

**Arizona Rural Community Health Information Exchange  
(ARCHIE)**

**Annual report to the Federal Communications Commission  
WC Docket No. 02-60  
September 30, 2013**

1. Project contact and coordination information:

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

- Sierra Vista Regional Health Center, 300 El Camino Real, Sierra Vista, AZ 85635 (A public, not-for-profit eligible provider)
- Southeast Arizona Medical Center, 2174 W. Oak Ave., Douglas, AZ 85607 (A public, not-for-profit eligible provider)
- Chiricahua Community Health Centers, 108 Arizona Street, Bisbee, AZ 85603 (A public, not-for-profit eligible provider)
- Southeastern Arizona Behavioral Health Services, 611 West Union Street, Benson, AZ 85602 (A public, not-for-profit eligible provider)
- Copper Queen Community Hospital, 101 Cole Avenue, Bisbee, AZ 85603 (A public not-for-profit eligible provider)

3. Network narrative:

ARCHIE posted RFP-01 (project design) in October 2009. Three bids were received and distributed to the ARCHIE Evaluation Team. The recommendation to select the Qwest proposal was made to the ARCHIE Board on January 12, 2010.

We were subsequently contacted by the USAC team and informed that we needed to reissue our RFP for implementation. RFP-02 for Network Build-Out and Implementation was posted in April 2011. Again, the Qwest proposal was selected by the Evaluation Team following the evaluation matrix and fair bidding practices proscribed by USAC.

ARCHIE successfully submitted a 466A package by the June 30, 2011 deadline.

RFP-03 (Technical Project Manager (TPM)/Network Support) was posted to SharePoint on 10/26/11. At the 1/10/12 meeting, ARCHIE decided not to fill the Technical Project Manager position at this time.

Participation agreement – At the 3/13/12 meeting, ARCHIE agreed to creation of a simple participation agreement which states that each entity will be responsible to pay to ARCHIE its 15% share of the vendor invoice when billed for 60 months. At the end of the 60 month period, each entity is responsible for its full share of the vendor invoice.

RFP-04 – The original focus of ARCHIE veered away from infrastructure and towards development of a network and HIE. Many members dropped out due to the former focus. The focus of ARCHIE has returned to infrastructure and there are several other entities that want to participate to take advantage of the buy down program. RFP-02 resulted in a Funding Commitment of \$1.14 million; there remains \$3.0 million in uncommitted funds available to ARCHIE. Requests from existing members for enhanced service options at their locations takes first precedence. A draft RFP-04 was presented at the 3/13/12 meeting listing all known requests for each organization.

During April 2012, the following items were completed: Request to USAC to close out RFP-03; RFP-04 posted for vendor response; participation agreements executed.

During May 2012, only one vendor responded to RFP-04. The ARCHIE Board met on 5/22/12 to evaluate the CenturyLink response to RFP-04. A vendor meeting was held with CenturyLink on 5/29/12 to discuss vendor response and participant requests.

ARCHIE successfully submitted a 466A package by the June 30, 2012 deadline.

Service substitution for Southeast Arizona Medical Center completed during the 3<sup>rd</sup> quarter 2012. Clerical and final corrections made to RFP04 466A package completed during the 3<sup>rd</sup> quarter 2012. Change of coach during 3<sup>rd</sup> quarter 2012.

Final revisions to 466A Attachment and Network Cost Worksheet for RFP04 completed during 4<sup>th</sup> quarter 2012. Northern Cochise Community Hospital decided not to participate in ARCHIE project. Funding Commitment Letter for RFP-04 in the amount of \$3,131,922.62 received in

4<sup>th</sup> quarter 2012. Service Substitution completed for SAMC resulting in Funding Commitment Letter in the amount of \$5,482.01. Bruce Norton elected as Project Coordinator during 4<sup>th</sup> quarter 2012.

January – June 2013: Site surveys and permitting completed for most Sites; trenching and conduit placement underway; most sites close to test and turn up status.

May 1, 2013: Sierra Vista Regional Health Center and associated sites no longer eligible to participate in ARCHIE program due to acquisition and change in status to for profit.

4. List of connected health care providers:  
Sierra Vista Regional Health Center  
Chiricahua Community Health Centers  
Southeast Arizona Medical Center  
Copper Queen Community Hospital  
Southeastern Arizona Behavioral Health Services
5. Identify the following non-recurring and recurring costs, where applicable as budgeted and actually incurred for the applicable quarter and funding year-to-date:

FRN 66572	Budgeted	\$9,892.31 (1 invoice)
	Funded	\$8,408.47

FRN 55438	Budgeted	\$136,413.62 (2 invoices)
	Funded	\$115,950.77

6. Describe how costs have been apportioned and the sources of the funds to pay them:  
Each entity has been invoiced for 15% of first and last month costs as described in the Sustainability Plan submitted with RFP-02.
7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participants network:  
None identified at this time; no ineligible entities anticipated in Phase I.
8. Provide an update on the project management plan:  
The ARCHIE Board continues to meet regularly. The 9 member Board was changed to 7 members on 1/10/12.
9. Provide detail on whether the network is or will become self-sustaining. Selected participants should provide an explanation:  
During the network build-out, participating HCP organizations are utilizing their IT budgets to achieve telecom connectivity at a better rate than prior

to joining this program. ARCHIE members previously found that focusing on all aspects of the project was overwhelming. Therefore, ARCHIE has been focusing exclusively on infrastructure build-out.

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

The network is not operational at this time.

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

The network is not operational at this time.

12. Explain how the selected participants coordinated in the use of their health care networks with the HHS and, in particular, with its CDC in instances of national, regional, or local public health emergencies (e.g. pandemics, bioterrorism):

The network is not operational at this time.