747-2916 | Rural health clinic, non-public | SD state licensed not-for-profit specialty care clinic located in a rural area | 10 | 10.0 | 940100 | Regional |
| Queen City Regional Medical Clinic | 1420 N. 10th Street | Spearfish | Lawrence | SD | 57783 | (605) 642-8414 | Rural health clinic, non-public | SD state licensed not-for-profit primary and specialty care clinic located in a rural area | 4 | 4.0 | 996200 | Regional |
| Spearfish Regional Dialysis | 132 N. Yankee Street | Spearfish | Lawrence | SD | 57783 | (605) 644-9000 | Rural health clinic, non-public | SD state licensed not-for-profit specialty care clinic located in a rural area | 4 | 4.0 | 996200 | Regional |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Spearfish Regional Hospital | 1440 N. Main Street | Spearfish | Lawrence | SD | 57783 | (605) 644-4000 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 4 | 4.0 | 996200 | Regional |
| Spearfish Regional Medical Clinic - East | 2479 E. Colorado | Spearfish | Lawrence | SD | 57783 | (605) 644-4460 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 4 | 4.0 | 996300 | Regional |
| Spearfish Regional Surgery Center | 1316 10th Street | Spearfish | Lawrence | SD | 57783 | (605) 642-3113 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural specialty hospital | 4 | 4.0 | 996200 | Regional |
| Massa Berry Regional Medical Clinic | 800 Lazelle Street | Sturgis | Meade | SD | 57785 | (605) 347-3616 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.3 | 020400 | Regional |
| Sturgis Regional Medical Center | 949 Harmon Street | Sturgis | Meade | SD | 57785 | (605) 720-8305 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.3 | 020400 | Regional |
| Wall Health Services* | 112 7th Avenue | Wall | Pennington | SD | 57790 | (605) 279-2139 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 2 | 2.0 | 011600 | Regional |
| Weston County Health Services* | 1124 Washington Boulevard | Newcastle | Weston | WY | 82701 | (307) 746-4491 | Not-for-profit hospital, public | WY state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 951300 | Regional |
| Bryant Community Health Center | 110 Main Street | Bryant | Hamlin | SD | 57221 | (605) 628-2318 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.5 | 955200 | DNCHC |
| Bell Medical Service | 801 3rd Street SW | DeSmet | Kingsbury | SD | 57231 | (605) 854-3455 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.0 | 958200 | DNCHC |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Howard Administration Office | 109 N. Main Street | Howard | Miner | SD | 57349 | (605) 775-4525 | Community health center or health center providing health to migrants, non-public | Community health center administrative office; Federally Qualified Health Center; | 10 | 10.0 | 961600 | DNCHC |
| Lake Preston Community Health Clinic | 709 Fourth Street SE | Lake Preston | Kingsbury | SD | 57249 | (605) 847-4484 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.5 | 958100 | DNCHC |
| Bennett County Community Health Center | 20389 269th Street | Martin | Bennett | SD | 57551 | (605) 685-6868 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.0 | 940900 | DNCHC |
| Mission Medical Clinic | 153 South Main Street | Mission | Todd | SD | 57555 | (605) 856-2295 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.0 | 940200 | DNCHC |
| Aurora County Clinic | 100 S. Main | Plankington | Aurora | SD | 57368 | (605) 642-7711 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.5 | 973600 | DNCHC |
| Jerauld County Clinic | 602 First Street NE | Wessington Springs | Jerauld | SD | 57382 | (605) 539-4518 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.0 | 974100 | DNCHC |
| Melette County Clinic | 1st & S. Roosevelt | White River | Melette | SD | 57579 | (605) 259-3121 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.0 | 940300 | DNCHC |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Whiting Memorial Clinic | 215 S. Dumont | Woonsocket | Sanborn | SD | 57385 | (605) 796-4433 | Community health center or health center providing health to migrants, non-public | SD state licensed rural primary care clinic; Federally Qualified Health Center | 10 | 10.5 | 962100 | DNCHC |
| Avera Holy Family Hospital | 826 N. 8th Street | Estherville | Emmet | IA | 51334 | (712) 362-2631 | Not-for-profit hospital, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.4 | 970400 | Avera |
| Avera Estherville Medical Clinic | 926 N. 8th Street | Estherville | Emmet | IA | 51334 | (712) 362-6501 | Rural health clinic, non-public | IA state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.4 | 970400 | Avera |
| Floyd Valley Hospital / Avera | 714 Lincoln Street NE | LeMars | Plymouth | IA | 51031 | (712) 546-8781 | Not-for-profit hospital, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.3 | 970100 | Avera |
| Hegg Memorial Health Center / Avera | 1202 21st Avenue | Rock Valley | Sioux | IA | 51247 | (712) 476-8000 | Not-for-profit hospital, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 970300 | Avera |
| Hegg Medical Clinic Avera | 2121 Hegg Drive | Rock Valley | Sioux | IA | 51247 | (712) 476-8100 | Rural health clinic, non-public | IA state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.0 | 970300 | Avera |
| Osceola Community Hospital | 600 9th Avenue N. | Sibley | Osceola | IA | 51249 | (712) 754-3782 | Not-for-profit hospital, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 960100 | Avera |
| Sioux Center Community Hospital / Avera | 605 S. Main Avenue | Sioux Center | Sioux | IA | 51250 | (712) 722-1271 | Not-for-profit hospital, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 970700 | Avera |
| Sioux Center Medical Clinic Avera | 645 S. Main Avenue | Sioux Center | Sioux | IA | 51250 | (712) 722-2609 | Rural health clinic, non-public | IA state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 970700 | Avera |
| Avera Spencer Family Care | 116 E. 11th Street | Spencer | Clay | IA | 51301 | (712) 264-3530 | Rural health clinic, non-public | IA state licensed not-for-profit primary care | 4 | 4.0 | 980200 | Avera |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | clinic located in a rural area | | | | |
| Avera Spirit Lake Medical Center | 2700 23rd Street, Suite A | Spirit Lake | Dickinson | IA | 51360 | (712) 336-5410 | Rural health clinic, non-public | IA state licensed not-for-profit primary care clinic located in a rural area | 4 | 4.0 | 950500 | Avera |
| Avera Lakes Family Practice | 2700 23rd Street, Suite C | Spirit Lake | Dickinson | IA | 51360 | (712) 336-3750 | Rural health clinic, non-public | IA state licensed not-for-profit primary care clinic located in a rural area | 4 | 4.0 | 950500 | Avera |
| Hendricks Community Hospital | 503 E. Lincoln Street | Hendricks | Lincoln | MN | 56136 | (507) 275-3134 | Not-for-profit hospital, non-public | MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.5 | 950100 | Avera |
| Southwestern Mental Health Center Avera | 216 E. Luverne Street | Luverne | Rock | MN | 56156 | (507) 283-9511 | Community mental health center, non-public | MN state licensed not-for-profit outpatient mental health care clinic located in a rural area | 10 | 10.4 | 970300 | Avera |
| Avera Marshall Regional Medical Center | 300 S. Bruce Street | Marshall | Lyon | MN | 56258 | (507) 532-9661 | Not-for-profit hospital, public | MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 4 | 4.0 | 960400 | Avera |
| Pipestone County Medical Center | 916 4th Avenue SW | Pipestone | Pipestone | MN | 56164 | (507) 825-5811 | Not-for-profit hospital, public | MN state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 960300 | Avera |
| Pipestone Medical Group Avera | 920 4th Avenue SW | Pipestone | Pipestone | MN | 56164 | (507) 825-5700 | Rural health clinic, non-public | MN state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.0 | 960300 | Avera |
| Avera Worthington Specialty Clinics | 508 10th Street | Worthington | Nobles | MN | 56187 | (507) 372-2921 | Rural health clinic, non-public | MN state licensed not-for-profit primary and specialty care clinic located in a rural area | 4 | 4.0 | 990500 | Avera |
| Southwestern Mental Health Center Avera | 1024 Seventh Avenue | Worthington | Nobles | MN | 56187 | (507) 376-4141 | Community mental health center, non-public | MN state licensed not-for-profit outpatient mental health care clinic located in a rural area | 4 | 4.0 | 990500 | Avera |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avera Clinic of Ellendale* | 240 Main Street | Ellendale | Dickey | ND | 58436 | (701) 349-3666 | Rural health clinic, non-public | ND state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 973400 | Avera |
| Avera Sacred Heart Medical Clinic* | 203 W. Main | Crofton | Knox | NE | 68730 | (402) 388-2343 | Rural health clinic, non-public | NE state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.2 | 976100 | Avera |
| Avera Sacred Heart Medical Clinic* | 405 W. Darlene Street | Hartington | Cedar | NE | 68739 | (402) 254-3935 | Rural health clinic, non-public | NE state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.5 | 977100 | Avera |
| Avera St. Anthony's Hospital | 300 N. 2nd Street | O'Neill | Holt | NE | 68763 | (402) 336-2611 | Not-for-profit hospital, non-public | NE state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 7 | 7.0 | 974300 | Avera |
| Avera Holt County Medical Clinic | 555 John Street | O'Neill | Holt | NE | 68763 | (402) 336-4113 | Rural health clinic, non-public | NE state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.0 | 974300 | Avera |
| O'Neill Family Practice Clinic | 403 E. Hynes Avenue | O'Neill | Holt | NE | 68763 | (402) 336-2622 | Rural health clinic, non-public | NE state licensed not-for-profit PC clinic located in a rural area | 7 | 7.0 | 974300 | Avera |
| Avera DeSmet Memorial Hos-pital | 306 Prairie Avenue SW | DeSmet | Kingsbury | SD | 57231 | (605) 854-3329 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.0 | 958200 | Avera |
| Avera St. Benedict Health Center | 401 W. Glynn Drive | Parkston | Hutchinson | SD | 57366 | (605) 928-3311 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.5 | 968700 | Avera |
| Platte Health Center Avera | 601 E. 11th Street | Platte | Charles Mix | SD | 57369 | (605) 539-1201 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.0 | 970100 | Avera |
| Avera Weskota Memorial Medical Center | 604 1st Street NE | Wessington Springs | Jerauld | SD | 57382 | (605) 539-1201 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.0 | 974100 | Avera |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Freeman Community Hospital | 510 E. 8th Street | Freeman | Hutchinson | SD | 57029 | (605) 925-4000 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 968600 | Avera |
| St. Michael's Hospital Avera | 410 W. 16th Avenue | Tyndall | Bon Homme | SD | 57066 | (605) 898-3630 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.5 | 967600 | Avera |
| Wagner Community Memorial Hospital | 504 SW Third Street | Wagner | Charles Mix | SD | 57380 | (605) 384-3611 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 970300 | Avera |
| Marshall County Memorial Hospital | 413 9th Street | Britton | Marshall | SD | 57430 | (605) 448-2253 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 950700 | Avera |
| Eureka Community Health Services | 410 9th Street | Eureka | McPherson | SD | 57437 | (605) 622-5190 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 983100 | Avera |
| Avera Clinic of Groton | 8 E. Highway 12 | Groton | Brown | SD | 57445 | (605) 397-4242 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 5 | 5.0 | 951900 | Avera |
| Avera St. Luke's Physician Specialist Clinic* | 1400 10 Avenue W. | Mobridge | Walworth | SD | 57601 | (605) 845-7292 | Rural health clinic, non-public | SD state licensed not-for-profit specialty care clinic located in a rural area | 7 | 7.0 | 985200 | Avera |
| Community Memorial Hospital | 111 W. 10th Avenue | Redfield | Spink | SD | 57469 | (605) 472-1110 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 7 | 7.0 | 000200 | Avera |
| Avera Brookings Medical Clinic | 440 22nd Avenue | Brookings | Brookings | SD | 57006 | (605) 697-6500 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 4 | 4.0 | 958900 | Avera |
| Brookings Health System | 300 22nd Avenue | Brookings | Brookings | SD | 57006 | (605) 696-9000 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 4 | 4.0 | 958900 | Avera |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avera Community Clinic | 101 S. Front Street | Chamberlain | Brule | SD | 57325 | (605) 234-6088 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 973200 | Avera |
| Dells Area Health Center / Avera Health | 909 N. Iowa Avenue | Dell Rapids | Minnehaha | SD | 57022 | (605) 428-5431 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 2 | 2.0 | 010100 | Avera |
| Avera Dell Rapids Medical Clinic | 111 E. 10th Street | Dell Rapids | Minnehaha | SD | 57022 | (605) 428-5446 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 2 | 2.0 | 010100 | Avera |
| Avera Flandreau Medical Center | 214 N. Prairie Street | Flandreau | Moody | SD | 57028 | (605) 997-2433 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.4 | 959700 | Avera |
| Avera Flandreau Medical Clinic | 212 N. Prairie Street | Flandreau | Moody | SD | 57028 | (605) 997-2471 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.4 | 959700 | Avera |
| Avera Gregory Healthcare Center | 400 Park Avenue | Gregory | Gregory | SD | 57533 | (605) 835-8394 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 10 | 10.0 | 971100 | Avera |
| Avera Gregory Medical Clinic | 405 Whittecar | Gregory | Gregory | SD | 57533 | (605) 835-9611 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 971100 | Avera |
| Madison Community Hospital | 917 N. Washington | Madison | Lake | SD | 57042 | (605) 256-6551 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 7 | 7.0 | 960200 | Avera |
| Milbank Area Hospital | 901 E. Virgil Avenue | Milbank | Grant | SD | 57252 | (605) 432-4538 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospit-al; CMS-designated Critical Access Hospital | 7 | 7.0 | 953100 | Avera |
| Avera Milbank Medical Center | 803 E. Milbank Avenue | Milbank | Grant | SD | 57252 | (605) 432-4587 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 7 | 7.0 | 953100 | Avera |

| Health Care Facility | Address | City | County | St | ZIP | Phone | Eligible Entity Type | Eligibility Explanation | RUCA | RUCA Sec | Census Tract | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hand County Memorial Hospital / Avera | 300 W. 5th Street | Miller | Hand | SD | 57362 | (605) 853-2421 | Not-for-profit hospital, public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 975700 | Avera |
| Avera Hand County Clinic | 300 W. 5th Street | Miller | Hand | SD | 57362 | (605) 853-2447 | Rural health clinic, non-public | SD state licensed not-for-profit primary care clinic located in a rural area | 10 | 10.0 | 975700 | Avera |
| Landmann-Jungman Memorial Hospital | 600 Billars Street | Scotland | Bon Homme | SD | 57059 | (605) 583-2226 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.5 | 967600 | Avera |
| Coteau Des Prairies Hospital | 205 Orchard Drive | Sisseton | Roberts | SD | 57262 | (605) 698-7647 | Not-for-profit hospital, non-public | SD state licensed not-for-profit rural hospital; CMS-designated Critical Access Hospital | 10 | 10.0 | 940400 | Avera |

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:
    a. Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
    b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
    c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
    d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
    e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

**20 October 2008:** Competitive bidding for the first HUBNet RFP has been completed, and HUBNet is in the process of evaluating the bid proposals received from vendors. See Section 8 for bid receipt and evaluation timeline to date.

Each bidder has proposed its own solution to the requirements specified in the RFP, and an accurate and responsive technical description cannot be provided until the winning bids are chosen and the network design is thereby finalized.

HUBNet expects to submit its bid evaluation documentation, form(s) 466-A, Network Cost Worksheets, and other supporting documentation in November 2008.

**30 January 2009:** HUBNet has received and evaluated bid proposals, and has solicited final financial commitments from participating sites. As noted in Section 2, above, some institutions have declined to participate based on the financial expenditure required.

Final network design and documentation is in progress, based on the newly-determined list of committed sites.

**30 April 2009:** USAC funding commitment received on 7 April 2009. Contracts supported thereby have been initiated and hardware acquisition / circuit provisioning is in progress.

a. Health care providers will generally be connected to Partner-specific MPLS networks, although some are connected via point-to-point links to the network hub or to intermediary health care provide sites from which access to the MPLS networks(s) is provided.

b. See the following table for specific health care provider connectivity speeds, transports, and backbone.

| Health Care Provider | City | State | Connectivity MHz | Transport | Backbone | HUBNet Partner |
|---|---|---|---|---|---|---|
| Belle Fourche Regional Medical Clinic | Belle Fourche | SD | 5.00 | Ethernet | Point-to-Point | Regional |
| Foothills Regional Medical Clinic | Blackhawk | SD | 5.00 | Ethernet | Point-to-Point | Regional |
| Buffalo Regional Medical Clinic | Buffalo | SD | 1.54 | DS-1 | MPLS | Regional |
| Custer Regional Hospital | Custer | SD | 4.62 | MLPPP | MPLS | Regional |
| Edgemont Regional Medical Clinic | Edgemont | SD | 7.54 | MLPPP | MPLS | Regional |
| Hill City Regional Medical Clinic | Hill City | SD | 1.54 | DS-1 | MPLS | Regional |
| Fall River Health Services | Hot Springs | SD | 3.08 | MLPPP | MPLS | Regional |
| Lead-Deadwood Regional Hospital | Lead | SD | 15.00 | Ethernet | Point-to-Point | Regional |
| Philip Health Services | Philip | SD | 3.08 | MLPPP | MPLS | Regional |
| Aspen Regional Medical Clinic | Rapid City | SD | 15.00 | Ethernet | Point-to-Point | Regional |

| Health Care Provider | City | State | Connectivity MHz | Transport | Backbone | HUBNet Partner |
|---|---|---|---|---|---|---|
| Family Medicine Residency | Rapid City | SD | 15.00 | Ethernet | Point-to-Point | Regional |
| Rapid City Regional Hospital | Rapid City | SD | 200.00 | Ethernet | Point-to-Point | Regional |
| Rapid City Regional Hospital | Rapid City | SD | 100.00 | Ethernet | MPLS | Regional |
| Rosebud RMC - Dialysis | Rosebud | SD | 1.54 | DS-1 | MPLS | Regional |
| Queen City Regional Medical Clinic | Spearfish | SD | 10.00 | Ethernet | Point-to-Point | Regional |
| Spearfish Regional Dialysis | Spearfish | SD | 5.00 | Ethernet | Point-to-Point | Regional |
| Spearfish Regional Hospital | Spearfish | SD | 5.00 | Ethernet | Point-to-Point | Regional |
| Spearfish Regional Medical Ctr - East | Spearfish | SD | 20.00 | Ethernet | Point-to-Point | Regional |
| Spearfish Regional Surgery Center | Spearfish | SD | 10.00 | Ethernet | Point-to-Point | Regional |
| Massa Berry Regional Medical Clinic | Sturgis | SD | 10.00 | Ethernet | Point-to-Point | Regional |
| Sturgis Regional Hospital | Sturgis | SD | 15.00 | Ethernet | Point-to-Point | Regional |
| Bryant Community Health Center | Bryant SD | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Bell Medical Service | DeSmet | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Howard Administration Office | Howard | SD | 44.70 | DS-3 | MPLS | DNCHC |
| Lake Preston Community Healthcare | Lake Preston | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Bennett County Community Health Ctr | Martin | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Mission Medical Clinic | Mission | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Aurora County Clinic | Plankinton | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Jerauld County Clinic | Wessington Springs | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Melette County Clinic | White River | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Whiting Memorial Clinic | Woonsocket | SD | 1.54 | DS-1 | MPLS | DNCHC |
| Marshall County Healthcare Center | Britton | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Brookings Medical Clinic | Brookings | SD | 6.16 | MLPPP | MPLS | Avera |
| Brookings Health System | Brookings | SD | 1,000.00 | Ethernet | Point-to-Point | Avera |
| Avera Community Clinic | Chamberlain | SD | 3.08 | MLPPP | MPLS | Avera |
| ~~Avera Sacred Heart Medical Clinic~~ | ~~Crofton~~ | ~~NE~~ | ~~1.54~~ | ~~DS-1~~ | ~~MPLS~~ | ~~Avera~~ |
| Dells Area Health Center | Dell Rapids | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera DeSmet Memorial Hospital | DeSmet | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Holy Family Health | Estherville | IA | 6.16 | MLPPP | MPLS | Avera |
| Eureka Community Health Services | Eureka | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Flandreau Medical Center | Flandreau | SD | 6.16 | MLPPP | MPLS | Avera |
| Freeman Regional Hospital | Freeman | SD | 4.62 | MLPPP | MPLS | Avera |
| Avera Gregory Healthcare | Gregory | SD | 6.16 | MLPPP | MPLS | Avera |
| Avera Gregory Medical Clinic | Gregory | SD | 1,000.00 | Ethernet | Point-to-Point | Avera |
| Avera Clinic of Groton | Groton | SD | 1.54 | MLPPP | MPLS | Avera |
| ~~Avera Sacred Heart Medical Clinic~~ | ~~Hartington~~ | ~~NE~~ | ~~1.54~~ | ~~DS-1~~ | ~~MPLS~~ | ~~Avera~~ |
| Hendricks Hospital | Hendricks | MN | 1.54 | DS-1 | MPLS | Avera |
| Floyd Valley Hospital | LeMars | IA | 6.16 | MLPPP | MPLS | Avera |
| Southwestern Mental Health Center | Luverne | MN | 3.08 | MLPPP | MPLS | Avera |
| Madison Community Hospital | Madison | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Marshall Radiology Link | Marshall | MN | 10.00 | Ethernet | MPLS | Avera |
| Avera Marshall RMC - DS3 #1 | Marshall | MN | 44.70 | DS-3 | MPLS | Avera |
| Avera Marshall RMC - DS3 #2 | Marshall | MN | 44.70 | DS-3 | MPLS | Avera |
| Milbank Area Hospital | Milbank | SD | 6.16 | MLPPP | MPLS | Avera |
| Hand County Memorial Hospital | Miller | SD | 10.00 | Ethernet | MPLS | Avera |
| Avera Holt County Medical Clinic | O'Neill | NE | 100.00 | Wireless | Point-to-Point | Avera |
| Avera St. Anthony's Hospital | O'Neill | NE | 9.24 | MLPPP | MPLS | Avera |
| O'Neill Family Practice Clinic | O'Neill | NE | 1.54 | DS-1 | Point-to-Point | Avera |
| Avera St. Benedict Health Center | Parkston | SD | 4.62 | MLPPP | MPLS | Avera |

| Health Care Provider | City | State | Connectivity MHz | Transport | Backbone | HUBNet Partner |
|---|---|---|---|---|---|---|
| Pipestone County Medical Center | Pipestone | MN | 6.16 | MLPPP | MPLS | Avera |
| Platte Health Center | Platte | SD | 4.62 | MLPPP | MPLS | Avera |
| Community Memorial Hospital | Redfield | SD | 5.00 | Ethernet | MPLS | Avera |
| Hegg Memorial Health Center | Rock Valley | IA | 6.16 | MLPPP | MPLS | Avera |
| Landmann-Jungman Memorial Hosp | Scotland | SD | 3.08 | MLPPP | MPLS | Avera |
| Osceola Community Hospital | Sibley | IA | 3.08 | MLPPP | MPLS | Avera |
| Sioux Center Community Hospital | Sioux Center | IA | 6.16 | MLPPP | MPLS | Avera |
| Coteau Des Prairies Hospital | Sisseton | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Spencer Family Care | Spencer | IA | 6.16 | MLPPP | MPLS | Avera |
| Avera Spirit Lake Medical Center | Spirit Lake | IA | 3.08 | MLPPP | MPLS | Avera |
| St. Michael's Hospital | Tyndall | SD | 100.00 | Wireless | MPLS | Avera |
| Wagner Comm Memorial Hospital | Wagner | SD | 6.16 | MLPPP | MPLS | Avera |
| Avera Weskota | Wessington Springs | SD | 3.08 | MLPPP | MPLS | Avera |
| Avera Worthington Specialty Clinics | Worthington | MN | 3.08 | MLPPP | MPLS | Avera |
| Southwestern Mental Health Center | Worthington | MN | 3.08 | MLPPP | MPLS | Avera |

Edge Router Enhancement to Existing Circuit

c. All health care provider sites will connect to the public Internet over the supported network via gateways at the Partner hub locations.

d. Fiber construction is contracted at two locations:

| Health Care Provider | City | State | Distance (miles) | Disposition | Connectivity MHz | Transport | Backbone | HUBNet Partner |
|---|---|---|---|---|---|---|---|---|
| Brookings Health System | Brookings | SD | 0.50 | Buried | 1,000.00 | Ethernet | Point-to-Point | Avera |
| Avera Gregory Medical Clinic | Gregory | SD | 0.75 | Buried | 1,000.00 | Ethernet | Point-to-Point | Avera |

e. Not applicable. Network management and maintenance is provided by the Partners as part of their existing structure and is not funded by the RHCPP.

**30 July 2009:** Initial circuit implementation has begun. See section 4 for details as of report date.

**30 October 2009:** Initial circuit implementation continues. See section 4 for details as of report date.

**30 January 2010:** Initial circuit implementation complete. Changes to the table above for the 30 January 2010 report are indicated by highlighted cell content. See section 4 for connection details as of report date.

**30 April 2010:** No change since last report.

4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.
    a. Health care provider site;
    b. Eligible provider (Yes/No);
    c. Type of network connection (*e.g.*, fiber, copper, wireless);
    d. How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased facility);
    e. Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
    f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
    g. Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer name and model number.
    h. Provide a logical diagram or map of the network.

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported circuits or equipment have yet been connected to the network. See section 3 for contracted connectivity and hardware.

**30 July 2009:** Implementation has begun, with provisioning, but not necessarily network configuration and traffic initiation, complete for the Health Care Providers for which a date is entered in the "Provisioned Date" column in the following chart.

Health Care Providers whose RHCPP-funded network connectivity is operational are indicated by a "Yes" in the "operational" column.

a – g.: See the table starting on page 21.

h.: Network implementation is not yet complete. Network logical diagram will be provided when sufficient Health Care Providers to enable a coherent picture are operational. Implementation schedules are such that HUBNet expects to have the majority of the Health Care Providers connected by 30 October 2009, and a comprehensive network schema and drawing will be included in the Quarterly report due on that date.

**30 October 2009:** Implementation continues, with provisioning, but not necessarily network configuration and traffic initiation, complete for the Health Care Providers for which a date is entered in the "Provisioned Date" column in the following chart.

Health Care Providers whose RHCPP-funded network connectivity is operational are indicated by a "Yes" in the "operational" column.

a – g.: See the table below. Changes for 30 October 2009 report are indicated by highlighted cell content. Health Care Providers who have declined participation since the last report are highlighted in blue.

h.: Logical schematic drawings of the network follow the referenced table.

**30 January2010:** Provisioning, network configuration and traffic initiation is complete for all Health Care Providers participating in contracts issued under the Request for Quotation funded in April 2009.

Health Care Providers whose RHCPP-funded network connectivity is operational are indicated by a "Yes" in the "operational" column.

a – g.: See the table below. Changes for 30 January 2010 report are indicated by highlighted cell content.

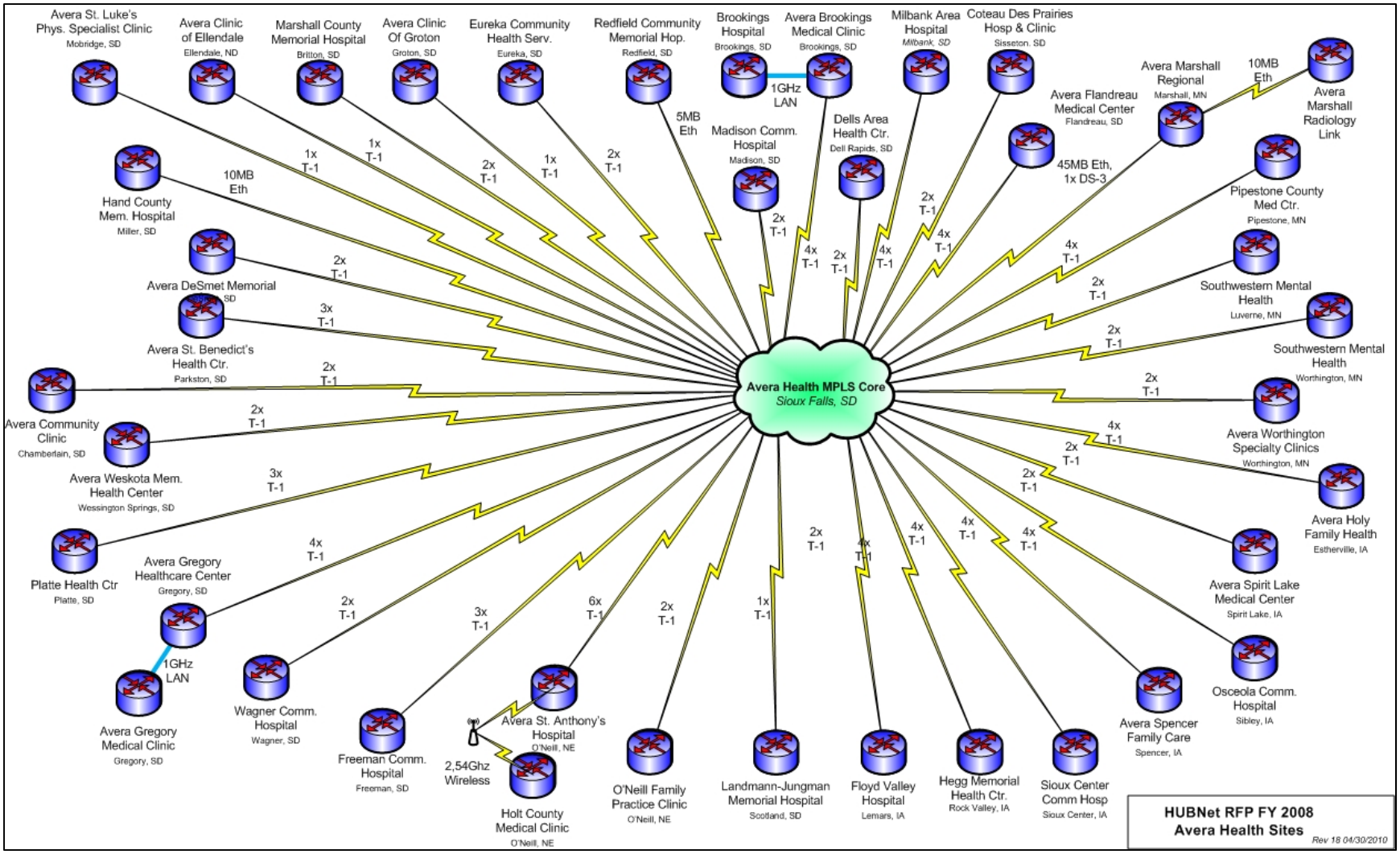
h.: Logical schematic drawings of the network follow the referenced table.

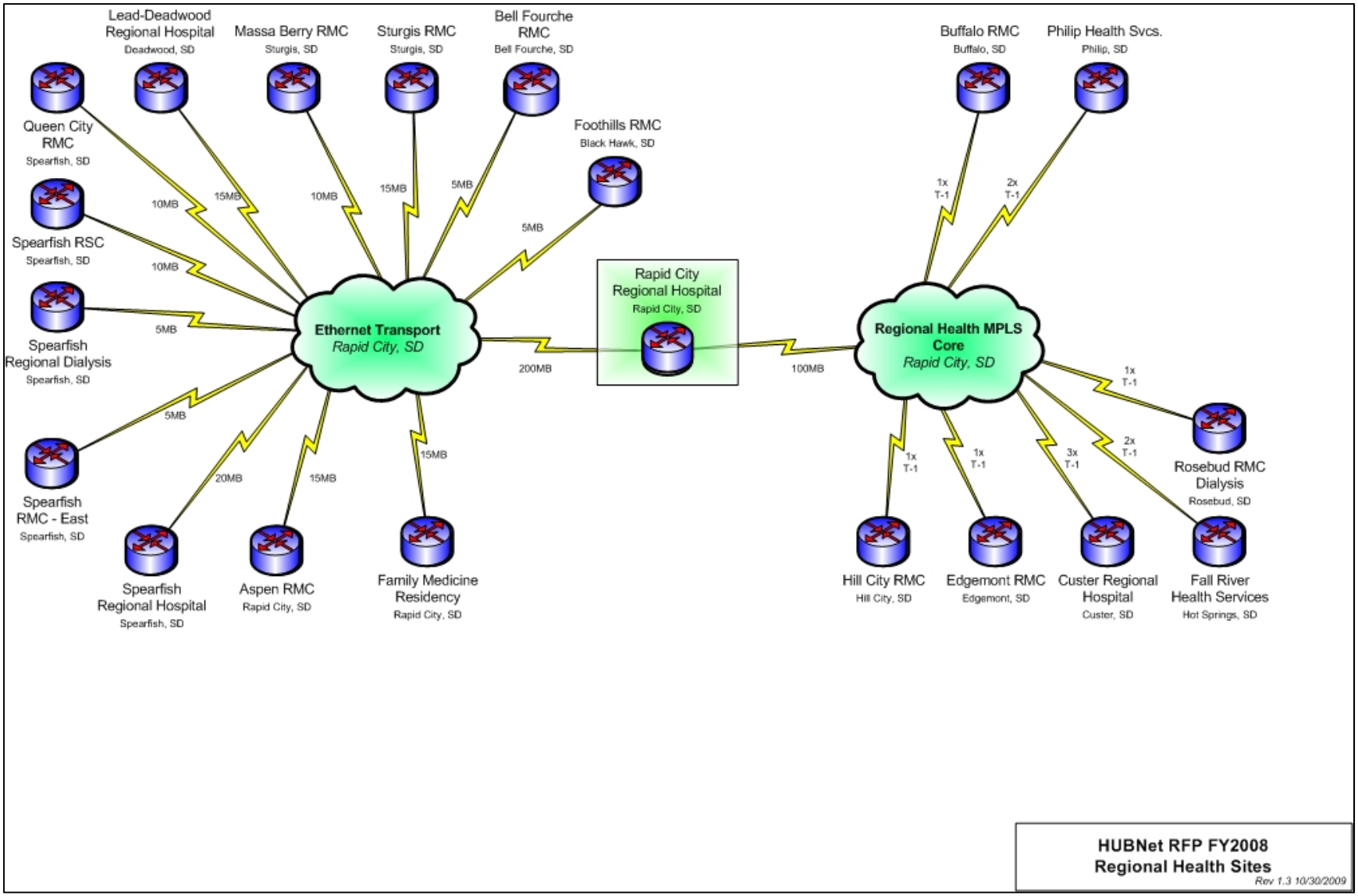
**30 April 2010:** No change since last report.

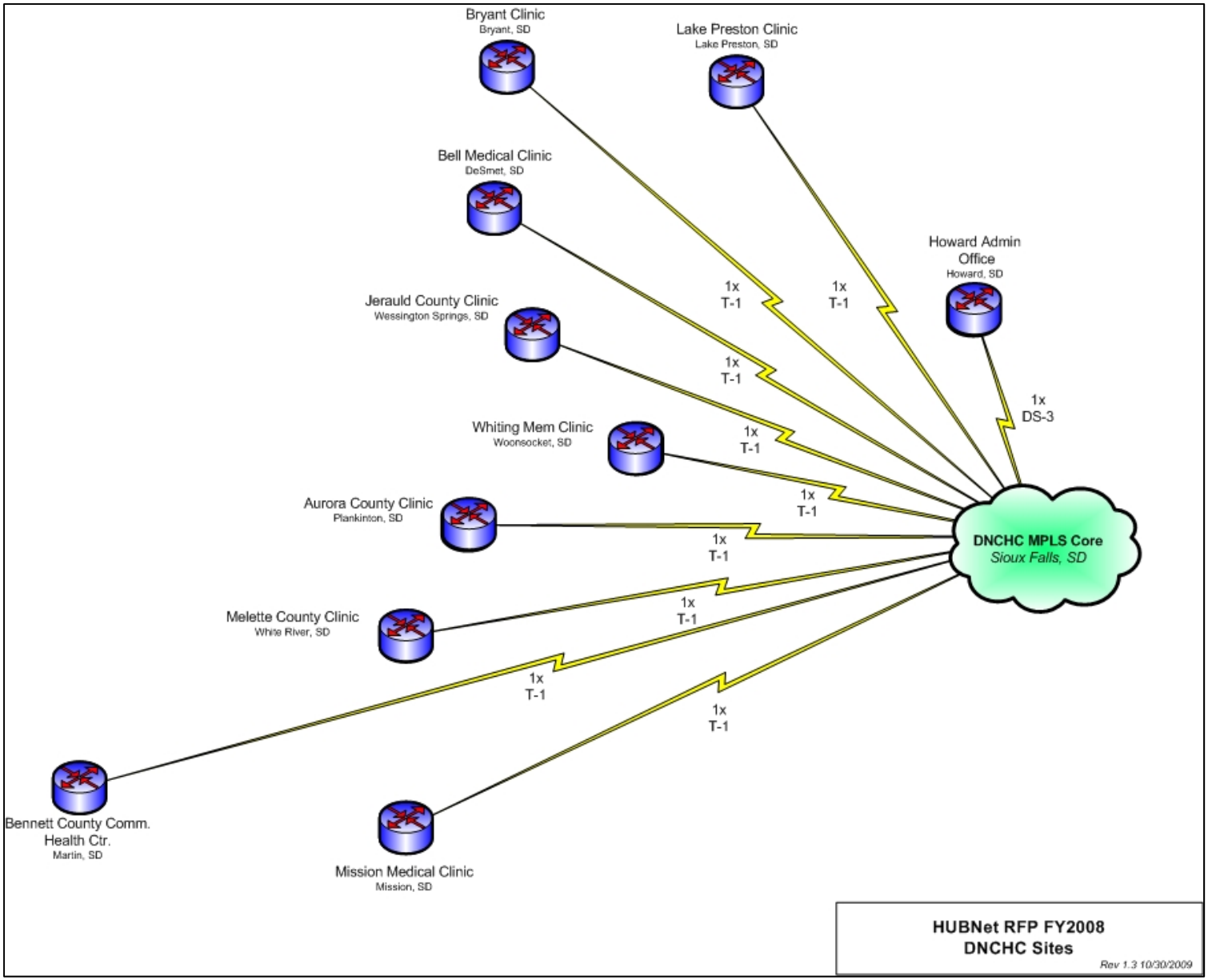
| Health Care Provider | City | State | HUBNet Partner | Eligible | Connection Medium | Provisioning | Connectivity MHz | Transport | Internet Gateway | Equipment Brand | Equipment Model | Provisioned Date | Operational |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aspen Regional Medical Clinic | Rapid City | SD | Regional | Yes | Fiber | Carrier | 15.00 | Ethernet | Yes | Existing | n/a | 6/1/2009 | Yes |
| Belle Fourche Regional Medical Clinic | Belle Fourche | SD | Regional | Yes | Fiber | Carrier | 5.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Buffalo Regional Medical Clinic | Buffalo | SD | Regional | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 1821 | 6/3/2009 | Yes |
| Custer Regional Hospital | Custer | SD | Regional | Yes | Copper | Carrier | 4.62 | MLPPP | Yes | Cisco | WIC-1DSU-T1 | 5/29/2009 | Yes |
| Edgemont Regional Medical Clinic | Edgemont | SD | Regional | Yes | Copper | Carrier | 1.54 | MLPPP | Yes | Cisco | 1861 | 6/2/2009 | Yes |
| Fall River Health Services | Hot Springs | SD | Regional | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 6/17/2009 | Yes |
| Family Medicine Residency | Rapid City | SD | Regional | Yes | Fiber | Carrier | 15.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Foothills Regional Medical Clinic | Blackhawk | SD | Regional | Yes | Fiber | Carrier | 5.00 | Ethernet | Yes | Cisco | WIC-1DSU-T1 | 6/1/2009 | Yes |
| Hill City Regional Medical Clinic | Hill City | SD | Regional | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 1861 | 5/29/2009 | Yes |
| Lead-Deadwood Regional Hospital | Lead | SD | Regional | Yes | Fiber | Carrier | 15.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Massa Berry Regional Medical Clinic | Sturgis | SD | Regional | Yes | Fiber | Carrier | 10.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Philip Health Services | Philip | SD | Regional | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | WIC-1DSU-T1 | 5/27/2009 | Yes |
| Queen City Regional Medical Clinic | Spearfish | SD | Regional | Yes | Fiber | Carrier | 10.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Rapid City Regional Hospital | Rapid City | SD | Regional | Yes | Fiber | Carrier | 200.00 | Ethernet | Yes | Cisco | ASR1006 | 6/1/2009 | Yes |
| Rapid City Regional Hospital | Rapid City | SD | Regional | Yes | Fiber | Carrier | 100.00 | Ethernet | Yes | n/a | n/a | 5/18/2009 | Yes |
| Rosebud RMC - Dialysis | Rosebud | SD | Regional | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Existing | n/a | 6/3/2009 | Yes |
| Spearfish Regional Dialysis | Spearfish | SD | Regional | Yes | Fiber | Carrier | 5.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Spearfish Regional Hospital | Spearfish | SD | Regional | Yes | Fiber | Carrier | 5.00 | Ethernet | Yes | Cisco | 3845 | 6/1/2009 | Yes |
| Spearfish Regional Medical Ctr - East | Spearfish | SD | Regional | Yes | Fiber | Carrier | 20.00 | Ethernet | Yes | Cisco | 2821 | 6/1/2009 | Yes |
| Spearfish Regional Surgery Center | Spearfish | SD | Regional | Yes | Fiber | Carrier | 10.00 | Ethernet | Yes | Existing | n/a | 6/1/2009 | Yes |
| Sturgis Regional Hospital | Sturgis | SD | Regional | Yes | Fiber | Carrier | 15.00 | Ethernet | Yes | Existing | n/a | 6/1/2009 | Yes |
| Aurora County Clinic | Plankinton | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Bell Medical Service | DeSmet | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Bennett County Community Health Ctr | Martin | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Existing | n/a | 7/1/2009 | Yes |
| Bryant Community Health Center | Bryant SD | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Howard Administration Office | Howard | SD | DNCHC | Yes | Copper | Carrier | 44.70 | DS-3 | Yes | Cisco | PA-A6-T3 | 7/1/2009 | Yes |
| Jerauld County Clinic | Wessington Springs | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Lake Preston Community Healthcare | Lake Preston | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Melette County Clinic | White River | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Existing | n/a | 7/1/2009 | Yes |
| Mission Medical Clinic | Mission | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Existing | n/a | 7/1/2009 | Yes |
| Whiting Memorial Clinic | Woonsocket | SD | DNCHC | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2811 | 7/1/2009 | Yes |
| Avera Brookings Medical Clinic | Brookings | SD | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/11/2009 | Yes |
| Avera Clinic of Groton | Groton | SD | Avera | Yes | Copper | Carrier | 1.54 | MLPPP | Yes | Cisco | 2811 | 7/10/2009 | Yes |

| Health Care Provider | City | State | HUBNet Partner | Eligible | Connection Medium | Provisioning | Connectivity MHz | Transport | Internet Gateway | Equipment Brand | Equipment Model | Provisioned Date | Operational |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avera Community Clinic | Chamberlain | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/29/2009 | Yes |
| Avera DeSmet Memorial Hospital | DeSmet | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2811 | 6/10/2009 | Yes |
| Avera Flandreau Medical Center | Flandreau | SD | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/13/2009 | Yes |
| Avera Gregory Healthcare | Gregory | SD | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/12/2009 | Yes |
| Avera Gregory Medical Clinic | Gregory | SD | Avera | Yes | Fiber | Self-Contracted | 1,000.00 | Ethernet | Yes | Existing | n/a | 6/1/2009 | Yes |
| Avera Holt County Medical Clinic | O'Neill | NE | Avera | Yes | Wireless | Self-Contracted | 100.00 | Wireless | Yes | Cisco | 1410 | 9/30/2009 | Yes |
| Avera Holy Family Health | Estherville | IA | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/15/2009 | Yes |
| Avera Marshall Radiology Link | Marshall | MN | Avera | Yes | Fiber | Carrier | 10.00 | Ethernet | Yes | Existing | n/a | 6/8/2009 | Yes |
| Avera Marshall RMC - DS3 | Marshall | MN | Avera | Yes | Copper | Carrier | 44.70 | DS-3 | Yes | Cisco | 2x 7206 | 6/22/2009 | Yes |
| Avera Marshall RMC - Ethernet | Marshall | MN | Avera | Yes | Fiber | Carrier | 45.00 | Ethernet | Yes | n/a | n/a | 5/28/2009 | Yes |
| Avera Sacred Heart Medical Clinic | Crofton | NE | Avera | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2821 | n/a | n/a |
| Avera Sacred Heart Medical Clinic | Hartington | NE | Avera | Yes | Copper | Carrier | 1.54 | DS-1 | Yes | Cisco | 2821 | n/a | n/a |
| Avera Spencer Family Care | Spencer | IA | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 8/20/2009 | Yes |
| Avera Spirit Lake Medical Center | Spirit Lake | IA | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 9/8/2009 | Yes |
| Avera St. Anthony's Hospital | O'Neill | NE | Avera | Yes | Copper | Carrier | 9.24 | MLPPP | Yes | Cisco | 7204 | 6/25/2009 | Yes |
| Avera St. Benedict Health Center | Parkston | SD | Avera | Yes | Copper | Carrier | 4.62 | MLPPP | Yes | Cisco | 2811 | 6/10/2009 | Yes |
| Avera Weskota | Wessington Springs | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2811 | 6/24/2009 | Yes |
| Avera Worthington Specialty Clinics | Worthington | MN | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/31/2009 | Yes |
| Brookings Health System | Brookings | SD | Avera | Yes | Fiber | Self-Contracted | 1,000.00 | Ethernet | Yes | Existing | n/a | 5/27/2009 | Yes |
| Community Memorial Hospital | Redfield | SD | Avera | Yes | Fiber | Carrier | 5.00 | Ethernet | Yes | Existing | n/a | 5/13/2009 | Yes |
| Coteau Des Prairies Hospital | Sisseton | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/21/2009 | Yes |
| Dells Area Health Center | Dell Rapids | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/20/2009 | Yes |
| Eureka Community Health Services | Eureka | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2811 | 7/18/2009 | Yes |
| Floyd Valley Hospital | LeMars | IA | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 9/15/2009 | Yes |
| Freeman Regional Hospital | Freeman | SD | Avera | Yes | Copper | Carrier | 4.62 | MLPPP | Yes | Cisco | 2821 | 8/9/2009 | Yes |
| Hand County Memorial Hospital | Miller | SD | Avera | Yes | Copper | Carrier | 10.00 | Ethernet | Yes | Cisco | 2821 | 01/22/2010 | Yes |
| Hegg Memorial Health Center | Rock Valley | IA | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 8/31/2009 | Yes |
| Hendricks Hospital | Hendricks | MN | Avera | Yes | n/a | n/a | Existing | n/a | Yes | Cisco | 2821 | n/a | Yes |
| Landmann-Jungman Memorial Hosp | Scotland | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/26/2009 | Yes |
| Madison Community Hospital | Madison | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 7/14/2009 | Yes |
| Marshall County Healthcare Center | Britton | SD | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 7/12/2009 | Yes |
| Milbank Area Hospital | Milbank | SD | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/12/2009 | Yes |
| O'Neill Family Practice Clinic | O'Neill | NE | Avera | Yes | n/a | n/a | Existing | n/a | Yes | Cisco | 2821 | 9/30/2009 | Yes |

| Health Care Provider | City | State | HUBNet Partner | Eligible | Connection Medium | Provisioning | Connectivity MHz | Transport | Internet Gateway | Equipment Brand | Equipment Model | Provisioned Date | Operational |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Osceola Community Hospital | Sibley | IA | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/31/2009 | Yes |
| Pipestone County Medical Center | Pipestone | MN | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 7/8/2009 | Yes |
| Platte Health Center | Platte | SD | Avera | Yes | Copper | Carrier | 4.62 | MLPPP | Yes | Cisco | 2811 | 6/10/2009 | Yes |
| Sioux Center Community Hospital | Sioux Center | IA | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 8/28/2009 | Yes |
| Southwestern Mental Health Center | Luverne | MN | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 8/30/2009 | Yes |
| Southwestern Mental Health Center | Worthington | MN | Avera | Yes | Copper | Carrier | 3.08 | MLPPP | Yes | Cisco | 2821 | 09/01/2009 | Yes |
| St. Michael's Hospital | Tyndall | SD | Avera | Yes | n/a | n/a | Existing | n/a | Yes | Cisco | 2821 | n/a | Yes |
| Wagner Comm. Memorial Hospital | Wagner | SD | Avera | Yes | Copper | Carrier | 6.16 | MLPPP | Yes | Cisco | 2821 | 8/9/2009 | Yes |


Avera Health MPLS Core
Sioux Falls, SD
Avera St. Luke's Phys. Specialist Clinic
Mobridge, SD
Avera Clinic of Ellendale
Ellendale, ND
Marshall County Memorial Hospital
Britton, SD
Avera Clinic Of Groton
Groton, SD
Eureka Community Health Serv.
Eureka, SD
Redfield Community Memorial Hop.
Redfield, SD
Brookings Hospital
Brookings, SD
Avera Brookings Medical Clinic
Brookings, SD
1GHz LAN
Milbank Area Hospital
Milbank, SD
Coteau Des Prairies Hosp & Clinic
Sisseton, SD
Avera Marshall Regional
Marshall, MN
10MB Eth
Avera Marshall Radiology Link
Avera Flandreau Medical Center
Flandreau, SD
45MB Eth, 1x DS-3
Madison Comm. Hospital
Madison, SD
Dells Area Health Ctr.
Dell Rapids, SD
5MB Eth
Hand County Mem. Hospital
Miller, SD
Avera DeSmet Memorial
Avera St. Benedict's Health Ctr.
Parkston, SD
Pipestone County Med Ctr.
Pipestone, MN
Southwestern Mental Health
Luverne, MN
Southwestern Mental Health
Worthington, MN
Avera Worthington Specialty Clinics
Worthington, MN
Avera Holy Family Health
Estherville, IA
Avera Spirit Lake Medical Center
Spirit Lake, IA
Osceola Comm. Hospital
Sibley, IA
Avera Spencer Family Care
Spencer, IA
Sioux Center Comm Hosp
Sioux Center, IA
Hegg Memorial Health Ctr.
Rock Valley, IA
Floyd Valley Hospital
Lemars, IA
Landmann-Jungman Memorial Hospital
Scotland, SD
O'Neill Family Practice Clinic
O'Neill, NE
Avera St. Anthony's Hospital
O'Neill, NE
2,54Ghz Wireless
Holt County Medical Clinic
O'Neill, NE
Freeman Comm. Hospital
Freeman, SD
Wagner Comm. Hospital
Wagner, SD
Avera Gregory Healthcare Center
Gregory, SD
1GHz LAN
Avera Gregory Medical Clinic
Gregory, SD
Platte Health Ctr
Platte, SD
Avera Community Clinic
Chamberlain, SD
Avera Weskota Mem. Health Center
Wessington Springs, SD
1x T-1
2x T-1
3x T-1
4x T-1
6x T-1
10MB Eth
HUBNet RFP FY 2008
Avera Health Sites
Rev 18 04/30/2010


Lead-Deadwood Regional Hospital
Deadwood, SD
Massa Berry RMC
Sturgis, SD
Sturgis RMC
Sturgis, SD
Bell Fourche RMC
Bell Fourche, SD
Buffalo RMC
Buffalo, SD
Philip Health Svcs.
Philip, SD
Queen City RMC
Spearfish, SD
Foothills RMC
Black Hawk, SD
Spearfish RSC
Spearfish, SD
Spearfish Regional Dialysis
Spearfish, SD
Spearfish RMC - East
Spearfish, SD
Spearfish Regional Hospital
Spearfish, SD
Aspen RMC
Rapid City, SD
Family Medicine Residency
Rapid City, SD
Ethernet Transport
Rapid City, SD
Rapid City Regional Hospital
Rapid City, SD
Regional Health MPLS Core
Rapid City, SD
Rosebud RMC Dialysis
Rosebud, SD
Hill City RMC
Hill City, SD
Edgemont RMC
Edgemont, SD
Custer Regional Hospital
Custer, SD
Fall River Health Services
Hot Springs, SD
10MB
15MB
10MB
15MB
5MB
5MB
10MB
5MB
5MB
20MB
15MB
15MB
200MB
100MB
1x T-1
2x T-1
1x T-1
1x T-1
1x T-1
3x T-1
2x T-1
HUBNet RFP FY2008
Regional Health Sites
Rev 1.3 10/30/2009


Bryant Clinic
Bryant, SD
Lake Preston Clinic
Lake Preston, SD
Bell Medical Clinic
DeSmet, SD
Howard Admin Office
Howard, SD
Jerauld County Clinic
Wessington Springs, SD
Whiting Mem Clinic
Woonsocket, SD
Aurora County Clinic
Plankinton, SD
Melette County Clinic
White River, SD
Bennett County Comm. Health Ctr.
Martin, SD
Mission Medical Clinic
Mission, SD
1x T-1
1x DS-3
DNCHC MPLS Core
Sioux Falls, SD
HUBNet RFP FY2008
DNCHC Sites
Rev 1.3 10/30/2009

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

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. Contracted amounts for which funding commitment has been received:

| | **Budgeted Recurring** | **Budgeted Non-Recurring** | **Incurred Recurring** | **Incurred Non-Recurring** | **Totals** |
|---|---|---|---|---|---|
| | | | | | |
| a. Network Design | | | | | |
| b. Network Equipment | | $574,495.90 | | | $574,495.90 |
| c. Infrastructure | | | | | |
| i. Engineering | | | | | |
| ii. Construction | | $19,426.86 | | | $19,426.86 |
| d. I2, NLR, Public Internet | | | | | |
| e. Leased or Tariffed | $2,525,591.60 | $85,821.88 | | | $2,611,413.48 |
| f. Net Management, etc. | | | | | |
| g. Other | | | | | |
| | | | | | |
| Totals: | **$2,525,591.60** | **$679,744.64** | | | **$3,205,336.24** |

**30 July 2009:** Network implementation in progress – see sections 4 and 5 for status. Invoices have been submitted to USAC for the following incurred eligible support amounts:

| Total Project Through: 07/27/2009 | Budgeted Recurring | Incurred Recurring | Recurring Budget Remaining | | Budgeted Non-Recurring | Incurred Non-Recurring | Non-Recurring Budget Remaining |
|---|---|---|---|---|---|---|---|
| a. Network Design | | | | | | | |
| b. Network Equipment | | | | | $574,495.90 | $571,060.05 | $3,435.85 |
| c. Infrastructure | | | | | | | |
| i. Engineering | | | | | | | |
| ii. Construction | | | | | $19,426.86 | $10,357.08 | $9,069.78 |
| d. I2, NLR, Public Internet | | | | | | | |
| e. Leased or Tariffed | $2,525,591.60 | $69,687.30 | $2,455,904.30 | | $85,821.88 | $38,079.48 | $47,742.40 |
| f. Net Management, etc. | | | | | | | |
| g. Other | | | | | | | |
| Totals: | **$2,525,591.60** | **$69,687.30** | **$2,455,904.30** | | **$679,744.64** | **$619,496.61** | **$60,248.03** |

**30 October 2009:** Network implementation in progress – see sections 4 and 5 for status. Invoices have been submitted to USAC for the following incurred eligible support amounts; cumulative for entire implementation:

| Total Project Through USAC Invoice 20091019 | Budgeted Recurring | Incurred Recurring | Recurring Budget Remaining | | Budgeted Non-Recurring | Incurred Non-Recurring | Non-Recurring Budget Remaining |
|---|---|---|---|---|---|---|---|
| a. Network Design | | | | | | | |
| b. Network Equipment | | | | | $574,495.90 | $571,060.05 | $3,435.85 |
| c. Infrastructure | | | | | | | |
| i. Engineering | | | | | | | |
| ii. Construction | | | | | $19,426.86 | $19,066.78 | $360.08 |
| d. I2, NLR, Public Internet | | | | | | | |
| e. Leased or Tariffed | $2,525,591.60 | $453,282.88 | $2,002,621.42 | | $85,821.88 | $77,928.46 | $7,893.42 |
| f. Net Management, etc. | | | | | | | |
| g. Other | | | | | | | |
| Totals: | **$2,525,591.60** | **$453,282.88** | **$2,002,621.42** | | **$679,744.64** | **$668,055.29** | **$11,689.35** |

**30 January 2010:** Network implementation Completed – see sections 4 and 5 for status. Invoices have been submitted to USAC for the following incurred eligible support amounts; cumulative for entire implementation to date:

| Total Project Through USAC Invoice 20100107 | Budgeted Recurring | Incurred Recurring | Recurring Budget Remaining | | Budgeted Non-Recurring | Incurred Non-Recurring | Non-Recurring Budget Remaining |
|---|---|---|---|---|---|---|---|
| a. Network Design | | | | | | | |
| b. Network Equipment | | | | | $574,495.90 | $571,060.05 | $3,435.85 |
| c. Infrastructure | | | | | | | |
| i. Engineering | | | | | | | |
| ii. Construction | | | | | $19,426.86 | $19,066.78 | $360.08 |
| d. I2, NLR, Public Internet | | | | | | | |
| e. Leased or Tariffed | $2,525,591.60 | $302,912.33 | $1,699,709.09 | | $85,821.88 | $79,288.46 | $6,533.42 |
| f. Net Management, etc. | | | | | | | |
| g. Other | | | | | | | |
| Totals: | **$2,525,591.60** | **$302,912.33** | **$1,699,709.09** | | **$679,744.64** | **$669,415.29** | **$10,329.35** |

**30 April 2010:** Network implementation Completed – see sections 4 and 5 for status. Invoices have been submitted to USAC for the following incurred eligible support amounts; cumulative for entire implementation to date:

| Total Project Through USAC Invoice 20100416 | Budgeted Recurring | Incurred Recurring | Recurring Budget Remaining | | Budgeted Non-Recurring | Incurred Non-Recurring | Non-Recurring Budget Remaining |
|---|---|---|---|---|---|---|---|
| a. Network Design | | | | | | | |
| b. Network Equipment | | | | | $574,495.90 | $571,060.05 | $3,435.85 |
| c. Infrastructure | | | | | | | |
| i. Engineering | | | | | | | |
| ii. Construction | | | | | $19,426.86 | $19,066.78 | $360.08 |
| d. I2, NLR, Public Internet | | | | | | | |
| e. Leased or Tariffed | $2,525,591.60 | $308,308.57 | $1,391,400.52 | | $85,821.88 | $79,288.46 | $6,533.42 |
| f. Net Management, etc. | | | | | | | |
| g. Other | | | | | | | |
| Totals: | $2,525,591.60 | **$308,308.57** | **$1,391,400.52** | | **$679,744.64** | **$669,415.29** | **$10,329.35** |

6. Describe how costs have been apportioned and the sources of the funds to pay them:
    a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
    b. Describe the source of funds from:
        i. Eligible Pilot Program network participants
        ii. Ineligible Pilot Program network participants
    c. Show contributions from all other sources (*e.g.*, local, state, and federal sources, and other grants).
        i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
        ii. Identify the respective amounts and remaining time for such assistance.
    d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. 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 (15) percent contribution for their subsidiary health care provider sites from operating funds.

ii. There are no ineligible sites in the RHCPP-supported network.

c. There are no other sources of funding, including other grants, anticipated at this time.

d. By enabling the purchase of connectivity and equipment for what is effectively the participant's total cost of 15% of the bid (contracted) price, the program allows greatly enhanced data rates and routing efficiency compared to what could be budgeted and supported by the participants if the 85% funding was not available. Although the connectivity to be supported by the RHCPP is not yet installed, we expect the effects to be as outlined in the HUBNet application concerning wider availability of network-based health care services throughout the HUBNet network service area. More details will be forthcoming in the next Quarterly Report as circuits are activated and results quantified.

**30 July 2009:** a. No change since last report.

b. No change since last report.

c. No change since last report.

d. Network implementation in progress – see sections 4 and 5. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will based on measurements and surveys being conducted as the network is implemented. See Section 10 for results as they become available.

**30 October 2009:**

a. No change since last report.

b. No change since last report.

c. No change since last report.

d. Network implementation continues – see sections 4 and 5. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will based on measurements and surveys being conducted as the network is implemented. See Section 10 for results as they become available.

**30 January 2010:**

a. No change since last report.

b. No change since last report.

c. No change since last report.

d. Network implementation complete for all Health Care Providers participating in contracts issued under the Request for Quotation funded in April 2009. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will based on measurements and surveys being conducted as the network is implemented. See Section 10 for results as they become available.

**30 April 2010:**

a. No change since last report.

b. No change since last report.

c. No change since last report.

d. Network implementation complete for all Health Care Providers participating in contracts issued under the Request for Quotation funded in April 2009. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will based on measurements and surveys being conducted as the network is implemented. See Section 10 for results as they become available.

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

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred. All entities for which connectivity initiation or enhancement is to be funded by the Rural Healthcare Pilot Program are eligible. No ineligible entities are contemplated as participants.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. No ineligible entities are participating in the project.

**30 July 2009:** Network implementation in progress – see sections 4 and 5 for status. No change in the eligibility of any participating entity.

**30 October 2009:** Network implementation in progress – see sections 4 and 5 for status. No change in the eligibility of any participating entity.

**30 January 2010:** Network implementation complete for all Health Care Providers participating in contracts issued under the Request for Quotation funded in April 2009. No change in the eligibility of any participating entity.

**30 April 2010:** No change since last report.

8. Provide an update on the project management plan, detailing:
    e. The project's current leadership and management structure and any changes to the management structure since the last data report; and

Management structure is as defined in Section 1 of this report.

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

The following bid solicitation and evaluation activities have occurred during the reporting period ending **30 October 2008:**

**18 August 2008** – RFP and supporting information posted to USAC web site.

**15 September 2008** – Allowable contract date and deadline for bid proposal submission.

**16 September 2008** – Bid proposal opening and distribution to members of the HUBNet Technical Committee. Bid proposals were received from:

| | |
|---|---|
| Alexander Open Systems | Overland Park, KS |
| CDW Healthcare | Vernon Hills, IL |
| FleetLoc | West Jordan, UT |
| Knology | Rapid City, SD |
| Mediacom Communications | West Des Moines, IA |
| Midcontinent Business Solutions | Sioux Falls, SD |
| SDN Communications | Sioux Falls, SD |
| Thompson Electric Co. | Sioux Falls, SD |

**29 September 2008** – HUBNet Technical Committee bid review conference. Distribution of bidder evaluation forms.

**2 October 2008** – Avera Partner bid review conference for evaluation of bid proposals specific to the Avera Partner region.

**7 October 2008** - HUBNet Technical Committee conference. Evaluation form scoring and comment review.

**13 – 17 October 2008** – Individual vendor presentation calls. Each vendor presented its proposal to the HUBNet Technical Committee and took questions from the Committee. Each bidder was afforded the opportunity to participate in such a call during the indicated week. All bidders accepted and were given the opportunity to present to the Committee.

**28 October 2008** – HUBNet Technical Committee bid review conference. Preliminary vendor evaluation sheet review and vendor selection for submission to USAC.

The following bid solicitation and evaluation activities have occurred during the reporting period ending **30 January 2009:**

1) Participation commitment forms were generated and delivered to all potential participating institutions.

2) Signed participation commitment forms have been received from all potential sites. See section 2 for a list of participating institutions and those who have declined to participate.

3) USAC Forms 466A and supporting spreadsheets (477-A attachment, Network Cost Worksheet) have been completed for the participating institutions and concomitant vendors.

4) Contracts from two of the three selected vendors have been negotiated and prepared for submission to USAC.

5) Certifications from two of the three selected vendors have been executed and prepared for submission to USAC.

6) Ancillary submission documents, including bid proposals, and acceptance procedure documentation have been prepared for submission to USAC.

HUBNet anticipates that the final vendor contract document will be completed and prepared for submission, and the entire Funding Commitment request submission transmitted to USAC for evaluation, acceptance, and FCL issuance no later than 16 February 2009.

The following bid solicitation and evaluation activities have occurred during the reporting period ending **30 April 2009:**

**25 March 2009** – All required submission forms and supporting documentation were uploaded to the USAC SharePoint site for final evaluation and approval.

**07 April 2009** – Funding commitment letters received from USAC for the network enhancements, new circuits, and equipment.

**08 April 2009 → 30 April 2009:** Purchase orders and contracts activated. Awaiting shipment schedule for interface hardware and provisioning dates for circuits. Fiber installation at the two relevant locations is in progress.

| | |
|---|---|
| **30 July 2009:** | Network implementation in progress – see sections 4 and 5 for current connection status. |
| **30 October 2009:** | Network implementation in progress – see sections 4 and 5 for current connection status. |
| **30 January 2010:** | Network implementation complete for all Health Care Providers participating in contracts issued under the Request for Quotation funded in April 2009. |
| **30 April 2010:** | No change since last report. |

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

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred. However, preliminary examination of the bid proposals confirms that the sustainability plan outlined in the HUBNet RHCPP Application is valid, particularly the second scenario described as utilizing the existing Rural Healthcare Program to provide reimbursement. *Specific details for each HUBNet Partner, including actual costs and reimbursement requirements beyond contract year 3, will be provided as part of the Funding Commitment submission package,* when they can be based on true costs from executed contracts.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Following is the sustainability analysis included as supporting information for the HUBNet Form 466-A submission. Substantiation of the Partners' ability to fund the scenarios depicted in the Sustainability Plan may be found in the individual organizations' IRS form 990 filings, which detail the financial stability and performance of not-for-profit entities. These forms are public record and the filed content is available from numerous sources, including online at www.guidestar.org.

**30 July 2009:** Network implementation in progress – see sections 4 and 5. No change in sustainability plans since last report.

**30 October 2009:** Network implementation in progress – see sections 4 and 5. No change in sustainability plans since last report.

**30 January 2010:** Network implementation complete for all Health Care providers participating in contracts issued under the Request for Quotation funded in April 2009. No change in sustainability plans since last report.

**30 April 2010:** No change since last report.

# SUSTAINABILITY ANALYSIS

## HEARTLAND UNIFIED BROADBAND NETWORK

# HUBNET

## RURAL HEALTHCARE PILOT PROGRAM
## WC DOCKET NO. 02-60

## FUNDING YEAR 2008
## *RFP 1*

# NETWORK INFRASTRUCTURE PROCUREMENT

Heartland Unified Broadband Network
Avera Health
3900 West Avera Drive
Sioux Falls, SD 57108
Attn: Kimberly Johnson, Associate Project Coordinator

1. Analysis of the costs anticipated under the accepted bid proposals received in response to the Heartland Unified Broadband Network ('HUBNet') Network Infrastructure Procurement Request for Proposal, (FY 2008, RFP 1) affirms that the Sustainability Plan described in the HUBNet RHCPP application is reasonable and valid.

2. The HUBNet sustainability plan described in its RHCPP application was explicitly cited in the Order (FCC 07-198), Paragraph 54, as an example of … "sufficient evidence that their proposed networks will be self sustaining by the completion of the Pilot Program."

3. The text of the RHCPP application referenced in paragraph 2 is included in this document under paragraph 13.

4. Specific details of the anticipated costs under each of the three scenarios set forth in the RHCPP application are included as paragraph 14 of this document.

5. The general sustainability plan set forth herein is intended to apply to the entire HUBNet project. The details of the anticipated costs in paragraph 14 of this document apply specifically to the accepted bid proposals received in response to the HUBNet Network Infrastructure Procurement Request for Proposal, (FY 2008, RFP 1).

6. It is anticipated that current technology will require equivalent connectivity to the participating health care providers for at least seven (7) years beyond the end of the 3-year term contracts entered into under the accepted bid proposals, thus defining the hereinafter referenced "Sustainability Period" as 10 calendar years from the date of contract inception.

7. The HUBNet partners intend to maintain the network and concomitant health care provider connectivity for the Sustainability Period. Each health care provider relies upon the network for its normal operations, including Electronic Medical Record implementation and other patient-care critical applications, and thus requires that the network be maintained to at least the minimum level of connectivity necessary to support the application requirements.

8. All three HUBNet Partners (Avera Health, Regional Health, and Dakota Network of Community Healthcare Centers/Horizon Healthcare) are long-established participants in the existing Rural Health Care Program (RHCP) of the Universal Service Fund, and are fully conversant with the requirements of that program. The sustainability scenario based on RCHP funding is based, in many cases, on currently-existing costs to specific health care providers, extrapolated to meet the bandwidth to be supplied by the HUBNet RHCPP circuits. HUBNet anticipates continuation of RHCP support under the existing program at the levels identified in scenario 2 and believes that the most likely network sustainability scenario will be based on this support. As noted in paragraph 7, the HUBNet partners intend to maintain the network and the required connectivity to the participating health care providers; however, in the absence of RHCP or an alternative funding source, network resources may have to be reallocated or reduced to minimum practical levels to be sustainable.

9. As indicated on pp 34 of its accepted RHCPP application, the HUBNet partners will pay the 15% participant portion of the anticipated costs out of their respective operating budgets. All three partners are established, not-for-profit hospitals and/or or clinical health-care systems with sufficient resources to absorb such costs. The HUBNet network, as funded under the RHCPP, will, in fact, result in a smaller outlay for some health care providers for the period of the contracts than is currently being expended for existing (and comparatively inferior) services.

10. None of the shared-use or leased-capacity scenarios published by USAC apply to the connectivity sourced by HUBNet under this RFP. The network connectivity as contracted is, with two exceptions, entirely carrier-based, private line (or Ethernet-equivalent) circuits and switching/routing. The two exceptions are specifically-contracted, short-run fiberoptic cable installation between two eligible health care providers, with full ownership of the cable and associated network equipment by the HUBNet partner involved – Avera Health.

11. Physical maintenance and support of the carrier-based circuits will be done by the carriers as contracted, and any fees for such are included as part of the tariff charges bid and accepted. Physical maintenance of the two fiberoptic cable runs will be furnished by Avera Health, and paid out of operating funds as necessary.

12. Logical support and management of the network is expected to be provided for the Sustainability Period by the HUBNet partners as a part of normal operations as currently performed for their respective existing networks. No substantial increase in management cost to the Partners is anticipated as a result of the implementation of the HUBNet network.

13. HUBNet RHCPP Sustainability Plan, as published and accepted in its RHCPP application:

**Sustainability Plan**

In year 3 and beyond, the HUBNet partners anticipate three 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 reverts to the current RHC program with little to no change. In the third scenario, the FCC phases out and eventually eliminates all funding. The HUBNet partner's strategy will depend on which scenario arises. Through its Great Plains Telehealth Resource and Assistance Center (GP-TRAC), Avera Health is working with the Federal Office for the Advancement of Telehealth (OAT) to demonstrate the value of telehealth applications and describe how this value relates to overall business plans.

All services that the HUBNet partners provide over the network are necessary for the survival of the health systems. Therefore, the required bandwidth and connectivity for each of these services is necessary and thus, each of the partners will ensure that the bandwidth is available. In general, the partners will fund the costs of the wide area network from operating budgets.

FCC Pilot Project support will provide the necessary "kick start" needed to make network infrastructure improvements necessary to greatly expand telehealth services across the region. The current need for infrastructure improvements has arrived more rapidly than anticipated, partly because of the rapid demand and need for telehealth services. Cost savings resulting from the telehealth network will also foster sustainability. Cost savings from reduced travel is one element that the health systems use to justify the costs of the network. For example, at the current rate of $0.48 per mile, if staff from the hospital in Aberdeen, SD attend a meeting held in Sioux Falls, SD by video, they avoid an all day excursion and a 400 mile round trip, or roughly $196 in expenditures for 1 vehicle for the day. If 10 meetings are held during a month, $1,920 in costs per month are avoided. In addition to the hard savings, the staff is able to avoid several hours of unproductive windshield time and available to tend to matters locally.

Physician time is also saved through the implementation of telemedicine. This not only saves costs for travel, but allows the physicians to generate more revenue by seeing more patients with the freed time. A year long study at Avera Milbank Area Hospital, a CAH, concluded that $24,456 in services was provided locally as a result of telemedicine and included specialist ordered services such as bone scans, ultrasounds, x-rays, and CT studies, as well as various lab tests. These services allowed 67 patients to remain in their home community near family and friends (which facilitates faster healing) instead of having to be transferred to Sioux Falls, 152 miles away. The provision of these services in the rural community helps maintain the economy of that local community.

There are other reasons beyond cost savings that ensure the network will be maintained. Avera eICU care is one very important service that is provided for which the health system cannot charge. Patient care significantly improved with decreased morbidity and mortality in the intensive care unit. **Centers for Medicare and Medicaid Services (CMS) regulations prohibit adding a specific telecommunications related fee to patient bills. Additionally, most private insurance plans follow CMS regulations.**

The following are the sustainability plans for each proposed scenario:

*First Scenario:*

In the event that the FCC replaces the current RHC program with a program that mirrors the Pilot Project, the HUBNet partners will be able to maintain the network as designed and potentially accelerate further network development. The 15% cost match will be borne by the partners and easily justified via the value generated by the network. The network partners would continue to fund their portions of the costs out of operations.

*Second Scenario:*

The current RHC program has been beneficial thus far to the HUBNet partners and they will have no trouble sustaining the current level of costs with the RHC subsidies. These costs have been manageable and are funded out of operating budgets. Since the current RHC program does not fund equipment, the partner organizations will continue to fund the capital costs involved through their respective capital plans. This will mean that certain expansions or additions to the network (in Year 3 and beyond) will happen at a slower pace than the Pilot Project will allow.

*Third Scenario:*

The scenario in which all Universal Service funding for rural health care organizations is phased out and ceased completely is the most challenging for the HUBNet partners. The current program subsidizes a significant portion of the networks and if the hospitals and clinics involved are forced to shoulder the entire burden, some setbacks would be incurred. It is anticipated that the level of bandwidth would have to be reduced, not eliminated, such that video-based telehealth services would need to be scaled back. Impacts of bandwidth reduction would include increased transmission times for teleradiology. Network endpoints would also see increased response times for clinical and financial information, as well as internet access. To the extent that FCC support after Year 3 could be gradually reduced, the organizations involved would be better able to absorb the costs, as opposed to a quick reduction in funding. As the FCC's goal has been to increase the use of the fund, this is not a likely scenario.

*Summary:*

To summarize, because of current regulations, sustainability cannot be achieved through some form of revenue generation through the network. Instead, sustainability is justified by comparing the costs to the benefits. The costs are the on-going monthly line and service charges while the benefits include cost savings and cost avoidance, increased quality of care for patients, better utilization of scarce physician resources, and ensuring that electronic patient information is available wherever the patient is being treated.

A basic level of bandwidth can be maintained without Universal Service funds. However, the funds do allow the partners to increase network capacity much faster than without any subsidies. Additionally, the amount of services that can be provided simultaneously over the network is enhanced by the subsidies as they allow the expansion of bandwidth beyond what the organization is financially able to finance.

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

| | | | | Connectivity | | Annual Cost | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Facility** | **City** | **State** | **Partner** | **T-1 Equivalent (Approximate)** | **RCPP Bid Gross MRC** | **Scenario 1: RHCPP-Supported** | **Scenario 2: RHCP-Supported** | **Scenario 3: No Support** | **Notes** |
| Aspen Regional Medical Clinic | Rapid City | SD | RH | 9.7 | $750.00 | $1,350.00 | $9,000.00 | $9,000.00 | 15Mbps, Urban |
| Aurora County Clinic | Plankinton | SD | DNCHC | 1.0 | $601.31 | $1,082.40 | $2,988.00 | $7,215.72 | |
| Avera Brookings Medical Clinic | Brookings | SD | Avera | 3.0 | $1,214.52 | $2,186.16 | $8,964.00 | $14,574.24 | |
| Avera Clinic of Groton | Groton | SD | Avera | 1.0 | $506.37 | $911.52 | $2,988.00 | $6,076.44 | |
| Avera Community Clinic | Chamberlain | SD | Avera | 2.0 | $2,284.58 | $4,112.28 | $5,976.00 | $27,414.96 | |
| Avera DeSmet Memorial Hospital | DeSmet | SD | Avera | 2.0 | $2,052.14 | $3,693.84 | $5,976.00 | $24,625.68 | |
| Avera Flandreau Medical Center | Flandreau | SD | Avera | 4.0 | $3,456.44 | $6,221.64 | $11,952.00 | $41,477.28 | |
| Avera Gregory Healthcare | Gregory | SD | Avera | 4.0 | $4,434.36 | $7,981.80 | $11,952.00 | $53,212.32 | |
| Avera Gregory Medical Clinic | Gregory | SD | Avera | | | | | | Fiber install |
| Avera Holt County Medical Clinic | O'Neill | NE | Avera | | | | | | Hardware Only |
| Avera Holy Family Health | Estherville | IA | Avera | 4.0 | $3,570.00 | $6,426.00 | $11,952.00 | $42,840.00 | |
| Avera Marshall Radiology Link | Marshall | MN | Avera | 6.5 | $3,965.00 | $7,137.00 | $19,422.00 | $47,580.00 | 10Mbps |
| Avera Marshall RMC | Marshall | MN | Avera | 28.0 | $4,711.25 | $8,480.28 | $33,600.00 | $56,535.00 | DS3 |
| Avera Marshall RMC | Marshall | MN | Avera | 28.0 | $4,910.00 | $8,838.00 | $33,600.00 | $58,920.00 | DS3 |
| Avera Sacred Heart Medical Clinic | Crofton | NE | Avera | 1.0 | $1,560.00 | $2,808.00 | $2,988.00 | $18,720.00 | |
| Avera Sacred Heart Medical Clinic | Hartington | NE | Avera | 1.0 | $1,482.50 | $2,668.56 | $2,988.00 | $17,790.00 | |
| Avera Spencer Family Care | Spencer | IA | Avera | 4.0 | $1,895.64 | $3,412.20 | $11,952.00 | $22,747.68 | |
| Avera Spirit Lake Medical Center | Spirit Lake | IA | Avera | 2.0 | $1,607.50 | $2,893.56 | $5,976.00 | $19,290.00 | |
| Avera St. Anthony's Hospital | O'Neill | NE | Avera | 6.0 | $4,552.50 | $8,194.56 | $17,928.00 | $54,630.00 | |
| Avera St. Benedict Health Center | Parkston | SD | Avera | 3.0 | $1,530.09 | $2,754.12 | $8,964.00 | $18,361.08 | |
| Avera Weskota | Wessington Springs | SD | Avera | 2.0 | $1,494.72 | $2,690.52 | $5,976.00 | $17,936.64 | |
| Avera Worthington Specialty Clinics | Worthington | MN | Avera | 2.0 | $2,220.48 | $3,996.84 | $5,976.00 | $26,645.76 | |
| Bell Medical Service | DeSmet | SD | DNCHC | 1.0 | $1,093.35 | $1,968.00 | $2,988.00 | $13,120.20 | |
| Belle Fourche Regional Medical Clinic | Belle Fourche | SD | RH | 3.2 | $400.00 | $720.00 | $4,800.00 | $4,800.00 | 5Mbps, RHCP Unknown |
| Bennett County Community Health Ctr | Martin | SD | DNCHC | 1.0 | $1,354.67 | $2,438.40 | $2,988.00 | $16,256.04 | |
| Brookings Health System | Brookings | SD | Avera | | | | | | Fiber install |
| Bryant Community Health Center | Bryant SD | SD | DNCHC | 1.0 | $653.51 | $1,176.36 | $2,988.00 | $7,842.12 | |
| Buffalo Regional Medical Clinic | Buffalo | SD | RH | 1.0 | $1,335.63 | $2,404.08 | $2,988.00 | $16,027.56 | |
| Community Memorial Hospital | Redfield | SD | Avera | 3.2 | 765.00 | $1,3.77.00 | $9,180.00 | $9,180.00 | 5Mbps, RHCP Unknown |
| Coteau Des Prairies Hospital | Sisseton | SD | Avera | 2.0 | $1,804.32 | $3,247.80 | $5,976.00 | $21,651.84 | |
| Custer Regional Hospital | Custer | SD | RH | 3.0 | $1,901.61 | $3,422.88 | $8,964.00 | $22,819.32 | |
| Dells Area Health Center | Dell Rapids | SD | Avera | 2.0 | $1,020.06 | $1,836.12 | $5,976.00 | $12,240.72 | |
| Edgemont Regional Medical Clinic | Edgemont | SD | RH | 1.0 | $984.75 | $1,772.52 | $2,988.00 | $11,817.00 | |
| Eureka Community Health Services | Eureka | SD | Avera | 2.0 | $1,825.02 | $3,285.00 | $5,976.00 | $21,900.24 | |
| Fall River Health Services | Hot Springs | SD | RH | 2.0 | $1,680.54 | $3,024.96 | $5,976.00 | $20,166.48 | |
| Family Medicine Residency | Rapid City | SD | RH | 9.7 | $750.00 | $1,350.00 | $9,000.00 | $9,000.00 | 15Mbps, Urban |
| Floyd Valley Hospital | LeMars | IA | Avera | 4.0 | $3,362.00 | $6,051.60 | $11,952.00 | $40,344.00 | |

| | | | | Connectivity | | Annual Cost | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility | City | State | Partner | T-1 Equivalent (Approximate) | RCPP Bid Gross MRC | Scenario 1: RHCPP-Supported | Scenario 2: RHCP-Supported | Scenario 3: No Support | Notes |
| Foothills Regional Medical Clinic | Blackhawk | SD | RH | 3.2 | $400.00 | $720.00 | $4,800.00 | $4,800.00 | 5Mbps, RHCP Unknown |
| Freeman Regional Hospital | Freeman | SD | Avera | 3.0 | $2,087.37 | $3,757.32 | $8,964.00 | $25,048.44 | |
| Hand County Memorial Hospital | Miller | SD | Avera | 4.0 | $4,627.16 | $8,328.84 | $11,952.00 | $55,525.92 | |
| Hegg Memorial Health Center | Rock Valley | IA | Avera | 4.0 | $2,168.00 | $3,902.40 | $11,952.00 | $26,016.00 | |
| Hendricks Hospital | Hendricks | MN | Avera | | | | | | Hardware Only |
| Hill City Regional Medical Clinic | Hill City | SD | RH | 1.0 | $682.50 | $1,228.56 | $2,988.00 | $8,190.00 | |
| Howard Administration Office | Howard | SD | DNCHC | 28.0 | $4,181.24 | $7,526.28 | $33,600.00 | $50,174.88 | DS3 |
| Jerauld County Clinic | Wessington Springs | SD | DNCHC | 1.0 | $797.36 | $1,435.20 | $2,988.00 | $9,568.32 | |
| Lake Preston Community Healthcare | Lake Preston | SD | DNCHC | 1.0 | $1,010.85 | $1,819.56 | $2,988.00 | $12,130.20 | |
| Landmann-Jungman Memorial Hosp | Scotland | SD | Avera | 2.0 | $1,474.14 | $2,653.44 | $5,976.00 | $17,689.68 | |
| Lead-Deadwood Regional Hospital | Lead | SD | RH | 9.7 | $1,125.00 | $2,025.00 | $13,500.00 | $13,500.00 | 15Mbps, RHCP Unknown |
| Madison Community Hospital | Madison | SD | Avera | 2.0 | $914.64 | $1,646.40 | $5,976.00 | $10,975.68 | |
| Marshall County Healthcare Center | Britton | SD | Avera | 2.0 | $1,597.92 | $2,876.28 | $5,976.00 | $19,175.04 | |
| Massa Berry Regional Medical Clinic | Sturgis | SD | RH | 6.5 | $750.00 | $1,350.00 | $9,000.00 | $9,000.00 | 10Mbps, RHCP Unknown |
| Melette County Clinic | White River | SD | DNCHC | 1.0 | $952.19 | $1,713.96 | $2,988.00 | $11,426.28 | |
| Milbank Area Hospital | Milbank | SD | Avera | 4.0 | $2,766.28 | $4,979.28 | $11,952.00 | $33,195.36 | |
| Mission Medical Clinic | Mission | SD | DNCHC | 1.0 | $1,117.31 | $2,011.20 | $2,988.00 | $13,407.72 | |
| O'Neill Family Practice Clinic | O'Neill | NE | Avera | | | | | | Hardware Only |
| Osceola Community Hospital | Sibley | IA | Avera | 2.0 | $1,084.00 | $1,951.20 | $5,976.00 | $13,008.00 | |
| Philip Health Services | Philip | SD | RH | 2.0 | $2,217.18 | $3,990.96 | $5,976.00 | $26,606.16 | |
| Pipestone County Medical Center | Pipestone | MN | Avera | 4.0 | $3,030.00 | $5,454.00 | $11,952.00 | $36,360.00 | |
| Platte Health Center | Platte | SD | Avera | 3.0 | $2,366.01 | $4,258.80 | $8,964.00 | $28,392.12 | |
| Queen City Regional Medical Clinic | Spearfish | SD | RH | 6.5 | $750.00 | $1,350.00 | $9,000.00 | $9,000.00 | 10Mbps, RHCP Unknown |
| Rapid City Regional Hospital | Rapid City | SD | RH | 130.0 | $2,000.00 | $3,600.00 | $24,000.00 | $24,000.00 | 200Mbps, Urban |
| Rapid City Regional Hospital | Rapid City | SD | RH | 65.0 | $1,500.00 | $2,700.00 | $18,000.00 | $18,000.00 | 100Mbps, Urban |
| Rosebud RMC - Dialysis | Rosebud | SD | RH | 1.0 | $1,149.87 | $2,069.76 | $2,988.00 | $13,798.44 | |
| Sioux Center Community Hospital | Sioux Center | IA | Avera | 4.0 | $5,910.00 | $10,638.00 | $11,952.00 | $70,920.00 | |
| Southwestern Mental Health Center | Luverne | MN | Avera | 2.0 | $749.10 | $1,348.44 | $5,976.00 | $8,989.20 | |
| Southwestern Mental Health Center | Worthington | MN | Avera | 2.0 | $2,220.48 | $3,996.84 | $5,976.00 | $26,645.76 | |
| Spearfish Regional Dialysis | Spearfish | SD | RH | 3.2 | $400.00 | $720.00 | $4,800.00 | $4,800.00 | 5Mbps, RHCP Unknown |
| Spearfish Regional Hospital | Spearfish | SD | RH | 12.9 | $1,500.00 | $2,700.00 | $18,000.00 | $18,000.00 | 20Mbps, RHCP Unknown |
| Spearfish Regional Medical Ctr - East | Spearfish | SD | RH | 3.2 | $400.00 | $720.00 | $4,800.00 | $4,800.00 | 5Mbps, RHCP Unknown |
| Spearfish Regional Surgery Center | Spearfish | SD | RH | 6.5 | $750.00 | $1,350.00 | $9,000.00 | $9,000.00 | 10Mbps, RHCP Unknown |
| St. Michael's Hospital | Tyndall | SD | Avera | | | | | | Hardware Only |
| Sturgis Regional Hospital | Sturgis | SD | RH | 9.7 | $1,125.00 | $2,025.00 | $13,500.00 | $13,500.00 | 15Mbps, RHCP Unknown |
| Wagner Comm Memorial Hospital | Wagner | SD | Avera | 4.0 | $3,507.60 | $6,313.68 | $11,952.00 | $42,091.20 | |
| Whiting Memorial Clinic | Woonsocket | SD | DNCHC | 1.0 | $632.27 | $1,138.08 | $2,988.00 | $8,554.61 | |

10. Provide detail on how the supported network has advanced telemedicine benefits:
    a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
    b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
    c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
    d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
    e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will be described in future Quarterly Reports as the enhances network becomes operational.

**30 July 2009:** Network implementation in progress – see sections 4 and 5. In addition to compiling objective traffic and response time measurements, HUBNet is canvassing the Health Care Providers for subjective impressions and opinions of the benefits of the new network circuits as experience is gained with each newly-enhanced connection. The success of HUBNet in meeting the goals and objectives outlined in its Pilot Program application will be described in future Quarterly Reports as results are available.

**30 October 2009:** Network implementation in progress – see sections 4 and 5. In addition to compiling objective traffic and response time measurements, HUBNet is canvassing the Health Care Providers for subjective impressions and opinions of the benefits of the new network circuits as experience is gained with each newly-enhanced connection. Preliminary results are described below and be expanded in future Quarterly Reports as data becomes available.

a. **Objective 1-** Network Construction: *Construct a robust, secure, sustainable, interconnected broadband network that links health care providers service rural and frontier communities across South Dakota and portions of North Dakota, Iowa, Minnesota, Nebraska, and Wyoming.*

   Installed circuits connect health care providers in each of the Partners' networks with a dedicated, private-line service, implemented substantially as envisioned in the HUBNet Application. Although implementation is continuing, the network design is proving to meet, and in most cases, exceed the general requirements of this objective. Specific technical data points to measure the "… robust [and] secure …" parameters are being designed and monitored, and HUBNet will report on those items in subsequent quarterly reports.

   **Objective 2 – Network Utilization:** *Utilize HUBNet to expand telehealth services and enable electronic data exchange capabilities which address specific needs of healthcare providers in the region.*

   As circuits are installed and the new or increased bandwidth is being utilized, significant realization of all facets of the health information and telehealth services goals are being seen

by participants in the project. Specific details in some areas are noted below in response to the remaining parts of this section, and will be expanded later quarterly reports as experience with the network is gained.

It should be noted that implementation of Electronic Medical Record ('EMR') systems in pursuit of the ARRA / CMS 'meaningful use' goals is in process at all of the HUBNet Partners. The significant connectivity enhancements provided by the HUBNet project provides timely and welcome support for those projects.

**Objective 3 – Network Administration:** *Fully implement the HUBNet administrative infrastructure and sustainability plans within a twenty-four month period after award notification.*

See Section 1 for HUBNet project administrative and management information.

b., c., e.: In response to the information requested by these sections, following is a description of one set of applications deriving significant benefit from the increased connectivity capabilities provided by the HUBNet project. The HUBNet project has facilitated the expansion of a complete 'suite' of telehealth-based projects at Avera under the umbrella name of 'Avera eCARE™.' While some of these telehealth applications were in place, and others planned, before the HUBNet network was implemented, the prospect of the availability of a network meeting the requirements of Objective 1 (above) has given the telehealth projects a boost and provided the potential for greatly increased quality of patient care.

Further information in support of this section will be provided by all HUBNet Partners in subsequent quarterly reports as network usage and application implementation increase.

**Avera eCARE™ Project Description**

Avera eCARE™ is a suite of network-based services, each of which serves a specific regional market need. These identified needs include rural workforce support, rural workforce shortages, supporting the aging population, and providing the highest standard of care possible through the utilization of resources located in distant urban centers. By using technology to enhance the reach of physician specialists and other providers, Avera eCARE™ enables rural access to nearly every specialty available in Avera's tertiary hospitals.

Additionally, life balance issues must be addressed in order to recruit and retain the physicians, nurses, and pharmacists necessary for quality patient care in rural and frontier settings. The demands placed on rural providers concerning availability requirements, lack of peer and specialty support, and the general level of accessible resources of all types hinder recruitment and retention at rural sites.

## Avera eCare™ Suite of Services

*eConsult:* Network-based video link between patient and physician and patient; a remote 'office visit.'

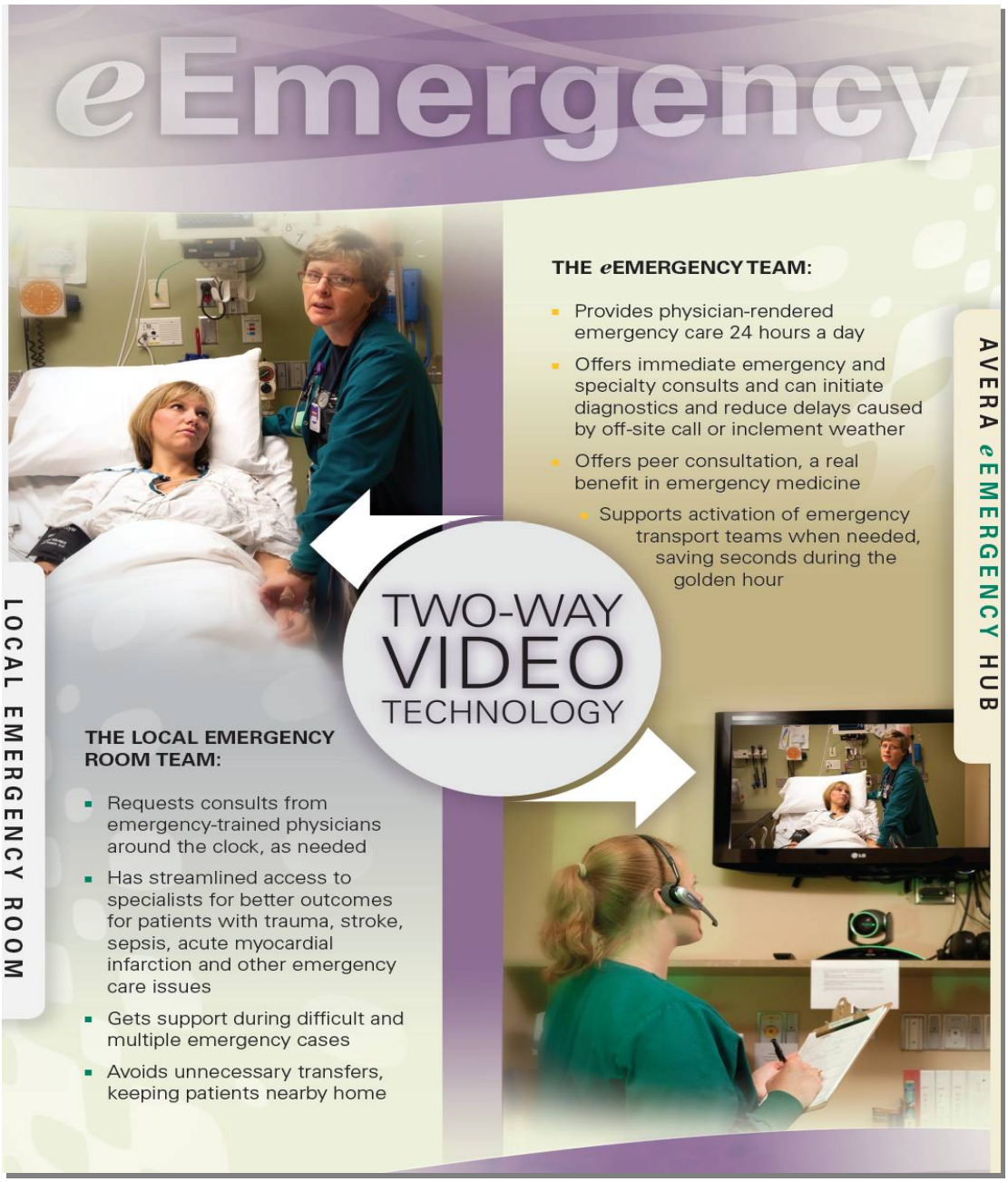
*eICU:* Real-time monitoring of rural ICU patients from a central hub staffed by specially trained physician intensivists. Includes video, cardiac monitors, lab, pharmacy, and EMR interfaces, and other specialized capabilities.

*eEmergency/eStroke::* Two-way consultation and support of rural emergency room patients by trauma specialists at a tertiary care center; special applications allow immediate consultation by neurologists for immediate application of hemolytic therapy where indicated in stroke patients.

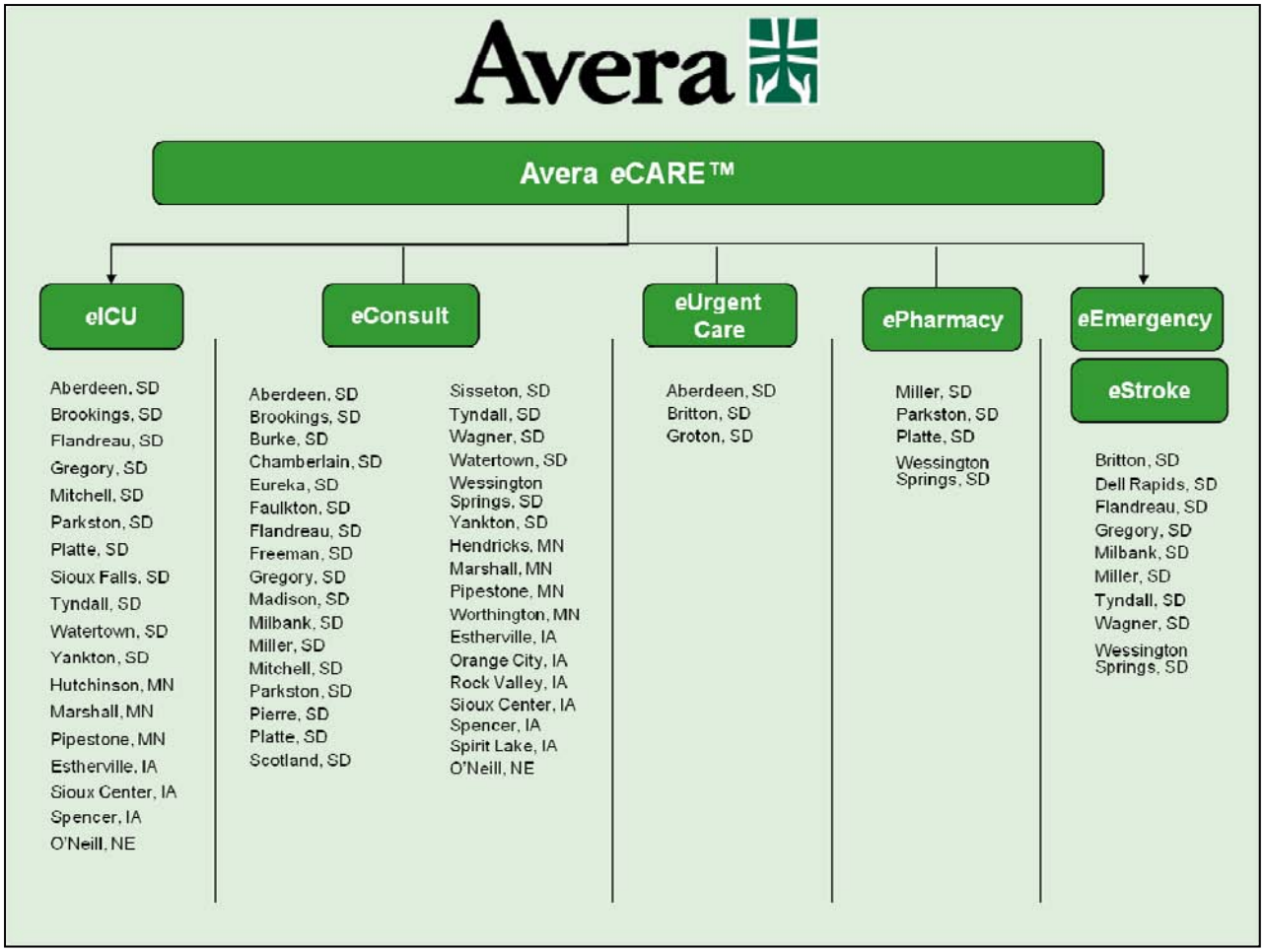
*ePharmacy:* Medication monitoring and verification by pharmacists for rural facilities without round-the-clock pharmacist staff.

*eUrgent Care*: Clinic 'urgent care' consults during non-business hours. Reduces need for emergency room visits for non-acute after-hours care.

Avera *eEmergency* Operational Description



Avera eCARE™ services are available at the health care providers indicated below, the majority of which are served by circuits provided under the HUBNet project.




Avera eCARE™ has significant impact on patient care in rural and frontier location. A recent encounter using eEmergency functionality at Avera Gregory Healthcare Center in Gregory, SD, illustrates the profound effect a consultation can have. In the words of a nurse at the Gregory facility:

"… *[A nurse]* and I used the E-Emergency tonight and it is amazing. Dr *[omitted]* and *[another nurse]* love it too. *[The tertiary hub]* arranged the flight team for us and we got a call from the flight team right away saying they were coming. We had a *[patient whose]* K+ was 9.8 and we had to give him a bunch of different meds and they told us how to give them and what order to do it. The ER doc and the nurse *[at the tertiary hub]* stayed there awhile and talked us through a bunch of stuff. They read the EKG and the CXR through their camera when they zoomed. *[It's]* amazing just thought I would let you know."

Other Avera eCARE™ applications have had equal success. For instance, objective outcome data for patients served by eICU show substantial improvement over expected mortality rates. Full data and survey methodology will be presented in the next quarterly report.

d. All health care providers participating in the HUBNet project use a common Internet gateway provided by the HUBNet Partner in whose network the provider lies. The increase in bandwidth and reliability provided by the HUBNet circuits provide a directly proportional decrease in response time for Internet access and searches. In addition, the move toward evidence-based practice for compliance with 'meaningful use' and generally increased physician performance standards is facilitated by the higher-speed access for online information lookup.

HUBNet connectivity has provided a significant performance increase for general access to the Health Information Systems supported by the Partners. Rural and frontier health care providers have noted and praised the impact that HUBNet has had on their activities. An example from the administrator of Avera St. Benedict Hospital in Parkston, SD:

" … the Hub net *[sic]* has been great here. Our Physicians are very pleased *[that]* they now can electronically sign *[their]* charts appx. ten times faster than they could before the Hub net. Also bringing up the record is much faster and it has reduced the frustration level in all departments greatly which takes pressure off *[the IT department]* which they truly appreciate.

"… being able to bring the record up faster really helps the nursing staff with documentation in the room, as it was very disconcerting for the nurses when it was so slow and we now are having much better compliance with documenting in the room. Additionally desk top faxing is now working with the hub net; it did not work before hub net installation. Our Health Information department is very pleased as this saves time to be able to just fax reports to all of the specialty physicians that provide services to Avera St. Benedict. Everyone in the facility was very pleased with the much improved speed of the system. "

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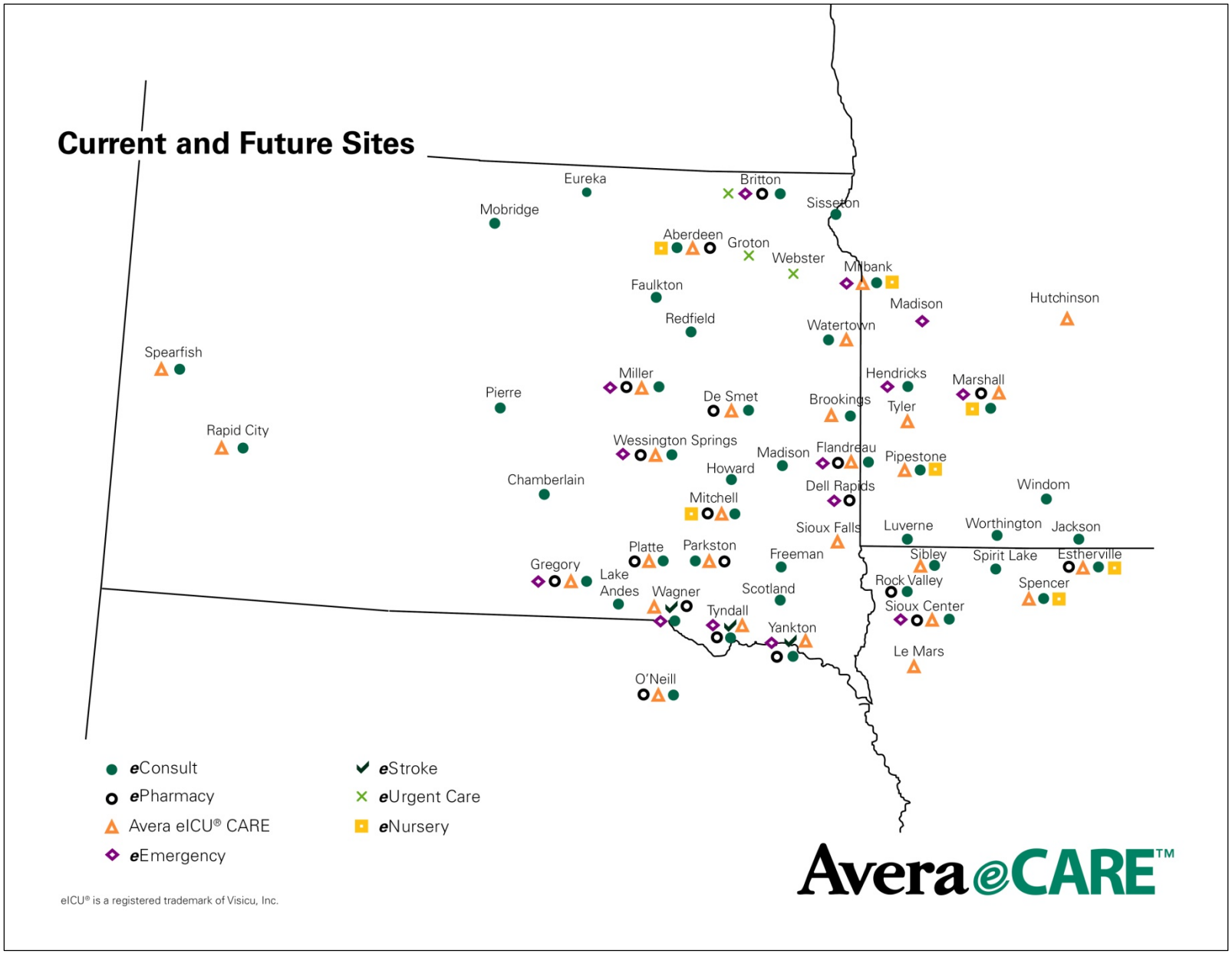
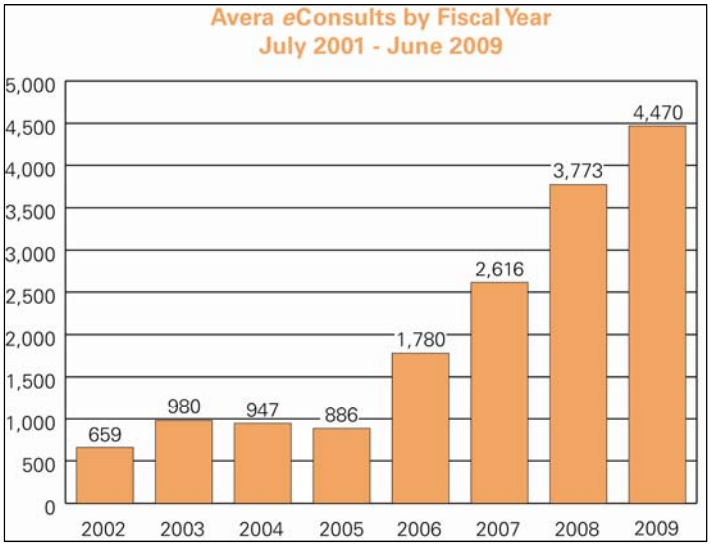
**30 January 2010:** Network implementation complete for all Health Care providers participating in contracts issued under the Request for Quotation funded in April 2009. In addition to compiling objective traffic and response time measurements, HUBNet is canvassing the Health Care Providers for subjective impressions and opinions of the benefits of the new network circuits as experience is gained with each newly-enhanced connection. Preliminary results beyond those described in the above section will be forthcoming in future quarterly reports as HUBNet and its Partners gain experience with the newly-enhanced network and as meaningful quantitative data becomes available.

**30 April 2010:** Selected Avera eCare services installations and outcomes statistics follow. Note that, while some of these telehealth applications were in place, and others planned, before the HUBNet network was implemented, usage and positive results, along with application capabilities, have increased since the advent of the HUBNet project and the enhanced connectivity provided thereby.

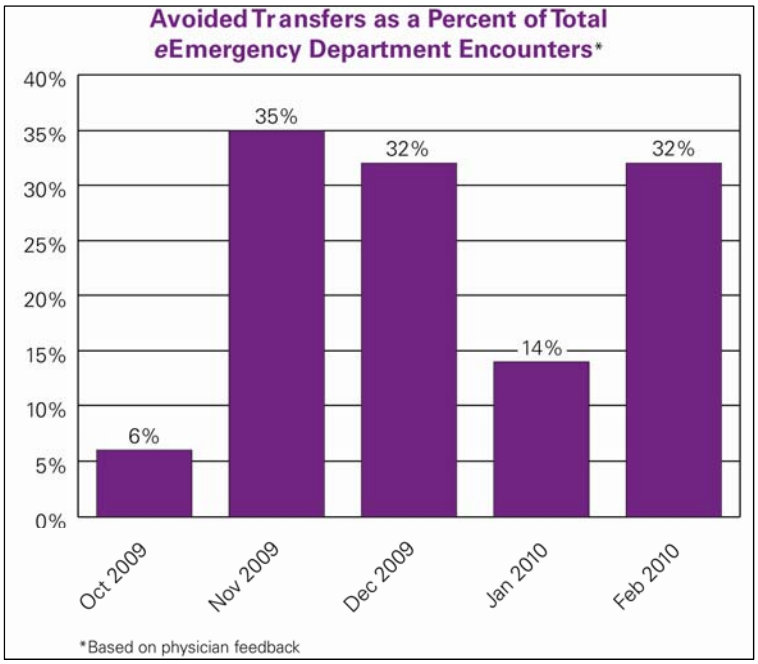

Current and Future Sites
Eureka
Britton
Mobridge
Sisseton
Aberdeen
Groton
Webster
Milbank
Faulkton
Madison
Hutchinson
Redfield
Watertown
Spearfish
Miller
Hendricks
Marshall
Pierre
De Smet
Brookings
Tyler
Rapid City
Wessington Springs
Madison
Flandreau
Pipestone
Howard
Chamberlain
Dell Rapids
Windom
Mitchell
Sioux Falls
Luverne
Worthington
Jackson
Platte
Parkston
Freeman
Sibley
Spirit Lake
Estherville
Gregory
Lake Andes
Wagner
Scotland
Rock Valley
Spencer
Tyndall
Sioux Center
Yankton
Le Mars
O'Neill
eConsult
ePharmacy
Avera eICU® CARE
eEmergency
eStroke
eUrgent Care
eNursery
eICU® is a registered trademark of Visicu, Inc.
Avera eCARE™

eConsult allows providers and specialists to offer services and treatments to patients miles from the host sites. eConsult is offered by more than 40 different providers to dozens of locations in numerous specialty areas, including infectious disease, mental health, dermatology, pediatrics, mental health, pulmonology, and more.

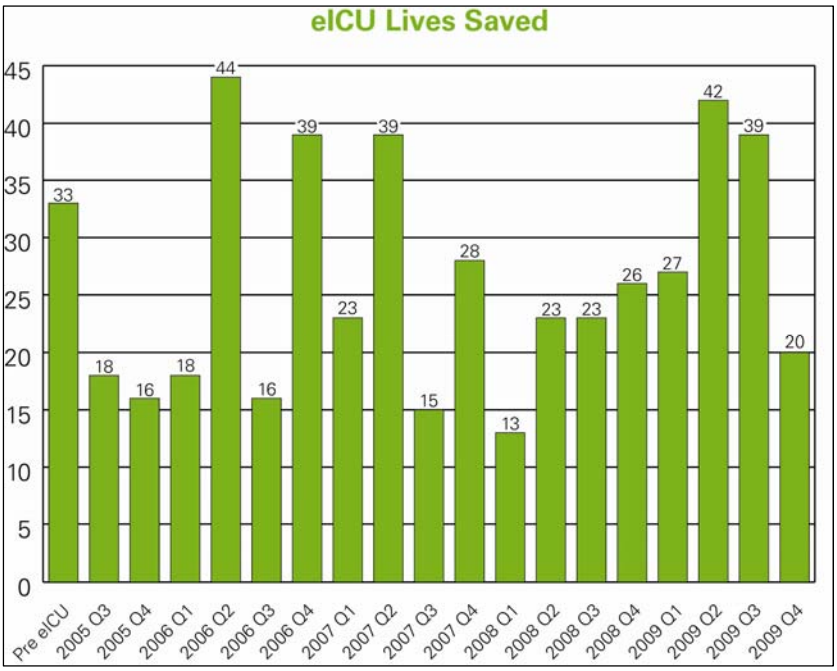


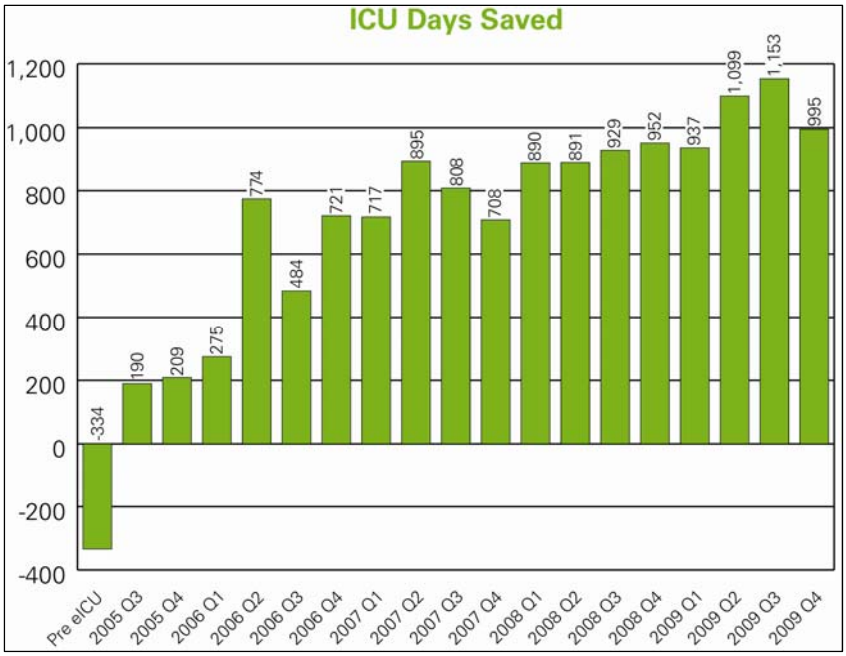

eEmergency impact: As a result of the support of eEmergency, local providers report fewer transfers, reducing the expense to the health care system and to patients. Keeping patients in the local hospital also supports the sustainability of the rural hospital and community.

Projected one-year savings for ground transfers, initial seven eEmergency hospitals: $236,968.00



Using Apache III/IV, recognized risk-adjusted systems for predicting mortality and length of stay for ICU patients, Avera eICU CARE demonstrates reduced actual-to-predicted mortality and reduced actual-to-predicted length of stay. These reductions directly translate into lives saved and lowered health care costs.



Additional comments from providers and sites:

- Avera St. Anthony's Hospital, O'Neill, NE: "Increased bandwidth allows [us] to transfer x-ray images without causing delays to the [EMR system] users. Remote system backup processes now run much more smoothly over the improved connection."

- Wagner Community Memorial Hospital Avera, Wagner, SD: "[The] hospital is now able to have X-ray images read by [remote] radiologists [elsewhere] on the Avera network. Also, [we are] able to properly use eEmergency because of the extra bandwidth."

- St. Michael's Hospital Avera, Tyndall, SD: "[We] use eEmergency much more efficiently because of the extra bandwidth and packet prioritizing provided by the routing equipment [sourced under the HUBNet grant]."

- Avera Weskota Memorial Medical Center, Wessington Springs, SD: "Before the [HUBNet] upgrade the lab did not use the [the lab system desktop fax feature] because it was quicker to print a copy of the lab report, go to the fax machine, enter the fax number and send it. We found that the reports we wanted to fax were often not attached and it often took more than 5 minutes before it brought up the provider list to select the provider we wanted to send the results to. Now the provider list generally comes up within a minute and the selected reports are attached the majority of the time. This saves time and resources for the lab."

- From the Medical Director of Horizon Health Care, a member of the Dakota Network of Community Health Centers: "The upgrade to our transmission lines has proven to be beneficial for both staff and patients populations of Horizon Health Care. Horizon's ten frontier clinic locations have been upgraded to a more redundant, secure, and expandable MPLS solution. The MPLS lines have helped transmit electronic medical records, digital x-ray images, and telemedicine consults. Horizon has provided a number of specialty services during the project period via the MPLS connections including psychiatry, pulmonology, and dermatology."

- The following letter from Lead-Deadwood Community Hospital, describes some positive effects the enhanced network has had on that facility.

LEAD-DEADWOOD
REGIONAL HOSPITAL

61 Charles Street Deadwood, SD 57732 (605) 722-6101

To: Federal Communications Commission, Rural Healthcare Pilot Program

From: Sherry Bea Smith, CEO

Subject: Heartland Unified Broadband Network

Date: April 22, 2010

The implementation of a higher bandwidth at Lead-Deadwood Regional Hospital (LDRH), an 18 bed Critical Access Hospital, has had positive impact of remarkable proportions in the realm of imaging and medication administration as detailed below.

Medical Imaging – The implementation of Radiology Information Systems (RIS) and Picture Archiving and Communication Systems (PACS) at LDRH connects us to these systems in the Regional Health System of Care. This connection to a shared network of information gives providers immediate access to images and reports, expediting a definitive diagnosis and treatment, and/or transfer to a higher level of care. The ready access of previous images and reports completed in any number of sister facilities or services allows providers comparison studies to enhance their diagnostic and critical decision skills.

Typical of small, rural facilities, resources and space re limited at LDRH. The skilled imaging team can complete images and procedures more efficiently with RIS and PACS. The electronic archiving of images eliminates space needed for films, as well as a cost savings for the film and chemicals required for processing those films.

Telepharmacy – The videoconferencing ability in the LDRH Pharmacy, enhanced by specific close up cameras and subsequent technical support, has provided the ability to expand the direct interaction of a licensed Pharmacist with a pharmacy technician and nursing staff. The direct oversight of a Pharmacist has increased in time, with a reduction in expense, since the Pharmacist is off site in a sister facility. LDRH actually enjoys expanded Pharmacy hours with less expense. The SD Board of Pharmacy has supported this pilot and subsequently praised the process and those involved. This project was the recipient of the "Best of Growth" award in the 2009 Quality Exposition sponsored by Regional Health.

Lead-Deadwood Regional Hospital is owned and operated by Regional Health Network, Inc.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:
    a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
    b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
    c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
    d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
    e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
    f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. The success of HUBNet in complying with HHS health IT initiatives will be described in future Quarterly Reports as the enhanced network becomes operational.

**30 July 2009:** Network implementation in progress – see sections 4 and 5. The success of HUBNet in complying with HHS health IT initiatives will be described in future Quarterly Reports as the enhanced network becomes operational.

**30 October 2009:** Network implementation continues – see sections 4 and 5. No change in HHS initiative compliance since last report.

**30 January 2010:** Network implementation complete for all Health Care providers participating in contracts issued under the Request for Quotation funded in April 2009. No change in HHS initiative compliance since last report. HUBNet is currently gathering data from the Partners specifically intended to provide responsive information under this section, and anticipates such information will be available in the Quarterly Report 8.

**30 April 2010:** No change in HHS initiative compliance since last report. HUBNet is currently gathering data from the Partners specifically intended to provide responsive information under this section, and anticipates such information will be available in a future quarterly report.

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

**30 January 2009:** Funding commitment has not yet been received – application for same is in progress. No costs have yet been incurred.

**30 April 2009:** USAC funding commitment received for connectivity and equipment on 07 April 2009. Acquisition and provisioning is in progress, but no supported equipment or circuits have been received or connected to the network. The coordination of HUBNet with HHS and CDC will be described in future Quarterly Reports as the enhanced network becomes operational and interaction with those agencies is defined.

**30 July 2009:** Network implementation in progress – see sections 4 and 5. HUBNet is working with its USAC contacts to define and implement the appropriate interaction with HHS and CDC to assure proper coordination with those agencies. It is expected that the results of that interaction will be documented concurrently with the completion of the network in the 30 October 2009 quarterly report.

**30 July 2009:** Network implementation continues – see sections 4 and 5. HUBNet continues to work with its USAC contacts to define and implement the appropriate interaction with HHS and CDC to assure proper coordination with those agencies. It is expected that the results of that interaction will be documented concurrently with the completion of the network in the appropriate future quarterly report.

**30 January 2010:** Network implementation complete for all Health Care providers participating in contracts issued under the Request for Quotation funded in April 2009. HUBNet continues to work with its USAC contacts to define and implement the appropriate interaction with HHS and CDC to assure proper coordination with those agencies. It is expected that the results of that interaction will be in an appropriate future quarterly report.

**30 April 2010:** No change since last report.