Palmetto State Providers Network 02-60
RHC Pilot 17th Quarterly Report
October 31, 2012

New entries for the October 31, 2012, Quarterly Report are highlighted in red in the body of the document.

1. Project Contact and Coordination Information:

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Organization legally and financially responsible for the conduct of activities supported by the award:

Health Sciences South Carolina (HSSC) – A non-profit 501 c3 organization formed as a collaborative organization of the Medical University of South Carolina, the University of South Carolina, Clemson University, Palmetto Healthcare, Spartanburg Regional Healthcare Systems, and Greenville Hospital Systems. The HSSC office, president and staff are located at 1320 Main Street, Suite 625, Columbia, SC 29201. HSSC is organized with committees drawing from the administration of the three research universities and three major healthcare providers in South Carolina.

Statewide Project Coordination:
The Palmetto State Providers Network (PSPN) project is administratively coordinated by the Associate Project Coordinator in cooperation with the South Carolina Department of Mental Health and the South Carolina Hospital Association. The PSPN Associate Coordinator reviews rural and urban hospitals and Community Mental Health Center clinics to determine eligibility and/or participation, directly solicits and receives information, Letters of Authentication and required questionnaires, and collates and organizes the data from these

sites for the Request For Proposal. The Project Coordinator and Associate Project Coordinator work closely to insure that the appropriate forms and attachments, letters of certification and other required data are completed, verified and submitted. The Associate Project Coordinator also works with the South Carolina Light Rail to insure cooperation when the PSPN contract is awarded and with the four tertiary hospitals centers to insure their compliance with all data gathering to enable connectivity to the PSPN in the early phases of the project.

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

The Request For Proposals is in draft form and ready for USAC/FCC review.

(October 30, 2008), Following all FCC/USAC requirements, policies and procedures, a Request For Proposals was approved, authorized and posted on August 21, 2008. The mandatory posting of 28 days was announced with a bid opening date of August 29, 2008. The RFP was also posted on the State of South Carolina Purchasing site with full instructions. All questions and corresponding responses were posted on the SC Purchasing Site. When submitted, PSPN submitted documentation regarding the names of any sources involved in the research and preparation of the RFP. A Change in Scope document outlining any and all changes to the original grant proposal was posted in addition with a document of assurance that vendors did not participate in the preparation of the RFP. The reallocation of funding for the project was also filed with USAC with an equal allocation of funds for the three budget cycles of the grant.

Four reviewers were identified for the PSPN RFP, each was required to sign a non-disclosure document for the State of South Carolina which clearly outlined the procedure for review and evaluation of the RFP as well as the prohibition of speaking with each other regarding the RFP prior to the RFP Review Conference. Forms were completed, signed, and delivered to the MUSC Purchasing Agent managing the RFP solicitation. An RFP review meeting was held on September 16, in which all responses were reviewed and given a final score by the review team, with oversight of the MUSC Purchasing Agent. A vendor was selected and notified by the MUSC Purchasing Agent and a meeting with a contract negotiations team scheduled. The first meeting was held on October 10. With a second meeting scheduled for October 22. Complete records are maintained for the matrix used to evaluate the submissions as well as the confidentiality statements signed by the group.

Palmetto State Providers Network
Participants by County

1. Abbeville County **Definition: Rural / Very Rural**

Facility:	Abbeville Area Med. Ctr.		
Location:	420 Thompson Circle	Address:	P.O. Box 887
City:	Abbeville	Zip Code:	29620
Phone:	864-366-5011	FAX:	864.366.6011
Admin:	Richard Osmus	E-Mail:	rosmus@acmhospital.com
RUCA Codes	7 / 7.4	Census Tract Code:	950400
Public / Non-Profit		Eligible	
Owner:	Abbeville Co. Mem. Hosp		

Abbeville Area Medical Center – Dedicated Emergency Department

Facility:	Abbeville Clinic
Location:	101 Commercial Drive

City:	Abbeville	Zip Code: 29620
Phone:	864 – 459 – 9671	FAX: 864-459-2487
Admin:	Frank Jones	E-Mail: jfj79@scdmh.org
RUCA Codes:	7 / 7.4	Census Tract Code: 950400
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

2. Aiken County **Designation: Urban**

Facility:	Aiken-Barnwell Mental Health Center	
Location:	1135 Gregg Highway	Address: 1135 Gregg Highway
City:	Aiken	Zip Code: 29801
Phone:	803 – 641 – 7700	FAX: 803-641-7709
Admin:	John C. Young	E-Mail: jcy78@scdmh.org
RUCA Codes:	2 / 3.0	Census Tract Code: 20100
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

3. Allendale County **Designation: Rural / Very Rural**

Facility:	Allendale County Clinic	
Location:	603 Barnwell Highway	Address: P.O. Box 514
City:	Allendale	Zip Code: 29810
Phone:	803 – 584 – 7261	FAX: 803-584-5065
Admin:	Christy Jinks	E-Mail: caj48@csdmh.org
RUCA Codes:	7 / 7.0	Census Tract Code: 970200
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

4. Anderson County **Designation: Urban**

Facility:	AnMed Health Med Ctr.	
Location:	800 North Fant Street	Address: 800 North Fant Street
City:	Anderson	Zip Code: 29621
Phone:	864-261-1109	FAX: 864.512.3750
Admin:	John Miller	E-Mail: john.miller@anmedhealth.org
RUCA Codes:	1 / 1.0	Census Tract Code: 10101
Public / Non-Profit		Eligible
Owner:	AnMed Health	

AnMed Health Medical Center – Emergency Department

Facility:	Anderson-Oconee-Pickens Community Mental Health Center	
Location:	200 McGee Road	
City:	Anderson	Zip Code: 29625
Phone:	864 – 260 - 2220	FAX: 864-260-2225
Admin:	Kevin W. Hoyle	E-Mail: kwh89@scdmh.org
RUCA Codes:	1 / 1.0	Census Tract Code: 10101
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

Facility:	Child and Adolescent Clinic	
Location:	515A Camson Road	
City:	Anderson	Zip Code: 29625
Phone:	864 – 716 – 3216	FAX: 864-716-2320

Admin:	Joan Reina	E-Mail: jwr68@scdmh.org
RUCA Code:	1 / 1.0	Census Tract Code: 10101
Public / Non-Profit		Not Eligible – Paying Own Way
Owner:	SC Department of Mental Health	

5. Bamberg County **Designation: Rural / Very Rural**

Facility:	Bamberg Co. Mem.	
Location:	509 North Street	Address: 509 North Street
City:	Bamberg	Zip Code: 29003
Phone:	803-245-4321	FAX: 803.245.6213
Admin:	Warren Hammett	E-Mail: warren.hammett@palmettohealth.org
RUCA Codes:	7 / 7.4	Census Tract Code: 960200
Public / Non-Profit		Eligible
Owner:	Bamberg Co. Mem Hosp. Board	

Bamberg County Memorial Hospital – Emergency Department

Facility:	Bamberg County Clinic	
Location:	5573 Carolina Hwy.	Address: P.O. box 276
City:	Denmark	Zip Code: 29042
Phone:	803 – 793-4274	FAX: 803-793-4275
Admin:	Kelvin Meyers	E-Mail: kem38@scdmh.org
RUCA Codes:	7 / 7.4	Census Tract Code: 960200
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

6. Barnwell County **Designation: Rural / Very Rural**

Facility:	Barnwell County Hospital	
Location:	811 Reynolds Road	Address: 811 Reynolds Road
City:	Barnwell	Zip Code: 29812
Phone:	803-541-4365	FAX: 803.541.4388
Admin:	Robert Waters	E-Mail: rwaters@bchospital.org
RUCA Codes:	8 / 8.0	Census Tract Code: 970400
Public / Non-Profit		Eligible
Owner:	Barnwell County	

Barnwell County Hospital – Emergency Department

Facility:	Polly Best Center	
Location:	916 Reynolds Road	Address: 916 Reynolds Road
City:	Barnwell	Zip Code: 29812
Phone:	803 – 259 – 7170	FAX: 803-259-2934
Admin:	Harry Douglas	E-Mail: htd28@scdmh.org
RUCA Codes:	8 / 8.0	Census Tract Code: 970400
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

7. Beaufort County **Designation: Urban**

Facility:	Beaufort Memorial Hospital	
Location;	955 Ribaut Road	Address: 955 ribaut Road
City:	Beaufort	Zip Code: 29902
Phone:	843.522.5200	FAX: 843.522.5975
Admin:	Richard K. Toomey	E-Mail: rktoomey@bmhsc.org

RUCA Codes;	5 / 5.0	Census Tract Code: 2100
Public / Non-Profit		Eligible
Owner:	Beaufort Memorial Hospital	

Beaufort Memorial Hospital – Emergency Department

Facility:	Coastal Empire Community Mental Health Center	
Location:	050 Ribaut Road	
City:	Beaufort	Zip Code: 29902
Phone:	43 – 524 – 8611	FAX: 843-524-8179
Admin:	Ramon D. Norris	E-Mail: rden80@scdmh.org
RUCA Codes:	5 / 5.0	Census Tract Code: 2100
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

Facility:	Beaufort County Clinic	
Location:	1050 Ribaut Road	
City:	Beaufort	Zip Code: 29902
Phone:	843 – 524 – 1879	FAX: 843-524-1879
Admin:	Jerry Stewart	E-Mail: jts20@scdmh.org
RUCA Codes:	5 / 5.0	Census Tract Code: 2100
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

Facility:	Hilton Head Clinic	
Location:	151 Dillon Rd.	Address: P.O. Box 23079
City:	Hilton Head	Zip Code: 29925
Phone:	843 – 681 -4865	FAX: 843-689-6267
Admin:	Omega Smalls-Francis	E-Mail: ols07@scdmh.org
RUCA Codes;	4 / 4.0	Census Tract Code: 500
Public / Non-Profit		Eligible
Owner:	SC Department of Mental Health	

8. Berkeley County Designation: Rural

Facility:	Berkley Community Mental Health Center	
Location:	403 Stoney Landing Road	Address: P.O. Box 1030
City:	Moncks Corner	Zip Code: 29461
Phone:	843 – 761 – 8282	FAX: 843-761-7308
RUCA Codes:	7 /7.1	Census Tract Code: 20502
Public / Non-Profit		Eligible
Admin:	Debbie T. Calcote	E-Mail: dtc27@scdmh.org
Owner:	SC Department of Mental Health	

9. Calhoun County Designation: Rural

Facility:	Calhoun County Clinic	
Location:	112 Guess Lane	Address:
City:	St. Matthews	Zip Code; 29135
Phone:	803 – 874 – 2301	FAX: 803-655-5388
RUCA Codes:	10 / 10.5	Census Tract Code: 950200
Public / Non-Profit		Eligible
Admin:	Tina McDowell	E-Mail: tjm60@scdmh.org
Owner:	SC Department of Mental Health	

10. Charleston County **Designation: Urban**

Facility:	Bon Secours -St. Frances Xavier Hospital	
Location:	2095 Henry Tecklenburg Dr.	Address: .
City:	Charleston	Zip Code: 29414
Phone:	843 – 402 – 1000	FAX: 843.402.1945
RUCA Codes:	1 / 1	Census Tract Code: 4604
Public / Non-Profit		Eligible
Admin:	Allen Carroll	E-Mail: allen.carroll@ropersaintfrancis.com
Owner:	Bon Secours – St. Frances Xavier Hospital, L.L.C.	

Bon Secours – St. Frances Hospital – Emergency Department

Facility:	MUSC Medical Center	
Location:	169 Ashley Avenue	Address: 169 Ashley Avenue
City:	Charleston	Zip Code: 29425
Phone:	643 – 792 – 3232	FAX: 843.792.6682
RUCA Codes:	1 / 1	Census Tract Code: 4604
Public / Non-Profit		Eligible
Admin:	Stuart Smith	E-Mail: smithstu@musc.edu
Owner:	The Med. Univ. Hosp. Authority	

MUSC Medical Center – Emergency Department

Facility:	Charleston/Dorchester Community Mental Health Center	
Location:	2090 Executive Hall Rd., Suite 170	
City:	Charleston	Zip Code: 29407
Phone:	843 – 852 – 3633	FAX: 843-852-3640
RUCA Codes:	1 / 1	Census Tract Code: 4604
Public / Non-Profit		Eligible
Admin:	Shogry DiNovo	E-Mail: dsd35@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Charleston County West Ashley	
Location:	2100 Charlie Hall Blvd.	Address:
City:	Charleston	Zip Code: 29414
Phone:	843 – 414 – 2351	FAX: 843-852-4107
RUCA Codes:	1 / 1	Census Tract Code: 4604
Public / Non-Profit		Eligible
Admin:	Valerie O'Neal	E-Mail: vko95@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	South Carolina AHEC Program Office	
Location:	19 Hagood Avenue, Suite 802	
City:	Charleston	Zip Code: 29425
Phone:	843-792-4431	FAX: 843-792-4430
RUCA Codes:	1 / 1	Census Tract Code: 4604
Admin:	David R. Garr, M.D.	E-Mail: garrdr@musc.edu

11. Cherokee County **Designation: Rural**

Facility	Upstate Carolina Med. Ctr.	(For Profit)
Location:	1530 N. Limestone St.	Address: 1530 N. Limestone St.
City:	Gaffney	Zip Code: 29340
Phone:	864-487-1500	FAX: 864.489.0585

RUCA Codes: 4 / 4 Census Tract Code: 970200
Public / For-Profit Eligible (dedicated ED)
Admin: Joe Howell E-Mail: joe.howell@ucmc.hma-corp.com
Owner: Gaffney, H.M.A., Inc.
Upstate Carolina Medical Center – Emergency Department

Facility: Cherokee Mental Health Clinic
Location: 125 East Robinson Street Address:
City: Gaffney Zip Code: 29340-3723
Phone: 864 – 487 – 2710 FAX: 864-487-2729
RUCA Codes: 4 / 4 Census Tract Code: 970200
Public / Non-Profit Eligible
Admin: Richard Harrison E-Mail: rhd12@scdmh.org
Owner: SC Department of Mental Health

12. Chester County Designation: Rural / Very Rural
Facility: Chester Regional Med. Ctr. (For Profit)
Location: One Medical Park Dr. Address:
City: Chester Zip Code: 29706
Phone: 803-581-9400 FAX: 803.581.2565
RUCA Codes: 4 / 4 Census Tract Code: 20300
Public / For-Profit Eligible (Dedicated ED)
Admin: Patrice Tavernier patrice.tavernier@crmcsc.hma-corp.com
Owner: Chester HMA, Inc.
Chester Regional Medical Center – Emergency Department

Facility: Chester Clinic
Location: 524 Doctors Court Address:
City: Chester Zip Code: 29706
Phone: 803 – 581 – 8311 FAX: 803-385-2440
RUCA Codes: 4 / 4 Census Tract Code: 20300
Public / Non-Profit Eligible
Admin: Marissa Wells E-Mail: maw98@scdmh.org
Owner: SC Department of Mental Health

13. Chesterfield County Designation: Rural / Very Rural
Facility: Chesterfield General Hospital (For Profit)
Location: 711 Chesterfield Highway Address: P.O. Box 151
City: Cheraw Zip Code: 29520
Phone: 843-537-7881 FAX: 843.320.3479
RUCA Codes: 7 / 7.3 Census Tract Codes: 950100
Public / For-Profit Eligible (Dedicated ED)
Admin: Vance Reynolds E-Mail vance_reynolds@chs.net
Owner: Chesterfield/Marlboro, L.P.
Chesterfield General Hospital – Emergency Department

Facility: Chesterfield Clinic
Location: 207 Commerce Ave. Address: P.O. Box 471
City: Chesterfield Zip Code: 29709
Phone: 843 – 623- 2229 FAX: 843-623-2553
RUCA Codes: 8 / 8 Census Tract Code: 950400

Public / Non-Profit		Eligible
Admin:	Tracy Teal	E-Mail: tjt85@scdmh.org
Owner:	SC Department of Mental Health	

14. Clarendon County **Designation: Rural / Very Rural**

Facility:	Clarendon Memorial Hospital	
Location:	10 Hospital Street	Address: P.O. Box 550
City:	Manning	Zip Code: 29102
Phone:	803-435-8463	FAX: 803.435.8463
RUCA Codes:	10 / 10.6	Census Tract Code: 960700
Public / Non-Profit		Eligible
Admin:	Edward Frye	E-Mail: dwhetsell@clarendonhealth.com
Owner:	Clarendon Hospital District	

Clarendon Memorial Hospital – Emergency Department

Facility:	Clarendon County Clinic	
Location:	215 Commerce Dr.	Address: P.O. box 273
City:	Manning	Zip Code: 29102-0273
Phone:	803 – 435 – 2124	FAX: 803-435-8113
RUCA Codes:	10 / 10.6	Census Tract Code: 960700
Public / Non-Profit		Eligible
Admin:	Helene Goldsmith	E-Mail: heg81@scdmh.org
Owner:	SC Department of Mental Health	

15. Colleton County **Designation: Rural / Very Rural**

Facility:	Colleton Medical Center	(For Profit)
Location:	501 Robertson Blvd.	Address: P.O. Box 5001
City:	Walterboro	Zip Code: 29488
Phone:	843-549-2000	FAX: 843.549.7562
RUCA Codes:	5 / 5	Census Tract Code: 970400
Public / For Profit		Eligible (Dedicated ED)
Admin:	Mitch Mongell	E-Mail: mitch.mongell@hcahealthcare.com
Owner:	Walterboro Com. Hosp., Inc.	

Colleton Medical Center – Emergency Department

Facility:	Colleton County Clinic	
Location:	507 Forest Circle	Address: P.O. Box 578
City:	Walterboro	Zip Code: 29488
Phone:	843 – 589 – 1551	FAX: 843-549-5637
RUCA Codes:	5 / 5	Census Tract Code: 970400
Public / Non- Profit		Eligible
Admin:	Angie Salley	E-Mail: abs82@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Lowcountry AHEC	
Location:	302 Medical Park Drive, Suite 110	
City:	Walterboro	Zip Code: 29488
Phone:	843-782-5052	FAX: 843-782-5053
RUCA Codes:	5 / 5	Census Tract Code: 970400
Public / Non-Profit		Eligible

Admin: Diane M. Kennedy, MS E-Mail: kennedyd@lcahec.com

16. Darlington County **Designation: Rural / Very Rural**

Facility: McLeod Medical Ctr. – Darlington
Location: 701 Cashua Ferry Rd. Address: P.O. Box 1859
City: Darlington Zip Code: 29532
Phone: 843-777-1100 FAX: 843.777.1146
RUCA Codes: 4 / 4.1 Census Tract Code: 11200
Public / Non-Profit Eligible
Admin: Patricia Godbold E-Mail: pgodbold@mcleodhealth.org
Owner: McLeod Regional Medical Center of the Pee Dee, Inc.

Facility: Carolina Pines Reg. Med. Ctr. (For Profit)
Location: 1304 W. Bobo Newsome Hwy
City: Hartsville Zip Code: 29550
Phone: 843-339-4100 FAX: 843.339.4116
RUCA Codes: 4 / 4.2 Census Tract Code: 10400
Public / For-Profit Eligible (Dedicated ED)
Admin: David Castleberry E-Mail: sharon.beasley@cprmc.hma-corp.com
Owner: Hartsville HMA, Inc.
Carolina Pines Regional Medical Center – Emergency Department

Facility: Darlington County Clinic
Location: 217 East Carolina Ave.
City: Hartsville Zip Code: 29550
Phone: 843 – 332 – 4141 FAX: 843-383-4625
RUCA Codes: 4 / 4.2 Census Tract Code: 10400
Public / Non-Profit Eligible
Admin: Ed Melton E-Mail: elm14@scdmh.org
Owner: SC Department of Mental Health

17. Dillon County **Designation: Rural / Very Rural**

Facility: McLeod Medical Center – Dillon
Location: 301 East Jackson St. Address: P.O. Box 1327
City: Dillon Zip Code: 29536
Phone: 843-774-4111 FAX: 843.774.1563
RUCA Codes: 4 / 4 Census Tract Code: 970400
Public / Non-Profit Eligible
Admin: Deborah Locklair E-Mail: dlocklair@mcleodhealth.org
Owner: McLeod Med. Ctr. – Dillon
McLeod Medical Center – Dillon – Emergency Department

Facility: Dillon Clinic
Location: 310S Commerce Road Address: P.O. Box 929
City: Dillon Zip Code: 29536
Phone: 843 – 774 – 3351 FAX: 843-774-2622
RUCA Codes: 4 / 4 Census Tract Code: 970400
Public / Non-Profit Eligible
Admin: Robin Bethea E-Mail: rsb93@scdmh.org
Owner: SC Department of Mental Health

18. Dorchester County **Designation: Urban**

Facility:	Dorchester County Clinic	
Location:	106 Springview Lane	
City:	Summerville	Zip Code: 29485
Phone:	843 – 873 – 5063	FAX: 843-851-2110
RUCA Codes:	2 / 2	Census Tract Code: 10400
Public / Non-Profit		Eligible
Admin:	Steve Miller	E-Mail: sem26@scdmh.org
Owner:	SC Department of Mental Health	

19. Edgefield County **Designation: Rural / Very Rural**

Facility:	Edgefield County Hospital	
Location:	300 Ridge Medical Plaza	Address: P.O. Box 590
City:	Edgefield	Zip Code: 29824
Phone:	803-637-3174	FAX: 803.637.1193
RUCA Codes:	7 / 7.3	Census Tract Code: 970200
Public / Non-Profit		Eligible
Admin:	Ray Price	E-Mail: ray.price@edgefieldcohospital.org
Owner:	Edgefield County Hospital	

Edgefield County Hospital – Emergency Department

Facility:	Edgefield Clinic	
Location:	409 Simpkins St.	
City:	Edgefield	Zip Code: 29824
Phone:	803 – 637 – 5788	FAX: 803-637-0753
RUCA Codes:	7 / 7.3	Census Tract Code: 970200
Public / Non-Profit		Eligible
Admin:	Cheryl Lindler	E-Mail: chl70@scdmh.org
Owner:	SC Department of Mental Health	

20. Fairfield County **Designation: Rural / Very Rural**

Facility:	Fairfield Mem. Hosp.	
Location:	102 US Highway 321 Bypass N.	Address: P.O. Box 620
City:	Winnsboro	Zip Code: 29180
Phone:	803-635-0233	FAX: 803.635.5612
RUCA Codes:	7 / 7	Census Tract Code: 960400
Public / Non-Profit		Eligible
Admin:	Interim Mike Williams	E-Mail: mwilliams@nctv.com
Owner:	Fairfield Mem. Hosp. B.o.T.	

Fairfield Memorial Hospital – Emergency Department

Facility:	Fairfield County Clinic	
Location:	1073 US Hwy 321 By-Pass South	
City:	Winnsboro	Zip Code: 29180
Phone:	803 – 737 – 3039	FAX: 803-737-0126
RUCA Codes:	7 / 7	Census Tract Code: 960400
Public / Non-Profit		Eligible
Admin:	Eric Hartley	E-Mail: egh40@scdmh.org
Owner:	SC Department of Mental Health	

21. Florence County **Designation: Urban**

Facility:	Pee Dee Mental health Center	
Location:	125 East Cheves St.	
City;	Florence	Zip Code: 29506
Phone;	843 – 317 – 4089	FAX: 843-317-4096
RUCA Codes:	1 / 1	Census Tract Code: 1501
Public / Non-Profit		Eligible
Admin:	Philip C. Bowman, M.D.	E-Mail: pcb01@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Florence County Clinic	
Location:	125 East Cheves St.	
City:	Florence	Zip Code: 29506
Phone:	843 – 317 – 4073	FAX: 843-317-4080
RUCA Codes:	1 / 1	Census Tract Code: 1501
Public / Non-Profit		Eligible
Admin:	Jo Ann P. Reaves, MS	E-Mail: jpr44@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Lake City Clinic	
Location:	675 North Matthews Road	
City:	Lake City	Zip Code: 29560
Phone:	843 -661-4882	FAX: 843-661-4892
RUCA Codes:	7 / 7.3	Census Tract Code: 2201
Public / Non-Profit		Eligible
Admin:	Norman Creighton, MA	E-Mail: ngc30@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Pee Dee AHEC	
Location:	305 East Cheves Street, Suite 350	
City:	Florence	Zip Code: 29506
Phone:	843-777-5343	FAX: 843-777-5354
RUCA Codes:	1 / 1	Census Tract Code: 1501
Public / Non-Profit		Eligible
Admin:	Gail B. Weaver, MA	E-Mail: gweaver@mcleodhealth.org

22. Georgetown County **Designation: Rural**

Facility:	Georgetown Memorial Hospital	
Location:	606 Black River Road	Address: P.O. Box 421718
City:	Georgetown	Zip Code: 29440
Phone:	843-527-7000	FAX: 843.520.7887
RUCA Codes:	4 / 4.2	Census Tract Codes: 980600
Public / Non-Profit		Eligible
Admin:	Bruce Bailey	E-Mail: bbailey@gmhsc.com
Owner:	Georgetown Memorial Hosp.	

Georgetown Memorial Hospital – Emergency Department

Facility:	Waccamaw Community Hospital	
Location:	4070 Highway 17 By-Pass	Address: P.O. Drawer 3350
City:	Murrells Inlet	Zip Code: 29576
Phone:	843-652-1000	FAX: 843.652.1700

RUCA Codes:	1 / 1	Census Tract Code: 980501
Public / Non-Profit		Eligible
Admin:	Gayle Resetar	E-Mail: gresetar@gmhsc.com
Owner:	Waccamaw Com. Hosp, Inc.	

Waccamaw Community Hospital – Emergency Department

Facility:	Georgetown County Clinic	
Location:	525 Lafayette Circle	
City:	Georgetown	Zip Code: 29440
Phone:	843 – 546 – 6107	FAX: 843-527-2800
RUCA Codes:	4 / 4.2	Census Tract Code: 980600
Public / Non-Profit		Eligible
Admin:	Beverly Doris Prince	E-Mail: bdp68@scdmh.org
Owner:	SC Department of Mental Health	

23. Greenville County **Designation: Urban**

Facility:	Hillcrest Memorial Hosp.	
Location:	729 Southeast Main St	Address: Planning Dept – ISC 3 Fl 701 Grove Road
City:	Simpsonville	Zip Code: 29681
Phone:	864 – 454 – 6151	FAX: 864.967.6147
RUCA Codes:	2 / 2	Census Tract Code: 2903
Public / Non-Profit		Eligible
Admin:	Dennis Burns	E-Mail: dburns@ghs.org
Owner:	Greenville Hospital System	

Hillcrest Memorial Hospital – Emergency Department

Facility:	St. Francis Hospital, Inc.	
Location:	One St. Francis Drive	Address: One St. Francis Drive
City:	Greenville	Zip Code: 29601
Phone:	864 – 255 – 1000	FAX: 864.255.1137
RUCA Codes:	2 / 2	Census Tract Code: 3200
Admin:	Valinda Rutledge	E-Mail: vrutledge@stfrancishealth.org
Owner:	St. Frances Hospital Inc.	

St. Frances Hospital – Emergency Department

Facility:	Greenville Memorial Medical Ctr.	
Location:	701 Grove Road	Address: Planning Dept – ISC 3rd Fl 701 Grove Road
City:	Greenville	Zip Code: 29605
Phone:	864 – 455 – 6145	FAX: 864.455.8850
RUCA Codes:	2 / 2	Census Tract Code: 3200
Public / Non-Profit		Eligible
Admin:	Gregory Rusnak	E-Mail: grusnak@ghs.org
Owner:	Greenville Hospital System	

Greenville Memorial Hospital – Emergency Department

Facility:	Allen Bennett Memorial Hospital	
Location:	313 Memorial Drive	Address: 313 Memorial Drive
City:	Greer	Zip Code: 29650-1521
Phone:	864 – 848 -8130	FAX: 864.848.8370

RUCA Codes:	2 / 2	Census Tract Code: 1202
Public / Non-Profit		Eligible
Admin:	John Mansure	E-Mail: jmansure@ghs.org
Owner:	Greenville Hospital System	

Allen Bennett Memorial Hospital – Emergency Department

Facility:	Greenville Mental Health Center	
Location:	124 Mallard St.	
City:	Greenville	Zip Code: 29601
Phone:	864 – 241 – 1040	FAX: 864-241-1215
RUCA Codes:	2 / 2	Census Tract Code: 3200
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	A. C. Edwards, M.D.	E-Mail: ace21@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Piedmont Center for Mental Health Services	
Location:	20 Powerhorn Road	
City:	Simpsonville	Zip Code: 29681
Phone:	864 – 963 – 3421	FAX: 864-967-8617
RUCA Codes:	2 / 2	Census Tract Code: 3200
Public / Non-Profit		Eligible
Admin:	Joe E. James	E-Mail: jej51@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Upstate AHEC	
Location:	14 Progress Road	
City:	Greenville	Zip Code: 29607
Phone:	864 – 349 – 1160	FAX: 864-349-1179
RUCA Codes:	2 / 2	Census Tract Code: 3200
Public / Non-Profit		Eligible
Admin:	Candace A. Luciano	E-Mail: cluciano@upstateahec.org

24. Greenwood County **Designation: Rural**

Facility:	Self Regional Healthcare	
Location:	1325 Spring Street	Address: 1325 Spring Street
City:	Greenwood	Zip Code: 29646-3860
Phone:	864-725-4111	FAX: 864.725.4260
RUCA Codes:	4 / 4	Census Tract Code: 970200
Public / Non-Profit		Eligible
Admin:	John Heydel	E-Mail: jheydel@selfregional.org
Owner:	Greenwood County Hospital Board	

Self Regional Healthcare – Emergency Department

Facility:	Beckman Center for mental health Services	
Location:	1547 Parkway, Suite 100	
City:	Greenwood	Zip Code: 29646
Phone:	864 – 229 – 7120	FAX: 864-229-5526
RUCA Codes:	4 / 4	Census Tract Code: 970200
Public / Non-Profit		Eligible
Admin:	Melanie E. Gambrell	E-Mail: meg07@scdmh.org
Owner:	SC Department of Mental Health	

Facility	Greenwood Clinic	
Location:	1547 Parkway, Suite 200	
City:	Greenwood	Zip Code: 29646
Phone:	864 – 223 8331	FAX: 864-223-3706
RUCA Codes:	4 / 4	Census Tract Codes: 970200
Public / Non-Profit		Eligible
Admin:	Cherry Parker	E-Mail: ccp84@scdmh.org
Owner:	SC Department of Mental Health	

25. Hampton County Designation: Rural / Very Rural

Facility:	Hampton County Clinic	
Location:	65 Forest Drive	Address: P.O. Box 1491
City:	Varnville	Zip Code: 29944
Phone:	803 – 943 – 2828	FAX: 803-943-4568
RUCA Codes:	7 / 7	Census Tract Code: 980200
Public / Non-Profit		Eligible
Admin:	Coleen Goff	E-Mail: cdg99@scdmh.org
Owner:	SC Department of Mental Health	

26, Horry County Designation: Urban

Facility:	Loris Community Hospital	
Location:	3655 Mitchell Street	Address: P.O. Box 690001
City:	Loris	Zip Code: 29560
Phone:	843 – 716 – 7000	FAX: 843.716.7195
RUCA Codes:	2 / 2	Census Tract Code: 20300
Public / Non-Profit		Eligible
Admin:	J. Timothy Browne	E-Mail: tbrowne@sccoast.net
Owner:	Loris Community Hosp. District	

Loris Healthcare System – Emergency Department

Facility:	Waccamaw Center for Mental Health	
Location:	164 Waccamaw Medical Park Dr.	
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 5060	FAX: 843-347-4102
RUCA Codes:	1 / 1	Census Tract Codes: 40100
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Murray G. Chesson	E-Mail: mgc02@csdmh.org
Owner:	SC Department of Mental Health	

Facility:	Horry County Clinic	
Location:	164 Waccamaw Medical Park Drive	
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 4888	FAX: 843-347-4102
RUCA Codes:	1 / 1	Census Tract Code: 40100
Public / Non-Profit		Eligible
Admin:	Linda Wright	E-Mail: lfw88@scdmh.org
Owner:	SC Department of Mental Health	

Facility: Conway Hospital, Inc.

Location;	300 Singleton Ridge Road	Address: P.O. Box 829
City:	Conway	Zip Code: 29526
Phone:	843 – 347 – 8114	FAX: 843.347.8056
RUCA Codes:	1 / 1	Census Tract Code: 40100
Public / Non-Profit		Eligible
Admin:	Philip Clayton	E-Mail: pclayton@cmc-sc.com
Owner:	Conway Hospital, Inc.	

Conway Medical Center – Emergency Department

27. Jasper County **Designation: Rural / Very Rural**

Facility:	Coastal Carolina Medical Center	(For Profit)
Location:	1000 Medical Center Drive	Address: 1000 Medical Center Drive
City:	Hardeeville	Zip Code: 29927
Phone:	843-784-8182	FAX: 843.784.8001
RUCA Codes:	10 / 10.5	Census Tract Code: 950300
Public / For-Profit		Eligible
Admin:	Teresa Urquhart	E-Mail: teresa.c.urquhart@tenethealth.com
Owner:	PHC-Jasper, Inc.	

Costal Carolina Medical Center – Emergency Department

Facility:	Jasper County Clinic	
Location:	1510 Grays Hwy.	Address: P.O. Boz 1016
City:	Ridgeland	Zip Code: 29936
Phone:	843 – 726 – 8030	FAX: 843-726-8207
RUCA Codes:	7 / 7.4	Census Tract Code: 950200
Public / Non-Profit		Eligible
Admin:	Hank Kovalanchik	E-Mail: hpk33@scdmh.org
Owner:	SC Department of Mental Health	

28. Kershaw County **Designation: Rural / Very Rural**

Facility:	Kershaw County Medical Center	
Location:	1315 Roberts Street	Address: P.O. Box 7003
City:	Camden	Zip Code: 29020
Phone:	803-432-4311	FAX: 803.425.6380
RUCA Codes:	4 / 4.2	Census Tract Codes: 970400
Public / Non-Profit		Eligible
Admin:	Donnie Weeks	E-Mail: weeks@kcmc.org
Owner:	Kershaw County Medical Center	

Kershaw County Medical Center – Emergency Department

Facility:	Kershaw County Clinic	
Location:	2611 Liberty Hill Rd.	Address: P.O. Box 645
City:	Camden	Zip Code: 29020-0645
Phone:	803 – 432 – 5323	FAX: 803-713-3978
RUCA Codes:	4 / 4.2	Census Tract Code: 970400
Public / Non-Profit		Eligible
Admin:	Michele Reeder	E-Mail: mmr11@scdmh.org
Owner:	SC Department of Mental Health	

29. Lancaster County **Designation: Rural / Very Rural**

Facility:	Springs Memorial Hospital	(For Profit)

Location:	Lancaster	Zip Code: 29720
Phone:	803-286-1481	FAX: 803.286.1367
RUCA Codes:	4 / 4	Census Tract Code: 970400
Public / For-Profit		Eligible (Dedicated ED)
Admin:	Tom McDougal	E-Mail: tom_mcdougal@chs.net
Owner:	Lancaster Hospital Corp.	

Springs Memorial Hospital – Emergency Department

Facility:	Lancaster Clinic	
Location:	1906 Hwy. 521 Bypass S.	
City:	Lancaster	Zip Code: 29720
Phone:	803 – 285 – 7456	FAX: 803-285-5514
RUCA Codes:	4 / 4	Census Tract Code: 10500
Public / Non-Profit		Eligible
Admin:	Paige Walther	E-Mail: apw02@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Mid-Carolina AHEC	
Location:	1824 Highway #9 Bypass West	
City:	Lancaster	Zip Code: 29721-2049
Phone:	803 - 286 - 4121	FAX: 803 - 286 – 4165
RUCA Codes:	4 / 4	Census Tract Code: 10500
Public / Non-Profit		Eligible
Admin:	Cheri C. Plyler, MBA	E-Mail: cplyler@comporium.net

30. Laurens County **Designation: Rural**

Facility:	Laurens County Hospital	
Location:	22725 Highway 76 East	Address: P.O. Drawer 976
City:	Clinton	Zip Code: 29325
Phone:	864-833-9100	FAX: 864.833.9142
RUCA Codes:	4 / 4	Census Tract Code: 980300
Public / Non Profit		Eligible
Admin:	Jim Boote	E-Mail: jboote@lchcs.org
Owner:	Laurens Co Health Care System	

Laurens County Health Care System – Emergency Department

Facility:	Laurens Clinic	
Location:	442 Professional Park Rd	
City:	Clinton	Zip Code: 29325
Phone:	864 – 938 – 0912	FAX: 864-938-0926
RUCA Codes:	4 / 4	Census Tract Code: 980300
Public / Non-Profit		Eligible
Admin:	Donna Stover	E-Mail: dks60@scdmh.org
Owner:	SC Department of Mental Health	

31. Lee County **Designation: Rural / Very Rural**

Facility:	Lee County Clinic	
Location:	817 Brown St.	Address: P.O. Box 206
City:	Bishopville	Zip Code: 29010-0206
Phone:	803 – 484 – 9414	FAX: 803-484-4299
RUCA Codes:	7 / 7.4	Census Tract Code: 980200

Public / Non-Profit		Eligible
Admin:	Kathleen Higgins	E-Mail: kch09@scdmh.org
Owner:	SC Department of Mental Health	

32. Lexington County **Designation: Urban**

Facility:	Lexington Medical Center	
Location:	2720 Sunset Blvd.	Address: 2720 Sunset Blvd.
City:	West Columbia	Zip Code: 29169
Phone:	803 – 791 – 2000	FAX: 803.791.2660
RUCA Codes:	2 / 2	Census Tract Code: 20800
Public / Non-Profit		Eligible
Admin:	Michael Biediger	E-Mail: mbiediger@lexhealth.org
Owner:	Lexington County Health Services. District	

Lexington Medical Center – Emergency Department

Facility:	Lexington County Community Mental Health Center	
Location:	301 Palmetto Park Blvd.	
City:	Lexington	Zip Code: 29072
Phone:	803 – 996 – 1500	FAX: 803-996-1510
RUCA Codes:	1 / 1	Census Tract Code: 21015
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Richard L. Acton	E-Mail: rla78@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Adult Services	
Location:	301-A Palmetto Park Blvd.	
City:	Lexington	Zip Code: 29072
Phone:	803 – 996 – 1500	FAX: 803-359-2111
RUCA Codes:	1 / 1	Census Tract Code: 21015
Public / Non-Profit		Eligible
Admin:	Robert Hardee, Jr.	E-Mail: rmh23@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	CAF Services	
Location:	305 Palmetto Park Blvd.	
City:	Lexington	Zip Code: 29 072
Phone:	803 – 359 – 7206	FAX: 803-359-7291
RUCA Codes:	1 / 1	Census Tract Code: 21015
Public / Non-Profit		Eligible
Admin:	Debra C. Lyles	E-Mail: dcl19@scdmh.org
Owner:	SC Department of Mental Health	

33. Marion County **Designation: Rural / Very Rural**

Facility:	Marion County Medical Center	
Location:	2829 East Highway 76	Address: P.O. Box 1150
City:	Mullins	Zip Code: 29574-6035
Phone:	843-431-2000	FAX: 843.431.2414
RUCA Codes:	7 / 7	Census Tract Code: 950700
Public / Non-Profit		Eligible

Admin: Harold Tucker E-Mail: gtucker@mcmed.org
Owner: Marion Regional Healthcare System
Marion County Medical Center – Emergency Department

Facility: Marion County Clinic
Location: 1104 N. Lombardy St.
City: Marion Zip Code: 29571
Phone: 843 – 431 – 1100 FAX: 843-431-1103
RUCA Codes: 7 / 7 Census Tract Code: 950700
Public / Non-Profit Eligible
Admin: Kathryn Henderson E-Mail: kch16@scdmh.org
Owner: SC Department of Mental Health

34. Marlboro County Designation: Rural
Facility: Tri-County Mental Health Center
Location: 1035 Cheraw Highway Address: P.O. Box 918
City: Bennettsville Zip Code: 29512
Phone: 843 – 454 – 0841 FAX: 843-454-0635
RUCA Codes: 4 / 4 Census Tract Code: 960200
Public / Non-Profit Not Eligible (Paying Own Way)
Admin: Janice A. Rozier E-Mail: jar23@scdmh.org
Owner: SC Department of Mental Health

35. McCormick County Designation: Rural / Very Rural
Facility: McCormick County Clinic
Location: 202 Highway 28, North
City: McCormick Zip Code: 29835
Phone: 864 – 465 – 2412 FAX: 864-465-3325
RUCA Codes: 10 / 10.5 Census Tract Code: 980200
Public / Non-Profit Eligible
Admin: Betty Speach E-Mail: bjs06@scdmh.org
Owner: SC Department of Mental Health

36. Newberry County Designation: Rural
Facility: Newberry Clinic
Location: 2043 Medical Park Dr.
City: Newberry Zip Code: 20108
Phone: 803 – 276 – 8000 FAX: 803-276-6669
RUCA Codes: 4 / 4.2 Census Tract Code: 950200
Public / Non-Profit Eligible
Admin: Heather O'Dell E-Mail: hmo80@scdmh.org
Owner: SC Department of Mental Health

37. Oconee County Designation: Rural / Very Rural
Facility: Oconee Memorial Hospital
Location: 298 Memorial Drive Address: 298 Memorial Drive
City: Seneca Zip Code: 29672-9943
Phone: 864-882-3351 FAX: 864.882.3711
RUCA Codes: 4 / 4.2 Census Tract Code: 30600
Public / Non-Profit Eligible
Admin: Jeanne Ward E-Mail jeanne.ward@oconeemed.org

Owner: Oconee Memorial Hosp, Inc
Oconee County Memorial Hospital – Emergency Department

38. Orangeburg County **Designation: Rural**

Facility: Regional Med Center of Orangeburg / Calhoun Counties
Location: 3000 St. Matthews Road Address: 3000 St. Matthews Road
City: Orangeburg Zip Code: 29118-1498
Phone: 803-395-2200 FAX: 803.395.2304
RUCA Codes: 4 / 4 Census Tract Code: 10900
Public / Non-Profit Eligible
Admin: Thomas Dandridge E-Mail: tcdandridge@trmchealth.org
Owner: Regional Med. Ctr. of Orangeburg and Calhoun Counties
The Regional Medical Center – Emergency Department

Facility: Orangeburg Area Mental Health Center
Location: 2319 St. Matthews Road
City: Orangeburg Zip Code: 29118
Phone: 803 – 536 – 1571 FAX: 803-536-1463
RUCA Codes: 4 / 4 Census Tract Code: 10900
Public / Non-Profit Not Eligible (Paying Own Way)
Admin; Bessie B. Abraham E-Mail: bba16@scdmh.org
Owner: SC Department of Mental Health

Facility: Orangeburg County Clinic
Location: 1375 Gilway Extension Address: P.O. Box 505
City: Holly Hill 29059
Phone; 803 – 496 – 3410 FAX: 803-496-9185
RUCA Codes: 10 / 10.4 Census Tract Code: 10200
Public / Non-Profit Eligible
Admin: Nancy Ellis E-Mail: nle54@scdmh.org
Owner: SC Department of Mental Health

39. Pickens County **Designation: Urban**

Facility: Cannon Memorial Hospital
Location: 123 W.G. Acker Drive Address: P.O. Box 188
City: Pickens Zip Code: 29671
Phone: 864 – 878 – 4791 FAX: 864.898.1047
RUCA Codes: 1 / 1 Census Tract Code: 11003
Public / Non-Profit Eligible
Admin: Norman Renz E-Mail: nrentz@cmhsc.org
Owner: Cannon Memorial Hospital
Cannon Memorial Hospital – Emergency Department

Facility: Palmetto Baptist Medical Center -Easley
Location: 200 Fleetwood Drive Address: P.O. Box 2129
City: Easley Zip Code: 29640
Phone: 864 – 442 – 7200 FAX: 864.442.7521
RUCA Codes: 2 / 2 Census Tract Code: 10300
Public / Non-Profit Eligible
Admin: Roddey Gettys E-Mail roddey.gettys@palmettohealth.org
Owner: Palmetto Health Alliance

Palmetto Health Baptist – Easley – Emergency Department

40. Richland County Designation; Urban

Facility:	Palmetto Health Richland	
Location:	5 Richland Medical Park Dr.	
City:	Columbia	Zip Code: 29203
Phone:	803 – 434 – 7000	FAX: 803.434.6668
RUCA Codes:	1 / 1	Census Tract Code: 11409
Public / Non-Profit		Eligible
Admin:	John Singerling	E-Mail john.singerling@palmettohealth.org
Owner:	Palmetto Health Alliance	

Palmetto Health Richland – Emergency Department

Facility:	Palmetto Health Baptist	
Location;	Taylor at Marion Street	
City:	Columbia	Zip Code: 29220
Phone:	803 – 296 – 5678	FAX: 803.296.5462
RUCA Codes:	1 / 1	Census Tract Code: 11409
Public / Non-Profit		Eligible
Admin:	James Bridges	E-Mail: james.bridges@palmettohealth.org
Owner;	Palmetto Health Alliance	

Palmetto Health Baptist – Emergency Department

Facility:	Sisters of Charity Providence Hospitals	
Location:	2435 Forest Drive	
City:	Columbia	Zip Code: 29204-2098
Phone:	803.256.5300	FAX: 803.256.5765
RUCA Codes:	1 / 1	Census Tract Code: 11409
Public / Non-Profit		Eligible
Admin:	Sister Judith Ann Karam	E-Mail: judith.karam@providencehospitals.com
Owner:		

Sisters of Charity Providence Hospitals – Emergency Department

Facility:	Columbia Area Mental Health Center	
Location:	2715 Colonial Drive	
City:	Columbia	Zip Code: 29203
Phone:	803 – 898 – 4802	FAX: 803-898-4007
RUCA Codes:	1 / 1	Census Code: 11409
Public / Non-Profit		Not – Eligible (Paying Own Way)
Admin:	Robert L. Bank, M.D.	E-Mail: rib93@scdmh.org
Owner:	SC Department of Mental Health	

41. Saluda County Designation: Rural / Very Rural

Facility:	Saluda Clinic	
Location:	206 Travis Avenue	
City:	Saluda	Zip Code: 20138
Phone:	864 – 445 – 8122	FAX: 864-445-9546
RUCA Codes:	7 / 7	Census Tract Code: 960200
Public / Non Profit		Eligible
Admin:	Barbara Bowman-Thomas	E-Mail: bat82@scdmh.org
Owner:	SC Department of Mental Health	

42. Spartanburg County **Designation: Urban**

Facility:	Spartanburg Regional Medical Center	
Location:	101 East Wood Street	
City:	Spartanburg	Zip Code: 29303
Phone:	864 – 560 – 6000	FAX: 864.560.6001
RUCA Codes:	2 / 2.1	Census Tract Code: 23400
Public / Non-Profit		Eligible
Admin:	Ingo Angermeir	E-Mail: iangermeier@srhs.com
Owner:	Spartanburg Regional Health Services. Dist., Inc.	

Spartanburg Regional Medical Center – Emergency Department

Facility:	Spartanburg Area Mental Health Center	
Location:	250 Dewey Ave.	
City:	Spartanburg	Zip Code: 29303
Phone:	864 – 585 – 0366	FAX: 864-585-9208
RUCA Codes:	2 / 2.1	Census Tract Code: 23400
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	William S. Powell, M.D.	E-Mail: wsp62@scdmh.org
Owner:	SC Department of Mental Health	

43. Sumter County **Designation: Urban**

Facility:	Tuomey Healthcare System	
Location:	129 North Washington St.	
City:	Sumter	Zip Code: 29150
Phone:	803 – 774 – 9000	FAX: 803.774.9489
RUCA Codes:	2 / 2	Census Tract Code: 400
Public / Non-Profit		Eligible
Admin:	Jay Cox	E-Mail: jay.cox@tuomey.com
Owner:	Tuomey Health Care System	

Tuomey Healthcare System – Emergency Department

Facility:	Santee-Wateree Community Mental Health Center	
Location:	215 North Magnolia St.	Address: P.O. Box 1946
City:	Sumter	Zip Code: 29151
Phone:	803 – 775 – 9364	FAX: 803-773-6615
RUCA Codes:	2 / 2	Census Tract Code: 400
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Richard B. Guess	E-Mail: rbg89@scdmh.org
Owner:	SC Department of Mental Health	

44. Union County **Designation: Rural**

Facility:	Union Mental Health Clinic	
Location:	130 Medical Sciences Dr.	Address: P.O. Box 129
City:	Union	Zip Code: 29379-0129
Phone:	864 – 427 – 1224	FAX: 864-429-0627
RUCA Codes:	4 / 4.2	Census Tract Code: 30400
Public / Non-Profit		Eligible
Admin:	Gary Moneypenny	E-Mail: gwm62@scdmh.org
Owner:	SC Department of Mental Health	

45. Williamsburg County **Designation: Rural / Very Rural**

Facility:	Williamsburg County Clinic	
Location:	310 East main St.	
City:	Kingstree	Zip Code: 29556
Phone:	843 – 354 – 5453	FAX: 843-354-3322
RUCA Codes:	7 / 7	Census Tract Code: 970600
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Maritta Janice Smith	E-Mail: mjs69@scdmh.org
Owner:	SC Department of Mental Health	

46. York County **Designation; Urban**

Facility:	Catawba Mental Health Center	
Location:	223 E. Main Street, Suite 300	Address:
City:	Rock Hill	Zip Code: 29730
Phone:	8803 – 328 – 9600	FAX: 803-329-7141
RUCA Codes:	1 / 1	Census Tract Code: 61002
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Paul J. Cornely, Ph.D.	E-Mail: pjc97@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	Catawba Family Center	
Location:	250 Piedmont Blvd.	
City:	Rock Hill	Zip Code: 29732
Phone:	803 – 329 – 3177	FAX: 803-329-3319
RUCA Codes:	1 / 1	Census Tract Codes: 61002
Public / Non-Profit		Eligible
Admin:	Rae Ann Alepa	E-Mail: raa21@scdmh.org
Owner:	SC Department of Mental Health	

Facility:	York Adult Services Clinic	
Location:	166 Dotson St.	
City:	Rock Hill	Zip Code: 29732
Phone:	803 – 327 – 2012	FAX: 803-327-4198
RUCA Codes:	1 / 1	Census Tract Code: 61002
Public / Non-Profit		Not Eligible (Paying Own Way)
Admin:	Paul J. Cornely, Ph.D.	E-Mail: pjc97@scdmh.org
Owner:	SC Department of Mental Health	

October 27, 2010: After diligent attempts to bring the 40 South Carolina Mental Health Clinics on-line, the Division of State Information Technology continues to create roadblocks to the use of the network. We have notified the SCDMH on more than one occasion that we intended to disconnect their sites where upon they have requested extensions while they negotiate with the SC DSIT to enable their sites to use the service. The DSIT issues an approval for the DMH clinics to use the service through a Memorandum of Agreement (MOA). However, the MOA contains extremely restrictive and punitive elements which preclude acceptance on behalf of the PSPN. Copies of the PSPN response and the MOA were forwarded to USAC RHC Pilot for inclusion in our file. The DSIT created roadblocks to all of our and our vendor's attempts to facilitate the DMH connections including the installation and testing of circuits into the DMH headquarters. PSPN was asked for an extension on our discontinuance of service until the last day of October, which was granted. It is their intention to continue to attempt negotiations with DSIT. PSPN does not harbor encouragement that the issue will be resolved and plant to: 1) Submit a response to SC DSIT and the SC Budget

Control Board with copies to USAC; and 2.) With sincerest regret discontinue service to the 40 DMH sites. These sites will be replaced with hospitals and FQHCs eligible for participation in the project.

January 31, 2011: As of January 19, 2011, we have received LOAs from 39 FQHCs and 7 Regional and Rural hospitals for a total of 46 new sites which will be submitted in a second RFP to replace the 40 SCDMH sites disconnected on November 4, 2010 as well as add new sites.

April 29, 2011: On April 22, 2011, PSPN posted RFP-01, to begin the 28 day posting period. This RFP seeks to connect up to 96 new sites on the Palmetto State Providers Network. The following is a list of sites included in our second RFP:

Palmetto State Providers Network
South Carolina Hospitals and Clinics to be connected

HOSPITALS:

1. Allendale County Hospital
   Fairfax, SC 29827-0218
2. Hilton Head Regional Medical Center **(Not Eligible, Paying Own Way)**
   Hilton Head Island, SC 29926-2738
3. Hampton Regional Medical Center
   Varnville, SC 29944-0338
4. Marlboro Park Hospital
   Bennettsville, SC 29512-0738
5. Newberry County Memorial Hospital
   Newberry, SC 29108
6. Wallace Thompson Hospital
   Union, SC 29379 – 0789
7. Williamsburg Regional Hospital
   Kingstree, SC 29556-0568

FQHCs:

8. CareSouth Carolina, Inc.
   Society Hill, S.C 29593
9. CareSouth Carolina, Inc.
   Bennettsville, SC 29512
10. CareSouth Carolina, Inc.
    Bennettsville, SC 29512
11. CareSouth Carolina, Inc.
    Bishopville, SC 29010
12. CareSouth Carolina, Inc.
    Cheraw, SC 29502
13. CareSouth Carolina, Inc.
    Chesterfield, SC 29709
14. CareSouth Carolina, Inc. **(Not Eligible, Paying Own Way)**
    Hartsville, SC 29550
15. CareSouth Carolina, Inc.
    Hartsville, SC 29550
16. CareSouth Carolina, Inc.
    Lakeview, SC 29563
17. CareSouth Carolina, Inc.
    McColl, SC 29570

18. CareSouth Carolina, Inc.
    Society Hill, SC 29593
19. Carolina Health Centers, Inc. (Saluda Family Practice)
    Saluda, SC 29139
20. Carolina Health Centers, Inc. (Lakelands Family Practice)
    Waterloo, SC 29384
21. Carolina Health Centers, Inc. (Calhoun Falls Family Practice)
    Calhoun Falls, SC 29628
22. Carolina Health Centers, Inc. (McCormick Family Practice)
    McCormick, SC 29835
23. Carolina Health Centers, Inc. (Ridge Spring Family Practice)
    Ridge Spring, SC 29129
24. Carolina Health Centers, Inc. (Ware Shoals Family Practice)
    Ware Shoals, SC 29692
25. Carolina Health Centers, Inc. (The Children's Center)
    Greenwood, SC 29646
26. Carolina Health Centers, Inc. **(Not Eligible, Paying Own Way)**
    Greenwood, SC 29646
27. Carolina Health Centers, Inc. (Piedmont Physicians for Women)
    Greenwood, SC 29646
28. Carolina Health Centers, Inc. (Carolina Community Pharmacy Northwest)
    (Not Eligible, Paying Own Way)
    Greenwood, SC 29649
29. Carolina Health Centers, Inc.(Uptown Family Practice)
    Greenwood, SC 29646
30. Black River Healthcare, Inc.
    Manning, SC 29102
31. Black River Healthcare, Inc.
    Timmonsville, SC 29161
32. Black River Healthcare, Inc.
    Kingstree, SC 29556
33. Black River Healthcare, Inc.
    Kingstree, SC 29556
34. Black River Healthcare, Inc.
    Olanta, SC 29114
35. Black River Healthcare, Inc.
    Greeleyville, SC29056
36. Hope Health Inc. (Pee Dee)
    Florence, SC 29506
37. Hope Health Inc. (Edisto)
    Orangeburg, SC 29116
38. Hope Health inc. (Lower Savannah)
    Aiken, SC 29801
39. Sumter Family Health Center, Inc.
    Sumter, SC 29150
40. Pinewood Health Center
    Pinewood, SC 29125
41. Sandhills Medical Foundation, Inc. (Jefferson Center)
    Jefferson, SC 29718
42. Sandhills Medical Foundation, Inc. (McBee Center)
    McBee, SC 29101

43. Sandhills Medical Foundation, Inc. (Lugoff Center)
Lugoff, SC 29078
44. Sandhills Medical Foundation, Inc. (Sumter Center)
Sumter, SC 29151
45. ReGenesis Community Health Center, Inc.
Lyman, SC 29365
46. ReGenesis Community Health Center, Inc.
Spartanburg, SC 29306

47. ReGenesis Community Health Center, Inc.
Spartanburg, SC 29306
48. ReGenesis Community Health Center, Inc. **(Not Eligible, Paying Own Way)**
Spartanburg, SC 29306
49. ReGenesis Community Health Center, Inc.
Gaffney, SC 29340
50. St. James-Santee Family Health Center, Inc.
Georgetown, SC 29440
51. St. James-Santee Family Health Center, Inc.
Georgetown, SC 29440
52. St. James-Santee Family Health Center, Inc.
McClellanville, SC 29458
53. St. James-Santee Family Health Center, Inc.
Georgetown, SC 29440
54. Margaret J. Weston Medical Center, Inc.
Clearwater, SC 29822
55. Margaret J. Weston Medical Center, Inc.
Jackson, SC 29831
56. Margaret J. Weston Medical Center, Inc.
Aiken, SC 29801
57. Richland Community Health Care Association, Inc.
(Richland Primary Health Care Association)
Columbia, SC 29201
58. Richland Community Health Care Association, Inc.
(Bernice G. Scott Health and Human Services Center)
Eastover, SC 29044
59. Richland Community Health Care Association, Inc.
(Lake Monticello Family Practice Center)
Blair, SC 29015
60. Richland Community Health Care Association, Inc.
(Palmetto Family Primary Health Care)
Winnsboro, SC 29180
61. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Leroy E. Browne Medical Center)
St. Helena, SC 29920
62. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Elijah Washington Medical Center)
Sheldon, SC 29941
63. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Ridgeland Family Medicine Center)
Ridgeland, SC 29936
64. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.

(Port Royal Medical Center)
Port Royal, SC 29935

65. Beaufort- Jasper-Hampton Comprehensive Health Services, Inc.
(Donald E. Gatch Medical Center)
Hardeeville, SC 29927
66. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Hampton Medical Center)
Hampton, SC 29924
67. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Estill Medical Center)
Estill, SC 29918
68. Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
(Ruth P. Field Medical Center)
Ridgeland, SC 29936
69. Little River Medical Center, Inc.
Little River, SC 29566
70. Little River Medical Center (Myrtle Beach)
Myrtle Beach, SC 29572
71. Little River Medical Center (North Myrtle Beach Dental)
North Myrtle Beach, SC 29582
72. Little River Medical Center (Loris Medical)
Loris, SC 29569
73. Little River Medical Center (Health Access)
Myrtle Beach, SC 29577
74. Little River Medical Center – Street Reach
Myrtle Beach, SC 29577
75. Franklin C. Fetter Family Health Center, Inc.
Charleston, SC 29403
76. Franklin C. Fetter Family Health Center, Inc. (Cross Health Center Inc.)
Cross, SC 29436
77. Franklin C. Fetter Family Health Center, Inc. (Enterprise Health Center Inc.)
North Charleston, SC 29405
78. Franklin C. Fetter Family Health Center, Inc.
(Lowcountry Pediatrics & Adult Services)
North Charleston, SC 29405
79. Franklin C. Fetter Family Health Center, Inc. (Summerville Health Center Inc.)
Summerville, SC 29483
80. Franklin C. Fetter Pediatrics
Moncks Corner, SC 29461
81. Franklin C. Fetter Family Health Center, Inc. (Johns Island Health Center Inc.)
Johns Island, SC 29457
82. Franklin C. Fetter Family Health Center, Inc. (Walterboro Health Center Inc.)
Walterboro, SC 29488
83. Franklin C. Fetter Family Health Center, Inc. (Hollywood Health Center Inc.)
Hollywood, SC 29449
84. New Horizon Family Health Service, Inc. **(Not Eligible, Paying Own Way)**
Greenville, SC 29601

85. New Horizon Family Health Service, Inc.

Greenville, SC 29601
86. New Horizon Family Health Service, Inc.
Greenville, SC 29605
87. New Horizon Family Health Service, Inc.
Greenville, SC 29601
88. New Horizon Family Health Service, Inc.
Simpsonville, SC 29681
89. New Horizon Family Health Service, Inc.
Greer, SC 29651
90. New Horizon Family Health Service, Inc.
Greenville, SC 29617
91. New Horizon Family Health Service, Inc.
Travelers Rest, SC 29690
92. Low Country Health Care System, Inc.
Blackville, SC 29817
93. Low Country Health Care System, Inc.
Barnwell, SC 29812
94. Low Country Health Care System, Inc.
(Sharing Circuit with Hope Health, Inc. Edisto)
Orangeburg, SC 29115
95. Low Country Health Care System, Inc.
Fairfax, SC 29827
96. South Carolina Migrant Health Program **(Not Eligible, Paying Own Way)**
Columbia, SC 29203

July 31, 2011: RFP-01 has been closed, a vendor identified and contract negotiations completed. A completed contract should be available for USAC review and approval shortly.

October 31, 2011: USAC reviewed and approved of the contract resulting from RFP-01. The Form 466, Form 466-Attachment, and the NCW have been submitted and approved. A decommitment of funds previously allocated for services to the 40 SC Department of Mental Health Clinics has been submitted and is in process. All eligibility and funding requests have been approved. Connections should begin immediately.

January 30, 2012: The decommitment was completed in December and a new Funding Commitment Letter was issued. Currently proposed sites are being installed with completion anticipated by the end of February.

It is our plan to reallocate unused funds resulting from sites declining to become participants after the second FCL was issued. The request for a decommitment of funds and reallocation as extended service has been initiated using the Site and Service Substitution guidelines as posted.

April 30, 2012: Non committed funds resulting from savings in the first RFP were identified and a new 466A/NCW package was submitted and approved. The 14 Day letter notifying PSPN that the FCL will be issued has been received. These funds were re-committed as additional months of service for Hospitals and AHEC sites on the PSPN. This de-commitment and reallocation was completed to insure that all available Pilot funds were committed prior to June 30, 2012, deadline.

Additional funds which were previously committed for eligible entities which rescinded their request to connect to and participate in the PSPN have been identified and will be re-committed to additional service time for current participants.

July 31, 2012: All eligible participating sites are connected with the exception of four (4) FQHCs which moved from the original location to new facilities. These site/address changes have been on hold due to the rush of funding commitment requests from the HRC Pilot sites. We are in hopes they will be approved and activated as quickly as possible. These sites are:
1. Franklin C. Fetter Family Health Center, Inc. – 5225 Highway 165 Hollywood, SC 29449
2. Franklin C. Fetter Family Health Center, Inc. – 302 medical Park Circle, Suite 200, Walterboro, SC 29488
3. Black River Healthcare, Inc. – 210 East market Street, Timmonsville, SC 29161
4. St. James – Santee Family health Center – 2482 Powell Road, Georgetown, SC 29440

October 31, 2012: The four substitution sites (address changes) have been reviewed by USAC and approved. Two are connected and two are in the process.

3. Network Narrative:

The Request for Proposals has been drafted for review and has not been posted.

Health Sciences South Carolina (HSSC) and the Palmetto State Providers Network (PSPN are seeking a qualified Primary Partner (PP) or Primary Partner Consortium (PPC) to enter into a broad-based, mutually beneficial partnership in accordance with this section of the RFP. HSSC and PSPN is seeking a vendor that will build, implement, manage, and maintain a robust state-wide broadband network that links rural caregivers in all 48 counties to the state's academic and large tertiary medical centers using a 10 gigabits (GB) lambda as the backbone network.

Phase I of the project calls for providing a 10 GB lambda backbone network connecting the hub sites listed under hub sites (Section 3.2). Linear and protected configurations should be proposed. In addition, access to Internet2 and/or National Lambda Rail is required to at least one of the hub sites. Access should include bandwidth options of 1Gb and 10Gb. Usage and connector fees for Internet2 and National Lambda Rail are not included in this RFP.

Phase II of the project calls for the linking of three large tertiary hospital systems; Palmetto Health, Greenville Hospital System, and Spartanburg Regional Medical Center to the Medical University of SC (MUSC) in Charleston via the backbone described in Phase I. Links to the backbone network from each of these facilities should be ten gigabits (GB) or 1 gigabits (GB) circuits with a one gigabit optional redundant path. We request that both 1GB and 10 GB circuits be bid. Both the primary and secondary circuits shall be bid separately. The tertiary hospital circuits will link back to hubs in or around Clemson, Columbia and Charleston specified under Hub Site section.

Phase III of the project calls for the linking of rural and perhaps urban clinics and hospitals across all South Carolina counties (see Appendix A for details) back to the hub sites.. Ideally, links to these rural and perhaps urban hospitals and clinics will be either 4, 5, 10 or

100 MB circuits. Bids should include pricing and availability of these circuit bandwidths for each location.

Key Circuit Attributes:

- Ethernet circuits should be non-blocking, clear channel transport "pipes".
- Network design is fully deterministic to ensure 100% bandwidth availability and full channel throughput.
- Circuits will provide full Committed Information Rate at all times. Excess Information Rate is not applicable.
- Maximum Frame Size: Any standard IEEE 802.1Q frame size can be transported
- Ethernet transport and access bandwidth must not be oversubscribed.
- All circuits should be designed to maximize network security

The network core equipment (routers, switches, etc.) should be located within the one or all of the 3 hub sites.

Hub Sites:

1. Charleston: #1 Charlotte Street, Charleston, SC
2. Clemson: 8120 Highway 76, Clemson, SC
3. Columbia: 1401 Main Street, 2nd Floor, Columbia, SC

Phase IV of the project will entail creating a network cloud around each of the rural and perhaps urban hospitals so as to provide broadband connectivity for clinics to the respective hospitals. The objective is to provide affordable broadband connectivity for as many community clinics to the respective rural hospitals and to PSPN, as possible. Connecting equipment on the remote sites as well as the hospital site should be included in the bid.

(April 30, 2009)Connection to NLR, Internet and Internet2:

The Palmetto State Providers Network will connect to Internet2 (national research network) via transport facilities provided by FRC, LLC in Charlotte, NC. A 10 Gb DWDM circuit will connect the PSPN Charlotte hub router with a Level 3 Internet 2 access point also located in Charlotte. The Charlotte hub may also be used to access NLR in the future as well as other national and regional networks.

Internet 2 access will be available to all PSPN participants subject to Internet 2 policies and procedures.

The PSPN network will initially serve 86 eligible locations spanning much South Carolina using existing FRC fiber infrastructure and fiber facilities provided by other carriers for last mile connections. Total fiber distances are unavailable from the vendor at this time.

The vendor, FRC, LLC will provide all system maintenance and management. However, PSPN representative will provide security and performance oversight for the network using equipment purchased by PSPN.

(July 31, 2009) At the time of this report the Charlotte PoP has not been connected.

(October 30, 2009) The Internet2 connection at the Charlotte Point of Presence has been

activated.

- The PSPN will connect to Internet 2 (and possibly NLR in the future) in Charlotte, NC via a connection to Level 3's fiber network. FRC, the PSPN vendor, has contracted with the SC GigaPOP to serve as an Internet 2 Connector. Each served PSPN location will have access to Internet 2.
- All locations connected to the PSPN are served by managed, carrier-provided fiber connections. Due to the complexity of the network and the number of last mile fiber providers utilized it is impossible to accurately determine the number fiber miles used in the network. PSPN serves locations in 46 South Carolina counties with varying geographic and population characteristics. As a result fiber routes include portions of buried and aerial fiber sections.
- The vendor, FRC, LLC provides an extensive field maintenance and installation team. In addition, FRC provides a 24 hour network operations center that monitors the network's performance and dispatches technicians in the event of an outage. Customer service issues are also handled by FRC teams.

(January 31, 2010)

- No additional items to report at this time.

(April 30, 2010)

- We have identified a need for a videoconferencing bridge to allow multipoint conferencing (telemedicine and Telehealth) between hospital and clinic sites through out the state.
- We have also identified the need for firewall traversal servers to allow telemedicine and Telehealth applications to move through the site firewalls without the addition of equipment at each site.
- We have identified inexpensive desktop videoconferencing clients which will provide the ability of small clinics and multiple sites with in rural hospitals to participate in telemedicine and Telehealth activities
- Due diligence is underway to identify the best and most cost effective videoconferencing bridge, transversal equipment and desktop video clients to use.

(July 31, 2010)

- As of July 20, 2010, the latest NCW was approved which included the videoconferencing bridge with the firewall transversal units.
- The Videoconferencing Bridge will be centrally located at the SCANA NOC is Columbia, South Carolina.
- Dedicated staff time for engineering support has been approved for the bridge
- The July 20, 2010, approval also included a central network based NHIN server to be used by all PSPN members.

October 27, 2010: A video bridge was requested and approved in the last NCW. The video bridge was requested as a network throughput device needed to conduct telemedicine and telehealth activities as required by the Order. The video bridge was ordered and is installed and activated.

To further accommodate HITECH, HIEx and HIT traffic, the PSPN requested and was approved to include an NHIN server. The actual inclusion of the server was deferred to a future request while PSPN negotiates for a Federal sponsor to allow the network to begin 'on-boarding' of data.

January 31, 2011: Due to a bundled invoice for the network bridge, PSPN submitted a second

Invoice with the donated MCU removed. The prices for the bridge management suite did not change. In addition, PSPN submitted an invoice for the cost of an MCU and related installation charges along with a letter from the vendor, Tandberg, confirming the cost of the management software and the cost of the Multipoint Control Unit and the reason they had added it to the original invoice. This information was submitted to RHC Pilot for action in approving the cost of the network bridge management suite.

The NHIN server was not included in our last NCW.

July 31, 2011: The PSPN Bridge, management software and related server was approved by USAC, invoiced and installed in the PSPN Data Center in Columbia, SC.

October 31, 2011: Seven Hospitals and 89 FQHCs as listed in RFP-01 will be connected across the 46 counties of South Carolina.

January 30, 2012: Six Hospitals in RFP-01 are eligible for RHC Pilot funding and connection is underway with completion anticipated by the end of February 2012. Other hospitals and clinics are connecting by paying-their-own-way.

April 30, 2012: The six hospitals included in RFP-01 have been connected or are in the final stages of connection to the network. In addition, many of the FQHCs listed in RFP-01 have also been connected or are in the final stages of connection. An additional 47 Rural Health Clinics, non-profit, have been identified and will be submitted to the RHC program.

July 31, 2012: All eligible participating sites are connected, 5 hospitals and all FQHCs with the exception of four (4) FQHCs which moved from the original location to new facilities. These site/address changes have been on hold due to the rush of funding commitment requests from the HRC Pilot sites. We are in hopes they will be approved and activated as quickly as possible. These sites are:
1. Franklin C. Fetter Family Health Center, Inc. – 5225 Highway 165 Hollywood, SC 29449
2. Franklin C. Fetter Family Health Center, Inc. – 302 medical Park Circle, Suite 200, Walterboro, SC 29488
3. Black River Healthcare, Inc. – 210 East market Street, Timmonsville, SC 29161
4. St. James – Santee Family health Center – 2482 Powell Road, Georgetown, SC 29440

We have identified 27 RHC sites which appear to meet the eligibility requirements, Rural, Non-Profits, which have been prioritized. We have identified existing funds that can be re-committed to connect these sites and will begin as soon as possible.

October 31, 2012: PSPN has identified 8 substitution sites and 22 Rural Health Centers which will be submitted for eligibility. Plans are to connect these sites in the January – March period.

4. List of Connected Health Care Providers: Not applicable at this time.

(October 30, 2008) A total of 105 Health Care providers were identified for connection to the Palmetto State Providers Network. Of this number, 86 HPCs are eligible for RHC funding and 19 HPCs will 'pay their own way'. Until the contract negotiations are completed, the actual number of connected HPCs will not be available.

(January 30, 2009) A total of 86 eligible HPCs will be connected as indicated in the contract. Contract negotiations have not been finalized at the time of filing this report.

(April 30, 2009) The Funding Commitment Letter was issued April 10, as Pilot Program Funding Commitment for Funding Year 2008,HCP # 17243 Palmetto State Providers Network. At the time of this filing, no sites have been connected to the network.

(April 30, 2009) The Funding Commitment Letter was issued April 10, as Pilot Program Funding Commitment for Funding Year 2008,HCP # 17243 Palmetto State Providers Network. When completed, all initial participants will have a minimum 10 Mb carrier-provided Ethernet connection to the network. All sites will have access to the PSPN Internet 2 gateway. At the time of this filing, no sites have been connected to the network.

(April 30, 2009) The following are the HCP, Eligible sites. Each site will be connected to the PSPN by FRC, LLC and its consortium partners. The connection will be a 10 MBS fiber connection to each location. The vendor, FRC, LLC, provides a gateway to the NLR, Internet and Internet 2 through a Hub/router location at the Charlotte Hub and Router, 125 N. Myers Street, Charlotte, NC.

Equipment purchased under this grant is detailed in attachment "E" of the PSPN/FRC contract.

(October 30, 2009)

- All current PSPN locations are served by last mile fiber connections. In addition, backbone facilities also use fiber optic systems which, in many cases, feature service redundancy to reroute traffic in the event of a backbone fiber cut. Internal, local area networks in participant facilities use a variety of technologies including wireless, fiber and copper.

- All connection facilities provided by FRC are carrier-provided.

- All current PSPN locations use metro/carrier Ethernet connections. Each location has a minimum of 10 MBs of bandwidth with some tertiary hospitals using 1000 Mb (GigE) facilities.

- Each PSPN location has access to a minimum of 5 Mbs of public Internet and/or Internet2

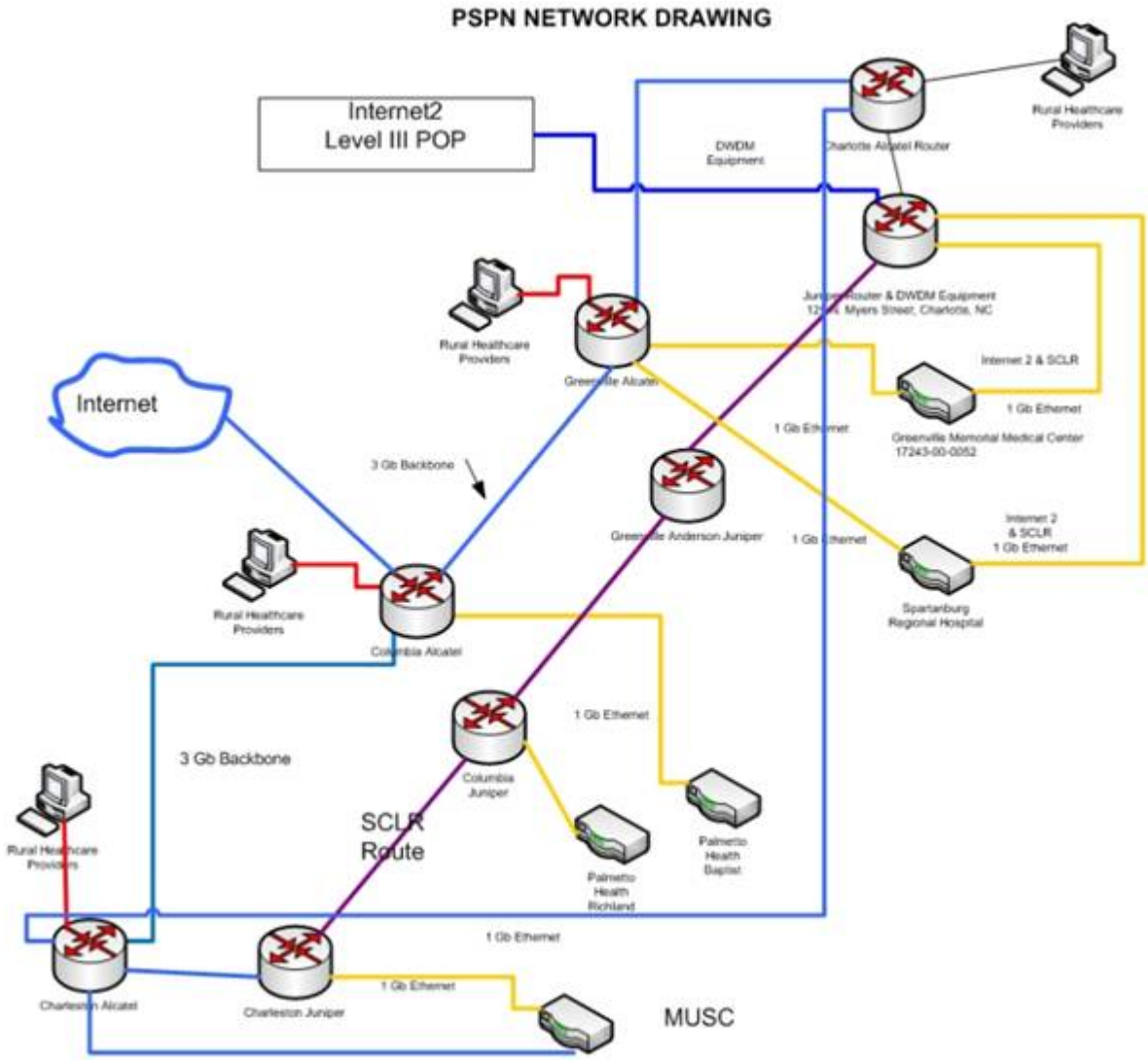
- Most site equipment was provided as part of the connection service provided by FRC, LLC. Ethernet switching equipment is provided that provides a service demarcation point, interface to the user's LAN and diagnostic tools for troubleshooting. Certain electronics were acquired by PSPN for use in the network and a complete list is available in attachment E of the PSPN/FRC master agreement and inserted herein:

Attachment E - Equipment to be Conveyed
Juniper Equipment & Accessories

SELLING QTY	MFG PART#	Description	EXTENDED PRICE	SELLING
2	MX480BASE-DC	MX480 DC BASE Unit includes 6 slot chassis, 1 fan tray, 2 DC power supplies, 1 SCBs, 1 REs	$32,100	$35,750.00
2	JUNOS	JUNOS Software Suite, Latest Version, Not for Export	$0	$5,500.00
2	RE-S-1300-2048-BB	Routing Engine with 1.3GHz CPU and 2GB Memory, Base Bundle	$32,400	$0.00
2	SCB-MX960-BB	MX960 Switch Control Board, Base Bundle, MX960	$279	$0.00
2	RE-S-1300-2048-R	Routing Engine with 1.3GHz CPU and 2GB Memory, Redundant	$200	$12,100.00
2	SCB-MX960-R	MX960 Control Board, Redundant, MX960	$32,400	$8,250.00
4	PWR-MX480-1600-DC-R	MX480 1600W DC P/S, Redundant	$279	$5,500.00
2	JS-IPv6	IPv6 License	$200	$5,500.00
2	DPCE-R-20GE-2XGE	Coarse Queue Combo DPC with L2+L3 features, Centaur, MX960	$66,000.00	
2	DPCE-R-4XGE-XFP	Enhanced 4x10GE DPC with latest L2 NPU and Performance, MX960	$52,800.00	
10	SFP-1GE-LX	GE SFP LX Plug In, Module, Spare	17988	$2,736.25
12	XFP-10G-E-OC192-IR2	Dual Rate 10G pluggable transceiver for 10GE and OC192, 1550nm for 40KM transmission.	16380	$33,000.00
Freight		$4,129.75		
$231,266.00				
10	SVC-ND-MX480	J-Care NextDay Support for MX480 Chassis (includes RE/SCB/PWR/JUNOS)	$37,260.00	
20	SVC-ND-MX-DPC-R	J-Care NextDay Support for MX DPC-R Line Card	$67,860.00	
$105,120.00				
Total		**$336,387.76**		
tax		24,388.11		
$360,775.87				

Model #	Model Description	Extended Price	
2	MX480-PREMIUM-DC	MX480 Premium Bundle, MX480BASE-DC Plus Redundant SCB, Upgraded to 2 Gold REs, plus Redundant PWR Sply	$ 55,458.63
2	JUNOS	JUNOS Software Suite, Latest Version, Not for Export	$5,183.05
2	JS-IPv6	IPv6 License	$ 5,630.00
2	DPCE-R-20GE-2XGE	Coarse Queue Combo DPC with L2+L3 features, Centaur, MX960	$ 67,560.00
2	DPCE-R-4XGE-XFP	Enhanced 4x10GE DPC with latest L2 NPU and Performance, MX960	$ 54,048.00
10	SFP-1GE-LX	GE SFP LX Plug In, Module, Spare	$ 2,578.57
12	XFP-10G-E-OC192-IR2	Dual Rate 10G pluggable transceiver for 10GE and OC192, 1550nm for 40KM transmission.	$ 33,780.00
2	EX3200-24T	EX 3200, 24-port 10/100/1000BaseT (8-ports PoE) + 320W AC PS	$ -
Hardware Total:		$ 224,238.25	
2	SVC-ND-MX480	J-Care NextDay Support for MX480 Chassis (includes RE/SCB/PWR/JUNOS)	$ 7,452.00
4	SVC-ND-MX-DPC-R	J-Care NextDay Support for MX DPC-R Line Card	$ 13,572.00
2	SVC-COR-EX3200-24T	J-Care Core Support for EX 3200-24T	$ 108.00
Maintenance Total:		$ 21,132.00	
Freight		$ 4,119.75	
Total Extended Net Price:		$ 249,490.00	
tax		$ 17,776.17	
Total		**$ 267,266.17**	

- **Logical Diagram of PSPN Network**



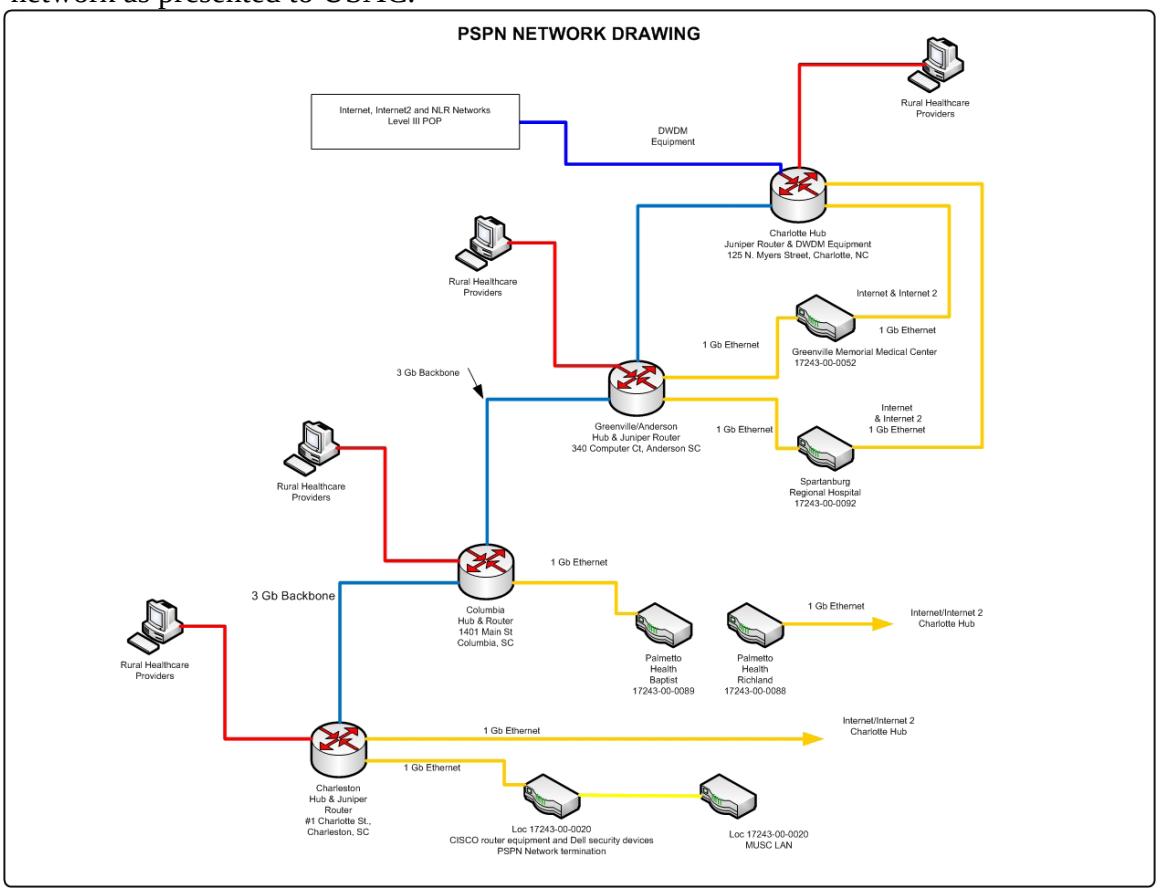
Palmetto State Providers Network Approved Sites: FRC, LLC

Line	HCP Name	Address of Location Where Service is Provided
1	MUSC Medical Center	100 Doughty Street, Charleston, SC 29403
2	Greenville Memorial Medical Center	340 Computer Ct, Anderson, SC 29675
3	Spartanburg Regional Medical Center	125 N. Myers Street, Charlotte, NC 28201
4	Abbeville Area Medical Center	420 Thompson Circle, Abbeville, SC 29620
5	Abbeville Clinic	101Commercial Drive, Abbeville, SC 29620
6	Aiken-Barnwell Mental Health Center	1135 Gregg Highway, Aiken, SC 29801
7	Allendale County Clinic	603 Barnwell Highway, Allendale, SC 29810
8	AnMed Health Medical Center	800 North Fant St., Anderson, SC 29621
9	Anderson-Oconee-Pickens Community Mental Health Center	200 McGee St., Anderson, SC 29625
10	Bamberg County Memorial Hospital	509 North St., Bamberg, SC 29003
11	Barnwell County Hospital	811 Reynolds Rd., Barnwell, SC 29812
12	Polly Best Center	916 Reynolds Rd., Barnwell, SC 29812
13	Beaufort Memorial Hospital	955 Ribaut Rd., Beaufort, SC 29902
14	Beaufort County Clinic	1050 Ribault Road, Beaufort, SC 29902
15	Hilton Head Clinic	151 Dillon Rd., Hilton Head Island, SC 29925
16	Berkley Community Mental Health Center	403 Stoney Landing Rd., Moncks Corner, SC 29461
17	Calhoun County Clinic	112 Guess Lane, St. Matthews, SC 29135
18	Bon Secours St Francis Xavier Hospital	2095 Henry Tecklenburg Drive, Charleston, SC 29414
19	Charleston/Dorchester Community Mental Health Center	2090 Executive Hall Rd., Charleston, SC 29407
20	Charleston County West Ashley	2100 Charlie Hall Blvd., Charleston, SC 29414
21	Upstate Carolina Medical Center - Emergency Department	1530 North Limestone St., Gaffney, SC 29340
22	Cherokee Mental Health Clinic	125 East Robinson Street, Gaffney, SC 29340
23	Chester Regional Medical Center - Emergency Department	One Medical Park Drive, Chester, SC 29706
24	Chester Clinic	524 Doctors Ct., Chester, SC 29706
25	Chesterfield General Hospital - Emergency Department	711 Chesterfield Highway, Cheraw, SC 29520
26	Clarendon Memorial Hospital	10 Hospital St., Manning, SC 29102
27	Clarendon County Clinic	215 Commerce St., Manning, SC 29102
28	Colleton Medical Center - Emergency Department	501 Robertson Blvd., Walterboro, SC 29488
29	Colleton County Clinic	507 Forest Circle, Walterboro, SC 29488
30	McLeod Medical Center - Darlington	701 Cashua Ferry Rd., Darlington, SC 29532
31	Carolina Pines Regional Medical Center - Emergency Department	1304 West Bobo Newsome Highway, Hartsville, SC 29550
32	Darlington County Clinic	217 East Carolina Ave., Hartsville, SC 29550

33	McLeod Medical Center - Dillon	301 East Jackson St., Dillon, SC 29536
34	Dillon Clinic	310S Commerce Road, Dillon, SC 29536
35	Dorchester County Clinic	106 Springview Lane, Summerville, SC 29485
36	Edgefield County Hospital	300 Ridge Medical Plaza, Edgefield, SC 29824
37	Edgefield Clinic	409 Simpkins Street, Edgefield, SC 29824
38	Fairfield Memorial Hospital	102 US Highway 321 Bypass N., Winnsboro, SC 29180
39	Fairfield County Clinic	1073 US Highway 321 Bypass N., Winnsboro, SC 29180
40	Beckman Center for Mental Health Services	1547 Parkway, Suite 100, Greenwood, SC 29646
41	Lake City Clinic	675 North Matthews Road, Lake City, SC 29560
42	Sisters of Charity Providence Hospitals	2435 Forest Drive, Columbia, SC 29204
43	Georgetown Memorial Hospital	606 Black River Road, Georgetown, SC 29440
44	Waccamaw Community Hospital	4070 Highway 17 By-Pass, Murrells Inlet, SC 29576
45	Georgetown County Clinic	525 Lafayette Circle, Georgetown, SC 29440
46	Hillcrest Memorial Hospital	729 Southeast Main Street, Simpsonville, SC 29681
47	St. Francis Hospital	One St. Francis Drive, Greenville, SC 29601
48	Allen Bennett Memorial Hospital	313 Memorial Drive, Greer, SC 29650
49	Self Regional Healthcare	1325 Spring Street, Greenwood, SC 29646
50	Greenwood Clinic	1547 Parkway,Suite 200 Greenwood, SC 29646
51	Hampton County Clinic	65 Forest Drive, Varnville, SC 29944
52	Loris Community Hospital	3655 Mitchell Street, Loris, SC 29569
53	Horry County Clinic	164 Waccamaw Medical Park Dr., Conway, SC 29526
54	Conway Hospital, Inc.	300 Singleton Ridge Road, Conway, SC 29526
55	Coastal Carolina Medical Center--Emergency Dept.	1000 Medical Center Drive, Hardeeville, SC 29927
56	Jasper County Clinic	1510 Gray's Highway, Ridgeland, SC 29936
57	Kershaw County Medical Center	1315 Roberts Street, Camden, SC 29020
58	Kershaw County Clinic	2611 Liberty Hill Road, Camden, SC 29020
59	Springs Memorial Hospital - Emergency Department	800 West Meeting Street, Lancaster, SC 29720
60	Lancaster Clinic	1906 Hwy. 521 Bypass Street, Lancaster, SC 29720
61	Laurens County Health Care System	22725 Highway 76 East, Clinton, SC 29325
62	Laurens Clinic	442 Professional Park Road, Clinton, SC 29325
63	Lee County Clinic	817 Brown Street, Bishopville, SC 29010
64	Lexington Medical Center	2720 Sunset Blvd., West Columbia, SC 29169
65	Sumter County Mental Health Center	215 N. Magnolia Street, Sumter, SC 29510
66	CAF Services	305 Palmetto Park Blvd., Lexington, SC 29072
67	Marion County Medical Center	2829 East Highway 76, Mullins, SC 29574
68	Marion County Clinic	1104 N. Lombardy Street, Marion, SC 29571
69	McCormick County Clinic	202 Highway 28, North, McCormick, SC 29835
70	Newberry Clinic	2043 Medical Park Drive, Newberry, SC 29108
71	Oconee Memorial Hospital	298 Memorial Drive, Seneca, SC 29672
72	Regional Medical Center of Orangeburg/Calhoun Counties	3000 St. Matthews Road, Orangeburg, SC 29118
73	Orangeburg County Clinic	1375 Gilway Extension , Holly Hill, SC 29059
74	Cannon Memorial Hospital	123 W. G. Acker Drive, Pickens, SC 29671
75	Palmetto Health Baptist Easley	200 Fleetwood Drive, Easley, SC 29640

76	Palmetto Health Richland	5 Richland Medical Park Drive, Columbia, SC 29203
77	Palmetto Health Baptist	Taylor at Marion St., Columbia, SC 29220
78	Saluda Clinic	206 Travis Avenue, Saluda, SC 29138
79	Tuomey Healthcare System	129 North Washington Street, Sumter, SC 29150
80	Union Mental Health Clinic	130 Medical Sciences Dr. , Union, SC 29379
81	Catawba Family Center	250 Piedmont Blvd., Rock Hill, SC 29732
82	South Carolina AHEC Program Office	19 Hagood Ave., Suite 802, Charleston, SC 29425
83	Lowcountry AHEC	302 Medical Park Drive, Suite 110, Walterboro, SC 29488
84	Mid-Carolina AHEC	1824 Highway #9 Bypass West, Lancaster, SC 29721
85	Pee Dee AHEC	305 East Cheves St., Suite 305, Florence, SC 29506
86	Upstate AHEC	14 Progress Road, Greenville, SC 29607

(April 30, 2009) the following is the Contract Drawing of the PSPN network as presented to USAC.



(July 31, 2009) All sites have been contacted and fiber is being run to the facilities. User Group meeting have been held at 1500 Hampton Street, Columbia South Carolina for participants to receive information regarding the installation and activation of the network as well as develop governance groups and documentation .

(July 31, 2010) Telemedicine (Telepsychiatry) applications are currently being migrated from leased lines at hospitals and mental health clinics on the network from former leased T1 lines.

October 27, 2010: After diligent attempts to bring the 40 South Carolina Mental Health Clinics on-line, the Division of State Information Technology continues to create roadblocks to the use of the network. We have notified the SCDMH on more than one occasion that we intended to disconnect

their sites where upon they have requested extensions while they negotiate with the SC DSIT to enable their sites to use the service. The DSIT issues an approval for the DMH clinics to use the service through a Memorandum of Agreement (MOA). However, the MOA contains extremely restrictive and punitive elements which preclude acceptance on behalf of the PSPN. Copies of the PSPN response and the MOA were forwarded to USAC RHC Pilot for inclusion in our file. The DSIT created roadblocks to all of our and our vendor's attempts to facilitate the DMH connections including the installation and testing of circuits into the DMH headquarters. PSPN was asked for an extension on our discontinuance of service until the last day of October, which was granted. It is their intention to continue to attempt negotiations with DSIT. PSPN does not harbor encouragement that the issue will be resolved and plant to: 1) Submit a response to SC DSIT and the SC Budget Control Board with copies to USAC; and 2.) With sincerest regret discontinue service to the 40 DMH sites. These sites will be replaced with hospitals and FQHCs eligible for participation in the project.

January 31, 2011: November 4, 2010, was the disconnect date for the 40 SCDMH sites. As of January 19, 2011, a total of 39 FQHCs and 7 Regional and Rural hospitals have submitted LOAs for the next RFP and Form 465/465-Attachment. We are waiting to receive approximately 3 more LOAs from Rural Hospitals and will then submit the draft RFP, Form 465 and Form 465-Attachment. There has been an increase in interest among hospitals, FQHCs, RHCs and primary care offices to participate in the PSPN. New sites will be proposed through the RHC Primary Program.

October 31, 2011: Private clinics and for profit hospitals are requesting connection and services from the PSPN. One private mental health clinic is now connected and conducting weekly adolescent and pediatric psychiatry consultations. For Profit hospitals are now connected and using the services. All private, for-profit, or ineligible participants are paying their 'Fair Share' for connections and service.

5. Identify the following non-recurring and recurring costs: Not applicable at this time. (October 30, 2008). Non-recurring and recurring costs have been identified but are involved in the contract negotiation process. Non-recurring costs involve eligible equipment such as routers and switches as well as one-time installation fees. Recurring costs involve the monthly rates for service based and will be based on contract length and the total available bandwidth supplied to the HCPs.

(January 30, 2009) Non-recurring and recurring costs have been identified and are involved in the ongoing negotiations. The contract has not been signed at the time of the submission of this contract.

(April 30, 2009) No changes from NCW. No costs incurred to date as no services billed

a. Network Design (See network contract drawing, Item #4 above)
b. Network Equipment, including engineering and installation
    i. Juniper Routers
        a. Charleston, SC,
        b. Columbia, SC,
        c. Greenville, SC,
        d. Charlotte, NC.

(July 31, 2009) No changes from the NCW. No invoices have been processed with the exception of the 15% match from the grantee.

(October 30, 2009) 84 sites have been connected to the PSPN. Each site has non recurring costs for installation ($1,500 each) and local loop costs vary by site. The three Points of Presence for the SC Light Rail and the National Lambda Rail have been equipped as has the Charlotte PoP for Internet 2. Attachment B contains a listing of all NRC and MRC for each site.

No monthly recurring costs have been charged as of the date of this report.

(January 31, 2010)

- The first PSPN, FRC,LLC Invoice was submitted, approved and paid. Invoices for monthly recurring costs will be issued on a monthly basis.

6. Describe how costs have been apportioned and the sources of the funds to pay them:
   a. Eligible sites will participate in the initial phases of the network with the 85% / 15% funding mechanism. These sites will have their connection to the PSPN covered under the costs of the grant.
   b. Non-eligible sites understand that connectivity to the PSPN will be on the "pay your own way' model and responsible for these costs when they are identified through the RFP process.
   c. Sources of the matching funds will be from state allocated funds to the Medical University of South Carolina and funds from the three tertiary care hospitals, Palmetto Health, Spartanburg Regional Healthcare, and Greenville Hospital System. These funds will collectively provide the 15% matching funds required by the grant.

(October 30, 2008) No changes in the source(s) of the matching funds are anticipated. All funds are currently located in a special account managed by the Medical University of South Carolina.

(January 30, 2009) No changes in the source of matching funds will be made. Funds are currently located in an account with the Medical University of South Carolina.

(April 30, 2009) The following Sustainability Plan addresses Item #6,

Palmetto State Providers Network
Sustainability Plan
April 3, 2009

After 36 months, the Palmetto State Providers Network (PSPN) will be sustained through a combination of the following sources. This projection is for an additional seven (7) years after the end of the three (3) year RHC Pilot program for a total of 10 years.

Funding:

The PSPN/FRC service agreement is a ten year agreement with optional renewals and/or extensions. In the event further funding from the FCC Pilot program is not available after the 2009 funding year, PSPN believes the network will be fully sustainable beyond the initial Pilot Program Funding using a variety of funding options:

Beginning in month 37 of the service agreement eligible locations will enroll in the regular USAC Rural Healthcare funding mechanism for approximately 50% of their ongoing connection expense. While current data on urban rates is not available from USAC in South Carolina for Ethernet

services, PSPN believes a 50% USAC contribution under that program is a conservative estimate looking forward 3 years. PSPN believes current or new eligible locations will be able to provide the balance of the cost (match) by shifting current expenditures from other data connections and/or though additional state/private grants. The estimated out-of-pocket expense per eligible rural location is $334/mo during years 4-10 net of contributions from ineligible entities. This amount should be easily offset by reductions in other areas, increased productivity and access to cost-saving healthcare applications via the PSPN network. In addition, PSPN will work with eligible entities to secure additional State and private funding for any shortfalls as network participants find the benefits of the PSPN network to be indispensable. Eligible PSPN members, as well as all new participants who are eligible, will become participants in the RHC regular program.

Ineligible entities will be required to pay 100% of their cost to access the network plus their proportional, fair share of the operation and sustainability of the network. Connection charges for ineligible users must be determined on an ICB basis and will vary based on geographic location and service availability.

Various healthcare applications providers are expected to offer their services via the PSPN network to eligible and ineligible participants. Each application provider will be expected to also contribute their proportional fair share of the network operating and sustainability funds. No assumptions were made for these funds in the sustainability model since negotiations with applications providers cannot be concluded until construction of the network begins.

The construction and operation of the Palmetto State Providers Network (PSPN) healthcare network is fully funded for a period of 36 months using a combination of FCC Rural Healthcare Pilot Program funds and funds already appropriated by the State Of South Carolina.

Source of 15% Matching Funds:

The 15% matching funds for the project come from the State of South Carolina Appropriated funds. Currently, sufficient funds in the amount of the required 15% match to the RHC Pilot are available and held in an account at the Medical University of South Carolina.

Additional Funding:

PSPN will request funding from the government of South Carolina and the Federal Government. Additional funding will be requested from participation in programs generated through the American Recovery and Reinvestment Act.

PSPN seeks to expand participation by participating in the American Recovery and Reinvestment Act Broadband, Telemedicine and Health Information Technology provisions (Division A, Title I, Title XIII, and Division B, Title IV as applicable). Currently data has been secured to connect 116 additional South Carolina rural health care sites. In addition, a separate project, the counties surrounding Charleston, SC, and along the I95 corridor have been identified and the Community Health Centers contained in those counties have also been identified. Plans are to provide a Charleston Regional Health Care connection by way of the PSPN. This is also an ARRA initiative.

Since the PSPN extends into all 46 South Carolina counties, 36 of which are rural or very rural, it has been identified as a resource for a Duke Foundation Grant to the SC Department of Mental Health to provide telepsychiatry services across all counties. In addition, other telemedicine efforts such as REACHSC, a South Carolina stroke treatment program using the anti clotting drug ATP is also planning to use the PSPN.

In the event that ARRA funds are not available, PSPN will seek to find and use other funds available for the connection of Rural Health Providers to the network and to enroll all eligible new PSPN members into the regular RHC Program. PSPN will continually seek funding for broadband expansion through out the state, use of telemedicine technology and other electronic medical data and treatment devices.

Initial Participants & Growth of Dedicated Network

The network will initially only serve USAC eligible, mostly rural and a few urban healthcare entities in South Carolina, providing much needed broadband connections and otherwise unavailable related applications to key healthcare providers across the state. In addition to the initial eligible locations, PSPN anticipates a very significant number of non-eligible healthcare providers will also connect to this network to utilize the services

and expanded applications delivered on the PSPN network. Non-eligible locations seeking to connect to the PSPN network will be required to pay 100% of their fair share, incremental expense to connect and will also contribute a proportional payment towards the operation and sustainability of the network. The PSPN network will serve only healthcare-related entities to ensure maximum security, efficiency and focus and will therefore allow no non-healthcare uses of the network .

In many cases healthcare providers are today using expensive and complicated T-1 circuits to access the Internet and connect to other healthcare providers, applications and locations. These circuits are expensive and, in many cases, inferior in bandwidth and manageability to the planned high bandwidth PSPN network. In addition, they are frequently unable to access key healthcare applications and services available from the State's medical research centers. As a result, many entities will be able to shift current expenditures for healthcare networking to the PSPN network, ensuring their ability to fully use the network for many years to come. The selected vendor, FRC, LLC will cooperate with PSPN to promote and encourage the expansion of the network and encourage healthcare applications vendors to connect where appropriate. PSPN will approve any new locations or entities using the network although FRC, LLC will arrange, engineer and invoice third parties. In addition, FRC, in cooperation with PSPN, will ensure that non-eligible locations contribute their fair and proportionate share towards the operation and sustainability of the network.

Participation requirements:

All PSPN participants (eligible and ineligible) and their associated usage of the PSPN network must be healthcare-related or dedicated to the healthcare industry and are required to comply with USAC/FCC policies pertaining to appropriate program uses.

Commitments from Current Network Members:

PSPN RHC Pilot Participants are currently drawn from Hospitals in each county of the state with dedicated Emergency Departments as well as South Carolina Department of Mental Health Community Mental Health Centers. Each participant was solicited with an initial letter. After agreeing to participate, each eligible participant was required to submit a Letter of Authority in which there is an agreement to participate. In addition, each Community Mental Health Center was required to submit a questionnaire regarding participation. Discussions occurred with each RHC Pilot participant which covered their participation as a member of the RHC Regular Program after the RHC Pilot program expires. Due to the lack of exact information regarding the required match for services, there was no formal requirement, verbal or letter, for a commitment for continuation. This information was only available after the participants were solicited, agreed to participate, declared eligible and added as a participating site in the Request for Proposals. The RFP was required prior to the drafting of all appropriate documentation for this Sustainability Plan.

All participants in the PSPN network will be required to sign a service agreement with FRC, LLC prior to initiation of service. The service agreement will include a non-binding commitment by the participating entity to continue to use and support the network for a period of 10 years. The service agreement will be finalized after receipt of the FCL to ensure incorporation of terms and conditions.

New Members:

PSPN is actively planning to expand participation among Rural Health Care Clinics in South Carolina and currently has identified 116 potential new eligible sites. In addition to subscriptions from for-profit entities, the network will allow participating locations to access commodity Internet services via the same connection, displacing existing Internet access costs. The displacement of these expenses will enable the public/non-profit facilities to cover the costs of the network not funded by the grant. This will add to the sustainability of the network long term.

All entities using the network must be healthcare related. Use of commodity Internet is assumed to be also healthcare-related although other uses may be incidental. Each entity (eligible and ineligible) will sign a formalized agreement stating they agree to comply with the key points of the HSSC/FRC agreement and to other policies that may be established by PSPN to protect the integrity and performance of the network and protect HSSC/FRC from unlawful usage. Each non-eligible user will pay all incremental costs associated with their Internet usage.

FRC will bill and collect network fees from non-eligible third parties connecting to the PSPN, so they are customers of FRC. PSPN retains the authority to approve or disapprove new participants and FRC has agreed to promote and expand the network to approved users. Should PSPN begin billing and collecting fees itself it may run into regulatory issues regarding the resale of telecom services.

The lease agreement between FRC, LLC and PSPN prohibits the resale of services by PSPN and its participants. The resale of FRC services by participants could result in unauthorized use of the network by non-healthcare entities and could also violate state laws pertaining to the resale of telecommunications services by state government agencies. FRC, LLC has all necessary authorizations and has agreed to promote and expand the base of users based on prior approvals from PSPN.

“Fair Share” Issues:

The PSPN network will consist of leased services and core electronics to be owned by PSPN/HSSC. No excess capacity exists in the leased services to serve entities outside the dedicated healthcare network. Additional capacity is available in the core electronics to serve new, healthcare related entities seeking to use the dedicated network. However, new entities will not participate in the ownership of the core equipment. Ineligible entities will be required to pay their fair share of network costs attributable to the portion of the network capacity used. Use of the dedicated network by all entities must be

consistent with the 2006 Pilot Program Order and the 2007 RHC PP Selection Order. All net revenues will be used to sustain the network.

Ineligible participant charges:

PSPN will charge additional fees for non-eligible entities to participate on the network. The current estimate for ineligible participant's use of the PSPN network is $300/mo with a typical 10 Mb connection. This number was calculated by using the following formula:

Monthly common expenses for backbone: $8,902.00
Monthly amortization of electronics: (10 yr) $11,899.00
Total monthly: $20,801.00
Average cost per rural location (10Mb):
$20,801/78 rural 10 Mb locations= $267.00
Proportional share of initial non-recurring fees $33.00

Total monthly fair share contribution estimate: $300.00

Ineligible participants that desire higher bandwidths will pay incrementally higher fees for their fair share.

Sustainability Budget:

The sustainability budget is designed to create a modest surplus which will be placed in a PSPN Plant Fund, or comparable account, for the replacement of equipment as the network requires. The 10 year business model accompanying this document assumes the PSPN network will retain all of the initial participants throughout the 10 year plan. The plan assumes the PSPN network will add a total of 120 ineligible locations within seven years and remain at that level for the remainder of the 10 year plan. (**Attachment A, Sustainability Plan Budget)**

Within 3 years PSPN predicts that 100% of all eligible entities will secure their commodity Internet services via the PSPN network and that 25% of those expenses will be funded by the Rural Healthcare Program. Reliable, high-bandwidth commodity Internet is often essential to the operations of all healthcare providers. Ineligible locations may also use their connection to PSPN network to secure Internet but they will pay 100% of their incremental costs for that service.

Ineligible locations will typically be required to contribute an average of $300/mo to the operation and sustainability of the PSPN network. This cost is over and above any cost they incur to connect to the network, which they bear 100%. Therefore, no costs for connections or internet services are reflected in the business model for ineligible locations since they are fully paid by the ineligible entity.

Monthly network operating expenses are predicted to remain at $124,085 /mo in years 4-10 for rural eligible locations. The network is forecast to add a minimum of 120 ineligible locations within 7 years.

Billing procedures:

PSPN and FRC, LLC will use the monthly billing option for the 36 months of the RHC Pilot Program. After the RHC Pilot project, all PSPN participants will be billed on a monthly basis by FRC, LLC.

No billing for equipment will be made until the equipment is installed, with the exception of equipment identified in Attachment E PSPN/FRC, LLC contract which will be invoiced upon delivery. No billing for service will be made until the commencement of the service. All billing will be in accordance with USAC policy and procedure.

Commodity Internet:

Healthcare participants (eligible and ineligible) will be provided access to commodity Internet for their healthcare related business activities. Participants are prohibited from reselling Internet services as a commercial offering and must adhere to PSPN acceptable use policies.

Commodity Internet is commonly used by most healthcare entities in the provision of healthcare services and is often an essential communications tool for medical research, education, etc. Participants of PSPN will be able to secure incidental commodity Internet via their PSPN connection along with essential healthcare applications and communications services. Their dependence on the Internet will be substantially reduced as a result of the superior connections and bandwidth afforded by the PSPN system. As a result, participants may be able to eliminate expensive, duplicate connections that frequently only provide commodity Internet, using the savings to offset matching funds requirements in years 3-10. HSSC/PSPN will approve all network users and any commercial usage will be healthcare related or incidental.

Network Management:

FRC has agreed to provide NOC services and engineering as specified in the RFP. Network management and administration services will be provided by the Director for Academic and Research Services, Office of the CIO, the Medical University of South Carolina, at no charge.

Selection of Network Options:

PSPN has initially elected to provide rural participants with 10 Mb Ethernet connections. The large urban tertiary hospitals will receive 1Gb connections and a 3Gb backbone will connect the hubs. Internet 2 access will also be provided to eligible entities. Although other options are available to PSPN through FRC, LLC’s RFP response, only those

services itemized in Attachment C of the lease agreement and further listed in the NCW will be utilized initially. Additional options may be included in 2009 funding NCWs or may be provided entirely at the expense of network participants.

The PSPN has standardized on a 10Mb circuit to the eligible entities. When the RHC Pilot and RHC regular program 85%/15% payment model is applied, the resulting charges for the 10Mb circuit is less than standard charges for 1.5Mb T1 circuits currently in use by many participants.

Options were presented in the RFP responses based on three (3) and five (5) year service agreements and for a range of bandwidth options; 4 MB, 10 MB, 100 MB, and 1 GB. Each band width option was presented under the 3 or 5 year service agreement and by site. PSPN elected the most bandwidth for all sites that the project could afford in-order-to build an enduring infrastructure capable of concurrent data and telemedicine transactions by each site. All sites were entered into a matrix comparing the 3 and 5 year service agreement for each site and also including a standard Installation fee and a Non Recurring Charge. Totals were compared for each service period and compared with the total funds available for the RHC Pilot Project.

The selection was as follows:

A 10MB broadband connection will be delivered to each Rural Health Care Provider.

A 1GB broadband connection will be delivered to each Tertiary Care Hospital

A service agreement for three (3) years was finalized.

(Attachment B: Bandwidth and Term Selection Matrix)

Attachment A.
PSPN Sustanibility Plan Budget
(For review see attached Excel File: PSPN Business Model 4209)

Attachment B
Bandwidth and Term Selection Matrix

Site	NRC	MRC 3	MRC 5	Install
Abbeville	1200	1155	1085	1500
Abbeville CMHC	1200	1155	1085	1500
Aiken	0	1037.78	1037.78	1500
Allen Bennett Mem	0	1037.78	1037.78	1500
Allendale	0	1037.78	1037.78	1500
Anderson	0	1037.78	1037.78	1500
AnMed	0	1037.78	1037.78	1500
Bamberg CMHC	0	1037.78	1037.78	1500
Bamberg Mem	0	1037.78	1037.78	1500
Barnwell	0	1037.78	1037.78	1500
Beauford Clinic	500	1425	1425	1500
Beauford Mem	500	1425	1425	1500
Beckman CMHC	1600	1855	1700	1500
Berkley	0	3005.55	3005.55	1500
Bon Secours	0	1037.78	1037.78	1500
CAF Svcs	900	3025	3025	1500
Calhoun Co CHMC	100	2025	2025	1500
Cannon Mem	0	1037.78	1037.78	1500
Carolina Pines RMC	0	1037.78	1037.78	1500
Catawba Fam Svcs	1200	1155	1085	1500
Catawba CHMC	1200	1155	1085	1500
Charleston Co. West	0	1037.78	1037.78	1500
Charleston Dorchester	0	1037.78	1037.78	1500
Cherokee CMHC	0	1037.78	1037.78	1500
Chester Clinic	1000	1655	1655	1500
Chester Regional	1000	1655	1655	1500
Chesterfield Clinic	1625	1605	1605	1500
Chesterfield General	0	1037.78	1037.78	1500
Child & Adolescent Cl	0	1037.78	1037.78	1500
Clarendon Clinic	14000	1325	1325	1500
Clarendon Mem Hosp	500	1325	1325	1500
Coastal Carolina Med	500	1425	1425	1500
Colleton Co Clinic	5000	1475	1475	1500
Colleton Med Ctr	1000	1475	1475	1500
Columbia Area CMHC	0	1037.78	1037.78	1500
Conway Hosp	1275	1170	1097	1500
Coastal Empire CMHC	1500	1425	1425	1500
Darlington CMHC	0	1037.78	1037.78	1500
Dillon CMHC	0	1037.78	1037.78	1500
Dorchester	0	1037.78	1037.78	1500
Edgefield CMHC	0	1037.78	1037.78	1500
Edgefiled Hosp	10812	1037.78	1037.78	1500
Fairfield Co	1000	1335	1335	1500
Fairfield Hosp	1000	1335	1335	1500
Florence CMHC	0	1037.78	1037.78	1500
Georgetown Clinic	1275	1393	1297	1500

Georgetown Hosp	1275	1393	1297	1500
Greenville MC	0	1037.78	1037.78	1500
Greenville CMHM	0	1037.78	1037.78	1500
Greenwood Clinic	1600	1330	1175	1500
Hampton Clinic	1600	2895	2500	1500
Hilcrest Hosp	1000	1525	1525	1500
Hilton Head Clinic	3500	1425	1425	1500
Horry Clinic	1275	1170	1097	1500
Jasper Clinic	1600	2895	2500	1500
Kershaw Clinic	1000	1335	1335	1500
Kershaw Med Ctr	4200	1335	1335	1500
Lake City Clinic	25500	1325	1325	1500
Lancaster Clinic	1200	1155	1085	1500
Laurens Clinic	0	1037.78	1037.78	1500
Laurens Hosp	0	1037.78	1037.78	1500
Lee Clinic	12500	1325	1325	1500
Lexington CMHC	900	3000	3025	1500
Lexington Med Ctr	900	1460	1460	1500
Loris Hosp	1275	1170	1097	1500
Low Country AHEC	1000	1475	1475	1500
Marion Co Clinic	0	1037.78	1037.78	1500
Marion Co Med Ctr	0	1037.78	1037.78	1500
McCormick Clinic	1200	1155	1085	1500
McLeod Med Ctr	0	1037.78	1037.78	1500
McLeod - Dillon	0	1037.78	1037.78	1500
Mid Carolina AHEC	11200	1155	1085	1500
MUSC Med Ctr	0	1037.78	1037.78	1500
Newberry Clinic	0	1037.78	1037.78	1500
Oconee Hosp	0	1037.78	1037.78	1500
Orangeburg CMHC	0	1037.78	1037.78	1500
Orangeburg Clinic	1600	2895	2500	1500
Palmetto Baptist Med C	0	1037.78	1037.78	1500
Palmetto Health Bapt.	0	1037.78	1037.78	1500
Palmetto Health Rich.	0	1037.78	1037.78	1500
Pee Dee AHEC	0	1037.78	1037.78	1500
Pee Dee CMHC	0	1037.78	1037.78	1500
Piedmont CHMC	1000	1525	1525	1500
Polly Best CMHC	0	1037.78	1037.78	1500
Regional Med Ctr. O/C	0	1037.78	1037.78	1500
Saluda CMHC	900	1525	1525	1500
Sante Wateree CHMC	6300	1325	1325	1500
Self Regional Healthcare	1600	1855	1700	1500
Siters of Charity Prov.	0	1037.78	1037.78	1500
SC AHEC Pgm Office	0	1037.78	1037.78	1500
Spartanburg Area Clinic	0	1037.78	1037.78	1500

Spartanburg Reg. CMHC	0	1037.78	1037.78	1500
Spring Mem Hosp	1200	1155	1085	1500

St. Frances Hosp	0	1037.78	1037.78	1500
Sumpter CMHC	500	1325	1325	1500
Tri County Mental Health	0	1037.78	1037.78	1500
Tuomey Health Sys	500	1325	1325	1500
Union CMHC	0	1037.78	1037.78	1500
Upstate AHEC	0	1037.78	1037.78	1500
Upstate Carolina Med	0	1037.78	1037.78	1500
Waccamaw CMHC	1275	1170	1097	1500
Waccamaw Hosp	1275	1170	1097	1500
Williamsburg Clinic	500	1325	1325	1500
York Clinic	1200	1155	1085	1500
TOTAL	**140462**	**135178.3**	**132366.3**	**156000**

(July 31, 2009) The 15% match payment has been made to the vendor. No FCC funds have been requested at this point.

October 31, 2011: The 15% matching funds for the new connections was paid to the vendor. Funding as indicated in the NCW for RFP-01 has been requested. Decommitment of funds previously allocated for 40 SC DMH sites which were disconnected is underway.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant' network: Not applicable at this time

(October 30, 2008) During the first phase of Contract Negotiations, the question of adding additional HCPs which were either in-eligible or eligible was raised. In addition, the question was posed as to the definition of 'fair share' for participants to pay to connect to the PSPN. Posing these questions to the USAC Program Integrity Assurance Officer, the response was: * Per my v-mail yesterday, please see paragraphs 19, 47, 90, 107, and 108 in the Order re: Fair Share. Bill England will bring this up on the 2pm call, today. There are questions out there about a clear understanding of Fair Share. No promises that the call will clear up all questions, but Bill is aware. I think until we can get a better understanding of Fair Share, we may to qualify adding new "paying" sites after the network is built. Would all the new sites be Health Care Providers? Is so, then they could be added as you like, but then the Fair Share issue needs to be addressed.*

(January 30, 2009) Ineligible HPCs which were willing to pay their fair share of the connection and monthly fees can be added to the network, but at their expense. We have not received notification at this date what the 'fair share' allocation of expenses are to be. Through the RFP process, provisions were made for those ineligible HPCs which indicated that they would pay the fair share to connect were listed. The vendor has agreed to extend the connection pricing for the eligible sites to the ineligible sites as well as the monthly service fees. However, these ineligible sites will contract with the vendor and will not be eligible for RHC Pilot matched pricing.

(July 31, 2009) Inquiries have been received from agencies and entities which are applicable for membership in the PSPN consortium, but do not have RHC funding. They have been told that their participation will be subject to paying their fair share to be connected to the network and the monthly service fees. At this time, there are no additional participants.

(October 30, 2009) Additional entities have made inquiries regarding connecting to the PSPN. These include state agencies such as the SC Department of Health and Environmental Control, SC Department of Corrections, SC Department of Health and Human Services. Other entities such as Federally Qualified Health Centers and Rural Health Clinics. Some of these entities will qualify for Regular Rural Health Program funding, others will pay fair share to participate. The PSPN is a managed service. Therefore, there are no particularly different procedures for connectivity.

(January 31, 2010) Not applicable at this time.

8. Provide and update on the project management plan: A Project Management plan will be devised after the RFP has been awarded and a timetable for implementation of the network can be established. There will be a need to identify the technical staff and managers who will be responsible for working with the vendor in the build-out and deployment of the network.

(October 30, 2008) The successful vendor has proposed a timetable. However, it is a condition of the contract and the contract is not finalized at this time.

(January 30, 2009) The timetable is included in the on-going contract negotiations. A management plan will be provided after the contract is signed.

(April 30, 2009) The following is the project plan for the PSPN along with and time table for the deliverables.

PSPN Project Timeline

Updated: 4/27/2009

TASK NAME	Start Date	Scheduled Completion date	Status
Visit participating sites and secure signed user agreements	4/28/2009	5/15/2009	0%
Install and test PSPN core network services	4/27/2009	7/15/2009	0%
Deliver/Install Attachment "E" Equipment	4/9/2009	5/30/2009	50%
Construct and configure PSPN backbone circuits	4/9/2009	6/30/2009	10%
Establish connection to Internet 2 (Level 3, Charlotte)	5/5/2009	6/30/2009	20%
Install and test last mile connections to participating sites	4/27/2009	7/15/2009	0%
Final testing on all circuits	4/9/2009	7/31/2009	0%
Launch date for full network functionality	4/9/2009	8/7/2009	10%

(July 31, 2009) Reports from the contractor are that the project is on time with few exceptions. General activation of the network is scheduled for August 7, 2009.

(October 30, 2009) There have been some delays in installation of some last mile, local loop, connections due to delays from the local rural providers and AT&T. The service will not be activated until all sites are fully connected and all approved sites will be activated at the same time.

(January 31, 2010) Final negotiations with Internet 2 were completed and a Telepsychiatry trial conducted. Additional Telemedicine applications and participants are being identified and programs organized.

(July 31, 2010) The latest NCW was approved on July 20, 2010. With this approval, we will begin installation of the Video Bridge, transversal units, and a NHIN server, all network based equipment.

Agreements have been reached with the South Carolina Division of Statewide Information Technology to finalize provisioning the mental health sites and begin operations. Migration to the network is underway not only by the DMH clinics but hospitals throughout the state which are participating in a Telepsychiatry program.

October 27, 2010: The SC DSIT submitted a Memorandum of Agreement which is so restrictive and punitive that the PSPN cannot provide services to the SC Department of Mental Health Clinics. A response was issued to the SC DMH administrator, Ms Brenda Hart which explained our position. This correspondence was copied to Ms. Camelia Rogers, USAC RHC. A further response was received by PSPN from DSIT. It is our intention to fully respond and copy all responses to USAC. The following is the Draft MOA:

MEMORANDUM OF AGREEMENT

Between

THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD, DIVISION OF STATE INFORMATION TECHNOLOGY

And

THE SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

And

HEALTH SCIENCES SOUTH CAROLINA

THIS AGREEMENT is entered into the last date executed below by and between the South Carolina State Budget and Control Board, Division of State Information Technology (DSIT), with its principal offices located at 4430 Broad River Road, Columbia, South Carolina 29210, the South Carolina Department of Mental Health (DMH), with its principal offices located at 2414 Bull Street, Columbia, South Carolina 29202, and Health Sciences South Carolina (HSSC), with its principal offices located at 1320 Main Street, Columbia, South Carolina 29201.

WHEREAS, HSSC is a non-profit organization organized under Section 501(c)(3) of the Internal Revenue Code and the Palmetto State Providers Network (PSPN) is a subsidiary of the HSSC; and

WHEREAS, PSPN network connectivity is for the limited purpose of providing telemedicine applications to certain limited rural healthcare facilities and is not intended to be used for any other purposes; and
WHEREAS, DMH desires to acquire network services through the PSPN for the limited and specific purposes as described herein and at the specific locations described herein; and
WHEREAS, Section 1-11-430 of the South Carolina Code of Laws requires that the Budget and Control Board secure all telecommunications equipment and services for state government under terms it considers suitable and coordinate the supply of the equipment and services for state government use; and
WHEREAS, Section 1-11-430 provides that no entity of state government may enter into an agreement or renew an existing agreement for telecommunications services unless approved by the Budget and Control Board; and
WHEREAS, DSIT is the division of the Budget and Control Board responsible for administering the provisions of Section 1-11-430;

NOW, THEREFORE, based upon the mutual promises and covenants contained herein, the parties agree as follows:

1. DSIT approves DMH's use of PSPN network connectivity for a term commencing on the effective date and continuing for a period of two (2) years therefrom, subject to the terms of this Agreement including any termination provisions. This Agreement may be renewed for up to two (2) additional one (1) year periods upon mutual agreement of all the parties. Upon expiration or termination of this Agreement, DMH must cease using PSPN connectivity and HSSC and PSPN **(For draft purposes, HSSC and PSPN are used. Please provide name of legal entity for purposes of this agreement)**, at their sole cost, must remove PSPN network connectivity from all DMH sites within sixty (60) calendar days of termination or expiration.

2. DMH must only utilize PSPN network connectivity for the following specific purposes:

a. The delivery of a DMH patient's electronic medical record, which is the record of the patient's individual medical history and does not include administrative/non-medical materials such as registration, financial/billing, scheduling and reporting information, to DMH clinical staff for the purpose of evaluating the medical/psychiatric conditions of a DMH patient.

b. Video-conferencing for the delivery of psychiatric services directly to a DMH patient and doctor to doctor/nurse/clinician consultation needed for the provision of psychiatric services to a DMH patient.

c. Video-conferencing for the delivery of medical education training to DMH clinical staff.

d. Pathlore system for the purpose of providing web based medical education training to DMH clinical staff.

3. DMH shall utilize PSPN network connectivity only at the specific DMH sites listed in Exhibit 1.

4. DMH and HSSC and PSPN shall be responsible for all costs associated with connectivity between the PSPN network and all DMH sites, including any third party vendor and DSIT costs.

5. DMH must continue to utilize network connectivity provided through DSIT and contracts approved by DSIT for all purposes not otherwise specified in Section 2.

6. DMH shall annually certify, in a form approved by DSIT and DMH, that PSPN network connectivity is being utilized only for the purposes set forth in Section 2 and only at the locations specified in Exhibit 1.

7. DMH shall provide DSIT with any performance reports related to the PSPN, either created by DMH or HSSC and PSPN. DHM shall also provide DSIT with PSPN network performance metrics, including help desk and operation center metrics and other documents related to the PSPN.
8. DMH shall provide DSIT with copies of any agreements, including any amendments thereto, entered into by DMH which relate to PSPN network connectivity.

9. HSSC, PSPN, any affiliated organization, and any individual acting on behalf of HSSC, PSPN or any affiliated organization shall not engage in discussions with or attempt to provide telecommunications services, including but not limited to PSPN network connectivity, to any state governmental entity without first receiving written approval from DSIT.

10. HSSC, PSPN, any affiliated organization, and any individual acting on behalf of HSSC, PSPN or any affiliated organization shall not represent to any party that they have the authority to act on behalf of the State or any state governmental entity or provide telecommunications services, including but not limited to PSPN network connectivity, to the State or any state governmental entity without first receiving the written approval of DSIT.

11. HSSC, PSPN, any affiliated organization, and any individual acting on behalf of HSSC, PSPN or any affiliated organization must follow all laws related to the acquisition and provision of telecommunication services, including PSPN network connectivity, to the State and state governmental entities.

12. HSSC and PSPN must provide DSIT with detailed cost and rate information related to PSPN network connectivity and connectivity acquired from third party providers (for example, the FRC) and any entity affiliated with HSSC and PSPN prior to execution of this Agreement and must provide DSIT with all updates to this information within five (5) calendar days of the information becoming available.

13. HSSC and PSPN must provide DSIT with any publications or information related to the governance of the HSSC and PSPN prior to execution of this Agreement. HSSC and PSPN must provide any updates to these publications or information within five (5) calendar days of their availability.

14. HSSC and PSPN agree that their breach of this Agreement shall result in irreparable and continuing damage to the State of South Carolina, DSIT and DMH for which money damages may not provide adequate relief. Therefore, breach of this Agreement on HSSC and PSPN's part shall entitle the State, DSIT and DMH to both preliminary and permanent injunctive relief and money damages.

15. It is understood and agreed by HSSC and PSPN that interruption of PSPN network connectivity through any form and for any reason, however brief, may have immediate consequences to the State, DMH and DSIT. Therefore, HSSC and PSPN shall be liable

to the State, DMH and DSIT for any and all injuries, damages, claims, losses, and expenses (including attorneys fees), including any damages resulting from the loss of data or use, lost profits or any incidental, consequential or punitive damages.

16. HSSC and PSPN will defend and indemnify the State, DSIT and DMH and all their respective officers, agents and employees against all suits or claims of any nature (and all damages, settlement payments, attorneys fees, costs, expenses, losses, or liabilities attributable thereto) by any third party

which arise out of, or result in any way from, any defect in the goods and services acquired hereunder or from any act or omission of HSSC or PSPN, its subcontractors, their employees, workmen, servants or agents. HSSC and PSPN shall be given written notice of any suit or claim. The State, DSIT and DMH shall allow HSSC and PSPN to defend such claim so long as such defense is diligently and capably prosecuted through legal counsel. The State, DSIT and DMH shall allow HSSC and PSPN to settle such suit or claim so long as (i) all settlement payments are made by (and any deferred settlement payments are the sole liability of) HSSC and PSPN, and (ii) the settlement imposes no non-monetary obligation upon the State, DSIT and DMH. The State, DSIT and DMH shall not admit liability or agree to a settlement or other disposition of the suit or claim, in whole or in part, without the prior written consent of HSSC and PSPN. The State, DSIT and DMH shall reasonably cooperate with HSSC and PSPN's defense of such suit or claim. The obligations of this paragraph shall survive termination of this Agreement.

17. DSIT may terminate this Agreement if it determines, in its sole discretion, that the Agreement should not continue or that DMH or HSSC and PSPN are not complying with the terms of this Agreement. If DSIT terminates this Agreement, DMH must cease using PSPN network connectivity and HSSC and PSPN, at their sole cost, must remove PSPN network connectivity from all DMH sites within sixty (60) calendar days of termination or expiration. DSIT shall not be liable to any party for any costs or damages whatsoever that may arise or result from this Agreement or its termination. DMH shall not be liable to HSSC and PSPN for any costs or damages whatsoever that may arise for result from this Agreement or its termination.

18. This Agreement shall be governed by and construed in accordance with the laws of the State of South Carolina.

19. The parties hereto shall not be deemed to waive any rights or remedies accruing to it hereunder unless such waiver is in writing and signed by such party. No delay or omission by any party hereto in exercising any right shall operate as a waiver of said right on any future occasion. All rights and remedies hereunder shall be cumulative and may be exercised singularly or concurrently.

20. This Agreement constitutes the entire agreement and understanding of the parties and supersedes all discussions, negotiations, representations and other agreements; and together state the understanding and agreement of the parties with respect to the matters contained herein. Any amendment to this Agreement must be in writing and executed by both parties.

21. The Parties' rights and obligations which, by their nature, would continue beyond the termination, cancellation, rejection, or expiration of this Agreement shall survive such termination, cancellation, rejection, or expiration, including, but not limited to, the rights and obligations related to indemnification of the State, DSIT and DMH.

22. All notices which are required to be given or submitted pursuant to this Agreement shall be in writing and shall be either delivered in person or sent by certified post paid mail, return receipt requested, to the addresses set forth below:
As to DSIT:
Tom Fletcher
Deputy Division Director
South Carolina State Budget and Control Board
Division of State Information Technology
4430 Broad River Road
Columbia, South Carolina 29210
As to DMH:

As to HSSC and PSPN:
THEREFORE, signatories hereunder warrant and declare that they are duly authorized to execute this Agreement by virtue of their position and title and are signing on behalf of their respective entity by virtue and strength thereof, or of resolution duly considered and passed by a duly authorized and constituted authority or body of their respective entity, and that, furthermore, it is stipulated and agreed by the parties that this Agreement shall be binding upon their respective entity, officers, employees, agents, affiliated organizations and their heirs, successors and assigns of each.

HEALTH SCIENCES SOUTH CAROLINA

_____
(Authorized Signature)

_____
(Name)

_____
(Title)

_____
(Date)

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

_____
(Authorized Signature)

_____
(Name)

_____
(Title)

_____
(Date)

SOUTH CAROLINA STATE BUDGET AND CONTOL BOARD, DIVISION STATE INFORMATION TECHNOLOGY

_____
(Authorized Signature)

_____
(Name)

_____
(Title)

_____
(Date)

January 31, 2011: On November 4, 2010 the 40 DMH sites were disconnected from the PSPN. This disconnect will have no effect on the sustainability plan of the network.

9. Provide detail on whether network is or will become self sustaining: Plans are for the network to become self-sustaining. Until the contract has been awarded and the actual costs known, the plan will not be fully developed and implemented.

(October 30, 2008) The contract specifying the actual cost for broadband service is under negotiation. Upon completion of contract negotiations, recurring monthly fees will be clearly identified.

(January 30, 2009) The following is the stated plan for self sufficiency:
After 37 months, the sustaining of the PSPN will be provided through a combination of the following sources: RHC funding , if available , HSSC grant funds, a portion of the fees

generated from telemedicine/ tele-health /remote ICU monitoring programs, fees collected from for=profit network members and other state (Health & Human Services) and federal (Medicare & Medicaid) grants.
For profit network participants who join PSPN after the initial phase, will pay for their connections to the area's broadband point-of-presence (POP), usually the regional hospital and contribute to the ongoing support PSPN. In the case of physicians' offices, most are already paying for some type of connectivity to the commercial internet. The broadband link to the PSPN would replace the existing connection. Medical insurance providers and Rx entities will be assessed fees to be part of PSPN.

In addition to subscriptions from for-profit entities, the network will allow participating locations to access commercial Internet services via the same connection, displacing existing Internet access costs. The displacement of these expenses will enable the public/non-profit facilities to cover the costs of the network not funded by the grant. (15%) This will add to the sustainability of the network long term.

(April 30, 2009) Refer to Sustainability Plan imbedded in item #6, pages 32-42.
(July 31, 2009) Refer to Sustainability Plan imbedded in item #6, pages 32 – 42.

(January 31, 2010) Refer to Sustainability Plan imbedded in item #6, pp32 -42

(July 31, 2010) The South Carolina Health Care Providers Associations represents approximately 140 FQHC sites across the 46 counties. Contact information and letters of agency are being gathered to complete the Form 465 and related documentation necessary to bring these sites onto the PSPN. Plans are to bring into the consortium, the RHCs in the State as well as primary care physicians when possible.

A Board of Directors and basic governance document has been developed for preliminary operations. However, the PSPN is exploring the organization of a 501(c)3 organization under which to operate. This work is in the very initial stages.

October 27, 2010: A corporate lawyer, William E. Craver, III of Craver and Current, PA, has been engaged to establish the Palmetto State Providers Network as a 501(c)(3) under all applicable state and federal laws. The Letter of Engagement was signed on October 17, 2010. Securing the tax exempt status is planned within the next year.

January 31, 2011: As of November 5, 2010, the PSPN has state approved Articles of Incorporation and a Certificate of Existence as a Non-Profit South Carolina Corporation. By-Laws have been drafted and are waiting approval. An application has been completed for a Federal Entity Identification Number. A lawyer is being engaged to file the appropriate Tax Exemption forms, IRS Form 1023.

October 31, 2011: The PSPN is established as a non-profit corporation under the laws of South Carolina. The PSPN has not filed for tax exempt status as a 501(c)(3) at this time.

July 31, 2012: PSPN has reopened discussions with the South Carolina Division of State Information Technology to allow state agencies to connect to and use the PSPN. From initial discussions, an agreement may be reached in which the Department of Health and Environmental Control (Health Department), Department of Health and Human Services, Disability Services, Department of Mental Health, Department of

Prisons and State Law Enforcement Division and other state agencies will begin using the network. While this agreement has not been finalized, we are encouraged that we will be able to serve the state agencies and provide them access to the hospitals, clinics and other HCPs across the state.

October 31, 2012: The Deputy Director for the Department of State Information Technology is now attending the PSPN user conferences and has technical staff as members of our users and technical committees.

10. Provide detail on how the supported network has advanced telemedicine benefits:
Not applicable at this time.
(October 30, 2008) Not applicable at this time.
(January 30, 2009) Not applicable at this time.
(April 30, 2009) Not applicable at this time.
(July 31, 2009) Investigations have begun to include tele-OB/GYN, telePathology, telePsychiatry, and other clinical applications after the network is activated. Sites have been identified for these three telemedicine applications to begin. More information will be provided once the PSPN is activated and trial applications can be conducted.

(January 31, 2010) A trial of the Telepsychiatry program was successfully conducted in December 2009. The PSPN membership is applicable to a number of clinical services at the Medical University of South Carolina and their colleagues across the 46 counties of the state. An effort to build a functioning telemedicine group saw 35 responses from MUSC faculty who are currently or are planning telemedicine activities. Many currently attempt to conduct such service on the Commodity Internet or via leased lines. The new technology is viewed as improving or creating access to rural hospitals, FQHCs, CHCs and PCPs as well as providing a secured network which meets HIPAA and HITECH requirements.

(July 31, 2010) The deployment of the network and subsequent migration of the Telepsychiatry programs are facilitating triage of potential psychiatric patients across the state. The extra bandwidth improves and speeds up the process and provides access to areas of the state in which such services have not been offered.

A telepathology program linking a tertiary state facility with a rural hospital is being migrated to the PSPN and a new multi site OB/GYN telemedicine program is under development.

October 27, 2010: In the past quarter, the PSPN has made significant progress in three areas: 1. The REACH SC telestroke program has agreed to begin using the PSPN for transmissions to approximately 16 hospitals across the state. 2.) Surgical Telepathology activities have begun between the MUSC Surgical Pathology department and Oconee Memorial Hospital. And 3.) The SC AHEC has been awarded, with PSPN assistance a grant to install telemedicine/telehealth equipment at 25 sites on the network. In addition, several FQHCs, hospitals and clinics across the state are either working with the PSPN to connect or have expressed interest in connecting. The MUSC Department of OB/GYN is conducting a telemedicine program for High Risk Pregnancies with the McLeod Regional Hospital in Florence, SC. Plans are also being made to connect the Carolina eHealth Alliance, a Health Information Exchange. The Lakelands Rural Health Information Exchange is currently connected due to all members being on the PSPN. PSPN and FRC, LLC met with Dr. Dawn Wichman and her staff of Lakelands Rural Health Information Network on August 5, in

Greenwood, SC to explore their use of the PSPN. At that time, PSPN explained that Lakelands can use the PSPN to transport PHI to the South Carolina HIE, SCHIEx.

January 31, 2011: PSPN has been listed as support in three Duke Foundation Telemedicine Grants (OB/GYN, General Surgery, and Ooncology), one Funded, and one CREST Grant, funded. The grant engagements will significantly increase the number of sites on the PSPN. In addition, REACH Stroke telemedicine is moving its traffic to the PSPN Commodity Internet. The PSPN internet is a standard 5MB, symmetrical. The South Carolina AHEC has begun telehealth videoconferences at 24 PSPN sites, one non-PSPN member is connecting by Commodity Internet. One site has joined and paid their Fair Share to participate in an Child and Adolescent Telepsychiatry program. The South Carolina Department of Mental Health Duke Telepsychiatry grant is connecting the 40 PSPN hospitals to their program. This is after the SC Division of State Information Technology would not approve the SCDMH clinics connectivity to the PSPN. Several sites are now connected and actively using the PSPN. The Medical University of South Carolina Department of Surgical Pathology has begun using PSPN circuits to a rural hospital to provide Surgical Telepathology services.

July 31, 2011 Among the PSPN telemedicine project hospitals 15 are participating in a South Carolina Department of Mental Health Telepsychiatry program. These 15 hospitals collectively account for 6,680 consultations of a total of 7,018 consultations between March 2009 and July 2011. The Telepsychiatry program and these 7,018 consultations have saved the state in excess of $18,000,000 during that time. In addition, one PSPN Fetal and Maternal OB/GYN Telemedicine site is now conducting 100 consults per week at this one site. Sixty of the consultations are OB/GYN and 40 are genetic counseling. It is worth noting that the Genetic Counselor in this project is physically located in Michigan and uses telemedicine to connect with the project and counsel the patients. In addition, PSPN is also operating a second Pediatric and Youth Telepsychiatry program with up to three Physicians providing consultations services almost daily. The South Carolina AHEC is currently using the PSPN to connect 25 hospitals across the state and conducting telehealth activities which include Continuing Education, Residency programs, mentoring, and other health professions classes and training. These activities were presented during the RHC Pilot Site Visit July 18, 19, and 20, 2011.

October 31, 2011: The South Carolina TeleStroke program, REACH, has completed a technical study at Kershaw County Hospital and determined that use of the PSPN symmetrical Commodity Internet and private broadband significantly improves the quality and speed of the transmissions. Given the 180 minute window (from onset of a stroke) to assess and treat stroke patients, it was determined that the PSPN services are superior to any existing technology. REACH will begin migrating their 15 sites to the PSPN.

The South Carolina Medical Association asked for a Continuing Medical Education program on telemedicine and the use of the PSPN for presentation to the State Board of Medical Examiners. The SC Hospital Association is currently working with the SC Telemedicine Work Group, of which PSPN is a member, to include Telemedicine as service lines.

January 30, 2012: The SC AHEC has extended outreach to 31 PSPN hospitals of which 4 are AHEC training facilities. PSPN is participating in Telemedicine statewide work groups and Telemedicine Legislative Work Groups to draft new legislation for reimbursement. PSPN is serving as the 'official' telemedicine and telehealth network in South Carolina.

April 30, 2012: PSPN continues to become a vital link for healthcare entities across the state. PSPN continues to work with the MUSC REACH Telestroke program in providing service to their 15 sites at hospitals in the network. In support of the Pilot Program and in reference to FCC Public Notices, PSPN filed the following:

February 23, 2012

Christiana Lewis Barnhart
Attorney Advisor
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Notice of *Ex Parte* in WC Docket No. 02-60
Palmetto State Providers Network

Dear Ms Barnhart,

As we discussed in our conference call on February 23, 2012, there are several issues which I feel are important to the growth and sustainability of the networks developed under the RHC Pilot Program. I am the Associate Program Coordinator for the Palmetto State Providers Network (PSPN) and have experienced the changes which these networks have created in rural health care. Pilot Program networks create access to specialized, robust, and secure broadband and commodity Internet which in the recent past was not available in rural or underserved areas of states such as South Carolina. With Pilot networks such as the PSPN, rural health care facilities now have access to specialized care and significant savings have been achieved in the provisioning of health care. Most specifically, the Department of Mental Health's Telepsychiatry program delivered in excess of 7000 consultations during an 18 month period through 22 hospitals. Not only were the patients triaged by a qualified Psychiatrist, but the cost per patient encounter was significantly reduced, needless admissions were eliminated, and a savings in Medicaid costs in excess of $18,000,000 were realized. This is only one example of the financial efficacy of the Pilot programs.

However, even with successes such as these, sustainability and growth of the networks will be contingent upon several key factors. Eligibility in the RHC Pilot program and RHC Primary program is not extended to all Health Care Providers. Rural Health Centers (RHCs) and Physician practices, even in rural areas are not eligible if they are for profit. Most of the RHCs and practices are either PA or LLC organizations and it will be extremely difficult for them to become Non-Profit, 501(c)(3) organizations. These HCPs and RHCs, while private, also serve as a public resource for healthcare, much the same as dedicated Emergency Departments in rural for-profit hospitals which are currently eligible.

In addition, urban Health Care Providers especially Hospitals, are excluded from the RHC Primary program and they provide a critical link in telemedicine and Health Information Exchanges. While the rural hospitals are 'referring' sites, the regional or tertiary hospitals are usually located in urban areas and serve as the 'consulting' sites. These urban hospitals are often as hard pressed for available funding as the rural hospitals

and cannot bear the non-discounted costs of participation in the networks. Without their participation, vital links in the chain of health care are missing.

Increasing the scope of eligibility will insure both the growth and sustainability of the Pilot networks, as well as providing electronic means of access for specialty healthcare and medical records transport.

Secondly, the current RHC Pilot Program discount rate of 85% should be continued. This will ensure an affordable network service which HCPs can manage during these fiscally distressing times. Given the current uncertainty of what the discount rate will be, potential participants in the PSPN are electing not to connect to PSPN due to the non-existence of a discounted rate which they can use to forecast their budgets. These entities have elected to use inferior network connections and locally available Tier 3 Commodity Internet, if available, because of the lesser and known costs. An example is the election of a FQHC or Hospital choosing a 1.5MB T1 connection which can range from $400 to $600 per month which is insufficient to transport video for Stroke programs. The PSPN can provide a package of 10MB (5MB Broadband and 5MB symmetrical Commodity Internet) and a shared 1GB Internet 2 circuit, with VPN capabilities and a video bridge for approximately $1,400 per month before the discount. If the 85% discount is applied, the HCPs and hospitals can afford the network services that modern healthcare requires.

Third, the Pilot networks must be allowed to continue to function as a consortium for administrative and billing purposes. The individual members often do not have the capacity to negotiate the RHC processes and it would be unimaginable that the RHC would want to receive literally hundreds of invoices per month from one local network, when the ability to bill as a consortium would be more efficient. Billing should continue to be based on a flat rate rather than the rural urban differential used for the RHC Primary program.

The structure of the RHC Pilot program is conducive to growth and sustainability of the networks. There are areas for improvement, but that was our understanding in creating the Pilot networks – find out what works and what doesn't More flexible eligibility requirements which allow rural for profit and urban participants to obtain discounts, maintaining the 85% discount rate as in the current RHC Pilot program, and changes in the administrative requirements to allow for continued consortium management and billing are three of the most important changes from our perspective. Your consideration and support in achieving these changes will be critical to continued success.

Sincerely,

W. Roger Poston, II, Ed.D.
Associate Program Coordinator, Administration
Palmetto State Providers Network

cc Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

March 27, 2012

Sharon Gilbert
Chief
Wireline Competition Bureau
Federal Communications Commission

445 12th Street, S.W.
Washington, D.C. 20554

Re: Comment in WC Docket No. 02-60: Funding Pilot Program Participants Transitioning Out of the Rural Health Care Pilot Program in Funding Year 2012
Palmetto State Providers Network and Bridge Funding (DA 12-273)

Dear Ms Gilbert,

As the Associate Program Coordinator for the Palmetto State Providers Network (PSPN) I have concerns regarding the transition to the Rural Health Care Primary program, the potential for experiencing a reduced discount rate, and the sustainability of our network. Pilot Program networks provide access to specialized, robust, and secure broadband and commodity Internet which in the recent past was not available in states such as South Carolina. Through Pilot networks, such as the PSPN, rural health care facilities now have access to specialized care and significant savings have been achieved. For an 18 month period ending in June of 2011, savings to the state Medicaid and Medicare funds were approximately $18,000,000 through Telepsychiatric triage. That figure has now matured into a sustained savings of $1000 per Telepsychiatry encounter. Other advances have been made in programs such as OB/GYN, Maternal and Fetal care, which conducts over 100 patient encounters per week.

Within the 2012 Fiscal Year, we will exhaust funding for our network members under the Rural Health Care Pilot Program. I am encouraged by the Federal Communications Commission's interest in providing bridge funding to those operational networks which must transition to the RHC Primary Program. Bridge Funding will provide the time for a transition to the RHC Primary Program, and will provide the FCC time to consider administrative and policy alternatives which will promote the sustainability of Pilot Networks.

Sustainability and growth of the networks are determined by the user's ability to afford the service. The RHC Pilot project originally established an 85% discount rate for eligible members in the consortia. Now, that the Pilot networks must transition to the RHC Primary program, the funding calculation and annual filing requirement now creates an undue burden for the Pilot networks. Our members are considering whether to discontinue participation on the network due to this administrative burden. We have actually lost HCPs considering membership because we could not provide them with an accurate discount rate and a reliable estimate of their monthly charges, post-Pilot program funding. This is because of how funding is calculated in the Primary Program and that funding must be requested on an annual basis. HCPs are either reluctant or not willing to file with the RHC Primary program, even if the FCC implements the 50% discount rate proposed in the 2010 NPRM. We have found that they are more willing to participate with the current 85% discount and the more inclusive policies used by the RHC Pilot. We strongly and enthusiastically encourage the FCC to continue the current RHC Pilot program discount rate for combined Internet and Broadband at 85%. This will ensure an affordable network service which HCPs can manage during these fiscally distressing times.

Eligibility in the RHC Pilot program and RHC Primary program varies greatly in that urban HCPs are unable to participate in the Pilot Program Even aside from the lower discount rate, many potential beneficiaries of the PSPN have communicated to us that they have been denied eligibility by the RHC Primary Program for a variety of reasons. Others have stated that it has been impossible to participate in the RHC Primary program in the past. The plethora of restrictions, the annual filing requirements and low discount rates are simply not motivators for participation Urban Hospitals, are excluded from the RHC Primary program.
These HCPs provide a critical link in telemedicine and Health Information Exchanges. The rural hospitals are 'referring' sites, the urban hospitals are typically the 'consulting' sites. Regional or tertiary care hospitals are usually located in urban areas. These urban hospitals are often as hard pressed for available funding as the rural hospitals and find the non-discounted costs of participation in the networks difficult. Without their participation, vital links in telemedicine and continuity of care are missing. Increasing the scope of eligibility will insure that electronic means of access for specialty healthcare and medical records transport are available to rural areas. We strongly encourage the Federal Communications Commission to consider new and broader eligibility guidelines to include urban hospitals.

The Order creating the Pilot networks encouraged the networks to function as a consortium for administrative and billing purposes.. Individual members, especially in rural locations, often do not have the resources or time to navigate the RHC Primary program process and it would be unimaginable that the RHC would want to receive literally hundreds of invoices per month from one local network, when the
ability to bill as a consortium would be more efficient. .We strongly encourage the FCC to allow the RHC Pilot networks to continue to bill and operate as a consortium.

The structure of the RHC Pilot program is conducive to growth and sustainability of the networks. There are areas for improvement, but this was our understanding in creating the Pilot networks – find out what works and what doesn't. More flexible eligibility requirements which allow; rural for profit and urban entities to participate and obtain discounted service; maintaining the 85% discount rate as in the current RHC Pilot program; and changes in the administrative requirements to allow for continued consortium
management and billing are three of the most important changes from our perspective. Your consideration and support in achieving these changes will be critical to continued success.

Sincerely,

W. Roger Poston, II, Ed.D.
Associate Program Coordinator, Administration
Palmetto State Providers Network

July 31, 2012: The MUSC Department of Obstetrics and Gynecology conducts daily clinics with at least four (4) hospitals across the state. The following is excerpts from the experience with just one hospital (McCleod - Florence) in which at least 100 patient encounters per week are conducted. The following are excerpts from correspondences with these two physicians relating to the decrease in Infant Mortality in just the Pee Dee area of the state alone. The impact on the total area of the state is approximately equal to 50% of the South Carolina Land Mass. All of these activities are conducted via Telemedicine and across PSPN network connections.
From:
Donna D. Johnson, M.D.
Professor
Department of Obstetrics and Gynecology
Director, Maternal Fetal Medicine
Medical University of South Carolina

"The DHHS ran some numbers about a month ago that I pasted below. These data do not reveal what was corrected for in the analysis. But DHHS was actually going to have a news conference on this information below before I asked for them to wait. I called the MD at the School of Public Health at USC and she said they did enough controls to feel confident the numbers are for real. I have asked the group to go back and compare this information in 2008 to 2011. We started our program in 2009. To ensure it is not a change in the overall practice of medicine or advances in medicine, I asked for the Pee Dee region to be compared with the Low Country region. I should have this information by the end of July. "

Florence Birth Data: MUSC Teams Impact

BOI outcomes are based on data from January 2009 to January 2011
Medicaid recipients of child bearing age 15 - 44
* The number of births <2,500 grams decreased from 15 births in January 2009 to 7 births January 2011
* The number of births <than 37 weeks decreased from 18 in January 2009 to 8 January 2011
* The number of deliveries with NICU/PICU stays decreased from 13 in January 2009 to 6 January 2011
* Map (not attached) documents increased access per 1,000 Medicaid recipients with the presence of the 3 MUSC/OBGYN's (Johnson, Sullivan and Rittenberg)

From:
Christopher J. Robinson, MD, M.S.C.R.
Assistant Professor
Division of Maternal Fetal Medicine
Department of Obstetrics and Gynecology
Medical University of South Carolina

"I do not have the exact numbers of visits via telemedicine but I do know the impact is greater than 50% of the SC land mass. We could look at the visits and then map to zip codes to look at distribution if the data is accessible. However, we are now running telemedicine 5 days a week and continue to expand to both hospital and rural doctor offices."

The MUSC Department of Psychiatry is conducting the following Telemedicine Counseling. Without the ability of consultations by telemedicine, many of the crime victims, or veterans would not have the psychiatric help they need. Telemedicine is also providing pediatric and adolescent psychiatric therapy (approximately 4,000 per year) in both group and individual sessions to clinics across the state and in areas where such help is either in very short supply or does not exist.

Crime Victims PSTD Counseling
Crime Victims Counseling – Children
Victims of Sexual Assault
Adolescent Psychiatric counseling (group and individual counseling)

The MUSC Department of Ophthalmology currently conducts Low Vision Clinics for patients in one rural area where such services are not available. MUSC is also active in Neurology, Emergency Medicine, Stroke, Cancer, Cardiology and other specialties. The most glowing example is the use of telemedicine for the evaluation of stroke patients within the three hour window when medications can be administered which will usually restore the patient to a very normal life. The MUSC Neurologist evaluates the patient to insure he or she is not at risk for ischemia, and then recommends the administration of the medications. Without this telemedicine procedure, stroke victims may experience severe paralysis or loss of life. With the procedure, there has been successful treatment and recuperation all while usually remaining in their local hospital or clinic. Plans are in progress to provide at home care for ALS patients during the time when they cannot leave their homes.

As part of the telemedicine program, the PSPN supports 31 hospitals in the AHEC SCHOOLS program with provides continuing medical education, training, and certification for health care professionals at their local hospital.

October 31, 2012: The PSPN network has served as the catalyst to begin telemedicine service line planning at the Medical University of South Carolina's hospital. It also is used as the transport network for the South Carolina Telehealth Work Group and other organizations in the state promoting the use of telemedicine.

The following Letter was submitted Ex-Parte after a discussion with Ms. Linda Oliver regarding urban entities and their participation in the RHC program:

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Ms. Linda L. Oliver
Deputy Chief, Telecommunications Access Policy Division Wireline Competition Bureau
Federal Communications Commission 445 12th Street, S.W.
Washington, D.C. 20554

RE: Notice of Ex Parte in WC Docket No. 02-60;
Rural Health Care Reform, Universal Service Support

Dear Ms. Oliver,

October 26, 2012

On Thursday October 25, 2012, you and I discussed the rural health care reform proceedings and in particular, participation of non-rural (urban) health care providers in consortia as a view point of the Palmetto State Providers Network (PSPN). Our discussion was on the participation of a continuum of health care entities, but focused on large hospitals in the urban areas of our state.

As discussed:

- We view the urban hospitals as a vital component of the continuum of care necessary in the telemedicine process. The urban hospital has on staff many of the specialists lacking in the rural areas and therefore serves as the 'consulting' site for the rural 'referring' hospitals. It is essential that the urban entities are participants in the consortium in order to utilize the network infrastructure such as the PSPN and connect with the rural hospitals. Almost exclusively, the larger regional or tertiary care hospitals, which will serve as the 'consulting' sites are in urban areas.
- The Department of Health and Human Services clearly defines the health care entity providing the medical care as the 'consulting' site, which, in our case, is most often urban hospitals. DHHS also defines the health care facility at which the patient is physically present and is receiving the care from the consulting physician as the 'referring' site. Again, in our case, this is historically the rural hospital or clinic.
- Urban hospitals, like their rural counterparts, are experiencing severe financial difficulties and cannot afford the full cost of participation in the consortia. Given the choice, many will elect not to participate due to the cost.
- South Carolina as a state is 75% rural and heavily supported by Medicaid and Medicare. It is my understanding that the average reimbursement to hospitals, statewide, is 85% from Medicaid. Our hospital at the Medical University of South Carolina receives approximately 61% of its reimbursement from Medicaid

- Given the heavy reliance on Medicaid and the rurality of the state, a high USAC RHC subsidy and inclusion of urban hospitals, and other health care providers, is strongly recommended.
- As discussed, the documented savings advantage to Medicaid due to the use of Telepsychiatry is a huge benefit to the state. The psychiatric triage sites are in large urban hospitals, the referring sites with the patients are in the rural hospitals. Our Maternal and Fetal medicine programs have documented improvements in infant mortality and the consulting site is at MUSC, an urban location, with the referring sites in rural areas.
- We also discussed potential funding mechanisms such as bed count and limiting the number of urban hospitals which are allowed to be members of the consortium. As we discussed, I strongly discourage either of these approaches. The urban hospitals should be included based on their ability to provide needed specialties to the rural hospitals and clinics and not the bed count. In addition, limiting the number of urban hospitals to a predetermined number of participants has the potential of limiting the availability of 'consulting' sites which are key to the continuum of care.
- We discussed the potential for establishing rates for urban hospitals and health care providers which have lower percentages of USAC RHC subsidy or perhaps a limit to the amount of bandwidth the RHC program will subsidize. As an example, it may be prudent to limit the subsidy to 200 to 300 MB of Internet or 20 to 50MB of MPLS or Ethernet service over the private broadband. The RHC might provide a subsidy for these amounts of bandwidth, and the urban hospitals will be required to pay the full rate for all bandwidth above this amount.
- As we discussed, it is my opinion that hospitals, clinics and HCPs in urban areas are critical to the entire process of provisioning health care to the rural participants on the Pilot networks.

It was a pleasure speaking with you yesterday and having the opportunity to talk candidly about the ability of and advocate for urban health care providers of all types to participate in the RHC program.

Associate Program
Coordinator Palmetto
State Providers
Network

cc: Ms.
Marlene H. Dortch

Federal Communications
Commission 445 12th Street,
SW
Washington, DC 20554

11. Provide detail on how the supported network has complied with HHS health IT initiatives: Not applicable at this time.

(October 30, 2008) Not applicable at this time.
(January 30, 2009) Not applicable at this time.
(April 30, 2009) Not applicable at this time.
(July 31, 2009) Not applicable at this time.

(October 30, 2009) The PSPN is an active participant with the South Carolina HIT initiatives as directed by the Director of the South Carolina Office of Health and Human Services, Ms. Emma Forker. PSPN is participating as the single network for the HIT initiatives for regional health information resource centers as well as the health information exchanges. PSPN currently connects 50 hospitals in all 46 counties of South Carolina. It is optimized to support systems using Private Health Information, patient care, electronic medical records and telemedicine. Actual telemedicine projects are projected through a CREST grant award in Trauma management. Additional projects in telemedicine are pediatric echocardiology, OB/GYN, surgical pathology, and stroke management.

(January 31, 2010) The PSPN network is included in South Carolina HITECH, HIT/HIEx initiatives under the direction of the state director for Health and Human Resources. Efforts are underway to connect state health departments, FQHC, CHC and PCPs.

(July 31, 2010) The PSPN supports the South Carolina HITECH project and is a carrier to the NHIN. In addition, the PSPN is installing an NHIN Connect server as a centralized network application to allow the current and future members of the PSPN Consortium to connect directly with NHIN.

October 27, 2010: The PSPN requested authorization to purchase an NHIN server to support HIE / HITECH efforts in the state. PSPN has requested assistance from the RHC Pilot / USAC to find a federal sponsor to enable the on-boarding of information to the NHIN by way of the network.

PSPN and FRC, LLC conducted a conference call in early October, with HSSC director Emma Forker and the Director of the SC Office of Research and Statistics, David Patterson and their staff. The purpose of the call was to offer the use of PSPN for the hospitals across the state to use the SCHIEx Connect for access to NHIN and the state office. At that time Dr. Patterson agreed that the use of the PSPN with its redundant paths was an excellent idea for the hospitals. However, his program is now under the SC DSIT and DSIT will have to approve

the installation of a circuit for the SCHIEx use. However, since NHIN is accessible through the Internet, the PSPN hospitals will have the PSPN at their disposal, but it is doubtful that DSIT will approve any circuits from PSPN into the Office of Research and Statistics.

January 31, 2011: PSPN has not found a Federal Sponsor and has elected to delay implementation of the NHIN server. PSPN has been asked to present an update of the network and its capabilities to the South Carolina Hospital Association IT Summit on January 25, 2011. The update will include an overview of the network capabilities to support HHS and HITECH and HIEx activities. The symmetrical PSPN Commodity Internet has the bandwidth and is robust enough to support dedicated bandwidth for videoconferences as well as large data transfers as required by HITECH.

July 31, 2011: PSPN supports the Carolina eHealth Alliance HIE (CeHA) which connects the emergency rooms of 6 hospitals in the Charleston, SC area. The CeHA now has an NHIN server and is sponsored on the NHIN by the Veterans Administration. PSPN proposed a strategic alliance with the SC DHHS but no resolution has been achieved to date.

12. Explain how the selected participants coordinated in the use of their health care networks: Not applicable at this time.

(October 30, 2008) Not applicable at this time
(January 30, 2009) Not applicable at this time.
(April 30, 2009) Not applicable at this time.

(October 30, 2009) Negotiations have begun to connect the South Carolina Department of Health and Environmental Control's (SC DHEC)110 sites in all 46 counties across the state. A list of sites has been provided by SC DHEC. These sites will function as directed by the Director of the SC DHEC and consistent with the requirements set down in Data Item No. 12 HHS Coordination. PSPN is currently a member of eHealth South Carolina and the SC eHealth Summit, and is serving as the statewide network to support the state's ARRA HIT, BIP and BTOP proposals.

(July 31, 2009) User Groups have been convened and discussions are underway to form Governance committees and boards. This will not be completed until after the network is activated.

(January 31, 2010) Web Based work groups are scheduled to provide participants with 'how-to' information in regards to connecting their telemedicine and EMR/EHR technology to the network. In addition, the network will complete installation of gatekeeper/bridging equipment which will allow desktop telemedicine clients to be used in lieu of practitioner carts when appropriate. A Board of Directors has been named for the PSPN as has an Advisory Board.

(April 30, 2010)

- Approximately 140 FQHCs have been identified through the South Carolina Health Care Providers Association.
- Work has begun to gather appropriate information to establish eligibility for these sites to participate in the RHC Regular Program.

(July 31, 2010)

- Data collection for the 140 FQHCs in South Carolina is underway. Contact and eligibility information needed for the Form 465 has been collected. LOAs are being collected from each of the 140 sites.
- PSPN is beginning to receive requests from eligible hospitals across the state, which were not in the initial build out RFP, to connect with the network.

October 27, 2010: Currently, PSPN has 11 additional hospitals and approximately 20+ hospitals waiting for participation in the network. As stated earlier, REACH SC and SC AHEC will soon begin utilizing the network. The Medical University of South Carolina Department of Surgical Pathology and the Oconee Memorial Hospital are connected and conducting telepathology. The MUSC Department of OB/GYN and the McLeod – Florence Regional Hospital are conducting a High Risk Pregnancy program by telemedicine. Other OB/GYN sites are scheduled to begin. Hospitals involved in the SC DMH Telepsychiatry program are using or can use the PSPN for connection to the program. However, the state DMH clinics are precluded from PSPN use.

January 31, 2011: Prior to the Salt Lake City RHC Seminar and Training event it was evident that the sites did not have the expertise or knowledge to use the PSPN. At that time we arranged to have network engineers and representatives go to the sites to support their connections. Several sites were successful with this strategy. However, the FRC,LLC/SCANA network engineer was not able to assist with Enterprise Network issues needed to program routers, configure firewalls and recommendations regarding redundant ISP. PSPN and FRC,LLC met to discuss a strategy to put more training and support in the hands of the sites. The Medical University of South Carolina will provide Enterprise Engineering staff to assist sites with their site modifications and enterprise network issues. FRC, LLC will re-assign an engineer with Enterprise Network expertise to the PSPN to assist users. Additional information will be placed on the PSPN Web Site along with contact information. Site visits were also scheduled.

October 31, 2011: Coordination among the various health care providers is an on-going process. The HCPs must develop a trust and business relationship, initiated by physicians with physicians, to begin the telemedicine process. The Pilot programs such as PSPN, offer a secure, multi-purpose network to transport the telemedicine modalities and patient information. This has been evident at the Medical University of South Carolina Department of Psychiatry and their consultations with the New Hope Clinic in Rock Hill, SC. The department of Psychiatry currently conducts at least 3 large group clinical consultaitons per week and multiple one-on-one consultations as needed with pediatric and adolescent at risk patients. In addition, the MUSC OB/GYN Fetal and

Maternal Care program with McCleod Hospital, Florence, SC, has grown to approximately 100 consultations per week and also providing genetic counseling from a physician in another state. This program has received a Duke Foundation Grant to build 12 new OB/GYN sites in South Carolina. MUSC General Surgery has received a grant to provide consultations to surgical patients in the physicians offices in 20 selected sites across the state. This project is in development with installations planned for 2012. The MUSC Pediatrics Department has a hospital and clinic based program at Williamsburg Hospital in Kingstree, SC. This program will become activated once the Williamsburg Hospital is connected to the PSPN through the new contract. Connection was scheduled for October 2011. The Pediatrics program is examining an in-school based clinic program to treat a variety of diseases such as Asthma. This program will extend in to all Charleston County schools with an aim to connect to other school systems across the state. The PSPN is facilitating the connections and will provide the needed bandwidth for the variety of telemedicine applications needed. In addition, through the SC Telemedicine Work Group, PSPN is supporting other telemedicine efforts such as the Low Country Health Care network, based in Bamberg, SC.

January 30, 2012: PSPN and FRC,LLC is working toward additional sites among all Health Care Providers in the state. Work continues in the statewide work groups. PSPN recently visited both FCC and USAC staff in Washington, DC, to discuss issues of membership, eligibility, billing methodologies and calculating rates for rural participants.

April 30, 2012: PSPN is represented in and is working as a member of the South Carolina Telehealth Wrokgroup with various HCPs, the SC Hospital Assocation, the SC Medical Association, the SC Office of Rural Health and Insurers to introduce and pass a state law requiring recognition of telemedicine as a substitute for or addition to a face to face patient encounter. The last iteration of the bill has been submitted to the SC House committee, passed, and is on the agenda for the full House vote. It is not anticipated to pass in this session but will be continued for the next state legislative session. The procedures and requirements as specified in the SCDHHS 2011 manual have been carefully followed to insure all technical and network requirements are followed.

July 31, 2012: We will begin telemedicine support to school based clinics through the Department of Pediatrics. We have been informed that the use of telemedicine to these clinics is eligible for reimbursement for the physician consultations through Medicaid.