QUARTERLY REPORT
12
30 APRIL 2011

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 Travers, 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 April 2011.

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 Travers, 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.

30 July 2010: No change since last report.

30 October 2010: Andy Gerlach of Regional Health replaced by Jason Terry.

30 January 2011: Kimberly Johnson name changed by marriage to Kimberly Travers.

30 April 2011: No change since last report.

Name/Title	Project Role	Address	Phone	Fax
Jim Veline Senior Vice President CIO	**Project Director** Administrative Committee; Steering Committee	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Jim.Veline@Avera.org	605-322-4707	605-322-4799
Kimberly Travers Senior Project Manager	**Assoc. Project Director** Administrative Committee; Steering Committee	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Kimberly.Travers@Avera.org	605-322-4704	605-322-4520
Jim Burkett Director, Technology Support	**Technical Committee Lead** Administrative Committee; Steering Committee	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Jim.Burkett@Avera.org	605-322-6080	605-322-4520
Tad Jacobs, DO Chief Medical Information Officer	**Telehealth Committee Lead**; EDI Committee;	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Tad.Jacobs@Avera.org	605-864-1150	605-322-4520
Jason Wulf Financial Analyst	Administrative Committee; Steering Committee	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Jason Wulf@Avera.org	605-322-4722	605-322-4799
Scott O'Farrell Director, Technology Services	Technical Committee	**Avera Health** Avera McKennan Hospital 800 E. 21st Street Sioux Falls, SD 57105 Scott.OFarrell@McKennan.org	605-322-6088	605-322-6007
Ted McCann Network Architect	Technical Committee	**Avera Health** 3900 W. Avera Drive Sioux Falls, SD 57108 Ted.McCann@Avera.org	605-322-6078	605-322-4520
Matt Schroeder Supervisor, Network Engineering	Technical Committee	**Avera Health** Avera McKennan Hospital 800 E. 21st Street Sioux Falls, SD 57105 Matt.Schreoder@McKennan.org	605-322-6156	605-322-6013
Joe Hafner Network Manager	Technical Committee	**Avera Health** Avera Queen of Peace 525 N. Foster Street Mitchell, SD 57301 Joe.Hafner@AveraQueenofPeace.org	605-995-2559	605-995-2441

Chris Nelson Network Manager	Technical Committee	**Avera Health** Avera Sacred Heart 501 Summit Street Yankton, SD 57078 CNelson@SHHServices.com	605-668-8330	605-668-8351
Scott Stolle Network Manager	Technical Committee	**Avera Health** Avera St. Luke's 305 S. State Street Aberdeen, SD Scott.Stolle@AveraStLukes.org	605-622-5190	605-622-4038
John Mengenhausen Chief Executive Officer	Administrative Committee; Steering Committee	**Dakota Network of Community Health Centers** Horizon Health Care, Inc. 109 North Main Street Howard, SD 57349 jmengenhausen@horizonhealthcare.org	605-772-4525	605-772-5185
Lance S. Lim, MD Physician	Telehealth Committee; EDI Committee	**Dakota Network of Community Health Centers** Jerauld County Clinic, 602 First Street NE Suite 1 Wessington Springs, SD 57382 llim@horizonhealthcare.org	605-539-1767	605-539-9546
Scott Weatherill IT Director	Technical Committee; Telehealth Committee; EDI Committee	**Dakota Network of Community Health Centers** Horizon Health Care, Inc. 109 North Main Street Howard, SD 57349 sweatherill@horizonhealthcare.org	605-772-4518	605-772-5185
Richard Latuchie Vice President, Information Technology CIO	Administrative Committee; Steering Committee	**Regional Health** 353 Fairmont Blvd Rapid City, SD 57701 RLatuchie@rcrh.org	605-719-4944	605-719-8053
Brian Smith, MD Faculty Physician	Telehealth Committee; EDI Committee	**Regional Health** Family Medicine Residency Clinic 502 East Monroe Street Rapid City, SD 57701 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** 353 Fairmont Blvd Rapid City, SD 57709 awilliams@RCRH.org	605-716-8305	605-716-8302
Jason Terry Network Services Supervisor	Technical Committee	**Regional Health** 353 Fairmont Blvd Rapid City, SD 57701 jterry@regionalhealth.com	605-716-8467	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 HUBNet. 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.

30 July 2010: No change since last report.

30 October 2010: No change since last report.

30 January 2011: 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 Quali-fied 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

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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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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 hospi-tal; 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	10.00	Ethernet	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	10.0	Ethernet	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	10.00	Ethernet	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.

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

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

30 January 2011: Initial circuit implementation complete. See section 4 for connection details as of report date.

30 April 2011: Initial circuit implementation complete. Changes to the table above for the 30 April 2011 report are indicated by highlighted cell content. See section 4 for connection details as of report date.

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 January 2010: 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.

30 July 2010: 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 July 2010 report are indicated by highlighted cell content.

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

30 October 2010: 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 October 2010 report are indicated by highlighted cell content.

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

30 January 2011: No change since last report.

30 April 2011: 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.

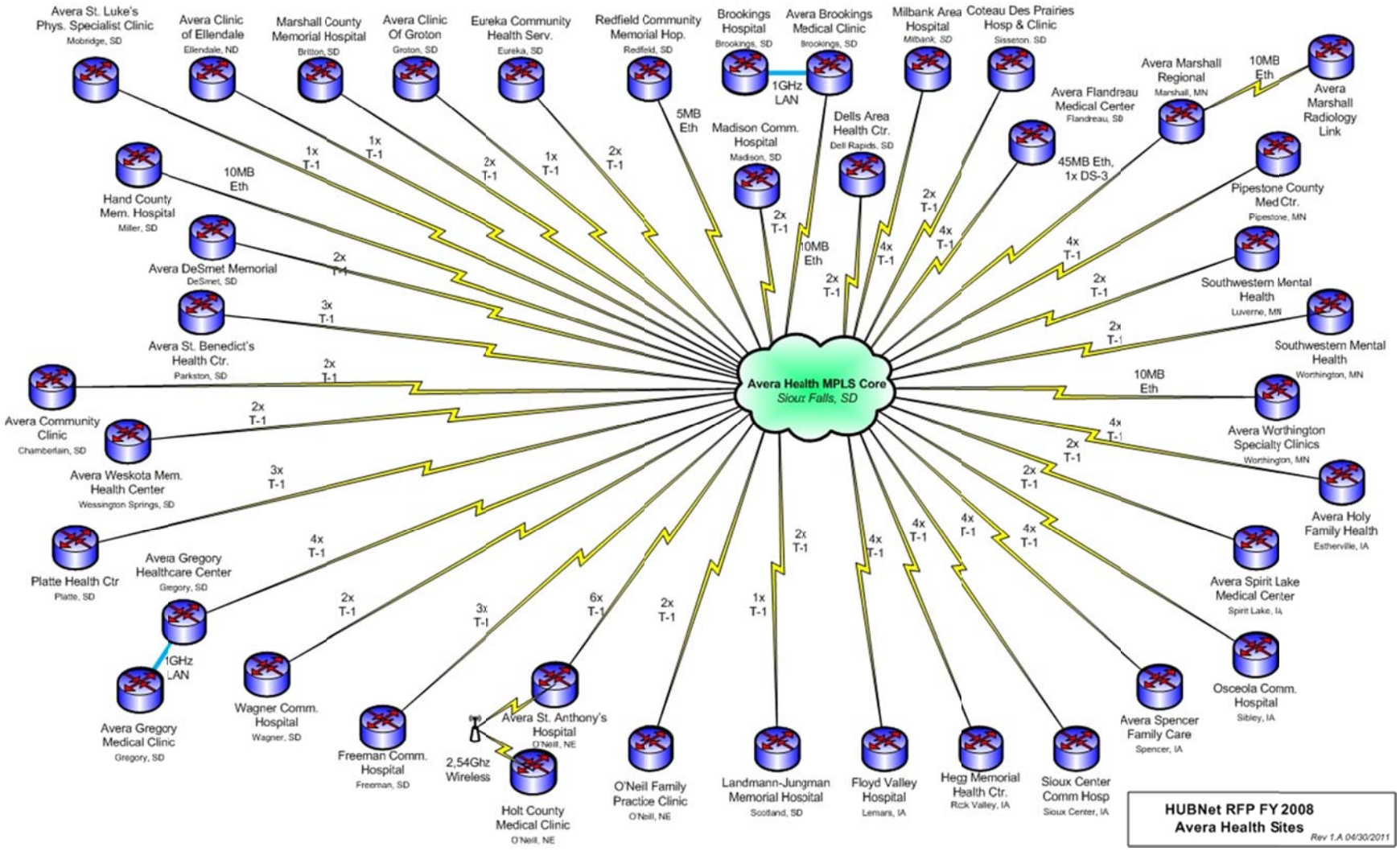
a – g.: See the table below. Changes for 30 April 2011 report are indicated by highlighted cell content.

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

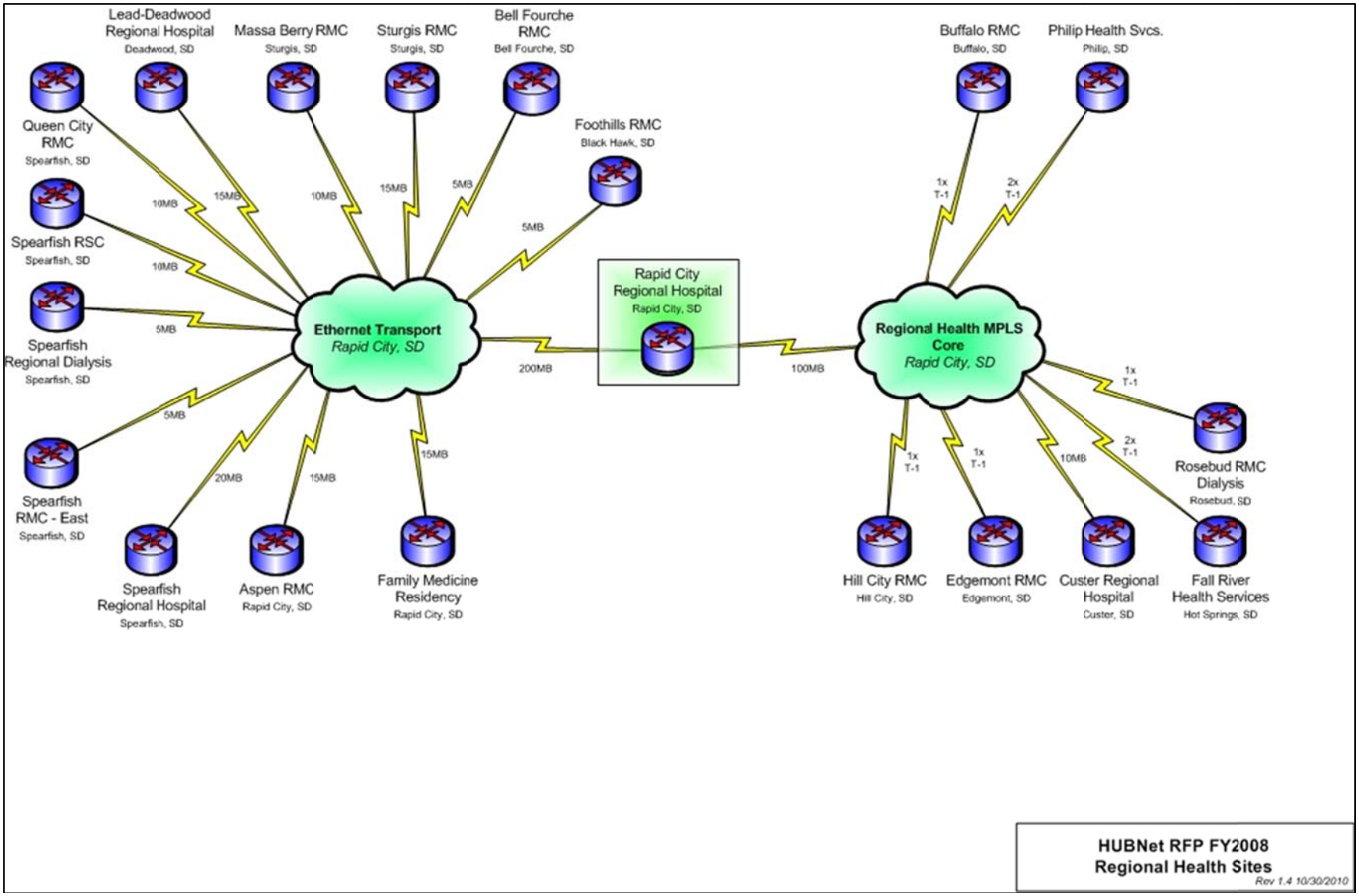
Health Care Provider	City	State	HUBNet Partner	Eligible	Connection Medium	Provisioning	Connectivity MHz	Transport	Internet Gateway	Equipment Brand	Equipment Model	Provisioned Date	Operational
Aspen Regional Medical Clinic	Rapid City	SD	Regional	Yes	Fiber	Carrier	15.00	Ethernet	Yes	Existing	n/a	6/1/2009	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	Fiber	Carrier	10.0	Ethernet	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	Fiber	Carrier	10.00	Ethernet		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

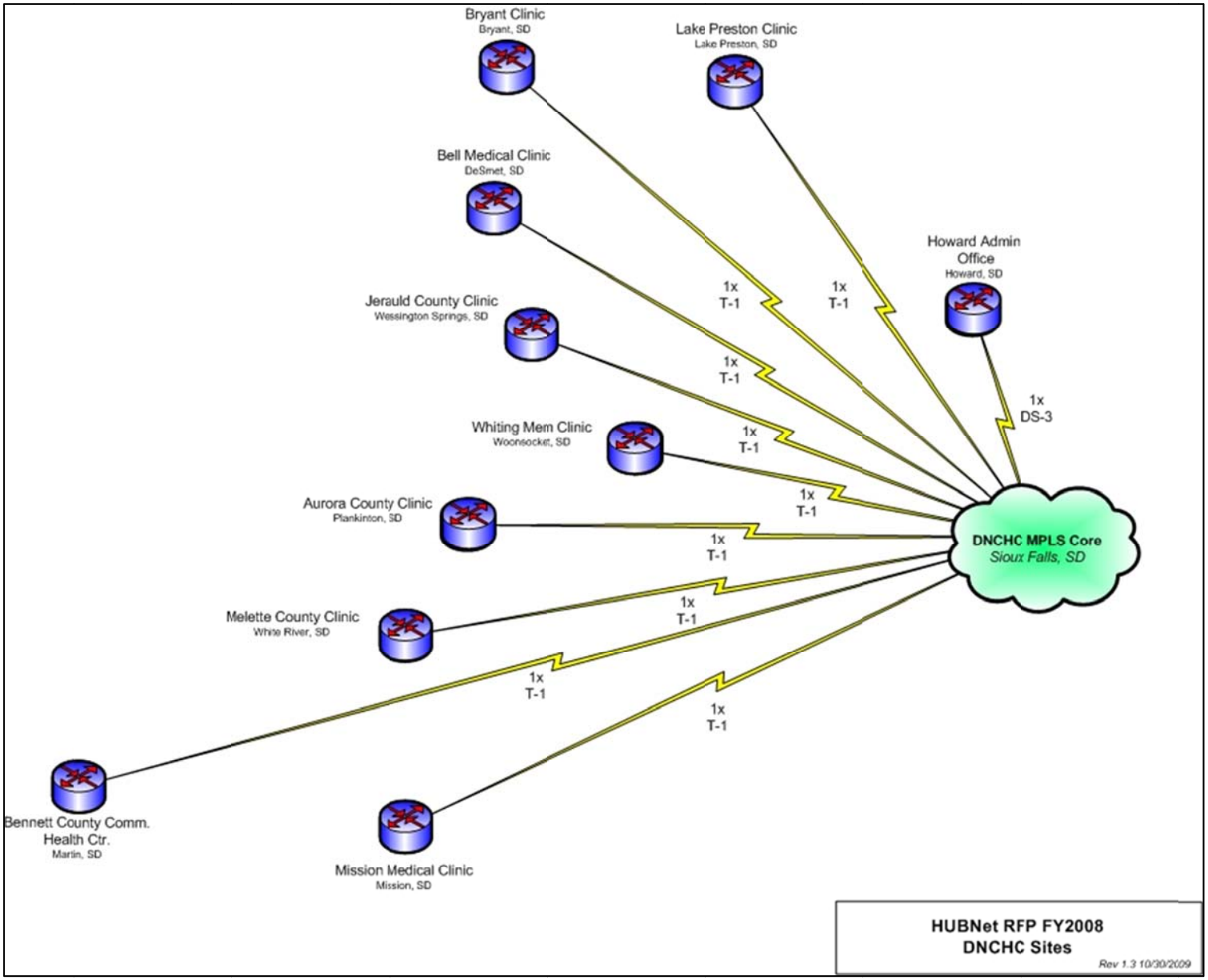
Health Care Provider	City	State	HUBNet Partner	Eligible	Connection Medium	Provisioning	Connectivity MHz	Transport	Internet Gateway	Equipment Brand	Equipment Model	Provisioned Date	Operational
Avera Community Clinic	Chamberlain	SD	Avera	Yes	Copper	Carrier	3.08	MLPPP	Yes	Cisco	2821	8/29/2009	Yes
Avera 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	Fiber	Carrier	10.0	Ethernet	Yes	Cisco	2821	5/5/2010	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



HUBNet RFP FY 2008
Avera Health Sites
Rev 1.A 04/30/2011


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
10MB
2x T-1
HUBNet RFP FY2008
Regional Health Sites
Rev 1.4 10/30/2010


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	**Current Period Budgeted Non-Recurring**	**Incurred Recurring**	**Current Period 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	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period 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:

Current Quarter Through USAC Invoice 20091019	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period 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	$9,066.78	$360.08
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$2,455,904.30	$453,282.88	$2,002,621.42		$85,821.88	$77,928.46	$7,893.42
f. Net Management, etc.							
g. Other							
Totals:	**$2,455,904.30**	**$453,282.88**	**$2,002,621.42**		**$679,744.64**	**$658,055.29**	**$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:

Current Quarter Through USAC Invoice 20100107	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remaining
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$2,002,621.42	$302,912.33	$1,699,709.09		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	**$2,002,621.42**	**$302,912.33**	**$1,699,709.09**		**$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:

Current Quarter Through USAC Invoice 20100416	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remaining
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$1,699,709.09	$308,308.57	$1,391,400.52		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	$1,699,709.09	**$308,308.57**	**$1,391,400.52**		**$10,329.35**		

30 July 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 20100714	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remaining
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$1,391,400.52	$301,137.40	$1,090,263.12		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	**$1,391,400.52**	**$301,137.40**	**$1,090,263.12**		**$10,329.35**		

30 October 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 20101012	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remaining
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$1,090,263.12	$299,222.41	$791,040.71		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	**$1,090,263.12**	**$299,222.41**	**$791,040.71**		**$10,329.35**		

30 January 2011: 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 20110130	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remaining
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$791,040.71	$300,299.92	$490,740.79		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	**$791,040.71**	**$300,299.92**	**$490,740.79**		**$10,329.35**		

30 April 2011: 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 20110430	Budgeted Recurring	Current Period Incurred Recurring	Recurring Budget Remaining		Budgeted Non-Recurring	Current Period Incurred Non-Recurring	Non-Recurring Budget Remainig
a. Network Design							
b. Network Equipment					$3,435.85		
c. Infrastructure							
i. Engineering							
ii. Construction					$360.08		
d. I2, NLR, Public Internet							
e. Leased or Tariffed	$491,740.79	$281,328.75	$210,412.04		$6,533.42		
f. Net Management, etc.							
g. Other							
Totals:	**$491,740.79**	**$281,328.75**	**$210,412.04**		**$10,329.35**		

Note: Amounts include re-allocation of committed funds from over-allocated and non-participating sites to sites that were under-allocated due to staggered installation / first-bill dates.

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.

30 July 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 October 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 January 2011:

a. No change since last report.

b. No change since last report.

c. No change since last report.

e. 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 2011:

a. No change since last report.

b. No change since last report.

c. No change since last report.

a. 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.

30 July 2010: No change since last report.

30 October 2010: No change since last report.

30 January 2011: No change since last report.

30 April 2011: 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.
30 October 2010:	No change since last report.
30 January 2011:	Forms and supporting documentation submitted on 15 December 2010 requesting funding for the remaining 12 months on contracted circuits (to be applied to uncommitted FY 2009 awarded funds).

30 January 2011: (cont'd)

Supporting documentation submitted on 08 December 2010 requesting re-allocation of unused funds on FY 2008 FCL (intended for the Avera Sacred Heart Medical Clinics in Crofton, NE and Hartington, NE, which facilities opted out of the project after the FCL had been issued) to five Iowa hospitals whose HUBNet FCL 2008 funding was for eighteen months, in anticipation of the collaboration project with the Iowa Rural Health Telecommunication Program project funded by the RHCPP.

1) As part of the original FCC Rural Healthcare Pilot Program funding applications for the Heartland Unified Broadband Network ('HUBNet') and the Iowa Rural Health Telecommunications Program ('IRHTP'), the two projects agreed to the use of the proposed IRHTP network for the five HUBNet hospitals in the IRHTP area. Under the plan, the hospitals will connect to the IRHTP network, and their traffic will be routed to the HUBNet network in South Dakota.

2) Using the projected build out schedule from IRHTP, HUBNet received funding for 18 months of carrier-based service as part of its FY 2008 RHCP project submission. It was expected that the IRHTP connectivity to the hospitals and the inter-network link would be completed within that time frame.

3) As of this date, the inter-network link has not been completed, though RFP preparation is in progress by IRHTP. IRHTP build-out to each of the five hospitals is physically complete, though not 'turned-up' due to the lack of connectivity to HUBNet.

4) The 18-month contract and funding period to the Iowa hospitals will expire over the next three months.

HUBNet proposes that unused funds form the FY 2008 funding commitment (FRN 34630) be allocated to allow four additional months of continuing support of the connectivity to the five HUBNet hospitals while the inter-network link is established. Two HUBNet sites for which funding was committed have subsequently declined to participate, so funds exist for transfer to the Iowa circuits if permitted. The vendor will continue the circuits on a month-to-month basis at the same cost.

Proposed re-allocation of committed funds:

Non-Participant Committed Funds		
465 ID	**HCP**	**Committed Amount**
40	Avera Sacred Heart Medical Clinic, Crofton, NE	$31,824.00
42	Avera Sacred Heart Medical Clinic, Hartington, NE	$30,243.00
		$62,067.00

Proposed Non-Participant Funds Use			
465 ID	**HCP**	**Monthly Eligible Support**	**Proposed Additional Allocation**
59	Avera Holy Family, Estherville, IA	$3,034.50	$12,138.00
66	Floyd Valley Hospital, LeMars, IA	$2,857.70	$11,430.80
76	Hegg Memorial Hospital, Rock Valley, IA	$1,842.80	$7,371.20
79	Osceola Community Hospital, Sibley, IA	$921.40	$3,685.60
80	Sioux Center Community Hospital, Sioux Center, IA	$5,023.50	$20,094.00
			$54,719.60

30 April 2011: FY2008 funding commitment (FRN 34630) has been completed to provide additional support of Iowa hospitals, as well as 'co-termination' of all circuits to account for disparities in installation / 'first bill' dates. Still awaiting funding commitment for un-allocated FY2009 funds.

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.

30 July 2010: No change since last report.

30 October 2010: No change since last report.

30 January 2011: No change since last report.

30 April 2011: 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 re-allocated 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.'

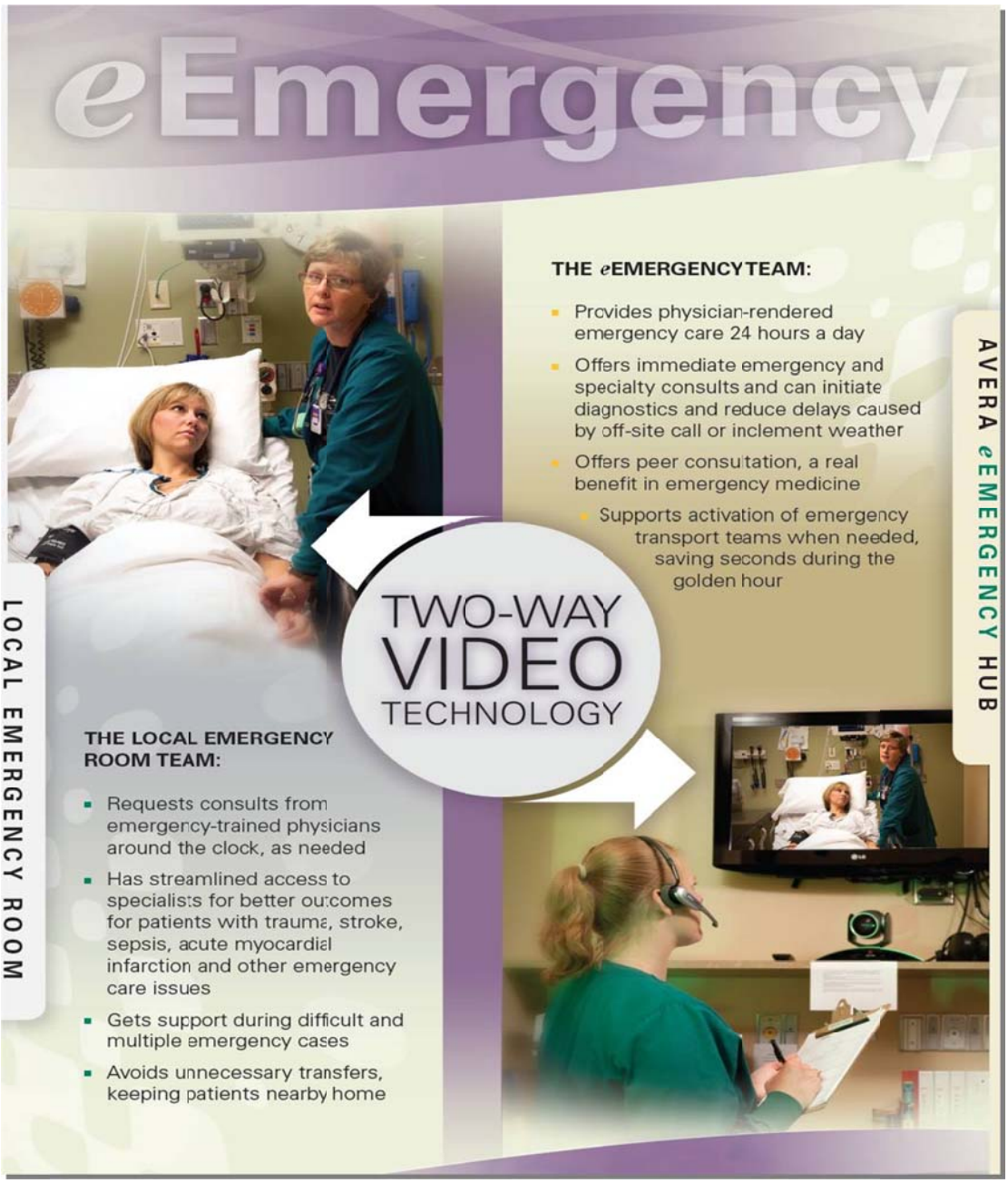
eICU: Real-time monitoring of rural ICU patients from a central hub staffed by specially trained physician intensivists. Includes video, cardiac monitors, lab, pharmacy, and EMR interfaces, and other specialized capabilities.

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.

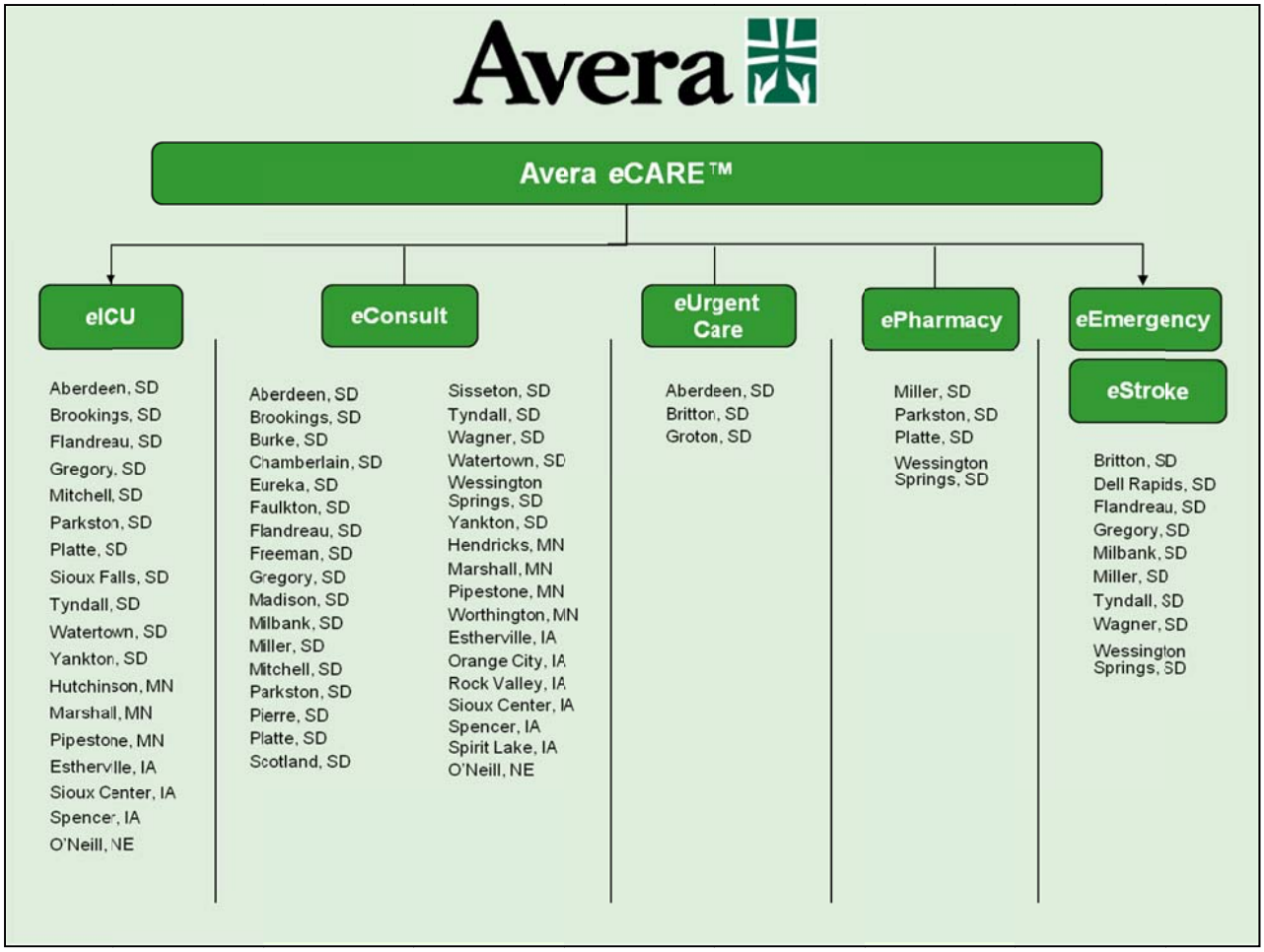
ePharmacy: Medication monitoring and verification by pharmacists for rural facilities without round-the-clock pharmacist staff.

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.

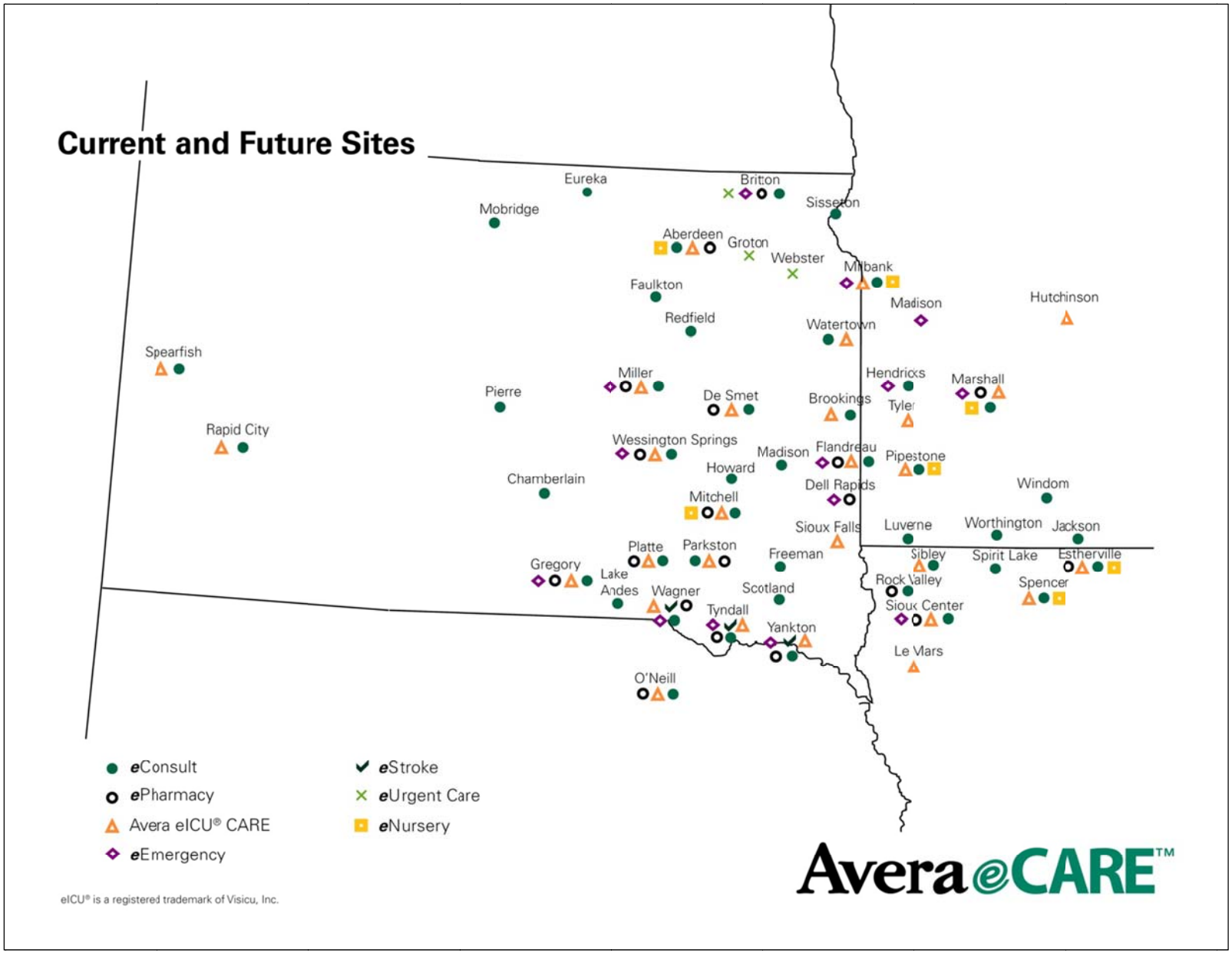
30 April 2010: Selected Avera eCare services installations and outcomes statistics follow. Note that, while some of these telehealth applications were in place, and others planned, before the HUBNet network was implemented, usage and positive results, along with application capabilities, have increased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

30 July 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.

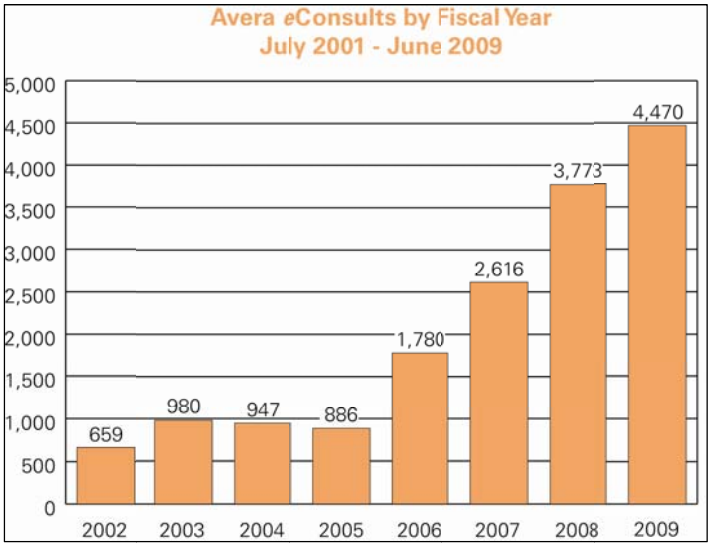
30 October 2010: Selected Avera eCare services installations and outcomes statistics follow. Note that, while some of these telehealth applications were in place, and others planned, before the HUBNet network was implemented, usage and positive results, along with application capabilities, have increased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

30 January 2011: Operations continue. Updated statistics will be provided in the next Quarterly Report.

30 April 2011: Operations continue. See http://media.mckitc.org/averatv/avera_eservices.wmv for a testimonial video concerning the impact of Avera eServices on rural healthcare. The sites mentioned in the video use RHCPP-supported connectivity.

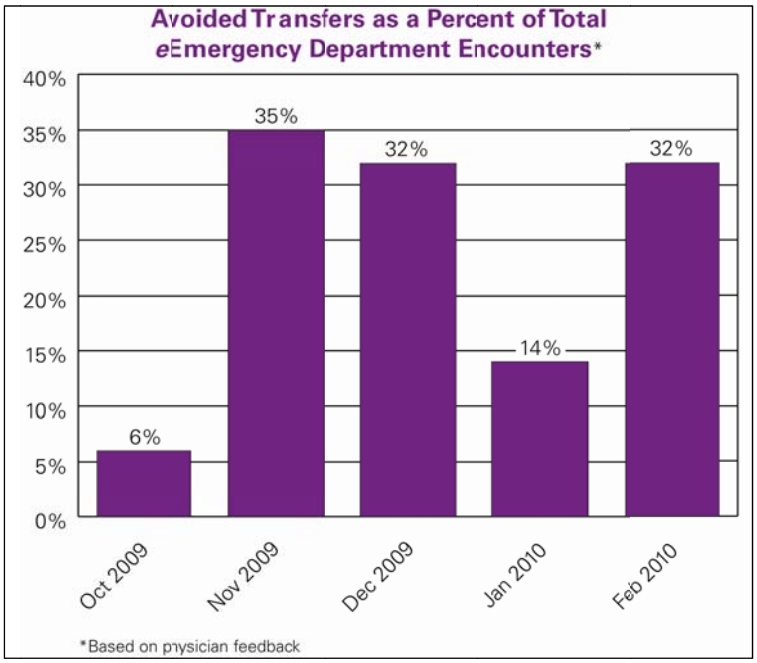

Current and Future Sites
Eureka
Britton
Sisseton
Mobridge
Aberdeen
Groton
Webster
Milbank
Faulkton
Madison
Hutchinson
Redfield
Watertown
Spearfish
Miller
Hendricks
Marshall
Pierre
De Smet
Brookings
Tyler
Rapid City
Wessington Springs
Madison
Flandreau
Pipestone
Howard
Chamberlain
Dell Rapids
Windom
Mitchell
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.

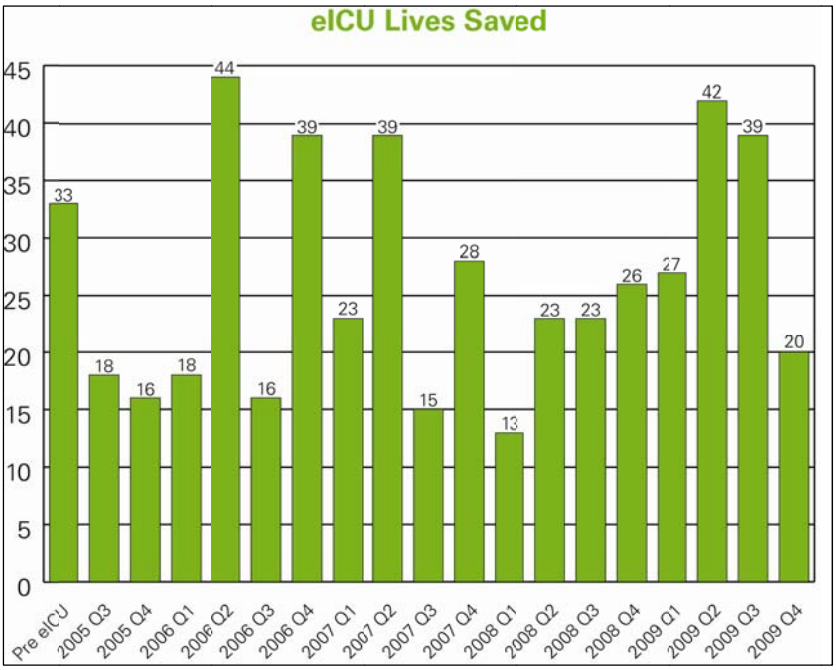


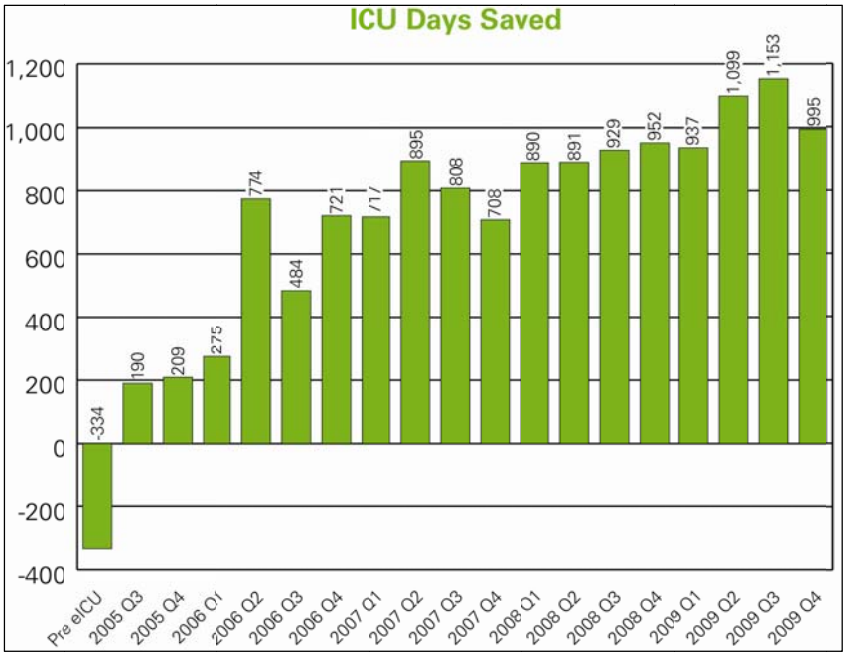
eEmergency impact: As a result of the support of eEmergency, local providers report fewer transfers, reducing the expense to the health care system and to patients. Keeping patients in the local hospital also supports the sustainability of the rural hospital and community.

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.

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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.

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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.

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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.

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30 April 2010: No change since last report.

30 July 2010: No change since last report.

30 October 2010: No change since last report.

30 January 2011: No change since last report.

30 April 2011: No change since last report.