

Alaska eHealth Network



Request for Proposal

AeHN Network Connectivity – Phase 2

FCC Rural Health Care Pilot Program Administered under Universal Service Administrative Company Guidelines

RFP 02

Requested by: Alaska eHealth Network

February 17, 2011

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1. Introduction

This request for proposal is offered and will be managed by The Alaska eHealth Network (AeHN). AeHN is a 501(c)(3) Alaska non-profit corporation, organized and managed by Alaskans. As a network of public and private organizations and businesses involved in healthcare, AeHN seeks to implement the necessary network solutions to support telehealth related services. The purpose of this RFP is:

- To obtain detailed written proposals from Bidders regarding their experience and capabilities in successfully delivering network services as described herein.
- To obtain pricing structures, work plans, implementation schedules, and proposed methodologies and approaches to be utilized.
- To solicit proposals in a standard format that will enable AeHN to compare and evaluate Bidders and award a contract based on the selection criteria specified herein.

In May, 2007 the Alaska Native Tribal Health Consortium (ANTHC) applied for and was subsequently awarded access to funds from the FCC's Rural Health Care Pilot Program (RHCPP).

In July, 2010, ANTHC turned over management of the FCC Rural Health Care Pilot project to the Alaska eHealth Network (AeHN). AeHN's ultimate objective is to:

“Unify disparate healthcare networks throughout Alaska and supply rural health providers with connectivity to urban health centers for the purposes of telehealth and support the exchange of health information.”

Therefore, AeHN is seeking bids for network solutions, within which a single Bidder (or consortium of Bidders) provides installation, maintenance and monitoring services needed to support enhanced connectivity for our participating sites and networks.

The goal of the network is to:

- Connect existing participating networks
- Update/upgrade existing participant sites and connect them, and to
- Bring onboard new participating sites and connect them.

Funds awarded under this RFP will be administered under the rules and guidelines of the FCC Universal Service Administrative Company (USAC) Rural Healthcare Pilot Program.

AeHN intends to use RHCPP funds to enable connectivity for eligible health care entities in as many communities as possible. Additionally, AeHN anticipates that numerous health care

entities, such as health care related private enterprises, physicians, and clinics, will also choose to connect to the network.

AeHN is dedicated to supporting peer-to-peer healthcare-related communications. AeHN intends for the network to establish connections to or directly peer with several regional, statewide and national networks, thereby participating in a “network of networks” that supports enhanced telehealth services, including telemedicine consultation, distance education, remote patient monitoring and other healthcare industry related electronic transactions.

The AeHN network must provide connectivity over long physical distances within Alaska plus connectivity to the “lower 48” and support at least three different modes of use:

- Internet remote access client connections
- LAN-to-LAN internetworking
- Controlled access within an intranet

1.1 Background and Environment

Alaskan communities face unique challenges in obtaining access to quality health services. Alaska is the largest state in the nation, containing 586,412 square miles, and yet has a mere 12,200 miles of public roads. The lack of connecting road systems results in 75% of Alaskan communities and 25% of Alaska residents being unconnected by road to a hospital or physician. These communities must depend on other modes of transport, such as plane, boat, and snow machine to access basic medical services. Not only are many patients and providers required to travel in order for patients to receive needed medical services, but that travel is much more expensive, treacherous, and complicated than in most states.



“Neighboring” villages are as much as 400 miles apart. The typical referral from rural Alaska is over 100 miles away and costs hundreds of dollars to fly the patient to the specialist. The distance from regional facilities to the four major hospitals in Anchorage average 700 miles and cost \$800 to fly. Flying is usually the only practical means of transportation since most rural facilities are not connected to the road system. Alaska’s geography has caused Alaskans to address telehealth, distance education, and HIE in a dramatically different regard than most states. These HIT approaches are viewed as less an enhancement to care delivery, but rather as a means by which to provide basic levels of care.

While the need for a secure, coordinated healthcare network in Alaska is similar to the need in many states, Alaska’s environment is very different. Alaska, while a large geographical state, has a small population with a historical collaboration among healthcare partners and competitors working on progressive telehealth, health information technology (HIT), and HIE projects. In addition, Alaska has a wide variety of healthcare payers including Medicare, Medicaid, as well as other public payers that include the Department of Defense (Tricare), the Indian Health Service, the Veteran’s Administration, a multitude of private payers, and self-payers.

There are 226 federally recognized tribes, 162 local governments, numerous federal and state supported health associations, community health centers and many privately run clinics.

The Alaska healthcare system includes four major healthcare payer systems, each separate and distinct yet dependent upon each other due to patient overlap, isolation from the rest of the United States, and Alaska’s geography. These four systems are private, Federal, Tribal, and

Medicaid. Approximately 17.7% are uninsured. These four systems are often covered by different privacy and security laws, business policies, regulations, and traditions. Many coordinated health systems around the nation strictly address the private insurance and Medicare/Medicaid markets while ignoring the federal/tribal aspects, which are important in Alaska and other areas of the country.

The following is current AeHN market information:

DEMOGRAPHIC	STATISTICS
Number of hospitals	27 total (13 critical access)
Number of physicians	1,600
Number of healthcare providers	8,000
% of all Alaskan jobs in healthcare	10%
Number of pharmacies	100
Alaska Population	698,473 (2009)
Federally Qualified Health Centers/ Community Health Centers	26 locations, 174 sites

1.2 Objective

AeHN’s objective is to connect individual participants and to unify separate electronic healthcare networks that are being developed throughout Alaska; supplying rural health providers with connectivity to referral providers both in Alaska and in the Lower 48. A key feature will be the ability to work over both private networks as well as public networks like the Internet. The unifying structure should be a network that uses a public telecommunication infrastructure such as the Internet and Internet2 to provide remote healthcare facilities or individual healthcare providers with secure network access.

We desire to avoid an expensive system of owned or leased lines that may be redundant to network infrastructure already in place.

The network will encapsulate data transfers between networked devices which are not on the same private network so as to keep the transferred data private from other devices on one or more intervening local or wide area networks.

This coordinated network will facilitate the exchange of critical health information between health providers. It will also support telemedicine services, the transfer of high-resolution images for patient care, as well as videoconferencing and Voice-over-Internet applications within Alaska and to the lower 48 states.

The project involves the linking of existing healthcare networks, creating new connections to rural locations where no connectivity currently exists, and/or upgrading the transport, bandwidth and customer premise equipment of existing sites with network access.

It is intended for the network to have access to the I2 network, enabling high-speed data transfer capabilities while maintaining quick access for users. The support of I2 will directly facilitate telehealth applications by providing an effective medium for electronic data delivery to tertiary care facilities outside of Alaska, connection to the National Health Information Network, and ensure that telehealth capabilities will be efficient and reliable.

1.3 Contact Information

All questions or requests for clarification related to the requirements specified in this RFP must be directed to:

Mark Schwartz
AeHN FCC RHCPP Phase 2 Selection Project Manager
Peer Consulting, LLC
425-985-6910
Email: markschwartz@peerconsulting.net

Additional information about AeHN is on the AeHN website at <http://www.ak-ehealth.com/>. Information about the AeHN Business Plan is located in the Documents tab.

For more information on the Rural Health Care Pilot Program:

Phone: 1-800-229-5476 - Web address: <http://www.usac.org/rhc-pilot-program/>.

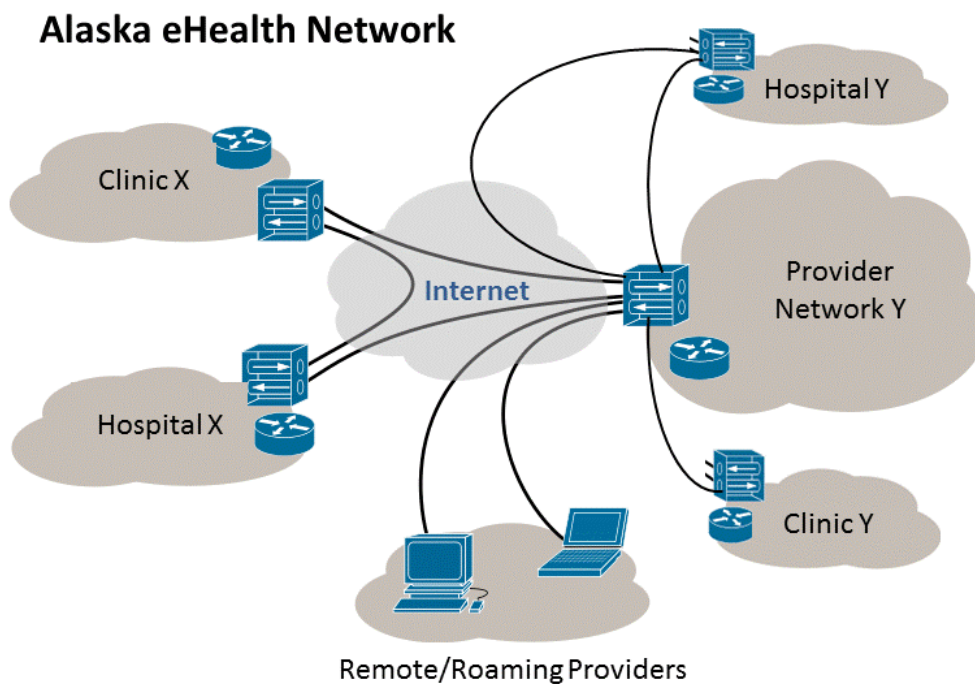
Information and documents related to this RFP may be accessed at <http://www.usac.org/rhc-pilot-program/tools/search-postings-2009.aspx> and clicking on the "Search Posted Services" link and then clicking on the box for AK.

2. Description

This section provides a description of the AeHN project and explains what the AeHN network is intended to be.

2.1 The Network

The AeHN network is intended to unify currently separated healthcare networks, rural clinics and urban health centers within the state of Alaska. In addition to broadband access, the network may also provide aggregated application services, voice, video, telehealth and internet connectivity to all medical entities (participants) invited to subscribe to the network.



Given the geographic range of Alaska’s healthcare providers and the range of services planned, the network must be accessible in a manner that can accommodate numerous interconnections to other medical networks, application service providers, internet service providers,

government entities, and other existing and future autonomous systems. Scalability is an overriding theme, potentially connecting more than 250 sites.

AeHN desires a scalable network that follows industry best practices where possible, with a WAN-interfacing module capable of accommodating unlimited network interconnects without any fundamental redesign.

2.2 Planned Applications and Other Services

Note: This section is provided to you as information only to assist you in understanding our long term goals and objectives.

While the FCC Rural Health Care Pilot Program does not provide funding for health technology applications, the implementation of the network will facilitate the use of a Health Information Exchange, telehealth applications (both videoconferencing and store and forward), and Voice over IP (VoIP).

Since many of these applications are being developed or implemented on disparate networks throughout the state, the unification of networks will allow for these existing applications to be shared with all connected AeHN members.

The development of a statewide healthcare network will allow for any organization to have one connection point for all available services. Connecting to a managed system reduces the barrier to entry and provides higher quality, greater throughput, greater reliability, and lower support costs for the participating organizations. This coordinated approach allows the organizations to focus on the business of healthcare and worry less about the technology.

Telehealth applications play a vital role in the communication between providers, patients, and other healthcare delivery organizations. While telehealth applications are currently in practice at many of the locations, this project will increase both the number of users and the number of functionalities.

Telehealth will be used for a variety of specialty services, including pharmacy, orthopedics, pathology, and ear, nose, and throat practices. Communication via telehealth may be in the form of store-and-forward methods or real-time transmission of digital images. Another application of telehealth in this project will support Telepsychiatry, in which the use of video conferencing will enable patients to visit doctors at another location. Video communication will also be used in doctor/clinic-to-hospital conferencing, delivering care to special needs children in school, monitoring of ICU patients, and administering complex, real-time catheterization

studies. Telehealth will support various home health applications as well, allowing private nurses and aides to communicate with the doctors regarding their patient's health.

The HIE that AeHN is implementing uses standards based data sets, messaging services and interfaces that allow bi-directional flow of information between AeHN members. This allows for the transmission of relevant patient information, such as EHRs, digital radiology images, or consultative reports, between providers in real time. This functionality is particularly important in Alaska where the harsh topography alone causes physicians to rely heavily on telecommunications. The network will use anonymous resolution to preserve the privacy and security of the data through de-identified transfer of information. The network will also implement a record locator service to allow each provider to select the information that can be shared, maintaining patient privacy as needed.

Another feature of AeHN will be the Personal Health Record (PHR). The PHR enables patients to manage their own healthcare and closely monitor their personal health information. Patients will be able to communicate with clinicians through a portal, as well as send emails. Patients will also be able to save their PHR to disk and transport their relevant patient information to any doctor. In addition to accessing their health information, patients will also be able to utilize network resources such as condition specific support networks, disease specific knowledge bases, and other e-clinical services such as online scheduling, clinician messaging, and access to educational materials.

These new advances will allow Alaskans to improve their own healthcare by making them an active participant in the collection and maintenance of relevant information. The PHR will provide a mechanism for patients to set access permissions and review audit reports of their health information.

The AeHN network will greatly improve the capabilities of patients, providers, and payers to access important healthcare information. School nurses will be able to access student records, such as dental histories and immunizations, to help parents better manage their children's needs. The University of Alaska will be better able to offer degree and certificate programs to more students at distant locations. Clinics and universities will have open communication, including multicast seminars in medicine and healthcare research access that could strengthen the knowledge base of Alaskan providers. AeHN will provide accessible data for important public health monitoring, such as disease registries, immunizations, bio-terrorism tracking, and disaster preparedness. In addition, the network will offer a connection to Emergency Medical Services throughout the state, as well as maintain a global catalog of emergency services and providers. Alaskan providers will be directly connected to payers, including Medicaid, for eligibility, submission, and reporting services.

Last, the process of network implementation will be documented for reporting to the Rural Health Funding Program. These reports will provide valuable insight to the uses of FCC funding for future and ongoing investments. AeHN will work with the FCC to collect data and identify ways that Rural Health Care Funding can assist in providing an uninterrupted, efficient high-speed network that is applicable to small rural communities nationwide. Connecting healthcare providers through a network spanning across Alaska will provide a valuable model for dissemination throughout the nation, especially to rural areas. AeHN will demonstrate that the appropriate distribution of bandwidth in rural areas can be more effective than increasing bandwidth to urban settings. Additionally, the collaboration of public and private organizations involved in this project can help the FCC to resolve issues regarding fees for network usage.

3. Participants

Use of the AeHN network is comprised of two types of participants; individual and network. The winning bidder shall be required to propose solutions for connecting both.

AeHN recognizes that the mode of network connection required to connect each single or network of participants may vary. The winning bidder will be required to complete a small design study with each participating organization and network to determine the best connectivity options fundable under RHCPP guidelines. Connectivity requirements are needed to determine the bandwidth, transport and customer premise equipment for each participant in order to complete your overall bid and to obtain funding from the FCC USAC.

In the response section (Attachment 2), Bidders are required to present an itemized listing, by participant, of the connectivity solution proposed and describe how each participant will be incorporated into a unified AeHN network architecture.

3.1 Individual Participants

Many AeHN participants are not affiliated with any existing Regional Networks, nor do they have WAN access through participation in a regional, statewide or national educational or research network infrastructure. Some members of this group may subscribe to public Internet access services through an ISP. Each member of this group may require a dedicated connection to the network.

Some of these sites may require updates/upgrades to their existing services while others are not connected at all and may require new services.

Attachment 2 of this RFP contains a spreadsheet listing the Participating Facilities that are seeking new or updated/upgraded services and/or need to be connected to the network. Attachment 2 is where you will propose your services, per each participant or participating network.

3.2 Network Participants

Certain AeHN participants are members of a regional network comprised of individual clinics and hospitals that cooperatively participate in healthcare-related activities. Examples of these Networks include Alaska Native Tribal Health Consortium, Tanana Chiefs Conference, Alaska

Regional Telehealth Network and Eastern Aleutian Tribes. For these networks, the goal is to connect to their network(s), thereby connecting all the sites that are members of that network.

Each of these networks currently interconnects multiple clients within its own network. In most cases these Networks provide gateway services to external healthcare provider networks and/or the public Internet.

Attachment 2 of this RFP contains a spreadsheet listing the Participating Networks that are seeking updated/upgraded services and/or need to be connected to the network.

4. Educational, and Research and National

Some AeHN Participants currently or would like to connect to regional or statewide educational and research networks. Our plans call for all participants to have access to the National Health Information Network. Individual connections to these networks will not be required. A connection to Internet2 is another example so that AeHN members can connect to University and other Research Networks in the lower 48 states.

5. Question – Clarification Process

AeHN is committed to a fair, open, and transparent bidding process and will hold one clarification conference call related to the information presented in this RFP. Vendors are encouraged to submit questions prior to the conference call. These questions will be answered in writing and provided to all vendors prior to the call.

Additional or clarifying questions should be presented at this session which is open to all bidding the project.

The actual date for the Conference Call will be determined by the date that USAC posts this RFP; an estimated timeframe is presented below.

The exact date for the conference calls will be provided to you by email, provided you have expressed an interest to bid and have provided us with the necessary contact information.

Bidders seeking clarification have responsibility for submitting questions and attending the conference call. Questions and their answers will be posted to the AeHN website at <http://www.ak-ehealth.com>, in the Documents section.

A bidder email distribution list will be created for the purpose of distributing any additional written information by AeHN.

Any bidder desiring to be included on this distribution list should send an email with contact information to: markschwartz@peerconsulting.net and bill@ak-ehealth.org with “AeHN FCC RHCPP Phase 2 – VPN Procurement” in the subject line.

6. Bid Submission Process

1. All bidders responding to this RFP must have a valid Service Provider Identification Number (SPIN) issued by USAC. The bidder’s SPIN number must be provided at the time of the RFP response or the bid may be disqualified.
2. Bidders must make certain that their SPIN qualifies them for participation in the RHCPP.
3. Any questions by bidders related to SPIN’s or USAC’s requirements should be directed to USAC by email (RHCPILOT@usac.com) or by telephone (1-800-229-5476).
4. All RFP responses should contain complete contact information for the responding bidder (name, company, mailing address, phone number, fax number and email address).
5. All responses to this RFP must be electronic and received in MS Word 2007 for Attachment 1 and MS Excel 2007 for Attachment 2. Your proposal should be emailed to:

Mark Schwartz, markschwartz@peerconsulting.net and Bill Sorrells, bill@ak-ehealth.org with “AeHN FCC RHCPP Phase 2 - RESPONSE” in the subject line.

In addition, ONE complete hard copy of the response, with a signed cover letter is to be mailed, along with all attachments, to:

Bill Sorrells
Alaska eHealth Network Director
PMB 1143, 2440 E Tudor Road
Anchorage, Alaska 99507

6. For response date purposes, the date of the electronic copy receipt is sufficient.
7. Bidders should fully review anticipated terms and conditions expectations prior to submitting their bids for services.

7. Bidding Criteria

Bids not meeting the specifications as outlined in this RFP may be disqualified from consideration for this AeHN project.

7.1 Conditions of Response

1. AeHN reserves the right to contact a bidder after submission of bid proposals for the purpose of clarifying a bid proposal to ensure mutual understanding. This contact may include written questions, interviews, site visits, and a review of past performance. This information may be used to evaluate the bidder's bid proposal. However, the information received from the bidder shall not be considered in the evaluation of a bidder's bid proposal if the information materially alters the content of the bid proposal.
2. AeHN reserves the right to waive deficiencies in a bid proposal. The decision as to whether a deficiency will be waived or will require the rejection of a bid proposal will be at the sole discretion of AeHN. This reserved right does not diminish AeHN's right to reject a bid proposal if bidder fails to comply or respond to any part of this RFP.
3. Upon award of a contract, the bidder will provide certification per USAC requirements and will assist AeHN in the preparation of the Network Cost Worksheet (NCW). These are required for the Funding Commitment Letter (FCL) issued by USAC.
4. The successful bidder must, within thirty (30) days, enter into a contract with AeHN to implement the services contemplated by this RFP. Failure of a successful bidder to agree to the terms of a contract within a timely manner may be grounds for AeHN to award the project to another bidder.
5. Winning bidders shall agree to maintain transaction documentation and records for a period of 5 years after payment in compliance with FCC rules and USAC document retention requirements.
6. This is a request for proposal, not an offer. Submission of a response does not constitute acceptance nor does an award. An offer and acceptance only occurs upon the successful negotiation and execution of an agreement between the bidder and AeHN. AeHN reserves the right to not award a bid for any reason and for any or all user locations. AeHN also reserves the right to re-bid specific user connections in a later phase of the project.
7. AeHN will not share RFP responses with other bidders unless required to do so by law, State or Federal regulations, or court order.
8. The final contract with the selected Bidder will incorporate this Request for Proposal, including its Appendices and Addenda (if any), and the submitted response.
9. AeHN reserves the right to cancel any contracts resulting from this RFP, for cause, at any time or at the end of any fiscal year (June 30), should insufficient funds be budgeted in the following year to continue the contract, by giving 120 days' written notice and upon payment of costs actually incurred by the Bidder prior to the notice of cancellation.

10. Records developed by the Bidder and related to the project costs will be maintained for a period of five years following the completion of the project.
11. The Bidder or Bidders awarded a contract as a result of this RFP may not assign or sublet the whole or any part of the contract without the prior written consent of AeHN.
12. The Bidder must warrant that, for a minimum of one (1) year from final acceptance of each hardware component, network transport and software package included in the proposed system, shall meet all of the specifications set forth in Bidder's proposal and in the operational manuals current as of the date of AeHN's final acceptance of such hardware, network and software products and will be free of defects. In the event of the Bidder's breach of its warranty hereunder, AeHN shall have the option to repair or replace the hardware and/or software, and the Bidder will be liable for excess costs incurred by AeHN therefore.
13. Expenses incurred by the vendor in developing responses to the RFP are entirely the responsibility of the vendor, and may not be charged to AeHN or their representatives.
14. Unnecessarily elaborate responses beyond that sufficient to present complete information are neither necessary nor desired. Emphasis should be on completeness and clarity of the information or proposal submitted.
15. AeHN reserves the right to request additional information, proposals or modifications to proposals after the date indicated, should such action be in the best interests of AeHN.
16. AeHN reserves the right to share the contents of the vendor information/proposal with their consultants, the evaluation team, legal counsel or other group/individual under contract to provide expertise in the system evaluation process.
17. AeHN may request a respondent to furnish such supplemental information as is sufficient to assure the respondent's system functionality, business organization and financial resources are adequate to successfully install and support the system.
18. All information and proposals and accompanying documentation become the property of AeHN and will not be returned.
19. AeHN reserves the right to waive any and all formalities and to reject any product or service not meeting its requirements.
20. It is expressly understood by the proposing vendor that any data input, processed, output, or stored by the proposed system is the sole and exclusive property of AeHN. Vendor agrees that no publication or other use of such data (including participant contact information and email addresses), in its detail, or in aggregate, will be permitted without the express written consent of an authorized officer of AeHN and no requirement to share data will be accepted in the contract.
21. Vendor will make no public statement, explicitly or implicitly, indicating a vendor or potential vendor relationship with AeHN unless sanctioned in writing by an authorized officer of AeHN.

22. No form of AeHN's name or any of its participating facilities shall be used in promotional materials, signs, announcements, or other forms of communication or advertising originated by Bidder unless AeHN's (and respective Participating Facility) express written permission for such use has been obtained in advance.

7.2 Prime Contractor, Consortiums of Bidders and Single Award

The RFP is available for all individual companies or strategic teams who may be interested in supplying telecommunications and network services to AeHN. You must have a valid Service Provider Identification Number (SPIN) issued by USAC to be able to bid. Potential Bidders should be aware of the following requirements.

1. AeHN will award a single contract comprising all requested services. No partial or split awards may be made.
2. AeHN requires that each proposal identify a Prime Contractor and that the Prime Contractor shall bear full responsibility for the awarded Contract. Bidders are encouraged to create partnerships with multiple subcontractors if necessary. However, as the "single" provider and single point of contact for the awarded Contract, Prime Contractor shall bear the full responsibility for implementation and maintenance for their awarded Contract and all subcontractor, subsidiaries and affiliates.

7.3 Vendor Presentations

Bidders selected as finalists will be required to give a live presentation to the AeHN evaluation task force. The presentations will be scheduled to take place approximately three weeks after AeHN has selected the finalists. The presentation should offer a webinar option for our rural members that are unable to attend an in-person presentation in Anchorage.

7.4 AeHN Requested Network Design

In Attachment 1, you are requested to propose your AeHN network solution. Your proposal may allow for alternative solutions that may offer superior cost or performance advantages over the requirements we have stated. Your solution must meet or exceed all designated criteria and requirements as specified in this RFP, including but not limited to:

1. Performance
2. Interoperability
3. Reliability underwritten by Service Level Agreements (SLA)

4. Any-to-any VPN security
5. Quality of service (QOS)

In order to be selected, your solution in aggregate must be adjudged to offer superior price and performance. Moreover, as stipulated in the following section, your proposal must support the entire geographic extent of AeHN participants as listed in Attachment 2 of this RFP.

7.5 Rural Participants

The FCC RHCPP Program has been established primarily to assist health care facilities that are located in rural locations. In the event that funding or other constraints dictate that the entire complement of Participants included in this RFP cannot be accommodated within this project, the final decision regarding which of the Participants will be included in the project will be solely within the purview of the AeHN Board of Directors. For purposes of responding to this RFP, Bidder's are required to provide a connection solution and associated pricing for each of the Participants included in Attachment 2.

Certain geographic locations situated in remote locations currently have marginal or inadequate telecommunications infrastructure supported by traditional ILEC and/or CLEC providers. Consequently, the existing telecommunications infrastructure that serves some of these rural sites may not be adequate to support the preferred, perhaps not even the minimum acceptable bandwidth capacity as stipulated in this RFP or as requested by the participating site. AeHN recognizes that installation of extensive landline or other physical infrastructure may not be financially practical solely to support a limited constituency within a given geographic area. Nonetheless, Bidders are encouraged to exercise creativity in providing effective solutions for these disadvantaged participants.

Although Bidder's overall cost quotation for the project will be an important criterion for selecting the finalist Bidder, AeHN will give consideration to proposals that provide creative, effective solutions for connectivity to "hard to reach" rural participants.

7.6 Defined One Year Implementation Schedule

AeHN requires that Contractor commit to a maximum one year implementation schedule, subject only to extensions due to circumstances beyond Contractor's control. Connections with external networks as specified in this RFP shall also be installed and fully operational. In Attachment 1, Bidders will be required to describe in detail how their project management plan accomplishes this schedule.

7.7 Geographic Equity in Distribution of Participants

The network will be geographically dispersed throughout the entire State of Alaska. AeHN recognizes that many mitigating factors may influence the precise order of participant connection; however, Bidder’s implementation plans will be required to demonstrate sufficient flexibility to accommodate ad hoc changes while adhering to the overall goal of maintaining geographic equity. Bidders will be required to demonstrate that project management, technical and administrative staff and resources will be assigned to the project to a sufficient extent that a statewide implementation can be supported.

8. Evaluation Process

8.1 Evaluation Timetable

AeHN is following USAC guidelines for the selection process. The RFP will be posted for the minimum 28 days required by USAC and will fully comply with all USAC required bid posting requirements and timelines. Following receipt of RFP responses an evaluation task force will examine the responses to determine which vendors meet AeHN and USAC requirements. The following is the timetable for the evaluation process:

Activity	Completion Date *
RFP Posted by USAC	MM/DD/YY
Questions regarding the RFP submitted to AeHN	10 days from USAC posting
Bidders Conference Call 1 – Please submit your questions as soon as possible, prior to the conference call.	15 days from USAC posting
Proposal Submission Deadline	30 calendar days from USAC posting
Reference Checking and Proposal Evaluation Completion	Three weeks after proposal submission deadline
Vendor Presentations	Two weeks after proposal evaluation completion
Vendor of Choice Selected	One week after Vendor presentations
Board Approval	TBD

Begin Implementation	August/September 2011
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* Dates will be assigned to the above schedule once USAC posts the RFP to their website.

9. Guidelines for Reply

AeHN must keep responses as standard as possible from all responding vendors. Therefore, you must use Attachments 1 and 2 of the RFP for your reply and submit them in Word and Excel format (not PDF), respectively.

It is mandatory that you reply to ALL sections outlined in Attachments 1 and 2. Divide your reply based upon the sections and sequence of the response.

If including brochures, use them only as embedded links; brochures cannot be used as answers to questions, only as additional information.

Questions must be answered in the space following the question and in the format requested. Review of addendum information must not be necessary to evaluate the response unless specifically requested. All addendum references must be embedded links in the body of the electronic document and named as such (e.g., Addendum 1- name of document).

Any vendor with multiple solutions must complete their proposal with the best fit solution; only one response per vendor will be evaluated.

Vendors that do not have all required components should partner as necessary with other vendors to present a complete solution in a single proposal. In such situations AeHN will contract with only the primary vendor and the responding vendor must act as the primary vendor for functionality delivery and system support purposes.

All questions and/or communication about the evaluation process with AeHN must be submitted via email to markschwartz@peerconsulting.net. Questions received prior to the Bidders' Conference Call will be answered during the call. Questions and their answers will be posted to the AeHN website at <http://www.ak-ehealth.com>, in the Documents section. Any meetings, contacts, phone calls, etc. with any evaluation team members during the evaluation process will disqualify the vendor.

9.1 Proposal Elements

To facilitate your response in an electronic format, the following portions of the RFP document are provided as attachments in Microsoft Word and Excel files. Note that the Excel file has multiple worksheet tabs that may need to be completed.

9.1.1 Attachment 1

(must be returned in Word format, not PDF)

- Vendor Profile
- Proposed Network Solution
- Participant Requirements
- Installation Plan
- Maintenance and Warranty Services

9.1.2 Attachment 2

(must be returned in Excel format, not PDF)

Complete tabs 2, 3 and 4 in the Attachment 2 spreadsheets to identify ALL participant bandwidth, transport and customer premise equipment being proposed and their respective costs. Your proposal will be expected to itemize (1) the one-time (non-recurring) costs, including all hardware and infrastructure items and their installation, and (2) the recurring monthly service fees charged to each participating facility connected to the network for a period of three (3) years following that HCP's Operation Date.

Worksheets included in Attachment 2 include:

1. Instructions for Completing Attachment 2
2. List of Participating Facilities and their Requests/Requirements
3. Participant Services : Proposed Services, Equipment and Costs for Participating Sites; which includes:
 - a. Hardware Costs
 - b. Service and Support Costs
 - c. Telecommunications Costs
 - d. Summary Costs
4. AeHN Network Costs



Request for Proposal

Attachment 1

AeHN Network Connectivity – Phase 2

FCC Rural Health Care Pilot Program

Company, Technical and Service Requirements

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1. Summary of Services Requested

The Alaska eHealth Network (AeHN) is seeking bids for network solutions, within which a single Bidder (or consortium of Bidders) provides installation, maintenance and monitoring services needed to support enhanced connectivity for our participating sites and networks.

The goal of the network is to:

- Connect existing participating networks
- Update/upgrade existing participant sites and connect them, and to
- Bring onboard new participating sites and connect them.

These primary services shall include:

- Installation of equipment at participating sites to provide or enhance connectivity
- Installation of new or upgraded bandwidth and/or transport to support transaction volume
- Provide the necessary security protocols to ensure the safe communication of telehealth related transactions

Your proposal shall include:

- Routers and other associated customer premise equipment
- Circuit specifications and provisioning requirements
- Network design for AeHN peering and connection points with external networks
- Interoperable support for H.323 and SIP protocol videoconferencing and other essential healthcare-related network services
- Provision for externally routable IP addressing for Participant access to external network services.
- Any-to-any VPN security
- QOS within the network modules
- SLA-backed performance, reliability and availability
- Participant site assessment
- Network monitoring service, including SNMP monitoring of active network components and provision for access to SNMP traffic for a designated third party monitoring facility

- Network performance, availability and reliability reporting services, including providing web-based access to various real-time and summary reporting services
- Customer Service Center with phone and web-based services for customer problem reporting, as well as trouble ticket tracking and resolution reporting.

2. Design Overview

AeHN is seeking a network solution to support peer-to peer healthcare-related communications.

AeHN is not seeking to build a network, but to leverage existing and planned network infrastructure already in place.

AeHN desires a solution that will connect to or directly peer with several regional, statewide and national networks, thereby participating in a “network of networks” that supports enhanced telehealth services, including telemedicine consultation, distance education, remote patient monitoring and other healthcare industry related electronic transactions.

The proposed solution must provide connectivity over long physical distances within Alaska plus connectivity to the “lower 48” and support at least three different modes of use:

- Internet remote access client connections
- LAN-to-LAN internetworking
- Controlled access within an intranet

A key feature should be the ability to work over both private networks as well as public networks like the Internet. The unifying structure should be a network that uses a public telecommunication infrastructure such as the Internet and Internet2 to provide remote healthcare facilities or individual healthcare providers with secure network access.

Again, we desire to avoid an expensive system of owned or leased lines that may be redundant to network infrastructure already in place or soon to be implemented.

2.1 Participants

A participant is defined as any public or private entity that connects to or subscribes to the network, or uses services provided by AeHN. Note: For this phase of the project we are only working with eligible participants as defined by USAC eligibility guidelines.

Thus, an eligible participant can be defined as any of the following:

- Rural Health Clinics
- Dedicated Emergency Departments
- Local Health Departments or Agencies
- Community Health Centers
- Post Secondary Educational Institutions
- Not for Profit Hospitals
- Consortium of health care providers consisting of rural not for profit hospitals
- Community Mental Health Centers

Subscriber, Participant, HCP, and Remote Site are sometimes used interchangeably depending on the context. The list of participating sites is provided in Attachment 2.

In the future, AeHN plans to add other participants to the network such as patients, for-profit hospitals, insurance companies, etc. We are not seeking services for these types of future participants as part of this RFP.

2.2 Participating Site Requirements

As part of this project you will be required to assess the Customer Premise Equipment (CPE), transport, bandwidth and other requirements of each participating site so that you can recommend a best case configuration for each participant.

As previously mentioned, in some cases you will be connecting individual sites, while in other cases you will be connecting a network of sites that are part of their own network.

2.3 Service Provider

This document reserves the term service provider (without a preceding adjective) as the entity who provides the WAN transmission medium (circuits, links, satellite uplink, Earth Station, etc...). The term Application Service Provider (ASP) specifies an entity who serves up IP application content. An Internet Service Provider (ISP) provides connectivity to the internet. The proposed network is not regarded as an ISP, ASP, or SP.

3. Vendor Scoring Criteria

Please provide your written responses to sections 4 through 8. Proposals will be evaluated and scored on the following sections.

Section
4. Vendor (Proposer) Profile
5. Network Requirements
6. Participant Requirements
7. Installation Plan
8. Maintenance and Warranty Services
RFP Attachment 2 – Requirements Analysis and Cost Proposal

Please Note: In Attachment 1 of this RFP, Only Sections 4 through 8 require responses. Please retain the same section numbering.

4. Vendor (Proposer) Profile

Vendors must provide brief answers to the following to demonstrate their experience.

4.1 Corporate Profile with Alaska history & longevity

4.1.1 Corporate Name:

Corporate Address:

Corporate Officer/Signing Authority:

Corporate Website:

State of Incorporation:

Federal EIN:

FCC Registration Number (FRN):

USAC Service Provider Number (SPIN):

4.1.2 Provide a company introduction and identify the representatives with whom AeHN will be dealing. Include an organization chart relevant to this project. Please describe why your organization and products are uniquely suited to meet AeHN's needs and goals.

4.1.3 Demonstrate that your company, and the persons that will be staffing it, have sufficient history in the State of Alaska in order to understand the unique challenges of the geographical area applicable to this deployment.

4.1.4 Provide a financial statement sufficient in detail to identify your financial status and condition. You may embed your financial report here or include it as an appendix in your response.

4.2 Relevant Experience and Technology Expertise

4.2.1 Briefly describe your experience and expertise relevant to the design, implementation and management of the proposed network solution.

4.2.2 Comprehensive Project Management

	<i>Please enter "Yes" or "No" in the left hand column to affirm your comprehensive project management capabilities services.</i>
	a. A dedicated project management staff is provided
	b. Comprehensive staff and resources for coordination and implementation are available statewide
	c. A formalized methodology for planning and tracking project activities using industry-accepted project management methodologies is used
	d. Provide regular project implementation status update reporting and coordination with AeHN Management

4.3 Project References for Supporting Telemedicine and WAN Networks

Provide comparable references where you have previously implemented or are now supporting Wide Area Network (WAN) solutions similar in size and scope to that described in this RFP.

4.3.1 Reference 1:

- a. Organization Name:
- b. City/State:
- c. Contact Person/ Title:
- d. Contact Person Phone Number:
- e. Contact Person Email:
- f. Equipment and Services Provided:

4.3.2 Reference 2:

- a. Organization Name:
- b. City/State:
- c. Contact Person/ Title:
- d. Contact Person Phone Number:
- e. Contact Person Email:
- f. Equipment and Services Provided:

4.3.3 Reference 3:

- a. Organization Name:
- b. City/State:
- c. Contact Person/ Title:
- d. Contact Person Phone Number:
- e. Contact Person Email:
- f. Equipment and Services Provided:

4.4 Adherence to State and Federal Requirements

	<i>Please enter "Yes" or "No" in the left hand column to affirm that your offering meets the following requirements:</i>
	a. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, confidentiality and privacy requirements relevant to the installation of telemedicine and WAN systems
	b. Comply with the current and future Health Information Technology for Economic and Clinical Health (HITECH) Act's security and privacy provisions
	c. Agree to comply with all current and future State of Alaska and Federal regulations regarding security, privacy and confidentiality of health related data

4.5 Proposed Contract

A proposed contract must be submitted with Statement of Work, Service Level Agreements, and other relevant attachments completed.

4.6 Contract Termination for Default

Provide information on any contracts that have been terminated because of default in the last five years.

Termination for default is defined as notice to stop performance which was delivered to you due to the your company's non-performance or poor performance and the issue of performance was either not litigated due to inaction on the part of the bidder; or litigated and determined that your company was in default.

4.7 Vendor (Proposer) Judgments or Litigation

Disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals which might materially affect the viability or stability of your organization; or warrant that no such condition is known to exist. This information is needed only from the subsidiary or division if there is a parent company.

4.8 Define and Manage Project Risks

- 4.8.1 Define any significant or major risks that may impact the success of this project.
- 4.8.2 How will you effectively monitor and manage these risks including performance reporting of the risks to AeHN management?

4.9 Vendor (Proposer) Business Risk and Continuity

- 4.9.1 Describe how you will monitor and manage through times of high client demand, labor disruption, inclement weather, and loss of facility and/or key staff/personnel.
- 4.9.2 How do you deal with levels of high client demand beyond that which exceeds forecasts?
- 4.9.3 Briefly describe your disaster recovery plan in relation to supporting the network and connected participants.

5. Network Requirements

5.1 Network Requirements (Layers 2-4)

This section involves data networking infrastructure design and network security.

5.1.1 Redundancy Requirements

	<i>Please enter "Yes" or "No" in the left hand column to affirm that your solution accommodates the following network redundancy requirements.</i>
	a. Topological Redundancy (Layer 2 data-link physical path and Layer 3 Route Path Redundancy)
	b. Standby Failover (First-Hop Redundancy and an at least an Active/Standby state for firewalls)
	c. Interface Redundancy
	d. Configuration Symmetry (mirrored configurations between paired devices where possible)
	e. Mirrored hardware components
	f. The Layer 2 and 3 systems must pass a battery of failover tests that test the failover of every layer 2 and layer 3 path component while maintaining IP connectivity to all terminus network systems and applications
	g. Redundant WAN path capability
	h. Geographically-disparate Disaster Recovery (a separate backup terminus in another location)

5.1.2 Scalability Requirements

	<i>Please enter "Yes" or "No" in the left hand column to affirm your ability to scale to accommodate multiple interconnects, autonomous systems, service providers, services and modules and future AeHN growth.</i>
--	--

	a. Switch pairs and module interconnects use 10gb fiber Ethernet as specified in IEEE 802.1ae
	b. Platform backplane speeds shall approach 32 gigabit or higher
	c. Switches provisioned in the Terminus exceed the capacity to switch 38 mpps (64-byte packets)
	d. A very strict, unyielding, uncompromising, and highly disciplined approach is applied to provisioning address space

5.1.3 Modular Design Approach in the Terminus

	<i>Please enter "Yes" or "No" in the left hand column to affirm that your approach is premised on a modular network design or a virtually modular network design.</i>
	a. Flexibility and customization in network design while allowing for scalability
	b. Accommodates for political and jurisdictional realities in enterprise or service provider networks
	c. Allows WAN interconnects to grow without restriction
	d. Address space design is easily enforced

5.1.4 Support for IP Version 6

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. All network systems in the Terminus fully support IPv6 and IPv4 Simultaneously
	b. All Layer 2 and Layer 3 junctures comply with RFC 2373 : IPv6 address architecture
	c. All network devices comply with RFC 2374 : IPv6 Global Unicast Address Format
	d. All Layer 2 and Layer 3 junctures comply with RFC 2460 : IPv6

	Specification
	e. All Layer 2 and Layer 3 junctures comply with RFC 2461 : IPv6 Neighbor Discovery
	f. All Layer 3 junctures comply with RFC 2463 : IPv6 Internet Message Control Protocol
	g. All Layer 2 and Layer 3 junctures comply with RFC 1981 : IPv6 Path MTU discovery
	h. All Layer 3 junctures comply with RFC 2080 : IPv6 RIPng
	i. All Layer 3 junctures comply with RFC 2740 : IPv6 OSPFv3
	j. All Layer 3 systems support BGPv4, OSPFv2, and RIPv2.

5.1.5 Rapid Convergence Requirement

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet this requirement:</i>
	a. Layer 2 (and layer 3) links must ensure loop-free convergence within a ≤ 3 second threshold in the Terminus

5.1.6 Network Systems Feature Requirements

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. All Layer 2 systems in the entire network supports jumbo frames (MTU size = 9000)
	b. All Layer 2 switch ports support rate limiting
	c. All Layer 2 switch ports are capable of registering error and traffic statistics
	d. All of the systems in the entire AeHN network support satellite connections

	e. The network will not support non-IP protocols. All systems run IPv4 Or IPv6
	f. The network is built to fully support Multicast applications and Anycast
	g. The network is built to support end-to-end layer 3, and layer 4 QoS at the terminus
	h. Additionally, the Terminus (and POP) supports layer 2 QoS

5.1.7 Layer 2 and Layer 3 Network Platform Security Measures (Device Hardening)

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. Layer 3 devices deploy hashed routing adjacency authentication
	b. Layer 3 devices use hash first-hop redundancy pairings
	c. All network devices use pre-scrambled configuration password references
	d. All network devices disable non-essential ports, protocols, applications, services and features not intended to be used
	e. All layer 3 and layer 4 systems do away with all TCP and UDP small services
	f. All network devices set login password retry timeout
	g. All network devices force automatic timed VTY, TTY, and AUX session logout
	h. All network devices disable service password recovery where appropriate
	i. TCP keep-alive suppression is pursued as a policy throughout the AeHN controlled network
	j. All devices use only encrypted, secure management plane protocols (e.g. SSH, SFTP, SNMPv3 only)

	k. Access is limited to all network devices
	l. All L3 devices implement ICMP protocol and ICMP field code options packet filtering e.g. using ACLs to drop all ICMP except for traffic originating from management systems
	m. All network devices filter IP fragments and IP field code options
	n. Suspect TTL values are addressed by all layer 3 devices
	o. All management interfaces (logical or physical) are secured.
	p. All network devices display warning banners with legitimate legal notifications on all entries (upon login, console, ssh, telnet)
	q. All network devices authenticate, authorize and account to AAA to secure interactive access (E.g. using TACACS and Radius)
	r. All devices utilize logging best practices to secure the logging source, the insert timestamp, and the logging buffer e.g. using ACLs to logging management system
	s. Configuration change notification and archival of logging configuration changes are deployed
	t. Control Plane Access and Protection (or its equivalent) is deployed network wide
	u. Routing protocols are prohibited from unicasting, broadcasting or multicasting hellos out unnecessary interfaces
	v. All layer 3 devices should disabling IP source routing
	w. All switches support port mirroring of IP traffic from any VLAN or any switch port at the Terminus

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these optional requirements:</i>
	a. Layer 2 devices have the capability to control access to ports

	b. Network devices utilize IP Options selective drop capability
	c. Network devices may utilize Traceback and netflow tools (or its equivalent) if applicable
	d. Private VLANs or protected ports for DMZ or public services hosts are secured
	e. Memory/CPU threshold notification, leak detection and chunk validation may be required
	f. Network device interfaces utilizes buffer overflow precautions
	g. Manually reserving memory for console access is required where applicable
	h. Network devices have the capability of storing and participating in enhanced crash file collection
	i. Anti-spoofing measures such as uRFP or source-guard are utilized where applicable
	j. Layer 2 devices have the capability to utilize and mitigate ARP poisoning strategies (DAI)
	k. Layer 3 devices are capable of routing protocol authentication key chain rotation
	l. Layer 3 devices are able to log L3 violations
	m. All devices have the capability to rollback configuration files
	n. Boot-image and boot-config file security measures are utilized
	o. All network devices may be required to disable default IP behavior for proxy ARP, ICMP unreachable, ICMP redirects, directed broadcasts
	p. All network devices utilize NTP authentication

5.1.8 Layer 5 and Layer 7 Network Security Measures (Security Applications/ Integrity)

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. Security measures are taken to prevent/detect intrusions and incorporate data leakage protection strategies
	b. Security measures are taken to ensure patient confidentiality, data integrity and systems availability
	c. Your solution is compliant with state and federal regulations
	d.
	e. Terminus is capable of terminating IPSEC, SSL or equivalent for tele-workers
	f. AeHN has the capability to lock down IM Messaging for the AeHN network
	g. Anti-virus protection is installed on all application-level systems operated within the Terminus
	h. Intrusion Detection/Prevention systems is deployed at all Internet gateways and the Terminus core
	i. Event Correlation is implemented at the Terminus to assist network security personnel in identifying and managing security anomalies and tracking false positives

5.2 Design Requirements for Specific Modules

This section covers the design of the different potential modules and areas of the Terminus.

The components constituting the Terminus are as follows:

- Internet Module
- Public Resources
- Vendor Resources
- Core Switch Module
- Applications
- Network Management
- WAN Resources
- WAN Aggregation Edge

5.2.1 Internet Module Component

This area of the network delivers public internet access for applications and services inside the Terminus.

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. The Internet Module is comprised of a mirrored pair of routers capable of actively maintaining the Internet's full BGP routing table in memory
	b. The Internet Module has its own mirrored and redundant switch pair for terminating public resources connectivity
	c. The Internet Service Provider(s) have direct peering agreements with at least two Tier I providers
	d. The Internet Module has the capacity to forward or terminate IPSec VPN tunnels or be able to pass them to an adjacent decryption engine
	e. The Internet Module is capable of a tier II or a tier III gateway
	f. The Internet Routers are capable of providing demarc connections to the Internet, to Internet2, and to the Terminus and be scalable to support future interfaces
	g. All Internet layer 2 and layer 3 devices (switches and routers residing in the Internet Module) offer multiple layers of security in order to protect the Terminus and the Internet Module itself
	h. The Internet Firewall(s) supports routing, policy, and stateful inspection of packets
	i. The Internet Firewall(s) offers multiple layers of security inbound and outbound on all interfaces (e.g. IDS/IPS, AntiX, etc.)
	j. The Internet Firewall(s) is(are) capable of terminating 1000 SSL and IPSec VPN tunnels
	k. The Internet Firewall(s) is(are) capable of switching at least 250MB of AES- 256 VPN throughput

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet this Optional requirements:</i>
	a. The Internet Firewall(s) is(are) capable of terminating IPSec VPN tunnels AND allow for the operation of multiple virtual firewalls simultaneously without affecting packet switch function or adding more than a 200 millisecond packet processing delay

5.2.2 Public Resources Component

A public resource can be defined as a server, appliance or application that resides in the public address space that is made available to everyone or to an authenticated subset of Internet users.

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. Resources placed in the public resources area are secured from outside of the Internet Firewall or in a DMZ
	b. Resources placed in the Public Resources area controlled by AeHN or can be independently firewalled/ secured by the owner of the resource
	c. Switches residing in the Public Resources have the capability to rate-limit traffic on a per port basis

5.2.3 Vendor Resources Component

Internet accessible Vendor Resources are offered to AeHN participants by vendors in a DMZ.

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. A virtually firewalled Vendor Resources DMZ is available to each Vendor, Partner, or entity requiring a DMZ presence within your terminus
	b. The Vendor Resources DMZ has a switch pair dedicated to vendor interfaces residing in the Terminus that must support 802.1q

	Trunking, VLAN partitioning, and network security measures for segregation and management of multi-vendor traffic
--	---

5.2.4 Core Switch Module

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. The Core Switch Module interconnects with other modules via Ten gigabit or better interfaces
	b. The Core Switches are able to handle very large PACS files and other images
	c. The Core switches have the capability to support virtual switching instances to facilitate additional network modules
	d. The Core Switches have sufficient port capacity to terminate multiple redundant switch pairs, modules, and the application platforms given in the "Applications" subsection (below)
	e. The Core Switches provide high availability and redundancy with a minimum MTBF (mean time between failures) rate based upon the rates found in TIA.942 Tier I and Tier II standards
	f. The Core Switches are highly scalable
	g. The Core Switches are modular and support hot-swappable components

5.2.5 Design Considerations for Applications (Servers)

AeHN, at some future time, may need to host application servers in order to deliver data and information services to its participants. However, AeHN favors a Software as a Service (SAAS) or outsourcing/remote hosting model. Whichever approach is selected you need to be aware of the traffic that these, and additional servers, may generate.

Below is a list of potential applications and services we currently envision:

Server Estimate:

- Integration Engine Servers
- Radiology Servers
- Customer Servers or custom applications
- Pharmacy Servers
- EHR Servers (Electronic Health Record)
- NMS Servers (Network Management or Network Security-related Servers)
- VTC Bridges (Video Conferencing Bridges)
- Management VTC devices (Traversal, Gatekeeper, Video Management, Scheduling)
- Billing, Metering, and/or Monitoring Servers
- Infrastructure Services Servers

AeHN has selected Orion as its Health Information Exchange application vendor, using a SaaS approach. There are currently no design requirements for any other applications.

5.2.6 Network Management Module or Area

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. The suite of network management tools, applications and appliances supports industry standard best practices for network management, reporting, access and security
	b. SNMPv3 or an equivalent implementation is used network-wide
	c. Layer 2, layer 3 and firewall device management via an out-of-band and/or an in-band connection
	d. Terminus servers and appliance management via IP KVM Network management system to monitor layer 2 and 3 performance, health, status, configuration management, logging, availability, AAA and error data

5.2.7 WAN Resources Area

In order to accommodate remote site WAN optimization needs, please indicate how your Terminus meets the following design requirements.

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
--	---

	a. The WAN Resources Area has a WAN optimization platform capable of compressing and caching data to increase network efficiency
	b. The WAN Resources area has a dedicated platform enforcing QoS (Note: AeHN is open to innovation and to different strategies that could allow for QoS policy deployment.)
	c. The WAN Resources area has the capability for participant circuit capacity monitoring, WAN device status reporting, and participant circuit or path utilization reporting for participant billing purposes.

5.2.8 The WAN Aggregation Module Requirements

Briefly describe how your WAN module terminates the following media:

- Individual Serial Connections or T1s (T1, HSSI)
- Clear channel point-to-point links to participant sites
- Channelized DS3 connections, Fast Ethernet, Gigabit Ethernet, and Ten gigabit Ethernet point-to-point interfaces
- Optical Facilities (OC3, PoS, or Sonet)
- Encryption-enabled Metro Ethernet Access (Encrypted connectivity over Ethernet)
- MPLS Enabled Layer 3 VPN's with QoS over Multi-gigabit Ethernet
- Analog modem lines for emergency management access for AeHN support staff

In addition to physical and cloud connectivity, the WAN Module must be able to provide the following:

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. Accommodation of 250 potential remote sites within three years
	b. Encryption and decryption of traffic destined for any given participant without compromising router performance or breaching the roundtrip delay budgets allotted in the service provider section
	c. Data integrity and authenticity for traffic traversing the WAN
	d. Redirection of traffic for the purposes of WAN Optimization and/or data caching
	e. The network supports TCP spoofing for optimum connectivity over

	high latency links
	f. QoS systems and capability
	g. ACLs, audits and inspections on inbound and outbound interfaces to further add network security protections to this part of the Terminus
	h. Supports jumbo frame at the layer 2 transmission and switching level as previously stated in subsection 4.2
	i. NAT (inside and outside)
	j. Policy based or static routing
	k. Redundant Rendezvous Points and redundant Mapping Agents to allow for a highly available multicast operation
	l. Operation of multicast traffic encryption
	m. Multicast Source Discovery Protocol and Multiprotocol BGP capability

Below is a list of requirements that are specific only to IPSec, Metro Ethernet, and MPLS within the WAN Module (and to the WAN Clouds):

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. WAN Module systems and CPE supports AES-256 Encryption
	b. WAN Module (and CPE systems) fully support IPSec
	c. IPSec that supports dynamic IGP routing protocols, Multicast traffic, and QoS policy
	d. Tunnel establishment to the redundant pair of WAN Aggregation routers.
	e. Fully supports the implementation of VRF

5.2.9 Internet Service Provider Requirements

This section is dedicated to addressing specific Internet Service Provider-related concerns and design requirements.

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. You are a Tier I or Tier II level provider with a significant presence in the state of Alaska
	b. The ISP and all their tiered partners has a well developed public AS assigned by ARIN (the American Registry for Internet Numbers)
	c. The ISP has available at least one contiguous class C (/24) public address space to AeHN
	d. The ISP is willing to customize the routing tables and routing filters to ensure AeHN's policy and routing needs are met for its planned internet presence.

5.2.10 Carrier-Specific Requirements

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these requirements:</i>
	a. Telecommunications-grade carrier (the root or source Service Provider) with a presence in Alaska
	b. FCC licensed telecommunications service provider
	c. Offers standard SLAs to AeHN. Those SLAs should not be legally diluted by any reseller or third party intermediary
	d. Capable of delivering fractional T1, T1, channelized DS3, clear channel DS3, MPLS circuits, Metro Ethernet and OCX terminations to the Terminus (and POPs) as governed by interchange agreements
	e. Have the ability to dispatch technical staff to the Terminus location that can be called upon to service provider-side outages within 4 hours, on a 24 hours/ 7 days a week basis with no additional fees or charges

	f. A required Interconnect or circuit between the Internet2 network and the Internet Routers at the Terminus
--	--

5.3 Service Provider (Access) Requirements

5.3.1 Less than 400ms One-way delay on the WAN Connection

<i>Please enter "Yes" or "No" in the left hand column if you meet the following guidelines.</i>			
	One Way Delay	Rtt	Effects of delay
	> 600 ms	1200 ms	Delay Highly Perceptible, communication style unnatural until user adaptation occurs.
	250 ms	500 ms	Delay perceptible, communication style needs to be adapted
	100 ms	200 ms	Delay barely perceptible during parallel communication
	50 ms	100 ms	No delay perceptible

5.3.2 Packet Loss Threshold < 1e06

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet the following circuit reliability requirement.</i>
	a. Circuits delivered to participant sites pass a standard, extended-time end-to-end bit-error-rate test pattern that is appropriate for the circuit transport media (i.e. QRSS, all-ones, etc...)
	b. Packet Loss Threshold of < 1e06

5.4 CPE Requirements

5.4.1 Participant-facing CPE Interfacing Requirements

	<i>Please enter "Yes" or "No" in the left hand column if the following are CPE requirements specific to sites opting for AeHN connectivity.</i>
	a. Ethernet dot1q Trunking capable port
	b. ITU T.568A or ITU T.568B compliant
	c. IEEE 802.3/SNAP-headers
	d. Non-bridged ASIC based port that segregates collision domains
	e. Ethernet, Fast Ethernet or a Gigabit Ethernet routed or switched port
	f. Native support for PVST, IEEE 802.1D, IEEE 802.1S or IEEE 802.1W and IEEE 802.1Q standards
	g. Allow manipulation of the untagged VLAN number and customization of the tagged VLANs
	h. Support extended range VLAN IDs

5.4.2 Ethernet Handoff Requirements (Access with CPE)

	<i>Please enter "Yes" or "No" in the left hand column if the following are functional requirements for CPE devices for those sites opting for AeHN connectivity.</i>
	a. One device with routing capability that offers the necessary integrated services components within the platform (in order to keep it one device). Peripherals and accessories such as modems to AUX ports are permitted.
	b. Uses an integrated design model
	c. Has the capability of being a QoS-enabled IPSec-encrypted VPN termination point or relay that passes voice, video and data traffic to and from the participant network

	d. Is capable of nested or hierarchical Class Based Weighted Fair Queuing or its equivalent
	e. Is capable of rate-limiting and/or remotely adjusting the bandwidth allowed to and from the participant network
	f. Can be monitored, maintained, polled, audited and serviced remotely

5.4.3 Support for QoS

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these optional QoS requirements:</i>
	a. Supports prioritization and manipulation of the DSCP, IP TOS, and COS fields of inbound or outbound packets
	b. Supports the classification, marking (or tagging) of packets based on the DSCP, COS, or TOS value
	c. Supports interface queuing functionality at Layer 2 and Layer 3 or the OSI model
	d. Supports interface buffering at the layer 2 level
	e. Supports the capability to prioritize traffic according to how the traffic (packet) is classified
	f. Supports the customization for the random drop of TCP packets to inhibit TCP synchronization
	g. Supports the ability to drop certain types of traffic at the QoS level or the ability to rate-limit inbound or outbound traffic based off traffic classification

5.4.4 WAN Optimization at the Participant Remote Site

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you meet these Optional requirements:</i>
	a. WAN Optimization may occur inside the CPE or from within the participant network

	b. A WAN optimizer (also known as an accelerator) can be strategically placed within the participant remote site network to allow for the caching of http and other types of commonly accessed traffic
	c. Sites implementing WAN Acceleration ensure IP VRF compatibility

5.5 Handoff (Demarc) Requirements

This subsection covers the requirements for the physical Participant handoff (also known as the demarc).

5.5.1 Layer 1/2 Participant Handoff

	<i>Please enter "Yes" or "No" in the left hand column to affirm that you affirm these requirements:</i>
	a. The Handoff is an ITU T.568A or T.568B RJ45 Unshielded Twisted Pair CAT5e/6 compliant Ethernet patch cable
	b. The CPE provider must make available an extra Ethernet cable of reasonable length and grade during or soon after the CPE installation process and the participant must store and secure that extra cable to be made readily available in the event the handoff cable fails.
	c. Handoff is Dot1q capable

6. Proposed Network Design

6.1 Network Diagram

Provide a network diagram showing participating sites and networks as well as your Terminus and POP facilities and their locations.

6.2 Network Expansion

Describe how your design accommodates future expansion, with respect to geographic extent, participant numbers and bandwidth availability, etc.

6.3 Design Differentiators

Briefly describe why your design is a superior design.

6.4 Rural Participants

Describe how your design provides an effective solution for connectivity to “hard to reach” rural participants.

7. AeHN Participant Requirements

7.1 CPE, Transport and Bandwidth

Describe how you will assess the CPE, transport, bandwidth and other requirements of each participating site or network of sites so that you can recommend a best case configuration for each participant.

Note: All participating sites are listed in Attachment 2. Attachment 2 is where you will document the requirements for all participants and your cost proposal.

7.2 Support and Warranty

Describe your support and warranty for equipment installed at customer sites.

7.3 Other

Please indicate below what each participant is expected to provide:

- a. Physical and rack space
- b. Conditioned power
- c. Environmental control
- d. Controlled security
- e. Diagnostic lines
- f. Network security
- g. Other

8. Installation Plan

8.1 Installation plan

- 8.1.1 Provide a detailed Project Management plan to indicate expedient delivery of installation and services. A one year implementation plan is desired.
- 8.1.2 Provide a high-level (phase and activity level only) implementation project plan, including Gantt chart for the required modules in the proposed timeframe. Include information regarding what end-user facility, AeHN management, and vendor resources will be required by phase in number of hours.
- 8.1.3 What staffing methodology is typically used by your company in terms of using contractors vs. your own employees vs. client employees?
- 8.1.4 Based on your past experience what are the critical success factors for a timely and successful implementation?
- 8.1.5 What testing materials/ plans are included in the implementation?
- 8.1.6 What are the critical factors your clients must consider post-implementation to ensure continued success with your services?
- 8.1.7 What capabilities are available to test new participating facilities post-install to insure that the production environment is not impacted?

8.2 Level of detail in the Acceptance Test Plan

- 8.2.1 Submit an Acceptance Test Plan that details the testing procedures and criteria for project acceptance. You may include this as part of the Project Management plan if you prefer.

8.3 Maintenance Plan and Service Facility location and capabilities

- 8.3.1 Submit a detailed Maintenance Plan and its features in support of your solution proposed in this RFP. A minimum three (3) year service agreement is planned.
- 8.3.2 Disclose the locations of Service Facilities and their capabilities.
- 8.3.3 Describe your problem reporting process (i.e., your Help Desk), including the escalation procedure (how you escalate problems that are not solved immediately or for a stated period of time).
- 8.3.4 Specify the location(s) and hours of operation of your toll-free hot line (Help Desk) for network, application and hardware support.
- 8.3.5 Do you maintain and allow access to an on-line, interactive Help Desk ticket tracking system?
- 8.3.6 What responsibilities will AeHN staff have in day to day monitoring and vendor interaction in support of the network? How is this interaction handled? Describe the training that will be provided.

8.4 Warranty

- 8.4.1 Provide Warranty information covering the installed equipment and services in support of the network solution proposed in this RFP.

8.5 Service and Support

- 8.5.1 Fully describe your service / performance level agreements.

These service / performance agreements must minimally meet the criteria explicitly defined in the RFP requirements.

- 8.5.2 Errors and Omissions Insurance

Contractor will maintain in force during the term of the contract insurance adequate in form and amount to protect Contractor and its respective agents against comprehensive liability and

property damage to AeHN. Insurance limits shall be no less than the following: General liability for damages per occurrence/aggregate \$1,000,000/\$2,000,000; Workers Compensation and Employers Liability \$500,000; Errors and omissions: \$2,000,000 with a software technology rider. Proof of insurance certificate will be added as an attachment to the contract for services.

Alaska eHealth Network - RHCP Phase 2 - Attachment 2

Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0001	Eastern Aleutian Tribes (EAT)	Adak Medical Clinic	Edgar	Smith	100 Mechanical Way, PO box 2105		Aleutian West Census Area	Adak	AK
17203-01-0002	Kodiak Area Native Association	Akhiok Clinic	Roger	Estelle	125 Airport Way		Kodiak Island Borough	Akhiok	AK
17203-01-0003	Alaska Community Health Information Network	Alaska Community Health Information Network	Johanna	Darrough	6831 Arctic Blvd		Anchorage Borough	Anchorage	AK
17203-01-0004	Alaska eHealth Network	Alaska eHealth Network	Bill	Sorrells	4120 Laurel Avenue		Anchorage Borough	Anchorage	AK
17203-01-0005	Alaska Native Tribal Health Consortium	Alaska Native Medical Center	Stewart	Ferguson	4315 Diplomacy Blvd		Anchorage Borough	Anchorage	AK
17203-01-0006	Alaska Rural Telehealth Network	Alaska Rural Telehealth Network	Jeremy	Hansen	943 West Sixth Avenue		Anchorage Borough	Anchorage	AK
17203-01-0007	Tanana Chiefs Conference	Alatna Health Clinic	James	Williams	Alatna Road, PO Box 70		Yukon Koyukuk Census Area	Alatna	AK
17203-01-0008	SEARHC	Alicia Roberts Medical Center	Bob	Cita	830 Craig-Klawock Hwy		Prince of Wales Outer Ketchikan Census Area	Klawock	AK
17203-01-0009	Tanana Chiefs Conference	Allakaket Health Clinic	James	Williams	Main Street, PO Box 10		Yukon Koyukuk Census Area	Allakaket	AK
17203-01-0010	Kodiak Area Native Association	Alutiiq Enwia Health Center	Roger	Estelle	3449 E. Rezanof Dr		Kodiak Island Borough	Kodiak	AK
17203-01-0011	Eastern Aleutian Tribes (EAT)	Anesis Kudrin Memorial Clinic	Edgar	Smith	113 Salmon Berry Way, PO Box 113		Aleutian East Borough	Akutan	AK
17203-01-0012	Eastern Aleutian Tribes (EAT)	Anna Hoblet Memorial Clinic	Edgar	Smith	49 Larsen Drive, PO Box 49		Aleutian East Borough	False Pass	AK
17203-01-0013	Eastern Aleutian Tribes (EAT)	Anna Livingston Memorial Clinic	Edgar	Smith	65 Airport Way, PO Box 65		Aleutian East Borough	Cold Bay	AK
17203-01-0014	Metlakatla Indian Community	Annette Island Service Unit	Bryan	Bell	PO Box 439			Metlakatla	AK

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99546	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99615	907-486-9809	Roger.Estelle@kanaweb.org	Connect to ANMC via APIA network									
99518	907-929-2730	Johanna@alaskapca.org	AeHN									
	907-250-2061	bill@ak-ehealth.org	AeHN									
	907-729-2262	rhall@anthc.org	AeHN		> 2000		100Mb Metro Ethernet/TLS	100Mb	100Mb	100Mb	100Mb	100Mb
99501	907-321-2554	jeremy@hansengress.com	AeHN									
99720	907-452-8251 ext 3136	james.williams@tanachiefs.org	ANMC via TCC network									
99925	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99720	907-452-8251 ext 3136	james.williams@tanachiefs.org	ANMC via TCC network									
99615	907-486-9809	Roger.Estelle@kanaweb.org	ANMC via KANA network									
99553	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99583	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99571	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99926	907-886-5804	bbell@aisu.org	Connect to AeHN through ANMC									

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
		2X 24 port 10/100/1000 Switches							

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0015	Aleutian Pribilof Islands Association (APIA)	Atka Clinic	Fred	Bauer	PO Box 47047		Aleutian West Census Area	Atka	AK
17203-01-0016	Bethel Family Clinic	Bethel Family Clinic	LaTesia	Guinn	631 Main Street, PO Box 1908		Bethel Census Area	Bethel	AK
17203-01-0017	State of Alaska, DHSS - Public Health Clinics	Bethel Public Health Center and Itinerant Nursing Services	Tim	Banaszak	1490 State Highway, PO Box 1048		Bethel Census Area	Bethel	AK
17203-01-0018	Camai Community Health Center, Inc	Camai Community Health Center, Inc	Stephen	Herting	2 School Rd. - PO Box 211		Bristol Bay Borough	Naknek	AK
17203-01-0019	Tanana Chiefs Conference	Chalkyitsik Health Clinic	James	Williams	Kutchin Street, PO Box 42			Chalkyitsik	AK
17203-01-0020	Tanana Chiefs Conference	Chief Andrew Isaac Health Center	James	Williams	1409 19th Ave.		Fairbanks North Star Borough	Fairbanks	AK
17203-01-0021	Mt. Sanford Tribal Consortium (MSTC)	Chistochina Clinic	George	Drinkwater	Mile Post 33.5, Tok Cut-Off Hiwghway, PO Box 241		Valdez Cordova Census Area in the Village of Chistochina.	Gakona	AK
17203-01-0022	Cordova Community Medical Center	Cordova Community Medical Center	Keren	Kelley	602 Chase Avenue		Valdez Cordova Census Area	Cordova	AK
17203-01-0023	State of Alaska, DHSS - Public Health Clinics	Cordova Public Health Center	Tim	Banaszak	110 Micholoff Way, PO Box 359		valdez Cordova Census Area	Cordova	AK
17203-01-0024	SEARHC	Craig Health Clinic	Bob	Cita	1325 Craig-Klawock Hwy			Craig	AK

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99547	907-222-4254	fredb@apiai.org	Connect to AeHN through ANMC									
99559	907-543-3773	lguin@bethelclinic.org	Connect to aeHN via ACHIN	AeHN	15	1						
99559	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99633	907-246-6155	cfo@camiacclinic.com	AeHN		8	1	T-1	1.5-3 Mbps	1-2 Mbps			1.5-3 Mbps
99788	907-452-8251 ext 3136	james.williams@tananacliefs.org	ANMC via TCC network									
99701	907-452-8251 ext 3136	james.williams@tananacliefs.org	ANMC		300	25						
99586	907-259-4498	gtd@mstc.org	Connect to AeHN through ANMC									
99574	907-424-8000	kkelley@cdvcmc.com	Connect to AeHN via ARTN									
99574	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99921	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
		Firewall with security subscription		Network switch					
T1 or equivalent (not needed if connecting through ACHIN)	1.5-3 Mbps	Connection Module to plug into back of existing unit to allow access to another network.							

Alaska eHealth Network - RHCP Phase 2 - Attachment 2

Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0025	State of Alaska, DHSS - Public Health Clinics	Craig Public Health Center	Tim	Banaszak	404 Spruce, PO Box 130		Ketchikan Gateway Borough	Craig	AK
17203-01-0026	Cross Road Medical Center	Cross Road Medical Center	Susan	Sura	Mile 187 Glen Highway, PO Box 5		Chitina Census Area	Glennallen	AK
17203-01-0027	Cross Road Medical Center	Cross Road North Country Clinic	Susan	Sura	Mile 53 Tok Cut-Off, HC01 Box 335			Gakona	AK
17203-01-0028	State of Alaska, DHSS - Public Health Clinics	Delta Junction Public Health Center	Tim	Banaszak	2587 Alaska Highway, PO Box 1511		Southeast Fairbanks Census Area	Delta Junction	AK
17203-01-0029	State of Alaska, DHSS - Public Health Clinics	Dillingham Public Health Center	Tim	Banaszak	125 Main Street, PO Box 1489		Dillingham Census Area	Dillingham	AK
17203-01-0030	Tanana Chiefs Conference	Dot Lake Village Clinic	James	Williams	Charles Street, PO Box 2267		Fairbanks North Star Borough	Dot Lake	AK
17203-01-0031	Tanana Chiefs Conference	Eagle Health Clinic	James	Williams	Mile 171 Taylor Highway, PO Box 134		Fairbanks North Star Borough	Eagle	AK
17203-01-0032	Native Village of Eklutna	Eklutna Village Clinic	Violet	Rice	26339 Eklutna Village Road		Anchorage Borough	Chugiak	AK
17203-01-0033	SEARHC	Ethel Lund Medical Center	Bob	Cita	3245 Hospital Drive		Juneau Borough	Juneau	AK
17203-01-0034	Tanana Chiefs Conference	Evansville Clinic	James	Williams	101 Main Street, PO Box 21607		Yukon Koyukuk Census Area	Bettles	AK
17203-01-0035	Fairbanks Memorial Hospital	Fairbanks Memorial Hospital/Denali Center	Carl	Kegley	1650 Cowles Street		Fairbanks North Star Borough	Fairbanks	AK
17203-01-0036	State of Alaska, DHSS - Public Health Clinics	Fairbanks Regional Public Health Center	Tim	Banaszak	1025 West Barnette		Fairbanks North Star Borough	Fairbanks	AK
17203-01-0037	State of Alaska, DHSS - Public Health Clinics	Fort Yukon Public Health Office	Tim	Banaszak	1 Spruce Street, PO Box 316		Yukon Koyukuk Census Area	Fort Yukon	AK

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99921	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99588	907-822-3203	ssura@crossroadmc.org	Connect to AeHN via ARTN									
99586	907-822-3203	ssura@crossroadmc.org	To Aehn via ARTN									
99737	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99576	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99737	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99738	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99567	907-688-6031	nve.health@eklutnan.ssn.gov and nvehd@mtaonline.net	AeHN			1		10Mbps	10MBps	5MBps	5MBps	10 mbps up/ 10 mbps down
99801	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99726	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99701	907.458.5215	Carl.Kegley2@bannerhealth.com	AeHN									
99701	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99740	907-465-3610	timothy.banaszak@alaska.gov	ANMC									

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
10 meg Metro Circuit	10 mbps up/ 10 mbps down	Firewall, Cisco ASA5505-SEC-BUN-K9		Layer 3 Switch, Cisco WS-C3560V2-24PS-S		Layer 3 Switch, Cisco WS-C3560V2-12PS-S		1000BASE-SX SFP Connector, Cisco GLC-SX-MM	

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0038	SEARHC	Front Street Clinic	Bob	Cita	225 Front Street		Borough of Juneau	Juneau	AK
17203-01-0039	State of Alaska, DHSS - Public Health Clinics	Galena Public Health Center	Tim	Banaszak	Antoski Avenue, PO Box 64			Galena	AK
17203-01-0040	State of Alaska, DHSS - Public Health Clinics	Haines Public Health Center	Tim	Banaszak	259 Main Street, PO Box 717		Haines Borough	Haines	AK
17203-01-0041	State of Alaska, DHSS - Public Health Clinics	Homer Public Health Center	Tim	Banaszak	195 East Bunnell Ave, Suite C		Kenai Peninsula Borough	Homer	AK
17203-01-0042	SEARHC	Hoonah Medical Center	Bob	Cita	568 Raven Drive			Hoonah	AK
17203-01-0043	Tanana Chiefs Conference	Hughes Village Clinic	James	Williams	1 Hughes Road, PO Box 45049		Yukon Koyukuk Census Area	Hughes	AK
17203-01-0044	Tanana Chiefs Conference	Huslia Village Clinic	James	Williams	90 Main Street, PO Box 90		Yukon Koyukuk Census Area	Huslia	AK
17203-01-0045	SEARHC	Hydaburg Health Center	Bob	Cita	8th St. Extension		Ketchikan Gateway Borough	Hydaburg	AK
17203-01-0046	Iliuliuk Family & Health Services	Iliuliuk Family & Health Services	Sonia	Handforth-Kome	34 Lavelle Ct., PO Box 144		Aleutian West Census Area	Unalaska	AK
17203-01-0047	Interior Community Health Center	Interior Community Health Center	Tammy	Wilkerson	1606 23rd Avenue		Fairbanks North Star Borough	Fairbanks	AK

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99801	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99741	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99827	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99603	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99829	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99745	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99746	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99922	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99685	907-581-1202	skome@ifhs.org	Connect to AeHN via ARTN	ACHIN	50	Up to 5	2-3 T1 circuits	1.5-3 Mbps	1-2 Mbps			1.5-3 Mbps
99701	907-458-1549	tammy.wilkerson@inhc.org	AeHN		40	2						

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
T1 or equivalent (not needed if connecting through ACHIN)	1.5-3 Mbps	Connection module, Cisco 2800. Module to plug into back of existing unit to allow access to another network.							

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0048	SEARHC	Jessie Jim Health Center - Angoon Clinic	Bob	Cita	635 Chinook Way		Skagway Hoonah Angoon Census Area	Angoon	AK
17203-01-0049	State of Alaska, DHSS - Public Health Clinics	Juneau Public Health Center	Tim	Banaszak	3412 Glacier Highway		Juneau Borough	Juneau	AK
17203-01-0050	SEARHC	Kake Health Center	Bob	Cita	100 Totem Way		Wrangell Petersburg Census Area	Kake	AK
17203-01-0051	Tanana Chiefs Conference	Kaltag Village Clinic	James	Williams	148 Katido Street, PO Box 148		Yukon Koyukuk Census Area	Kaltag	AK
17203-01-0052	SEARHC	Kasaan Clinic	Bob	Cita	103 First St - PO Box KXA		Ketchikan Gateway Borough	Ketchikan	AK
17203-01-0053	State of Alaska, DHSS - Public Health Clinics	Kenai Public Health Center	Tim	Banaszak	630 Barnacle Way, Suite A		Kenai Peninsula Borough	Kenai	AK
17203-01-0054	State of Alaska, DHSS - Public Health Clinics	Ketchikan Public Health Center	Tim	Banaszak	3054 Fifth Avenue		Ketchikan Gateway Borough	Ketchikan	AK
17203-01-0055	Eastern Aleutian Tribes (EAT)	King Cove Clinic	Edgar	Smith	9 Slocum Drive, PO Box 9		Aleutian East Borough	King Cove	AK
17203-01-0056	SEARHC	Klukwan Health Center	Bob	Cita	Chilkat Ave, POB 690		Haines Borough	Klukwan	AK
17203-01-0057	State of Alaska, DHSS - Public Health Clinics	Kodiak Public Health Center	Tim	Banaszak	316 Mission Road, Room 207		Kodiak Island Borough	Kodiak	AK
17203-01-0058	Tanana Chiefs Conference	Koyukuk Village Clinic	James	Williams	30 Koyukuk Lane, PO Box 30		Yukon Koyukuk Census Area	Koyukuk	AK
17203-01-0059	Kodiak Area Native Association	Larsen Bay Clinic	Roger	Estelle	103rd Street		Kodiak Island Borough	Larsen Bay	AK
17203-01-0060	Tanana Chiefs Conference	Louden Health Center - Edgar Nollner Health Center	James	Williams	77 Antoski Avenue, PO Box 77		Yukon Koyukuk Census Area	Galena	AK

Alaska eHealth Network - RHCPP Phase 2 - Attachment 2

Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99820	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99801	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99830	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99748	907-452-8251 ext 3136	james.williams@tananchiefs.org	ANMC via TCC network									
99950	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99611	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99901	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99612	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99827	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99615	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99754	907-452-8251 ext 3136	james.williams@tananchiefs.org	ANMC via TCC network									
99624	Roger.Estelle@kanaweb.org	Roger.Estelle@kanaweb.org	ANMC via KANA network									
99741	907-452-8251 ext 3136	james.williams@tananchiefs.org	ANMC via TCC network									

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Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0061	SEARHC	Lynn Canal Medical Center	Bob	Cita	131 1st Avenue South		Haines Borough	Haines	AK
17203-01-0062	Tanana Chiefs Conference	Manley Village Clinic	James	Williams	Mile 149 Elliot Highway, PO Box 83		Yukon Koyukuk Census Area	Manley Hot Springs	AK
17203-01-0063	State of Alaska, DHSS - Public Health Clinics	Mat-Su Public Health Center	Tim	Banaszak	3223 E. Palmer_Wasilla Highway, Ste 3		Matanuska Susitna Borough	Wasilla	AK
17203-01-0064	Mt. Sanford Tribal Consortium (MSTC)	Mentasta Lake Clinic	George	Drinkwater	Mile 6 Mentasta Lake Rd., PO Box 6019		Valdex Cordova Census Area in the Village of Mentasta.	Mentasta Lake	AK
17203-01-0065	Tanana Chiefs Conference	Minto Village Clinic	James	Williams	58 Revier View, PO Box 58077		Yukon Koyukuk Census Area	Minto	AK
17203-01-0066	SEARHC	Mt. Edgecumbe High School Student Health Clinic	Bob	Cita	1293 Seward Ave.			Sitka	AK
17203-01-0067	SEARHC	Mt. Edgecumbe Hospital	Bob	Cita	222 Tongass Drive		Sitka Borough	Sitka	AK
17203-01-0068	Native Village of Tyonek	Native Village of Tyonek	Ron	Davis	1689 C Street, PO Box 2009		Kenai Peninsula Borough	Tyonek	AK
17203-01-0069	Eastern Aleutian Tribes (EAT)	Nelson Lagoon Clinic	Edgar	Smith	1 North Shore, PO Box 40		Aleutian East Borough	Nelson Lagoon	AK
17203-01-0070	Tanana Chiefs Conference	Nenana Health Clinic	James	Williams	806 East G Street, PO Box 160		Yukon Koyukuk Census Area	Nenana	AK
17203-01-0071	Aleutian Pribilof Islands Association (APIA)	Nikolski Clinic	Fred	Bauer	General Delivery		Aleutian West Census Area	Nikolski	AK
17203-01-0072	Ninilchik Traditional Council	Ninilchik Community Clinic	Ivan	Encelewski	15765 Kingsley Road, PO Box 39368		Kenai Peninsula Borough	Ninilchik	AK

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Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99827	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99756	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99654	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99760	907-259-4498	gtd@mstc.org	Connect to AeHN through ANMC									
99758	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99835	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99835	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network		1000	14	2 T1s	3mbps	3mbps	3mbps	3mbps	3mbps
99682	907-272-0707	rdavis@tyonek.com	AeHN									
99571	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99760	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99638	907-222-4254	fredb@api.ai.org	Connect to AeHN through ANMC									
99639	907-567-3313	ivan@niniichiktribe-nnsn.gov	ANMC		20			3MB	3MB	3MB	3MB	3MB

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1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
T1	3mbps	Router, Cisco 29XX		Router, Cisco 29XX					
3Mbps MPLS									

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Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0073	Tanana Chiefs Conference	Northway Health Clinic	James	Williams	517 Circle Drive, PO Box 517		Fairbanks North Star Borough	Northway	AK
17203-01-0074	Tanana Chiefs Conference	Nulato Health Clinic	James	Williams	10 Dineega Street, PO Box 65010		Yukon Koyukuk Census Area	Nulato	AK
17203-01-0075	Kodiak Area Native Association	Old Harbor Clinic	Roger	Estelle	600 Birch Street		Kodiak Island Borough	Old Harbor	AK
17203-01-0076	Aleutian Pribilof Islands Association (APIA)	Oonalaska Wellness Center	Fred	Bauer	PO Box 1130		Aleutian West Census Area	Unalaska	AK
17203-01-0077	Aleutian Pribilof Islands Association (APIA)	Oonalaska Wellness Center - Behavior Health Center	Fred	Bauer	PO Box 1130			St. George	AK
17203-01-0078	Kodiak Area Native Association	Ouzinkie Clinic	Roger	Estelle	3rd 7C Street		Kodiak Island Borough	Ouzinkie	AK
17203-01-0079	SEARHC	Pelican Health Center	Bob	Cita	57d57mN Lat, 136d 13m W Long, POB 101		Sitka Borough	Pelican	AK
17203-01-0080	SEARHC	Petersburg Health Center	Bob	Cita	202 Gjoa St			Petersburg	AK
17203-01-0081	Petersburg Medical Center	Petersburg Medical Center	John	Bringhurst	103 Fram Street PO Box 589		Wrangell Petersburg Census Area	Petersburg	AK
17203-01-0082	State of Alaska, DHSS - Public Health Clinics	Petersburg Public Health Center	Tim	Banaszak	103 Fram Street, PO Box 377		Wrangell Petersburg Census Area	Petersburg	AK
17203-01-0083	Kodiak Area Native Association	Port Lions Clinic	Roger	Estelle	501 Molina Street		Kodiak Island Borough	Port Lions	AK
17203-01-0084	Tanana Chiefs Conference	Rampart Village Clinic	James	Williams	49 Main Street, P. O. Box 67049		Yukon Koyukuk Census Area	Rampart	AK
17203-01-0085	Tanana Chiefs Conference	Ruby Village Clinic	James	Williams	74 Titina Street, PO Box 74		Yukon Koyukuk Census Area	Ruby	AK

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Zip	Primary Contact Phone	Primary Contact eMail	Desired Primary Connection Option	Optional Secondary Connection Option	# of Users	# of Locations	1.1. Description of desired circuit:	1.2. Desired Upload Speed:	1.3. Desired Download Speed:	1.4. Guaranteed Upload Speed:	1.5. Guaranteed Download Speed:	1.6. Speed of Circuit:
99764	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99765	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99643	907-486-9809	Roger.Estelle@kanaweb.org	ANMC via KANA network									
99685	907-222-4254	fredb@apiai.org	Connect to AeHN through ANMC									
99591	907-222-4254	fredb@apiai.org	Connect to ANMC via APIA network									
99550	907-486-9809	Roger.Estelle@kanaweb.org	ANMC via KANA network									
99832	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99833	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99833	907-772-4291	jbringhurst@pmc-health.org	AeHN	GCI Connect MD	50	1	MPLS	10Mbps	10Mbps	8Mbps	8Mbps	10Mbps
99833	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99550	907-486-9809	Roger.Estelle@kanaweb.org	ANMC via KANA network									
99767	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99768	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									

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1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
MPLS	10Mbps	Firewall, Cisco ASA5520		Router, Cisco 3820		Switch, Cisco 3750			

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Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0086	Eastern Aleutian Tribes (EAT)	Sand Point Medical Clinic	Edgar	Smith	527 Red Cove Road		Aleutian East Borough	Sand Point	AK
17203-01-0087	State of Alaska, DHSS - Public Health Clinics	Seward Public Health Center	Tim	Banaszak	201 3rd Avenue, PO Box 810		Kenai Peninsula Borough	Seward	AK
17203-01-0088	Sitka Community Hospital	Sitka Community Hospital	Mike	Jackson	209 Moller Avenue		Village of Sitka	Sitka	AK
17203-01-0089	State of Alaska, DHSS - Public Health Clinics	Sitka Public Health Center	Tim	Banaszak	210 Moller Street		Sitka Borough	Sitka	AK
17203-01-0090	South Peninsula Hospital	South Peninsula Hospital	Robert	Letson	4300 Bartlett Street		Kenai Peninsula Borough	Homer	AK
17203-01-0091	Aleutian Pribilof Islands Association (APIA)	St George Clinic	Fred	Bauer	PO Box 934			St. George	AK
17203-01-0092	Aleutian Pribilof Islands Association (APIA)	St Paul Health Center	Fred	Bauer	PO Box 148		Aleutian West Census Area	St. Paul Island	AK
17203-01-0093	Aleutian Pribilof Islands Association (APIA)	St Paul Health Center Behavioral Health Counseling Center	Fred	Bauer	PO Box 148		Aleutian West Census Area	St Paul Island	AK
17203-01-0094	Tanana Chiefs Conference	Stevens Village Clinic	James	Williams	30 Spruce Road, PO Box 74030		Yukon Koyukuk Census Area	Stevens Village	AK
17203-01-0095	Sunshine Community Health Center	Talkeetna Clinic	Sharon	Montagnino	34300 South Talkeetna Spur Road		Matanuska Susitna Borough	Talkeetna	AK
17203-01-0096	Tanana Chiefs Conference	Tanacross Village Clinic	James	Williams	50 New Tanacross Road, PO Box 76050		Fairbanks North Star Borough	Tanacross	AK
17203-01-0097	Tanana Chiefs Conference	Tanana Village Clinic	James	Williams	40 River Street, General Delivery		Yukon Koyukuk Census Area	Tanana	AK
17203-01-0098	SEARHC	Tenakee Springs Health Clinic	Bob	Cita	57d35mN Lat, 135d 10m W Long - PO Box 52			Tenakee Springs	AK

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99661	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99664	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99835	907-747-1790	mikej@sitkahospital.org	Connect to AeHN via ARTN									
99835	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99603	907-235-8101	rfl@sphosp.org	Connect to AeHN via ARTN									
99591	907-222-4254	fredb@apiai.org	Connect to ANMC via APIA network									
99660	907-222-4254	fredb@apiai.org	Connect to AeHN through ANMC									
99660	907-222-4254	fredb@apiai.org	Connect to ANMC via APIA network									
99774	907-452-8251 ext 3136	james.williams@tanachiefs.org	ANMC via TCC network									
99676	907-733-2273	smontagnino@sunshineclinic.org	AeHN									
99776	907-452-8251 ext 3136	james.williams@tanachiefs.org	ANMC via TCC network									
99777	907-452-8251 ext 3136	james.williams@tanachiefs.org	ANMC via TCC network									
99841	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									

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Site ID (465 App Number)	Name of Parent Organization	Site (HCP) Name	Primary Contact First	Primary Contact Last	Site Street Address	add2	Burrough	City	State
17203-01-0099	Tanana Chiefs Conference	Tetlin Village Clinic	James	Williams	339 Main Street, PO Box 339		Yukon Koyukuk Census Area	Tok	AK
17203-01-0100	SEARHC	Thorne Bay Health Center	Bob	Cita	120 Freeman		Ketchikan Gateway Borough	Thorne Bay	AK
17203-01-0101	State of Alaska, DHSS - Public Health Clinics	Tok Public Health Center	Tim	Banaszak	1314 Alaska Highway, PO Box 186		Fairbanks North Star Borough	Tok	AK
17203-01-0102	Interior Community Health Center	Tri Valley Community Center	Tammy	Wilkerson	Usibelli Spur Road			Healy	AK
17203-01-0103	State of Alaska, DHSS - Public Health Clinics	Valdez Public Health Center	Tim	Banaszak	1001 Meals Avenue, PO Box 950		valdez Cordova Census Area	Valdez	AK
17203-01-0104	Eastern Aleutian Tribes (EAT)	Whittier Rural Clinic	Edgar	Smith	301 Kenai Street, Box 727		Valdez Cordova Census Area	Whittier	AK
17203-01-0105	Sunshine Community Health Center	Willow Clinic	Sharon	Montagnino	11203 Nancy Lakes Pkwy			Willow	AK
17203-01-0106	SEARHC	Wrangell	Bob	Cita	325 Front St.			Wrangell	AK
17203-01-0107	Wrangell Medical Center	Wrangell Medical Center	Noel	Rea	310 Bennett Street, PO Box 1081		Wrangell Petersburg Census Area	Wrangell	AK
17203-01-0108	State of Alaska, DHSS - Public Health Clinics	Wrangell Public Health Center	Tim	Banaszak	215 Front Street, PO Box 379		Wrangell Petersburg Census Area	Wrangell	AK

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99780	907-452-8251 ext 3136	james.williams@tananachiefs.org	ANMC via TCC network									
99919	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99780	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99743	907-458-1549	tammy.wilkerson@inhc.org	AeHN									
99686	907-465-3610	timothy.banaszak@alaska.gov	ANMC									
99693	907-564-2523	edgars@eatribes.net	Connect to ANMC via EAT network									
99688	smontagnino@sunshineclinic.org	907-733-2273	AeHN									
99929	907-463-4085	bob@searhc.org	Connect to ANMC via SEARHC network									
99929	907-874-7164	nrea@wmcmail.org	Connect to AeHN via ARTN		50	1	MPLS fiber	20MBs	10MBs	15MBs	8MBs	20MBs
99929	907-465-3610	timothy.banaszak@alaska.gov	ANMC									

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1.7. T1, T3, OC3, etc.:	1.8 Desired Bandwidth	2.1 Device Type:	2.2 Additional Info	3.1 Device Type:	3.2 Additional Info	4.1 Device Type:	4.2 Additional Info	5.1 Device Type:	5.2 Additional Info
MPLS on fiber	20MBs	Integrated Services Router, Cisco 3925							