

10/17/07

Letter of appeal
Docket No ~~95-45 and 97-21~~ WC Docket No. 02-60
HCP Number 10992
HCP Name - Kakanak Hospital, Dillingham Alaska
Request for Recalculation of Support

Person filing appeal:

William D. Pearch
PO Box 130
Dillingham, Alaska 99576

Phone: 907.842.9300
FAX: 907.842.9486
Email: bpearch@bbahc.org

Bristol Bay Area Health Corporation, Kakanak Hospital requests that the level of support issued in the funding commitment letter issued July 27, 2006 be reviewed and adjusted to the level requested on the FCC Form 466.

When the 466 was filled out online, support was requested for 12 months – approximately 10 months into the support period there was a rate change that increased the total amount of the circuit cost by approximately \$300. In speaking with the USF coordinator of our service provider (Steve Walker, GCI Communications Corp) it was determined that an additional 466 would only be required if BBAHC wanted USF coverage of the additional amount (about \$300). BBAHC decided to forgo the additional 466 based on that guidance.

When the Funding Commitment letters came in for FY 2005, a spot check was done on the 32 letters, and everything looked to be in order. A couple of months went by and our service provider noticed that there was a discrepancy between what was requested and what was committed for funding request 20996. We identified that USAC had funded only that last 1.87 months of the funding year, rather than the full funding year, and not at the rate identified on the 466 filed.

A number of attempts to identify why the funding was different and to rectify the situation were made, until in October I was advised by USF staff to file an appeal, well after the 60 day window had passed.

An appeal was filed, and denied based on being outside the 60 days permitted by FCC rules.

It is BBAHC's stance that USAC should fund BBAHC, Kakanak Hospital for the full amount requested on the 466, or alternatively fund the first 10.13 months based on the information provided on the 466s filed.

Included with this letter of appeal are associated FCC form 465s, 466s, and 467s for HCP 10992 as well as a copy of the decision from USAC.

William D. Pearch, CIO
Bristol Bay Area Health Corp



Universal Service Administrative Company

Rural Health Care Division

Administrator's Decision on Rural Health Care Program Appeal

VIA ELECTRONIC AND CERTIFIED MAIL

August 1, 2007

Mr. Bill Pearch
Chief Information Officer
Bristol Bay Area Health Corporation
6000 Kanakanak, PO Box 130
Dillingham, AK 99576

Re: Request for Recalculation of Support –Kanakanak Hospital, HCP #10992

Dear Mr. Pearch:

The Universal Service Administrative Company (USAC) has completed its evaluation of the November 30, 2006 Letter of Appeal submitted by Kanakanak Hospital ("Kanakanak"), HCP #10992. The appeal requests that USAC increase support from the Rural Health Care Division's (RHCD) previously determined level. Upon review, USAC concludes a higher level of support is not appropriate.

Decision on Appeal and Explanation: Denied

A party may appeal an action by a division of USAC pursuant to 47 C.F.R. § 54.719. Such appeals must be made within 60 days of the date of the USAC's division's decision pursuant to 47 C.F. R. § 54.720. In this matter, the 60-day clock began running on the issuance date of the Funding Commitment Letter. The Funding Commitment Letter for this application was issued on July 27, 2006. Kankanak's appeal was received on November 30, 2006. Because the appeal was received after 60-days permitted under the rules, USAC is unable to consider the appeal as the deadline is an FCC mandated deadline that USAC cannot waive.

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,

/s/ USAC
Universal Service Administrative Company



Universal Service Administrative Company
Rural Health Care Division

80 South Jefferson Road
Whippany, NJ 07981

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

July 27, 2006

Bill Pearch
Bristol Bay Area Health Corporation
P O Box 130, 6000 Kanakanak
Dillingham, AK 99576

Re: Funding Commitment for Funding Year 2005, Funding Request # 20996

Dear Bill Pearch:

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: 10992
HCP Contact Name: Bill Pearch
HCP Name: Kanakanak Hospital (BBAHC/PHS)
HCP Address: 6000 Kanakanak Rd P O Box 130
Dillingham, AK 99576

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

Service Provider Name: GCI Communications Corp.
Service Provider Identification Number (SPIN): 143001199

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 2005 (7/1/05 to 6/30/06). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Sat/Frame Rel - 1544 Kbps
Billing Account Number: RH000220002

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	5/5/2006	6/30/2006	1.87	\$130.00	\$10,852.94	\$20,425.00	20996

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.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2005 is June 30, 2006. This is also the last day support may be given to eligible rural HCPs for Funding Year 2005 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2005. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be *postmarked* no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

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

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2006

The Funding Year 2006 application-filing window will open well before the beginning of the funding year on July 1, 2006. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communications Corp., Kananak Hospital (BBAHC/PHS)

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 Kanakanak Hospital (BBAHC/PHS) 2 HCP Number 10992				
3 Form 466 Application # 13398		4 Consortium Name (If any) Bristol Bay Area Health Corporation		
Block 2: Bill Payer Information				
5 Billed Entity Name Kanakanak Hospital (BBAHC/PHS)		6 Billed Entity FCC RN 0008977852		
7 Contact Name Bill Pearch				
8 Address Line 1 6000 Kanakanak Rd				
9 Address Line 2 P O Box 130				
10 City Dillingham		11 State AK	12 Zip 99576	
13 Contact Phone # 907-842-5201		14 Fax # 907-842-9486	15 E-Mail bpearch@bbahc.org	
Block 3: Funding Year Information				
16 Funding Year - Check only one box Year 2004 (7/1/2004 - 6/30/2005) <input type="checkbox"/> Year 2005 (7/1/2005 - 6/30/2006) <input checked="" type="checkbox"/> Year 2006 (7/1/2006 - 6/30/2007) <input type="checkbox"/>				
Block 4: Service Information				
17 Type of Service Sat/Frame Rel				
Circuit Bandwidth 1544				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 337		
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.				
Connection Information				
21 Service Provider Name	GCI Communications Corp.	Carrier A	Carrier B	Carrier C
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	907.868.6416			
25 Service Provider	swalker@gei.com			

Contact Person Email

26 Circuit Start Location **Anchorage**

27 Circuit Termination Location **Dillingham**

28 Billing Account Number **RH000220002**

29 Tariff, Contract, or other document reference number **HC063**

30 Date Contract Signed or Date HCP Selected **10/5/2004**

31 Contract Expiration Date **6/30/2010**
(mm/dd/yyyy or "F")

32 Service Installation Date **7/1/2005**

33 Actual Rural Rate per Month **15065.98**

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? **Yes**

35 Are you a mobile rural health care provider? **No**
If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

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.

	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				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.

Block 6: Comprehensive Rate Comparison Request

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.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 750	\$	\$	\$
40 One-time Rural Rate Charge	\$ 0	\$	\$	\$

(in city where HCP is located)

41 Monthly Urban Rate \$ **135** \$ \$ \$

(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.

Yes

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-3/15/2006

51 Date

52 Printed name **William D Pearch**

53 Title or position **CIO**

54 Employer of authorized person **Bristol Bay Area Health Corp**

55 Employer's FCC RN **0008977852**

NOTICE TO INDIVIDUALS: Section 54.603(b)(4) of the Federal Communications Commission's rules requires all health care providers requesting direct benefits from this support mechanism to file this Funding Request and Certification Form (FCC Form 466) with the Rural Health Care Division. 47 C.F.R. § 54.603(b)(4). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information

unless it displays a currently valid OMB control number.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C., § 3501, et seq. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management Branch, Washington, D.C. 20554.

Persons willfully making false statements on this form may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This form should be submitted to:
Rural Health Care Division
100 South Jefferson Road
Whippany, NJ 07981

[Click here to return to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification FormApproval by OMB
3060-0804The Deadline to submit this Form is the June 30th End of the Funding
Year.Estimated time per response: 3
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Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

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10 City Dillingham		11 State AK	12 Zip 99576	
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Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
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23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	907.868.6416			
25 Service Provider	swalker@gci.com			

Contact Person Email

26 Circuit Start Location **Anchorage**

27 Circuit Termination Location **Dillingham**

28 Billing Account Number **RH000220002**

29 Tariff, Contract, or other document reference number **HC063**

30 Date Contract Signed or Date HCP Selected **10/5/2004**

Carrier

31 Contract Expiration Date **6/30/2010**
(mm/dd/yyyy or "T")

32 Service Installation Date **7/1/2005**

33 Actual Rural Rate per Month **10987.94**

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? **Yes**

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If yes, see instructions and attach a list of all sites to be served.

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	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 750	\$	\$	\$
40 One-time Rural Rate Charge	\$ 880	\$	\$	\$

(in city where HCP is located)

41 Monthly Urban Rate \$ **135** \$ \$ \$

(in selected large city)

Other rate documentation attached.

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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.

Yes

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.

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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-3/15/2006** 51 Date

52 Printed name **William D Pearch** 53 Title or position **CIO**

54 Employer of authorized person **Bristol Bay Area Health Corp** 55 Employer's FCC RN **0008977852**

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The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C., § 3501, et seq. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management Branch, Washington, D.C. 20554.

Persons willfully making false statements on this form may be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

This form should be submitted to:

Rural Health Care Division
100 South Jefferson Road
Whippany, NJ 07981

[Click here to return to the HCP Information Page](#)

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): 13398	
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: 10992	2 Consortium Name: Bristol Bay Area Health Corporation
3 HCP Name: Kanakanak Hospital (BBAHC/PHS)	4 HCP FCC Registration Number (FCC RN): 0008977852
5 Contact Name: Bill Pearch	
6 Address Line 1: 6000 Kanakanak Rd	
7 Address Line 2: P O Box 130	8 County: AK-Dillingham
9 City: Dillingham	10 State: AK 11 Zip Code: 99576
12 Phone #: 907-842-5201 Ext. 6586	13 Fax #: 907-842-9486
14 E-mail: bpearch@bbahc.org	
MAD: 337	
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: Bill Pearch	17 Organization: Bristol Bay Area Health Corporation
18 Address Line 1: P O Box 130	
19 Address Line 2: 6000 Kanakanak	
20 City: Dillingham	21 State: AK 22 Zip Code: 99576
23 Phone #: 907-842-9300 Ext.	24 Fax #: 907-842-9486
25 E-mail: bpearch@bbahc.org	
Block 3: Funding Year Information	
26 Funding Year Year 2004 (7/1/2004 - 6/30/2005) X Year 2005 (7/1/2005 - 6/30/2006) Year 2006 (7/1/2006 - 6/30/2007)	
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 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. The desire is to connect the rural clinic to the regional hospital in Dillingham, and to the Alaska Native Medical Center in Anchorage. The purpose of the network is to support voice communications, email, internet access, and telnet access to the IHS systems in Dillingham and Anchorage. Uses: Communicate medical information, consultations, access to IHS, and education. Villages lack telephone facilities to support reasonable internet access.	
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.rhc.universalservice.org/eligibility/ruralareas.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 4/25/2005
39 Printed name of authorized person (First name, MI, Last name) William D Pearch	40 Title or position of authorized person Chief Information Officer
41 Employer of authorized person Bristol Bay Area Heath Corp	42 Employer's FCC RN 0008977852

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: Section 54.615(c) of the Federal Communications Commission's rules requires all health care providers requesting benefits from this support mechanism to certify to their eligibility to receive them. 47 C.F.R. § 54.615(c). In addition, Section 54.603 Commission's rules requires eligible health care providers to participate in a competitive bidding of the Federal Communications process prior to receiving telecommunications services at reduced rates. 47 C.F.R. § 54.603. The collection of information stems from the Commission's authority under Section 254 of the Communication's Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to certify an applicant's eligibility to receive support pursuant to 47 C.F.R. § 54. 615(c) and to ensure compliance with the competitive bidding requirements of 47 C.F.R. § 54.603. All health care providers requesting services eligible for universal service support must file this Description of Services Requested & Certification Form (FCC Form 465).

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The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management Branch, Washington, D.C. 20554.

This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

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 days expire**
- ▶ Entering into any agreement during the 28 day posting period is **prohibited**.
- ▶ After the HCP selects a carrier, the HCP must initiate the **next** step in the application process, the filing of Forms 466 & 468.

FCC Form 465
January 2005

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

467

Connection Certification

OMB Approval
3060-0804

To be completed by Billed Entity

Estimated Average Burden Hours Per Response: .5 hour

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

Block 1: HCP Information				
1 HCP Name Kanakanak Hospital (BBAHC/PHS)		2 Consortium Name Bristol Bay Area Health Corporation		
3 HCP Number 10992				
Block 2: Funding Year Information				
4 Funding Year - Check only one box Year 2004 (7/1/2004 - 6/30/2005) <input type="checkbox"/> Year 2005 (7/1/2005 - 6/30/2006) Year 2006 (7/1/2006 - 6/30/2007)				
Block 3: Action Taken				
5 By filing this form, the HCP or its authorized representative is (check one):				
<p><input type="checkbox"/> Confirming the connection of a telecommunications service for which the HCP has requested a discount and the accuracy of all information previously filed with RHCD regarding this service; or</p> <p><input type="checkbox"/> Notifying RHCD of the disconnection of a discounted telecommunications service.</p> <p><input type="checkbox"/> Informing RHCD that service was not (or will not be) turned on during the funding year</p>				
Block 4: Connection Information				
6 Funding Request Number	Carrier A	Carrier B	Carrier C	Carrier D
7 Service Provider Name	GCI Communications Corp.			
8 Service Provider Identification Number (SPIN)	143001199			
9 Billing Account Number	RH000220002			
10 Type of Telecommunications Service & Bandwidth	Sat/Frame Rel 1544			
11 Actual Service Start Date (date service began)	7/1/2005			
12 End of Service Date (date service was or will be turned off)	6/30/2006			
Block 5: Certification				
13 YES I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and 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.				
14 YES Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP 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.

15 Signature

NO SIGNATURE REQUIRED - E-SIG ACCEPTED

17 Printed name

William D Pearch

19 Employer of authorized person

Bristol Bay Area Health Corporation

16 Date

10/25/2006

18 Title or position

CIO

20 Employer's FCC RN

0008977852

NOTICE TO INDIVIDUALS: Section 54.603(b)(4) of the Federal Communications Commission's rules requires all health care providers requesting direct benefits from this support mechanism to file this Connection Certification Form (FCC Form 467) with the Rural Health Care Division, 47 C.F.R. § 54.603(b)(4). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4).

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management Branch, Washington, D.C. 20554.

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This form was E-Certified and does not need to be mailed.

[Click here to return to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

467

Connection Certification

OMB Approval
3060-0804

To be completed by Billed Entity

Estimated Average Burden Hours Per Response: .5 hour

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Block 1: HCP Information				
1 HCP Name Kanakanak Hospital (BBAHC/PHS)		2 Consortium Name Bristol Bay Area Health Corporation		
3 HCP Number 10992				
Block 2: Funding Year Information				
4 Funding Year - Check only one box Year 2004 (7/1/2004 - 6/30/2005) <input type="checkbox"/> Year 2005 (7/1/2005 - 6/30/2006) Year 2006 (7/1/2006 - 6/30/2007) <input type="checkbox"/>				
Block 3: Action Taken				
5 By filing this form, the HCP or its authorized representative is (check one):				
<p><input type="checkbox"/> Confirming the connection of a telecommunications service for which the HCP has requested a discount and the accuracy of all information previously filed with RHCD regarding this service; or</p> <p><input type="checkbox"/> Notifying RHCD of the disconnection of a discounted telecommunications service.</p> <p><input type="checkbox"/> Informing RHCD that service was not (or will not be) turned on during the funding year</p>				
Block 4: Connection Information				
6 Funding Request Number	Carrier A	Carrier B	Carrier C	Carrier D
7 Service Provider Name	20996			
8 Service Provider Identification Number (SPIN)	GCI Communications Corp.			
9 Billing Account Number	143001199			
10 Type of Telecommunications Service & Bandwidth	RH000220002			
11 Actual Service Start Date (date service began)	Sat/Frame Rel 1544			
12 End of Service Date (date service was or will be turned off)	7/1/2005			
	6/30/2006			
Block 5: Certification				
13 YES I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and 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.				
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10/25/2006

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William D Pearch

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Click here to return to the HCP Information Page