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June 17, 2019

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: Ex Parte Notice in WC Docket Nos. 02-60, 17-310

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules¹ we hereby provide notice of the following written and oral *ex parte* presentations in connection with the above-captioned proceedings. On Monday, June 10, 2019, Brian Doerr, Senior Vice President of Information Technology/Security Officer/Privacy Officer at Community Hospital Corporation (CHC), and Whitney Walker, Director of Telecom Funding Programs at CHC, and undersigned counsel, met with Ryan Palmer, Division Chief, Elizabeth Drogula, Deputy Division Chief, Bill Layton, Assistant Division Chief, and Phil Bonomo, all from the Wireline Competition Bureau, Telecommunications Access Policy Division (TAPD). On Tuesday, June 11, 2019, Mr. Doerr, Ms. Walker, and undersigned counsel met separately with Travis Litman, Chief of Staff and Senior Legal Advisor for Commissioner Rosenworcel, and Jamie Susskind, Chief of Staff for Commissioner Carr.

During these meetings we discussed how CHC has, since 1996, assisted small independent community hospitals around the country manage their operations and lower their costs. Since 2015 CHC has functioned as both an applicant to the Rural Health Care (RHC) program on behalf of many small community hospitals that it owns or manages, and as a consultant and consortium leader that assists small non-profit health care providers (HCPs) around the country who need funding through the program. CHC helps all RHC applicants right-size their telecommunications needs, in many cases lowering their purchasing requirements. These lower purchase requirements help ensure efficient and responsible use of limited RHC funding. For FY 2019, CHC helped 340 applicants in 26 states apply for RHC funding in the both the Healthcare Connect Fund (HCF) and Telecommunications Program.

We also discussed how CHC has migrated most of the circuits it manages to the HCF. Because legacy voice services are not eligible for HCF support, however, many small hospitals still

¹ 47 C.F.R. § 1.1206.

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require Telecommunications Program support. Because migration to voice-over-IP phone services require a significant upfront capital outlay for internal wiring and customer premises equipment (CPE), these HCPs are unable to abandon their legacy voice services. For HCPs that need Telecommunications Program support, CHC has struggled to obtain “rural rate” information from carriers, receiving several significant funding year 2018 denials from USAC in cases where carriers did not provide requested information.

CHC urged the FCC to complete the pending rulemaking and simplify the “rural rate” rule to make it simpler for small health care providers. We also explained the importance of the RHC program to the economic viability of rural health care providers across the country and urged the Commission to consider a larger cap for the program. Finally, we discussed program administration challenges including shorter filing windows, longer USAC form processing times, and redundant, burdensome information requests. CHC recognizes that increased program oversight and cap mechanics may account for some of these difficulties, however improvements in program administration are needed.

Please let us know if you have any questions.

Respectfully submitted,

/s/

Jeffrey A. Mitchell
Counsel for CHC

Attachment



Keeping the **H** in Hometown®

Community Hospital Corporation

June 2019



Brian Doerr
SVP, Information Technology
Community Hospital Corporation

Brian has been with CHC for 11 years and is responsible for the development of all IT, security, privacy, credit card processing, and telecom related programs for CHC hospital clients.



Whittney Walker
Director, Telecom Funding
Community Hospital Corporation

Whittney has been with CHC for 4 years and is responsible for the development of all telecom service and consulting programs for CHC hospital clients.

Community Hospital Corporation

Community Hospital Corporation (CHC) is a not-for-profit 509(a)(3) support organization founded in 1996.

CHC owns, manages and consults with hospitals across the country.

CHC mission – To guide, support and enhance the mission of community hospitals and healthcare providers

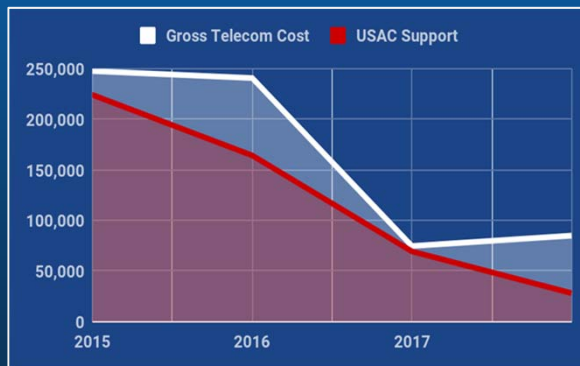
A map of the United States showing the distribution of green circles, which represent data points. The circles are concentrated in several regions: the Pacific Northwest (Washington, Oregon), the Mountain West area (Idaho, Utah, Nevada, Wyoming, Colorado), the Great Plains (North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas), the Midwest (Minnesota, Wisconsin, Illinois, Michigan, Indiana, Ohio), the Northeast (New York, Pennsylvania, New Jersey, Maryland, Delaware, Virginia, North Carolina, South Carolina, Georgia, Florida), and the Southeast (Alabama, Mississippi, Louisiana). There are also circles in California, Arizona, New Mexico, Hawaii, and Alaska. Major cities like San Francisco, Los Angeles, San Diego, Las Vegas, Chicago, New York, Philadelphia, and Washington D.C. are labeled. The map includes state names and major bodies of water like the Gulf of California and the Gulf of Mexico.

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Yoakum Community Hospital - Yoakum, TX

Yoakum Community Hospital is a 25-bed Critical Access Hospital that has served the 5,800 people in Yoakum, as well as surrounding areas, for 90 years.

85% of Yoakum's patients use Medicaid. In early 2018, Yoakum closed its OB department due to financial struggles.



Projects enabled by USAC funding:

- Remote real-time imaging services
- Remote office visit telemedicine program

Program challenges

- Denials due to service provider non-response to USAC

Jellico Community Hospital - Jellico, TN



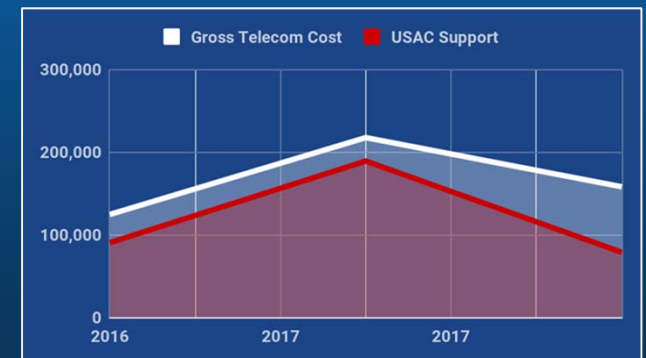
Jellico Community Hospital is a 54 bed acute care facility providing quality healthcare since 1974.

20% of area families have incomes below the poverty level and 68% use Medicare or Medicaid. Topography creates significant challenges for Physicians and Patients.

Facility was recently sold to avoid closure due to financial stress.

Projects enabled by USAC funding:

- Remote clinic broadband and telephone in Williamsburg, KY
- Remote patient monitoring by remote physicians
- Reduction in technology expenses leveraging cloud hosted inpatient and clinic EMRs



RHC Administrative Challenges

- Initial filing window narrowed for past three years
- Increasing administrative burdens
 - Rural and urban rate documentation requirements
 - PQA requests are initiated during peak filing deadlines
- Delayed form processing
 - Average HCF eligibility review for 2019 was 22 days
 - Form 461 without RFP took up to 14 days to post
 - Funding delays
- Lack of telecommunications knowledge by USAC analysts
 - Increased information requests, often repetitive
 - Funding denials
 - Undue hardships on participating HCPs
 - Lengthy appeals process

Thank you.