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June 16, 2015

VIA ELECTRONIC FILING

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

Re: Notice of *Ex Parte* in WC Docket No. 02-60 and GN Docket No. 13-5

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules, 47 C.F.R. § 1.1206, we hereby provide notice of an *ex parte* presentation in connection with the above-captioned proceedings. On Monday, June 8, 2015, Hank Fanberg, Director of Technology Advocacy, CHRISTUS Health,[1] and undersigned counsel, met with the following attorneys at the Wireline Competition Bureau: Radhika Karmarkar, Deputy Division Chief, Telecommunications Access Policy Division, and Regina Brown. We also met separately with Travis Litman, Legal Advisor to Commissioner Jessica Rosenworcel, and with Chanelle Hardy, Chief of Staff, and Rebekah Goodheart, Legal Advisor to Commissioner Mignon Clyburn.

We discussed CHRISTUS' recent letter urging the Commission to continue to explore innovative ways to utilize unused Rural Health Care funding, particularly given the continued rapid changes in our health care delivery system, and the financial crisis facing many rural hospitals.[2] We noted preliminary results from a home health monitoring project undertaken by CHRISTUS show success reducing costly hospital readmissions for the targeted patient population. This home monitoring program is favorably viewed by patients who among other things appreciated having

[1] CHRISTUS Health ("CHRISTUS") is the lead entity and member of the Texas Health Information Network Collaborative ("TxHINC"), a Rural Health Care pilot program awardee. Mr. Fanberg, who is Assistant Project Manager of TxHINC, appeared representing CHRISTUS Health and not TxHINC.

[2] *See* Letter from George S. Conklin, Senior Vice President and CIO, CHRISTUS Health, to Marlene H. Dortch, Secretary, Federal Communications Commission (Mar. 30, 2015), filed in WC Docket No. 02-60. Attached to this letter is current information from USAC's website showing $207 million in funds requested so far for Funding Year 2014, out of a potential $400 million available. *See* http://www.usac.org/rhc/healthcare-connect/funding-information/default.aspx. The deadline to request FY 2014 funding is June 30.

one-touch access to their care team at the hospital through a CHRISTUS-provided tablet computer. We have attached a draft presentation of those preliminary results to this notice.[3]

The CHRISTUS project provides monitoring only for the first 30 to 60 days after discharge, after which the monitoring kit is returned to the hospital. This limited deployment is partly due to unfavorable insurance reimbursement for these services, as well as the costs for the broadband connectivity which are borne solely by CHRISTUS. We intend to supplement the record with the actual broadband costs to CHRISTUS to provide these services. For clarity, it is only these mobile broadband services that we believe are eligible for reimbursement under Section 254(h)(2)(A) of the Communications Act.[4]

Finally, we noted the continued and unprecedented closure crisis facing rural hospitals – with six rural hospitals in six different states already closing in 2015. The latest closure data is also attached.[5]

Sincerely,

Jeffrey A. Mitchell
Counsel for CHRISTUS Health

Enclosures:

- June 16, 2015, USAC Current Funding Demand (through March 31, 2015)
- *Draft* CHRISTUS Remote Patient Monitoring/Care Transitions Expansion Project Results Overview
- Rural Hospital Closures (through June 4, 2015)

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[3] The presentation is "draft" pending publication of the final results.

[4] *See* 47 U.S.C. § 254(h). Section 254(h)(2)(A) authorizes the FCC to create rules that enhance access to "advanced telecommunications and information services for all public and non-profit . . . health care providers. . . ."

[5] *See* North Carolina Rural Health Research Program, the University of North Carolina, Cecil G. Sheps Center for Health Services Research, http://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/; *see also* The 283-mile Walk to DC for rural health care, http://thewalknctodc.com/.

USAC Universal Service Administrative Company®

FUNDING INFORMATION

Funding Information Archive

The Rural Health Care (RHC) Program has an annual cap of $400 million in total support available for telecommunications and broadband funding for the Telecommunications and Healthcare Connect Fund (HCF) programs.

View the most current funding commitments and disbursements.

View funding information for the Telecommunications Program.

Funding graphs

Funding Commitments (as of May 31, 2015)

$400 Million Cap for Total RHC Program Funding		FY2013	FY2014
Total Commitment Requests Received (Telecom and HCF Programs)		$190,576,535	$207,444,463
Total Commitments Made (Telecom and HCF Programs)		$179,591,508	$158,792,711
	Commitment Requests Received (HCF Program - Consortia)	$33,092,356	$53,691,908
	Commitments Made (HCF Program - Consortia)	$33,092,356	$36,061,294
	Commitment Requests Received (HCF Program - Individual HCPs)	$16,537,420	$31,347,483
	Commitments Made (HCF Program - Individual HCPs)	$16,537,419	$16,465,221

As part of the total funding cap, there is also a $150 million cap for upfront payments and multi-year commitments.

$150 Million Cap for Upfront Payments and Multi-Year Commitments		FY2013	FY2014
Total Commitment Requests Received		$41,408,634	$60,756,697
Total Commitments Made		$40,972,093	$40,218,360
	Total Commitment Requests Received (Consortia)	$31,514,271	$50,350,295
	Total Commitments Made (Consortia)	$31,500,618	$34,161,270
	Total Commitment Requests Received (Individual HCPs)	$9,894,363	$10,406,403
	Total Commitments Made (Individual HCPs)	$9,471,475	$6,057,091

Funding Disbursements (as of May 31, 2015)

HCF Program Disbursements		FY2013	FY2014
Total Disbursements Made		$20,866,040	$5,253,646

	Total Disbursements Made (Consortia)	$11,546,350	$2,979,827
	Total Disbursements Made (Individual HCPs)	$9,319,689	$2,273,819

HCF Program Funding Requests		FY2013	FY2014
Total Funding Requests		2,839	4,168
	Total Funding Requests (Consortia)	55	79
	Total Funding Requests (Individual HCPs)	2,784	3,989

Definitions

Commitments: Approved funding that is estimated based on health care provider (HCP) funding requests and is subject to change after USAC review of forms.

Disbursements: Payments for actual dollars invoiced.

Upfront payments: Funding for build-out, indefeasible rights of use of facilities for specified period of time (IRUs), equipment necessary for the formation of networks, and self-construction charges, only available to consortia.

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DRAFT

St. Michael Health System
Texarkana, TX

Remote Patient Monitoring/Care Transitions Expansion Project

Metric Review Summary

Period Ending March 31, 2015

HEALTH INFORMATICS CHRISTUS Health

St. Michael Remote Patient Monitoring (RPM) Care Transitions Pilot Highlights

July 2012 – December 2013

- **One-year Pilot with 25 Kits**
  - Funding by Vivify Health and AT&T
  - Determine if RPM tool can improve Care Transitions efficiency
- **CHF Patients**
  - 75 acute care inpatients monitored for 33 - 90 days
- **1 Dedicated RN/Care Transition Nurse**

Key Results

- *$2.44 ROI*
- *95% Patient Satisfaction*

HEALTH INFORMATICS CHRISTUS Health

Successful Pilot let to Expansion Project

- **First patient enrolled 11/29/13**
- **100 RPM Kits**
  - 10 given at no-charge to CHRISTUS by service providers
  - 90 purchased through December 2014
- **Expanded diagnoses**
  - Heart Failure, Myocardial Infarction, Coronary Artery Disease, Hypertension
  - Pneumonia, Chronic Obstructive Pulmonary Disease, Respiratory Failure
  - Diabetes
  - Sepsis
- **Expanded staff**
  - Clinical Program Coordinator
  - Telemonitoring Coordinator
  - Care Transition Coaches
- **RPM deployed for 60 days**

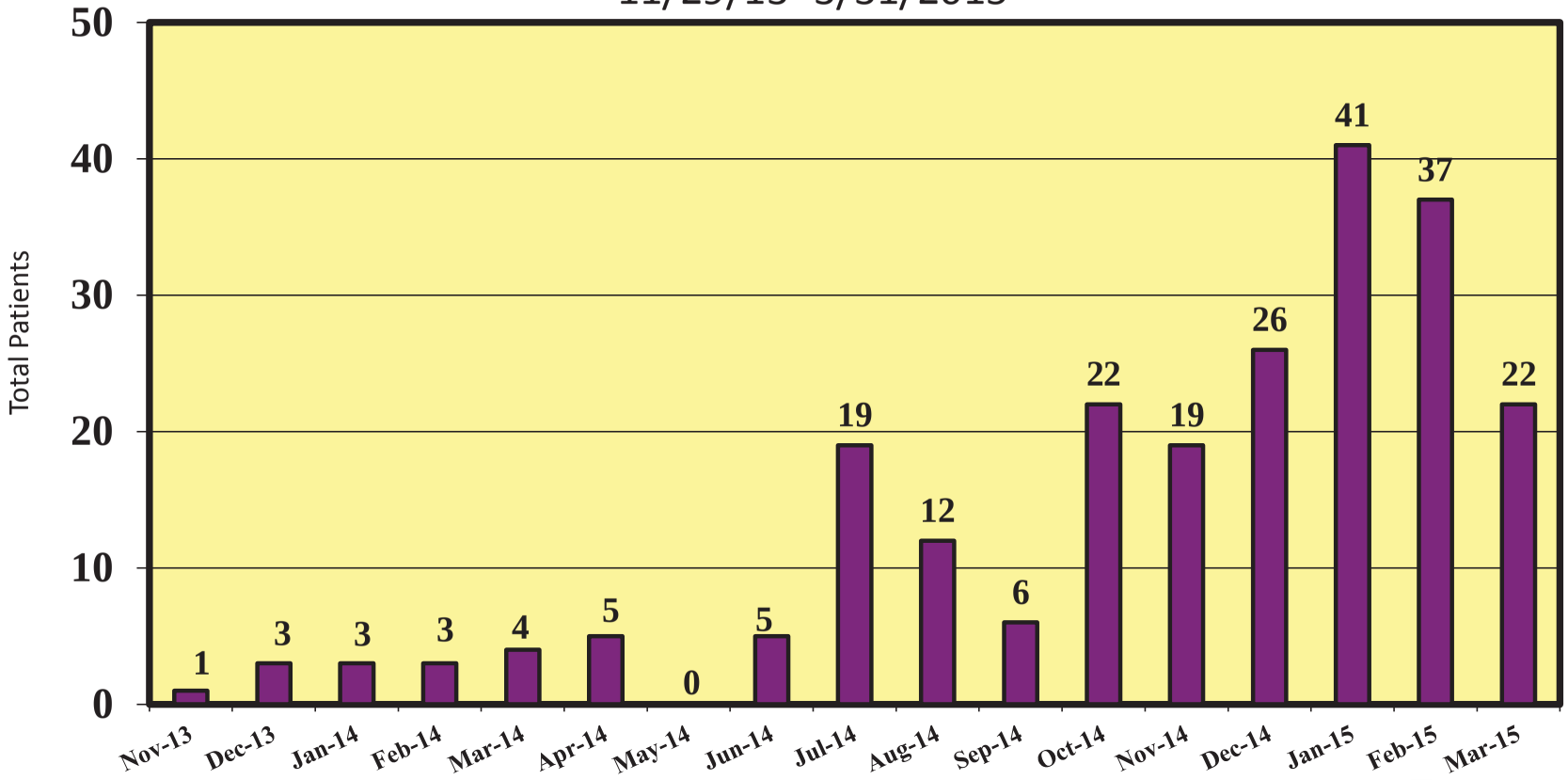
HEALTH INFORMATICS CHRISTUS Health

New Technology Driving Better Health Care.

St. Michael RPM/Care Transitions Expansion Program

Total Patients Enrolled by Month

11/29/13- 3/31/2015



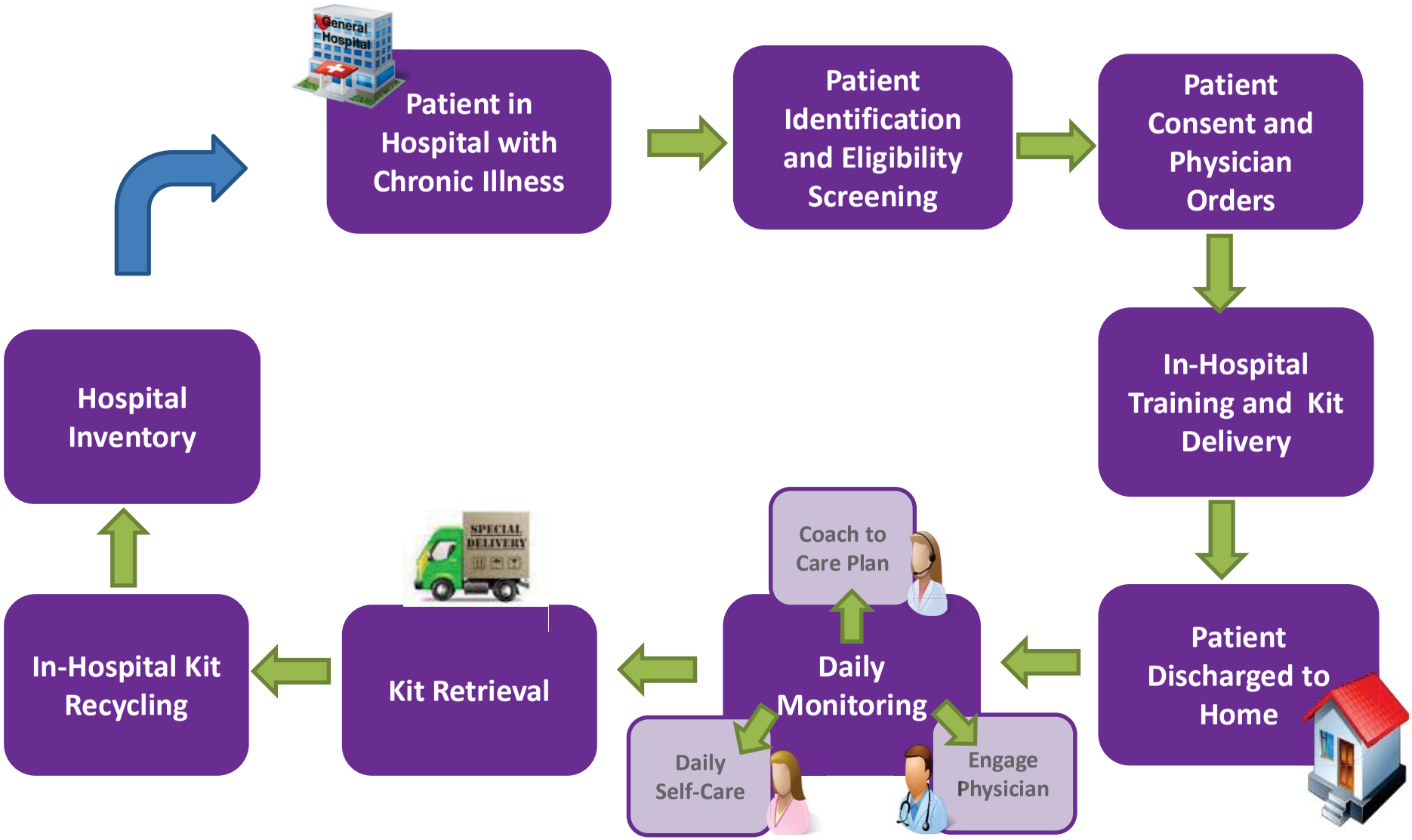
HEALTH INFORMATICS CHRISTUS Health

Source: RPM Expansion Spreadsheet

Note: First patient enrolled 11/29/13

CHRISTUS St. Michael Health System

Current Hospital Remote Patient Monitoring Clinical Workflow Process



New Technology Driving Better Health Care.

HEALTH INFORMATICS CHRISTUS Health

New Technology Driving Better Health Care.

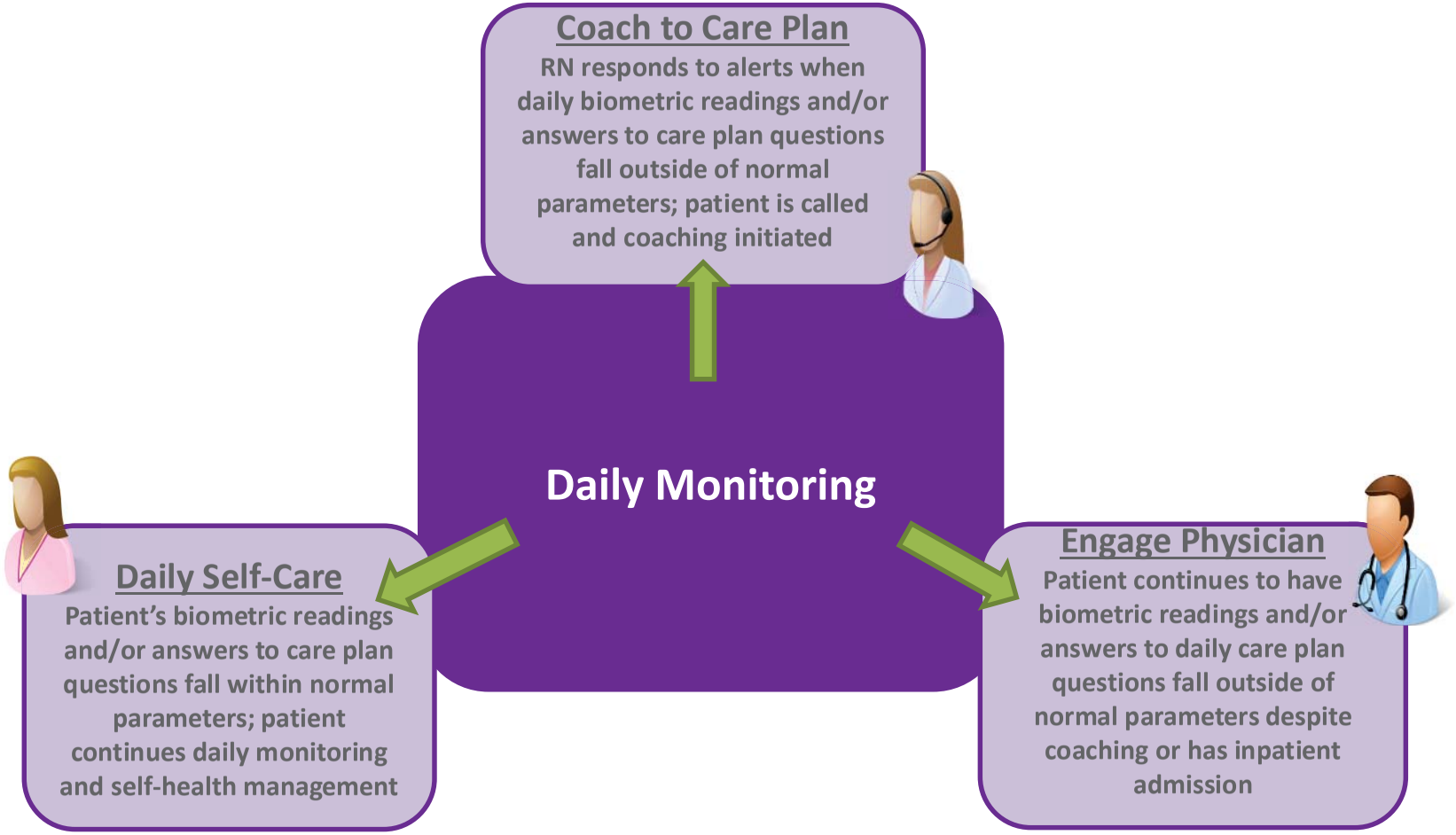
HEALTH INFORMATICS

CHRISTUS Health

CHRISTUS St. Michael Health System

Remote Patient Monitoring

Clinical Workflow Process of Daily Monitoring



New Technology Driving Better Health Care.

St. Michael RPM/Care Transitions Expansion Program

Clinical-Quality Benefits

Patients Enrolled Through **9/30/14**

Benefits of RPM Program	N=53
30-Day Related Readmission Rate PRE RPM	9.1%
30-Day Related Readmission Rate POST RPM	5.1%
Average Inpatient Admission PRE RPM	1.34 Admissions Per Patient
Average Inpatient Admission POST RPM	.53 Admissions Per Patient
Overall Patient Satisfaction	95% [note: calculated for patients who completed program by 3/31/15; N=115]

N equals number of active patients through 9/30/14 unless noted
Source: HPM

HEALTH INFORMATICS CHRISTUS Health

New Technology Driving Better Health Care.

St. Michael RPM/Care Transitions Expansion Program

Financial Benefits & Costs Per Patient

Patients Enrolled Through **9/30/14**

Benefits of RPM Program	**N=53**
Average Per Patient Inpatient Costs Pre RPM	$16,412
Average Per Patient Inpatient Costs Post RPM	$6,915
Estimated Per Patient Gross Savings	$9,497
Costs of RPM Program	
Average Labor Cost Per Patient	$1,226
Average Technology Cost Per Patient	$1,209
Average Other Program Costs Per Patient	$169
Total Program Cost Per Patient	$2,604
Per Patient Net Savings	$6,891
Return on Investment	$2.65 [$2.65 saved on every $1.00 invested]

N equals number of active patients through 9/30/14
Source: HPM, Vivify Health, AT&T, CTN Program

HEALTH INFORMATICS CHRISTUS Health

New Technology Driving Better Health Care.

Explanation of Clinical-Quality Indicators

- 30-Day Related Readmission Rate PRE RPM equals total number of 30-day Related Readmission 6 month PRE PRM enrollment divided by total Pre and Post Admissions of N 6 months pre and post enrollment [i.e., CHF admission/discharge and CHF admission within 30-days for same patient]

- **30-Day Related Readmission Rate POST RPM equals total number of 30-day Related Readmission 6 month POST PRM enrollment divided by total Pre and Post Admissions of N 6 months pre and post enrollment[i.e., CHF admission/discharge and CHF admission within 30-days for same patient**

- Average Inpatient Admission PRE RPM equals total number of admissions for any diagnoses 6 months PRE PRM enrollment divided by N [i.e., CHF admission/discharge and COPD admission for same patient]

- **Average Inpatient Admission POST RPM equals total number of admissions for any diagnoses 6 months POST PRM enrollment divided by N[i.e., CHF admission/discharge and COPD admission for same patient]**

- Overall Patient Satisfaction equals sum of rating for "Would you recommend the RPM to others?" [using Likert Scale of 1 to 5,where 1 equals Strongly Disagree and 5 equals Strongly Agree] divided by N

New Technology Driving Better Health Care.

Explanation of Financial Indicators and Cost Calculations

- Average Per Patient Inpatient Cost PRE RPM equals inpatient hospital costs 6 months prior to RPM enrollment less reimbursement divided by N
- **Average Per Patient Inpatient Cost POST RPM equals inpatient hospital costs 6 months post RPM enrollment less reimbursement divided by N**
- Estimated Gross Savings equals Average Per Patient Inpatient Cost PRE RPM less Average Inpatient Cost POST RPM
- **Average Labor Cost Per Patient equal staff salary and benefits incurred during time period divided by N**
- Average Technology Cost Per Patient equals costs of equipment, packaging, kitting, software, platform and data plan incurred during time frame divided b y N
- **Other Program Cost Per Patient equals cost of supplies, FedEx, gas and mileage incurred during timeframe divided by N**
- Total Program Cost Per Patient equals sum of Labor Cost, Technology Cost, and Other Program Cost divided by N
- **Per Patient Net Savings equals Estimated Gross savings less Total Program Cost divided by N**
- Return on Investment equals Per Patient Net Savings divided by Total Program Cost Per Patient

Rural Hospital Closures*: January 2010-Present

June 4, 2015

Map Tag	Hospital	Address	City	State	RUCA[i]	CBSA[ii]	Medicare Payment Type[iii]	Closure Month	Closure Year	# of Beds	Current Status
aa	Hunt Regional Community Hospital of Commerce	2900 Sterling Hart Dr	Commerce	Texas	7.2	Metro	CAH	May	2015	24	Emergency medical center and outpatient clinic
z	Yadkin Valley Community Hospital	624 W Main Street	Yadkinville	North Carolina	2.0	Metro	CAH	May	2015	15	None
y	Marlboro Park Hospital	1138 Cheraw Street	Bennettsville	South Carolina	4.0	Micro	PPS	April	2015	94	None
x	Parkridge West Hospital	1000 TN-28	Jasper	Tennessee	7.1	Metro	PPS	April	2015	50	24-hour emergency, imaging and lab services
w	Parkway Regional Hospital	2000 Holiday Lane	Fulton	Kentucky	7.2	Micro	PPS	March	2015	48	None
v	Kilmichael Hospital	301 Lamar Ave	Kilmichael	Mississippi	8	Neither	MDH	January	2015	19	Rural Health Clinic
u	East Texas Medical Center- Mount Vernon	500 Texas 37	Mount Vernon	Texas	9	Neither	MDH	December	2014	49	ETMC First Physicians clinic and urgent care center.
t	East Texas Medical Center- Clarksville	3000 W. Main St	Clarksville	Texas	7.2	Neither	MDH	December	2014	30	None
s	East Texas Medical Center- Gilmer	712 N. Wood	Gilmer	Texas	7.1	Metro	PPS	October	2014	37	None
r	Doctors Hospital of Nelsonville	1950 Mt Saint Mary's Drive	Nelsonville	Ohio	7.2	Micro	CAH	October	2014	25	Outpatient Care Facility and 24-hour Emergency Department
q	Sac-Osage Hospital	700 Geisler Drive	Osceola	Missouri	9	Neither	SCH	September	2014	47	None

*A rural hospital is any short-term, general acute, non-federal hospital that is a. not located in a metropolitan county OR b. is located in a RUCA type 4 or higher OR c. is a Critical Access Hospital. For more information: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html

For the purposes of this project, we have defined a hospital closure as cessation in the provision of in-patient services.

Rural Hospital Closures*: January 2010-Present

June 4, 2015

Map Tag	Hospital	Address	City	State	RUCA	CBSA	Medicare Payment Type	Closure Month	Closure Year	# of Beds	Current Status
p	Haywood Park Community Hospital	2545 N Washington Ave	Brownsville	Tennessee	7.1	Neither	DSH	July	2014	36	Urgent Care Center & Outpatient Care
o	Lower Oconee Community Hospital	111 N 3rd St	Glenwood	Georgia	10.2	Neither	CAH	June	2014	25	None
n	Tilden Community Hospital	308 W 2nd St	Tilden	Nebraska	10.2	Neither	CAH	June	2014	20	Outpatient Center
m	Vidant Pungo Hospital	202 E Water St	Belhaven	North Carolina	10.2	Micro	CAH	June	2014	25	None
l	Mid-Valley Hospital	1400 Main St	Peckville	Pennsylvania	1	Metro	CAH	June	2014	25	Urgent Care & Outpatient Center
k	Nicholas County Hospital	2325 Concrete Rd	Carlisle	Kentucky	10.2	Neither	CAH	May	2014	16	None
j	Good Shepherd Medical Center	404 N Kaufman St	Linden	Texas	10.1	Neither	CAH	April	2014	25	None
i	North Adams Regional Hospital	71 Hospital Ave	North Adams	Massachusetts	4.1	Metro	MDH	March	2014	98	24-hour Emergency Facility
h	Lake Whitney Medical Center	200 N San Jacinto St	Whitney	Texas	10.1	Neither	MDH	March	2014	49	None
g	Gibson General Hospital	200 Hospital Dr	Trenton	Tennessee	7	Neither	MDH	January	2014	41	Urgent Care & Outpatient Center
f	Humboldt General Hospital	3525 Chere Carol Rd	Humboldt	Tennessee	7.1	Neither	PPS	January	2014	42	Emergency Department & Outpatient Center
e	Florala Memorial Hospital	24273 5th Avenue	Florala	Alabama	3	Neither	PPS	December	2013	22	Primary care clinic
d	Wise Regional Health System-Bridgeport	1905 Doctors' Hospital Dr	Bridgeport	Texas	7.0	Metro	PPS	December	2013	35	Urgent Care and ambulatory Center

Rural Hospital Closures*: January 2010-Present

June 4, 2015

Map Tag	Hospital	Address	City	State	RUCA	CBSA	Medicare Payment Type	Closure Month	Closure Year	# of Beds	Current Status
c	St. Andrews Hospital	6TH St Andrews Ln	Boothbay Harbor	Maine	10	Neither	CAH	October	2013	25	24-hour Urgent Care Center
b	Blowing Rock Hospital	418 Chestnut Dr	Blowing Rock	North Carolina	10.1	Micro	CAH	October	2013	25	Skilled Nursing & Rehab Facility
a	Lee Regional Medical Center	127 Health Care Dr	Pennington Gap	Virginia	10.1	Neither	MDH	October	2013	70	None
Z	Charlton Memorial Hospital	2449 3rd St	Folkston	Georgia	2	Neither	CAH	August	2013	15	None
Y	People's Choice Medical Center of Humphreys County	500 C Rd	Belzoni	Mississippi	7.2	Neither	CAH	August	2013	25	None
X	Cozby-Germany Hospital	707 N Waldrip St	Grand Saline	Texas	7.1	Neither	SCH	August	2013	24	None
W	Shelby Regional Medical Center	602 Hurst St	Center	Texas	7.2	Neither	PPS	July	2013	54	None
V	Corcoran District Hospital	1310 Hanna Ave	Corcoran	California	4.1	Metro	PPS	March	2013	32	Rural Health Clinic
U	Calhoun Memorial Hospital	55 R E Jennings Ave SE	Arlington	Georgia	2	Neither	CAH	March	2013	25	None
T	Stewart-Webster Hospital	580 Alston St	Richland	Georgia	10.1	Neither	CAH	March	2013	25	None
S	Elba General Hospital	987 Drayton St	Elba	Alabama	10.2	Micro	MDH	February	2013	20	Skilled Nursing & Rehab Facility
R	Renaissance Hospital Terrell	1551 State Highway 34	Terrell	Texas	4.1	Metro	PPS	February	2013	106	None
Q	Chilton Medical Center	1010 Lay Dam Rd	Clanton	Alabama	7.1	Metro	PPS	November	2012	27	None
P	Colorado-Fayette Medical Center	400 Youens Dr	Weimar	Texas	10.1	Neither	MDH	August	2012	38	None

Rural Hospital Closures*: January 2010-Present

June 4, 2015

Map Tag	Hospital	Address	City	State	RUCA	CBSA	Medicare Payment Type	Closure Month	Closure Year	# of Beds	Current Status
O	Muskogee Community Hospital	2900 North Main St	Muskogee	Oklahoma	4	Micro	PPS	July	2012	45	East campus of Eastar Health System offers outpatient services, imaging, occupational service and a sleep center
N	Florence Community Healthcare	450 West Adamsville Rd	Florence	Arizona	4.1	Metro	CAH	June	2012	25	None
M	Hart County Hospital	138 W Gibson St	Hartwell	Georgia	7	Neither	MDH	May	2012	82	None
L	Cheboygan Memorial Hospital	748 S Main	Cheboygan	Michigan	7	Neither	CAH	April	2012	25	24-hr Emergency Department & Outpatient Services Center
K	Saint Catherine Medical Center Fountain Springs	101 Broad St	Ashland	Pennsylvania	7.2	Micro	PPS	April	2012	53	None
J	Bamberg County Memorial Hospital	509 North St	Bamberg	South Carolina	7.2	Neither	PPS	April	2012	59	None
I	Physicians Choice Hospital-Fremont	2390 Enterprise Drive	Fremont	Ohio	4	Micro	PPS	March	2012	8	None
H	Hualapai Mountain Medical Center	3801 Santa Rosa Dr	Kingman	Arizona	4	Metro	PPS	September	2011	70	Acute Rehabilitation Unit
G	South West Alabama Medical Center	33700 Highway 43	Thomasville	Alabama	7.1	Neither	PPS	August	2011	27	None

Rural Hospital Closures*: January 2010-Present

June 4, 2015

Map Tag	Hospital	Address	City	State	RUCA	CBSA	Medicare Payment Type	Closure Month	Closure Year	# of Beds	Current Status
F	Central Kansas Medical Center	3515 Broadway	Great Bend	Kansas	4	Micro	Re-based SCH	April	2011	41	Renamed St. Rose Ambulatory & Surgical Center & offers urgent care, outpatient services, imaging services and sleep disorder center
E	Randolph Medical Center	59928 Highway 22	Roanoke	Alabama	7.2	Neither	CAH	March	2011	12	None
D	Franciscan Skemp Medical Center	464 S Saint Joseph Ave	Arcadia	Wisconsin	7	Neither	CAH	March	2011	25	Mayo clinic remains
C	Lakeside Medical Center	129 6th Ave SE	Pine City	Minnesota	7.1	Neither	PPS	December	2010	10	Nursing home, occupational/physical therapy and dialysis center
B	Holy Infant Hospital	512 Main St	Hoven	South Dakota	10	Neither	Re-based SCH	October	2010	22	Clinic open 2-3 days per week
A	Kingsburg Medical Center	1200 Smith St	Kingsburg	California	4.1	Metro	PPS	May	2010	15	None

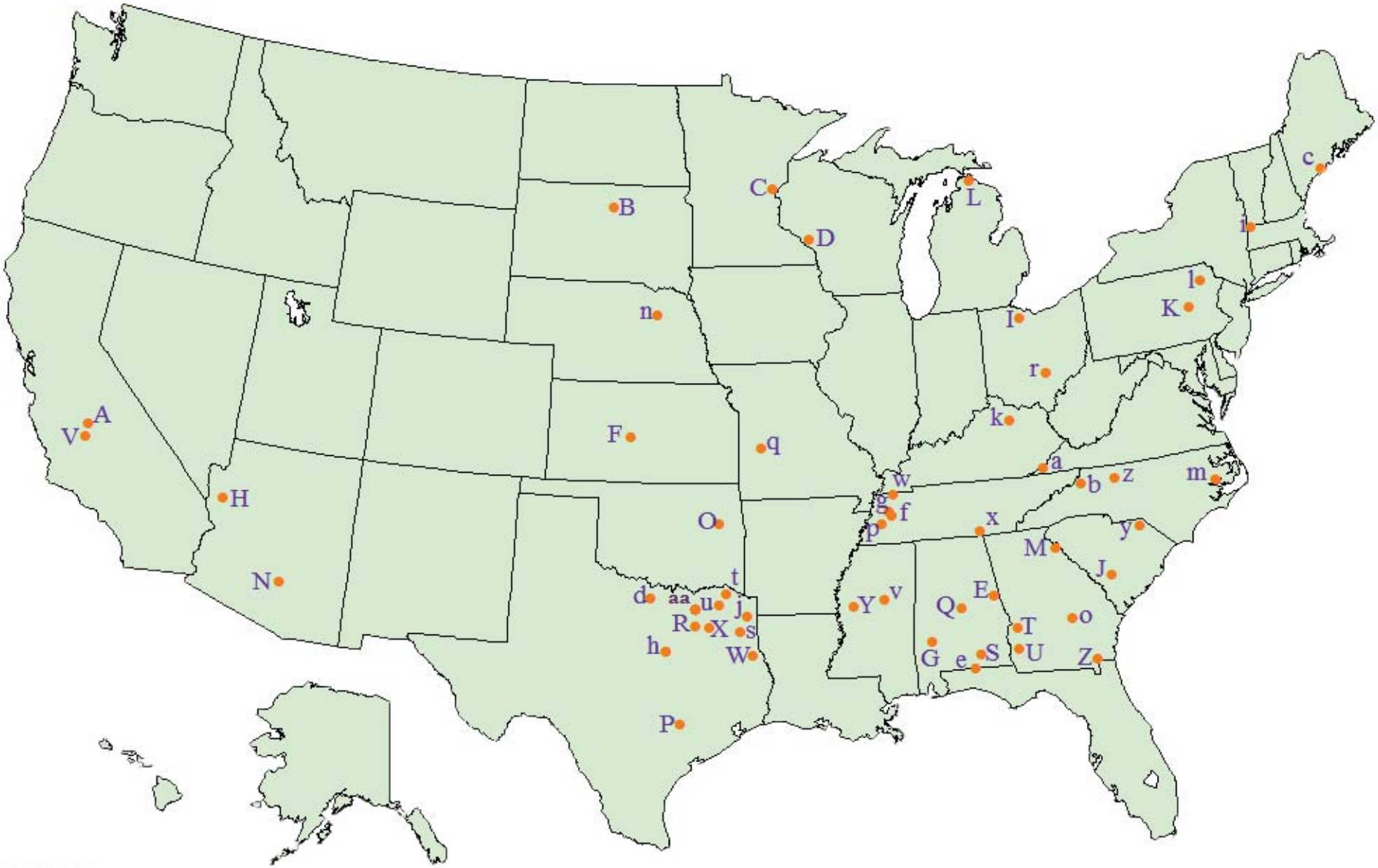
[i] RUCAs- Rural-Urban Commuting Area Codes, are a new Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. In addition, a ZIP Code RUCA approximation was developed. For more information: http://depts.washington.edu/uwruca/

[ii] CBSA-"Core Based Statistical Area" is a collective term for both metro and micro areas. A metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population. Each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. For more information: http://www.census.gov/population/metro/

[iii] DSH- Disproportionate Share Hospital; CAH- Critical Access Hospital; MDH- Medicare Dependent Hospital; PPS- Prospective Payment System; SCH- Sole Community Hospital/re-based Sole Community Hospital

Rural Hospital Closures*: January 2010-Present

June 4, 2015



NC RHRP

North Carolina Rural Health Research Program