

New entries for the PSPN 2013, Annual Report are highlighted in red in the body of the document.

1. Project Contact and Coordination Information:

Project Coordinator:

Frank C. Clark, Ph.D.

Title: Vice President and CIO

Affiliation: Medical University of South Carolina

Mailing Address:

Office of the President

79 Ashley Avenue

P.O. Box 250001

Medical University of South Carolina

Charleston, SC 29425

E-Mail: [clarkfc@musc.edu](mailto:clarkfc@musc.edu)

Phone: 843-792-2211

Associate Project Coordinator:

W. Roger Poston, II, Ed.D.

Title: Director for Academic and Research Systems

Affiliation: Medical University of South Carolina

Mailing Address:

Office of the CIO

19 Hagood Avenue

P.O. Box 250801

Charleston, SC 25425

E-Mail Address: [postonwr@musc.edu](mailto:postonwr@musc.edu)

Phone: 843-792-0134

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: <a href="mailto:rosmus@acmhospital.com">rosmus@acmhospital.com</a>
RUCA Codes	7 / 7.4	Census Tract Code: 950400
Public / Non-Profit		Eligible
<u>Owner:</u>	<u>Abbeville Co. Mem. Hosp</u>	

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](mailto:jfj79@scdmh.org)  
RUCA Codes: 7 / 7.4 Census Tract Code: 950400  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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**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](mailto:jcy78@scdmh.org)  
RUCA Codes: 2 / 3.0 Census Tract Code: 20100  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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**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](mailto:caj48@csdmh.org)  
RUCA Codes: 7 / 7.0 Census Tract Code: 970200  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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**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](mailto:john.miller@anmedhealth.org)  
RUCA Codes: 1 / 1.0 Census Tract Code: 10101  
Public / Non-Profit Eligible  
Owner: AnMed Health

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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](mailto:kwh89@scdmh.org)  
RUCA Codes: 1 / 1.0 Census Tract Code: 10101  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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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](mailto:jwr68@scdmh.org)



Public / Non-Profit Eligible  
Owner: Beaufort Memorial Hospital  
Beaufort Memorial Hospital – Emergency Department

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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](mailto:rden80@scdmh.org)  
RUCA Codes: 5 / 5.0 Census Tract Code: 2100  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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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](mailto:jts20@scdmh.org)  
RUCA Codes: 5 / 5.0 Census Tract Code: 2100  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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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](mailto:ols07@scdmh.org)  
RUCA Codes; 4 / 4.0 Census Tract Code: 500  
Public / Non-Profit Eligible  
Owner: SC Department of Mental Health

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**8. Berkeley County Designation: Rural**

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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](mailto:dtc27@scdmh.org)  
Owner: SC Department of Mental Health

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**9. Calhoun County Designation: Rural**

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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](mailto:tjm60@scdmh.org)  
Owner: SC Department of Mental Health

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**10. Charleston County Designation: Urban**

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Public / For-Profit Eligible (dedicated ED)  
Admin: Joe Howell E-Mail: joe.howell@ucmc.hma-corp.com  
Owner: Gaffney, H.M.A., Inc.

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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

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**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@crmesc.hma-corp.com](mailto:patrice.tavernier@crmesc.hma-corp.com)  
Owner: Chester HMA, Inc.

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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

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**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](mailto:vance_reynolds@chs.net)  
Owner: Chesterfield/Marlboro, L.P.

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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](mailto:tjt85@scdmh.org)  
Owner: SC Department of Mental Health

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**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](mailto:dwhetsell@clarendonhealth.com)  
Owner: Clarendon Hospital District

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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](mailto:heg81@scdmh.org)  
Owner: SC Department of Mental Health

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**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](mailto:mitch.mongell@hcahealthcare.com)  
Owner: Walterboro Com. Hosp., Inc.

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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](mailto:abs82@scdmh.org)  
Owner: SC Department of Mental Health

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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](mailto:kennedyd@lcahec.com)

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**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.

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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.

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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

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**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

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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

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**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

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**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

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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

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**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.

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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

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**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

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

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

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

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**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.

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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.

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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

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**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

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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.

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St. Frances Hospital – Emergency Department

Facility: Greenville Memorial Medical Ctr.  
Location: 701 Grove Road Address: Planning Dept – ISC 3<sup>rd</sup> 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

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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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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

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**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

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**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@scoast.net  
Owner: Loris Community Hosp. District

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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@scdmh.org  
Owner: SC Department of Mental Health

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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

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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.

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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.

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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

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**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

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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

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**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](mailto:tom_mcdougal@chs.net)  
Owner: Lancaster Hospital Corp.

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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](mailto:apw02@scdmh.org)  
Owner: SC Department of Mental Health

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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](mailto:cplyler@comporium.net)

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**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](mailto:jboote@lchcs.org)  
Owner: Laurens Co Health Care System

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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](mailto:dks60@scdmh.org)  
Owner: SC Department of Mental Health

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**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

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**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

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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

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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

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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

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**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@mcmcd.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

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**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

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**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

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**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

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**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

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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

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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

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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

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**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

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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

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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

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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

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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:

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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

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**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

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**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 Angermeier 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**



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.  
Timmons ville, 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, SC 29056
  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, 2<sup>nd</sup> 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 in 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.**

**September, 2013: Marketing and recruitment is successfully underway to add new sites to the network as soon as HCF funds are available and new sites can be added. Currently, we have requests to add off site Data Centers and extend service from South Carolina into Georgia and Florida to connect hospitals in rural areas. Negotiations have gone well with the SC Division of State Information Technology to include all health related agencies. State agencies are now**

**allowed to participate and negotiations are underway with the SC Department of Corrections to include Prisons.**

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)

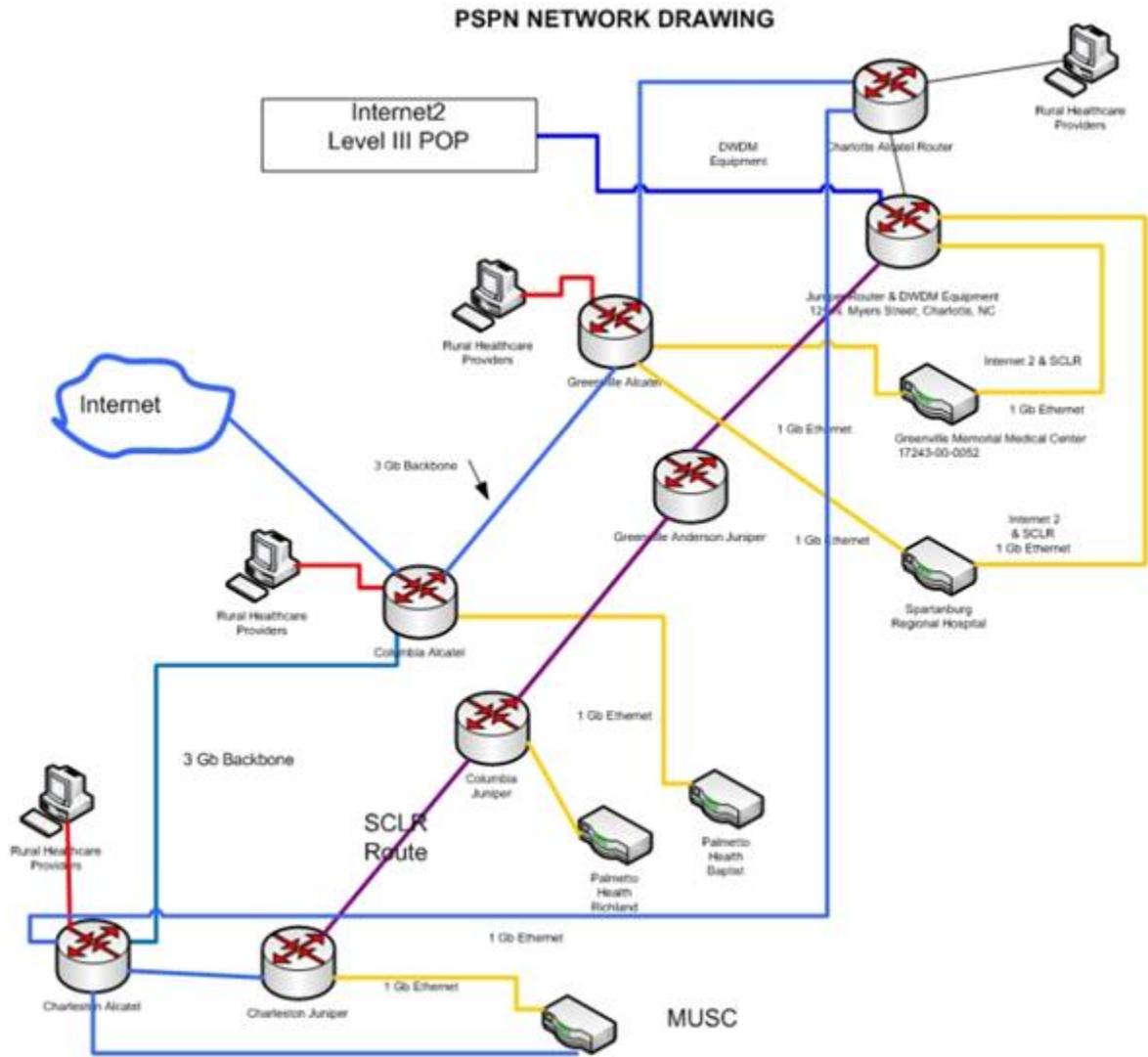
- All current PSPN locations are served by last mile fiber connections. In addition, backbone facilities also use fiber optic systems which, in many cases, feature service redundancy to reroute traffic in the event of a backbone fiber cut. Internal, local area networks in participant facilities use a 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	
<b>\$231,266.00</b>				
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
<b>\$105,120.00</b>			<b>\$336,387.76</b>	
Total tax			24,388.11	
<b>\$360,775.87</b>				
<b>Model #</b>	<b>Model Description</b>	<b>Extended Price</b>		
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		
<b>Total</b>		<b>\$ 267,266.17</b>		

- Logical Diagram of PSPN Network



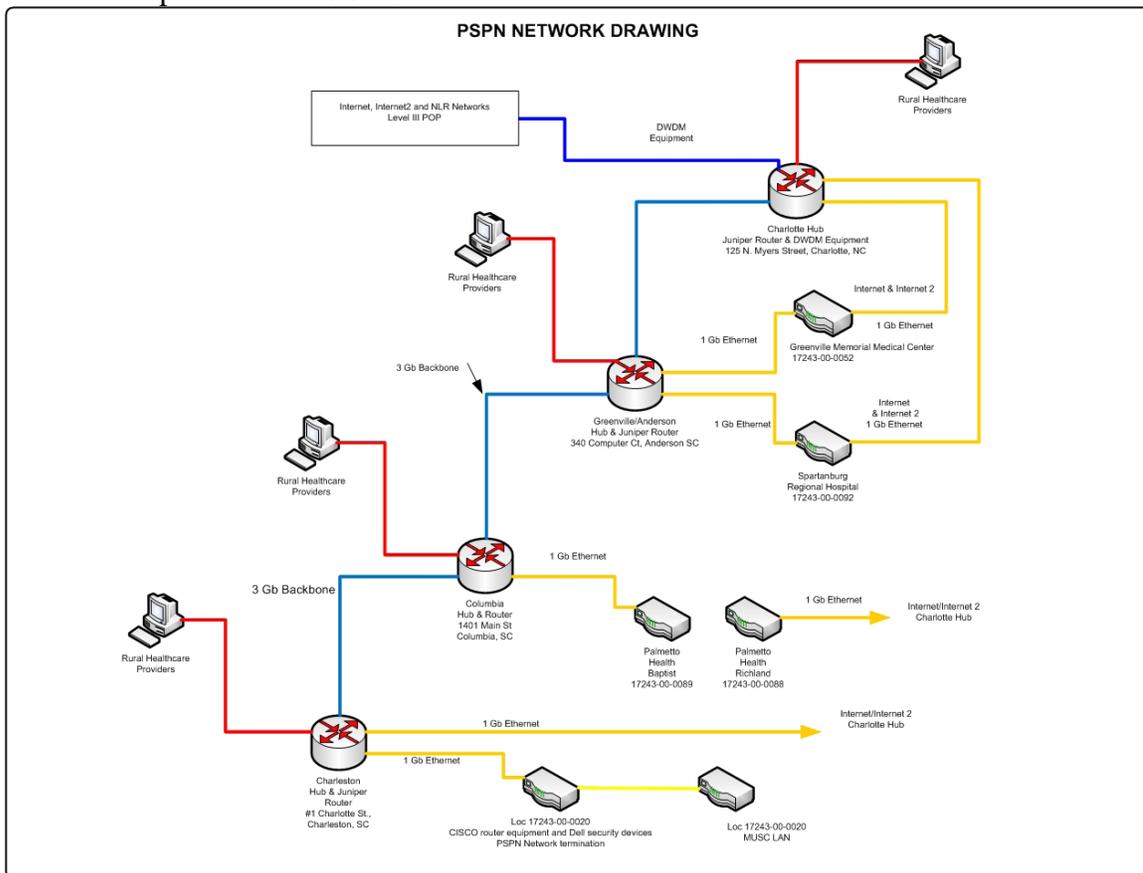
## Palmetto State Providers Network Approved Sites: FRC, LLC

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	101 Commercial 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 through 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

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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 bandwidth 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 Sustainability 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
Edgefield 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
<b>TOTAL</b>	<b>140462</b>	<b>135178.3</b>	<b>132366.3</b>	<b>156000</b>

(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.

**September 2013, Beginning in January 2013, consortium members began paying the 15% match (billing balance ) to the vendor FRC, LLC. At that point the Pilot Funds were spent and we moved to the Bridge Funds. Bridge Funding commitments were finalized in the Spring of 2013, and USAC billing has begun. The new HCF billing in which the sites pay 35% began as of July 1, 2013.**

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;

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**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.

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7. DMH shall provide DSIT with any performance reports related to the PSPN, either created by DMH or HSSC and PSPN. DMH 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.

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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**

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\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**SOUTH CAROLINA STATE BUDGET AND CONTROL 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.

January 31, 2013: PSPN moved to the next phase of development by notification to the participating sites that they will be required to pay the 15% balance on the monthly bills beginning in January 2013. To date, we have three sites which have indicated that they either will or may disconnect. Overall, response is good and we have received a significant number of very positive comments from rural hospitals regarding the quality and affordability of the network services, especially in areas where broadband service was previously not available.

**September 2013, Reception to the new HCF funding models has been positive and new HCPs are requesting membership in the Consortium. All new memberships are in progress, LOAs have been received, but will not be processed until we are given notification that we can proceed from USAC.**

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 Oncology), 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 12<sup>th</sup> 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 12<sup>th</sup> 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.

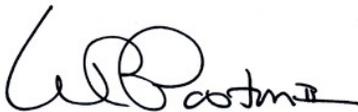
Sustainability and growth of the networks are determined by the user's ability to afford the service. The RHC Pilot project originally established an 85% discount rate for eligible members in the consortia. Now, that the Pilot networks must transition to the RHC Primary program, the funding calculation 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 PTSD 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:



Ms. Linda L. Oliver  
Deputy Chief, Telecommunications Access Policy Division Wireline Competition Bureau  
Federal Communications Commission 445 12<sup>th</sup> 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 12<sup>th</sup> Street,  
SW  
Washington, DC 20554

January 31, 2013: The network is considered a necessity for sites across the state which are participating in the SC DMH Telepsychiatry program, Stroke programs, and OB/GYN. However, attention is now being given to Pediatrics and Primary Care in the poverty stricken areas along the Interstate 95 corridor in South Carolina.

**September 2013, The SC Legislature has set aside approximately \$12,000,000 to implement telemedicine in the 11 Persistent Poverty areas of the state. This is now possible due to the PSPN's hospital and clinic sites in all 46 counties across the state. In particular, stroke, pediatrics, cardiology, OB/GYN, and psychiatry telemedicine resources are growing.**

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/SCANAN 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 consultations 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 Association, 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.**