

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the matter of Request for Review by Fort HealthCare –
Fort Memorial Hospital, Lake Mills Clinic, and Whitewater
Clinic of Decisions of Universal Service Administrator

Docket Nos. 96-45 and 97-21

**FORT HEALTHCARE’S REQUEST FOR REVIEW OF DENIALS FROM THE RURAL
HEALTH CARE DIVISION**

To: Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Re: Universal Service Fund Appeal FY2006
Fort HealthCare - Fort Memorial Hospital HCP 13127 FRN 27579

Universal Service Fund Appeal FY 2006
Fort HealthCare – Lake Mills Clinic HCP 13129 FRN 27624

Universal Service Fund Appeal FY2006
Fort HealthCare - Whitewater Clinic HCP 13131 FRN 27614

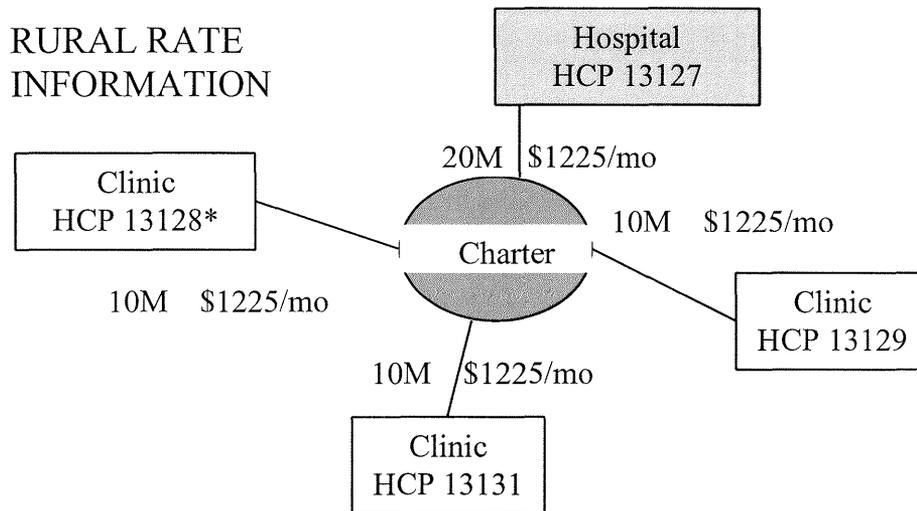
I. INTRODUCTION.

Fort HealthCare - Fort Memorial Hospital (“Hospital”), Fort HealthCare – Lake Mills Clinic (“Lake Mills Clinic”) and Fort HealthCare – Whitewater Clinic (“Whitewater Clinic”) (collectively, the “Clinics”) hereby jointly appeal the decisions of Universal Service Administrative Company (“USAC”) concerning the appropriate level of universal service support funding for certain telecommunications services provided to them.¹ The Hospital and Clinics respectfully request that the Federal Communications Commission (“FCC”) overturn USAC’s decisions and provide universal service support as more fully set forth below.

¹ Because the appeals of the Hospital and Clinics each turn on the same set of facts and contracts, they are filing a joint appeal.

II. BACKGROUND.

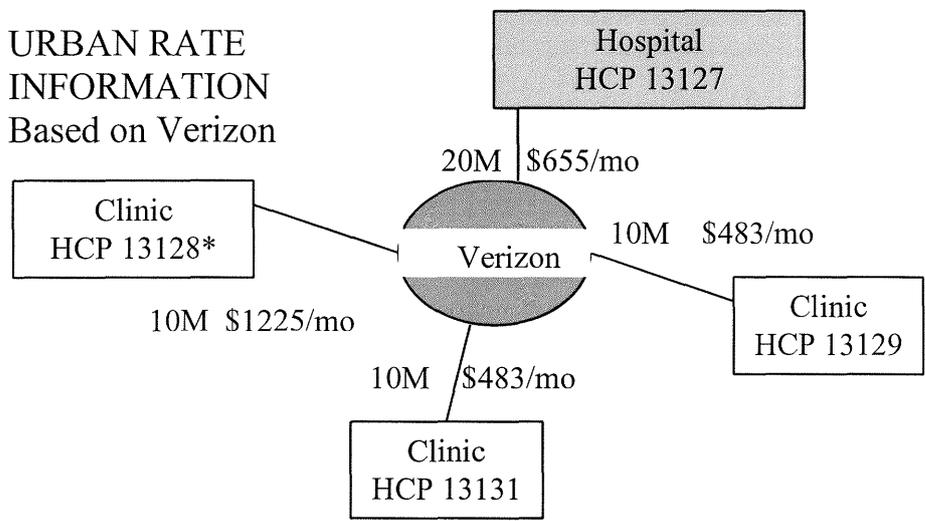
The Hospital and Clinics are rural health care providers eligible for Rural Health Care Program universal service fund assistance. Acting on their behalf, USF Consultants sought such assistance for contracts the Hospital and Clinics entered into with Charter Fiberlink, LLC (“Charter”) for the provision of Virtual Local Area Network services in Funding Year 2006.² As shown in the diagram below, the Hospital sought support for 20 Meg service for which it was billed \$1225 monthly, and the Clinics sought support for 10 Meg service for which they were each billed \$1225 monthly.



*Not subject to this appeal.

To determine the monthly support amount, the Hospital and Clinics used the Verizon Business Converged Ethernet Access Service Rates for the Milwaukee area. Doing so provided the following urban rates from which to determine the appropriate level of subsidy:

² Specifically, the Hospital posted Form 465 on April 25, 2006 (Exhibit A) and Form 466 on June 26, 2007 (Exhibit B). Lake Mills Clinic posted Form 465 on April 25, 2006 (Exhibit C) and Form 466 on June 26, 2007 (Exhibit D). Whitewater Clinic posted Form 465 on April 25, 2006 (Exhibit E) and Form 466 on June 26, 2007 (Exhibit F).



*Not subject to this appeal.

Thus, the Hospital calculated its proposed monthly support amount as \$570, a result reached by subtracting the urban rate of \$655 from the rural rate of \$1225. Likewise, the Clinics calculated their proposed monthly support amount as \$742, a result reached by subtracting the urban rate of \$483 from the rural rate of \$1225.

On October 25, 2007, USAC denied support for the Hospital (Exhibit G) and granted only \$259 in monthly support for the Lake Mills Clinic (Exhibit H). On January 10, 2008, USAC determined that the Whitewater clinic should receive only \$259 in monthly support (Exhibit I). In reaching its determinations, USAC accepted the proposed urban rates for the Hospital and Clinics but then doubled them. Thus, for the Hospital, USAC doubled the \$655 amount to reach an urban rate of \$1310. The net result of \$1225-\$1310 yielded a support determination of no funding. For the Clinics, USAC doubled the \$483 to reach an urban rate of \$966. The net result of \$1225-\$966 yielded a support determination of only \$259 monthly.

Both the Hospital and Clinics appealed to USAC, arguing that it should not have doubled the urban rates (Exhibits J and K). On March 17, 2008, USAC denied the appeals (Exhibit L). USAC said it had determined that the service provided was “point-to-point” and that “therefore

the corresponding urban rate should include two channel terminations.” USAC also said it had based its decision on communications it had with Charter. The contents of these conversations were not shared with the Hospital or Clinics.

III. ARGUMENT.

The FCC should reverse USAC’s determination of the support amounts in favor of the amounts originally proposed by the Hospital and Clinics. USAC’s determination demonstrates a misunderstanding of the service actually being provided and billed to the Hospital and Clinics.

Central to USAC’s determination was its mistaken conclusion that the Hospital and Clinics were receiving “point-to-point” service and that it therefore necessarily had to double the urban rate to reflect service with two channel terminations. First, and most obviously, USAC has ignored how the Hospital and Clinics are actually billed for the services Charter provides. They are each billed \$1225 for “point-to-hub” service. Second, if USAC was convinced that this was “point-to-point service,” and that doubling the urban rate was appropriate, it should have first doubled the rural rate to reflect that same determination to calculate the support amount. This it did not do.³

Third, to correct any misunderstanding that USAC may have received from its conversations with Charter personnel before USAC decided the Hospital and Clinics’ appeals, Charter has since submitted two letters to USAC clarifying the design of its network and its billing for the services it renders to the Hospital and Clinics. As Ms. Lisa Kressin, Charter’s Director of Sales Operations, states in her letter of May 5, 2008 to USAC, “the design for Fort HealthCare is a customer to hub network.” (Exhibit M) Ms. Kressin further describes the service as follows:

³ Please note that the Hospital and Clinics are not suggesting that this would be the proper method of calculating the support amount, and they only offer this illustration to show the underlying problems with USAC’s determination.

The Ethernet connection from the health care facility to the Charter hub represents ½ of a full circuit or a single channel termination.

The channel termination, from the health care facility to Charter, is unusable until Charter provides a cross connection linking two channel terminations creating a VLAN (Virtual Local Areas Network.) The two channel terminations and the associated cross connection provide an end to end service.

(Exhibit M) In a subsequent letter to USAC, Ms. Kressin also explains how her company billed for the services it provides to the Hospital and Clinics:

Charter delivers to each of three Fort HealthCare clinics a single Ethernet interface supporting a 10Meg service. The cost for each clinic is \$1225 per month for the channel termination of 10Meg and associated mileage costs to connect to the Charter network. The cost to the hospital is also \$1225 per month for the channel termination of 20Meg and associated mileage costs to connect to the Charter network. . . .

[O]ur charge of \$1225 for the hospital services and the exact same amount for our service to the clinics may have caused some confusion, leading USAC to erroneously conclude that Charter billed Fort HealthCare \$1225 for point to point service from the clinics to the hospital. That is not the case. Charter bills for each clinic and the hospital on a per channel termination basis with all associated costs to connect *each* location into Charter.

(Exhibit N) Importantly, Charter further clarified in its letters to USAC that it refers to this service as “point-to-point,” but this does not reflect how it actually bills the Hospital and Clinics:

When the full bandwidth of this service is available between two locations, Charter refers to the connection between Point A to Point B as “point to point” but each location is billed for the separate cost of connecting to Charter’s network. If an additional location, Point C, is added to the network for a 10Meg service from Point A to Point C, there would be two “point to point” services (A to B, A to C), but this “point to point” service is not the basis for Charter’s invoices. Charter would instead invoice the three locations each for channel termination and associated mileage costs to connect to the Charter network.

(Exhibit N) Thus, USAC’s determinations do not reflect the reality of the type of service actually being provided to the Hospital and Clinics, nor do they reflect how these services are actually billed. The FCC should reverse USAC’s support determinations.

IV. CONCLUSION.

For the reasons stated above, the FCC should increase the Hospital's support from \$0 to \$570 per month and the Clinics' support from \$259 to \$742 per month. Thank you for your consideration of this matter.

Dated this 15th day of May, 2008.

Respectfully submitted,

CULLEN WESTON PINES & BACH LLP

By:



Curt F. Pawlisch, Wisconsin State Bar Number: 1024385
Attorney for Fort HealthCare – Fort Memorial Hospital,
Lake Mills Clinic, Whitewater Clinic

122 West Washington Avenue, Suite 900
Madison, WI 53703
(608) 251-0101 phone
(608) 251-2883 fax
E-mail: pawlisch@cwpb.com

CERTIFICATE OF SERVICE

Pursuant to 47 C.F.R. §§ 54.721(c) and 1.47, I hereby certify that I have on this day caused to be served by U.S. mail, first-class, postage prepaid one copy of Fort HealthCare's Request for Review of Denials from the Rural Health Care Division on the Universal Service Administrative Company at the following address:

Rural Health Care Division
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, DC 20036

Dated this 15th day of May, 2008.



Curt F. Pawlisch, Wisconsin State Bar Number: 1024385
Attorney for Fort HealthCare – Fort Memorial Hospital,
Lake Mills Clinic, Whitewater Clinic

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval

3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD): 17901	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 13127	2 Consortium Name:
3 HCP Name: Fort HealthCare - Fort Memorial Hospital	4 HCP FCC Registration Number (FCC RN): 0002721983
5 Contact Name: James Dahl	
6 Address Line 1: 611 Sherman Avenue East	
7 Address Line 2:	8 County: WI-Jefferson
9 City: Fort Atkinson	10 State: WI 11 Zip Code: 53538
12 Phone #: 920-568-5135 13 Fax #: 920-568-6078 Ext.	14 E-mail: chris@usfnw.com
MAD: 58	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Michael P O'Connor	17 Organization: USF Consultants
18 Address Line 1: P. O. Box 6641	
19 Address Line 2:	
20 City: Monona	21 State: WI 22 Zip Code: 53716-0641
23 Phone #: 608-268-2565 24 Fax #: 608-268-2566 Ext.	25 E-mail: mike@usfnw.com
Block 3: Funding Year Information	
26 Funding Year Year 2005 (7/1/2005-6/30/2006) <input checked="" type="checkbox"/> Year 2006 (7/1/2006-6/30/2007) Year 2007 (7/1/2007-6/30/2008)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center XXX Not-for-profit hospital	

Exhibit A

Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Provider to Provider and Provider to Patient information transfer including data, voice, video, and image.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 4/25/2006**

39 Printed name of authorized person
 (First name, MI, Last name)
Michael P O'Connor

40 Title or position of authorized person
Consulting Engineer

41 Employer of authorized person
USF Consultants

42 Employer's FCC RN
0011633955

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the 28

Exhibit A

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information				
1 HCP Name Fort HealthCare - Fort Memorial Hospital		2 HCP Number 13127		
3 Form 465 Application # 17901		4 Consortium Name (If any)		
Block 2: Bill Payer Information				
5 Billed Entity Name Fort HealthCare - Fort Memorial Hospital		6 Billed Entity FCC RN 0002721983		
7 Contact Name James Dahl				
8 Address Line 1 611 Sherman Avenue East				
9 Address Line 2				
10 City Fort Atkinson		11 State WI	12 Zip 53538	
13 Contact Phone # 920-568-5135		14 Fax # 920-568-6078		15 E-Mail chris@usfnw.com
Block 3: Funding Year Information				
16 Funding Year - Check only one box Year 2005 (7/1/2005-6/30/2006) <input type="checkbox"/> X Year 2006 (7/1/2006-6/30/2007) <input checked="" type="checkbox"/> Year 2007 (7/1/2007-6/30/2008) <input type="checkbox"/>				
Block 4: Service Information				
17 Type of Service Unspecified				
Circuit Bandwidth 10000				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 58		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.)				
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
20M composed of single fiber supporting 20M using a single Local Distribution Channel from the HUB location to a Switching HUB				
Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Charter Fiberlink, LLC			
22 Service Provider Identification Number (SPIN)	143005761			
23 Service Provider Contact Person Name	Connie Kovach			
24 Service Provider Contact Person's Phone	314-543-2406			

Exhibit B

#																								
25	Service Provider Contact Person Email	ckovach@chartercom.com																						
26	Circuit Start Location	Fort Atkinson WI Hospital																						
27	Circuit Termination Location	Fort Atkinson WI POP																						
28	Billing Account Number	300093287101-3150-002																						
29	Tariff, Contract, or other document reference number	5 yr																						
30	Date Contract Signed or Date HCP Selected Carrier	7/1/2006																						
31	Contract Expiration Date (mm/dd/yyyy or "Month to Month")	10/01/2010																						
32	Service Installation Date	7/1/2006																						
33	Actual Rural Rate per Month	1225																						
<p>34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment. Circuit Diagram Attached? No</p> <p>35 Are you a mobile rural health care provider? No If yes, see instructions and attach a list of all sites to be served.</p>																								
<p>Block 5: Mileage-based Charge Discount Request</p> <p>Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.</p> <table border="1"> <thead> <tr> <th></th> <th>Carrier A</th> <th>Carrier B</th> <th>Carrier C</th> <th>Carrier D</th> </tr> </thead> <tbody> <tr> <td>36 Billed Circuit Miles</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>38 Cost per Mile per Month</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.</p>						Carrier A	Carrier B	Carrier C	Carrier D	36 Billed Circuit Miles					37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$	38 Cost per Mile per Month				
	Carrier A	Carrier B	Carrier C	Carrier D																				
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37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$																				
38 Cost per Mile per Month																								
<p>Block 6: Comprehensive Rate Comparison Request</p> <p>Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.</p> <table border="1"> <thead> <tr> <th></th> <th>Carrier A</th> <th>Carrier B</th> <th>Carrier C</th> <th>Carrier D</th> </tr> </thead> <tbody> <tr> <td>39 One-time Urban Rate</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>						Carrier A	Carrier B	Carrier C	Carrier D	39 One-time Urban Rate	\$	\$	\$	\$										
	Carrier A	Carrier B	Carrier C	Carrier D																				
39 One-time Urban Rate	\$	\$	\$	\$																				

Exhibit B

Charge (in selected large city)			
40 One-time Rural Rate	\$	\$	\$
Charge (in city where HCP is located)			
41 Monthly Urban Rate	\$ 655	\$	\$
Other rate documentation attached.			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).			
42 Billed Circuit Miles			
43 Monthly Mileage	\$	\$	\$
Based Charges			
44 Cost per Mile per Month	\$	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
 No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-6/26/2007

51 Date

52 Printed name
Michael P O'Connor

53 Title or position
Consulting Engineer

54 Employer of authorized person
USF Consultants

55 Employer's FCC RN
0011633955

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.

Exhibit B

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification FormOMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD): 17903	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 13129	2 Consortium Name:
3 HCP Name: Fort HealthCare - Lake Mills Clinic	4 HCP FCC Registration Number (FCC RN): 0002721983
5 Contact Name: James Dahl	
6 Address Line 1: 200 East Tyranaena Road	
7 Address Line 2:	8 County: WI-Jefferson
9 City: Lake Mills	10 State: WI 11 Zip Code: 53551
12 Phone #: 920-568-5135 Ext.	13 Fax #: 920-568-6078
14 E-mail: chris@usfnw.com	
MAD: 61	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Michael P O'Connor	17 Organization: USF Consultants
18 Address Line 1: P. O. Box 6641	
19 Address Line 2:	
20 City: Monona	21 State: WI 22 Zip Code: 53716-0641
23 Phone #: 608-268-2565 Ext.	24 Fax #: 608-268-2566
25 E-mail: mike@usfnw.com	
Block 3: Funding Year Information	
26 Funding Year Year 2005 (7/1/2005-6/30/2006) <input checked="" type="checkbox"/> Year 2006 (7/1/2006-6/30/2007) Year 2007 (7/1/2007-6/30/2008)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center Not-for-profit hospital 	

Exhibit C

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Provider to Provider and Provider to Patient information transfer including data, voice, video, and image.**Block 5: Request for Services**

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services**Block 6: Certification**

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**38 Date **E-SIGNATURE ON 4/25/2006**

39 Printed name of authorized person
(First name, MI, Last name)
Michael P O'Connor

40 Title or position of authorized person
Consulting Engineer

41 Employer of authorized person
USF Consultants

42 Employer's FCC RN
0011633955

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
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- HCPs may not enter into agreements to purchase eligible services from service providers before the 28

Exhibit C

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

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Estimated time per response: 3 hours

Read Instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

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22 Service Provider Identification Number (SPIN)	143005761																												
23 Service Provider Contact Person Name	Connie Kovach																												
24 Service Provider Contact Person's Phone #	314-543-2406																												

Exhibit D

25 Service Provider Contact Person Email	ckovach@chartercom.com																							
26 Circuit Start Location	Lake Mills WI Clinic																							
27 Circuit Termination Location	Fort Atkinson WI POP																							
28 Billing Account Number	300093287101-3150-002																							
29 Tariff, Contract, or other document reference number	5 yr contract																							
30 Date Contract Signed or Date HCP Selected Carrier	7/1/2006																							
31 Contract Expiration Date (mm/dd/yyyy or "Month to Month")	10/01/2010																							
32 Service Installation Date	7/1/2006																							
33 Actual Rural Rate per Month	1225																							
<p>34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment. Circuit Diagram Attached? No</p> <p>35 Are you a mobile rural health care provider? No If yes, see instructions and attach a list of all sites to be served.</p>																								
<p>Block 5: Mileage-based Charge Discount Request</p> <p>Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.</p> <table border="1"> <thead> <tr> <th></th> <th>Carrier A</th> <th>Carrier B</th> <th>Carrier C</th> <th>Carrier D</th> </tr> </thead> <tbody> <tr> <td>36 Billed Circuit Miles</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>38 Cost per Mile per Month</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.</p>						Carrier A	Carrier B	Carrier C	Carrier D	36 Billed Circuit Miles					37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$	38 Cost per Mile per Month				
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38 Cost per Mile per Month																								
<p>Block 6: Comprehensive Rate Comparison Request</p> <p>Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.</p> <table border="1"> <thead> <tr> <th></th> <th>Carrier A</th> <th>Carrier B</th> <th>Carrier C</th> <th>Carrier D</th> </tr> </thead> <tbody> <tr> <td>39 One-time Urban Rate Charge (in selected large city)</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>						Carrier A	Carrier B	Carrier C	Carrier D	39 One-time Urban Rate Charge (in selected large city)	\$	\$	\$	\$										
	Carrier A	Carrier B	Carrier C	Carrier D																				
39 One-time Urban Rate Charge (in selected large city)	\$	\$	\$	\$																				

Exhibit D

40 One-time Rural Rate Charge (in city where HCP is located)	\$	\$	\$	\$
41 Monthly Urban Rate (in selected large city)	\$ 483	\$	\$	\$
Other rate documentation attached.				
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).				
42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$
44 Cost per Mile per Month	\$	\$	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 466 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
 Yes
 No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-6/26/2007

51 Date

52 Printed name
Michael P O'Connor

53 Title or position
Consulting Engineer

54 Employer of authorized person
USF Consultants

55 Employer's FCC RN
0011633955

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.

Exhibit D

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 17905	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 13131	2 Consortium Name:
3 HCP Name: Fort HealthCare - Whitewater Clinic	4 HCP FCC Registration Number (FCC RN): 0002721983
5 Contact Name: James Dahl	
6 Address Line 1: 1461 West Main Street	
7 Address Line 2:	8 County: WI-Walworth
9 City: Whitewater	10 State: WI 11 Zip Code: 53190
12 Phone #: 920-568-5135 13 Fax #: 920-568-6078 Ext.	14 E-mail: chris@usfnow.com
MAD: 56	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Michael P O'Connor	17 Organization: USF Consultants
18 Address Line 1: P. O. Box 6641	
19 Address Line 2:	
20 City: Monona	21 State: WI 22 Zip Code: 53716-0641
23 Phone #: 608-268-2565 24 Fax #: 608-268-2566 Ext.	25 E-mail: mike@usfnow.com
Block 3: Funding Year Information	
26 Funding Year Year 2005 (7/1/2005-6/30/2006) <input checked="" type="checkbox"/> Year 2006 (7/1/2006-6/30/2007) Year 2007 (7/1/2007-6/30/2008)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center Not-for-profit hospital 	

Exhibit E

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Provider to Provider and Provider to Patient information transfer including data, voice, video, and image.**Block 5: Request for Services**

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services**Block 6: Certification**

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcdB/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**38 Date **E-SIGNATURE ON 4/25/2006**

39 Printed name of authorized person
(First name, MI, Last name)
Michael P O'Connor

40 Title or position of authorized person
Consulting Engineer

41 Employer of authorized person
USF Consultants

42 Employer's FCC RN
0011633955

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the 28

Exhibit E

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information																													
1 HCP Name Fort HealthCare - Whitewater Clinic		2 HCP Number 13131																											
3 Form 465 Application # 17905		4 Consortium Name (If any)																											
Block 2: Bill Payer Information																													
5 Billed Entity Name Fort HealthCare - Whitewater Clinic		6 Billed Entity FCC RN 0002721983																											
7 Contact Name James Dahl																													
8 Address Line 1 1461 West Main Street																													
9 Address Line 2																													
10 City Whitewater		11 State WI	12 Zip 53190																										
13 Contact Phone # 920-568-5135		14 Fax # 920-568-6078		15 E-Mail chris@usfnw.com																									
Block 3: Funding Year Information																													
16 Funding Year - Check only one box Year 2005 (7/1/2005-6/30/2006) <input type="checkbox"/> X Year 2006 (7/1/2006-6/30/2007) <input checked="" type="checkbox"/> Year 2007 (7/1/2007-6/30/2008) <input type="checkbox"/>																													
Block 4: Service Information																													
17 Type of Service Unspecified																													
Circuit Bandwidth 10000																													
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 56																											
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.)																													
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.																													
10M service composed of a single fiber supporting 10M using a single Local Distribution Channel from the HCP location to a Switching HUB.																													
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Exhibit F

#																								
25	Service Provider Contact Person Email	ckovach@chartercom.com																						
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27	Circuit Termination Location	Fort Atkinson WI POP																						
28	Billing Account Number	300093287101-3150-002																						
29	Tariff, Contract, or other document reference number	5 yr contract																						
30	Date Contract Signed or Date HCP Selected Carrier	7/1/2006																						
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32	Service Installation Date	7/1/2006																						
33	Actual Rural Rate per Month	1225																						
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39 One-time Urban Rate	\$	\$	\$	\$																				

Exhibit F

Charge (in selected large city)			
40	One-time Rural Rate	\$	\$
Charge (in city where HCP is located)			
41	Monthly Urban Rate	\$ 483	\$
(in selected large city)			
Other rate documentation attached.			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).			
42 Billed Circuit Miles			
43	Monthly Mileage	\$	\$
Based Charges			
44	Cost per Mile per Month	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

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48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-6/26/2007

51 Date

52 Printed name
Michael P O'Connor

53 Title or position
Consulting Engineer

54 Employer of authorized person
USF Consultants

55 Employer's FCC RN
0011633955

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.

Exhibit F



Universal Service Administrative Company

Rural Health Care Division

80 South Jefferson Road
Whippany, NJ 07981

www.rhc.universalservice.org
Phone: 1-800-229-5476

October 25, 2007

Michael P O'Connor
USF Consultants
P. O. Box 6641,
Monona, WI 53716-0641

Re: Funding Commitment for Funding Year 2006, Packet ID# 74047

Dear Michael O'Connor:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 13127
HCP Contact Name: James Dahl
HCP Name: Fort HealthCare - Fort Memorial
Hospital
HCP Address: 611 Sherman Avenue East
Fort Atkinson, WI 53538

1225 Rm/Ks

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Charter Fiberlink, LLC
Service Provider Identification Number (SPIN): 143005761

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2006 (7/1/06 to 6/30/07). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Unspecified - 20000 Kbps
Billing Account Number: 300093287101-3150-002

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	7/1/2006	6/30/2007	12	\$0.00	\$0.00	\$0.00	27624

To help you understand the information provided in this letter, the following definitions are provided:

- Service: The type of service ordered from the service provider as shown on Form 466 or 466A.

Exhibit G

X



Universal Service Administrative Company

Rural Health Care Division

80 South Jefferson Road
Whippany, NJ 07981

www.rhc.universalservice.org
Phone: 1-800-229-5478

October 25, 2007

Michael P O'Connor
USF Consultants
P. O. Box 6641,
Monona, WI 53716-0641

Re: Funding Commitment for Funding Year 2006, Packet ID# 73911

Dear Michael O'Connor:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 13129
HCP Contact Name: James Dahl
HCP Name: Fort HealthCare - Lake Mills Clinic
HCP Address: 200 East Tyrannena Road
Lake Mills, WI 53551

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Charter Fiberlink, LLC
Service Provider Identification Number (SPIN): 143005761

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2006 (7/1/06 to 6/30/07). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Unspecified - 10000 Kbps
Billing Account Number: 300093287101-3150-002

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	7/1/2006	6/30/2007	12	\$0.00	* \$259.00	\$3,108.00	27579

483 applied twice

To help you understand the information provided in this letter, the following definitions are provided:

- Service: The type of service ordered from the service provider as shown on Form 466 or 466A.

Exhibit H



Universal Service Administrative Company

Rural Health Care Division

80 South Jefferson Road
Whippany, NJ 07981

www.rhc.universalservice.org
Phone: 1-800-229-5476

January 10, 2007

Michael P O'Connor
USF Consultants
P. O. Box 6641,
Monona, WI 53716-0641

Re: Funding Commitment for Funding Year 2006, Packet ID# 74059

Dear Michael O'Connor:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 13131
HCP Contact Name: James Dahl
HCP Name: Fort HealthCare - Whitewater Clinic
HCP Address: 1461 West Main Street
Whitewater, WI 53190

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Charter Fiberlink, LLC
Service Provider Identification Number (SPIN): 143005761

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2006 (7/1/06 to 6/30/07). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Unspecified - 10000 Kbps
Billing Account Number: 300093287101-3150-002

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	7/1/2006	6/30/2007	12	\$0.00	\$259.00	\$3,108.00	28614

To help you understand the information provided in this letter, the following definitions are provided:

- Service: The type of service ordered from the service provider as shown on Form 466 or 466A.

Exhibit I

USF Consultants

Universal Service Fund - Rural Health Care Specialists
PO Box 6641 Monona, Wisconsin 53716-0641 (608) 268-2565

Letter of Appeal
Rural Health care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036

October 30, 2007

Re: Universal Service Fund Appeal –Request for Recalculation of Support
Fort HealthCare HCP 13127 and 13129 with FRN 27579 and 27624

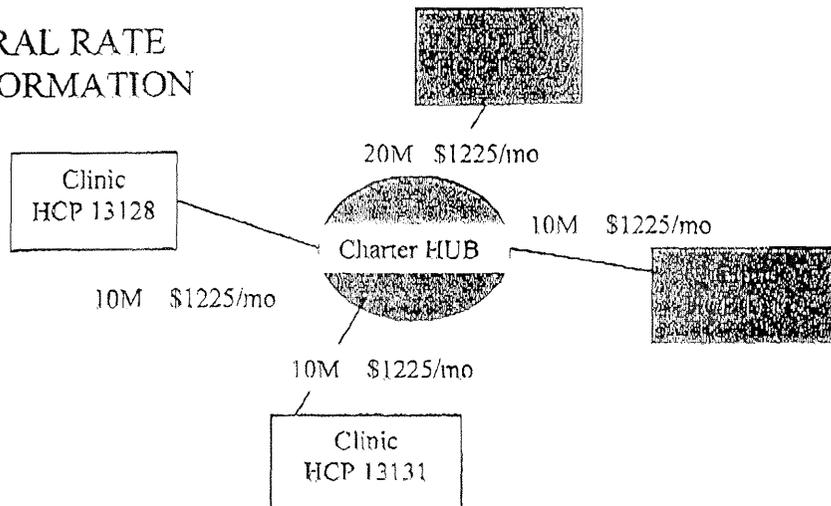
Dear Appeals Committee,

I am providing this detailed information to assist in the determination of the appropriate amount of funding support and identify the cause for the initial under funding error.

The Fort Atkinson Hospital has a single 20Meg IP service connected to Charter FiberLink. Fort HealthCare also has 3 clinics each with a single 10M IP service connection into Charter FiberLink. Each communication link starts at a rural health care location and terminates in the Charter Hub. Each Link represents a single Channel Termination similar to Frame Relay Service.

Each connection is \$1225 per month.

RURAL RATE INFORMATION



Our initial request was for a Comprehensive Rate Analysis; the most direct method to determine the appropriate support amount. The results were most unexpected as the support amounts were significantly less than the requested amounts.

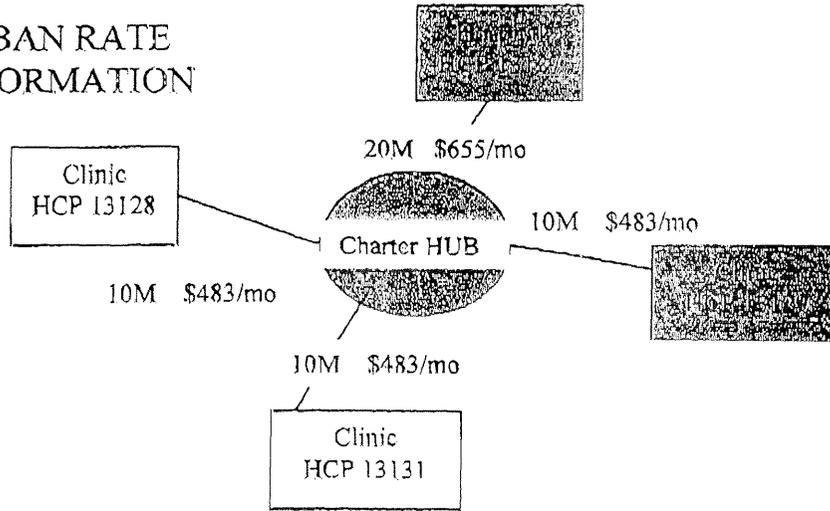
USF Consultants: Dedicated, knowledgeable, Experienced
Exhibit J

Oct 30, 2007
Re: Universal Service Fund Appeal

The main hospital 20 Meg connection was funded at \$0 and the 10M connection was funded at \$259.

Our choice of an appropriate Urban Rate, Service Type, and Operation was provided by Verizon Business using their MPLS IP-VPN Service. This rate is available in Milwaukee, Wisconsin. A 10M service cost is \$483 per month and a 20M service is \$655 per month.

URBAN RATE INFORMATION



Upon further review of the amounts granted, we were able to see a simple trend which explained the funding differential. Each request had been treated not as a point to hub configuration but a point to point configuration. The urban amount in each case had been doubled.

The 10Meg Service Urban Rate of \$483 per month was doubled to \$966. The result was a funding of \$1225 [rural rate]-\$966[urban rate] for a total of \$259 in support.

The 20Meg Service Urban Rte of \$655 per month was doubled to \$1310. The result was no funding at all because the rural rate of \$1225 was less than the \$1310 urban rate.

Our request is very simple. Please correct the urban rate to reflect a point to hub configuration as is provide in the billing.

This would increase the support for the 10M service from \$259 to \$742 and increase the support for the 20M service from \$0 to \$570.

Thank you for your assistance.

Sincerely,

Michael O'Connor
President

Exhibit J

USF Consultants

Universal Service Fund - Rural Health Care Specialists
PO Box 6641 Monona, Wisconsin 53716-0641 (608) 268-2565

Letter of Appeal
Rural Health care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036

January 14, 2008

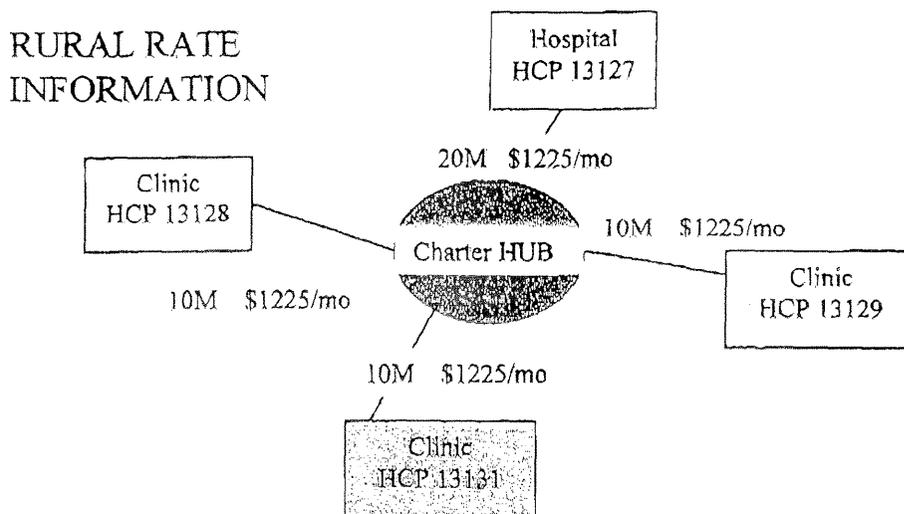
Re: Universal Service Fund Appeal –Request for Recalculation of Support
Fort HealthCare HCP 13131 FRN 28614

Dear Appeals Committee,

I am providing this detailed information to assist in the determination of the appropriate amount of funding support and identify the cause for the initial under funding error.

The Fort Atkinson Hospital has a single 20Meg IP service connected to Charter FiberLink. Fort HealthCare also has 3 clinics each with a single 10M IP service connection into Charter FiberLink. Each communication link starts at a rural health care location and terminates in the Charter Hub. Each Link represents a single Channel Termination similar to Frame Relay Service.

Each connection is \$1225 per month.



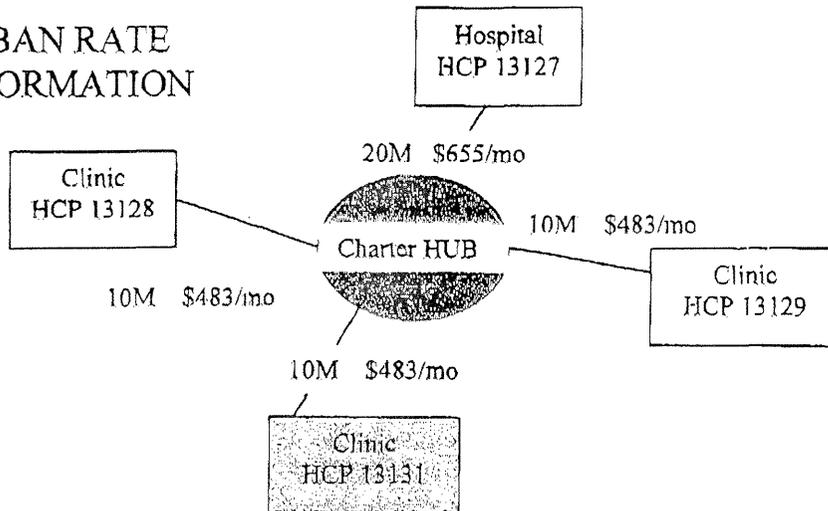
Our initial request was for a Comprehensive Rate Analysis; the most direct method to determine the appropriate support amount. The results were most unexpected as the support amounts were significantly less than the requested amounts.

USF Consultants: Dedicated, knowledgeable, Experienced
Exhibit K

Jan 14, 2008
Re: Universal Service Fund Appeal

Our choice of an appropriate Urban Rate, Service Type, and Operation was provided by Verizon Business using their MPLS IP-VPN Service. This rate is available in Milwaukee, Wisconsin. A 10M service cost is \$483 per month.

URBAN RATE INFORMATION



Upon further review of the amount granted, we were able to see a simple trend which explained the funding differential. Our request had been treated not as a point to hub configuration but a point to point configuration. The urban amount in each case had been doubled.

The 10Meg Service Urban Rate of \$483 per month was doubled to \$966. The result was a funding of \$1225 [rural rate]-\$966[urban rate] for a total of \$259 in support.

Our request is very simple. Please correct the urban rate to reflect a point to hub configuration cost.

The net result will be Rural Rate \$1225 – Urban Rate \$483 total \$742 in support; increasing the support for the 10M service from \$259 to \$742.

Thank you for your assistance.

Sincerely,

Michael O'Connor
President

Attachments FCL 28614 (1pg) Contract (4pgs) Verizon Urban Rate (7pgs)



Universal Service Administrative Company

Rural Health Care Division

Administrator's Decision on Rural Health Care Program Appeal

Via Electronic and Certified Mail

March 17, 2008

Mr. Michael O'Connor
President, USF Consultants
PO Box 6641
Monona, WI 53716-0641

Re: Request for Recalculation of Support – Multiple HCP's

Dear Mr. O'Connor:

The Universal Service Administrative Company (USAC) has completed its evaluation of USF Consultants' letters of appeal received on October 30, 2007, December 26, 2007 and January 14, 2008. USF Consultants appeals the Rural Health Care Division's (RHCD) partial funding for Funding Year 2006 applications covering six health care providers (HCP) listed in Attachment A to this letter. USF Consultants' appeal requests that USAC grant a lower urban rate, based on a point-to-hub network configuration. Upon review, USAC concludes that the requests for funding for all Funding Year 2006 applications noted in Attachment A were correctly processed.

Decision on Appeal and Explanation: Denied

This appeal requests that RHCD calculate support based on a point-to-hub urban rate. RHCD originally calculated support for this connection using a point-to-point urban rate. USAC has contacted the service providers, Charter Communication ("Charter") and CenturyTel to ascertain the appropriate method of calculating support. Charter and CenturyTel have confirmed that the connections are point-to-point circuits; therefore the corresponding urban rate should include two channel terminations. Therefore, RHCD correctly calculated support.

If you wish to further appeal this decision, you may file an appeal with the FCC. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

Sincerely,

USAC

Exhibit L

ATTACHMENT A

Listing of Health Care Providers Subject to this Appeal

HCP No.	HCP Name	FRN
13127	Fort HealthCare – Fort Memorial	27579
13130	Fort HealthCare – Lake Mills Clinic	27624
13131	Lake Delton Urgent Care	27695
13132	Marshfield Clinic	27897
13133	Franciscan Skemp Prairie du Chien	27750
13134	Fort HealthCare Whitewater	28614

May 5, 2008

William England
VP Rural Health Care Division
Universal Service Administrative Company
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

Re: Charter Services Fort HealthCare

Dear Mr. England,

There has been some confusion as to the design of the Charter FiberLink services for Fort HealthCare. This letter is to clarify the design we provided to Fort HealthCare.

Jason Rosinski designed the Fort HealthCare Network and as the sales engineer is the most knowledgeable on this issue. Jason has confirmed, the design for Fort HealthCare is a customer premise to hub network. Each clinic has 10Megabits of total bandwidth to Charter. The hospital has 20 Megabits of total bandwidth to Charter. The Ethernet connection from the health care facility to the Charter hub represents 1/2 of a full circuit or a single channel termination.

The channel termination, from the health care facility to Charter, is unusable until Charter provides a cross connection linking two channel terminations creating a VLAN (Virtual Local Area Network). The two channel terminations and the associated cross connection provide an end to end service.

An Ethernet connection can be added to the VLAN (Virtual Local Area Network) by the addition of individual channel termination from new location and a cross connection. Fort HealthCare has a total of 4 locations representing a total of 4 channel terminations, one channel termination per location. All four locations are connected via the Charter Network into a single VLAN (Virtual Local Area Network).

I hope this additional information helps to clarify the design of the network.

Please feel free to contact me at (608) 826-1341 with any questions or concerns regarding this matter.

Regards,



Lisa Kressin
Director of Sales Operations
Charter Business
608-826-1341
Lisa.kressin@chartercom.com

May 9, 2008

William England
VP Rural Health Care Division
Universal Service Administrative Company
2000 L Street, N.W., Suite 200
Washington, D.C. 20036

RE: Fort HealthCare
Charter billing for health care services

Dear Mr. England:

My previous letter of May 5, 2008 outlining the physical design of the Charter network as it relates to the provision of services to Fort HealthCare failed to indicate how we bill for those services pursuant to that design. This letter corrects that omission.

Charter delivers to each of three Fort HealthCare clinics a single Ethernet interface supporting a 10Meg service. The cost for each clinic is \$1225 per month for the channel termination of 10Meg and associated mileage costs to connect to the Charter network. The cost to the hospital is also \$1225 per month for the channel termination of 20Meg and associated mileage costs to connect to the Charter network. (I have enclosed a monthly bill showing these charges.)

I believe our charge of \$1225 for the hospital services and the exact same amount for our service to the clinics may have caused some confusion, leading USAC to erroneously conclude that Charter billed Fort HealthCare \$1225 for point to point service from the clinics to the hospital. That is not the case. Charter bills for each clinic and the hospital on a per channel termination basis with all associated costs to connect each location into Charter.

By way of example, Charter would invoice a 10Meg service from Point A to Point B on a per location basis, meaning that Point A and Point B are each billed for a channel termination and associated mileage costs to connect to the Charter network. When the full bandwidth of this service is available between two locations, Charter refers to the connection between Point A to Point B as "point to point" but each location is billed for the separate cost of connecting to Charter's network. If an additional location, Point C, is added to the network for a 10Meg service from Point A to Point C, there would be two "point to point" services (A to B, A to C), but this "point to point" service is not the basis for Charter's invoices. Charter would instead

8413 Excelsior Drive
Suite 120
Madison, WI 53717

Exhibit N



invoice the three locations each for channel termination and associated mileage costs to connect to the Charter network.

It should be noted in the above example, that the addition of Point C would necessitate increasing Point A's service from 10Megs to 20Megs.

Please do not hesitate to contact me if you have any further questions.

Regards,

A handwritten signature in cursive script that reads "Lisa Kressin".

Lisa Kressin
Director of Sales Operations
Charter Business
Phone: 608-826-1341
Email: lisa.kressin@chartercom.com

8413 Excelsior Drive
Suite 120
Madison, WI 53717

Exhibit N



*002244L

8419 EXCELSIOR DR SUITE 120 MADISON WI 53717

6350 0030 CQ RP 23 0022446 08232007 NNNNNY 01
#BWNKLJT
#300PICBHGAPA0029#
FORT HEALTHCARE
C/O ATTN: JIM DAHL
611 E SHERMAN AVE
FORT ATKINSON WI 53538-1960



069489

Statement of Service
August 23, 2007



FORT HEALTHCARE
Account
300093287101-3150002
Phone Number
(920) 568-5137
For Service at
611 E Sherman Ave
Fort Atkinson WI 53538-1960

Contact Us: Charter Business Support
24 hours/day - 7 days/week
866-603-3199
www.Charter-Business.com

Account Information

The prompt manner in which your account has been paid is appreciated. A late fee may be assessed if the current balance is not paid by the due date. Thank you for choosing Charter Communications.

Expect more from Charter Business™

Thank you for your business. We appreciate having you as a customer. Representatives are available to assist you 24x7. Call us at 866-603-3199 or visit www.Charter-Business.com

Summary details on following pages
Service from 09/01/07 through 09/30/07

Previous Balance	4,900.00
Payments Received	-4,900.00
Charter Business Services	4,900.00
Total Due by 09/15/07	\$4,900.00

8231.41000 1225.00
9012.45000
O/c 9016
9017 2
830-07
Detail →

Exhibit N



6350 0030 CQ RP 23 0022448 08232007 NNNNNY 01

Thank you for choosing Charter Communications

August 23, 2007

FORT HEALTHCARE

Account

300093287101-31500

Contact Us

Charter Business Support
24 hours/day - 7 days/week
866-603-3199

Charge Details

	Previous Balance	4,900.00
Aug 6	Payment-Thank you	-4,900.00

Payments received after 08/22/07 will appear on your next bill.



Charter Business

Sep 1-Sep 30	CB Data WAN Service	1,225.00
	Monthly Charges	\$1,225.00

For 0932872-01 Fort Healthcare 1461 W Main St Whitewater WI 53190-1568

Sep 1-Sep 30	CB Data WAN Service	1,225.00
	Monthly Charges	\$1,225.00

For 0932873-01 Fort Healthcare 200 E Tyrone Rd Park Lake Mills WI 53551-9678

Sep 1-Sep 30	CB Data WAN Service	1,225.00
	Monthly Charges	\$1,225.00

For 0933072-01 Fort Healthcare 400 Doctors Ct Johnson Creek WI 53038-9527

Sep 1-Sep 30	CB Data WAN Service	1,225.00
	Monthly Charges	\$1,225.00

Charter Business Total \$4,900.00

Total Due by 09/15/07 \$4,900.00

Important Information about your Service

Thank you for choosing Charter Fiberlink, LLC a Charter Communications Company.

Exhibit N