1. Project Contact and Coordination Information

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

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

Project leaders for the West Virginia Telehealth Alliance are:

Project Coordinator

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

(Note: Budig is co-owner of TC Telehealth and Education Services, a telehealth and education services consultancy based in Morgantown, W.Va.)
2. Identify all health care facilities included in the network

The West Virginia Telehealth Alliance is more than just a single network, it is nine separate networks of rural and urban health care facilities that will ultimately interconnect via a hub system that will help create a statewide health care network. This statewide network will be focused on advancing telehealth use, enabling the transmission of electronic medical records and facilitating broader collection and analysis of rural health information.

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

3. Network Narrative

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

Metro Fiber Project

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

Provided are details about this project:

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

- Marshall University, acting as a coordinating agent and participant of the WVTA, had solicited proposals to provide the agents and participants of the WVTA with the design, installation, testing and acceptance of a fiber optic backbone serving key medical and medical research locations in Huntington, WV as listed herein as Appendix G.
1. Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance’s Robert C. Byrd Biotechnology Science Center (Housing School of Medicine Faculty) to St. Mary’s Medical Center
   - 24SM Fiber - Diverse Route
   - Diverse Entrance # 1 into St. Mary’s Medical Center
   - 20th St., Huntington, WV
   - 2900 1st Ave, Huntington, WV
   - St. Mary’s Medical Center to St. Mary’s Medical Education Center
     - 24SM Fiber - Diverse Route
     - Diverse Entrance # 2 into St. Mary’s Medical Center
     - Diverse Entrance # 1 into St. Mary’s Medical Education Center
     - 2900 1st Ave, Huntington, WV
     - 2825 Fifth Ave, Huntington, WV - Old Big Bear on 29th St. Huntington, WV
   - Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance’s Cabell Hall (Campus fiber connect site only) to St. Mary’s Medical Education Center
     - 24SM Fiber - Diverse Route
     - Diverse Entrance # 2 into St. Mary’s Medical Education Center
     - 20th St., Huntington, WV
     - 2825 Fifth Ave, Huntington, WV - Old Big Bear on 29th St. Huntington, WV
   - Marshall University, serving as the procurement agent for the West Virginia Telehealth Alliance’s Drinko Library (Campus fiber POP) to the Byrd Clinical Center via the AEP APCO AMP Site – 1122 Seventh Ave, Huntington, WV (this is the site of a number of CLEC co-locations and will optimize connectivity to a number of carriers). A service loop adequate to enter and leave this building must be supplied.

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

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

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

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

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

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

1) Enable greater use of telehealth services and connections that will enable improved diagnostic capabilities and specialty treatment options;
2) Enable better group purchasing power and enhanced reliability and quality of service;
3) Foster tele-training and educational opportunities; and
4) Dedicated virtual private networks to ensure security, reliability and connectivity.
This project should lay the foundation to begin the process to interconnect these networks into a seamless, interoperable statewide dedicated broadband health care network not only for telehealth, but also for future needs such as advanced electronic medical record transmission and use.

Inter-carrier Hub
The WVTA’s Inter-carrier Hub project will allow all created networks from RFP02 to communicate to each other. This project is in phase II, interconnecting the IP addressing to cross connect the 9 independent networks.

4. List of Connected Health Care Providers

As of September 30st, 2013, the West Virginia Telehealth Alliance has connected the following eligible sites (see below) and non-eligible health care provider sites as part of the alliance’s RHCPP plan. All sites, less the site substitution locations, have now been activated and handed off to the health care awarded sites.

As part of RFP02, our rural healthcare broadband rollout can provide the following information:

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

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

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

At Wheeling Hospital the following information:

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

Belmont Community Hospital, 4697 Harrison Street, Bellaire OH 43906 -> work completed 2/21/2011.
b-yes, c-fiber, d-carrier provided, e-100Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch
Pediatric Rehab, 815 Warden Run Road, Wheeling WV 26003 -> work completed 2/21/2011.
b-yes, c-fiber, d-carrier provided, e-100Mbps fiber to cloud, f-to cloud only, g-LightningEdge 311b switch

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

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

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

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

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

See Appendix I for Wheeling Hospitals

At West Virginia University Health Systems / UHA

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

Reedsville

14 Comfort Drive, Reedsville, WV 26547
Yes
Fiber / Elan
Ntelos - Carrier
Elan 10MB
Yes
Cisco 2960

Kingwood
328 Tunnelton Street,
Kingwood, WV 26537
Yes
Fiber / Elan
Ntelos - Carrier
Elan 10MB
Yes
Cisco 3750 / Cisco 2960

Note: Disconnected 9/1/11
UHC
327 Medical Park Drive
Yes
Fiber/Elan
Ntelos – Carrier
Yes
Cisco 3750/Cisco 2960

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

City
Dry Run Road, Martinsburg, WV 25402
Yes
Fiber / Elan
Ntelos - Carrier
Elan 1G
Yes
Cisco 3560x
See Appendix H for West Virginia University Health Systems

At Community Network of West Virginia the following information:

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

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
At Beckley Health Right the following information:

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

b. Eligible provider(Yes/No); yes

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

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

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

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

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

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

CHNWV17 - Lincoln County Primary Care, Gilbert

Connected on 10/3/11

Connection Type: DS1

Connection Speed: 1.5 Mbps

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

CHNWV40 – Tri-County, Rock Cave

a. Healthcare Provider site, Rock Cave
b. Eligible Provider, yes
c. Type of network connection,
d. How connection is provided, carrier, Frontier
e. Service Type,
f. Gateway, Public
g. Site Equipment, TBA
h. Diagram/map of Network, TBA
CHNWV18 – Lincoln County, Man

a. Healthcare Provider site, Man
b. Eligible Provider, yes
c. Type of network connection,
d. How connection is provided, carrier, Frontier
e. Service Type,
f. Gateway, Public
g. Site Equipment, TBA
h. Diagram/map of Network, TBA

CHNWV44 – Tug River, Northfork

A. Healthcare Provider site, Northfork
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV46 – Tug River Health, Welch

A. Healthcare Provider site, Welch
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA
CHNWV43 – Tug River Health - Gary
A. Healthcare Provider site, Gary
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV27 – Pendleton Community Care - Franklin
A. Healthcare Provider site, Franklin
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV41 – Tri-County - Marlinton
A. Healthcare Provider site, Marlinton
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV30 - Primary Care – Clay
A. Healthcare Provider site, Clay
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV47 – Tug River Health - Wilcoe
A. Healthcare Provider site, Wilcoe
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, Frontier
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV38 – Tri-County Health – Gassaway
A. Healthcare Provider site, Gassaway
B. Eligible Provider, yes

C. Type of network connection,

D. How connection is provided, carrier, N’telos

E. Service Type,

F. Gateway, Public

G. Site Equipment, TBA

H. Diagram/map of Network, TBA

**CHNWV39 – Tri-County Health – Helvetia**

A. Healthcare Provider site, Helvetia

B. Eligible Provider, yes

C. Type of network connection,

D. How connection is provided, carrier, N’Telos

E. Service Type,

F. Gateway, Public

G. Site Equipment, TBA

H. Diagram/map of Network, TBA

**CHNWV42 – Tri-County Health – West Milford**

A. Healthcare Provider site, West Milford

B. Eligible Provider, yes

C. Type of network connection,

D. How connection is provided, carrier, N’Telos

E. Service Type,

F. Gateway, Public

G. Site Equipment, TBA

H. Diagram/map of Network, TBA
CHNWV45 – Tug River Health – Pineville
A. Healthcare Provider site, Pineville
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, N’Telos
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV13 – Lincoln County – Griffithville
A. Healthcare Provider site, Griffithville
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, N’Telos
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CHNWV08 – CHNWV - Huntington
A. Healthcare Provider site, Griffithville
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, N’Telos
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC10 – CAMC – Memorial**

A. Healthcare Provider site, Memorial
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC11 – CAMC – Teays Valley**

A. Healthcare Provider site, Teays Valley
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC12 – CAMC – Women & Children**

A. Healthcare Provider site, W&C
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC25 – CAMC – Highland Hospital – Highland Process Strategies**

A. Healthcare Provider site, Highland Process Strategies
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC26 – CAMC – Highland Hospital – Main Hospital**

A. Healthcare Provider site, Highland Hospital
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA
CAMC50 – Roane General – Spencer
A. Healthcare Provider site, Spencer
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CAMC63 – CAMC – General
A. Healthcare Provider site, General
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CAMC64 – CAMC – Cross Lanes
A. Healthcare Provider site, Cross Lanes
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC65 – CAMC – SVI**

A. Healthcare Provider site, SVI
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC68 – CAMC – Southridge**

A. Healthcare Provider site, Southridge
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**CAMC69 – CAMC – Kanawha City**

A. Healthcare Provider site, Kanawha City
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CAMC71 – CAMC – Sports Med
A. Healthcare Provider site, Sports Med
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CAMC73 – CAMC – Urology
A. Healthcare Provider site, Urology
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

CAMC75 – CAMC – St. Albans
VHS102 – Valley – Fort Gay
A. Healthcare Provider site, Ft. Gay
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

VHS103 – Valley – Harts
A. Healthcare Provider site, Harts
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
**VHS104 – Valley – Hal Greer**

A. Healthcare Provider site, Hal Greer
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**VHS105 – Valley – Women’s Place**

A. Healthcare Provider site, Women’s Place
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**VHS106 – Valley – Third Ave**

A. Healthcare Provider site, Third Ave
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

VHS107 – Valley – Westmoreland
A. Healthcare Provider site, Westmoreland
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

VHS108 – Valley – Guyandotte
A. Healthcare Provider site, Guyandotte
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

VHS01 – Valley – Cedar Grove
A. Healthcare Provider site, Cedar Grove
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**VHS10 – Valley – Pediatrics**
A. Healthcare Provider site, Pediatrics
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
H. Diagram/map of Network, TBA

**VHS11 – Valley – Hurricane**
A. Healthcare Provider site, Hurricane
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA

**VHS13 – Valley – Kermit**
A. Healthcare Provider site, Hurricane
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA

VHS14 – Valley – Milton
A. Healthcare Provider site, Milton
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA

VHS15 – Valley – Wayne
A. Healthcare Provider site, Wayne
B. Eligible Provider, yes
C. Type of network connection,
D. How connection is provided, carrier, FiberNet
E. Service Type,
F. Gateway, Public
G. Site Equipment, TBA
At West Virginia Health Right:

a. Health care provider site; main location

b. Eligible provider (Yes/No); yes

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

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

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

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

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

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

At Minnie Hamilton

<table>
<thead>
<tr>
<th>Minnie Hamilton Health System</th>
<th>Eligible Provider</th>
<th>Network Type</th>
<th>Provided Connection</th>
<th>Service/Speed</th>
</tr>
</thead>
<tbody>
<tr>
<td>186 Hospital Drive, Grantsville</td>
<td>Yes</td>
<td>Copper</td>
<td>Carrier-Provided Service</td>
<td>MPLS 10Mbps</td>
</tr>
<tr>
<td>Calhoun School Base, Mt. Zion</td>
<td>Yes</td>
<td>Fiber?</td>
<td>Carrier-Provided Service</td>
<td>MPLS 10Mbps</td>
</tr>
<tr>
<td>809 Mineral Rd, Glenville</td>
<td>Yes</td>
<td>Copper</td>
<td>Carrier-Provided Service</td>
<td>MPLS 10Mbps</td>
</tr>
<tr>
<td>300 Pine St, Glenville</td>
<td>Yes</td>
<td>Copper</td>
<td>Carrier-Provided Service</td>
<td>MPLS 10Mbps</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Public Internet</th>
<th>Site Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>186 Hospital Drive, Grantsville</td>
<td>Yes</td>
</tr>
<tr>
<td>Calhoun School Base, Mt. Zion</td>
<td>Yes</td>
</tr>
<tr>
<td>809 Mineral Rd, Glenville</td>
<td>Yes</td>
</tr>
<tr>
<td>300 Pine Street, Glenville</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Not all of sites have complete these profiles. We will have the complete list in the next Annual Report to USAC in 2014.

5. Non-recurring and recurring costs and budgets

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

6. Cost Apportionment and Sources of Funds

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

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

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

• The W.Va. Telehealth Alliance has received two grant awards ($125,000 each) from the W.Va. Department of Health and Human Resources. Those funds have been provided to help with administrative and program implementation expenses.

• In late December 2009, the West Virginia Telehealth Alliance received a $200,000 grant from The Claude Worthington Benedum Foundation that will provide resources for a telehealth education and outreach project.

• In October 2010 the West Virginia Telehealth Alliance received a $100,000 grant from The Claude Worthington Benedum Foundation that will provide resources for professional services and administrative activities of the alliance.

The remaining time for such assistance is as follows:

Administrative Funds

• The initial funds from the Benedum Foundation were expended throughout calendar years 2008 and 2009.

• Funds from the W.Va. DHHR grant sustained the organization from late 2009 and into mid 2010.

• $100,000 in grant funds from The Claude Worthington Benedum Foundation that were used in 2011 and 2012 to help sustain professional services and administrative activities of the alliance.
  • As of October 30, 2012 the W.Va. Telehealth Alliance has utilized all funds from our Benedum administrative grant.

• A portion ($100,000) of the funds provided by a grant from the state Health Care Authority (WVHCA) will be used to help cover administrative and professional services expenses.
  • As of July October, 2012, the WVTA had no monies available in “administrative” funds provided as part of the Health Care Authority grant.

• The “telehealth outreach” grants funds from the Benedum Foundation will be expended in 2010 and 2011.
  • As of January 31, 2013, the W.Va. Telehealth Alliance has utilized all available funds.

• The WVTA collects a 6% administration fee from all awarded sites for MRC billing. As of September 30, 2013, the WVTA has $ (56,226.66) collected for future administrative uses.

Restricted Funds

• Most of the grant funds from the WVHCA are in a “restricted” account and will be used over the duration of the RHCPP to help with RHCPP matching needs. To date, ($ 30,680.57) of the WVHCA’s restricted dollars have been spent towards the 15% matches for the WVTA.
  • As of September 30, 2013, the W.Va. Telehealth Alliance had $ 184,333.00 available WVHCA restricted account funds.

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

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

The W.Va. Telehealth Alliance’s plan does not anticipate allowing ineligible entities to participate or connect.
8. Project Management

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

The WVTA’s project plan/schedule is included in Appendix C. The alliance worked during the period January 31, 2012 to September 30th, 2013 these key projects:

1) Implementation of our advanced broadband network is close to completion. The connections to 89 eligible locations (hospitals and rural health clinics) as part of the alliance’s planned first advanced broadband services RFP should be completed by year end, 2013.
2) The RFP04 Hub project is ¾ completed. All equipment and Telecommunication lines are installed. Collection of IP addressing to connect the 9 networks is currently proceeding.
3) WVTA’s new website and resource section will be completed end of October, 2013.
4) WVTA has one board member and our Executive Director acting as a WV consultant assisting in the MATRC.
5) Verizon’s awarded sites have been rewarded to the 2nd place vendors. Installs are ongoing and should be completed by end of November.
6) Site substitutions are being reviewed for several network groups.
7) Meetings with stakeholder groups including users and payers for health care have occurred and the WVTA has been reviewing data from these meetings and will be creating a payers report for use to the states’ health care community.
8) Data collection of health related activities has begun and the collection of said data as of September 28th, 2013 has been attached to this document as Appendix J.

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

To complement the broadband enhancements being provided by the RHCPP, the alliance has implement a statewide telehealth outreach and education project to discover what issues sites may face if they want to actively pursue telehealth. The WVTA has used this knowledge to create a website to educate the sites concerning these issues. The website will be live by October 25th, 2013.

As the WVTA progresses in the implementation of its plans into 2014, we will continue working with our eligible health care providers and provide needed telehealth updates and educate them on the latest telemedical advances.

Project Benefits: Metro Fiber
Here is an outline of the benefits that are being provided from the alliance’s Metro Fiber Build project:
- This project provides a metropolitan fiber connection environment (1 gig) to facilitate eligible health care services at and among these institutions:
  - Marshall University (for its health education programs, courses)
  - Marshall University Joan C. Edwards School of Medicine
  - St. Mary’s Medical Center
  - Cabell-Huntington Hospital

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

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

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

**Project Benefits: Telco Service/Broadband Enhancements**

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

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

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

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

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

**9. Network Self-Sustainability**

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

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

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

A “sustainability plan,” developed by the West Virginia Telehealth Alliance, is included with this annual report as follows:
Sustainability Plan -- Addendum A
WVTA’s RFP #2 for Wide Area Network (WAN)
telecommunications services and Internet access

Sustainability Plan – Addendum C WVTA’s RFP04 (HUB)

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

Beckley Health Right
Belington Community Medical Services
Cabell Huntington Hospital
CAMC
Community Health Network of WV
Family Care
Highland Hospital Assoc.
Lincoln Primary Care Center
Minnie Hamilton Health System
Monroe Health Center
Pendleton Community Care
Preston Health Care Corporation
Primary Care Systems, Inc.
Roane General Hospital
Stonewall Jackson Memorial Hospital
Tri-County Health Clinic, Inc.
Tug River Health Association
University Health Associates
Valley Health System
Webster County Memorial Hospital
West Virginia Health Right, Inc.
West Virginia United Health System
Wheeling Hospital, Inc.
This agreement (Agreement) is made by and between the West Virginia Telehealth Alliance, Inc. (WVTA) and ___________________ (Participating Entity).

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

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

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

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

Participating Entity and WVTA hereby agree as follows:

ARTICLE ONE: BASIC TERMS AND AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ARTICLE TWO: REPRESENTATIONS AND WARRANTIES OF PARTICIPATING ENTITY**

2.1 Participating Entity represents and warrants to WVTA that:

a. it has the financial resources and stability to satisfy its responsibilities under the Telco Services Agreement, pay the Matching Funds when due, and pay any additional liabilities or overages that may arise under the Telco Services Agreement; and that
b. it is a non-profit or public entity or is a dedicated emergency room of a for-profit hospital that participates in Medicare.; and that

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

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

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

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

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

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

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

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

**ARTICLE THREE: DISCLOSURES OF WVTA**

3.1 WVTA hereby expressly informs Participating Entity and Participating Entity acknowledges that it understands the following:
a. any Subsidized Funds paid to Provider, or any other party, by USAC are part of a federal grant managed in West Virginia by the WVTA and are not held by WVTA; and

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

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

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

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

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

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

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

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

ARTICLE FOUR: WAIVER AND INDEMNITY

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

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

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

**ARTICLE FIVE: DEFAULT AND TERMINATION**

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

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

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

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

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

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

5.2 *Notice and Cure.* If the Participating Entity fails to perform any of its duties under this Agreement or if any Event of Default occurs, WVTA may declare the Participating Entity to be in default and thereafter give the same written notice setting forth the action or inaction which constitutes the default and giving the Participating Entity no less than five and no more than 20 days in which to correct the default during which time WVTA may suspend performance of this Agreement without penalty. If the Participating Entity fails to correct the default within the prescribed period of time after receipt of this notice, WVTA may, in its sole discretion, terminate this Agreement. The parties agree that the terms and conditions of this Agreement provide for reasonable and sufficient notice to be given to the Participating Entity and that this notice is sufficient for the Participating Entity to rectify its actions or inactions of default.
5.3 **Termination.** If WVTA or Participating Entity ceases to exist, an Event of Default occurs that is not cured as provided herein, or any of the covenants and promises of the Participating Entity contained in Article I of this Agreement are not fulfilled, WVTA may terminate this Agreement. Upon terminating this Agreement WVTA may (i) immediately cease processing any outstanding requests for Subsidized Funds and (ii) suspend any obligation to process future invoices or requests for Subsidized Funds. In addition to the foregoing, upon termination of this Agreement, WVTA shall be entitled to reimbursement of any of the Subsidized Funds paid to and received by the Participating Entity before, during or after the Event of Default. The WVTA shall not terminate this Agreement if the events leading to the termination were caused by the gross negligence of the WVTA or its agents.

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

**ARTICLE SIX: TERM AND POST TERM COVENANTS**

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

6.2 **Post Term Covenant.** Participating Entity acknowledges that the RHCPP is a pilot program and is designed to establish connectivity and subsidize initial connectivity expenses. Participating Entity covenants that it will work with WVTA to transfer as many of its locations, or operations as are eligible to the USAC administered regular Rural Health Care subsidy program to facilitate continuing connectivity beyond the RHCPP and the Term of this Agreement. In the event that one or more locations under the control of Participating Entity is not eligible for the Rural Health program, the “Transfer Fee” as described in Addendum 1.14 shall be reduced as provided for in the Addendum 1.14.
ARTICLE SEVEN: NO THIRD PARTY BENEFICIARIES

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

ARTICLE EIGHT: OTHER PROVISIONS

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

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

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

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

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

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

8.7 Entire Agreement. This agreement constitutes the entire Agreement between the parties hereto. No oral representations or other agreements have been made by the parties except as stated herein. No term or provision hereof may be waived except in writing signed by a duly authorized officer or agent.
8.8 Amendment. This Agreement may be modified at any time upon mutual consent in writing of the parties hereto. Any agreement contrary to this Agreement is not binding upon either party unless it is in writing and signed by both parties.

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

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

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

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

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

[Signature Pages Follow]

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

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

Belington Community Medical Services Association, Inc.: Belington Community Medical Services Association, Inc.
Belington Community Medical Services Association, Inc.: Brandon Wellness Center
Lincoln County Primary Care Center, Inc.: Guyan Valley Wellness Center
Lincoln County Primary Care Center, Inc.: Duvall Middle School Health Center
Lincoln County Primary Care Center, Inc.: Lincoln Primary Care Center
10. Advancing telemedicine benefits

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

11. HHS health IT initiatives

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

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

The WVTA will work to provide answers to these HHS health IT questions as the alliance’s RHCPP program advances.
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<td>Q4  Q1  Q2</td>
<td>Q3  Q4  Q1</td>
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<td>15% $53,026.43 $53,026.43</td>
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<td>Ongoing: MRC</td>
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<td>15% $53,026.43 $53,026.43</td>
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<td>(Addendum C indicates the entities eligible for regular rural health subsidy)</td>
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**Support Funds**

- 6% Admin/Processing Fees: $2,960.54 $2,377.96 $0.00
- WV DHHR Grant Funds: Grant funds have been expended
- HCA Admin Grant Funds: $9,166.66 $9,166.66 $9,166.66 $9,166.66 $9,166.66 $12,000
- Benedum Grant Funds - Admin: $10,000.00 $10,000.00 $10,000.00 $10,000.00 $10,000.00
- Benedum Grant Funds - Outreach: $6,000.00 $6,000.00 $21,000.00 $24,000.00 $24,000.00 $24,000.00 $24,000.00

**Expenses**

- Consulting/Salaries
- Admin Expenses
- Professional Services (Legal, etc.)
- Misc.
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*calculated for 3/4s of the year*

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*(Admin fees will continue till 9/2015)*

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Minimum 15% Funding Match

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

Project Sustainability Period

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

Principal Factors

1. The state of West Virginia is implementing a Statewide MPLS contract, and the WVTA plans to leverage this contract to reduce costs of services and enhance the level of broadband available to participating organizations. Implementation of the State’s contract will cause significant upgrades to occur in areas where services overlap and are not coordinated; these upgrades and the economies of scale will result in lower overall non-recurring costs (NRCs) and monthly recurring costs (MRCs) charged for equivalent services. The WVTA intends to use a significant amount of the RHCPP funding on one-time NRCs levied by the telecommunications carriers to build out the infrastructure necessary in areas not covered by the Statewide MPLS contract. By paying the NRCs using the RHCPP funds (and matching state agency provided funds), the ongoing broadband costs to the WVTA plan’s Hub locations will be reduced through the up-front capital cost instead of financing these costs within the recurring cost structure.

2. In addition, many of the WVTA’s eligible entities will benefit substantially from aggregating demand under multi-year telecommunications contracts. It is expected that average monthly costs projected under these aggregated telecommunications contracts for participating health
care providers will be estimated to be approximately the same as the current cost for most of these providers (before application of any subsidy) – and with a substantial increase in broadband capacity.

3. WVTA intends to deploy the network connectivity in a fashion that creates incentives for continued participation. By using the limited time higher subsidy that is available under the RHCPP, the WVTA will create a lower cost of telehealth connectivity cost during the first phase of the project and an overall lower average cost over the extended 5-year period to fully implement the plan.

4. WVTA plans to use non-recurring RHCPP funds to build the hub, and it is anticipated that a user fee system will be established to maintain and operate it. Based upon current user alignment and configuration, it is projected that approximately 90 plus members will use the hub to interconnect disparate telecommunications providers. A user fee will be levied upon institutional health care providers that will use the hub as a statewide interconnection point for specialty telehealth services and health information exchange. The hub’s fee-based revenues are expected to increase over time as telehealth and EMR activities increase.

5. WVNET would work to offer all the members using the network to save operating funds by offering the following services over the network such as: Virtual desktops replacing expensive desktop computers. Acting as member site’s backup and storage of their data in HIPPA compliant storage. Provide media disaster recovery for their mission critical servers by creating virtual servers on blade servers at WVTNET that will allow for failover when their servers go down or are taken down for maintenance or upgrades. These savings could be used to pay the cost of continued Hub bandwidth and networking services when the grant dollars have ended. Additionally, by creating a Hub consortium, it will provide the HCPs with solutions to meet several of the Meaningful Use Core Objectives As well as the Public Health Objectives when dealing with the HIE requirements. The network will be optimized to transmit PHI, images, EMR materials, all with HIPAA and Meaningful Use requirements. The inter-carrier hub consortium will build a collaborative network enabling the PCPs and other HPCs to securely and quickly move their records to each other or the NHIN gateway.

Terms of Membership in the Network

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

Excess Capacity

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

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

Sources of Future Support

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

- The Centers for Medicare & Medicaid Services (CMS) is expanding incentives for e-prescribing and clinical information systems and creating penalties for lack of EHRs in 2009 which will also enhance use of the WVTA network for health information exchange.

- In 2008 the West Virginia Legislature created the Broadband Deployment Council to coordinate broadband development activities, including those of the WVTA, and to explore funding mechanisms to support on-going broadband enhance activities, such as those being undertaken by WVTA’s deployment.

Management of the Network
Management services of running the hub services will be awarded via the RFP process. Continued funding for these services will be provided by end users based on future needs and contracts that will be provided to end users based on actual usage of these services.
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<td>1 John Marshall Drive Huntington WV 25755</td>
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<td>301-6 Great Teays Boulevard Scott Depot WV 25560 Putnam</td>
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<td>515 Main Street Madison WV 25130 Boone</td>
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<td>1418 MacCorkle Avenue, S.W. Charleston WV 25303</td>
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<td>5304 Straightfork (Garretts Bend Road)</td>
<td>Griffithsville</td>
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<td>202 Larry Joe Harless Drive, P. O. Box 1987 (Third Avenue)</td>
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<td>5322 McClellan Highway (700 State Road 10, North)</td>
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<td>1 Panther Way</td>
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<td>Route 1, Box 112A</td>
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<td>650 East McDonald Avenue (600 East McDonald Avenue)</td>
<td>Man WV 25635 Logan</td>
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<td>186 Hospital Drive Grantsville WV 26147 Calhoun</td>
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<td>809 Mineral Road, Suite One Glenville WV 26351 Gilmer</td>
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<td>HC 89, Box 118 Mt. Zion WV 26151 Calhoun</td>
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<td>300 Pine Street Glenville WV 26351 Gilmer</td>
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<td>Monroe County Health Center: Craig County Elementary/Middle/High School Wellness Center: Craig County Elementary/Middle/High School</td>
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<td>924 Liberty Street West Milford WD</td>
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<td>West Virginia United Health Systems (WVUHS) - only contact site</td>
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<td>WV</td>
<td>26505</td>
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<td>3045984132</td>
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<td>Lincoln Primary Care Center</td>
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<tr>
<td>Marshall University</td>
<td>1 John Marshall Drive</td>
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### List of Participating Entities - Appendix A

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<td>Marshall University School of Medicine, Robert C. Byrd Center for Rural Health</td>
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<td>Cabell Hall</td>
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<td>Robert C. Byrd Biotechnology Science Center</td>
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<td>Tug River Health Association, Inc. - Gary Center</td>
<td>Route 103, Supply Street, P. O. Box 507</td>
<td>McDowell</td>
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# BOARD OF DIRECTORS

As of April 1, 2013

## Appendix B

<table>
<thead>
<tr>
<th>First</th>
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<tr>
<td>Sharon</td>
<td>Hall</td>
<td>President</td>
<td>CAMC Health Education and Research Institute</td>
<td>3200 MacCorkle Avenue, SE Charleston, WV 25304</td>
<td>304/388-9901</td>
<td><a href="mailto:sharon.hall@camc.org">sharon.hall@camc.org</a></td>
</tr>
<tr>
<td>Arnie</td>
<td>Hassen, Ph.D.</td>
<td>Director of Medical Informatics</td>
<td>WV School of Osteopathic Medicine</td>
<td>400 North Lee Street Lewisburg, WV 24901</td>
<td>304/647-6215</td>
<td><a href="mailto:ahassen@osteo.wvsom.edu">ahassen@osteo.wvsom.edu</a></td>
</tr>
<tr>
<td>Margaret</td>
<td>E. Jaynes, MD</td>
<td>Professor, Director and Section Chief</td>
<td>Department of Pediatrics Robert C. Byrd Health Sciences Center West Virginia University</td>
<td>Post Office Box 9214 Morgantown, WV 26506</td>
<td>304/293-7331</td>
<td><a href="mailto:mjaynes@hse.wvu.edu">mjaynes@hse.wvu.edu</a></td>
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<tr>
<td>Jim</td>
<td>Kranz</td>
<td>VP Professional Activities</td>
<td>WV Hospital Association</td>
<td>100 Association Drive Charleston, WV 25311</td>
<td>304/353-9712</td>
<td><a href="mailto:jim.kranz@wvha.org">jim.kranz@wvha.org</a></td>
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<tr>
<td>Phil</td>
<td>Weikle</td>
<td>Chief Operations Officer</td>
<td>WV Health Information Network</td>
<td>100 Dee Drive Charleston, WV 25311</td>
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<td><a href="mailto:pweikle@cawv.org">pweikle@cawv.org</a></td>
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<tr>
<td>Larry</td>
<td>Malone</td>
<td>Owner</td>
<td>Malone Consulting Services</td>
<td>907 Highland Road Charleston, WV 25302</td>
<td>304/545-3052</td>
<td><a href="mailto:lmalone@malonecs.com">lmalone@malonecs.com</a></td>
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<tr>
<td>Gerald D.</td>
<td>“Jerry”</td>
<td>Consultant</td>
<td>Health Care</td>
<td>973 Ridgemont Rd Charleston, WV 25314</td>
<td>304-941-6290</td>
<td><a href="mailto:jrouech973@gmail.com">jrouech973@gmail.com</a></td>
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<tr>
<td>Louise</td>
<td>Reese</td>
<td>Chief Executive Officer</td>
<td>WV Primary Care Association</td>
<td>1219 Virginia St. East Charleston, WV 25301</td>
<td>304-346-0032 office 304-627-5458 cell</td>
<td><a href="mailto:Louise.reese@wvpca.org">Louise.reese@wvpca.org</a></td>
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<tr>
<td>Jack</td>
<td>Shaffer</td>
<td>COO</td>
<td>KRM Associates, Inc.</td>
<td>207 S Princess Street Shepherdstown, WV 25443</td>
<td>304-876-6600 x 503</td>
<td><a href="mailto:jackshafferjr@gmail.com">jackshafferjr@gmail.com</a></td>
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<tr>
<td>Patrick</td>
<td>Kelly</td>
<td>Chief Executive Officer</td>
<td>WV Health Care Association, Inc.</td>
<td>110 Association Drive Charleston, WV 25311</td>
<td>304-346-4575</td>
<td><a href="mailto:PKelly@wvhca.org">PKelly@wvhca.org</a></td>
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Current WVTA Board of Directors and Terms

Jerry Roueche 2009-2015
Dr. Arnie Hassen 2009-2015
Judge Dan O’Hanlen 2012-2015

Dr. Margaret Jaynes, WVU 2010-2013
Phil Weikle, WV Health Information Network 2010-2013
Larry Malone, Malone Consulting Services 2010-2013

Sharon Hall, CAMC Institute 2011-2014
Jack Shaffer, Northeast Natural Energy 2011-2014
Jim Kranz, WV Hospital Association 2011-2014
APPENDIX C – Project Plan Timeline

**RHCPP Implementation Timeline**

**Metro Fiber Build Project**

Create a metropolitan fiber connection environment (1 gig) to facilitate eligible health care services at and among these institutions:
- Marshall University (for its health education programs, courses)
- Marshall University Joan C. Edwards School of Medicine
- St. Mary’s Medical Center
- Cabell-Huntington Hospital

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

Completed: Spring 2011

**Telco Services Procurement RFP Project**

As part of the alliance’s telecommunication services procurement project, nearly 167 health care locations in the state were aggregated into a RFP (Wide Area Network and Internet Service Request for Proposals). A technical committee and an independent consulting group review all received bids and awards and contacts were submitted. Sites responded and returned signed participation agreements and contracts. A roll out plan was conceived and roll out was completed with 90 sites. Several locations currently are in the process of site substitutions which will upgrade bandwidth

Completed: Fall 2013

**Inter-carrier Metro/MPLS Hub Project**

The WVTA has moved forward to connect the WVTA’s 9 networks so all awarded sites will have the ability to connect to any location. An RFP was competitively bid and awarded in 2013. This project is 70% complete. Currently IP addressing is being collected so individual network sites can cross communicate. Completion is hoped for early 2014.

Completion is projected for: Spring 2014
Appendix D

As late as April 30th 2012, on-going conversations between Marshall University (MU), Marshall University Joan C. Edward School of Medicine (JCESOM), Cabell Huntington Hospital (CHH) and St. Mary’s Medical Center (SMMC) have been taking place to discuss the FCC Huntington Metro Fiber Ring Utilization and Management. We have decided to create a Technical Sub-Committee that will meet monthly. The core group will meet again soon to review a draft of a Memorandum of Understanding for the Management and Sustainability of the Fiber Ring. Details of the current state of the understanding among the group follow:

MU09-TELEHEALTH

Sustainability Plan for Huntington Metro Fiber RFP

Response to Sustainability Questions

1. What is your projects source for 15% funding?
   a. Marshall University Information Technology, Marshall University School of Medicine, Cabell Huntington Hospital and St. Mary’s Hospital have agreed to pay for the 15% of the build cost for the Huntington Metro Fiber Network.

2. Do you have any commitments from Network Members?
   a. I have submitted Letter’s of Agency from each of the members listed in question 1. It included their financial commitment.

3. What is the length of your sustainability Period?
   a. Once the fiber is built, the only ongoing costs are @$5,000 a year for pole rights. The network Equipment RFP will have its own sustainability and replacement plan. Marshall University Information Technology will not be charging the partner hospitals and medical school for the technical support of the network.

4. Can you create a budget for your sustainability plan at this time? If so, please include it.
a. Budget: $5,000 annually split and billed equally for each of the 4 participants. Additionally, Marshall University takes full financial liability for providing the cost of the pole rights if any issue should arise from the partners.

5. Will there be any use of the Network by Non-Eligible Entities?
   a. No

6. Who will be in charge of managing of the Network?

7. Are there any assumptions of Continued RHC Funding?
   a. No

8. Will you be using State and Federal funding to sustain your project?
   a. Yes

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

10. Does your project plan to have any upfront Charges and/or Monthly Lease Charges?
    a. No.

11. Please discuss your Selected Options. Excess Bandwidth and Excess Capacity.
    a. The fiber being built is dedicated to the usage of the FCC Rural Telehealth Pilot project.

**Excess Bandwidth /Capacity**

The participant Owns 100% of Dedicated Network; No-Excess Bandwidth or Excess Capacity for Use by Other Network Members or Non-Network Members

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

**Budget Breakdown for Future Costs**

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| Fiber Construction | Pole installation shall be in accordance with all Local, AEP, Verizon Communications and RUS requirements. Pre existing pole lines must be capable of supporting proposed cables. To determine the adequacy of an existing pole line inspect for loading capabilities. Verification should include the following:  
- Poles physical integrity (i.e. Poles bent or split)  
- Presence of guys or anchors | 20 Years | $273,100 |
| Make Ready   | Make Ready shall be in accordance with all Local, AEP, Verizon Communications and RUS requirements. Pre existing pole lines must be capable of supporting proposed cables. To determine the adequacy of an existing pole line inspect for loading capabilities. Verification should include the following:  
- Poles physical integrity (i.e. Poles bent or split)  
- Presence of guys or anchors | NA       | @274,000 |
• Existence of a ground system
• Clearance from other utilities
• Specifications of pole – height, class, age, composition
• Ownership and Joint use issues

It is the Contractor's responsibility to supply all application documentation to and coordinate with the utility pole owners (AEP, Verizon Communications and/or other). This is a pass through cost from the utility company.

Pole Rights Cost
Utility pole fees are charged on an annual basis and will be split equally among the providers. Federal dollars are not being requested for this annual cost.

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Network Equipment
This will be done as a separate RFP and a separated sustainability plan will be provided for that portion of the project.

Network Operation
Marshall University Telecommunications cost will provide the ongoing technical network support for the project will not be charging the partner hospitals and medical school for the technical support of the network.

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WV10-TELEHEALTH

Sustainability Plan for Huntington Metro Fiber Equipment RFP

Response to Sustainability Questions
12. What is your project's source for 15% funding?
   a. Marshall University Information Technology, Marshall University School of Medicine, Cabell Huntington Hospital and St. Mary’s Hospital have agreed to pay for the 15% of the build cost for the Huntington Metro Fiber Network.

13. Do you have any commitments from Network Members?
   a. I have submitted Letters of Agency from each of the members listed in question 1. It included their financial commitment.

14. What is the length of your sustainability Period?
   a. The current purchased network equipment will have a 7-8 year replacement plan. Marshall University and the Hospitals plan to make this equipment an integral part of their infrastructure and have pledged to sustain this equipment and the fiber network after the grant period.
15. Can you create a budget for your sustainability plan at this time? If so, please include it.
   a. Budget: The cost for replacing the network equipment at the 7-8 year timeline will be approximately $200,000.
16. Will there be any use of the Network by Non-Eligible Entities?
   a. No
17. Who will be in charge of managing of the Network?
18. Are there any assumptions of Continued RHC Funding?
   a. No
19. Will you be using State and Federal funding to sustain your project?
   a. Yes
20. Does your project include any Prepaid Lease Options?
   a. No
21. Does your project plan to have any up Front Charges and/or Monthly Lease Charges?
   a. No.
22. Please discuss your Selected Options. Excess Bandwidth and Excess Capacity.
   a. The fiber being built is dedicated to the usage of the FCC Rural Telehealth Pilot project.

**Excess Bandwidth /Capacity**

The participant Owns 100% of Dedicated Network; No-Excess Bandwidth or Excess Capacity for Use by Other Network Members or Non-Network Members

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

**Budget Breakdown for Future Costs**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Life Span</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Equipment</td>
<td>Marshall University and the Hospitals plan to make this equipment an integral part of their infrastructure and have pledged to sustain this equipment and the fiber network after the grant period. What more can we say.</td>
<td>7-8 Years</td>
<td>$259,444.98</td>
</tr>
<tr>
<td>Network Equipment</td>
<td>Marshall University Telecommunications cost will provide the ongoing technical network support for the project will not be charging the partner hospitals and</td>
<td>Annual</td>
<td>NA</td>
</tr>
<tr>
<td>Replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
medical school for the technical support of the network.
Appendix E Marshall

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

a) Health care provider site; Attached Table
b) Eligible provider (Yes/No): Attached Table
c) Type of network connection (e.g., fiber, copper, wireless); Attached Table
d) How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); Attached Table
e) Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); Attached Table
f) Gateway to NLR, Internet2, or the Public Internet (Yes/No); The WV TeleHealth Alliance did not issue the Internet2 RFP. Marshall University School of Medicine already had an Internet2 Gateway that is provided by Marshall University via OarNet. This connection is not part of the FCC grant. The fiber connection to the Co-Location facility will improve Internet2 access for the Marshall University School of Medicine. Federal Communications Commission FCC 07-198 74: Attached Table
g) Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number. (attached)
h) Provide a logical diagram or map of the network.
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Physical Description</th>
<th>FCC Worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project Name</td>
<td>Network Switches</td>
<td>17267 West Virginia Telehealth Alliance</td>
<td>2: Network Equipment, including Engineering and Installation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verizon Network Integration Corp</td>
<td>27: Network Switches</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Health care provider and site</td>
<td>b. Eligible provider</td>
<td>c. Type of Network Connection</td>
<td>d. How connection is provided</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Marshall University One John Marshall Dr. Huntington, WV 25755</td>
<td>Marshall University</td>
<td>17267-03-0001</td>
<td>Yes</td>
</tr>
<tr>
<td>Marshall University One John Marshall Dr. Huntington, WV 25755</td>
<td>Drinko Library</td>
<td>17267-03-0005</td>
<td>Yes</td>
</tr>
<tr>
<td>Marshall University One John Marshall Dr. Huntington, WV 25755</td>
<td>Cabell Hall</td>
<td>17267-03-0006</td>
<td>Yes</td>
</tr>
<tr>
<td>Cabell Huntington Hospital 1340 Hall Greer Boulevard Huntington, WV 25701</td>
<td>Cabell Huntington Hospital</td>
<td>17267-03-0002</td>
<td>Yes</td>
</tr>
<tr>
<td>St Mary's Medical Center 2900 First Avenue Huntington, WV 25702</td>
<td>St. Mary's Hospital</td>
<td>17267-03-0003</td>
<td>Yes</td>
</tr>
<tr>
<td>St Mary's Medical Center 2900 First Avenue Huntington, WV 25702</td>
<td>St. Mary’s Medical Education Center</td>
<td>17267-03-0003</td>
<td>Yes</td>
</tr>
<tr>
<td>Marshall University School of Medicine Robert C. Byrd Center for Rural Health 1600 Medical Center Dr Huntington, WV 25701</td>
<td>Robert C. Byrd Center for Rural Health</td>
<td>17267-03-0004</td>
<td>Yes</td>
</tr>
<tr>
<td>Robert C. Byrd Biotechnology Science Center 1700 3rd Ave. Huntington, WV 25703</td>
<td>Robert C. Byrd Biotechnology Science Center</td>
<td>17267-03-0007</td>
<td>Yes</td>
</tr>
</tbody>
</table>
TO: Participants, FCC’s Rural Health Care Pilot Project/W.Va.Telehealth Alliance

**RHCPP Telehealth Questionnaire**

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1) Telehealth Services (Medical):

   Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefitting.

   Examples of telehealth services: *Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.*

   We have recently implemented *e Prescribing*, made possible in large part by our RHCPP broadband connections/enhancements.

2) Telehealth Services (HIT):

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   All three of our clinics jointly utilize a web-based Electronic Health Record. Additionally, we regularly exchange information with our local hospitals and Eligibility Determination Departments of various public assistance organizations.

3) Telehealth Services (Non-Medical):

   Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: *e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.*

   We recently installed computer-based employee time clocks at 2 of our clinics. They communicate and then jointly input data directly into our accounting software – Quickbooks.
4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

We are currently working on refining our electronic communication capabilities between pharmacy operations within our network of 3 Free Clinics. This will be utilized mainly to enhance inventory control efficiency.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No – Not Yet

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

NAME ____ Jeff Graham – Administrator/CEO ________________________________

HEALTH CARE ENTITY _ Beckley Health Right, Inc. ________________________________

EMAIL _ jeff@beckleyhealthright.com ___________ PHONE _ 304-253-3577 ______________

Please complete, scan and return this questionnaire electronically by September 20th, 2013 to:

Chris Budig
Executive Director
W.Va. Telehealth Alliance
cbudig@wvtelehealth.org
TO: Participants, FCC’s Rural Health Care Pilot Project/W.Va. Telehealth Alliance

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1) **Telehealth Services (Medical):**

   Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefiting.

   Examples of telehealth services: *Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.*

   BCMSA is currently using eprescribing for a majority of our patients and well as receiving all lab reports through the EMR interface.

2) **Telehealth Services (HIT):**

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   BCMSA currently has an electronic health record and is in process of enrolling in the WV health information exchange.

3) **Telehealth Services (Non-Medical):**

   Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: *e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.*

   BCMSA is providing patient education materials to patients found using the broadband connections.

4) **Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?**

   N/A
5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?
   
   Yes / No

   Not at this time.

   6) Do you need more information concerning the inter-carrier hub and its benefits?

   Yes / No

   YES.

NAME ___ERIC A. RUF_______________________

HEALTH CARE ENTITY BELINGTON COMMUNITY MEDICAL SERVICES ASSOC.

EMAIL ERUF@BCMSA.ORG __________ PHONE 304-823-1333

Please complete, scan and return this questionnaire electronically by September 20th, 2013 to:

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W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
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1) Telehealth Services (Medical):

Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefitting.

Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

No Services Requested

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

None Requested
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

None Requested

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Not at this time

5) Are you utilizing or considering using the WVTA's new inter-carrier hub service?

Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

NAME __ Jason Hill_____________________________________________________

HEALTH CARE ENTITY _ Cabell Huntington Hospital__________________________________

EMAIL __ jason.hill@chhi.org PHONE __ 304-526-2282____________________

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W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
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   Community Care of West Virginia, Inc. (CCWV) has adopted “cloud-based” technologies, outsourcing its most critical applications, utilizing the RHCPP broadband connections/enhancements for the delivery of telehealth. CCWV currently uses the RHCPP broadband connections for e Prescribing at two clinical locations.

   CCWV currently utilizes the connections at two medical clinics located in Rock Cave, within Upshur County, and Clay, within Clay Count, providing services to patients from the Braxton, Clay, Lewis, Upshur, and Webster Counties. In addition, CCWV looks forward to soon extending the use of the connections into Pocahontas County, while waiting now on Frontier to provide an implementation schedule for CCWV’s two clinical locations in Marlinton and Green Bank.

2) **Telehealth Services (HIT):**

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   CCWV migrated to a new electronic health record and practice management system, offered through AthenaHealth, and CCWV actively uses the RHCPP broadband connections at its two largest sites for these applications.

3) **Telehealth Services (Non-Medical):**
Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

Not Applicable

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Subsequent to the completion of Frontier upgrades, CCWV anticipates the use of the RHCPP broadband services to expand the delivery of EHR and practice management systems on the connections at two additional locations, West Milford (Harrison County) and Helvetia (Randolph County) as well as the implementation of video at some of its sites. While the expectation of video usage at its sites is uncertain, such usage could include eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

   Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

   Yes / No

NAME Rob Rogers, CFO

HEALTH CARE ENTITY Community Care of West Virginia, Inc.

EMAIL robert.rogers@ccwv.org PHONE (office) 304-924-6262 x7123 (cell) 304-406-4990

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Executive Director
W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
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1) Telehealth Services (Medical):

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Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

Answer:

Lincoln Primary Care Center and Southern WV Health System utilize the bandwidth to enhance the in-house pharmacy system, QS1, between our centers in Hamlin, Man and South Charleston. We are able to offer these communities discounted prescription drugs since we are a 340B pharmacy. Our electronic health record, Athena Health Clinical, also utilizes the bandwidth in many ways. One of these ways is to send prescriptions electronically to pharmacies. This not only provides savings in time for our patients but also insures a more secure process. This benefits all of our centers including Chapmanville, Duval Elementary clinic in Griffithsville, Man and Hamlin.

Digital x-ray services are also something that has benefited from our bandwidth improvements. Our school-based clinic utilizes digital x-ray services as well as electronic dental record keeping. Lincolns’ in-house digital x-ray service is used in all of our centers so we can utilize our radiologist most efficiently. OB at Hamlin and Man also benefit from Lincolns video telemedicine capabilities and working with CAMC’s perinatal program.

2) Telehealth Services (HIT):


Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

Answer:

Lincoln is proud to serve our communities and provide better care through using electronic health records via an internet based product. This electronic patient record assists our providers with up to date information collected from many sources allowing us to become there patient centered medical home.

Our providers also utilize internet service from accessing the West Virginia’s statewide Immunization Information system (WVSIIS), St. Mary’s Medical Center, Cabell-Huntington Hospital, Logan General Hospital as well as referencing materials from groups like the National Association of Boards of Pharmacy and other similar resources.

3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

Answer:

In a continuing effort to provide affordable quality health care for the members of our communities we serve, we use the latest technologies to assist us to better our citizens, ourselves and our company. We do this by using online education, training and provider continuing education. We provide educational resources unique to their medical needs. Our providers offer diet assistance using on-line nutritional information. The Duval Yellow Jacket Center for Health, our school-based health clinic, provides child obesity education and training via computer resources with success.

Lincoln has effectively used the new bandwidth to improve our VoIP phone system and improved the quality our video conferencing abilities between our centers and to other health care providers. LPCC is proud with our collaboration with the Marshall School of Medicine in allowing there residence to work with us and having excellent computer interfaces for those residence to stay in touch with their campus.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Answer:
Lincoln Primary Care and Southern WV Health System would like to begin using our video conferencing abilities to provide mental health service from our Hamlin location where our mental health provider is based.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

   Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

   Yes / No

NAME ______________________William Harman______________________________________

HEALTH CARE ENTITY ______Lincoln Primary Care______________________________

EMAIL wharman@swvhs.org          PHONE 304-824-5806 ext 1516

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W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
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NA

2) **Telehealth Services (HIT):**

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

NA

3) **Telehealth Services (Non-Medical):**

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: *e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.*
The Marshall University Joan C. Edwards School of Medicine (JCESOM) Campus adjacent to Cabell Huntington Hospital and the JCESOM Fairfield Campus, and including the Erma Ora Byrd Clinical Center are connected by a university owned metro fiber optic ring operating at 10Gb/s. The WVTA owned metro fiber optic ring completes the redundant link to St. Mary’s Medical Center and the St. Mary’s Medical Education Center, also the location of the new Marshall University Physical Therapy Doctoral Program, at 10Gb/s and integrates to MUnet on the Huntington Campus. The health care students at both hospitals and the St, Mary’s Education Center use the ring daily for access to a robust set of eLearning tools and resources. This includes two-way video, video capture, online library resources, distance education collaborations, etc.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Yes, once all the paper work is finalized, we will work with the Marshall University School of Medicine to demonstrate some of the Big Data analysis and medical centric Data Visualization capabilities that are available to our connected partners. Additionally, we will help promote new rural telehealth projects.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

NAME ______ Dr. Jan I Fox __________________________

HEALTH CARE ENTITY _____ Marshall University __________________________

EMAIL ______ fox@marshall.edu ______________________ PHONE __ 304-696-6706 ________

Please complete, scan and return this questionnaire electronically by September 20th, 2013 to:

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W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
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NOTHING TO REPORT

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

PCC tried to utilize the Frontier DSL line for internet connectivity to a cloud based electronic health record. Consistent delivery of advertised speed was an issue, therefore, a competitors DSL service was added. WVTHA supplied DSL is know utilized for fail over.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

Nothing to Report

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

NO

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

No – I have no knowledge of this service.

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes

NAME ____Michael Judy, CEO___________________________________________________

HEALTH CARE ENTITY ___Pendleton Community Care________________________________

EMAIL _________mjudy@pcc-nfc.org_________________ PHONE ___304-358-2355 x 1116___

Please complete, scan and return this questionnaire electronically by September 20th, 2013 to:

Chris Budig
Executive Director
W.Va. Telehealth Alliance

cabudig@wvtelehealth.org
TO: Participants, FCC’s Rural Health Care Pilot Project/W.Va.Telehealth Alliance

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Examples of telehealth services: *Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.*

We are not currently providing any telehealth services for medical care.

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

We are not currently providing any health information technology services.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

We are not currently providing any non-medical telemedicine or telehealth services.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

We are considering a relationship with CAMC to provide behavioral health telehealth services. We will also consider any additional services that become available through the WVTA.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

No

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

Yes

NAME ___Tony Keaton_____________________________________________________

HEALTH CARE ENTITY _Roane General Hospital _______________________________________

EMAIL __mtkeaton@rghwv.org___________ PHONE ___304-927-6833_____________________

Please complete, scan and return this questionnaire electronically by September 20th, 2013 to:

Chris Budig
Executive Director
W.Va. Telehealth Alliance
cabudig@wvtelehealth.org
TO: Participants, FCC's Rural Health Care Pilot Project/W.Va.Telehealth Alliance

**RHCPP Telehealth Questionnaire**

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1) **Telehealth Services (Medical):**

   Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefitting.

   Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e-Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

   *None*

2) **Telehealth Services (HIT):**

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   Our providers use the school internet to connect remotely to our EHR software remotely via remote desktop to an offsite server. It also enables us to e-prescribe directly to the pharmacy.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: e-Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

Enables medical staff to search and utilize multiple patient resources.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

not at this time

5) Are you utilizing or considering using the WVTA's new inter-carrier hub service?

Yes ☐ No ☐

6) Do you need more information concerning the inter-carrier hub and its benefits?

☐ Yes ☐ No

NAME ____________________________

HEALTH CARE ENTITY ____________________________

EMAIL ____________________________ PHONE ____________________________

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1) Telehealth Services (Medical):

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Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

Telehealth Fiber Ring connecting SMHC, MU, CHH and MU SOM.

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Yes - currently evaluation of uses in progress.

5) Are you utilizing or considering using the WVTA's new inter-carrier hub service?

☐ Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes ☐ No ☐

NAME

Christy Franklin

HEALTH CARE ENTITY

St. Mary's Medical Center

EMAIL
Franklin@st-marys.org

PHONE 304-526-1184

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1) Telehealth Services (Medical):

   Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefitting.

   We currently use this connection to send radiology studies to be read by offsite Radiologist.

2) Telehealth Services (HIT):

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   We are not sending any electronic health records or health information exchange at this time.

3) Telehealth Services (Non-Medical):
Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

We use this connection as a back-up internet connection, Staff or patient are not doing education at this time

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

We have looked at different service but have not perused any at this time.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

NO

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

YES

NAME ___Rusty Simpson____________________________________________

HEALTH CARE ENTITY ____Stonewall Jackson Memorial Hospital________________________

EMAIL ___rsimpson@stonewallhospital.com___ PHONE  304-269-8523_________

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1) Telehealth Services (Medical):

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Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

There are currently no telehealth services being provided through the RHCPP connections because they are non functioning for this purpose. We are looking at site substation of services in order to get service needed for the possibility of telehealth in future.

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

Two of the sites that have a portion of the service provided being broadband internet may be benefiting the E.H.R. SAAS.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

None.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Under the current configuration no, but the possibility of service may manifest if the current services configuration is change under the site substitution process.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

No.

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

Yes

NAME  Parr Thacker  

HEALTH CARE ENTITY  Tug River Health Assoc  

EMAIL  parr.thacker@gmail.com  PHONE 304 397 0132  

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1) Telehealth Services (Medical):

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    Examples of telehealth services: Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.

    This has allowed us to connect 5 remote locations and our sister hospital back to the main facility with a higher bandwidth connection than would have been possible otherwise. This has allowed us to increase radiological imaging services at a couple of our remote locations.

2) Telehealth Services (HIT):

    Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

    This bandwidth is being used to allow clinical staff to the hospital’s electronic medical record system. We are also passing data to the West Virginia Health Information Network.

3) Telehealth Services (Non-Medical):

    Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

    We do not currently have any active telemedicine projects a number of opportunities are under consideration.
4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

We are currently working with other area hospitals to interconnect our Radiology PACS to theirs so studies can be passed between us and them.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

   Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

   Yes / No

NAME _____________________________ Eric Warren

HEALTH CARE ENTITY _____________________________ Wheeling Hospital Inc.

EMAIL _____________________________ ewarren@wheelinghospital.org PHONE _____________________________ 304-243-5013

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cabudig@wvtelehealth.org
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1) **Telehealth Services (Medical):**

   Please describe any telemedicine or telehealth services for medical care that are being provided as a result of your RHCPP broadband connections/enhancements. Also describe what rural areas are benefitting.

   Examples of telehealth services: *Any health-related services that use telecommunication lines such as: tele-radiology, tele-pharmacy, tele-pathology, e Prescribing, behavioral health, depression screenings, tele-stroke, face-to-face connection with specialists, patient engagement, etc.*

   Link to our EMR, soon labs being loaded directly into our EMR from CAMC lab, e-prescribing, depression (SBIRT) screening.

2) **Telehealth Services (HIT):**

   Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

   Practice Fusion is our EMR, and linkages into CAPGATE a program offered by Partners in Health Network (it tracks hospital utilization, health status, etc)

3) **Telehealth Services (Non-Medical):**

   Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: *e Education, eLearning, distance collaborations, patient education (i.e., diabetes), etc.*

   Connect to the WVRx program, for charitable pharmacy.

4) **Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?**

   The big one upcoming next week is the lab linkage to the CAMC lab, will input labs direct to our EMR.
5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

   Yes

6) Do you need more information concerning the inter-carrier hub and its benefits?

   Yes

NAME __Patricia H WHite_____________________________________________________

HEALTH CARE ENTITY ________WV Health Right, Inc.________________

EMAIL ___pwhite@wvhealthright.org________ PHONE ____304-414-5911_____________________

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We’re currently use Tele-Stoke and looking into other forms of video conference for specialized services for WVU Healthcare.

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

WVU Healthcare is current joined into the WVHIN for information exchange. We continue to grow our
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

Currently using the connection to our other entities throughout the State for distance collaborations, and Disaster Recovery for WVU Healthcare.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

Connectivity to Wheeling Hospital for our Neuro/Pain Suite for services.
Connectivity to Gilbert Co.

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

Not at this time but would like to do more with WVTA.

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

NAME  Benjamin J Phillips

HEALTH CARE ENTITY  WVU Healthcare

EMAIL  PhillipsB@WVUHealthcare.com PHONE  304.598.4608

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A) E Prescribing (Communities include Wayne, Huntington, Harts, Milton)
B) Electronic Health Records (Communities include Wayne, Huntington, Harts, Milton)
C) Behavioral Health (Communities include Stepptown and Harts)

2) Telehealth Services (HIT):

Please describe any health info technology (electronic health records, health information exchange) services that are being provided as a result of your RHCPP broadband connections/enhancements.

A) Currently five of our sites are fully electronic health record integrated and all now the infrastructure to incorporate the EHR. We are implementing one site at a time because of our limited EHR training staff.
3) Telehealth Services (Non-Medical):

Please describe any non-medical telemedicine or telehealth services that are being provided as a result of your RHCPP broadband connections/enhancements. Examples: eEducation, eLearning, distance collaborations, patient education (i.e., diabetes), etc.

A) None at this time but diabetic patient education is a possibility as we now have certified diabetic educator.

4) Are there any new telehealth activities being considered because of the RHCPP broadband services now available to your organization?

No

5) Are you utilizing or considering using the WVTA’s new inter-carrier hub service?

Yes / No

6) Do you need more information concerning the inter-carrier hub and its benefits?

Yes / No

NAME   Josh Hammonds

HEALTH CARE ENTITY   Valley Health Systems

EMAIL   JHammond@valleyhealth.org   PHONE   304-781-6200

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