

# *Chronological Networks Inc.*

Networking at its Finest

Chronological Networking Inc.

Networking at it's Best

Maywood Academy Highschool 6125 Pine Avenue Maywood, CA

90270

Computer Networking 1

Network Proposal

For

Networking Design

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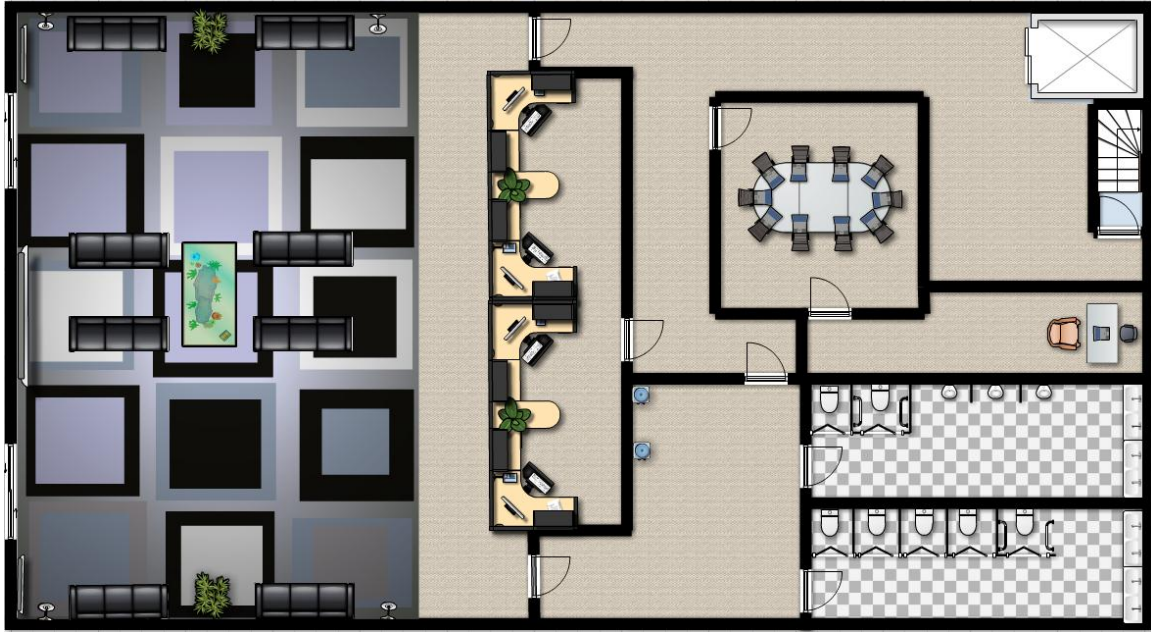
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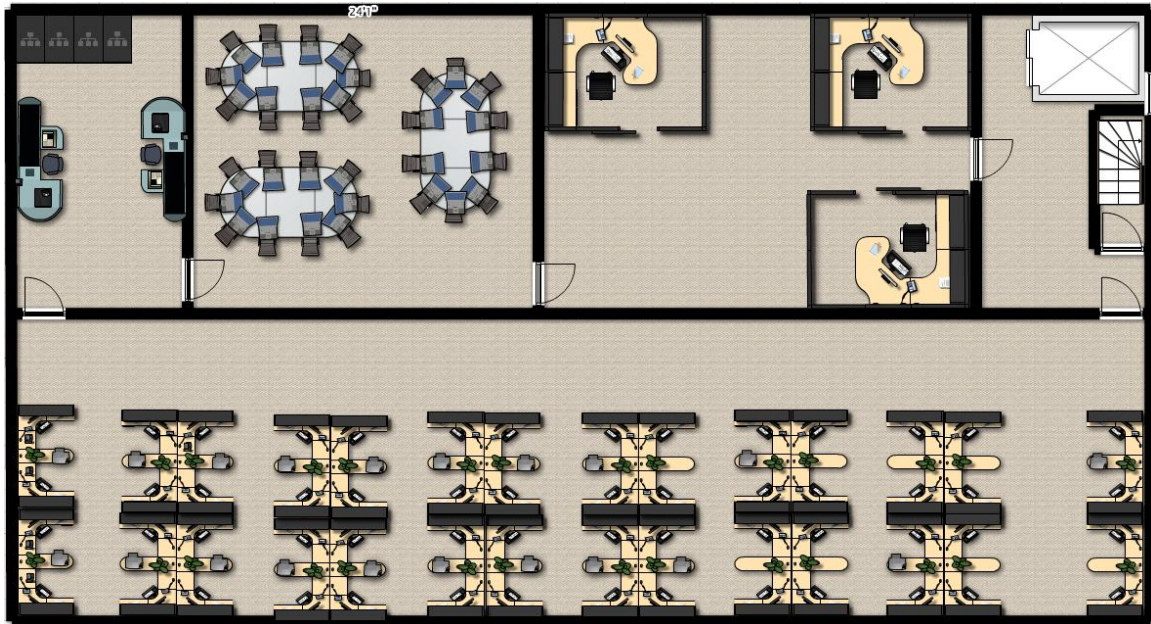
## **TABEL OF CONTENTS**

1. Cover page in the format discussed in class.
2. Page 1 name of company and the list of officers and their respective responsibilities
3. Page 2 table of contents phases 1- 5
4. Floor Plan
5. Complete Parts List with Pictures
6. Cost Quotes with Equipment Specifications
7. Data Access document explaining why Ethernet was chosen over token ring and fiber optic network.
8. Maintenance Agreement and Warranty
9. List of all web resources used









# First Floor



# Second Floor



## Parts List

Laptops	
Color LaserJet Printer	
Switch	
Router	
Access Point	
Modular Plug	
Patch Cable	
Patch Panel	

Cable Tie	
Server	

## *Price List*

1	HP Pavillion q6t-2000 Notebook	499.99	40	19,999.60
2	HP Color LaserJet CP6015dn	4,199.99	20	9,999.80
3	Gigabit Ethernet Desktop Switch, 8 Port, Intellinet	69.99	10	699.90
4	My Net N900 Central HD Dual Band Wireless Router, 2TB Storage	299.00	6	1,794.00
5	Wireless 150N Access Point Router, Intellinet	53.99	10	539.90
6	CAT6 Modular Plug Connectors, 8P8C, Solid or Stranded, Bulk 100 Pack	39.79	10	397.90
7	Cat6 550MHz UTP Network Patch Cable, Booted,	7.19	50	359.50
8	CAT6 Ultra High Density Patch Panel 1/2U, 24	116.00	10	1,160.00
9	Cable Tie 50lbs, White, 12in, 100	6.49	10	64.90
10	My Book Live Duo Network Storage Server (NAS), 4TB	379.00	4	1,516.00

Network Proposal Price List 3D Hologram Design

Total=\$6,532

## PRICE QUOTES

HP Pavillion q6t-2000 Notebook



HP Color LaserJet CP6015dn



My Net N900 Central HD Dual Band Wireless Router, 2TB Storage



My Book Live Duo Network Storage Server (NAS), 4TB



CAT6 Ultra High Density Patch Panel 1/2U, 24



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Ethernet cabling has become increasingly popular since the updates of its abilities. Ethernet cabling can be just as fast and effective as a fiber optic. Ethernet cabling was chosen to be used in our company because of its low cost, connectivity, and the **speed** and range it can connect. Overall, Ethernet cabling is a better option than fiber optic.

The first reason as to why our company chose Ethernet cabling was because of its connectivity capacities. When it comes to computer networks, Ethernet cable is almost always easier and faster than fiber-optic cable. Ethernet cables can be connected to any RJ-45 connection found on most desktop computers, routers and modems. Very few desktop computers come with fiber-optic adapters.

The second reason as to why we chose Ethernet cabling was because of its speed and range. Ethernet data rates vary depending on the cable used. The newest, 10 gigabit Ethernet, transmits up to 10 Gbps. Gigabit Ethernet transmits up to 1 Gbps. Fast Ethernet, still the most common cable used in homes and offices today, transmits up to 100 Mbps (Ethernet has a range of only 328 feet. This short range is the reason the protocol is limited to home and office local-area networks.

The final reason as to why we chose Ethernet cabling was because of its inexpensiveness and simplicity. We chose Ethernet because Ethernet cables are inexpensive and easier to manage. Also because of its simplicity with Ethernet cabling you are not required to buy any extra hardware. The user can also simply connect one end of the cable to the computer's network card and the other end into an existing hub or router. Wired connections also do not have the security issues that wireless networks have.

Overall, our company chose Ethernet cabling due to its connectivity capacities, speed and range, inexpensiveness, and simplicity to use. Also because Ethernet cabling has become popular and a more common form of cabling rather than that of a fiber optic.

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**CHRONOLOGICAL NETWORKING POINT OF SERVICE (POS)  
NETWORK/INTERNET AGREEMENT**

This agreement is required for all providers and non-providers (provider representatives) who intend to use the Chronological POS Network or Chronologic website applications at [www.chronologic.com](http://www.chronologic.com)

**I.**

- (a). The following is required only for enrolled Chronological Networking Inc. providers: The Department of Networking Design (DHCS) will permit the use of the California POS Network and **chronologic** website by the following Chronologic provider subject to the terms and conditions of this agreement.

**Provider Name:** \_\_\_\_\_  
**Provider Number/NPI:** \_\_\_\_\_  
**Owner Number:** \_\_\_\_\_ (If applicable)  
**Tax ID:** \_\_\_\_\_

- (b). The following is required only if intending to use a device and/or software that is not obtained through Chronologic:

Vendor/Developer Company Name:  
\_\_\_\_\_  
CMC Submitter Number (if applicable): \_\_\_\_ \_\_\_\_ \_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

- (c). The following is required only for non-provider users [provider representatives] of the POS Network/Chronologic website: DHCS will permit the use of the Chronologica POS Network and/or Chronologic website by the authorized provider representative \_\_\_\_\_ (Representative) subject to the terms of this agreement. When applicable, please attach to this agreement a list of all provider numbers/NPIs and corresponding Tax Identification Numbers (TINs) for which the non-provider user is also the authorized representative.

- (d). Provider/Representative is requesting to delete access and usage of the POS Network and/or Chronologic website to the following provider representative \_\_\_\_\_ (Representative) subject to the terms of this agreement. When applicable, please attach to this agreement a list of all provider numbers/NPIs and corresponding TINs for deletion.

**II.** Provider/Representative agrees to limit the usage of the POS Network and Chronologic website to the following Chronologic eligibility and claims-related transactions:



- A. Verification of Chronologic eligibility
- B. Share of Cost (Spend Down) clearance
- C. Chrono-Service reservations
- D. Submission of Pharmacy claims (may only be performed by providers enrolled to submit claims on the Chronological *Networking Supplies Claim Form*)
- E. Submission of ANSI ASC X12N 837 professional claims (may only be performed by providers enrolled to submit claims on the Chronologic Chronological Services claim form)
- F. Submission of electronic Treatment Authorization Requests (i.e. eTAR and Pharmacy NCPDP)
- G. Submission of other transactions as may be subsequently permitted by DHCS and as documented in one or more of the user manuals in the Publications area of the Chronologic website
- H. Browsing of Chronologic website

**III.** and/or Chronologic website. Provider/Representative acknowledges abuse of transactions available on the Chronologic website may result in DHCS revoking provider access to Chronologic website. The Provider/Representative agrees that the following constitutes the only authorized methods of accessing the POS Network:

- A. Chronologic-provided toll-free (800) line or 916-prefix phone line as documented in the *POS Device User Guide*
- B. Provider- or Representative-provided leased phone lines

**IV.** Any computer accessing the Chronologic website is required to abide by all applicable State and Federal laws enacted today or in the future.

**V.** The Provider/Representative agrees to the following security requirements. All computers that access Chronologic data must meet the following requirements, in addition to any State and Federal required administrative, technical, physical, and organizational safeguards:

- A. Antivirus software. All workstations, laptops and other systems that access the Chronologic website or process and/or store Chronologic Protected Health Information (PHI) must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.
- B. Patch Management. All workstations, laptops and other systems that access the Chronologic Web site or process and/or store Chronologic PHI must have critical security patches applied, with system reboot if necessary. There must be a documented patch management process, which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within 30 days of vendor release.
- C. System Timeout. The systems that access the Chronologic website or process and/or store Chronologic PHI must provide an automatic timeout, requiring re-authentication of the user session. It is recommended that the automatic timeout be after no more than 20 minutes of inactivity.

- D. User Name and Password Controls. Systems that access the Chronologic website or process and/or store Chronologic PHI should be accessed using a unique user name. The user name must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be: (1) At least eight characters, (2) A non-dictionary word, (3) Not be stored in readable format on the computer, (4) Be changed every 90 days, preferably 60 days, (5) Be changed if revealed or compromised, and (6) Be composed of characters from at least three of the following four groups from the standard keyboard:
- Upper case letters (A-Z)
  - Lower case letters (a-z)
  - Arabic numerals (0-9)
  - Non-alphanumeric characters (punctuation symbols)
- E. Workstation/Laptop encryption. All workstations and laptops that access the Chronologic website or process and/or store Chronologic PHI are recommended to be encrypted using a FIPS 140-2 certified algorithm, which is 128-bit or higher, such as Advanced Encryption Standard (AES); full disk encryption is recommended.

**VI.** The Provider/Representative agrees to pay the following fees associated with the use of the POS Network:

- A. For eligibility transactions, including Share of Cost clearance and Chrono-Service reservations submitted through Chrono-provided phone lines, there will be no transaction fee.
- B. For Provider and/or Representative submission of pharmacy claims transactions through Chronologic-provided phone lines, there will be a fee of \$ .10 per approved claim transaction. An approved claim transaction is defined as a service, Chronologic supply, durable Chronologic equipment supply that is determined to be payable through the claims adjudication process of the POS Network. This fee will be withheld from your regular Chronologic claims payment.
- C. Any claim and/or eligibility transaction submitted on the Chronologic website will not have a transaction fee.

**VII.** If the POS device is not being used over a reasonable amount of time, the Provider/Representative agrees to return the device. If the device is not returned in a timely manner, the Provider/Representative agrees to have the \$700 cost of the device deducted from future reimbursement. Provider/Representative agrees, in order for the Provider/Representative's system to be activated for submission of actual Chronologic eligibility or claims-related transactions, to perform testing as required by DHCS and as documented in the *POS Network Interface Specifications* document or Chronologic website documents. Provider/Representative acknowledges that multiple tests may be required to activate the full functionality of the

device/software/application and that all testing must be successfully concluded before the device/software/application will be activated.

**VIII.** Provider/Representative agrees to report all malfunctions of the POS Network or Chronologic website to Chronological Fiscal Intermediary at the phone number and/or address listed below.

**IX.** Provider/Representative acknowledges that neither DHCS nor its agent is responsible for errors or problems, including problems of incompatibility, caused by hardware or software not provided by DHCS.

**X. *Provider or Non-Provider (Authorized Representative) Signature:***

I, the undersigned, am authorized and do attest and agree to all of the terms and conditions of this agreement.

\_\_\_\_\_

Printed Name of Signee

Authorized Signature

\_\_\_\_\_

Title

Date

**Address**

\_\_\_\_\_

CMC Submitter Number (if applicable): \_\_\_\_

\_\_\_\_

Please mail this completed form to:

Xerox State Healthcare, LLC  
Attn: POS/Internet Help Desk  
820 Stillwater Rd  
West Sacramento, CA 95605  
1-800-541-5555

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## Citation

"Dell." *Dell.com*. Dell Inc. Web. 20 May 2013.

"Cyber Guys." *Cyberguys.com*. Cyberguys, Inc.. Web. 20 May 2013.