



NEO RHIO

Northeast Ohio Regional Health Information Organization



**OneCommunity
Northeast Ohio Regional Health Information
Organization**

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

Quarterly Data Report – 3Q2011

October 31, 2011

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1.0 Project Contact and Coordination Information

1.1 Project Leader

Mr. Brett Lindsey
Chief Operating Officer
OneCommunity
216-923-2236
blindsey@onecommunity.org
<http://www.onecommunity.org>
800 West St. Clair
Second Floor
Cleveland, Ohio 44113

1.2 Project Coordinator

Mr. David J. Corrado
Director – Program Management Office
OneCommunity
216-923-2298
dcorrado@onecommunity.org
<http://www.onecommunity.org>
800 West St. Clair
Second Floor
Cleveland, Ohio 44113
Fax 216-923-2299

1.3 Legal and Financial Agent

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

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

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

1.4 Community Support Collaboration

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

Throughout this project, healthcare stakeholders, directly and indirectly affiliated with this project, receive a quarterly update on project status and programs that have influence on this project.

1.5 State and Regional Project Coordination

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

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

1.5.1 Outreach Communication Objectives

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

1.5.2 Key Objectives Met

- Evaluated 36 vendor proposals
 - Vendor scorecard
 - Followup vendor meetings for response verifications
- Vendors award completed in early June, 2009
- Project moved into vendor kickoff meeting phase
 - Constructed detailed project plan with payment milestones
 - Developed a specific SharePoint site for project and field-based updates
 - Initiate weekly vendor update meetings
 - Customer project books created and distributed
 - Milestone reports
 - Baseline work effort diagrams
 - Sources and uses of funds
 - Procurement model and schedule
 - Invoicing cycle
 - Project moved into execution phase (contractor engagement)
- Enhanced sustainability model

2.0 Healthcare Facilities Included in this Network

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

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

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

Table 2.1 - HealthNet Rural Hospitals – LOA Completed

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

	9917.00	Coshocton		4		Seth Peterson	740-623-4128
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System	Census Track Code	County	Facility Name & Address	RUCA CODE	HPSA	Contact Names	Phone
	9767.00	Holmes MUA	Joel Pomerene Memorial Hospital 981 Wooster Road Millersburg, Ohio 44654	10.5	HPSA	Tony Snyder,	419-557-7400
	9521	Columbiana	East Liverpool City Hospital 425 West 5 th Street East Liverpool, Ohio 43920	4		Frank Mader – Director of IT Services	330-386-3186

Table 2.2 - Pending LOA Hospitals

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

3.0 Network Narrative

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

The DWDM transport system drops into the core Ethernet routing system for regional transport of Ethernet Traffic. OneCommunity at its core uses primarily Cisco Catalyst 6000 series Multilayer switches. The Core system uses a MPLS platform on its 6500 series for Layer 2 and Layer 3 transport. For layer 2 OneCommunity deploys an EoMPLS solution that allows Layer 2 Ethernet to be routed through the network using the Layer 3 functionality of MPLS. The EoMPLS tunnels enter the network usually as Dot1Q trunks or Access Ports, encapsulated into MPLS Packet stream and tagged for Routing. The MPLS Tagged traffic is routed to its remote node and converted back into a Dot1q Trunk or Access port. For Layer 3 Routing MPLS allows the creation of MPLS VPN's called Virtual Routing Forwarders (VRF). This allows OneCommunity to create MPLS VPN's for each customer on the network. The MPLS VPN only handles the routes associated with that VPN and is not shared with other VPN routing tables or the core routing Table. This ensures that each customer has the highest level of security possible. Having multiple MPLS VPN's for customers is like have multiple private routers dedicated to that customer, but allows the use of shared links throughout the network. MPLS VPN's can be private and only route between customer endpoints, or a MPLS VPN can have access to the Internet to create a Public/Private network. Each Core Access device has Multiple Supervisor 720-3BXL for redundancy. All core connections are at a minimum of 10Gbps. All chassis have dual power supplies using 6000W connection to a local UPS and Generator Protected power system.

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

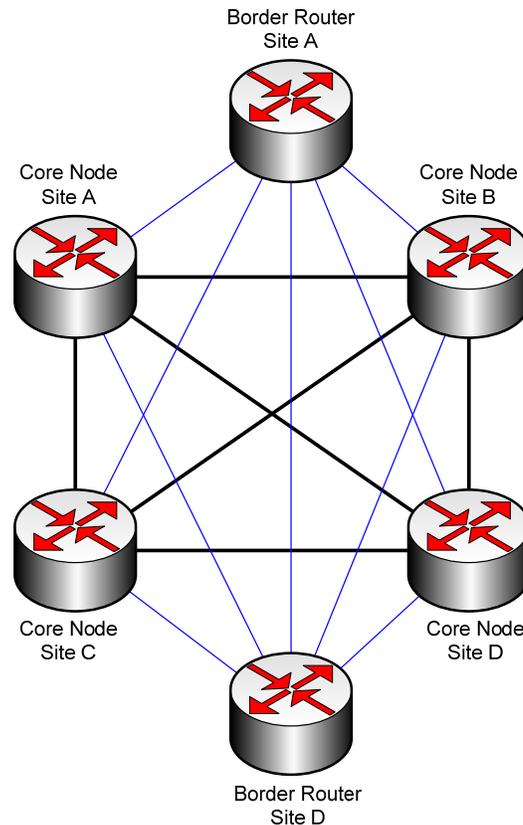
- b) Customers and service providers attach to the OneCommunity network at the access Layer. The access layer is connected to at a minimum of (2) core layers that allow for maximum redundancy. Each access layer depending on site size is a Cisco Catalyst 3560G-12D, Cisco 3750-12S, or Cisco Catalyst 6500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

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

Key points for the Border Layer Design Standards:

- The border layer is used to provide connectivity to OneCommunity upstream providers;
- OneCommunity will has (3) primary upstream providers and (3) secondary upstream peers.

- The (3) primary upstream providers are Global Crossing, Level 3 Communications, and Cogent Communications. These peers provide connectivity to the general Internet on a regional, national and international level;
- The (3) secondary upstream peers include National Lambda Rail (NLR), OARNet, and Internet 2. These peers provide connectivity to other networks that have transport to specialized or proprietary networks;
- Each border router connects to at least two (2) core layer nodes to provide upstream redundancy and failover.



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

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

<u>Eastern Zone</u>	<u>Western Zone</u>	<u>Southern Zone</u>
<u>169,986 ft. (U)</u>	<u>129,196 ft. (U)</u>	<u>135,001 ft. (U)</u>
<u>149,030 (A)</u>	<u>773,712 ft. (A)</u>	<u>723,295 ft. (A)</u>

U – Underground
A – Aerial

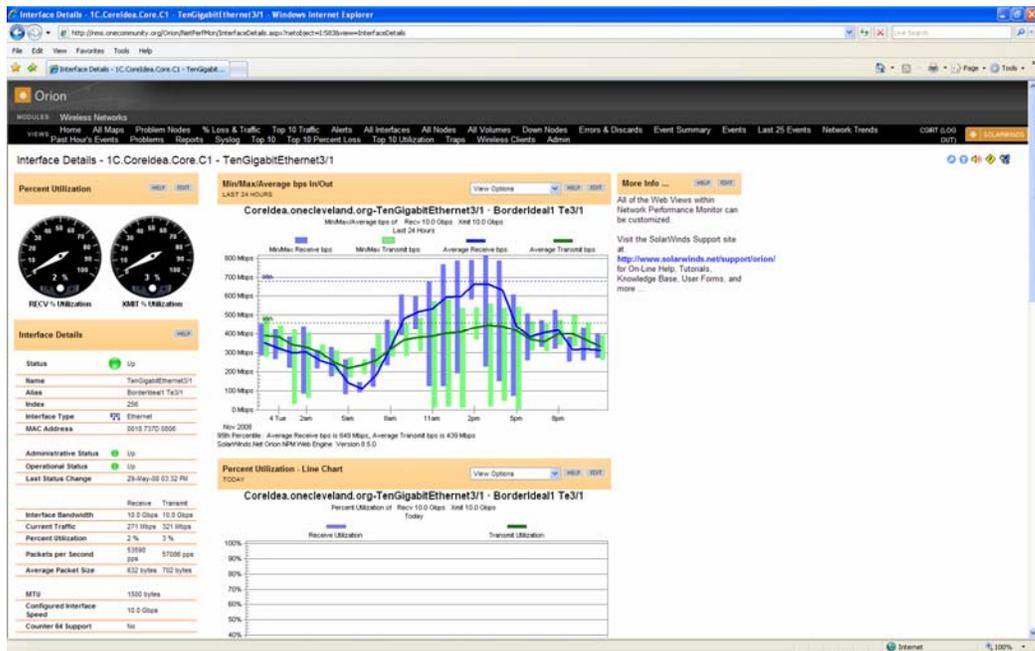
e) OneCommunity had deployed Solar Winds the powerful and flexible monitoring system. Solar Winds network Performance Monitor enables you to quickly detect, diagnose and resolve network performance problems and outages. It offers views that are designed to deliver the critical information network engineers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

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

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

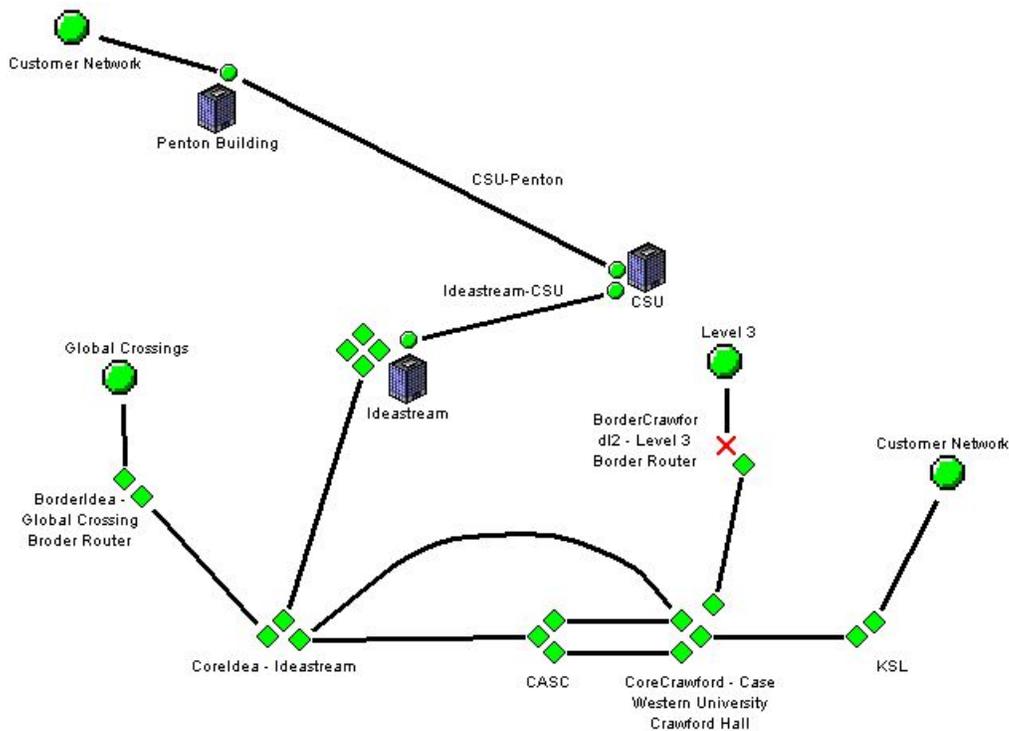


Typical Web view of a Network Device



Typical Interface View

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



Customized Customer Map View

Customer Monitoring

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

Network Management

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

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

Network Management Tools

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

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

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

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

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

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

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4.0 List of Connected Healthcare Providers

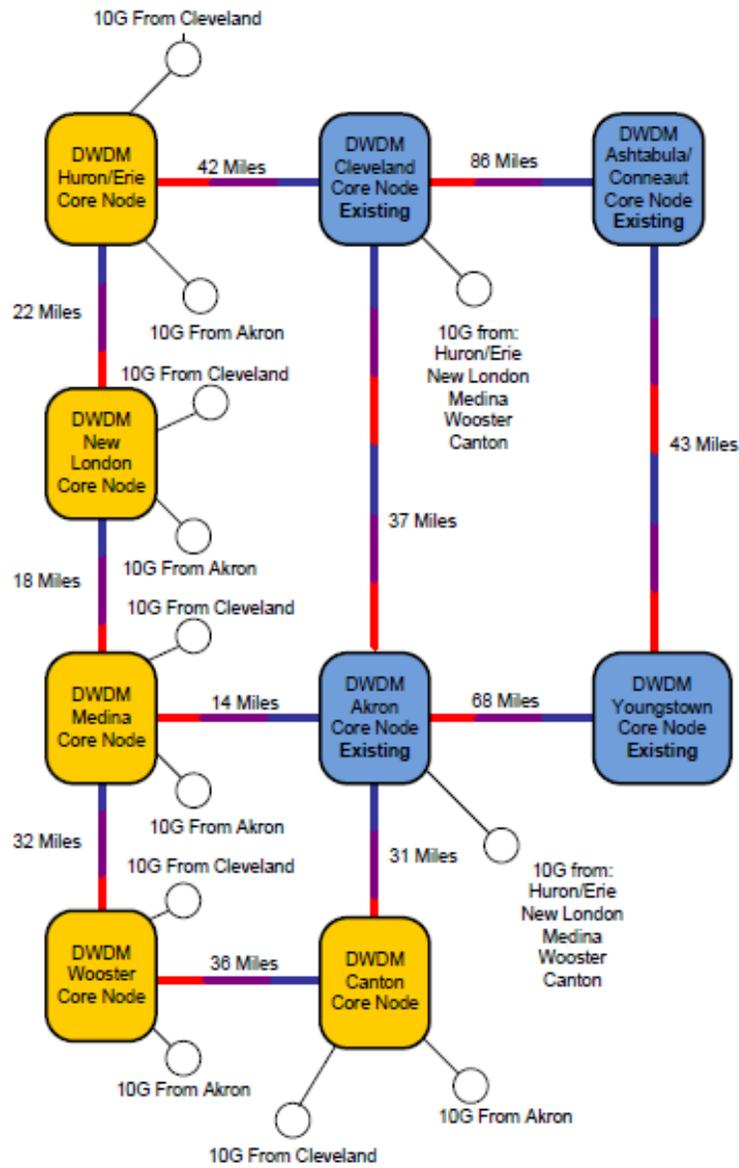
Table 4.1 below shows the table of connected healthcare providers.

Location	Hospital	Overall Status
Eastern Zone		
Segment E-1 (Ashtabula-Conneaut)	Conneaut	Offnet
Segment E-2 (Geneva-Ashtabula)	Ashtabula	Live (offnet)
	Geneva	Offnet
Segment E-3 (Rockcreek-Geneva)	Glenbeigh	Reviewing Contract
Segment E-4 (RockCreek-Jefferson)	Jefferson	Reviewing Contract
Western Zone		
Segment W-1 (Elyria-Sandusky)	Firelands	Live
Segment W-2 (Sandusky-Clyde)	NA	
Segment W-3 (Clyde - Fremont)	Memorial	Live
Segment W-4 (Fremont-Port Clinton)	Magruder	Live
Segment W-5 (Clyde-Bellevue)	Bellevue	Live
Segment W-6 (Bellevue-Norwalk)	Fisher Titus	Live
Segment W-7 (Norwalk - Ashland)	Samaritan	Live
Southern Zone		
Segment S-6 (Ashland-Wooster) - Needed in June	Wooster Community	Live
Segment S-2 (Wooster-Coshocton)	Coshocton	Incomplete Fiber
OneCommunity Access Ring Fiber (East Liverpool)	East Liverpool	Incomplete Fiber
Segment S-1 (Canton-Akron)	NA	
Segment S-3 (Coshocton - Denison)	Twin City	Incomplete Fiber
Segment S-4 (Denison - New Philadelphia)	Union	Incomplete Fiber
Segment S-5 (New Philadelphia - Canton)	NA	

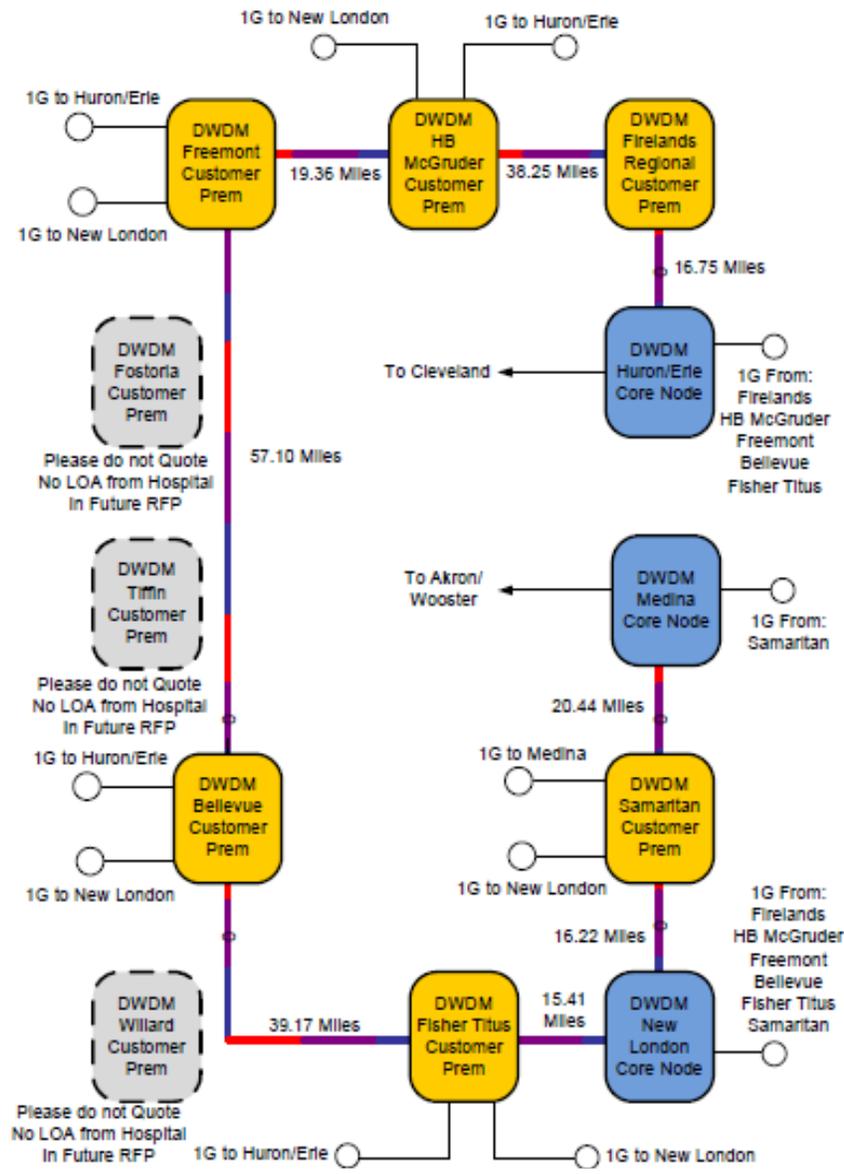
Table 4.2 – HCP Connectivity Status

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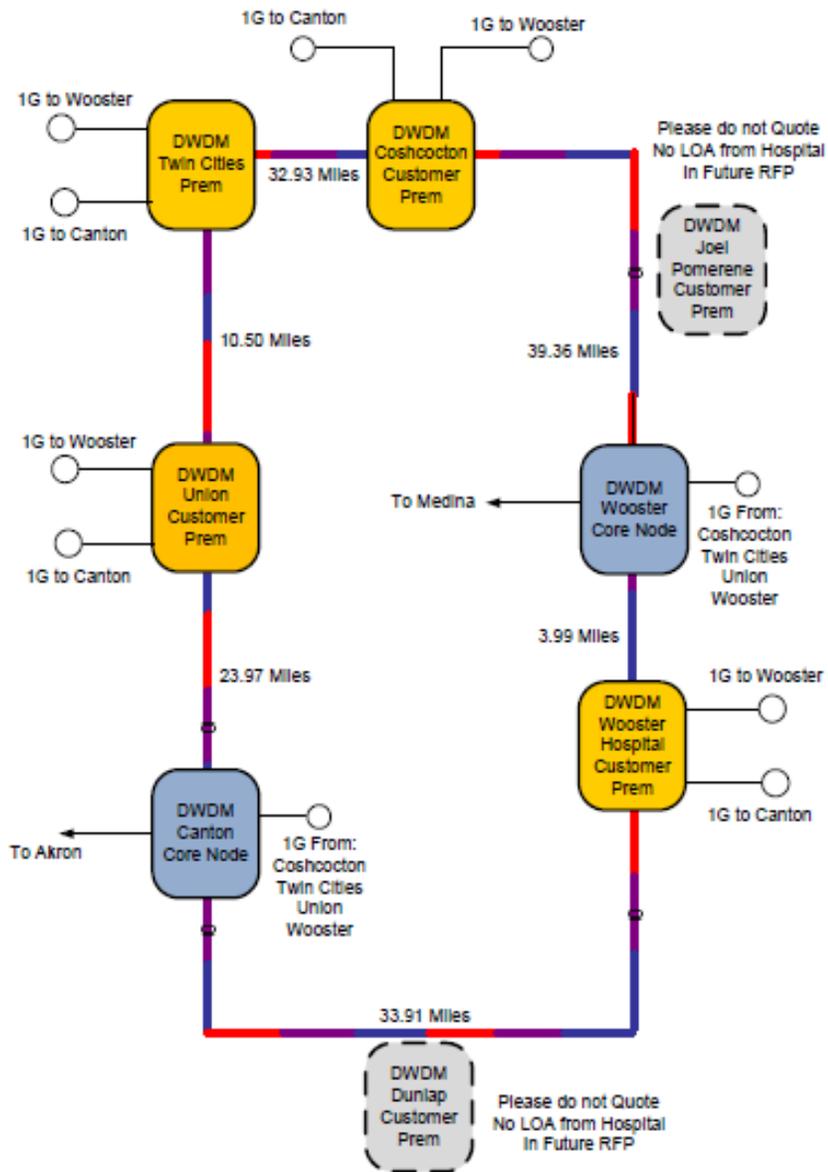
4.1 Logical Network Diagrams



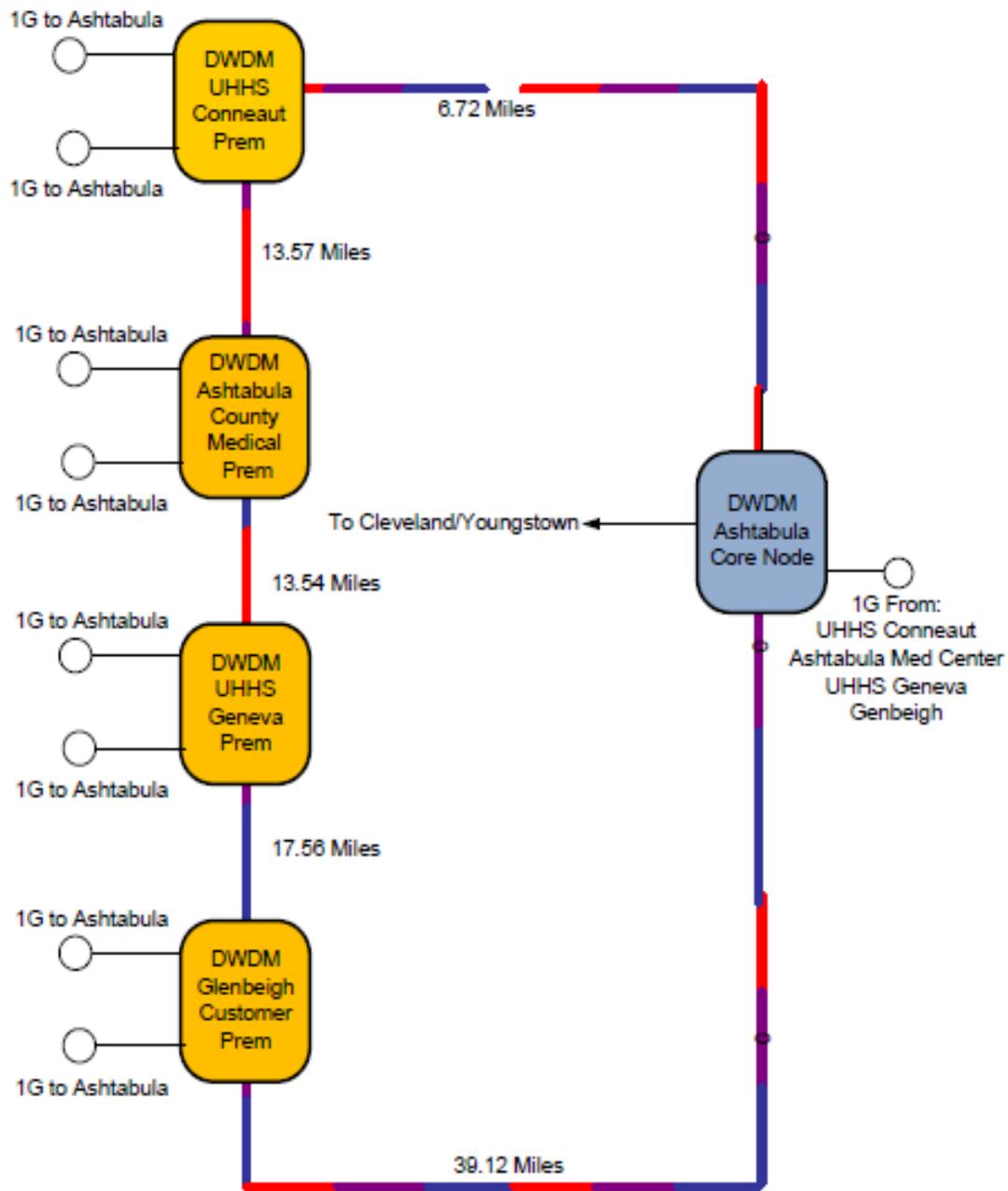
4.1.1 DWDM Backbone Network Design



4.1.2 Western Ring Network Design



4.1.3 Southern Ring Network Design



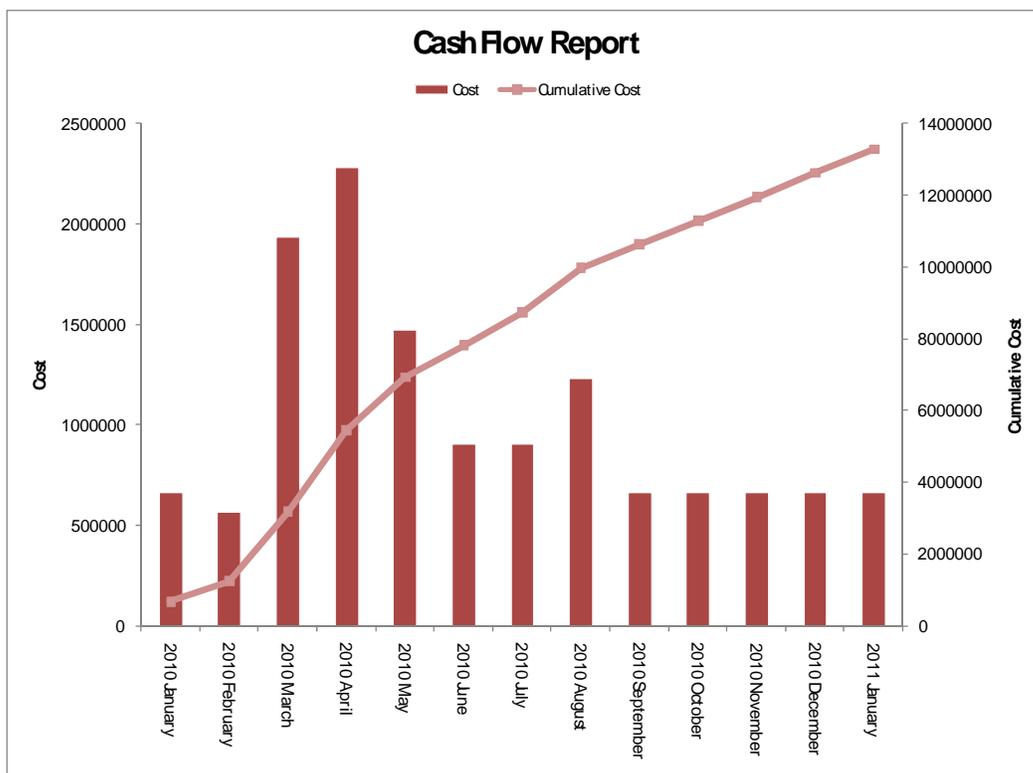
4.1.4 Eastern Ring Network Design

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

Actual information is available as we complete the first quarter of this project. The budgeted and actual portion of the table at this point within the project has been completed with the actual costs updated per quarter as we progress through the project. All costs are non-recurring construction costs.

		Budgeted	Actual
<i>Backbone equipment</i>	<i>Fujitsu</i>	1,376,214.00	\$ 1,376,214.00
	<i>Texcel</i>	\$ 421,331.40	\$ 421,331.40
<i>Fiber Material Cost</i>	<i>OFS Fitel</i>	\$ 1,320,604.80	\$ 880,485.94
<i>Build Material Cost</i>	<i>AD Technologies</i>	\$ 371,287.12	\$ 126,562.27
	<i>Multilink</i>	\$ 96,857.85	\$ 96,857.85
<i>Fiber installation</i>	<i>GNJ</i>	\$ 7,324,121.77	\$ 6,713,778.28
<i>Make ready & permits</i>	<i>OneCommunity</i>	\$ 1,081,313.64	\$ 1,206,393.64
<i>Construction management</i>	<i>OneCommunity</i>	\$ 649,972.06	\$ 649,972.06
<i>Ring equipment cost</i>	<i>Texcel</i>	\$ 509,955.60	\$ 509,955.60
Project Cost		\$ 13,277,882.36	\$ 12,421,591.36

The Cash Flow report shown below details the budgeted cost by month and the accumulative budget cost for the project.



The exhibit below shows actual cost by project task group.

<u><i>Fiber</i></u>	<u><i>Construction Equipment</i></u>	<u><i>Network Equipment</i></u>	<u><i>Labor</i></u>	<u><i>Permits and Make Ready</i></u>	<u><i>Total</i></u>
\$1,320,526.30	\$ 223,420.12	\$ 2,307,501.00	\$7,363,750.30	\$ 1,206,393.64	\$12,421,591.36

6.0 Cost Distribution and Funding Sources

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

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

Baseline Cost by Healthcare Facility

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

Baseline Costing and Invoicing Plan

<u>Invoice Month</u>	<u>Vendor Amounts</u>							<u>FCC Funding</u>	<u>1C Funding</u>	<u>FCC Burn Rate</u>	
	<u>OFS Fitel</u>	<u>AD Technologies</u>	<u>Multilink</u>	<u>Fujitsu</u>	<u>Texcel</u>	<u>GNJ Construction</u>	<u>1C Construction Management</u>	<u>Make Ready & Permits</u>			
Feb-10						\$610,343.4808	\$54,164.34	241,482.7245	\$ 770,091.96	\$ 135,898.58	6.82%
Mar-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,249,496.51	\$ 220,499.38	17.89%
Apr-10			\$96,857.85	\$1,376,214.00		\$610,343.4808	\$54,164.34	241,482.7245	\$ 2,022,203.04	\$ 356,859.36	35.81%
May-10					\$931,287.00	\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,561,685.91	\$ 275,591.63	49.65%
Jun-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,249,496.51	\$ 220,499.38	60.72%
Jul-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	65.72%
Aug-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	70.73%
Sep-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34		\$ 1,044,236.19	\$ 184,276.97	79.98%
Oct-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	84.99%
Nov-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	89.99%
Dec-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	95.00%
Jan-11						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	100.00%
	\$ 1,320,728.91	\$ 371,287.12	\$ 96,857.85	\$ 1,376,214.00	\$ 931,287.00	\$ 7,324,121.77	\$ 649,972.08	\$ 1,207,413.62	\$ 11,286,200.00	\$ 1,991,682.35	
FCC Match	\$ 1,122,619.57	\$ 315,594.05	\$ 82,329.17	\$ 1,169,781.90	\$ 791,593.95	\$ 6,225,503.50	\$ 552,476.27	\$ 1,026,301.58			

7.0 Connection Requirements for Ineligible Entities

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

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

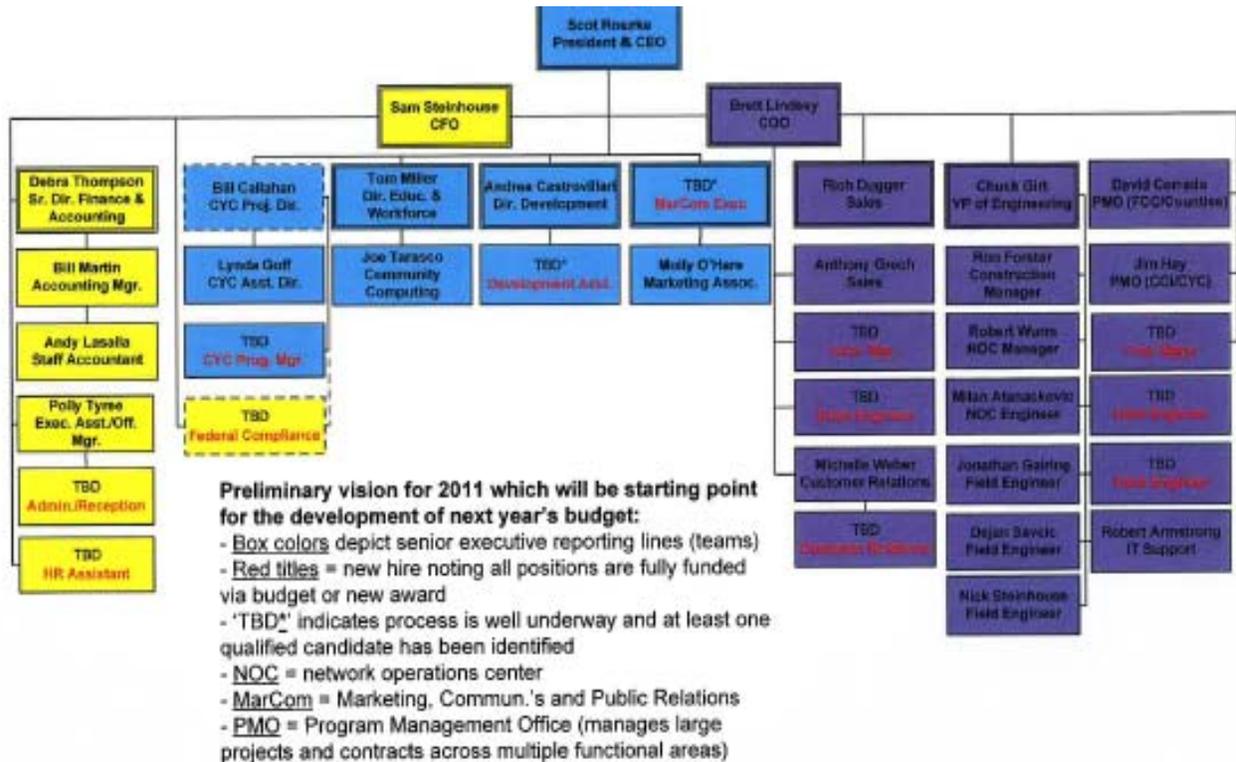
No ineligible entities are participating in the project.

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8.0 Project Management

a) Current Leadership and Management Structure



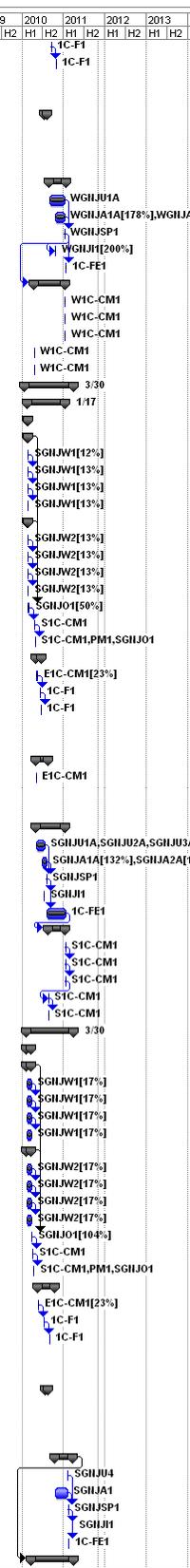
b) Detailed Project Plan

ID	Name	Work	Start	% Work Complete	Fiber Miles	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009 H1	2009 H2	2010 H1	2010 H2	2011 H1	2011 H2	2012 H1	2012 H2	2013 H1	2013 H2
1	FCC HealthNet Network Build	18,609.63 hrs	1/18/10	89%															
2	Phase 1	18,609.63 hrs	1/18/10	89%															
3	Eastern Zone	2,703.35 hrs	1/18/10	100%															
4	Segment E-1 (Ashtabula-Conneaut)	717.83 hrs	1/18/10	100%	15														
5	Conduct site walkout	84 hrs	1/18/10	100%															
6	Aerial	42 hrs	1/18/10	100%															
7	Obtain pole information	10.5 hrs	1/18/10	100%															
8	Gather pole birthmark (if available)	10.5 hrs	1/18/10	100%															
9	Obtain utility name who owns each pole	10.5 hrs	1/18/10	100%															
10	Measure individual utilities on poles	10.5 hrs	1/18/10	100%															
11	Underground	42 hrs	1/18/10	100%															
12	Identify underground locations	10.5 hrs	1/18/10	100%															
13	Identify riser poles	10.5 hrs	1/18/10	100%															
14	Location of pull vaults	10.5 hrs	1/18/10	100%															
15	Gather information on construction obstacles	10.5 hrs	1/18/10	100%															
16	Summarize walkout information and enter into CAD drawing	29.13 hrs	4/22/10	100%															
17	Verify field information	9.72 hrs	4/27/10	100%															
18	Define detailed project plan for aerial & underground work	14.57 hrs	4/28/10	100%															
19	Aerial Approvals	233 hrs	4/19/10	100%															
20	Submit pole information to utilities	16 hrs	4/19/10	100%															
21	Pay 100% of engineering invoice	0.5 hrs	5/12/10	100%															
22	Pay 100% of make-ready invoice	0.5 hrs	5/19/10	100%															
23	Conduct make-ready work	160 hrs	5/19/10	100%															
24	Receive approval to access poles	56 hrs	5/19/10	100%															
25	Underground Approvals	0 hrs	4/26/10	100%															
26	Submit underground information to municipalities, count	0 hrs	4/26/10	100%															
27	Pay 100% of permit cost	0 hrs	4/27/10	100%															
28	Receive underground permits	0 hrs	4/27/10	100%															
29	Field Construction	329.72 hrs	4/27/10	100%															
30	Conduct underground work	200 hrs	4/27/10	100%															

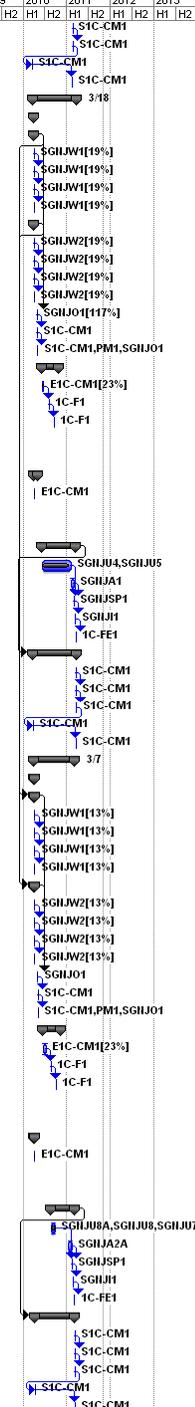
ID	Name	Work	Start	% Work Complete	Fiber Miles	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009	2010	2011	2012	2013
										H1	H2	H1	H2	H1
121	Measure individual utilities on poles	5 hrs	3/15/10	100%										
122	Underground	20 hrs	3/15/10	100%										
123	Identify underground locations	5 hrs	3/15/10	100%										
124	Identify riser poles	5 hrs	3/15/10	100%										
125	Location of pull vaults	5 hrs	3/15/10	100%										
126	Gather information on construction obstacles	5 hrs	3/15/10	100%										
127	Summarize walkout information and enter into CAD drawing	48 hrs	3/22/10	100%										
128	Verify field information	6.8 hrs	4/26/10	100%										
129	Define detailed project plan for aerial & underground work	10.2 hrs	4/26/10	100%										
130	Aerial Approvals	35.45 hrs	4/19/10	100%										
131	Submit pole information to utilities	34.45 hrs	4/19/10	100%										
132	Pay 100% of engineering invoice	0.5 hrs	8/24/10	100%										
133	Pay 100% of make-ready invoice	0.5 hrs	10/6/10	100%										
134	Conduct make-ready work	0 hrs	11/17/10	100%										
135	Receive approval to access poles	0 hrs	11/17/10	100%										
136	Underground Approvals	6 hrs	4/27/10	100%										
137	Submit underground information to municipalities, count	2 hrs	4/27/10	100%										
138	Pay 100% of permit cost	4 hrs	4/27/10	100%										
139	Receive underground permits	0 hrs	4/30/10	100%										
140	Field Construction	642.8 hrs	5/4/10	100%										
141	Conduct underground work	404 hrs	5/4/10	100%				36062	36062					
142	Conduct pole work	152 hrs	10/21/10	100%	18066	19511								
143	Test spliced fibers (entire segment)	6.8 hrs	12/15/10	100%										
144	Implement lateral and inside fiber connection	40 hrs	12/28/10	100%										
145	Install network electronics (core, distribution and edge)	40 hrs	12/20/10	100%										
146	Signoff acceptance	13.6 hrs	3/16/10	100%										
147	As built drawings	6.8 hrs	12/15/10	100%										
148	Splicing diagram	1.7 hrs	12/15/10	100%										
149	Link loss report	1.7 hrs	12/15/10	100%										
150	Packing slips	1.7 hrs	3/16/10	100%										
151	Pre-test documentation	1.7 hrs	3/16/10	100%										
152	Western Zone	8,516.75 hrs	1/18/10	100%										
153	Segment W-1 (Elyria-Sandusky)	2,360.58 hrs	1/18/10	100%	51									
154	Conduct site walkout	168 hrs	1/18/10	100%										
155	Aerial	84 hrs	1/18/10	100%										
156	Obtain pole information	21 hrs	1/18/10	100%										
157	Gather pole birthmark (if available)	21 hrs	1/18/10	100%										
158	Obtain utility name who owns each pole	21 hrs	1/18/10	100%										
159	Measure individual utilities on poles	21 hrs	1/18/10	100%										
160	Underground	84 hrs	1/18/10	100%										
161	Identify underground locations	21 hrs	1/18/10	100%										
162	Identify riser poles	21 hrs	1/18/10	100%										
163	Location of pull vaults	21 hrs	1/18/10	100%										
164	Gather information on construction obstacles	21 hrs	1/18/10	100%										
165	Summarize walkout information and enter into CAD drawing	112 hrs	2/15/10	100%										
166	Verify field information	28.3 hrs	3/4/10	100%										
167	Define detailed project plan for aerial & underground work	42.45 hrs	3/9/10	100%										
168	Aerial Approvals	44.5 hrs	4/7/10	100%										
169	Submit pole information to utilities	40 hrs	4/7/10	100%										
170	Pay 100% of engineering invoice	4 hrs	7/14/10	100%										
171	Pay 100% of make-ready invoice	0.5 hrs	8/25/10	100%										
172	Conduct make-ready work	0 hrs	8/25/10	100%										
173	Receive approval to access poles	0 hrs	8/27/10	100%										
174	Underground Approvals	10 hrs	4/1/10	100%										
175	Submit underground information to municipalities, count	10 hrs	4/1/10	100%										
176	Pay 100% of permit cost	0 hrs	4/2/10	100%										
177	Receive underground permits	0 hrs	4/9/10	100%										
178	Field Construction	1,905 hrs	4/29/10	100%										
179	Conduct underground work	573 hrs	4/29/10	100%				41266	46217					
180	Conduct pole work	1,268 hrs	8/30/10	100%	208354	225022								
181	Test spliced fibers (entire segment)	4 hrs	12/30/10	100%										
182	Implement lateral and inside fiber connection	20 hrs	11/8/10	100%										
183	Install network electronics (core, distribution and edge)	40 hrs	12/31/10	100%										
184	Signoff acceptance	50.33 hrs	5/12/10	100%										
185	As built drawings	25.17 hrs	1/7/11	100%										
186	Splicing diagram	6.28 hrs	1/12/11	100%										
187	Link loss report	6.28 hrs	1/13/11	100%										
188	Packing slips	6.28 hrs	5/12/10	100%										
189	Pre-test documentation	6.28 hrs	5/12/10	100%										
190	Segment W-2 (Sandusky-Clyde)	1,257.22 hrs	2/3/10	100%	33									
191	Conduct site walkout	96 hrs	2/3/10	100%										
192	Aerial	48 hrs	2/3/10	100%										
193	Obtain pole information	12 hrs	2/3/10	100%										
194	Gather pole birthmark (if available)	12 hrs	2/3/10	100%										
195	Obtain utility name who owns each pole	12 hrs	2/3/10	100%										
196	Measure individual utilities on poles	12 hrs	2/3/10	100%										
197	Underground	48 hrs	2/3/10	100%										
198	Identify underground locations	12 hrs	2/3/10	100%										
199	Identify riser poles	12 hrs	2/3/10	100%										
200	Location of pull vaults	12 hrs	2/3/10	100%										
201	Gather information on construction obstacles	12 hrs	2/3/10	100%										
202	Summarize walkout information and enter into CAD drawing	51 hrs	2/18/10	100%										
203	Verify field information	18.25 hrs	3/22/10	100%										
204	Define detailed project plan for aerial & underground work	27.38 hrs	3/24/10	100%										
205	Aerial Approvals	16 hrs	4/19/10	100%										
206	Submit pole information to utilities	16 hrs	4/19/10	100%										
207	Pay 100% of engineering invoice	0 hrs	4/19/10	100%										
208	Pay 100% of make-ready invoice	0 hrs	4/19/10	100%										
209	Conduct make-ready work	0 hrs	4/19/10	100%										
210	Receive approval to access poles	0 hrs	4/19/10	100%										

ID	Name	Work	Start	% Work Complete	Fiber Miles	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009		2010		2011		2012		2013		
										H1	H2									
211	Underground Approvals	10 hrs	4/1/10	100%																
212	Submit underground information to municipalities, count	10 hrs	4/1/10	100%																
213	Pay 100% of permit cost	0 hrs	4/2/10	100%																
214	Receive underground permits	0 hrs	4/9/10	100%																
215	Field Construction	1,016 hrs	3/15/10	100%																
216	Conduct underground work	552 hrs	5/26/10	100%				42481	47578											
217	Conduct pole work	420 hrs	3/15/10	100%																
218	Test spliced fibers (entire segment)	4 hrs	1/4/11	100%		83097	89744													
219	Install network electronics (core, distribution and edge)	40 hrs	1/4/11	100%																
220	Signoff acceptance	22.58 hrs	3/7/10	100%																
221	As built drawings	11.3 hrs	1/4/11	100%																
222	Splicing diagram	2.82 hrs	1/4/11	100%																
223	Link loss report	2.82 hrs	1/4/11	100%																
224	Packing slips	2.82 hrs	3/17/10	100%																
225	Pre-test documentation	2.82 hrs	3/7/10	100%																
226	Segment W-3 (Clyde - Fremont)	464.37 hrs	2/10/10	100%	12															
227	Conduct site walkout	46 hrs	2/10/10	100%																
228	Aerial	23 hrs	2/10/10	100%																
229	Obtain pole information	5.75 hrs	2/10/10	100%																
230	Gather pole birthmark (if available)	5.75 hrs	2/10/10	100%																
231	Obtain utility name who owns each pole	5.75 hrs	2/10/10	100%																
232	Measure individual utilities on poles	5.75 hrs	2/10/10	100%																
233	Underground	23 hrs	2/10/10	100%																
234	Identify underground locations	5.75 hrs	2/10/10	100%																
235	Identify riser poles	5.75 hrs	2/10/10	100%																
236	Location of pull vaults	5.75 hrs	2/10/10	100%																
237	Gather information on construction obstacles	5.75 hrs	2/10/10	100%																
238	Summarize walkout information and enter into CAD drawing	40 hrs	2/25/10	100%																
239	Verify field information	6.9 hrs	3/4/10	100%																
240	Define detailed project plan for aerial & underground work	10.33 hrs	3/4/10	100%																
241	Aerial Approvals	10.5 hrs	4/19/10	100%																
242	Submit pole information to utilities	6 hrs	4/19/10	100%																
243	Pay 100% of engineering invoice	4 hrs	7/7/10	100%																
244	Pay 100% of make-ready invoice	0.5 hrs	8/18/10	100%																
245	Conduct make-ready work	0 hrs	8/27/10	100%																
246	Receive approval to access poles	0 hrs	9/8/10	100%																
247	Underground Approvals	0 hrs	4/1/10	100%																
248	Submit underground information to municipalities, count	0 hrs	4/1/10	100%																
249	Pay 100% of permit cost	0 hrs	4/21/10	100%																
250	Receive underground permits	0 hrs	4/28/10	100%																
251	Field Construction	334.22 hrs	3/3/10	100%																
252	Conduct underground work	50 hrs	5/25/10	100%																
253	Conduct pole work	196 hrs	3/3/10	100%																
254	Test spliced fibers (entire segment)	8.22 hrs	12/9/10	100%																
255	Implement lateral and inside fiber connection	40 hrs	12/10/10	100%																
256	Install network electronics (core, distribution and edge)	40 hrs	12/10/10	100%																
257	Signoff acceptance	16.42 hrs	3/19/10	100%																
258	As built drawings	8.22 hrs	12/10/10	100%																
259	Splicing diagram	2.05 hrs	12/10/10	100%																
260	Link loss report	2.05 hrs	12/10/10	100%																
261	Packing slips	2.05 hrs	3/19/10	100%																
262	Pre-test documentation	2.05 hrs	3/19/10	100%																
263	Segment W-4 (Fremont-Port Clinton)	1,352.8 hrs	2/23/10	100%	20															
264	Conduct site walkout	72 hrs	2/23/10	100%																
265	Aerial	36 hrs	2/23/10	100%																
266	Obtain pole information	9 hrs	2/23/10	100%																
267	Gather pole birthmark (if available)	9 hrs	2/23/10	100%																
268	Obtain utility name who owns each pole	9 hrs	2/23/10	100%																
269	Measure individual utilities on poles	9 hrs	2/23/10	100%																
270	Underground	36 hrs	2/23/10	100%																
271	Identify underground locations	9 hrs	2/23/10	100%																
272	Identify riser poles	9 hrs	2/23/10	100%																
273	Location of pull vaults	9 hrs	2/23/10	100%																
274	Gather information on construction obstacles	9 hrs	2/23/10	100%																
275	Summarize walkout information and enter into CAD drawing	80 hrs	3/4/10	100%																
276	Verify field information	11.1 hrs	3/11/10	100%																
277	Define detailed project plan for aerial & underground work	16.67 hrs	3/15/10	100%																
278	Aerial Approvals	19.5 hrs	4/19/10	100%																
279	Submit pole information to utilities	15 hrs	4/19/10	100%																
280	Pay 100% of engineering invoice	4 hrs	7/20/10	100%																
281	Pay 100% of make-ready invoice	0.5 hrs	9/1/10	100%																
282	Conduct make-ready work	0 hrs	10/14/10	100%																
283	Receive approval to access poles	0 hrs	10/14/10	100%																
284	Underground Approvals	0 hrs	4/1/10	100%																
285	Submit underground information to municipalities, count	0 hrs	4/1/10	100%																
286	Pay 100% of permit cost	0 hrs	4/12/10	100%																
287	Receive underground permits	0 hrs	4/15/10	100%																
288	Field Construction	1,133.85 hrs	6/15/10	100%																
289	Conduct underground work	389 hrs	6/15/10	100%																
290	Conduct pole work	655 hrs	9/9/10	100%																
291	Test spliced fibers (entire segment)	9.85 hrs	2/3/11	100%																
292	Implement lateral and inside fiber connection	40 hrs	2/4/11	100%																
293	Install network electronics (core, distribution and edge)	40 hrs	2/11/11	100%																
294	Signoff acceptance	19.68 hrs	3/11/10	100%																
295	As built drawings	9.85 hrs	2/4/11	100%				</												

ID	Name	Work	Start	% Work Complete	Fiber Miles	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009	2010	2011	2012	2013
										H1	H2	H1	H2	H1
391	Pay 100% of engineering invoice	4 hrs	9/10/10	100%										
392	Pay 100% of make-ready invoice	0.5 hrs	10/25/10	100%										
393	Conduct make-ready work	0 hrs	10/20/10	100%										
394	Receive approval to access poles	0 hrs	10/20/10	100%										
395	Underground Approvals	0 hrs	7/13/10	100%										
396	Submit underground information to municipalities, count	0 hrs	7/13/10	100%										
397	Pay 100% of permit cost	0 hrs	7/30/10	100%										
398	Receive underground permits	0 hrs	8/10/10	100%										
399	Field Construction	1,445 hrs	8/26/10	100%										
400	Conduct underground work	137 hrs	8/26/10	100%				7759	8360					
401	Conduct pole work	1,224 hrs	10/12/10	100%		199621	215591							
402	Test spliced fibers (entire segment)	4 hrs	1/6/11	100%										
403	Implement lateral and inside fiber connection	40 hrs	10/18/10	100%	0	1100	125	175						
404	Install network electronics (core, distribution and edge)	40 hrs	1/12/11	100%										
405	Signoff acceptance	40.48 hrs	4/13/10	100%										
406	As built drawings	20.25 hrs	1/7/11	100%										
407	Splicing diagram	5.07 hrs	1/10/11	100%										
408	Link loss report	5.07 hrs	1/10/11	100%										
409	Packing slips	5.07 hrs	4/13/10	100%										
410	Pre-test documentation	5.07 hrs	4/13/10	100%										
411	Southern Zone	7,389.55 hrs	1/18/10	71%										
412	Segment S-6 (Ashland-Wooster) - Heeded in June	1,723.27 hrs	2/11/10	100%	27									
413	Conduct site walkout	64 hrs	2/11/10	100%										
414	Aerial	32 hrs	2/11/10	100%										
415	Obtain pole information	8 hrs	2/11/10	100%										
416	Gather pole birthmark (if available)	8 hrs	2/11/10	100%										
417	Obtain utility name who owns each pole	8 hrs	2/11/10	100%										
418	Measure individual utilities on poles	8 hrs	2/11/10	100%										
419	Underground	32 hrs	2/11/10	100%										
420	Identify underground locations	8 hrs	2/11/10	100%										
421	Identify riser poles	8 hrs	2/11/10	100%										
422	Location of pull vaults	8 hrs	2/11/10	100%										
423	Gather information on construction obstacles	8 hrs	2/11/10	100%										
424	Summarize walkout information and enter into CAD drawing	32 hrs	2/17/10	100%										
425	Verify field information	14.83 hrs	4/16/10	100%										
426	Define detailed project plan for aerial & underground work	22.23 hrs	4/19/10	100%										
427	Aerial Approvals	36.5 hrs	4/28/10	100%										
428	Submit pole information to utilities	32 hrs	4/28/10	100%										
429	Pay 100% of engineering invoice	4 hrs	6/7/10	100%										
430	Pay 100% of make-ready invoice	0.5 hrs	6/5/10	100%										
431	Conduct make-ready work	0 hrs	6/17/10	100%										
432	Receive approval to access poles	0 hrs	6/21/10	100%										
433	Underground Approvals	36 hrs	4/28/10	100%										
434	Submit underground information to municipalities, count	36 hrs	4/28/10	100%										
435	Pay 100% of permit cost	0 hrs	8/12/10	100%										
436	Receive underground permits	0 hrs	8/20/10	100%										
437	Field Construction	1,494 hrs	4/29/10	100%										
438	Conduct underground work	640 hrs	4/29/10	100%				45267	45267					
439	Conduct pole work	771 hrs	6/22/10	100%		89760	89760							
440	Test spliced fibers (entire segment)	3 hrs	7/31/10	100%										
441	Implement lateral and inside fiber connection	40 hrs	7/6/10	100%										
442	Install network electronics (core, distribution and edge)	40 hrs	8/2/10	100%										
443	Signoff acceptance	23.68 hrs	8/16/10	100%										
444	As built drawings	11.85 hrs	1/13/11	100%										
445	Splicing diagram	2.97 hrs	1/14/11	100%										
446	Link loss report	2.97 hrs	1/14/11	100%										
447	Packing slips	2.97 hrs	8/16/10	100%										
448	Pre-test documentation	2.97 hrs	8/16/10	100%										
449	Segment S-2 (Wooster-Coshocton)	1,268.78 hrs	2/8/10	35%	49									
450	Conduct site walkout	308.8 hrs	2/8/10	100%										
451	Aerial	154.4 hrs	2/8/10	100%										
452	Obtain pole information	38.6 hrs	2/8/10	100%										
453	Gather pole birthmark (if available)	38.6 hrs	2/8/10	100%										
454	Obtain utility name who owns each pole	38.6 hrs	2/8/10	100%										
455	Measure individual utilities on poles	38.6 hrs	2/8/10	100%										
456	Underground	154.4 hrs	2/8/10	100%										
457	Identify underground locations	38.6 hrs	2/8/10	100%										
458	Identify riser poles	38.6 hrs	2/8/10	100%										
459	Location of pull vaults	38.6 hrs	2/8/10	100%										
460	Gather information on construction obstacles	38.6 hrs	2/8/10	100%										
461	Summarize walkout information and enter into CAD drawing	50 hrs	3/23/10	100%										
462	Verify field information	27.27 hrs	3/30/10	100%										
463	Define detailed project plan for aerial & underground work	40.9 hrs	4/5/10	100%										
464	Aerial Approvals	20.5 hrs	5/17/10	78%										
465	Submit pole information to utilities	16 hrs	5/17/10	100%										
466	Pay 100% of engineering invoice	4 hrs	7/9/10	0%										
467	Pay 100% of make-ready invoice	0.5 hrs	8/23/10	0%										
468	Conduct make-ready work	0 hrs	10/19/10	0%										
469	Receive approval to access poles	0 hrs	10/19/10	0%										
470	Underground Approvals	0 hrs	7/22/10	0%										
471	Submit underground information to municipalities, count	0 hrs	7/22/10	0%										
472	Pay 100% of permit cost	0 hrs	8/11/10	0%										
473	Receive underground permits	0 hrs	8/20/10	0%										
474	Field Construction	769.1 hrs	10/19/10	0%										
475	Conduct underground work	43 hrs	1/31/11	0%										
476	Conduct pole work	620 hrs	10/19/10	0%										
477	Test spliced fibers (entire segment)	26.1 hrs	2/7/11	0%										
478	Implement lateral and inside fiber connection	40 hrs	3/17/11	0%										
479	Install network electronics (core, distribution and edge)	40 hrs	2/11/11	0%										
480	Signoff acceptance	52.22 hrs	3/17/10	13%										



ID	Name	Work	Start	% Work Complete	Fiber Miles	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009	2010	2011	2012	2013
										H2	H1	H2	H1	H2
571	Splicing diagram		5.5 hrs	2/4/11 0%										
572	Link loss report		5.5 hrs	2/15/11 0%										
573	Packing slips		5.5 hrs	3/11/10 100%										
574	Pre-test documentation		5.5 hrs	2/10/11 0%										
575	Segment S-4 (Denison - Iew Philadelphia)	688.92 hrs	3/18/10 50%		13									
576	Conduct site walkout	24 hrs	3/26/10 100%											
577	Aerial	12 hrs	3/26/10 100%											
578	Obtain pole information		3 hrs	3/26/10 100%										
579	Gather pole birthmark (if available)		3 hrs	3/26/10 100%										
580	Obtain utility name who owns each pole		3 hrs	3/26/10 100%										
581	Measure individual utilities on poles		3 hrs	3/26/10 100%										
582	Underground	12 hrs	3/26/10 100%											
583	Identify underground locations		3 hrs	3/26/10 100%										
584	Identify riser poles		3 hrs	3/26/10 100%										
585	Location of pull vaults		3 hrs	3/26/10 100%										
586	Gather information on construction obstacles		3 hrs	3/26/10 100%										
587	Summarize walkout information and enter into CAD drawing		24 hrs	4/22/10 100%										
588	Verify field information		6.48 hrs	4/24/10 100%										
589	Define detailed project plan for aerial & underground work		9.72 hrs	4/25/10 100%										
590	Aerial Approvals	22.5 hrs	6/7/10 90%											
591	Submit pole information to utilities		18 hrs	6/7/10 100%										
592	Pay 100% of engineering invoice		4 hrs	7/30/10 0%										
593	Pay 100% of make-ready invoice		0.5 hrs	9/14/10 0%										
594	Conduct make-ready work		0 hrs	10/26/10 0%										
595	Receive approval to access poles		0 hrs	10/26/10 0%										
596	Underground Approvals	0 hrs	4/1/10 100%											
597	Submit underground information to municipalities, county		0 hrs	4/1/10 100%										
598	Pay 100% of permit cost		0 hrs	4/20/10 100%										
599	Receive underground permits		0 hrs	4/29/10 100%										
600	Field Construction	589.27 hrs	6/7/10 44%											
601	Conduct underground work		408 hrs	6/7/10 63%				23168						
602	Conduct pole work		94.78 hrs	2/4/11 0%										
603	Test spliced fibers (entire segment)		6.48 hrs	2/22/11 0%										
604	Implement lateral and inside fiber connection		40 hrs	3/3/11 0%										
605	Install network electronics (core, distribution and edge)		40 hrs	3/10/11 0%										
606	Signoff acceptance	12.97 hrs	3/18/10 13%											
607	As built drawings		6.48 hrs	3/17/11 0%										
608	Splicing diagram		1.62 hrs	3/17/11 0%										
609	Link loss report		1.62 hrs	3/18/11 0%										
610	Packing slips		1.62 hrs	3/18/10 100%										
611	Pre-test documentation		1.62 hrs	3/17/11 0%										
612	Segment S-5 (Iew Philadelphia - Canton)	960.07 hrs	3/26/10 59%		28									
613	Conduct site walkout	56 hrs	3/26/10 100%											
614	Aerial	28 hrs	3/26/10 100%											
615	Obtain pole information		7 hrs	3/26/10 100%										
616	Gather pole birthmark (if available)		7 hrs	3/26/10 100%										
617	Obtain utility name who owns each pole		7 hrs	3/26/10 100%										
618	Measure individual utilities on poles		7 hrs	3/26/10 100%										
619	Underground	28 hrs	3/26/10 100%											
620	Identify underground locations		7 hrs	3/26/10 100%										
621	Identify riser poles		7 hrs	3/26/10 100%										
622	Location of pull vaults		7 hrs	3/26/10 100%										
623	Gather information on construction obstacles		7 hrs	3/26/10 100%										
624	Summarize walkout information and enter into CAD drawing		48 hrs	4/21/10 100%										
625	Verify field information		14.08 hrs	4/27/10 100%										
626	Define detailed project plan for aerial & underground work		21.13 hrs	4/28/10 100%										
627	Aerial Approvals	40.5 hrs	6/8/10 44%											
628	Submit pole information to utilities		36 hrs	6/8/10 50%										
629	Pay 100% of engineering invoice		4 hrs	8/16/10 0%										
630	Pay 100% of make-ready invoice		0.5 hrs	9/23/10 0%										
631	Conduct make-ready work		0 hrs	11/10/10 0%										
632	Receive approval to access poles		0 hrs	11/10/10 0%										
633	Underground Approvals	0 hrs	4/1/10 100%											
634	Submit underground information to municipalities, county		0 hrs	4/1/10 100%										
635	Pay 100% of permit cost		0 hrs	4/2/10 100%										
636	Receive underground permits		0 hrs	4/9/10 100%										
637	Field Construction	752.17 hrs	8/18/10 53%											
638	Conduct underground work		452 hrs	8/18/10 89%				36170						
639	Conduct pole work		206.08 hrs	1/5/11 0%										
640	Test spliced fibers (entire segment)		14.08 hrs	2/10/11 0%										
641	Implement lateral and inside fiber connection		40 hrs	2/17/11 0%										
642	Install network electronics (core, distribution and edge)		40 hrs	2/24/11 0%										
643	Signoff acceptance	28.17 hrs	4/8/10 42%											
644	As built drawings		14.08 hrs	3/3/11 0%										
645	Splicing diagram		3.52 hrs	3/4/11 0%										
646	Link loss report		3.52 hrs	3/7/11 0%										
647	Packing slips		3.52 hrs	4/8/10 100%										
648	Pre-test documentation		3.52 hrs	3/3/11 0%										



9.0 Network Sustainability Model

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

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

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

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

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

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

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

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

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

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

Excess Bandwidth and Excess Capacity Scenarios

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

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

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

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

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

20 Year HealthNet Program Forecast

	Start-Up 2010	12 months 2011	12 months 2012	12 months 2013	12 months 2014	12 months 2015	12 months 2016	12 months 2017	12 months 2018	12 months 2019	12 months 2020
FCC RHCPP Revenue											
Investment	1,565,143	1,565,143									
Internet Access		90,000	117,000	152,100	197,730	257,049	282,754	311,029	342,132	376,345	413,980
Internet 2/National Lambda Rail Connection	102,000	107,100	112,455	118,078	123,982	130,181	143,199	157,519	173,271	190,598	209,657
1 Gbps access (Redundant Ring Architecture)		279,000	651,000	971,850	1,339,200	1,581,000	1,739,100	1,913,010	2,104,311	2,314,742	2,546,216
PSTN / SIP trunking		420,000	546,000	709,800	922,740	1,199,562	1,319,518	1,451,470	1,596,617	1,756,279	1,931,907
Integration Non Recurring Charge		196,000	294,000	308,700	324,135	340,342	374,376	411,814	452,995	498,294	548,124
Total Revenue	1,667,143	2,657,243	1,720,455	2,260,528	2,907,787	3,508,133	3,858,947	4,244,841	4,669,326	5,136,258	5,649,884
Staffing/Engineering & Construction	1,565,143	1,565,143									
Internet Access		29,700	38,610	50,193	65,251	84,826	93,309	102,640	112,904	124,194	136,613
Internet 2/National Lambda Rail Connection	102,000	96,900	98,838	100,815	102,831	104,888	106,985	109,125	111,308	113,534	115,804
1 Gbps access (Redundant Ring Architecture)		209,250	423,150	631,703	870,480	1,027,650	1,130,415	1,243,457	1,367,802	1,504,582	1,655,041
PSTN / SIP trunking		300,000	436,800	567,840	738,192	959,650	1,055,615	1,161,176	1,277,294	1,405,023	1,545,525
Depreciation Costs		763,528	849,956	885,589	893,929	909,850	950,410	978,841	822,018	773,189	780,795
Total Expense	1,667,143	2,964,521	1,847,354	2,236,139	2,670,683	3,086,863	3,336,734	3,595,238	3,691,325	3,920,522	4,233,779
Net Revenue over (Expenses)	-	(307,278)	(126,899)	24,388	237,104	421,270	522,213	649,603	978,000	1,215,736	1,416,105

20 Year HealthNet Program Forecast

	12 months 2021	12 months 2022	12 months 2023	12 months 2024	12 months 2025	12 months 2026	12 months 2027	12 months 2028	12 months 2029	12 months 2030
FCC RHCPP Revenue										
Investment										
Internet Access	455,378	500,916	551,007	606,108	666,719	733,391	806,730	887,403	976,143	1,073,757
Internet 2/National Lambda Rail Connection	230,623	253,685	279,054	306,959	337,655	371,421	408,563	449,419	494,361	543,797
1 Gbps access (Redundant Ring Architecture)	2,800,838	3,080,922	3,389,014	3,727,915	4,100,707	4,510,778	4,961,855	5,458,041	6,003,845	6,604,229
PSTN / SIP trunking	2,125,097	2,337,607	2,571,368	2,828,504	3,111,355	3,422,490	3,764,739	4,141,213	4,555,335	5,010,868
Integration Non Recurring Charge	602,936	663,230	729,553	802,508	882,759	971,035	1,068,138	1,174,952	1,292,447	1,421,692
Total Revenue	6,214,872	6,836,360	7,519,996	8,271,995	9,099,195	10,009,114	11,010,026	12,111,028	13,322,131	14,654,344
Staffing/Engineering & Construction										
Internet Access	150,275	165,302	181,832	200,016	220,017	242,019	266,221	292,843	322,127	354,340
Internet 2/National Lambda Rail Connection	118,121	120,483	122,893	125,350	127,857	130,415	133,023	135,683	138,397	141,165
1 Gbps access (Redundant Ring Architecture)	1,820,545	2,002,599	2,202,859	2,423,145	2,665,459	2,932,005	3,225,206	3,547,727	3,902,499	4,292,749
PSTN / SIP trunking	1,700,078	1,870,086	2,057,094	2,262,804	2,489,084	2,737,992	3,011,792	3,312,971	3,644,268	4,008,695
Depreciation Costs	824,171	867,722	895,554	945,776	1,003,531	574,011	574,011	574,011	574,011	574,011
Total Expense	4,613,188	5,026,192	5,460,233	5,957,091	6,505,949	6,616,442	7,210,252	7,863,234	8,581,302	9,370,959
Net Revenue over (Expenses)	1,601,684	1,810,168	2,059,763	2,314,904	2,593,246	3,392,672	3,799,774	4,247,794	4,740,829	5,283,385

10.0 Detail on How the Supported Network Has Advanced Telemedicine Benefits

The goal of HealthNet is to extend the current network and install additional gigabyte optical fiber connections to hospitals in the rural areas of Northeastern Ohio. In order to provide the levels of broadband that are required for Health Information Exchange (HIE) and telemedicine applications, the kinds of services that are routinely available in rural areas are not sufficient. Typically, rural areas may have access to T1 circuits (1 .5 Mbps), but generally these services are extremely expensive and there are typically no services faster than T1 available at an affordable and sustainable price.

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

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

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

11.0 Compliance with HHS Health IT Initiatives

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

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

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

of the REC itself. In short, OneCommunity's relationships with these "last mile" hospitals will help to ensure access to all priority providers and streamline the REC's operational efficiency.

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

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

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

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

HealthNet has become the interconnected framework for inter hospital and health information throughout the region and is supporting health information exchange locally and as appropriate through Internet2 and National Lambda Rail nationally. Numerous R&D and data pilots have developing supporting local and national HER/HIE services.

OneCommunity/NEO RHIO are working with numerous counties, the regional Health Action Council, public health officials and others for the development of a number of medical home initiatives for the development of emergency communications for emergency and public health response.

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

Statewide Strategy

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

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

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

HIE and EHR synchronization

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

Statewide Adoption of EHRs

Ohio has several large urban communities that are home to some of the most technologically advanced health care providers in the country. In contrast, approximately 20% of Ohio's population lives in a rural area that may lack the necessary resources and infrastructure to support the adoption of EHRs. Therefore, it is critical to have a strategy that supports the statewide adoption of EHRs. Without this focus, small group and rural providers who need the most help with adoption run the risk of being neglected.

To ensure comprehensive, statewide adoption, we will develop a transparent and competitive process to identify and select its regional partners. A designated regional partner may be a collaboration of entities that work together to serve their region. An example of this concept is a hospital system, physician's group, local HIE and community college that work together to create a single regional entity. This is just an example of entities that may collaborate but is not an exhaustive list of possibilities. These partners must currently provide educational or technical EHR support and commit to work with both urban and rural areas to ensure statewide coverage and meet the goals OHIP has established. Due to the breadth of knowledge and experience required from these regional partners, a collaboration of entities will have the capacity to meet those goals. OHIP plans to divide the state into regions and request that these potential partners provide plans to serve their respective regions.

Consistent Quality

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

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

Service Delivery Overview

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

- Education and Outreach Services
Responsible Party: Joint

OHIP will be responsible for developing core course materials and online resources to be used by our regional partners consistent with information provided through the HITRC.

Regional partners will be responsible for disseminating materials to providers in their regions, providing individual and group training sessions, providing supplemental materials related to the specific needs of their region and making individual provider visits when necessary.

- National Learning Consortium
Responsible Party: OHIP

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

- Vendor Selection & Group Purchasing
Responsible Party: OHIP

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

- Implementation and Project Management
Responsible Party: Regional partners

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

- Practice and Workflow Redesign
Responsible Party: Regional partners

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

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

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

Through its role in managing the statewide HIE, OHIP will identify detailed technical and participation requirements for connecting to the statewide HIE. Additionally, OHIP will work with any exchange functioning within Ohio to help maintain consistent standards for providers needing to access the statewide exchange through any HIE.

The regional partners will assist individual providers through the technical process of connecting to a local HIE or directly to the statewide HIE.

- Privacy and Security Best Practices
Responsible Party: OHIP

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

- Local Workforce Support
Responsible Party: Joint

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

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