West Virginia Telehealth Alliance, Inc.
Pilot Program Participants Quarterly Data Report
For January 30th, 2012

1. Project Contact and Coordination Information

The West Virginia Telehealth Alliance, Inc. (FEIN 20-8962352) is a statewide non-profit organization that is the legally and financially responsible entity under the FCC Rural Health Care Pilot Project. The WVTA's FCC Registration Number is 0017474008.

The West Virginia Telehealth Alliance serves as a coordinating body that involves a consortium of health care entities and organizations from across the state. Participants in the alliance include hospitals, rural health care centers, medical schools (WVU, Marshall, CAMC, and W.Va. School of Osteopathic Medicine), doctors, mental health centers, local health departments, senior groups, consumer groups as well as AFL-CIO and the West Virginia Chamber of Commerce, and major telecommunications companies.

Project leaders for the West Virginia Telehealth Alliance are:

Project Coordinator

Christopher A Budig
Executive Director of the WVTA
and
Co-Owner
TC Telehealth and Education Services
235 High Street, Room 717
Morgantown, WV 26505
304-685-1191 (Phone)
cabudig@wvtelehealth.org and cabudig@earthlink.net

(Note: Budig is co-owner of TC Telehealth and Education Services, a telehealth and education services consultancy based in Morgantown, W.Va.)

2. Identify all health care facilities included in the network

The West Virginia Telehealth Alliance is more than just a single network, but will work to develop and connect a number of rural health care networks and ultimately interconnect these into a statewide health care network. This statewide network will be focused on advancing telehealth use, enabling the transmission of electronic medical records and facilitating broader collection and analysis of rural health information.

Attached to this quarterly report is Appendix A, which lists the health care facilities that are eligible to be involved in the W.Va.Telehealth's activities, related to the FCC's Rural Health Care Pilot Program.

3. Network Narrative

Here is an overview of the major projects that the WVTA is undertaking as part of the Rural Health Care Pilot Project and development of our statewide health care network of networks.

<u>Metro Fiber Project</u>

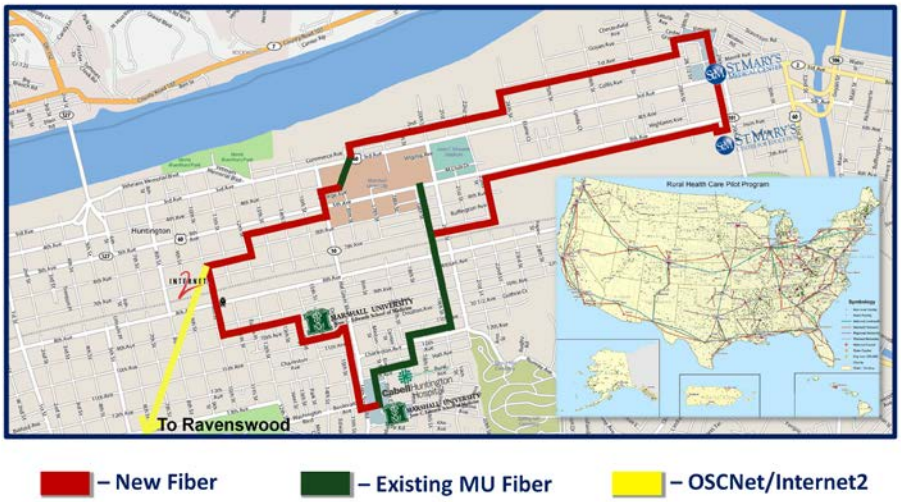
Marshall University continues to have formal meetings with all grant partners to plan on sustainability and usability as well as assist with integration projects.

Provided are details about this project:

a) Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
   - Marshall University, acting as a coordinating agent and participant of the WVTA, is solicited proposals to provide the agents and participants of the WVTA with the design, installation, testing and acceptance of a fiber optic backbone serving key medical and medical research locations in Huntington, WV as listed herein as Appendix G.

West Virginia Telehealth Alliance

Huntington Metro Fiber Build Project Fiber Routes



– New Fiber – Existing MU Fiber – OSCNet/Internet2

1. Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance's Robert C. Byrd Biotechnology Science Center (Housing School of Medicine Faculty) to St. Mary's Medical Center
    - 24SM Fiber- Diverse Route
    - Diverse Entrance # 1 into St. Mary's Medical Center
    - 20th St., Huntington, WV
    - 2900 1st Ave, Huntington, WV

- St. Mary's Medical Center to St. Mary's Medical Education Center
    - 24SM Fiber- Diverse Route
    - Diverse Entrance # 2 into St. Mary's Medical Center
    - Diverse Entrance # 1 into St. Mary's Medical Education Center
    - 2900 1st Ave, Huntington, WV
    - 2825 Fifth Ave, Huntington, WV - Old Big Bear on 29th St. Huntington, WV
- Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance's Cabell Hall (Campus fiber connect site only) to St. Mary's Medical Education Center
    - 24SM Fiber- Diverse Route
    - Diverse Entrance # 2 into St. Mary's Medical Education Center
    - 20th St., Huntington, WV
    - 2825 Fifth Ave, Huntington, WV - Old Big Bear on 29th St. Huntington, WV
- Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance's Drinko Library (Campus fiber POP) to the Byrd Clinical Center via the AEP APCO AMP Site – 1122 Seventh Ave, Huntington, WV (this is the site of a number of CLEC co-locations and will optimize connectivity to a number of carriers). A service loop adequate to enter and leave this building must be supplied.

b) Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

- In future phases of the West Virginia Telehealth Alliance's RHCPP Project, rural clinics that have normal referral patterns or are remote locations to any of the three Huntington facilities (Cabell Huntington Hospital, Saint Mary's Medical Center and Marshall University Physicians and Surgeons) will have spoke Metropolitan Ethernet connections from these major health care facilities that are linked via fiber. These rural facilities have daily clinical, educational and business interactions with their associated major healthcare facilities. All locations are actively engaged in Electronic Medical Records, Medical Imaging and remote clinical education. The West Virginia Telehealth Alliance has developed a bold plan for the advancement of telehealth adoption and telemedicine utilization in West Virginia, particularly in areas that are rural and medically underserved and face significant rural economic and demographic obstacles. Greater use of a dedicated network of advanced telecommunication and information infrastructure is vital to enabling rural health care centers in our state to access and leverage telehealth applications, information systems and educational resources.

c) Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
   - The Huntington Metro Fiber Ring will provide a loop to the American Electric Power (AEP) APCO AMP Site – 1122 Seventh Ave, Huntington, WV. This is the site of a number of CLEC co-locations and will optimize connectivity to a number of carriers, including OSCNet (OARnet). A service loop adequate to enter and leave this building must be supplied. Internet2 access and subscription will be part of a future RFP.

d) Number of miles of fiber construction, and whether the fiber is buried or aerial;
   - Approximately 7 miles of a combination of both areal and buried fiber are defined for this portion of the WV Telehealth Alliance project.

e) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.
   - A standard network equipment RFP will be issued in the next few months for the associated fiber locations. Network operating services will be provided by Marshall University Information Technology Office of Telecommunications. This will be provided to the Huntington Metro Fiber Build Project at no cost during the grant period.

<u>Wide Area Network (WAN) Telecommunications services and Internet Enhancements</u>
The WVTA stated implementation of the advanced broadband connections as part of the five funding commitment letters as part of its Request for Proposal (RFP #2) for Wide Area Network (WAN) telecommunications services and Internet access: http://www.usac.org/rhc-pilot-program/tools/search-postings-2009.aspx#WV. The eligible health care entities that will benefit from these funding commitment letters are identified on Appendix D (Sustainability Plan) – Addendum A.

The WVTA's WAN-Telco services enhancements will help to improve services and establish inter-connected broadband health care networks. This improved broadband connectivity will provide a number of benefits:

1) Enable greater use of telehealth services and connections that will enable improved diagnostic capabilities and specialty treatment options;
2) Enable better group purchasing power and enhanced reliability and quality of service;
3) Foster tele-training and educational opportunities; and
4) Dedicated virtual private networks to ensure security, reliability and connectivity.

This project also will lay the foundation to begin to interconnect these networks into a seamless, interoperable statewide dedicated broadband health care network not only for telehealth, but also for future needs such as advanced electronic medical record transmission and use.

Inter-carrier Hub
The WVTA has submitted its approved RFP04 out to bid this quarter. The twenty-eight day period is still active for bids.

4. List of Connected Health Care Providers

As of January 30th, 2012, the West Virginia Telehealth Alliance has attached the following eligible sites (see below) and non- eligible health care provider sites as part of the alliance's RHCPP plan.

As part of Marshall/Metro Fiber Project, the following information:

List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a) Health care provider site; Attached Table
b) Eligible provider (Yes/No): Attached Table
c) Type of network connection (e.g., fiber, copper, wireless); Attached Table
d) How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); Attached Table
e) Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); Attached Table
f) Gateway to NLR, Internet2, or the Public Internet (Yes/No); The WV TeleHealth Alliance did not issue the Internet2 RFP. Marshall University School of Medicine already had an Internet2 Gateway that is provided by Marshall University via OarNet. This connection is not part of the FCC grant. The fiber connection to the Co-Location facility will improve Internet2 access for the Marshall University School of Medicine. Federal Communications Commission FCC 07-198 74: Attached Table
g) Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number. (attached)
h) Provide a logical diagram or map of the network.

See Appendices E, F, and G for Marshall/Metro Fiber Project.

At Wheeling Hospital the following information:

Wheeling Hospital, 1 Medical Park, Wheeling WV 26003 -> work completed 2/15/2011.
b-yes, c-fiber, d-carrier provided, e-100Mbps fiber to cloud and 10Mbps fiber to Internet, f-public internet on 10Mbps only, g-LightningEdge 311b switch

Belmont Community Hospital, 4697 Harrison Street, Bellaire OH 43906 -> work completed 2/21/2011.
b-yes, c-fiber, d-carrier provided, e-100Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

Pediatric Rehab, 815 Warden Run Road, Wheeling WV 26003 -> work completed 2/21/2011.
b-yes, c-fiber, d-carrier provided, e-100Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

St. Clairsville Clinic, 51339 National Road, St. Clairsville OH 43906 -> work completed 2/18/2011.
b-yes, c-fiber, d-carrier provided, e-10Mbps fiber to cloud and 10Mbps fiber to Internet, f-10Mbps Internet and 10Mbps cloud, g-LightningEdge 311b switch

Wellsburg Clinic, 1423 Commerce Street, Wellsburg WV 26070 -> work completed 2/17/2011.
b-yes, c-fiber, d-carrier provided, e-10Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

Belmont Community Health Center, 3000 Guernsey Street, Bellaire OH 43906 -> work completed 2/18/2011.
b-yes, c-fiber, d-carrier provided, e-10Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

Wheeling Clinic, 48 16th Street, Wheeling WV 26003 -> work completed 2/21/2011.
b-yes, c-fiber, d-carrier provided, e-10Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

Bow Street Warehouse, 513 McColloch Street, Wheeling WV 26003 -> work completed 2/15/2011.b-no, c-fiber, d-carrier provided, e-10Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

See Appendix I for Wheeling Hospitals

At West Virginia University Health Systems / UHA

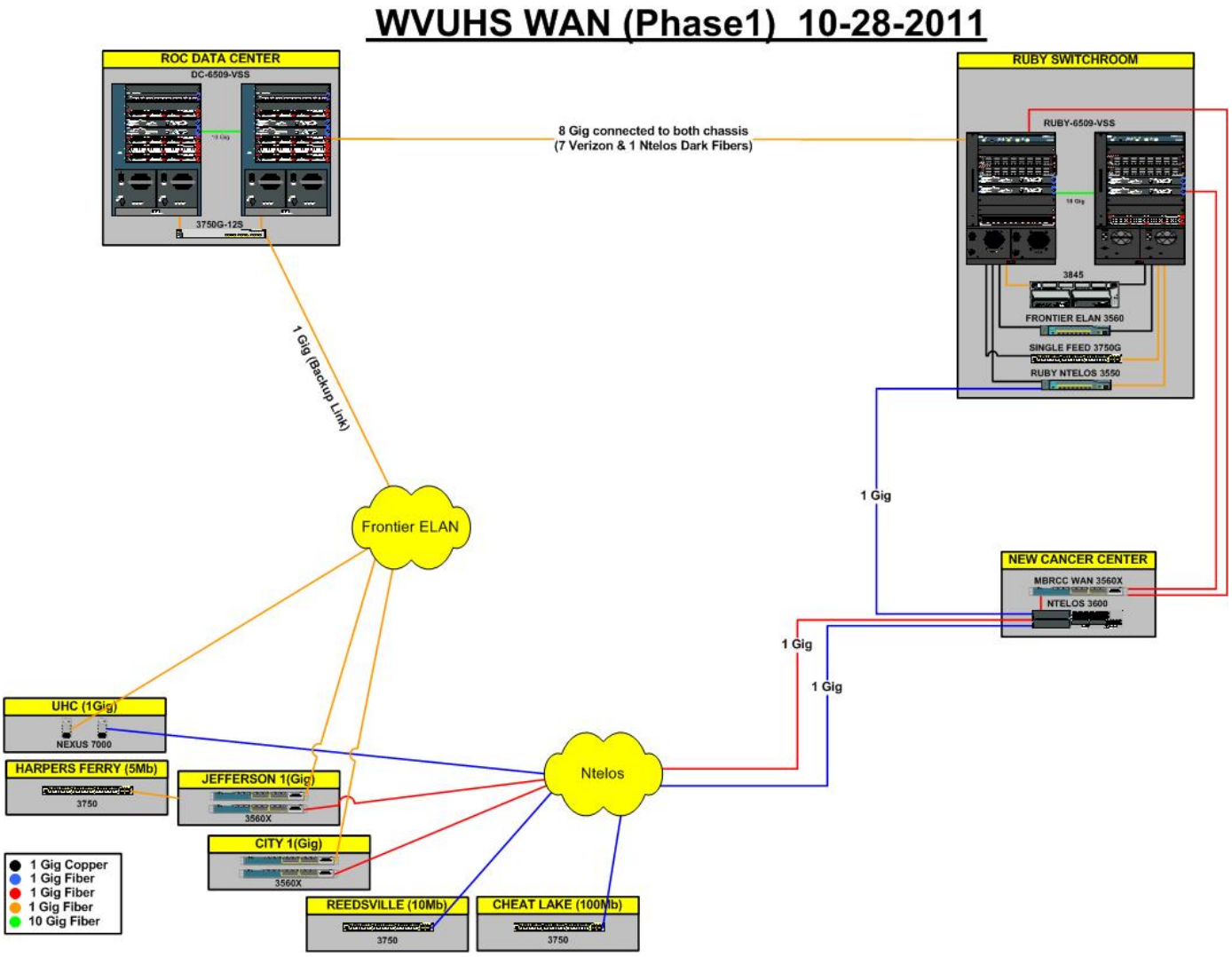
a. Health care provider site;
b. Eligible provider (Yes/No);
c. Type of network connection (e.g., fiber, copper, wireless);
d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
Federal Communications Commission FCC 07-198
g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.

Reedsville	Kingwood
14 Comfort Drive, Reedsville, WV 26547	328 Tunnelton Street, Kingwood, WV 26537
Yes	Yes
Fiber / Elan	Fiber / Elan
Ntelos - Carrier	Ntelos - Carrier
Elan 10MB	Elan 10MB
Yes	Yes
Cisco 2960	Cisco 3750 / Cisco 2960
Note: Disconnected 9/1/11	

UHC
327 Medical Park Drive
Yes
Fiber/Elan
Ntelos – Carrier
Yes
Cisco 3750/Cisco 2960

Jefferson
301 South Preston Street, Ranson, WV 25438
Yes
Fiber / Elan
Ntelos - Carrier
Elan 1G
Yes
Cisco 3560x

City
Dry Run Road, Martinsburg, WV 25402
Yes
Fiber / Elan
Ntelos - Carrier
Elan 1G
Yes
Cisco 3560x



See Appendix H for West Virginia University Health Systems

At Community Network of West Virginia the following information:

a. Health care provider site; CHNWV Site 5, Co location site.
b. Eligible provider (Yes/No); No
c. Type of network connection (e.g., fiber, copper, wireless); Fiber and cooper
d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); Carrier / NTelos
e. Service / speed of connection (DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); 100 Mbps Wan and 10 MB internet
f. Gateway to NLR, Internet2, or the Public Internet (Yes/No); Yes

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.

Cisco / unknown

h. Next quarterly report map to be provided

At Beckley Health Right the following information:

a. Health care provider site; Beckley Health Right main location

b. Eligible provider(Yes/No); yes

c. Type of network connection (e.g., fiber, copper, wireless); cooper

d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); carrier Ntelos

e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); T-1

f. Gateway to NLR,Internet2, or the Public Internet (Yes/No); Public Internet, yes

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.

unknown

h. Provide a logical diagram or map of the network. Independent site

CHNWV17 - Lincoln County Primary Care, Gilbert

Connected on 10/3/11

Connection Type: DS1

Connection Speed: 1.5 Mbps

Lincoln to provide their own router which is an Adtran router.

Additional sites have come up this quarter, however, information needed for this quartelyr report has not been provided to the WVTA by deadline. All sites will be up from RFP02 by end of next quarter and all will be listed.

At West Virginia Health Right:

a. Health care provider site; main location

b. Eligible provider(Yes/No); yes

c. Type of network connection (e.g., fiber, copper, wireless); copper

d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); carrier / Ntelos

e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); T-1

f. Gateway to NLR,Internet2, or the Public Internet (Yes/No); Public Internet / yes

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.

unknown

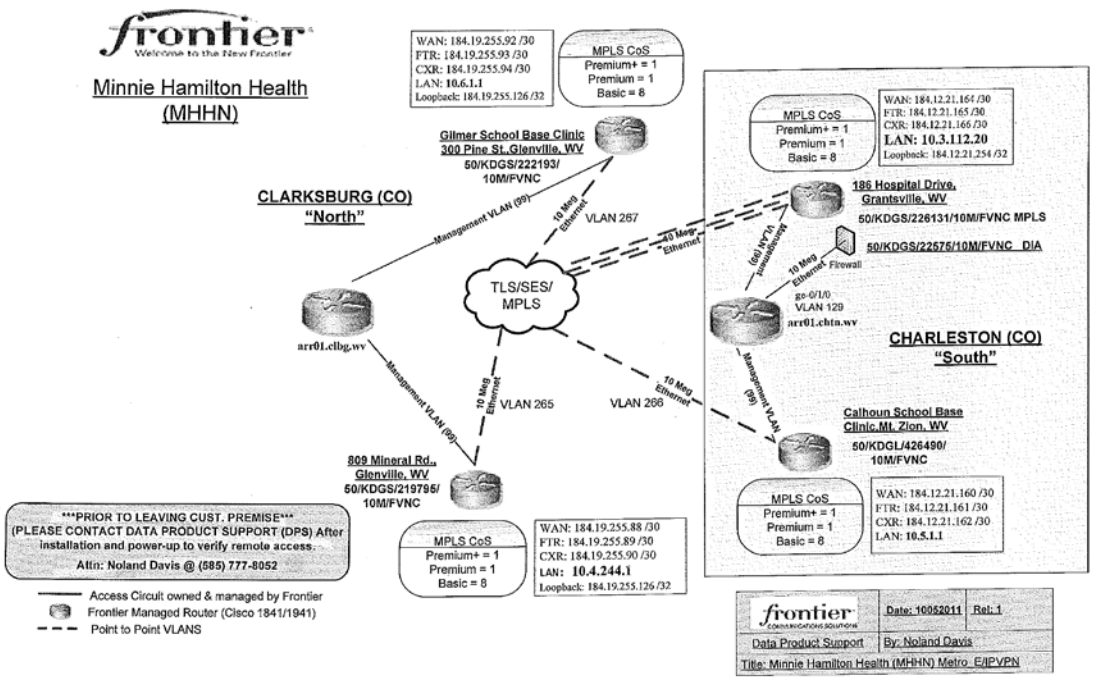
h. Provide a logical diagram or map of the network. Independent site

At Minnie Hamilton

Minnie Hamilton Health System	Elegible Provider	Network Type	Provided Connection	Service/Speed
186 Hospital Drive, Grantsville	Yes	Copper	Carrier-Provided Service	MPLS 10Mbps
Calhoun School Base, Mt. Zion	Yes	Fiber?	Carrier-Provided Service	MPLS 10Mbps
809 Mineral Rd, Glenville	Yes	Copper	Carrier-Provided Service	MPLS 10Mbps
300 Pine St, Glenville	Yes	Copper	Carrier-Provided Service	MPLS 10Mbps

* 10 Mbps Ethernet for public internet at the 186 Hospital Drive location. The other three sites will use this connection

	Public Internet	Site Equipment
186 Hospital Drive, Grantsville	Yes	Router – Cisco 1841 MPLS Link
Calhoun School Base, Mt. Zion	Yes	Unknown
809 Mineral Rd, Glenville	Yes	Unknown
300 Pine Street, Glenville	Yes	Unknown



5. Non-recurring and recurring costs and budgets

Funds from the FCC's RHCPP are to be used as part of a statewide effort to upgrade broadband connections to eligible hospitals and rural health centers across the state and to establish or bolster rural health care networks. The W.Va. Telehealth Alliance's project plan and budget is incorporated in Appendix D (Sustainability Plan) – Addendum B.

6. Cost Apportionment and Sources of Funds

The West Virginia Telehealth Alliance is using its FCC RHCPP funds for projects involving only eligible entities. Each eligible entity will be required to provide the necessary 15 percent match. The apportionment and allocation of these funds (roughly $9.7 million) are outlined, generally, as part of Appendix D (Sustainability Plan) – Addendum B.

Other sources of financial support and anticipated revenues that are paying for costs not covered by the fund and by Pilot Program participants include:

- In 2007 the West Virginia Telehealth Alliance received a $300,000 grant from The Claude Worthington Benedum Foundation that provided financial support for the alliance's initial administrative needs, both for the RHCPP and other alliance projects and activities.
- In addition, the West Virginia Health Care Authority (WVHCA) has provided a $550,000 grant to provide a source of funds to help reimburse rural health care centers with the project's 15 percent match requirement or address any financial match short-comings a center may experience during the pilot program. A portion of these funds ($100,000) is being used for professional services and administrative costs.
- The W.Va. Telehealth Alliance has received two grant awards ($125,000 each) from the W.Va. Department of Health and Human Resources. Those funds have been provided to help with administrative and program implementation expenses.

- In late December 2009, the West Virginia Telehealth Alliance received a $200,000 grant from The Claude Worthington Benedum Foundation that will provide resources for a telehealth education and outreach project.
- In October 2010 the West Virginia Telehealth Alliance received a $100,000 grant from The Claude Worthington Benedum Foundation that will provide resources for professional services and administrative activities of the alliance.

The remaining time for such assistance is as follows:

Administrative Funds

- The initial funds from the Benedum Foundation were expended throughout calendar years 2008 and 2009.
- Funds from the W.Va. DHHR grant sustained the organization from late 2009 and into mid 2010.
- $100,000 in grant funds from The Claude Worthington Benedum Foundation that will be used in 2011 and 2012 to help sustain professional services and administrative activities of the alliance.
    - As of January 30, 2012 the W.Va. Telehealth Alliance had $45,323.36 in available funds.
- A portion ($100,000) of the funds provided by a grant from the state Health Care Authority (WVHCA) will be used to help cover administrative and professional services expenses.
    - As of January 30, 2012, the WVTA had no monies available in "administrative" funds provided as part of the Health Care Authority grant.
- The "telehealth outreach" grants funds from the Benedum Foundation will be expended in 2010 and 2011.
    - As of January 30, 2012, the W.Va. Telehealth Alliance had $123,159.35 in available funds.

Restricted Funds

- Most of the grant funds from the WVHCA are in a "restricted" account and will be used over the duration of the RHCPP to help with RHCPP matching needs. To date, none of the WVHCA's restricted account funds has been expended as of the time of this quarterly report.
    - As of January 30, 2012, the W.Va. Telehealth Alliance had $ 62,862.71 in available WVHCA restricted account funds.

Each participant in the WVTA's RHCPP will be required to provide the necessary 15 percent match amount, which is designed to ensure that the participant has a direct financial connection and commitment to the project and helps to ensure that the health care center appreciates the need for ongoing sustainability.

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

The W.Va. Telehealth Alliance's plan does not anticipate allowing ineligible entities to participate or connect.

8. Project Management

The project is managed by the board of directors of the West Virginia Telehealth Alliance, and day-to-day services and activities are being provided by contracted experts/staff – project coordinator, technical coordinator, USAC compliance coordinator, etc. An updated roster of the WVTA's board is attached (see attached Appendix B).

The WVTA's project plan/schedule is included in Appendix C. The alliance worked during the period October 30 to January 30th, 2012 these key projects:

1) Implementation of our advanced broadband network is close to completion. The connections to 92 eligible locations (hospitals and rural health clinics) as part of the alliance's planned first advanced broadband services RFP should be completed by March 2012.
2) All work for RFP04 bidding was completed and the RFP is in its 28 day bidding cycle.
3) Completed collection of Telehealth IQ surveys of participating sites and data was reviewed and plans for the WVTA's toolbox for Telehealth use in West Virginia is being studied.
4) Executive Committee meetings monthly have been realized and finding feedback of current and future projects is working well.

The alliance also continued to spend time and energy to comply with procedures as outlined by USAC.

To complement the broadband enhancements being provided by the RHCPP, the alliance also is set to implement a statewide telehealth outreach and education project.

As the WVTA progresses in the implementation of its plans bridging 2011 into 2012, we will continue connecting more eligible health care providers to respective networks, we will continue to provide the required updates and information regarding connection dates, etc.

<u>Project Benefits: Metro Fiber</u>

Here is an outline of the benefits that are being provided from the alliance's Metro Fiber Build project:

This project provides a metropolitan fiber connection environment (1 gig) to facilitate eligible health care services at and among these institutions:

- Marshall University (for its health education programs, courses)
- Marshall University Joan C. Edwards School of Medicine
- St. Mary's Medical Center
- Cabell-Huntington Hospital

The three medical facilities (MUSOM, St. Mary's and Cabell-Huntington) provide medical and health care services to rural populations living and working in a multi-county, tri-state geographic region. They also serve as specialty medical and treatment centers (cardiovascular, neuroscience/stroke, cancer treatment, etc.) for rural residents who are referred from rural health care clinics and physicians. Finally, the fiber build project not only will provide advanced broadband interconnection among these institutions for the exchange of health information and health education purposes, but it also will allow rural health centers to access remotely (via telehealth) the physicians and specialists at these interconnected organizations.

Specifically, two rural health care centers will benefit as part of the Metro Fiber Build project. These are Lincoln Primary Care (in Lincoln County) and Tug River Health Association (in McDowell County).

Historically, there has been an advanced telecommunications network already established between Tug River, The Community Health Network of West Virginia, and Marshall University. Once the Huntington metro-fiber ring is complete, Tug River will have the ability to use specialists at Cabell-Huntington Hospital and St. Mary's Medical Center as well as Marshall University all through this single connection point. Finally, both Lincoln Primary and Tug Valley Health will be seeking to expand their existing broadband connectivity to 10 meg as part of a second RFP that is being finalized by the WVTA. Both of these facilities have historically been

used as demonstration sites for many rural health programs and have received numerous grants to promote and sustain their connectivity.

Project Benefits: Telco Service/Broadband Enhancements

Using the FCC funds, the WVTA will work to develop more than just a single network, but will work to develop and connect a number of rural health care networks and ultimately interconnect these into a statewide health care network focused on advancing telehealth use and enabling the transmission of electronic medical records and broader collection and analysis of rural health information.

Benefits from improving broadband services and network interconnections from among eligible health care facilities will be to:

- Provide advanced broadband connectivity to facilitate enhanced healthcare delivery to rural medically underserved regions using telehealth/telemedicine technologies;
- Help rural locations have increased access to health care and supporting services while containing or decreasing healthcare costs;
- Aid in the dissemination of relevant information, training, and technical assistance to healthcare organizations and providers to assist them with the adoption, deployment and utilization of new and emerging telehealth technologies for patient treatment and care coordination;
- Increase the use of distance learning in public health and medical care;
- Help to spur the use of electronic medical records; and
- Facilitate access to training for healthcare workers, medical professionals, and patient education in rural and medically underserved areas.
- Produce more effective group purchasing (lower costs) for advanced broadband services and improved quality of service and reliability.

Also, by aggregating "demand" from multiple health care entities under this pilot project, the purchasing power and economies of scale will result, overall, in lower on-time connection charges and monthly broadband fees charged for equivalent services. The WVTA intends to use a significant amount of the RHCPP funding on one-time connection charges that may be levied by the telecommunications carriers to build out the infrastructure contemplated as part of the planned upgrades. By paying the one-time charges using the RHCPP funds (and matching state agency provided funds), the ongoing broadband fees to these rural locations will be reduced through the up-front capital cost instead of financing these costs within the recurring cost structure.

In addition, many of the WVTA's eligible entities will benefit substantially from service level improvements, a more robust, scalable system and greater reliability and up-time.

Project Benefits: Inter-carrier Hub

The alliance is actively working to establish an inter-carrier Metro/MPLS hub to serve as the backbone for the entire WVTA's network of networks. It is envisioned that this backbone will allow for gigabit connectivity between the differing MPLS vendors and will allow rural health care providers to connect to the West Virginia Telehealth Alliance network by way of any MPLS vendor. This will allow organizations already connected to an MPLS network via one of these major carriers to leverage and utilize their existing networks without the need to build out entirely new circuits. It will also allow for other hospitals and health care education facilities to connect to the larger network, regardless of the local telecommunications carrier.

The WVTA plan is to create an "open" network whereby any eligible health care facility may participate irrespective of individual telecommunications carrier utilized by the various health care organizations. This backbone project is likely the last project to be completed by the WVTA in this project.

9. Network Self-Sustainability

As stated earlier in this report, the efforts of West Virginia Telehealth Alliance will involve more than just a single network, but will involve a number of rural health care networks and ultimately interconnect these into a statewide health care network (being built by the West Virginia Health Information Network). The goals are to advance telehealth use, enable the transmission of electronic medical records, provide for a broader collection and analysis of rural health information and improve health outcomes across rural West Virginia.

The FCC's RHCPP funds are being deployed to facilitate the establishment of health care networks and telehealth relationships, particularly where rural centers or clinics may lack access to certain medical expertise or advanced medical technologies available in larger hospitals/facilities, by bolstering existing broadband connections generally from basic DSL or cable connections to advanced T1 or greater connections.

Through aggregation of demand and group purchasing power, the alliance will be seeking to procure telecom services and rates at favorable rates and terms that will negate or minimize any added broadband costs (MRCs) associated with the planned enhancement of broadband infrastructure among rural health care centers/clinics and rural hospitals. The alliance also will work to ensure that West Virginia participants, particularly rural hospitals and health care clinics, will gain an understanding of and interest in involvement in the regular USAC Rural Health Care Program, once the RHCPP ends. Finally, over the next several years the health care industry will progress in its migration toward electronic health records and telemedicine, which should facilitate greater and more widespread use of advanced broadband connectivity and telehealth services. This transformation should result in these centers viewing advanced broadband connectivity as a necessary and justifiable cost of business; thereby ensuring a high level of sustainability. Combined, this also should help these centers further improve health care delivery, services and outcomes in rural West Virginia.

A "sustainability plan," developed by the West Virginia Telehealth Alliance, is included with this quarterly report as follows:

West Virginia
Telehealth Alliance

Sustainability Plan -- Addendum A
WVTA's RFP #2 for Wide Area Network (WAN) telecommunications services and Internet access

Provided is a list of the entities that have provided LOAs and have signed contracts as part of WVTA's RHCPP RFP Project:

Beckley Health Right
Belington Community Medical Services
Cabell Huntington Hospital

Cabin Creek Health System
CAMC
Clay-Battelle Health Services
Community Health Network of WV
Family Care
Highland Hospital Assoc.
Lincoln Primary Care Center
Minnie Hamilton Health System
Monroe Health Center
Mountaineer Community Health
Pendleton Community Care
Preston Health Care Corporation
Primary Care Systems, Inc.
Roane General Hospital
Stonewall Jackson Memorial Hospital
Tri-County Health Clinic, Inc.
Tug River Health Association
University Health Associates
Valley Health System
Webster County Memorial Hospital
West Virginia Health Right, Inc.
West Virginia United Health System
Wheeling Hospital, Inc.

Sustainability Plan -- Addendum C
WVTA's RFP #2 for Wide Area Network (WAN) telecommunications services and Internet access

TELECOMMUNICATIONS SERVICES PARTICIPATION AGREEMENT
FEDERAL COMMUNICATIONS COMMISSION RURAL HEALTH CARE PILOT PROGRAM

This agreement (***Agreement***) is made by and between the West Virginia Telehealth Alliance, Inc. (***WVTA***) and _____ (***Participating Entity***).

The Participating Entity owns or controls those clinics, health care facilities or dedicated emergency rooms listed on Exhibit A attached hereto and for the purposes of this Agreement the locations listed on Exhibit A shall be included in the term ***Participating Entity***; and

The Participating Entity signed that certain Letter of Agency (***LOA***) dated as of the _____ day of _____, ____, authorizing WVTA to act as its agent in the planning, negotiation and development of a plan to include the Participating Entity in the Federal Communication Commission's (***FCC***) Rural Health Care Pilot Program (***RHCPP***) as administered in West Virginia by WVTA according to the rules and regulations promulgated by the Universal Service Administrative Company (***USAC***); and

WVTA, under the terms of the LOA, has obtained an offer for a service agreement, attached as Exhibit B, (***Telco Services Agreement***) with a Telecommunications Provider (***Provider***); and

WVTA requires that Participating Entity agree to certain terms before being enrolled in the RHCPP.

Participating Entity and WVTA hereby agree as follows:

ARTICLE ONE: BASIC TERMS AND AGREEMENT

1.1 Participating Entity will enter into the Telco Services Agreement and shall abide by the terms and conditions thereof.

1.2 Participating Entity shall strictly abide by all of the regulations and rules issued by FCC and USAC governing the RHCPP (the ***Program Regulations***) and agree to comply with all requirements for payment and reimbursement under the same.

1.3 In the event that the Participating Entity (i) pays to Provider, 15 percent (***Matching Funds***) of the total costs eligible for reimbursement under RHCPP (***Program Costs***), due to Provider, as invoiced under the Telco Services Agreement, (ii) complies with all of the terms and conditions of the Telco Services Agreement, (iii) complies with all of the terms and conditions of the Program Regulations and (iv) complies with all of the terms and conditions of this Agreement, then, except as limited by the terms hereof, WVTA shall agree to review the Submissions (as defined hereinafter) of the Participating Entity. In the event WVTA determines, in its sole discretion, that the Submissions comply in every respect with this Agreement and the Program Regulations, then WVTA shall forward the Submissions to USAC along with its recommendation for approval and reimbursement.

1.4 ***Submission(s)*** shall mean the invoice for payment to Provider and proof of payment by Participating Entity of the Matching Funds. Submissions shall be due WVTA as soon as possible during each billing cycle under the Telco Services Agreement.

1.5 In the event that USAC approves of the Submissions, after WVTA has approved and submitted the same, then USAC may distribute to Provider 85 percent of Program Costs (***Subsidized Funds***). Participating Entity acknowledges and agrees that USAC is not a party to this Agreement and that the actions of USAC, including whether USAC issues the Subsidized Funds, are beyond the control of WVTA.

1.6 Participating Entity will be solely and completely responsible for paying to Provider the Matching Funds. Participating Entity shall be solely responsible for any and all

other costs and liabilities not included in the Program Costs whether owed to Provider or third parties, and all other expenses that may arise in pursuit of the purposes of this Agreement, the Telco Services Agreement or the RHCPP including any costs or penalties associated with the cancellation of any existing agreements or contracts the Participating Entity may be a party to that will either conflict with this Agreement or the Telco Services Agreement or be superfluous following the participation of the Participating Entity in the RHCPP.

1.7 In the event that WVTA or USAC determine, in the sole discretion of each, that Participating Entity is not eligible or any individual invoice is flawed so as to be ineligible under the Program Regulations, then Participating Entity shall be responsible for the complete costs of the Telco Services Agreement or any invoice issued thereunder.

1.8 This Agreement is expressly conditioned on the continuation of the RHCPP, the federal funding thereof, and the continued working relationship between USAC and WVTA. In the event any of these conditions should cease during the term of this Agreement the Agreement shall be dissolved and all obligations of WVTA hereunder shall cease.

1.9 Participating Entity is solely responsible for any and all costs and liabilities arising from the Telco Services Agreement including, but not limited to, damage, theft, unauthorized use, or misuse of equipment, hardware, software, services, or data relating to the subject telecommunications services or ineffective safeguarding of equipment, hardware, software, services, or data related to such services.

1.10 The parties agree that WVTA has not made any warranties or assumed any responsibility for the services to be delivered by the Provider under the Telco Services Agreement and that Participating Entity is solely responsible for the performance of all customer obligations under the Telco Services Agreement, including but not limited to payment of any and all fees under said agreement.

1.11 Participating Entity agrees to maintain all records related to this Agreement, the RHCPP and the Telco Services Agreement for five years or other such term as may be required from time to time under the Program Regulations.

1.12 Participating Entity agrees that the transactions represented and contemplated by this Agreement and all of the records related thereto, shall be subject to audit and investigation by the FCC, its agent USAC, or any other authorized agent or agency of the United States of America, to determine compliance with the Program Regulations. Participating Entity shall cooperate fully with any such audit or investigation.

1.13 Participating Entity shall keep WVTA duly informed of its current billing contact, address, telephone numbers, purchase order numbers, eligibility status and technical contact, and all other details of its relationship with the Provider as well as changes to any of the foregoing.

1.14 Participating Entity shall agree to remit to the WVTA a processing/administrative fee as outlined in Addendum 1.14. Failure to remit such processing/administrative fee shall result in the suspension by WVTA of the processing of Submissions by Participating Entity and thereby result in the loss of the Subsidized Funds and may further result in the termination of this Agreement as provided for herein. Participating Entity hereby acknowledges and agrees that it

shall remain liable to Provider under such circumstances for the entire amount owed to Provider under the Telcom Services Agreement.

1.15 Participating Entity shall provide WVTA a written report including such details as may be required from time to time by WVTA, on an annual basis, at such time and location as may be specified by WVTA, which describes its telehealth relationships / services and use of telemedicine applications.

1.16 Participating Entity agrees that it is solely responsible for compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Patient Safety and Quality Improvement Act of 2005 ("PSQIA"), the Health Information Technology for Health Economic and Clinical Health Act ("HITECH") (passed in 2009 as a part of the American Recovery and Reinvestment Act of 2009), and any other applicable law, regulations or administrative decisions regarding the privacy of patient information and / or the maintenance of patient records.

ARTICLE TWO: REPRESENTATIONS AND WARRANTIES OF PARTICIPATING ENTITY

2.1 Participating Entity represents and warrants to WVTA that:

a. it has the financial resources and stability to satisfy its responsibilities under the Telco Services Agreement, pay the Matching Funds when due, and pay any additional liabilities or overages that may arise under the Telco Services Agreement; and that

b. it is a non-profit or public entity or is a dedicated emergency room of a for-profit hospital that participates in Medicare.; and that

c. telecommunications services provided to it under this arrangement will be used solely for purposes reasonably related to the provision of health care services or instruction which the Participating Entity is legally authorized to provide under the laws of the State of West Virginia and the telecommunications services will not be sold, resold, or transferred by the Participating Entity; and that

d. it will retain documentation of is purchases, invoices, service receipts, and all other documents or papers related to the provisions of telecommunications services or products covered under the RHCPP for five years from the end of the funding year; and that

e. it will not allow any security interests or other liens, including statutory liens, to attach to any hardware or software associated with the RHCPP; and that

f. this Agreement, the Telco Services Agreement, LOA, and all attendant documents have been duly approved and adopted by the appropriate governing authorities of the Participating Entity, that these documents have been duly executed by the appropriate officers or agents thereof who were authorized to execute the same on behalf of the Participating Entity, and that all actions taken in pursuit of the purposes and objectives of these documents are appropriate, lawful and authorized to the complete extent required by the governing documents of the Participating Entity and applicable law; and that

g. it is familiar with the Program Regulations and will abide by the same in all instances where they are applicable; and that

h. there is no fact known to the Participating Entity, its agents or employees that has not been disclosed to WVTA that would materially affect WVTA's decision to enter into this Agreement; and that

i. all statements, representations, and documents presented to WVTA as a part of the application or request by Participating Entity to be included within the scope of the RHCPP as administered by WVTA were true, accurate and complete, and remain true, accurate and complete and that in the event any facts or circumstances of the Participating Entity should change that relate to the RHCPP that the Participating Entity will immediately inform WVTA of the same.

2.2 Participating Entity covenants and agrees that until the termination of this Agreement and until WVTA is repaid sums owed it by the Participating Entity in full, if any, that Participating Entity will take any action, and execute any documents, reasonably requested by WVTA to carry out the intent of this Agreement.

ARTICLE THREE: DISCLOSURES OF WVTA

3.1 WVTA hereby expressly informs Participating Entity and Participating Entity acknowledges that it understands the following:

a. any Subsidized Funds paid to Provider, or any other party, by USAC are part of a federal grant managed in West Virginia by the WVTA and are not held by WVTA; and

b. Subsidized Funds have been set aside to be used for appropriate projects in West Virginia, the actual issuance and availability of the funds depends on the continued compliance with the Program Regulations and requirements of the RHCPP; and

c. there is no guarantee that the Subsidized Funds described herein will not be revoked by an authorized act of the government of the United States of America, or its agent, and such an act is beyond the control of WVTA; and

d. there is no guarantee that the Program Regulations will remain the same during the course of this agreement and that any changes thereto may cause the funding to be revoked or diminished beyond the control of the WVTA.

3.2 With a complete understanding of the disclosures contained in this Article, the Participating Entity expressly agrees that:

a. the availability of Subsidized Funds for the purposes contemplated by this Agreement is wholly subject to the availability of those funds, or a portion of them to USAC; and

b. the WVTA assumes no obligation for the replacement, substitution, or advance of the any funding described herein; and

c. that the Participating Entity assumes all financial risk of the unavailability of the Subsidized Funds; and

d. that any, or all, of the costs under the Telco Services Agreement may become ineligible based upon a change in the Program Regulations outside of the control of WVTA.

ARTICLE FOUR: WAIVER AND INDEMNITY

4.1 *Waiver of Rights*. The Participating Entity and any agent, employee, consultant, independent contractor, successor or assign thereof, waives any and all claims and recourse against WVTA, including the right of contribution of loss or damage to a person or property arising from, growing out of, or in any way connected with or incidental to any aspects of this agreement, the Telco Services Agreement or any document or action undertaken in pursuit of the objectives of the same.

4.2 *Indemnity*. The Participating Entity shall indemnify, hold harmless and defend WVTA against any and all losses, fines, claims, demands, damages, costs, obligations, expenses, or liability, including interest, penalties and reasonable attorney's fees and expenses arising out of this agreement, the Telco Services Agreement or any document or action undertaken in pursuit of the objectives of the same, including but not limited to any disallowance or rejection of any request or authorization for disbursement of Subsidized Funds, provided the WVTA was not grossly negligent in complying with the Program Regulations.

The Participating Entity shall indemnify and hold harmless WVTA for all penalties, claims, causes of action, enforcement proceedings, fines and all other penalties liabilities or actions brought or enforced by USAC, the FCC or any entity or agency of government against the WVTA, including attorney's fees and costs.

The Participating Entity shall indemnify and hold harmless WVTA for any and all penalties, claims, causes of action, enforcement proceedings, fines and all other penalties liabilities or actions brought under HIPAA, PSQIA, HITECH or any other laws, regulations, administrative decisions or rulings or common law claims associated with patient privacy and / or the maintenance of patient information and records.

ARTICLE FIVE: DEFAULT AND TERMINATION

5.1 *Default*. If any of the following events occur during the course of this Agreement, WVTA may, in its sole discretion, declare such an event an Event of Default under this Agreement:

a. any representation or warranty made by the Participating Entity in this Agreement or in any other documents submitted to WVTA proves to have been incorrect in any material respect; or

b. the Participating Entity fails in any material respect to carry out its obligations under this Agreement or fails to comply with the Program regulations; or

c. the Participating Entity makes any representation to any third party that WVTA has any obligations that are expressly disavowed herein; or

d. the Participating Entity fails to permit WVTA review of any documents, records or accountings of information related the Participating Entity's participation in this Agreement or the Telco Services Agreement; or

e. the Participating Entity fails to pay to WVTA the processing/administrative fee as required by Section 1.14 hereof.

5.2 *Notice and Cure*. If the Participating Entity fails to perform any of its duties under this Agreement or if any Event of Default occurs, WVTA may declare the Participating Entity to be in default and thereafter give the same written notice setting forth the action or inaction which constitutes the default and giving the Participating Entity no less than five and no more than 20 days in which to correct the default during which time WVTA may suspend performance of this Agreement without penalty. If the Participating Entity fails to correct the default within the prescribed period of time after receipt of this notice, WVTA may, in its sole discretion, terminate this Agreement. The parties agree that the terms and conditions of this Agreement provide for reasonable and sufficient notice to be given to the Participating Entity and that this notice is sufficient for the Participating Entity to rectify its actions or inactions of default.

5.3 *Termination*. If WVTA or Participating Entity ceases to exist, an Event of Default occurs that is not cured as provided herein, or any of the covenants and promises of the Participating Entity contained in Article I of this Agreement are not fulfilled, WVTA may terminate this Agreement. Upon terminating this Agreement WVTA may (i) immediately cease processing any outstanding requests for Subsidized Funds and (ii) suspend any obligation to process future invoices or requests for Subsidized Funds. In addition to the foregoing, upon termination of this Agreement, WVTA shall be entitled to reimbursement of any of the Subsidized Funds paid to and received by the Participating Entity before, during or after the Event of Default. The WVTA shall not terminate this Agreement if the events leading to the termination were caused by the gross negligence of the WVTA or its agents.

5.4 *No Waiver*. The failure of the WVTA to exercise any of its rights under this Agreement, to call an Event of Default by the Participating Entity or terminate this Agreement does not constitute a waiver of a continuing breach or a waiver of a subsequent breach.

ARTICLE SIX: TERM AND POST TERM COVENANTS

6.1 *Term.* The term of this Agreement (***Term***) shall begin when WVTA receives a Funding Commitment Letter from USAC (WVTA will provide the Participating Entity with a copy of the same) and shall expire, unless terminated earlier pursuant to the terms of this Agreement, on either (i) the date specified in written notice delivered to the Participating Entity by WVTA, provided that the effective date is not less than seven (7) days after the date that such written notice is received by the Participating Entity, or (ii) the last day that funds are available under the RHCPP grant administered by the WVTA to provide the Subsidized Funds as called for under the terms of this Agreement, whichever occurs first.

6.2 *Post Term Covenant*. Participating Entity acknowledges that the RHCPP is a pilot program and is designed to establish connectivity and subsidize initial connectivity expenses. Participating Entity covenants that it will work with WVTA to transfer as many of its locations, or operations as are eligible to the USAC administered regular Rural Health Care subsidy program to facilitate continuing connectivity beyond the RHCPP and the Term of this Agreement. In the event that one or more locations under the control of Participating Entity is not eligible for the Rural Health program, the "Transfer Fee" as described in Addendum 1.14 shall be reduced as provided for in the Addendum 1.14.

ARTICLE SEVEN: NO THIRD PARTY BENEFICIARIES

7.1 *No Third Party Beneficiaries*. This Agreement is for the sole benefit of WVTA and the Participating Entity, no third party, including but not limited to Provider, shall be deemed a third party beneficiary hereof and Participating Entity hereby agrees that it shall not represent to Provider or any third party, nor permit Provider nor any third party to believe, that this Agreement provides any direct or indirect contractual benefits, rights or obligations to Provider or other third party. Participating Entity shall be solely and exclusive liable for its own agreements, contracts, representations and business arrangements of every type and Participating Entity acknowledges and agrees that WVTA has made no representations or agreements regarding the availability of the Subsidized Funds or Participating Entity's ability to abide by the terms of this Agreement or remaining in RHCPP.

ARTICLE EIGHT: OTHER PROVISIONS

8.1 *Conflict with other authorities*. In the event this Agreement conflicts with the Program Regulations, federal or state law or applicable regulations, the applicable and controlling law or regulations shall govern the behavior of the parties as to the conflicting issue.

8.2 *Administrative proceedings or litigation*. In the event that the Participating Entity becomes involved in any administrative proceeding or litigation the outcome of which may bear on this Agreement, the RHCPP, or any of the terms thereof, the Participating Entity shall immediately inform WVTA in writing of such proceeding and the issues involved.

8.3 *Severability*. If any portion of this Agreement shall for any reason be invalid, illegal, unenforceable, or otherwise inoperative, the valid and enforceable provisions shall continue to be given effect and to bind the parties.

8.4 *Choice of Law*. This agreement shall be governed by and construed in accordance with the laws of the State of West Virginia.

8.5 *Executed in Replicate*. This Agreement may be executed in replicate and each copy hereof shall, for all purposes, be treated as an original and be, as herein provided, binding upon the parties hereto and their respective heirs, personal representatives, successors and assigns.

8.6 *Transfer or Assignment*. This Agreement may not be assigned by the Participating Entity without the written consent of WVTA. WVTA may transfer this agreement to its successor in interest in the administration of the RHCPP in West Virginia or to another entity, or to USAC or FCC as may be required under law.

8.7 *Entire Agreement*. This agreement constitutes the entire Agreement between the parties hereto. No oral representations or other agreements have been made by the parties except as stated herein. No term or provision hereof may be waived except in writing signed by a duly authorized officer or agent.

8.8 *Amendment*. This Agreement may be modified at any time upon mutual consent in writing of the parties hereto. Any agreement contrary to this Agreement is not binding upon either party unless it is in writing and signed by both parties.

8.9 *Notice.* The parties shall use the addresses stated beneath the signature lines herein of each party hereto for notice purposes, including any notice for change of notice address. A notice shall be effective only if by express courier or hand delivery.

8.10 *Headings*. Any headings, titles or subtitles that appear in this document are intended only for the convenience of the parties hereto and shall in no way be read to add to, limit or contribute in anyway to the meaning of this Agreement.

8.11 *Survival*. The representations and certifications provisions of this Agreement and the waiver and indemnification provisions hereof relating to the Participating Entity shall survive termination of this Agreement.

8.12 *Successors and Assigns*. This Agreement and all of the promises, covenants, understandings and agreements herein shall be binding on the successors and assigns of each party.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth in their signature blocks.

[Signature Pages Follow]

Sustainability Plan -- Addendum D
WVTA's RFP #2 for Wide Area Network (WAN) telecommunications services and Internet access

Provided is a list of eligible RHCPP RFP locations in West Virginia that would qualify for the regular USAC rural health subsidy program:

Belington Community Medical Services Association, Inc.: Belington Community Medical Services Association, Inc.
Belington Community Medical Services Association, Inc.: Brandon Wellness Center
Clay-Battelle Health Services Association, 5861 Mason Dixon Highway, PO Box 72, Blacksville, WV 26521-0072
Clay-Battelle Health Services Association: Community Health Center of North-Eastern Wetzel County

Lincoln County Primary Care Center, Inc.: Guyan Valley Wellness Center
Lincoln County Primary Care Center, Inc.: Duvall Middle School Health Center
Lincoln County Primary Care Center, Inc.: Lincoln Primary Care Center
Lincoln County Primary Care Center, Inc.: LCHS Panther Center for Health
Lincoln County Primary Care Center, Inc.: West Hamlin Elementary Wellness Center
Lincoln County Primary Care Center, Inc.: Gilbert Medical Center
Lincoln County Primary Care Center, Inc.: Community Health Foundation of Man
Monroe County Health Center: James Monroe High School Wellness Center
Monroe County Health Center: Craig County Elementary/Middle/High School Wellness Center
Monroe County Health Center: Peterstown Elementary/Middle School Health Center
Monroe County Health Center: Monroe County Health Center
Monroe County Health Center: Monroe County Health Center
Monroe County Health Center: Mountain View Elementary/Middle School
Mountaineer Community Health Center, Inc.: Mountaineer Community Health Center, Inc.
Pendleton Community Care, Inc.: Pendleton Community Care
Primary Care Systems, Inc.: Primary Care Systems, Inc.
Primary Care Systems, Inc.: Clay County Elementary School Wellness Center
Primary Care Systems, Inc.: Clay County Middle School Wellness Center
Primary Care Systems, Inc.: Clay County High School Wellness Center
Primary Care Systems, Inc.: Big Otter Elementary School Wellness Center
Primary Care Systems, Inc.: Big Otter Clinic
Tri-County Health Clinic, Inc.: Tri-County Care Xpress
Tri-County Health Clinic, Inc.: Braxton Health Associates
Tri-County Health Clinic, Inc.: Little Meadow Health Clinic
Tri-County Health Clinic, Inc.: Tri-County Health Clinic
Tri-County Health Clinic, Inc.: Marlington Health Center
Tri-County Health Clinic, Inc.: West Milford Health Center
Tug River Health Association, Inc.: Tug River Health Association, Inc.
Tug River Health Association, Inc.: Tug River Health Clinic Northfork
Tug River Health Association, Inc.: Catterson Health Center
Tug River Health Association, Inc.: Tug River Mount View Health Center
Cabin Creek Health Systems: Sissonville Health Center (CCHS off site)
FamilyCare: Boone County FamilyCare HealthCenter
Preston Memorial Hospital: Preston Memorial Hospital
Roane General Hospital: Roane General Hospital
Stonewall Jackson Memorial Hospital: Stonewall Jackson Memorial Hospital
Webster County Memorial Hospital: Webster County Memorial Hospital (Main site)
Valley Health Systems: Valley Health - Fort Gay
Valley Health Systems: Valley Health - Harts/Robert C. Byrd Center
Valley Health Systems: Valley Health - Stepptown
WVUHS: Jefferson
UHA: Reedsville
Minnie Hamilton Health System: Minnie Hamilton Health System
Minnie Hamilton Health System: Minnie Hamilton Health System Glenville Office
Minnie Hamilton Health System: Calhoun School Base Clinic
Minnie Hamilton Health System: Gilmer School Base Clinic
Wheeling Hospital, Inc.: Wellsburg Clinic

10. Advancing telemedicine benefits

Since the WVTA has not started any connections or improvement projects under the alliance's RHCPP plan, we cannot provide updates on how this program has achieved goals and objects related to advancing telemedicine or its benefits. These details will be provided in subsequent quarterly reports.

11. HHS health IT initiatives

The WVTA will work to provide answers to these HHS health IT questions as the alliance's RHCPP program advances. However, the WVTA already is working very closely with the West Virginia Health Information Network in the coordination of each entity's efforts and in fulfilling the activities related to the Nationwide Health Information Network. Moreover, the West Virginia Health Information Network, whose director serves on the WVTA board, was one of the participants in the NHIN2 project.

12. HHS -- Centers for Disease Control and Prevention (CDC)

The WVTA will work to provide answers to these HHS health IT questions as the alliance's RHCPP program advances.

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Beckley Health Right Free Clinic	111 Randolph Street free clinics	Beckley	WV	25801	Raleigh	3042533577	4	010600	Non-Public	Eligible	Not for Profit	Rural
Belington Community Medical Services Association, Inc. FQHC Look-Alike - Main	210 Sturmer Street chc	Belington	WV	26250	Barbour	3048232800	10.6	965800	Non-Public	Eligible	Not For Profit	Rural
Belington Community Medical Services Association, Inc.: **Brandon Wellness Center** School Based Health Centers	99 Horseshoe Drive chc	Philippi	WV	26416	Barbour	3044574000	9	965600	Non-Public	Eligible	Not For Profit	Rural
Cabell Huntington Hospital Acute Care	1340 Hal Greer Boulevard hospital	Huntington	WV	25701	Cabell	3045262000	1	001500	Non-Public	Eligible	Not For Profit	Urban
Cabin Creek Health Center, Inc. FQHC - Main **No Vendor, contact only**	Route 79, Box 70 chc	Dawes	WV	25054	Kanawha	3045955006	1	012100	Non-Public	Eligible	Not For Profit	Urban
Cabin Creek Health Systems: **Riverside Health Center** School Based Health Centers	1 Warrior Way chc	Belle	WV	25015	Kanawha	3049493591	1	011800	Non-Public	Eligible	Not For Profit	Urban
Cabin Creek Health Systems: **Clendenin Health Center** Community Health Center - Satellite	301 Elk River Road chc	Clendenin	WV	25045	Kanawha	3045487272	2	011200	Non-Public	Eligible	Not For Profit	Urban

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Cabin Creek Health Systems:												
Sissonville Health Center	7133 Sissonville Drive	Sissonville	WV	25320	Kanawha	3049841585	2	010801	Non-Public	Eligible	Not For Profit	Urban
Community Health Center - Satellite	chc											
CAMC	I/S Management c/o 511 Brooks Street	Charleston	WV	25301	Kanawha	3043889705						
No Vendor, contact only												
CAMC-Memorial Division	3200 Maccorkle Avenue S E	Charleston	WV	25304	Kanawha	3043885972	1	001500	Non-Public	Eligible	Not For Profit	Urban
Acute Care	hospital											
CAMC-Women and Childrens	800 Pennsylvania Avenue	Charleston	WV	25302	Kanawha	3043882286	1	000500	Non-Public	Eligible	Not For Profit	Urban
Acute Care	hospital											
CAMC-General Division	501 Morris Street	Charleston	WV	25325	Kanawha	3043886203	1	001200	Non-Public	Eligible	Not For Profit	Urban
Acute Care	hospital											
CAMC Cross Lanes Urgent Care	314 Goff Mountain Road	Cross Lanes	WV	25313		3043887070						
CAMC SVI Laboratory Services	3004 Chesterfield Avenue	Charleston	WV	25304		3043885099						
CAMC Southridge Health Plus	301 RHL Boulevard	South Charleston	WV	25309		3047440174						
CAMC Kanawha City Health Plus	4602 MacCorkle Avenue	Charleston	WV	25304		3049254777						

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
CAMC Physical Therapy & Sports Medicine	200 Tracy Way	Charleston	WV	25311		3043884900						
IHCPI Urology Clinic	11 Courtney Drive	Charleston	WV	25304		3049258521						
CAMC Urgent Care St. Albans	12 Kanawha Terrace	St. Albans	WV	25177		3047225761						
CAMC-Teays Valley Acute Care	1400 Hospital Drive hospital	Hurricane	WV	25526	Putnam	3047571700	1	020602	Non-Public	Eligible	Not For Profit	Urban
CAMC Public Affairs & PIHN Main Office	405 Capital Street, Suite 307 & 505	Charleston	WV	25301						Ineligible		
Clay-Battelle Health Services Association	5861 Mason Dixon Highway chc	Blacksville	WV	26521	Monongalia	3044328211	2	011400	Non-Public	Eligible	Not For Profit	Urban
Clay-Battelle Health Services Association: **Community Health Center of Northwestern Wetzel County** Community Health Center - Satellite	Route 250 chc	Burton	WV	26562	Wetzel	3047754671	10	030400	Non-Public	Eligible	Not For Profit	Rural
Community Health Network of WV: Community Health Network of WV - HQ **No Vendor, contact only**	642 Brady Street	Barboursville	WV	25504	Cabell	3042041609						

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Community Health Network of WV - Colocation Facility (17267-02-0005 pass though)	500 Summers Street	Charleston	WV	25301	Kanawha	3042041609						
Community Health Network of WV: Marshall University - Drinko Library (17267-02-008 pass through)**	1 John Marshall Drive	Huntington	WV	25755	Cabell	3046966706						
FamilyCare: FamilyCare Health Center - Teays Valley (Main Site) FQHC - Main **No Vendor, contact only**	301-6 Great Teays Boulevard chc	Scott Depot	WV	25560	Putnam	3047576999	1	020400	Non-Public	Eligible	Not For Profit	Urban
FamilyCare: Boone County **FamilyCare HealthCenter** Community Health Center - Satellite	515 Main Street chc	Madison	WV	25130	Boone	3043690393	7	958400	Non-Public	Eligible	Not For Profit	Rural
HBHS dba Process Strategies, Inc. (Highland Hospital)	1418 MacCorkle Avenue, S.W.	Charleston	WV	25303		3043481402						
Highland Hospital Psychiatric	300 56 Street, S.E. hospital	Charleston	WV	25304	Kanawha	3049254756	1	001500	Non-Public	Eligible	Not For Profit	Urban
Lincoln County Primary Care Center, Inc. FQHC - Main	7400 Lynn Avenue chc	Hamlin	WV	25523	Lincoln	3048245806	10.4	955500	Non-Public	Eligible	Not For Profit	Rural

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Lincoln County Primary Care Center, Inc.**: Yellowjacket Center for Health/Duval Middle School** School Based Health Centers	5304 Straightfork **(Garretts Bend Road)**	Griffithsville	WV	25521	Lincoln	3048245806	2	955400	Non-Public	Eligible	Not For Profit	Urban
Lincoln County Primary Care, Inc.: **Gilbert Medical Center** Community Health Center - Satellite	202 Larry Joe Harless Drive, P. O. Box 1987 **(Third Avenue)** chc	Gilbert	WV	25621	Mingo	3046643223	10	957700	Non-Public	Eligible	Not For Profit	Rural
Lincoln County Primary Care Center: Guyan Valley Wellness Center: **Wildcat Center for Health/Guyan Valley Wellness Center** School Based Health Centers	5322 McClellan Highway **(700 State Road 10, North)** chc	Branchland	WV	25506	Lincoln	3048245707	2	955800	Non-Public	Eligible	Not For Profit	Urban
Lincoln County Primary Care Center, Inc.: **LCHS Panther Center for Health/Lincoln Co. HS*** School Based Health Centers	1 Panther Way chc	Hamlin	WV	25523	Lincoln	3048246090	10.4	955500	Non-Public	Eligible	Not For Profit	Rural
Lincoln County Primary Care Center, Inc. : **West Hamlin Elementary Wellness Center** School Based Health Centers	Route 1, Box 112A chc	West Hamlin	WV	25571	Lincoln	3048245707	2	955600	Non-Public	Eligible	Not For Profit	Urban

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Lincoln County Primary Care Center, Inc.: Southern West Virginia Health System - Man: **Community Health Foundation of Man, Inc.** FQHC - Main	650 East McDonald Avenue (**600 East McDonald Avenue)** chc	Man	WV	25635	Logan	3045836544	10.6	956600	Non-Public	Eligible	Not For Profit	Rural
Minnie Hamilton Health System: **Minnie Hamilton Health Care Center** Critical Access	186 Hospital Drive hospital	Grantsville	WV	26147	Calhoun	3043549244	10.6	962600	Non-Public	Eligible	Not For Profit	Rural
Minnie Hamilton Health System Glenville Office: **Glenville Primary Care** Community Health Center - Satellite	809 Mineral Road, Suite One chc	Glenville	WV	26351	Gilmer	3044627322	10	967800	Non-Public	Eligible	Not For Profit	Rural
Minnie Hamilton Health Sysrtem: Calhoun School Base Clinic: **Calhoun Co. Middle/High School Wellness Center** School Based Health Centers	HC 89, Box 118 chc	Mt. Zion	WV	26151	Calhoun	3043546851	10.6	962600	Non-Public	Eligible	Not For Profit	Rural
Minnie Hamilton Health System: Gilmer School Base Clinic: **Gilmer Co. High School Wellness Center** School Based Health Centers	300 Pine Street chc	Glenville	WV	26351	Gilmer	3044628500	10	967800	Non-Public	Eligible	Not For Profit	Rural

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Monroe County Health Center: **Monroe Health Center*** FQHC - Main	200 Health Center Drive chc	Union	WV	24983	Monroe	3047723064	10.6	950200	Non-Public	Eligible	Not For Profit	Rural
Monroe County Health Center: James Monroe High School Wellness Center: **James Monroe High School Wellness Center** School Based Health Centers	142 James Monroe Drive (**Rt. 1, Box 97-1-A - This is old address - replaced - E-911)** chc	Lindside	WV	24951	Monroe	3047534336	10.6	950200	Non-Public	Eligible	Not For Profit	Rural
Monroe County Health Center: Peterstown Elementary/Middle School Health Center: **Peterstown Elementary/Middle School Health Center** School Based Health Centers	108 College Drive chc	Peterstown	WV	24963	Monroe	3047536960	10.6	950300	Non-Public	Eligible	Not For Profit	Rural
Monroe County Health Center: Mountain View Elementry/Middle School: **Mountain View Elementary/Middle School** School Based Health Centers	Mountain View Drive	Union	WV	24983	Monroe	3047724580	10.6	950200	Non-Public	Eligible	Not For Profit	Rural
Monroe County Health Center: Craig County Elementary/Middle/High School Wellness Center: **Craig County Elementary/Middle/High School**	25239 Craig Creek Road, HWY 615	New Castle	VA	24127	Craig	5048646322	2	050100	Non-Public	Eligible	Not For Profit	Urban

List of Participating Entities - Appendix A

School Based Health Centers

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Monroe County Health Center: **Monroe Health Center - Peterstown** Community Health Center - Satellite	2869 Seneca Trail South **(591 US Highway 219, South - replaced E-911)** chc	Peterstown	WV	24963	Monroe	3047534336	10.6	950300	Non-Public	Eligible	Not For Profit	Rural
Mountaineer Community Health Center, Inc. FQHC Look-Alike - Main	115 Winchester Street (**783 Winchester Street)** chc	Paw Paw	WV	25434	Morgan	3049475500	2	970900	Non-Public	Eligible	Not For Profit	Urban
Pendleton Community Care, Inc. FQHC - Main	314 Pine Street chc	Franklin	WV	26807	Pendleton	3043582355	10.4	970500	Non-Public	Eligible	Not For Profit	Rural
Pendleton Community Care, Inc.: Pill Box 340-B Pharmacy	203 N. Main Street	Franklin	WV	26807	Pendleton					Ineligible		
Preston Memorial Hospital Critical Access	300 S Price Street hospital	Kingwood	WV	26537	Preston	3043291400	7.3	964000	Non-Public	Eligible	Not For Profit	Rural
Primary Care Systems, Inc. FQHC - Main	125 Center Street chc	Clay	WV	25043	Clay	3045877301	10.4	958000	Non-Public	Eligible	Not For Profit	Rural
Primary Care Systems, Inc.: Clay County Elementary School Wellness Center: **Clay County Elementary School Wellness Center**	168 Church Street	Clay	WV	25043	Clay	3055876045	10.4	958000	Non-Public	Eligible	Not For Profit	Rural

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
School Based Health Centers	chc											
Primary Care Systems, Inc.: Clay County Middle School Wellness Center: **Clay County Middle School Wellness Center**	236 Church Street	Clay	WV	25043	Clay	3045874375	10.4	958000	Non-Public	Eligible	Not For Profit	Rural
School Based Health Centers	chc											
Primary Care Systems, Inc.: Clay County High School Wellness Center: **Clay County High School Wellness Center**	One Panther Drive	Clay	WV	25043	Clay	3045872867	10.4	958000	Non-Public	Eligible	Not For Profit	Rural
School Based Health Centers	chc											
Primary Care Systems, Inc.: Big Otter Elementary School Wellness Center	59 Ossia Road	Duck	WV	25063		3042863111						
Primary Care Systems, inc.: Big Otter Clinic: **Big Otter Clinic**	HC 75, Box 150	Ivydale	WV	25113	Clay	3042864200	10.4	958000	Non-Public	Eligible	Not For Profit	Rural
School Based Health Centers	chc											
Roane General Hospital	200 Hospital Drive	Spencer	WV	25276	Roane	3049274444	7	963000	Non-Public	Eligible	Not For Profit	Rural
Critical Access	hospital											
Stonewall Jackson Memorial Hospital	230 Hospital Plaza	Weston	WV	26452	Lewis	3042698080	7	967500	Non-Public	Eligible	Not For Profit	Rural
Acute Care	hospital											
Tri-County Health Clinic, Inc.	Route 4 & 20 South	Rock Cave	WV	26234	Upshur	3049246262	8	967000	Non-Public	Eligible	Not For Profit	Rural
FQHC - Main	chc											

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Tri-County Health Clinic, Inc.: Braxton Health Associates	707 Elk Street	Gassaway	WV	26624		3043648941						
Tri-County Health Clinic, Inc.: Little Meadow Health Clinic: **Little Meadow Health Clinic** Community Health Center - Satellite	Pickens Road, P. O. Box 27 chc	Helvetia	WV	26224	Randolph	3049245453	8	965900	Non-Public	Eligible	Not For Profit	Rural
Tri-County Health Clinic, inc.: West Milford Health Center: **West Milford Health Center** Community Health Center - Satellite	924 Liberty Street chc	West Milford	WV	26451	Harrison	3047454568	5	031400	Non-Public	Eligible	Not For Profit	Rural
Tri-County Health Clinic, Inc.: Tri-County Care Xpress	11 N. Locust Street	Buckhannon	WV	26201		3044731440						
Tri-County Health Clinic, Inc.: Northern Pocahontas County Health Clinic: **Northern Pocahontas County Health Clinic** Community Health Center - Satellite	**P. O. Box 155, Rt. 28/92** (Old Address: Route 250, Main Street, Durbin, WV 26264) chc	Green Bank	WV	24944		3044565370	**10**	960100	Non-Public	Eligible	Not For Profit	Rural
Tri-County Health Clinic, Inc.: Community Care of Marlinton	Route 2, P. O. Box 386	Marlinton	WV	24954		3047994404						
Tug River Health Association, Inc. FQHC - Main	Route 103, P. O. Box 507 (Supply Street) chc	Gary	WV	24836	McDowell	3044482101	7	953700	Non-Public	Eligible	Not For Profit	Rural

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FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Tug River Health Association, Inc.: Catterson Health Center: **Catterson Health Center** Community Health Center - Satellite	Route 10 chc	Pineville	WV	24874	Wyoming	3047327069	10	953100	Non-Public	Eligible	Not For Profit	Rural
Tug River Health Association, Inc.: Tug River Health Clinic Northfork: **Tug River Health Center at Northfork** Community Health Center - Satellite	U. S. Route 52, Main Street chc	Northfork	WV	24868	McDowell	3048622588	6	954300	Non-Public	Eligible	Not For Profit	Rural
Tug River Health Association, Inc.: Tug River Mount View Health Center: **Mount View Health Center** School Based Health Centers	950 Mount View Road, Suite 500 chc	Welch	WV	24801	McDowell	3044364798	7	953800	Non-Public	Eligible	Not For Profit	Rural
Tug River Health Association, Inc.: Tug River Total Fitness	Route 103	Wilcoe	WV	24896						Ineligible		
University Health Associates (UHA) - only contact site	West Virginia University Hospitals, Medical Center Drive, P. O. Box 8059	Morgantown	WV	26506		3045984124						
UHA: Kingwood	328 Tunnelton Street	Kingwood	WV	26537		3043290925						
UHA: Reedsville	14 Comfort Drive	Reedsville	WV	26547		3048640006						
Valley Health Systems, 2585 Third Avenue, Huntington, WV 25703 FQHC - Main	2585 Third Avenue chc	Huntington	WV	25703	Cabell	3045253334	1	000400	Non-Public	Eligible	Not For Profit	Urban

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Valley Health Systems - Upper Kanawha: **Valley Health - Upper Kanawha*** Community Health Center - Satellite	408 Alexander Street, Drawer F chc	Cedar Grove	WV	25039	Kanawha	3045951770	1	011800	Non-Public	Urban	Not For Profit	Eligible
Valley Health Systems - Fort Gay: **Valley Health - Fort Gay** Community Health Center - Satellite	3329 Bridge Street chc	Fort Gay	WV	25514	Wayne	3046488258	3	020800	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems - Harts/Robert C. Byrd Center: **Valley Health - Harts/Robert C. Byrd Center** Community Health Center - Satellite	22 Fleming Drive	Harts	WV	25524	Lincoln	3048554595	10	955700	Non-Public	Eligible	Not For Profit	Rural
Valley Health Systems: Valley Health Huntington/Diagnostics: **Valley Health Diagnostics** Community Health Center - Satellite	1301 Hal Greer Boulevard chc	Huntington	WV	25701	Cabell	3045250573	1	001400	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Health - A Woman's Place: **Valley Health - A Woman's Place** Community Health Center - Satellite	1630 Thirteenth Avenue chc	Huntington	WV	25701	Cabell	3046972014	1	001500	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Health - Westmoreland: **Valley Health - Westmoreland**	2908 Auburn Road	Huntington	WV	25704	Wayne	3047815800	1	005100	Non-Public	Eligible	Not For Profit	Urban

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Valley Health Systems: Valley Health - Carl Johnson Medical Center: **Valley Health - Carl Johnson Medical Center** Community Health Center - Satellite	307 Fifth Avenue chc	Huntington	WV	25702	Cabell	3045294734	1	000200	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Health - Youth and Pediatrics: **Valley Health - Youth and Pediatrics** Community Health Center - Satellite	723 Ninth Avenue chc	Huntington	WV	25701	Cabell	3045290645	1	001300	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Health - Hurricane: **Valley Health - Hurricane**	3701 Teays Valley Road	Hurricane	WV	25526	Putnam	3047606040	1	020602	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Heatlh - Ironto: **Valley Health - Ironton** Community Health Center - Satellite	1041 Ironton Hills Drive chc	Ironton	OH	45638	Lawrence	7405321188	1	050800	Non-Public	Eligible	Not For Profit	Urban
Valley Health Systems: Valley Health Stepptown: **Valley Health - Stepptown** Community Health Center - Satellite	3 Adena Drive chc	Kermit	WV	25674	Mingo	3043934090	10	021000	Non-Public	Eligible	Not For Profit	Rural
Valley Health Systems: Valley Health - Grant: **Valley Health - Grant** Community Health Center - Satellite	308 East Main Street chc	Milton	WV	25541	Cabell	3047434444	1	010800	Non-Public	Eligible	Not For Profit	Urban

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FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Valley Health Systems: Valley Health - Pharmacy	3375 U.S. Route 60	Huntington	WV	25705	Cabell					Ineligible		
Valley Health Systems: Valley Health Wayne: **Valley Health - Wayne** Community Health Center - Satellite	594 Railroad Avenue chc	Wayne	WV	25570	Wayne	3042725136	2	020600	Non-Public	Eligible	Not For Profit	Urban
Webster County Memorial Hospital Critical Access	324 Miller Mountain Drive hospital	Webster Springs	WV	26288	Webster	3048475682	10	970100	Non-Public	Eligible	Not For Profit	Rural
West Virginia Health Right Free Clinics	1520 Washington Street, East free clinics	Charleston	WV	25311	Kanawha	3043437000	1	001200	Non-Public	Eligible	Not For Profit	Urban
West Virginia United Health Systems (WVUHS) - only contact site	West Virginia University Hospitals, Medical Center Drive, P. O. Box 8059	Morgantown	WV	26505		3045984132						
WVUHS: Ruby / WVU Children's Hospital	1 Stadium Drive	Morgantown	WV	26505		3045984000						
WVUHS: Cheat Lake	608 Cheat Road	Morgantown	WV	26508		3045941313						
WVUHS: City Hospital	Dry Run Road	Martinsburg	WV	25402		3042641000						
WVUHS: Jefferson	300 South Preston Road	Ranson	WV	25438		3047281601						

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Wheeling Hospital, Inc.: Wheeling Hospital, Inc.	1 Medical Park	Wheeling	WV	26003		3042433000						
Wheeling Hospital: Belmont Community Hospital	4697 Harison Street	Bellaire	OH	43906								
Wheeling Hospital: Belmont Community Health Center	3000 Guernsey Street	Bellaire	OH	43906								
Wheeling Hospital: St. Clairsville Health Center	51339 National Road	St. Clairsville	OH	43906								
Wheeling Hospital, Inc.: Wheeling Clinic	58 16 Street	Wheeling	WV	26003								
Wheeling Hospital, Inc.	815 Warden Run Road	Wheeling	WV	26003								
Wheeling Hospital, Inc.: Wellsburg Clinic	1423 Commerce Street	Wellsburg	WV	26070								
Wheeling Hospital, Inc: Bow Street Warehouse	513 McColloch Street	Wheeling	WV	26003						Ineligible		
Cabell Huntington Hospital	1340 Hal Greer Boulevard	Huntington	WV	25701	Cabell	3045262000				Eligible		
Lincoln Primary Care Center	7400 Lynn Avenue	Hamlin	WV	25523	Lincoln	3046966776						
Marshall University	1 John Marshall Drive	Huntington	WV	25755	Cabell	3046966706				Eligible		

List of Participating Entities - Appendix A

FACILITY / DESCRIPTION	ADDRESS				COUNTY	PHONE	RUCA	TRACT	PUBLILC	ELIGIBLE	STATUS	CLASS
Marshall University School of Medicine, Robert C. Byrd Center for Rural Health	1600 Medical Center Drive	Huntington	WV	25701	Cabell	3046911722				Eligible		
Drinko Library	410 Hal Greer Boulevard	Huntington	WV	25755	Cabell	3046966706				Ineligible		
Cabell Hall	2001 7th Avenue	Huntington	WV	25703	Cabell	3046966706				Ineligible		
Robert C. Byrd Biotechnology Science Center	1700 3rd Avenue	Huntington	WV	25755	Cabell	3046966706				Eligible		
St. Mary's Hospital	2900 1st Avenue	Huntington	WV	25702	Cabell	3045261234				Eligible		
Tug River Health Association, Inc. - Gary Center	Route 103, Supply Street, P. O. Box 507	McDowell	WV	24836	McDowell	3046966706				Eligible		

Quarterly Report January 30, 2012
APPENDIX B – Board of Directors

First	Last	Title	Organization	Address	Telephone	Email
Sharon	Hall	President	CAMC Health Education and Research Institute	3200 MacCorkle Avenue, SE Charleston, WV 25304	304/388-9901	sharon.hall@camc.org
Arnie	Hassen, Ph.D.	Director of Medical Informatics	WV School of Osteopathic Medicine	400 North Lee Street Lewisburg, WV 24901	304/647-6215	ahassen@osteo.wvsom.edu
Margaret E.	Jaynes, MD	Professor, Director and Section Chief	Department of Pediatrics Robert C. Byrd Health Sciences Center West Virginia University	Post Office Box 9214 Morgantown, WV 26506	304/293-7331	mjaynes@hse.wvu.edu
Jim	Kranz	VP Professional Activities	WV Hospital Association	100 Association Drive Charleston, WV 25311	304/353-9712	jim.kranz@wvha.org
Phil	Weikle	Chief Operations officer	WV Health Information Network	100 Dee Drive Charleston, WV 25311	304/348/2249	pweikle@cawv.org
Larry	Malone	Owner	Malone Consulting Services	907 Highland Road Charleston, WV 25302	304/545-3052	lmalone@malonecs.com
Gerald D. "Jerry"	Roueche', Jr.	Assistant to the Secretary	WV Department of Health & Human Resources	Building 3, Room 206, Charleston, WV 25305	304/558-9149	Gerald.D.Roueche@wv.gov
Kyle	Schafer	Chief Technology Officer	Governor's Office of Technology	One Davis Square 321 Capitol Street Charleston, WV 25301	304/558-8100 (Work) 304/552-2344 (Cell)	Kyle.D.Schafer@wv.gov
Jack	Shaffer	Vice President of IT Northeast Natural Energy	External IT Consultant	707 Virginia St. E Suite 1400 Charleston, WV 25301	304-414-7060	jshaffer@nne.llc.com

Quarterly Report – January 30, 2012
APPENDIX C – Project Plan Timeline

RHCPP Implementation Timeline

Metro Fiber Build Project
Create a metropolitan fiber connection environment (1 gig) to facilitate eligible health care services at and among these institutions:

- Marshall University (for its health education programs, courses)
- Marshall University Joan C. Edwards School of Medicine
- St. Mary's Medical Center
- Cabell-Huntington Hospital

Not only will this project provide advanced broadband interconnection among these institutions for health care, the exchange of health information and health education purposes, but the project also will allow rural health centers better remote access (via telehealth systems and applications) to the physicians and specialists at these interconnected organizations.

Completed: Spring 2011

Telco Services Procurement RFP Project
As part of the alliance's telecommunication services procurement project, nearly 167 health care locations in the state were aggregated into a RFP (Wide Area Network and Internet Service Request for Proposals).
Connections: Spring – 2012 due for completion

Inter-carrier Metro/MPLS Hub Project
RFP is out for bid since 12/20/2011. RFP is moving forward with active bidding on Hub RFP services.
Bid Award: Spring 2012

Telco Services Procurement (Future)
The WVTA will await the results of the Inter-carrier Metro/MPLS Hub analysis and budget before deciding on whether to undertake an RFP process for another advanced broadband/telco services RFP.

Internet2 Connection for Health Care
Completion: *undetermined at this time*

Appendix D - Sustainability Plan Outline

January 30, 2012

Sustainability Plan for Huntington Metro Fiber Project

Response to Sustainability Questions

1. What is your projects source for 15% funding?
    a. Marshall University Information Technology, Marshall University School of Medicine, Cabell Huntington Hospital and St. Mary's Hospital have agreed to pay for the 15% of the build cost for the Huntington Metro Fiber Network.
2. Do you have any commitments from Network Members?
    a. I have submitted Letter's of Agency from each of the members listed in question 1. It included their financial commitment.
3. What is the length of your sustainability Period?
    a. Once the fiber is built, the only ongoing costs are @$5,000 a year for pole rights. The network Equipment RFP will have its own sustainability and replacement plan. Marshall University Information Technology will not be charging the partner hospitals and medical school for the technical support of the network.
4. Can you create a budget for your sustainability plan at this time? If so, please include it.
    a. Budget: $5,000 annually spilt and billed equally for each of the 4 participants. Additionally, Marshall University takes full financial liability for providing the cost of the pole rights if any issue should arise from the partners.
5. Will there be any use of the Network by Non-Eligible Entities?
    a. No
6. Who will be in charge of managing of the Network?
    a. Marshall University Information Technology/Telecommunications Division.
7. Are there any assumptions of Continued RHC Funding?
    a. No
8. Will you be using State and Federal funding to sustain your project?
    a. Yes
9. Does your project include any Prepaid Lease Options?
    a. No
10. Does your project plan to have any up Front Charges and/or Monthly Lease Charges?
    a. No.
11. Please discuss your Selected Options. Excess Bandwidth and Excess Capacity.
    a. The fiber being built is dedicated to the usage of the FCC Rural Telehealth Pilot project.

Excess Bandwidth /Capacity

The 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 members, with the participant getting ownership of the fiber. The participant owns 100% of the fiber. The universal service funds pay for not more than 85% of such eligible costs. Any capacity paid for by universal service funds belong to the participant. The price is based on construction costs and the participant is paying more than a fair share of construction costs. The participant has ownership of what is being constructed. The participant has certified selection of the most cost-effective bid and documents will be provided to USAC so they can verify that cost was a primary factor in selection.

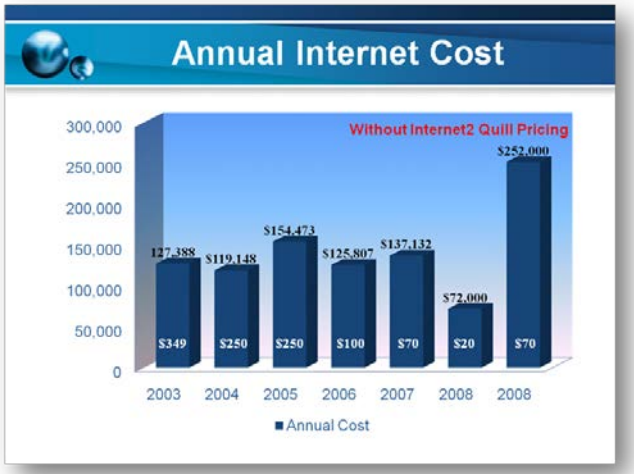
Budget Breakdown for Future Costs

Item	Description	Life Span	Cost
Fiber Construction		20 Years	$273,100
Make Ready	Pole installation shall be in accordance with all Local, AEP, Verizon Communications and RUS requirements. Pre existing pole lines must be capable of supporting proposed cables. To determine the adequacy of an existing pole line inspect for loading capabilities. Verification should include the following: • Poles physical integrity (i.e. Poles bent or split) • Presence of guys or anchors • Existence of a ground system • Clearance from other utilities • Specifications of pole – height, class, age, composition • Ownership and Joint use issues It is the Contractors responsibility to supply all application documentation to and coordinate with the utility pole owners (AEP, Verizon Communications and/or other). This is a pass through cost from the utility company.	NA	@274,000
Pole Rights Cost	Utility pole fees are charged on an annual basis and will be split equally among the providers. Federal dollars are not being requested for this annual cost.	Annual	@$5,000
Network Equipment	This will be done as a separate RFP and a separated sustainability plan will be provided for that portion of the project	7 Years	To Be Bid
Network Operation	Marshall University Telecommunications cost will provide the ongoing technical network support for the project will not be charging the partner hospitals and medical school for the technical support of the network.	Annual	NA

2) Internet2

Marshall University will serve as the lead organization with a network of users and affiliated health care organizations in southern and central WV – collectively, these organizations will sustain the approximately $265K operating cost annually (this represents slightly less than 10% of the WVTA operational budget). Approximately 15% of the RHC funds will be allocated to build out the I2 connection and the organizations affiliated with Marshall have a continuing commitment to this portion of the project.

Funds from the FCC grant (or alternative source) will permit integration of the facilities of various disparate hospital and healthcare networks with Marshall University and other academic health care organizations and **Internet2**. Marshall University has historically provided the technical support and planning to our School of Medicine and our local community hospitals, including St. Mary's and Cabell Huntington Hospital for integration and infrastructure planning. A redundant fiber ring from the Marshall University to the School of Medicine, Cabell Hunting Hospital and Saint Mary's Medical Center will have a financial payback within two years. Several years ago, Marshall University provided a single fiber connection to the School of Medicine for Billing and Internet access. The project was paid for in a short eight months due to the historical monthly telecommunications costs that were traditionally being paid to telecommunication service providers were no longer necessary. This project completes the fiber loop and provides the required redundancy necessary for medical applications. Additionally, both Cabell Huntington Hospital and Saint Mary's Medical Center are supporting costs or Internet Access. These dollars will be redirected to support both Internet2 and commodity Internet that will be tunneled via the Internet2 connection. Internet2 Quill commodity Internet pricing is less than 1/4 the cost of their current pricing of their Internet Service provider. Marshall University will provide both **Internet2** interconnectivity as well as improved integration of existing networks to any participating healthcare partner.



Another goal of this project is to create a premier integrated clinical network that will enhance research, education, and economic development and will expand West Virginia's role and reputation in networking technology combined with our national reputation in rural health. The WV TeleHealth project is the infrastructure component of the West Virginia Health Information Network. This network design with provide both intrastate and interstate research and education capabilities that go far beyond the capabilities of even **Internet2**.

All partners will expand the delivery of interactive educational programming, such as grand rounds and continuing medical education, clinical information systems, library services, and consultation. Beneficiaries will be students, residents, health care professionals and, above all, the patients served by the institutions and facilities connected to this **Internet2** system.

Non-eligible Health Care Providers or Other Participants

We only anticipate eligible healthcare and education providers utilizing the system during the pilot project, but we do have plans for the extension and sustainability of Internet2 connection as a regional economic development. A cost structure will be created post pilot for long term sustainability and growth. If we do have non-medical faculty who would like to participate in Internet2 for education and research actives, we will be able to charge selected ports. We have the ability to control access to the Internet and Internet2 on a port by port basis within an networked facility. Marshall University faculties, including non-medical researchers, are submitting NSF and NIH grants that will include the financial support for Internet2 connectivity and the expansion of a more robust cyberinfrastructure. This will help support the long-term sustainability of the Internet2 connections and subscription costs.

By utilizing the existing budgeted commodity Internet dollars, we will redirect these towards the Internet2 project and purchase commodity Internet via Quill pricing. Quill pricing is commodity Internet tunneled by Internet2 by a fraction of our current contract price. Those institutions connecting will absorb a percentage cost of the Internet2 connection based on their bandwidth requirements. Campus researchers will be including an Internet2 cost as part of their future grant requests.

Sustainability Plan for the Entities Under The West Virginia Telehealth Alliance's
RFP for Internet and Wide Area Network (WAN) telecommunications services and Internet access

Sustainability Plan

1. What is your project's source for 15 percent funding?
WVTA members have committed to provide the 15 percent matching dollars for their required share of Rural Health Care Pilot Program (RHCPP) projects. The alliance also will be using a state grant to help defray certain costs associated with non-recurring charges related to RHCPP projects.

2. Do you have any commitments from Network members?
Each participant has signed an LOA, has agreed to be listed on the 466 attachment and has signed a participation agreement and a RHCPP contract(s). (See LOA entities on Addendum A.)

3. What is the length of your sustainability period?
After the 24 months of anticipated RHCPP subsidy support, each entity will have 3 years committed to its telecom contract(s) at RFP rates. After the 24-months of the RHCPP subsidy period, WVTA will work to transition each eligible rural site into the regular universal service rural health program. (See more detailed explanation below.)

4. Can you create a budget for your sustainability plan at this time?
Yes. Please see Addendum B.

5. Will there be any use of the Network by Non-Eligible Entities?
Any non eligible entities will not receive federal dollars from the RHCPP. They may, however, purchase telecom services from the contract awarded by the RFP.

6. Who will be in charge of managing of the Network?
The WVTA's plan is to obtain Layer 3 support via the winning vendor(s) with ongoing overall management oversight by the WVTA.

7. Are there any assumptions of continued RHC funding?
Yes, via the regular universal service rural health program. (See more detailed explanation below.)

8. Will you be using State and Federal funding to sustain your project?
Yes, state and private funds will be used to help sustain the project…as well administrative fees/funds from the participating RHCPP entities. It also is anticipated that other USAC rural health program funds will be leveraged to help sustain this project once the RHCPP funds have expired.

9. Does your project include any Prepaid Lease Options?
No.

10. Does your project plan to have any up front charges and/or monthly lease charges?
No

11. Please discuss your selected options.
Each participant will subscribe to the level of advanced broadband services for its specific applications based on an entity's eligible program needs. There will be no excess capacity.

Sustainability -- Dedicated Broadband Health Care Network Connectivity

With the use of the FCC's RHCPP funds, the WVTA is working to develop more than just a single network, but will work to develop and connect a number of rural health care networks and ultimately interconnect these into a statewide health care network focused on advancing telehealth use, enabling the transmission of electronic medical records and facilitating broader collection and analysis of rural health information.

The WVTA intends to use its RHCPP funds for two main purposes:

1) To help fund one-time NRCs levied by the telecommunications carriers to build out the needed infrastructure and network connections, particularly in areas not covered by the Statewide MPLS contract. By using the RHCPP funds (and matching state agency provided funds), the ongoing monthly recurring broadband costs(MRCs) to the locations will be reduced through the up-front capital cost instead of financing these costs within the recurring cost structure.
2) To pay the MRCs of the 93 locations for a defined period of time (24 months).

By aggregating "demand" from among these multiple health care entities under this pilot project, the purchasing power and economies of scale will result, overall, in lower on-time connection charges and reduced monthly broadband fees charged for equivalent services.

In addition, many of the WVTA's eligible entities will benefit substantially from service level improvements, a more robust, scalable system and greater reliability and up-time.

Other benefits from improving broadband services and network interconnections from among participating health care facilities will be to:

- Provide advanced broadband connectivity to facilitate enhanced healthcare delivery to rural medically underserved regions using telehealth/telemedicine technologies;
- Help rural locations have increased access to health care and supporting services while containing or decreasing healthcare costs;
- Aid in the dissemination of relevant information, training, and technical assistance to healthcare organizations and providers to assist them with the adoption, deployment and utilization of new and emerging telehealth technologies for patient treatment and care coordination;
- Increase the use of distance learning in public health and medical care;
- Help to spur the use of electronic medical records; and
- Facilitate access to training for healthcare workers, medical professionals, and patient education in rural and medically underserved areas.
- Produce more effective group purchasing (lower costs) for advanced broadband services and improved quality of service and reliability.

As stated earlier, the overall plan of the West Virginia Telehealth Alliance will involve more than just creating a single network, but will involve a linking a number of rural health care networks and ultimately interconnect

these into a statewide health care network (being built by the West Virginia Health Information Network). The goals are to advance telehealth use, enable the transmission of electronic medical records, provide for a broader collection and analysis of rural health information and improve health outcomes across rural West Virginia.

The FCC's RHCPP funds are being deployed to facilitate the establishment of health care networks and telehealth relationships, particularly where rural centers or clinics may lack access to certain medical expertise or advanced medical technologies available in larger hospitals/facilities. The RHCPP funds also are being used to bolster existing broadband connections generally from basic DSL or cable connections to advanced T1 or fiber optic connections, and to require very high levels of broadband service quality and reliability.

Through aggregation of demand and group purchasing power, the alliance has sought to procure telecom services and rates at favorable rates and terms that will negate or minimize any added broadband costs (MRCs) associated with the planned enhancement of broadband infrastructure among participating rural health care centers/clinics and rural hospitals. The alliance also will continue to work to ensure that West Virginia participants, particularly rural hospitals and health care clinics, will gain an understanding of and interest in involvement in the regular USAC Rural Health Care Program, once the RHCPP ends.

Finally, over the next several years the health care industry will progress in its migration toward more widespread use of electronic health records, more extensive use of telemedicine/telehealth and, ultimately, general health information exchange. All of this should facilitate greater and more widespread use of advanced broadband connectivity and telehealth services. This transformation should result in these centers viewing advanced broadband connectivity as a necessary and justifiable cost of business; thereby ensuring a high level of sustainability. Combined, this also should help these centers further improve health care delivery, services and outcomes in rural West Virginia.

Other Sustainability Factors

Provided are additional "sustainability" factors that were incorporated into the WVTA's RHCPP procurement and project planning:

MPLS

The WVTA developed its RFP standards to mirror those of the state of West Virginia, which is in the process of completing a statewide MPLS upgrade for its offices and facilities. By doing this, the WVTA was able to benefit from reduced costs of services and an enhancement in the level of broadband available to participating entities. Specifically, implementation of the State's MPLS contract has caused significant upgrades to occur in areas where services overlap and are not coordinated; these upgrades and the economies of scale helped to provide for lower overall non-recurring costs (NRCs) and monthly recurring costs (MRCs) charged for equivalent services.

Aggregated Demand/Group Purchasing

In addition, many of the WVTA's contract entities will benefit substantially by the fact that the alliance aggregated demand under multi-year telecommunications contracts. As a result, average monthly costs for enhanced broadband services for participating health care providers appear, in many cases, to be approximately the same as the current cost for most of these providers (before application of any subsidy). These RHCPP contracts should be a key factor in helping to maintain service connections and ongoing sustainability.

Service Level Agreements

As part of its RFP, the West Virginia Telehealth Alliance included contract terms and conditions that will ensure 99.99 percent connectivity and a high level of quality of service in these rural areas. Few of these entities could have secured these SLA terms on their own. Therefore, these improvements in broadband quality and service reliability will be added factors in favor of sustainability.

Participation Agreements

The WVTA required each RHCPP contract entity to sign a participation agreement (see Addendum C) with the WVTA in addition to the required LOA. This participation agreement outlines that the health care provider is to maintain the broadband connection(s) provided for in the RHCPP for a minimum of 5 years regardless of the subsidy period provided by the FCC/WVTA.

This agreement also contains a provision that the entity, where applicable, will intend to transition/migrate into the regular USAC rural health program if it enhances sustainability and is beneficial.

a. Although the subsidy rates will be less than with the RHCPP, the WVTA's plan is to roll as many eligible entities as possible into the regular USAC USF program once the RHCPP subsidy ends. The WVTA has reviewed the contract entities and has identified that nearly all could qualify under the current universal service rural health subsidy (see Addendum D).
b. The WVTA will act as an advisor for those sites to assist them with transferring into the USF after the RHCPP period expires. A portion of the required administrative fee, which is part of the WVTA's participation agreement, will be used to fund this advisory role.

Individual Contracts

The alliance's procurement process was done in a way that required each health care entity in the RHCPP to assume full responsibility for signing a contract with a winning telecommunications provided. These "individualized" contracts will aid in the transfer of eligible entities into the regular universal services rural health subsidy program.

High-Bandwidth Use

Sustainability also will be enhanced by the fact that several of the "networks" that are part of this contract phase include participants that are utilizing applications that require the enhanced level of broadband provided for as part of the RHCPP. These include:

Rural health centers that are part of the Community Health Network of West Virginia and W.Va. Primary Care Assn. member health centers. These centers are using an electronic health record (ASP model) and other telehealth applications.

Rural clinics and hospitals that are part of the Partners In Health Network, which is establishing a perinatal telehealth referral project across the state.

Hospitals and clinics associated with West Virginia United Health System, which has implemented the EPIC EHR system.

Inter-carrier Metro/MPLS Hub

RFP 04 Sustainability Plan Inter-carrier Metro/MPLS Hub

Minimum 15% Funding Match
WVTA is committed to providing the 15% matching dollars for their required share of RHCPP project. The alliance will be using dollars from a Health Care Authority grant for this purpose. The HCA is a State of West Virginia agency acting in accordance of state law and by the direction of the Governor and Legislation of the State of West Virginia.

Project Sustainability Period
As the 36 months of anticipated RHCPP support is used, the WVTA will be tracking usage and determine the most utilized linkages and then negotiating with both these heavy users and the State of West Virginia telecommunications organizations, groups like WVTNET and the Governors' office of Technology, for turning management and cost over to those entities for the next 7 years. A total of 10 years of support and activity is the end hope for this project.

Principal Factors

2. The state of West Virginia is in the process of implementing a Statewide MPLS contract, and the WVTA plans to leverage this contract to reduce costs of services and enhance the level of broadband available to participating organizations. Implementation of the State's contract will cause significant upgrades to occur in areas where services overlap and are not coordinated; these upgrades and the economies of scale will result in lower overall non-recurring costs (NRCs) and monthly recurring costs (MRCs) charged for equivalent services. The WVTA intends to use a significant amount of the RHCPP funding on one-time NRCs levied by the telecommunications carriers to build out the infrastructure necessary in areas not covered by the Statewide MPLS contract. By paying the NRCs using the RHCPP funds (and matching state agency provided funds), the ongoing broadband costs to the WVTA plan's Hub locations will be reduced through the up-front capital cost instead of financing these costs within the recurring cost structure.
3. In addition, many of the WVTA's eligible entities will benefit substantially from aggregating demand under multi-year telecommunications contracts. It is expected that average monthly costs projected under these aggregated telecommunications contracts for participating health care providers will be estimated to be approximately the same as the current cost for most of these providers (before application of any subsidy) – and with a substantial increase in broadband capacity.
4. WVTA intends to deploy the network connectivity in a fashion that creates incentives for continued participation. By using the limited time higher subsidy that is available under the RHCPP, the WVTA will create a lower cost of telehealth connectivity cost during the first phase of the project and an overall lower average cost over the extended 5-year period to fully implement the plan.
5. WVTA plans to use non-recurring RHCPP funds to build the hub, and it is anticipated that a user fee system will be established to maintain and operate it. Based upon current user alignment and configuration, it is projected that approximately 90 plus members will use the hub to interconnect disparate telecommunications providers. A user fee) will be levied upon institutional health care providers that will use the hub as a statewide interconnection point for specialty telehealth services and health information exchange. The hub's fee-based revenues are expected to increase over time as telehealth and EMR activities increase.
6. WVNET would work to offer all the members using the network to save operating funds by offering the following services over the network such as: Virtual desktops replacing expensive desktop computers. Acting as member site's backup and storage of their data in HIPPA compliant storage. Provide media disaster recovery for their mission critical servers by creating virtual servers on blade servers at WVTNET that will allow for failover when their servers go down or are taken down for maintenance or upgrades. These savings could be used to pay the cost of continued Hub bandwidth and networking services when the grant dollars have ended. Additionally, by creating a Hub consortium, it will provide the HCPs with solutions to meet several of the Meaningful Use Core Objectives As well as the Public Health Objectives when dealing with the HIE requirements. The network will be optimized to transmit PHI, images, EMR materials, all with HIPAA and Meaningful Use requirements. The inter-carrier hub consortium will build a

collaborative network enabling the PCPs and other HPCs to securely and quickly move their records to each other or the NHIN gateway.

Terms of Membership in the Network

For the primary Hub locations that will be distributing the through put for the various WVTA networks to cross communicate, a legal document has been drafted for the those three primary locations. This document does not bind them to any cost considerations; those will be paid via the WVTA. This document only holds these three sites to host the WVTA equipment, allow access and to provide space and appropriate conditions for successful operations.

Excess Capacity

There are no plans of having excess capacity for this project.

Ownership Structure

The ownership of routing equipment bought through USAC/FCC funding will be with the WVTA. Telecommunication lines are owned by the telecommunication vendors awarded for this project.

Sources of Future Support

- The West Virginia Medicaid program has joined with the state's insurance program (PEIA) and Mountain State Blue Cross & Blue Shield to create the West Virginia Health Improvement Institute to promote accelerated adoption and use of HIT in coordination with the West Virginia Health Information Network (WVHIN). A collaborating legislative committee has established a goal of 60% adoption and use of EHRs by health care providers by 2010. This HIT use will depend upon the connectivity infrastructure established by the WVTA as part of this project. It is projected that this will increase use of the WVTA network for connectivity. The WVHIN is developing a model that is based upon a combination of subscription and transaction fees that will sustain the WVHIN, and the WVTA intends to coordinate a similar model and piggy-back on this fee structure for the connectivity. For the most recent reporting period for which complete information is available (2006) there were:
    - 293,093 hospital discharges;
    - 600,000 hospital outpatient encounters, 1.0 ER visits (twice the national average);
    - 6 million ambulatory care encounters, 2 million of which were primary care visits (half in practices of less than five providers);
    - 27 million filled prescriptions; and
    - 6.5 million Laboratory tests.

  These transactions will increase use of the WVTA network and the corresponding subscription and transaction fees over time.
- The Centers for Medicare & Medicaid Services (CMS) is expanding incentives for e-prescribing and clinical information systems and creating penalties for lack of EHRs in 2009 which will also enhance use of the WVTA network for health information exchange.
- In 2008 the West Virginia Legislature created the Broadband Deployment Council to coordinate broadband development activities, including those of the WVTA, and to explore funding mechanisms to support on-going broadband enhance activities, such as those being undertaken by WVTA's deployment.

Management of the Network

Management services of running the hub services will be awarded via the RFP process. Continued funding for these service will be provided by end users based on future needs and contracts that will be provided to end users based on actual usage of these services.

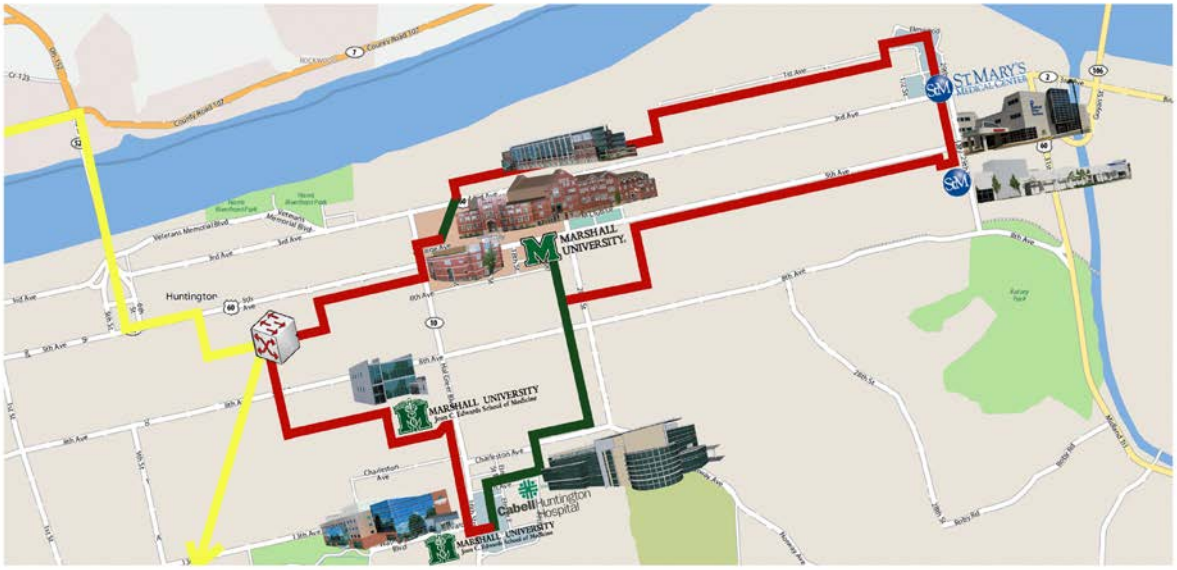
Appendix E Marshall

List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a) Health care provider site; Attached Table
b) Eligible provider (Yes/No): Attached Table
c) Type of network connection (e.g., fiber, copper, wireless); Attached Table
d) How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); Attached Table
e) Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); Attached Table
f) Gateway to NLR, Internet2, or the Public Internet (Yes/No); The WV TeleHealth Alliance did not issue the Internet2 RFP. Marshall University School of Medicine already had an Internet2 Gateway that is provided by Marshall University via OarNet. This connection is not part of the FCC grant. The fiber connection to the Co-Location facility will improve Internet2 access for the Marshall University School of Medicine. Federal Communications Commission FCC 07-198 74: Attached Table
g) Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number. (attached)
h) Provide a logical diagram or map of the network.

West Virginia Telehealth Alliance

Huntington Metro Fiber Build Project Fiber Routes



– New Fiber – Existing MU Fiber – OARnet/Internet2

FCC Rural Health Care Pilot - West Virginia Telehealth Alliance - Huntington Metro Fiber Ring Project ASSET REGISTER

Physical Description							Installation and Maintenance								FCC Worksheet									
Invoice #	Asset or serial number	Item description (make and model)	Location	Condition	Vendor	Years of service left	Delivery Date	Delivery Location	Location Room	Service Maintenance	Service Date	Purpose of Service	Hours of Service	Who Performed Service	HCP Number	1. Project Name	2. Funding Year	Service Provider Name	SPIN	Category	Sub Category	Itemized Description, Component	Cost Per Chassie	Location
																								465 App #
JF0000000676OP01304	APS143200A8	PWR-2700-AC/4	power supply	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118						17267	West Virginia Telehealth Alliance	3: Year 2009 (7/1/2009 – 6/30/2010)	Verizon Network Integration Corp	143004468	2: Network Equipment, including Engineering and Installation	2: Non-recurring	27: Network Switches	**$53,120.84**	17267-03-0001
	APS143200AG	PWR-2700-AC/4	power supply	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	FOX1423GM57	VS-C6504E-S720-10G	Chassis	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
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	SAL1433QSZ7	VS-S720-10G-3C	SUP # 2	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1433QT13	VS-S720-10G-3C	SUP # 1	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1434RAHD	VS-S720-10G-3C	SUP # 2	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1434RK5U	VS-S720-10G-3C	SUP # 1	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1434RK8J	VS-S720-10G-3C	SUP # 2	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1434RWGY	WS-X6724-SFP	Slot 3	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
	SAL1434SAQN	WS-X6724-SFP	Slot 3	New	Verizon/Cisco		13-Sep-10	Drinko	Room 118															
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	APS143200AD	PWR-2700-AC/4	power supply	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	FOX1423GWVM	VS-C6504E-S720-10G	Chassis	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	NID14230060	FAN-MOD-4HS	Fan Tray	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	SAL1429N27A	VS-S720-10G-3C	SUP # 1	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	SAL1432QEA6	VS-S720-10G-3C	SUP # 2	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	SAL1433QLSG	VS-S720-10G-3C	SUP # 1	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	SAL1433QNFU	VS-S720-10G-3C	SUP # 2	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
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	SAL1435S3QU	WS-X6724-SFP	Slot 3	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
	SAL1435SAPV	WS-X6724-SFP	Slot 3	New	Verizon/Cisco		13-Sep-10	SMMC	Data															
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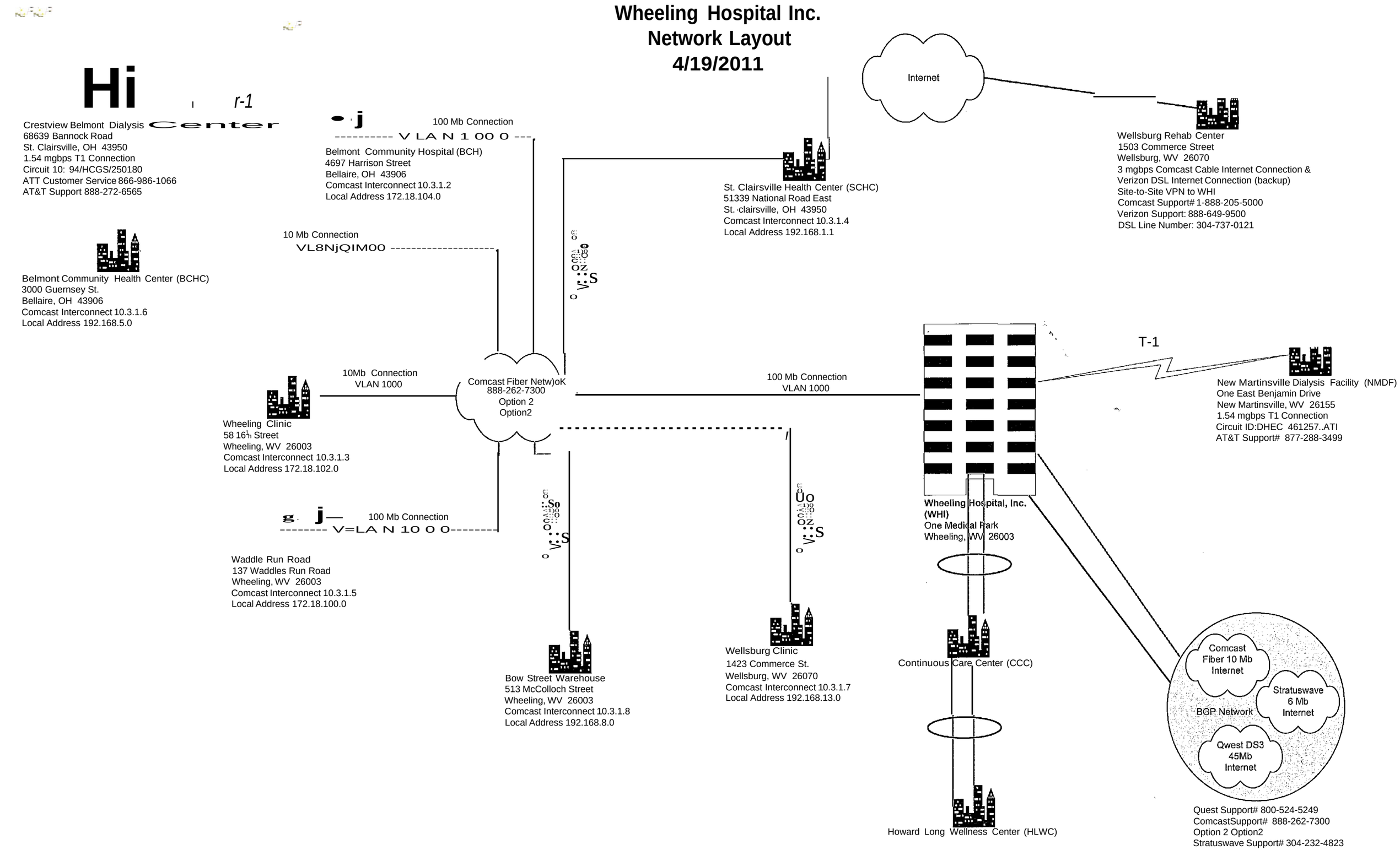
	SAL1435SARK	WS-X6724-SFP	Slot 3	New	Verizon/Cisco		13-Sep-10	BioTech	Room 210															

WV Telehealth Alliance - Huntington Metro Fiber Build

a. Health care provider and site			b. Eligible provider	c. Type of Network Connection	d. How connection is provided	e. speed of connection	f. Gateway Internet2	
HCP Name	Site	465 Application #	Yes/No				Internet Yes/No	Internet2 Yes/No
Marshall University One John Marshall Dr. Huntington, WV 25755	Marshall University	17267-03-0001	Yes	Fiber	self-constructed	10G	No	Yes
Marshall University One John Marshall Dr. Huntington, WV 25755	Drinko Library	17267-03-0005	Yes	Fiber	self-constructed	10G	No	Yes
Marshall University One John Marshall Dr. Huntington, WV 25755	Cabell Hall	17267-03-0006	Yes	Fiber	self-constructed	10G	No	Yes
Cabell Huntington Hospital 1340 Hall Greer Boulevard Huntington, WV 25701	Cabell Huntington Hospital	17267-03-0002	Yes	Fiber	self-constructed	10G	No	No
St Mary's Medical Center 2900 First Avenue Huntington, WV 25702	St. Mary's Hospital	17267-03-0003	Yes	Fiber	self-constructed	10G	No	No
St Mary's Medical Center 2900 First Avenue Huntington, WV 25702	St. Mary's Medical Education Center	17267-03-0003	Yes	Fiber	self-constructed	10G	No	No
Marshall University School of Medicine Robert C. Byrd Center for Rural Health 1600 Medical Center Dr Huntington, WV 25701	Robert C. Byrd Center for Rural Health	17267-03-0004	Yes	Fiber	self-constructed	10G	No	Yes
Robert C. Byrd Biotechnology Science Center 1700 3rd Ave. Huntington, WV 25703	Robert C. Byrd Biotechnology Science Center	17267-03-0007	Yes	Fiber	self-constructed	10G	No	Yes

Wheeling Hospital Inc.
Network Layout
4/19/2011



Addendum B

W.Va. Telehealth Alliance - Business Model & RHCPP Sustainability Plan

For projects as of January, 2012

	2010				2011				2012
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Federal, State Funds									
RHCPP Metro Fiber (RFP 1, 3)				*85%* $453,045.73	$232,517.50				
				15% $79,948.50	$41,032.50				
RHCPP WAN/TS NRC (RFP 2)						*85%* $324,184.12	$324,184.12		
HCA Match Funds - NRC						*15%* $57,208.97	$57,208.97		
RHCPP WAN/TS MRC (24 months)						*85%* $300,483.13	$300,483.13	$300,483.13	$300,483.13
						15% $53,026.43	$53,026.43	$53,026.43	$53,026.43
Ongoing: MRC									
(Addendum C indicates the entities eligible for regular rural health subsidy)									
Support Funds									
6% Admin/Processing Fees							$2,960.54	$2,377.96	$21,210.57
WV DHHR Grant Funds	Grant funds have been expended								
HCA Admin Grant Funds			$9,166.66	$9,166.66	$9,166.66	$9,166.66	$9,166.66	$9,166.66	12,000
BenedumGrant Funds - Admin					$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00
Benedum Grant Funds - Outreach		$6,000.00	$6,000.00	$21,000.00	$24,000.00	$24,000.00	$24,000.00	$24,000.00	$24,000.00
Expenses									
Consulting/Salaries									
Admin Expenses									
Professional Services (Legal, etc.)									
Misc.									

			2013		2014	2015	2016	2017	2018	2019
Q2	Q3	Q4	Q1	Q2-Q4						
			Transition							
$300,483.13	$300,483.13	$303,768.91	$303,768.91	*(In early 2011….MRC subsidy is likey to be extended for a total of 36 months)*						
$53,026.43	$53,026.43	$53,026.43	$53,026.43							
			100%	$557,955.62	$743,970.83	$743,970.83	$743,970.83	$743,970.83	$743,970.83	$743,970.83
			75%	$385,610.61	$514,147.48	$514,147.48	$514,147.48	$514,147.48	$514,147.48	$514,147.48
			25%	$128,536.86	$171,382.49	$171,382.49	$171,382.49	$171,382.49	$171,382.49	$171,382.49
				calculated for 3/4s of the year						
$21,210.57	$21,210.57	$21,210.57	$21,210.57	$21,210.57	*(Admin fees will continue in 2014 if MRC subsidy is extended for 36 months)*					
12,000.00	12,000.00	12,000.00								
$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00						
$24,000.00	$23,000.00									

2020