January 29, 2013

RHC Pilot Program
Program Integrity Assurance
Phone: (973) 581-7536
Fax: (973) 599-6514

Quarterly Report for quarter ending 12/31/2012

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations

Cindy Turner, CEO, and Kyle Kimmel, CFO, are employees of Bacon County Health Services, Inc.

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

Cindy Turner, CEO, Bacon County Health Services, Inc., 302 South Wayne Street, Alma, GA 31510; Phone: (912) 632-8961; Fax: (912) 632-5000; email: cturner@bchsi.org

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

Bacon County Health Services, Inc.

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

The Georgia Rural Healthcare Network is a consortium of 6 Rural Hospitals that are creating a high bandwidth communications network to each other, the Internet and Internet2, or like connection. There are 18 sites to be connected. Bacon County Health Services, Inc. is lead agency and has executed Letters of Agreement with the 18 sites to be connected.

2. Identify all health care facilities included in the network

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.

b. For each participating institution, indicate whether it is:
i. Public or non-profit
ii. Not-for-profit or for-profit
iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act

and the Commission's rules or a description of the type of ineligible health care provider entity.

Bacon County Hospital
302 South Wayne Street
Alma, Bacon County, Georgia 31510
RUCA Code: 4
Census Tract: 9701.00
(912) 632-8961
Public
Not-for-profit

Bacon County Rehabilitation Center
303 South Wayne Street
Alma, Bacon County, Georgia 31510
RUCA Code: 4
Census Tract: 9701.00
(912) 632-8961
Public
Not-for-profit

Bacon County Community Care Center/Family
204 E. 15th Street
Alma, Bacon County, Georgia 31510
RUCA Code: 4
Census Tract: 9701.00
(912) 632-8961
Public
Not-for-profit

Satilla Regional Medical Center
410 Darling Avenue
Waycross, Ware County, Georgia 31501
RUCA Code: 8
Census Tract: 9505.00
(912) 338-6341
Public
Not-for-profit

Mayo Clinic Health Systems
(Satilla Regional Rehabilitation Institute)
2500 Satilla Parkway
Waycross, Ware County, Georgia 31501
RUCA Code: 8
Census Tract: 9505.00
(912) 338-6341
Public
Not-for-profit

Waycross Orthopedics
2002 Alice Street
Waycross, Ware County, Georgia 31501
RUCA Code: 8
Census Tract: 9505.00
(912) 338-6341
Public
Not-for-profit

Wayne Memorial Hospital
865 South First Street, P.O. Box 410
Jesup, Wayne County, Georgia 31545
RUCA Code: 4
Census Tract: 9703.00
(912) 530-3331
Public
Not-for-profit

WMH Offices (Annex 1)
NOT ELIGIBLE*
252 Peachtree Street
Jesup, Wayne County, Georgia 31545
RUCA Code: 4
Census Tract: 9703.00
(912) 530-3331
Public
Not-for-profit

Appling Healthcare System
163 East Tollison Street
Baxley, Appling County, Georgia 31513
RUCA Code: 7
Census Tract: 9503.00
(912) 367-9841
Public
Not-for-profit

Appling Medical Group
2008 Martin Luther King Jr. Ave. Ste B
Baxley, Appling County, Georgia 31513
RUCA Code: 7
Census Tract: 9503.00
(912) 367-9841
Public
Not-for-profit

Coffee Regional Medical Center, Inc.
1101 Ocilla Road, P.O. Box 1287
Douglas, Coffee County, Georgia 31534
RUCA Code: 7
Census Tract: 9905.00
(912) 383-5620
Public
Not-for-profit

Coffee Walk-in Clinic
203 Shirley Avenue
Douglas, Coffee County, Georgia 31534
RUCA Code: 7
Census Tract: 9905.00
(912) 383-5620
Public
Not-for-profit

Coffee Women's Center
2010 Ocilla Road
Douglas, Coffee County, Georgia 31534
RUCA Code: 7
Census Tract: 9905.00
(912) 383-5620
Public
Not-for-profit

CRMC Admin Office ***NOT ELIGIBLE****
1001 West Bryan Street
Douglas, Coffee County, Georgia 31534
RUCA Code: 7
Census Tract: 9905.00
(912) 383-5620
Public
Not-for-profit

CRH Surgical Group
1309 Ocilla Road
Douglas, Coffee County, Georgia 31534
RUCA Code: 7
Census Tract: 9905.00
(912) 383-5620
Public
Not-for-profit

Meadows Regional Medical Center
2601 North Street East
Vidalia, Toombs County, Georgia 30475
RUCA Code: 10
Census Tract: 9704.00
(912) 537-8921
Public
Not-for-profit

Southeast Regional Cardiac and Vascular Institute
101 Harris Industrial Blvd, Suite A
Vidalia, Toombs County, Georgia 30475
RUCA Code: 10
Census Tract: 9704.00
(912) 537-8921
Public
Not-for-profit

R.T. Stanley, Sr. Health Center
110 R.T. Stanley St. Place
Lyons, Toombs County, Georgia 30436
RUCA Code: 5
Census Tract: 9702.00
(912) 537-8921
Public
Not-for-profit

Vidalia Orthopedic Center
1707 Meadows Lane, Suite C
Vidalia, Toombs County, Georgia 30475
RUCA Code: 10
Census Tract: 9704.00
(912) 537-8921
Public
Not-for-profit

Coffee Regional Medical Center's Hazlehurst Satellite Clinic
93 Bell Street
Hazlehurst, Jeff Davis County, Georgia 31539
RUCA Code: 10
Census Tract: 9602.00
(912) 384-5620
Public
Not-for-profit

***NOT ELIGIBLE SITES** - Without the availability of funding from the Rural Health Care Pilot Program, Wayne Memorial Hospital and Coffee Regional Medical Center have determined that it is not cost effective to include the administrative sites in the project. Therefore these two (2) sites will not be connected under this program.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

The backbone network will be carrier provided VPN over GE Ethernet connections to each location.

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

All locations will be connected by fiber using Ethernet protocol at 1 Gbs.

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

The service provider has a fiber connection from its core router to Peachnet which routes to both Internet and Internet 2.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

The service provider is using existing fiber and new fiber and leased fiber.

- Bacon County Hospital (BCH) is using existing fiber and will not require any additional fiber to be constructed. However, BCH will have to be connected with Bacon County Rehabilitation Center and Bacon County Community Care Center/Family. This will require approximately 0.5 miles of buried fiber.

- Appling Healthcare System is using existing fiber and will not require any additional fiber to be constructed. Connection did require the allocation of more bandwidth and installation of new router and firewall.
- Satilla Regional Medical Center uses existing fiber and will not require any additional fiber to be constructed. Connection did require the upgrade of all transceivers from hospital to GE.
- Wayne Memorial Hospital is using 3 miles of new buried fiber.
- Coffee Regional Medical Center (CRMC) is using existing fiber and will not require any additional fiber to be constructed. However, CRMC will have to be connected with Coffee Walk-in Clinic, Coffee Women's Center, and Coffee Regional Medical Center's Hazlehurst Satellite Clinic. This will require approximately 3 miles of buried fiber.
- Meadows Regional Medical Center (MRMC) is using existing fiber and will not require any additional fiber to be constructed. However, MRMC will have to be connected with Southeast Regional Cardiac and Vascular Institute, R.T. Stanley, Sr. Health Center, and Vidalia Orthopedic Center. This will require approximately 5 miles of buried fiber.

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

The carrier (ATC) provides all network management and maintenance.

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

a. Health care provider site;

b. Eligible provider (Yes/No);

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

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

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

f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
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g. Site Equipment (e.g., router, switch, SONET, ADM, WDM), including manufacturer name and model number.

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

a. Bacon County Hospital
302 South Wayne Street
Alma, Georgia 31510
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Satilla Regional Medical Center
410 Darling Avenue
Waycross, Georgia 31501
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Bacon County Rehabilitation Center
303 South Wayne Street
Alma, Georgia 31510
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Satilla Regional Rehabilitation Institute
2500 Satilla Parkway
Waycross, Georgia 31501
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Appling Healthcare System
163 East Tollison Street
Baxley, Georgia 31513
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Wayne Memorial Hospital
856 S. First Street
Jesup, Georgia 31545
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Bacon County Community Care Center/Family
204 E. 15th Street
Alma, Georgia 31510
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Waycross Orthopedics
2002 Alice Street
Waycross, Georgia 31501
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Coffee Regional Medical Center, Inc.
1101 Ocilla Road
Douglas, Georgia 31534
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Coffee Women's Center
2010 Ocilla Road
Douglas, Georgia 31534
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Meadows Regional Medical Center
2601 North Street East
Vidalia, Georgia 30475
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Vidalia Orthopedic Center
1707 Meadows Lane, Suite C
Vidalia, Georgia 30475
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

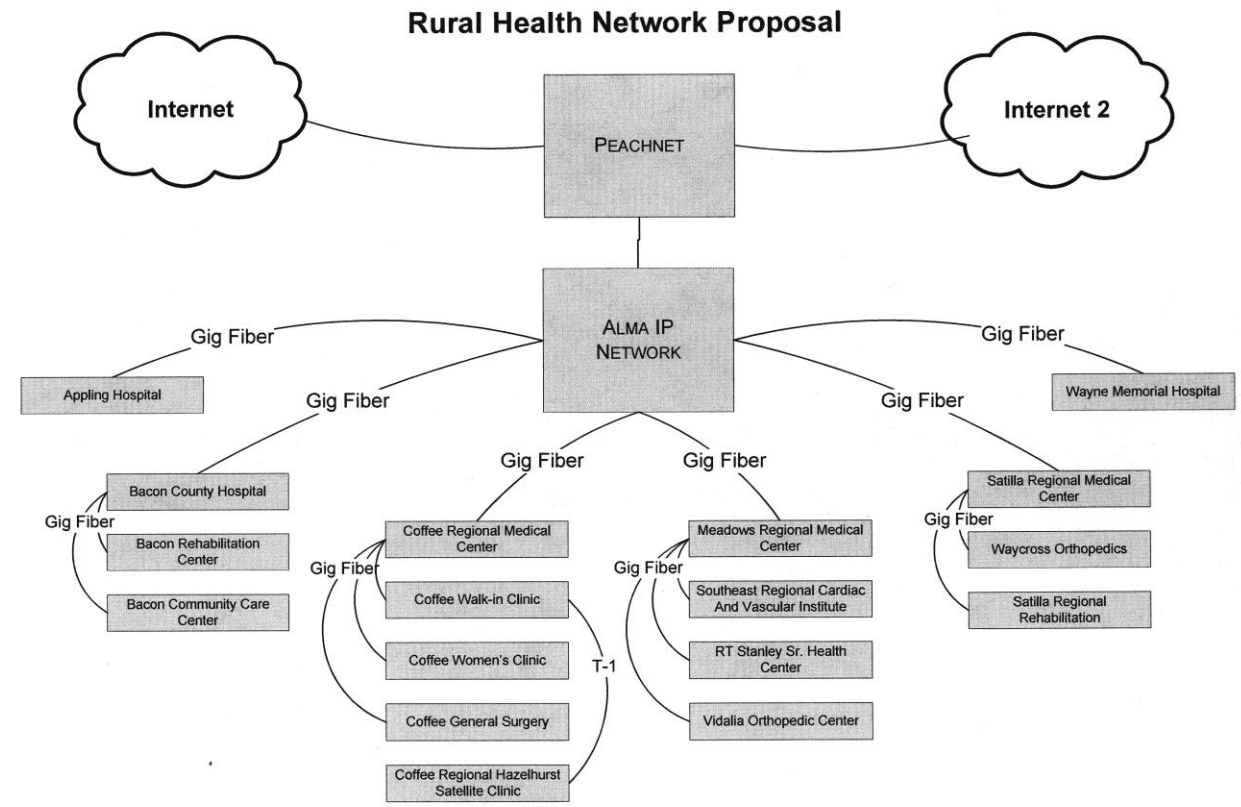
a. Coffee Walk-in Clinic
203 Shirley Avenue
Douglas, Georgia 31534
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. CRH Surgical Group
1309 Ocilla Road
Douglas, Georgia 31534
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Southeast Regional Cardiac and Vascular Institute
101 Harris Industrial Blvd, Suite A
Vidalia, Georgia 30475
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. R.T. Stanley, Sr. Health Center
110 R.T. Stanley St. Place
Lyons, Georgia 30436
b. Yes
c. Fiber
d. Carrier-provided service
e. 1 Gbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below

a. Bacon County Hospital
302 South Wayne Street
Alma, Georgia 31510
b. Yes
c. Fiber
d. Carrier-provided service
e. 40 Mbps
f. Yes, Internet 2
g. N/A
h. See Diagram Below



5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to date.

a. Network Design
b. Network Equipment, including engineering and installation
c. Infrastructure Deployment/Outside Plant
i. Engineering
ii. Construction
d. Internet2, NLR, or Public Internet Connection
e. Leased Facilities or Tariffed Services
f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
g. Other Non-Recurring and Recurring Costs

Budget per Funding Request Number 45608

	Budgeted -- Recurring	Budgeted -- Non-Recurring	Budgeted Totals	Actually Incurred -- Recurring	Actually Incurred -- Non-Recurring	Incurred Totals
a. Network Design	*0*	*0*	***0***	*0*	*0*	***0***
b. Network Equipment	*0*	*55,000.00*	***55,000.00***	*0*	*38,000.00*	***38,000.00***
c. Infrastructure						
i. Engineering	*0*	*0*	***0***	*0*	*0*	***0***
ii. Construction	*0*	*65,500.00*	***65,500.00***	*0*	*61,500.00*	***61,500.00***
d. Internet2, NLR, or Public Internet Connection	*900,000.00*	*16,000.00*	***916,000.00***	*$724,583.33*	*16,000.00*	***$740,583.33***
e. Leased or Tariffed	*536,400.00*	*0*	***536,400.00***	*$353,216.66*	*0*	***$353.216.66***
f. Network Management, Maintenance, and Operation Costs	*0*	*0*	***0***	*0*	*0*	***0***
g. Other Non-Recurring and Recurring Costs	*0*	*0*	***0***	*0*	*0*	***0***
TOTAL	***$1,436,400.00***	***$136,500.00***	***$1,572,900.00***	***$1,077,799.99***	***$115,500.00***	***$1,193,299.99***

Budget Per Funding Request Number 49214

	Budgeted -- Recurring	Budgeted -- Non-Recurring	Budgeted Totals	Actually Incurred -- Recurring	Actually Incurred -- Non-Recurring	Incurred Totals
a. Network Design	*0*	*0*	***0***	*0*	*0*	***0***
b. Network Equipment	*0*	*12,995.00*	***12,995.00***	*0*	*12,995.00*	***12,995.00***
c. Infrastructure						
i. Engineering	*0*	*0*	***0***	*0*	*0*	***0***
ii. Construction	*0*	*46,000.00*	***46,000.00***	*0*	*46,000.00*	***46,000.00***
d. Internet2, NLR, or Public Internet Connection	*405,000.00*	*2,500.00*	***407,500.00***	*$348,550.00*	*2,500.00*	***$351,050.00***
e. Leased or Tariffed	*582,600.00*	*0*	***582,600.00***	*$291,350.00*	*0*	***$291,350.00***
f. Network Management, Maintenance, and Operation Costs	*0*	*0*	***0***	*0*	*0*	***0***
g. Other Non-Recurring and Recurring Costs	*0*	*0*	***0***	*0*	*0*	***0***
TOTAL	***$987,600.00***	***$61,495.00***	***$1,049,095.00***	***$639,900.00***	***$61,495.00***	***$701,395.00***

6. Describe how costs have been apportioned and the sources of funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

All participants are eligible. Costs are allocated among HCPs based on the contracted connectivity and equipment specified for each individual HCP site.

b. Describe the source of funds from:
i. Eligible

Each Georgia Rural Health Network (GRHN) partner will use its general funds for the fifteen percent (15%) contribution. Contracts have been executed with partners on all eligible sites.

ii. Ineligible Pilot Program network participants

There are no ineligible sites to be connected in this project.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
ii. Identify the respective amounts and remaining time for such assistance.

There are no other sources of funding anticipated at this time.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goal and objectives and the overarching goals of the Pilot Program.

The participant's minimum 15 percent contribution requirement has been outlined to of the participants and it is understood that this is a cash requirement. Each location acknowledged access to the cash required. Participants are providing a higher level of health care as a result of Pilot Program funding.

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

There are no ineligible entities to be connected in this project.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

None

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

- 9/30/2009 - Letters of Agreement have been executed with six (6) participating health care providers for fifteen (15) sites *(Note: 2 sites are ineligible and will not be participating. Please see Question 2.iii.)
- 9/3/2009 - Request for Proposals RFP00, Form 465, and Form 466 were posted 15 sites
- 9/29/2009 – Proposal was received from one vendor (ATC Broadband, LLC)
- 9/29/2009 - Bacon County Health Services, Inc. (BCHS) completed Qualification Evaluation Form
- 10/26/2009 – BCHS reviewed responses to Request for Proposals, Qualification Evaluation Form, and selected vendor (ATC Broadband, LLC)
- 4/20/2010 – Contract executed between BCHS and ATC Broadband, LLC (ATC)
- 5/25/2010 – Certifications from BCHS (Participant) and ATC (Service Provider) submitted to USAC
- 5/27/2010 - Contract executed between BCHS and ATC submitted to USAC
- 5/27/2010 – 466A Attachment and Network Cost Worksheet for RFP00 submitted to USAC
- 6/1/2010 – Form 466A for RFP00 executed and submitted to USAC
- 6/24/2010 – Funding Commitment Letter received
- 6/24/2010 – ATC connected three (3) sites to the network
- 6/30/2010 – ATC invoiced BCHS for three (3) connections
- 7/1/2010 – Prepared invoices to the three (3) connected Health Care Providers for their portion of the 15% required contribution
- 7/28/2010 – BCHS to execute Form 467 and provide Letter of Initiation to USAC
- 8/1/2010 – ATC invoiced BCHS for three (3) connections
- 8/1/2010 – Prepared invoices to the three (3) connected Health Care Providers for their portion of the 15% required contribution
- 8/4/2010 - Letters of Agreement have been executed with one (1) new participating health care providers for four (4) sites. Letter of Agreement has been executed with an existing participating health care provider for one (1) additional site. BCHS has also added an additional connection.
- 8/12/2010 - Request for Proposals 01, Form 465, and Form 466 will be posted for five (5) new sites
- 8/30/2010 – Prepare and submit Rural Health Care Pilot Program Invoice No. 1 for three (3) sites that have been connected
- 9/1/2010 – ATC invoiced BCHS for three (3) connections
- 9/1/2010 – Prepared invoices to the three (3) connected Health Care Providers for their portion of the 15% required contribution
- 9/8/2010 - ATC connected one (1) site to the network

- 9/9/2010 – ATC received payment from USAC for Invoice No. 1
- 9/10/2010 - Proposal for RFP01 was received from one vendor (ATC Broadband, LLC)
- 9/28/2010 - Prepare and submit Rural Health Care Pilot Program Invoice No. 2 for three (3) sites that have been connected
- 10/1/2010 - ATC invoiced BCHS for four (4) connections
- 10/1/2010 - Prepared invoices to the four (4) connected Health Care Providers for their portion of the 15% required contribution
- 10/1/2010 - Bacon County Health Services, Inc. (BCHS) completed Qualification Evaluation Form for RFP 01
- 10/2010 - BCHS reviewed responses to Request for Proposals, Qualification Evaluation Form, and selected vendor (ATC Broadband, LLC)
- 10/28/2010 - Prepare and submit Rural Health Care Pilot Program Invoice No. 3 for four (4) sites that have been connected
- 11/1/2010 - ATC received payment from USAC for Invoice No. 2 and 3
- 11/1/2010 - ATC connected one (1) site to the network
- 11/1/2010 - ATC invoiced BCHS for five (5) connections
- 11/1/2010 - Prepared invoices to the five (5) connected Health Care Providers for their portion of the 15% required contribution
- 11/2/2010 - Contract executed between BCHS and ATC Broadband, LLC (ATC)
- 11/4/2010 - ATC connected two (2) sites to the network
- 11/12/2010 - Contract executed between BCHS and ATC submitted to USAC
- 11/12/2010 – Form 466A, 466A Attachment, and Network Cost Worksheet for RFP00 submitted to USAC
- 11/16/2010 - ATC connected two (2) sites to the network
- 11/24/2010 – Funding Commitment Letter received
- 11/24/2010 - ATC connected three (3) sites to the network
- 12/1/2010 - ATC connected three (3) sites to the network
- 12/1/2010 - ATC invoiced BCHS for fifteen (15) connections
- 12/1/2010 - Prepared invoices to the fifteen (15) connected Health Care Providers for their portion of the 15% required contribution
- 12/8/2010 - Prepare and submit Rural Health Care Pilot Program Invoice No. 4 for five (5) sites that have been connected
- 12/22/2010 - ATC received payment from USAC for Invoice No. 4
- 1/1/2011 - ATC invoiced BCHS for fifteen (15) connections
- 1/3/2011 - Prepared invoices to the fifteen (15) connected Health Care Providers for their portion of the 15% required contribution
- 1/18/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 5 for twelve (12) sites that have been connected
- 1/25/2011 - ATC connected one (1) site to the network
- 1/26/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 6 for three (3) sites that have been connected
- 2/1/2011 - ATC invoiced BCHS for sixteen (16) connections
- 2/1/2011 - Prepared invoices to the sixteen (16) connected Health Care Providers for their portion of the 15% required contribution
- 2/4/2011 - ATC connected one (1) site to the network

- 2/15/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 7 for twelve (12) sites that have been connected
- 2/18/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 8 for four (4) sites that have been connected
- 2/28/2011 - ATC received payment from USAC for Invoice Nos. 5 and 6
- 3/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 3/2/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 3/8/2011 - ATC received payment from USAC for Invoice No. 7
- 3/22/2011 - ATC received payment from USAC for Invoice Nos. 8 and 9
- 3/25/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 10 and No. 11 for seventeen (17) sites that have been connected
- 4/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 4/4/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 4/18/2011 - ATC received payment from USAC for Invoice Nos. 10 and 11
- 5/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 5/3/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 5/19/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 12 and No. 13 for seventeen (17) sites that have been connected
- 6/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 6/2/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 6/7/2011 - ATC received payment from USAC for Invoice Nos. 12 and 13
- 6/20/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 14 and No. 15 for seventeen (17) sites that have been connected
- 7/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 7/5/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 7/7/2011 - ATC received payment from USAC for Invoice Nos. 14 and 15
- 8/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 8/2/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 8/8/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 16 and No. 17 for seventeen (17) sites that have been connected
- 8/8/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 18 and No. 19 for seventeen (17) sites that have been connected
- 8/24/2011 - ATC received payment from USAC for Invoice Nos. 16 and 17
- 8/24/2011 - ATC received payment from USAC for Invoice Nos. 18 and 19
- 8/30/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 20 and No. 21 for seventeen (17) sites that have been connected
- 9/1/2011 - ATC invoiced BCHS for seventeen (17) connections
- 9/6/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution
- 9/7/2011 - ATC received payment from USAC for Invoice Nos. 20 and 21

- 10/1/2011 - ATC invoiced BCHS for seventeen (17) connections – Oct Billing
- 10/4/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Oct Billing
- 10/6/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 22 & No. 23 for seventeen (17) sites that have been connected – Sept Billing
- 10/20/2011 - ATC received payment from USAC for Invoice Nos. 22 and 23 – Sept Billing
- 11/1/2011 - ATC invoiced BCHS for seventeen (17) connections – Nov Billing
- 11/1/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Nov Billing
- 11/1/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 24 and No. 25 for seventeen (17) sites that have been connected – Oct Billing
- 11/21/2011 - ATC received payment from USAC for Invoice Nos. 24 and 25 – Oct Billing
- 12/1/2011 - ATC invoiced BCHS for seventeen (17) connections – Dec Billing
- 12/9/2011 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution - Dec Billing
- 12/16/2011 - Prepare and submit Rural Health Care Pilot Program Invoice No. 26 & No. 27 for seventeen (17) sites that have been connected – Nov Billing
- 1/3/2012 - ATC invoiced BCHS for seventeen (17) connections – Jan Billing
- 1/4/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution - Jan Billing
- 1/9/2012 - ATC received payment from USAC for Invoice Nos. 26 and 27 – Nov Billing
- 1/23/12 - ATC received payment from USAC for Invoice Nos. 28 and 29 – Dec Billing
- 2/10/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 30 & No. 31 for seventeen (17) sites that have been connected – Jan Billing
- 2/2/2012 - ATC invoiced BCHS for seventeen (17) connections – Feb Billing
- 2/2/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution - Feb Billing
- 2/27/2012 - ATC received payment from USAC for Invoice Nos. 30 and 31 – Jan Billing
- 3/1/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 32 & No. 33 for seventeen (17) sites that have been connected – Feb Billing
- 3/2/2012 - ATC invoiced BCHS for seventeen (17) connections – Mar Billing
- 3/2/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution - Mar Billing
- 3/5/2012 – 3/6/2012 - USAC Site Visit to Bacon County Health Services, Inc. and participating Rural Health Care Providers
- 3/23/2012 - ATC received payment from USAC for Invoice Nos. 32 and 33 – Feb Billing
- 3/28/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 34 & No. 35 for seventeen (17) sites that have been connected – Mar Billing
- 4/3/2012 - ATC invoiced BCHS for seventeen (17) connections – Apr Billing

- 4/3/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Apr Billing
- 4/6/2012 - ATC received payment from USAC for Invoice Nos. 34 and 35 – Mar Billing
- 5/2/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 36 & No. 37 for seventeen (17) sites that have been connected – Apr Billing
- 5/2/2012 - ATC invoiced BCHS for seventeen (17) connections – May Billing
- 5/3/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – May Billing
- 5/21/2012 - ATC received payment from USAC for Invoice Nos. 36 and 37 – Apr Billing
- 6/4/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 38 & No. 39 for seventeen (17) sites that have been connected – May Billing
- 6/4/2012 - ATC invoiced BCHS for seventeen (17) connections – June Billing
- 6/4/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – June Billing
- 6/21/2012 - ATC received payment from USAC for Invoice Nos. 38 and 39 – May Billing
- 7/2/2012 - ATC invoiced BCHS for seventeen (17) connections – July Billing
- 7/2/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – July Billing
- 7/2/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 42 & No. 43 for seventeen (17) sites that have been connected – June Billing
- 7/20/2012 - ATC received payment from USAC for Invoice Nos. 42 and 43 – June Billing
- 7/23/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 44 & No. 45 for seventeen (17) sites that have been connected – July Billing
- 8/1/2012 - ATC invoiced BCHS for seventeen (17) connections – Aug Billing
- 8/1/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Aug Billing
- 8/6/2012 - ATC received payment from USAC for Invoice Nos. 44 and 45 – July Billing
- 9/4/2012 - ATC invoiced BCHS for seventeen (17) connections – Sept Billing
- 9/5/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Sept Billing
- 9/27/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 46 & No. 47 for seventeen (17) sites that have been connected – Aug Billing
- 10/2/2012 - ATC invoiced BCHS for seventeen (17) connections – Oct Billing
- 10/2/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Oct Billing
- 10/8/2012 - ATC received payment from USAC for Invoice Nos. 46 and 47 – Aug Billing
- 10/17/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 48 & No. 49 for seventeen (17) sites that have been connected – Sept Billing
- 10/30/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 50 & No. 51 for seventeen (17) sites that have been connected – Oct Billing

- 11/1/2012 - ATC invoiced BCHS for seventeen (17) connections – Nov Billing
- 11/1/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Nov Billing
- 11/6/2012 - ATC received payment from USAC for Invoice Nos. 48 & 49 – Aug Billing
- 11/6/2012 - ATC received payment from USAC for Invoice Nos. 50 & 51 – Aug Billing
- 11/26/2012 - Prepare and submit Rural Health Care Pilot Program Invoice No. 52 & No. 53 for seventeen (17) sites that have been connected – Nov Billing
- 12/3/2012 - ATC invoiced BCHS for seventeen (17) connections – Dec Billing
- 12/4/2012 - Prepared invoices to the seventeen (17) connected Health Care Providers for their portion of the 15% required contribution – Dec Billing

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

FCC Pilot Program financial support along with the three-year recurring charge participation of the Georgia Rural Health Network (GRHN) partners will be used to provide fiber and equipment infrastructure that is required to connect all health care entities to each other and to a regional HUB.

Each GRHN partner will use its general funds for the 15 percent match required for the project. Each partner has the financial ability and commitment to ensure that the needed bandwidth is in place in order to continue to provide all current and planned telehealth services. Since each partner is non-profit, net income from overall operations is invested into the organization. Prior to submission of the FCC Pilot Program application, Bacon County Health Services (BCHS) explained to the partners that they would be required to participate at a rate of 15 percent of cost. Each partner signed a Letter of Agreement. Contracts are now being developed between BCHS and partnering entities. Since the infrastructure costs were provided for with Pilot Program funds, recurring costs will then be a matter of purchasing bandwidth at the HUB.

After the three-year funding provided by FCC Pilot Program expires, all eligible GRHN partners will become participants in the RHC Regular Program which will support 25% of their internet charges. ATC (vendor) for the GRHN project will reduce bandwidth fees by 50% beginning in years four through ten which will reduce the cost for each partner. Almost a 40% savings to the current annual facility cost (see attached budget).

At the present time each partner in the Georgia Rural Health Network (GRHN) has some level of local, regional WAN and internet services. However, their limited infrastructure capacity prohibits effective and efficient use of broadband facilities for medical purposes. For example, transmitting an x-ray from one of the rural hospitals to a radiologist in a nearby city could take over one hour. However, telemedicine and teleradiology require significant bandwidth to operate and these services for the GRHN participants will be greatly expanded through use of the FCC Pilot Program funding.

All services that the GRHN partners provide over the network are necessary for the survival of the health systems. For this survival, the bandwidth and connectivity for each of the entities is

required. Each of the partners must ensure that the bandwidth is available and therefore funds for the costs of the GRHN network will be made available from each partner's operating budget.

Subsequent to BCHS posting the RFP for construction of the network the Georgia Partnership for Telehealth, Meadows Regional Medical Center, Meadows Wellness Center, Southeast Regional Cardiac and Vascular, Institute, and R.T. Stanley, Sr. Health Center requested to participate in the Rural Health Care Pilot Program with BCHS. Coffee County Regional Medical Center requested to add the CRMC Hazlehurst Satellite Clinic and BCHS requested an additional connection.

In 2005 the statewide Georgia Telemedicine Program began through a generous grant from WellPoint, Inc. and state funds for a 3-year program. The Georgia Partnership for Telehealth, Inc. (GPT) was formed in 2008 to continue the successes of the telemedicine program after WellPoint's three year commitment ended. The Georgia Telemedicine Program was built based on the advances in the continually evolving telecommunications and computer industries, and successes and lessons learned from other Telemedicine programs. The hallmark of Georgia Telemedicine is the Open Access Network, which is a web of statewide access points based on strategic partnerships with successful existing Telemedicine programs, and the creation of new Telemedicine locations, to maximize opportunities for timely specialty services. When fully realized, the Program will enable all rural Georgians to access specialty care within 30 miles of their homes.

The GPT office is located in Waycross, Georgia. Currently GPT has a HUB in Thomasville, Georgia at the Archbold Medical Center. This non-profit organization is the leading agency in Georgia focusing on increased access to healthcare through innovative use of technology. This organization has requested to become a partner in the GRHN and participate in the Pilot Program. However, GPT's Waycross office was determined to be an ineligible site by USAC.

Summary:

To summarize, because of current regulations, sustainability cannot be achieved through some form of revenue generation through the network. Instead, sustainability is justified by comparing the costs to the benefits. The costs are on-going monthly line and service charges while the benefits include cost savings and cost avoidance, increased quality of care for patients, better utilization of scarce physician resources, and ensuring that electronic patient information is available whenever the patient is being treated. ATC (vendor) for the GRHN project will reduce bandwidth fees by 50% beginning in years four through ten which will reduce the cost for each partner.

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

Minimum 15% Funding Match

- Each of the GRHN partners signed a LOA to participate in the Pilot Program and are committed to pay the 15% funding match. Agreements have been executed by each partner.

  Each entity will use its general operating funds to pay the required match. Each entity has a sound financial position and anticipates no adverse conditions that will affect the financial position.

Projected sustainability period

- The first three years of the program, FCC Pilot Program funds will be used to pay 85% of the cost of recurring (monthly) broadband width costs. After the third year, all eligible GRHN partners will become participants in the RHC Regular Program or will be responsible to pay 100% of the monthly costs unless other federal funds become available. The broadband costs for years four through ten are expected to be reduced because of general trend for such services. However, if costs remain the same and there is no federal assistance, each entity is expected to maintain the service because of the improved health care opportunities that the network provides. Telemedicine and electronic patient medical records will drive the need for the bandwidth to be provided in this program.

  A ten year sustainability period with only 3 years of federal assistance will result in measurable improved health benefits for rural Americans. It is unthinkable that health producers such as the GRHN partners will not be committed to continue the health services that will be provided as the result of the "seed money" from this Pilot Program.

Principal Factors

- The principal factors that were considered by the GRHN partners to demonstrate sustainability include the following:

  - Improved health services benefit versus cost of broadband network
  - Financial stability of each partner
  - Federal mandates requiring improved health care systems, i.e. electronic patient medical records

Terms of Membership in the Network

- GRHN partners have signed LOAs. These LOAs have previously been submitted to USAC. Agreements between Bacon County Health Services, Inc. and each partner have been prepared for network usage. Each partner is cognizant of the costs for its particular network needs.

  There is no excess bandwidth budgeted at this time. However, in the event that partner(s) determine that additional bandwidth is needed, it will be financed by partner requesting service.

Fees for joining and using the network will be determined at current costs for such service.

Excess Capacity

- This project does not include any excess capacity to be used for any other purpose other than the dedicated health care network.

Ownership Structure

- ATC (vendor) will own and maintain the network (fiber) that will connect each partner to the HUB. ATC will contract for Internet2 services that will be used by all partners.

  ATC will enter into a contract with BCHS to provide broadband network facilities and service as detailed in the Request for Proposals and bid. ATC further will reduce bandwidth by 50% after three years.

Sources of Future Support

- After the three-year funding provided by FCC Pilot Program expires, all eligible GRHN partners will become participants in the RHC Regular Program which will support 25% of their internet charges. Contingent upon no financial disaster occurring in the U.S., each GRHN partner has a sound financial position and will be providing funds from their general operating account to continually fund the health care network.

  A budget has been prepared that demonstrates GRHN partners' cost with and with RHC Pilot and Regular program federal funds. In the event that 100% of the bandwidth costs must be paid with operating funds, the advantages for this connectivity will override the costs.

  In the event that other network eligible members use the network, fees for the services will be determined at that time. However, in all situations the original network members will be provided bandwidth as needed.

  It is not anticipated that there is excess capacity and therefore no revenue will be realized from this source.

Management

- Throughout the sustainability period ATC (vendor) will own and manage the network and be responsible for all maintenance. Agreements between each GRHN partner and BCHS/ATC will contain the management arrangement. There will be no additional fees charged to the GRHN partners for management.

The attached budget provides details of estimated costs for the sustainability of the GRHN. Rural Health Care reimbursements of 25 percent of internet service are estimated based on the current program.

Sustainabilty Plan Budget

	Bandwidth	Required Bandwidth	Installation Year 1 ONLY	Monthly Recurring Cost	Annual Cost Year 1	Annual Cost Year 2	Annual Cost Year 3	Annual Cost Year 4*	Annual Cost Year 5*	Annual Cost Year 6*	Annual Cost Year 7*	Annual Cost Year 8*	Annual Cost Year 9*	Annual Cost Year 10*	Facility Current Annual Cost
Expenses:															
Cost for Services:															
Bacon County Hospital	Local	1GB	$ 5,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,840
	Internet	20MB	$ 14,000	$ 3,000	$ 36,000	$ 36,000	$ 36,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ -
Bacon County Rehabilitation Center	Local	1GB	$ 2,000	$ 500	$ 6,000	$ 6,000	$ 6,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ -
Bacon County Community Care Center/Family	Local	1GB	$ 2,000	$ 500	$ 6,000	$ 6,000	$ 6,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ -
Satilla Regional Medical Center	Local	1GB	$ 5,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 45,900
	Internet	100MB	$ 16,000	$ 9,500	$ 114,000	$ 114,000	$ 114,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ -
Satilla Regional Rehabilitation Institute	Local	1GB	$ 5,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
Waycross Orthopaedics	Local	1GB	$ 2,000	$ 700	$ 8,400	$ 8,400	$ 8,400	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ -
Wayne Memorial Hospital	Local	1GB	$ 5,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 14,400
	Internet	100MB	$ 16,000	$ 9,500	$ 114,000	$ 114,000	$ 114,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ 57,000	$ -
	2 Redundant T-1s	1.5MB		$ 1,200	$ 14,400	$ 14,400	$ 14,400	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Appling Healthcare Systems	Local	1GB	$ 1,500	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 6,060
	Internet	10MB	$ 12,500	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
Appling Medical Group	Local	1GB	$ 4,000	$ 1,000	$ 12,000	$ 12,000	$ 12,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ -
Coffee Regional Medical Center	Local	1GB	$ 5,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 28,800
	Internet	100MB	$ 9,500	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
Coffee Walk-in Clinic	Local	1GB	$ 8,000	$ 1,000	$ 12,000	$ 12,000	$ 12,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ -
Coffee Womens Center	Local	1GB	$ 5,000	$ 1,000	$ 12,000	$ 12,000	$ 12,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ -
CRH Surgical Group			$ 19,000												
Meadows Regional Medical Center	Local	1GB	$ 15,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 75,600
	Internet	75MB	$ 15,495	$ 11,250	$ 135,000	$ 135,000	$ 135,000	$ 67,500	$ 67,500	$ 67,500	$ 67,500	$ 67,500	$ 67,500	$ 67,500	$ -
Southeast Regional Cardiac and Vascular Institute	Local	1GB	$ 10,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
R.T. Stanley, Sr. Health Center	Local	1GB	$ 10,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
Vidalia Orthopedic Center	Local	1GB	$ 10,000	$ 1,500	$ 18,000	$ 18,000	$ 18,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ 9,000	$ -
Bacon County Hospital	Local	10MB	$ 16,995	$ 5,500	$ 66,000	$ 66,000	$ 66,000	$ 33,000	$ 33,000	$ 33,000	$ 33,000	$ 33,000	$ 33,000	$ 33,000	$ -
CRMC Hazlehurst Satellite Clinic	Local	3MB	$ -	$ 1,100	$ 13,200	$ 13,200	$ 13,200	$ 6,600	$ 6,600	$ 6,600	$ 6,600	$ 6,600	$ 6,600	$ 6,600	$ -
TOTAL EXPENSES:			**$ 213,990**		**$ 765,000**	**$ 765,000**	**$ 765,000**	**$ 375,300**	**$ 375,300**	**$ 375,300**	**$ 375,300**	**$ 375,300**	**$ 375,300**	**$ 375,300**	**$ 180,600**
LESS:															
RHCPP Funds			$ 181,892		$ 650,250	$ 650,250	$ 650,250	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Rural Health Care Program Funds			$ -		$ -	$ -	$ -	$ 93,825	$ 93,825	$ 93,825	$ 93,825	$ 93,825	$ 93,825	$ 93,825	
Total Cost to be paid by Bacon County Health Services network members operating budget			**$ 32,099**	**$ -**	**$ 114,750**	**$ 114,750**	**$ 114,750**	**$ 281,475**	**$ 281,475**	**$ 281,475**	**$ 281,475**	**$ 281,475**	**$ 281,475**	**$ 281,475**	**$ 180,600**

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;

Objectives met by the health care network include:

- Created a consortia of public and non-profit health care providers located in rural Southeast Georgia that are connected by broadband network so that they have improved access to advanced telemedicine, telecommunications and information.

  Telemedicine is conducted over the network for Tele-Trauma, Tele-Stroke, Tele-Echocardiology for both adult and pediatric patients, Tele-ICU, Tele-Psych, Teleradiology, Tele-Dermatology, Tele-Rheumatology, Tele-Neurology and Tele-Endocrinology.

  This broadband network is bringing innovative telehealth services to residents of this rural region of Georgia.

- Provided critically needed medical specialists such as cardiologists, pediatricians, and radiologists through telehealth network without patients leaving their communities.

- Linked the regional network to Peachnet in Savannah, Georgia. Peachnet provides connectivity to nationwide backbones such as Internet2 or National Lambda Rail for connectivity to government research institutions as well as academic, public and private health care institutions that provide valuable resources for medical expertise and knowledge. Peachnet also provides connectivity to the Medical College of Georgia.

- Provided resources for health care providers to continue their education and research in their own community through the use of the network.

- Enhanced a rapid and coordinated response by health care providers in the event of a national crisis through this nationwide network.

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;

The connected sites in the supported network have access to innovative telehealth services that will benefit residents of this rural region of Georgia. Through this network, the sites are providing critically needed medical specialists such as cardiologists, pediatricians, and radiologists in local offices as telemedicine services. Prior to the implementation of this network, patients had to travel 100+ miles to receive medical services from specialists.

Telemedicine has allowed patients of Coffee Walk-in Clinic to benefit from being seen locally by specialists in Atlanta and Savannah, both of which are hours away. Patients of Satilla Regional Medical Center are benefited from the eICU which allows specialists in Missouri to make rounds three times a day.

The telestroke program at Bacon County Hospital (BCH) is providing life-saving stroke assistance to residents in rural Alma, Ga. Utilizing real-time audio and video conferencing, physicians can access and communicate treatment plans with a neurologist located in larger regions. The stroke program has allowed BCH to administer the clot busting drug TPA to a young woman who was having a stroke and thus were able to save her life.

c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;

Through the telehealth network, connected sites are now able to provide critically needed medical specialists such as cardiologists, pediatricians, and radiologists at the local level. Through telemedicine, medical specialists are now available at rural sites and patients are no longer required to leave their communities to receive critically needed medical care.

Telemedicine has allowed patients of Coffee Walk-in Clinic to benefit from being seen locally by specialists in Atlanta and Savannah, both of which are hours away. Patients of Satilla Regional Medical Center are benefited from the eICU which allows specialists in Missouri to make rounds three times a day.

The telestroke program at Bacon County Hospital (BCH) is providing life-saving stroke assistance to residents in rural Alma, Ga. Utilizing real-time audio and video conferencing, physicians can access and communicate treatment plans with a neurologist located in larger regions. The stroke program has allowed BCH to administer the clot busting drug TPA to a young woman who was having a stroke and thus were able to save her life.

d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;

The supported network has linked connected sites in the regional network to Peachnet in Savannah, Georgia. Peachnet provides connectivity to nationwide backbones such as Internet2 or National Lambda Rail for connectivity to government research institutions as well as academic, public and private health care institutions that provide valuable resources for medical expertise and knowledge. Peachnet also provides connectivity to the Medical College of Georgia. Through the use of this network health care providers now have the resources to continue their education and research in their own community.

Georgia Partnership for TeleHealth in Waycross Georgia is the leading agency in Georgia focusing on increasing access to healthcare through innovative use of technology including telemedicine, health information exchange and telehealth. The partnership will allow GPT members to use the GPT telemedicine equipment to gain immediate access to

board-certified neurologists for patients suffering from stroke and other neurologic emergencies. In addition, GPT members will also have access to on-demand SOC psychiatrists for mental health patients arriving in the emergency room and needing immediate consultations.GPT has been recognized nationally for its statewide network with over 170 physicians serving patients in more than 100,000 encounters to date in 200 access points.

Continuing medical education is provided for physicians at the Coffee Walk-in Clinic. This allows employees to advance in their medical skills without the hassle of leaving work or traveling to classes.

The telestroke program at Memorial University Medical Center (MUMC) is providing life-saving stroke assistance in rural regions of Georgia. Utilizing real-time audio and video conferencing, neurologists at MUMC can access a patient and communicate treatment plans with doctors in regions that do not have a neurologist available. The stroke program holds The Joint Commission's Gold Seal of Approval for stroke care. Bacon County Hospital continues to receive assistance from MUMC on the stroke program.

e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

Telemedicine has allowed patients of Coffee Walk-in Clinic to benefit from being seen locally by specialists in Atlanta and Savannah, both of which are hours away. Patients of Satilla Regional Medical Center are benefited from the eICU which allows specialists in Missouri to make rounds three times a day.

The telestroke program at Bacon County Hospital (BCH) is providing life-saving stroke assistance to residents in rural Alma, Ga. Utilizing real-time audio and video conferencing, physicians can access and communicate treatment plans with a neurologist located in larger regions. The stroke program has allowed BCH to administer the clot busting drug TPA to a young woman who was having a stroke and thus were able to save her life.

The HCPs are continuing to educate their staff on the uses and benefits of the network. Additional information will continue to be provided as the HCPs become more familiar with the network.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

Response from Coffee Regional Medical Center (CRMC): CRMC is using the network to support our McKesson Paragon Hospital ERH, McKesson Practice Partner/Practice Plus Ambulatory ERH, Soft Lab laboratory system, and GE Centricity PACS system across multiple hospital and physician practice locations. All of these systems meet the interoperability standards as they are all connected via HL7 interfaces back to the CRMC Cloverleaf interface engine.

b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;

Response from Coffee Regional Medical Center (CRMC): All of the aforementioned products are certified for Meaningful Use by CCHIT.

c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

Response from Coffee Regional Medical Center (CRMC): The network doesn't coordinate these activities, the EHR vendors and institutions do. The network is merely a transportation tool to help meet the standards already in place. We will meet these goals when we attest for Meaningful Use. We are not currently part of an HIE, but once we attest for stage 1 Meaningful use (2012), we will use McKesson Relay Health as our third party HIE. The network will support our ability send our core measure data to Relay.

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

Health care providers (HCPs) are getting adjusted to the newly connected network. The HCPs are beginning to educate their staff on the uses and benefits of the network. Additional information on the use of resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology will be provided as the HCPs become more familiar with the network.

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

Health care providers (HCPs) are getting adjusted to the newly connected network. The HCPs are beginning to educate their staff on the uses and benefits of the network. Additional information on the participants' education concerning the Pandemic and All Hazards Preparedness Act and coordination with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives will be provided as the HCPs become more familiar with the network.

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

Health care providers (HCPs) are getting adjusted to the newly connected network. The HCPs are beginning to educate their staff on the uses and benefits of the network. Additional information on the use of resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations will be provided as the HCPs become more familiar with the network.

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

Health care providers (HCPs) are getting adjusted to the newly connected network. The HCPs are beginning to educate their staff on the uses and benefits of the network. Additional information will be provided as the HCPs become more familiar with the network.