

**ATTACHMENT B
(CON'T)**



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95566

Dear David Hodges:

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: 10205
HCP Contact Name: David P Hodges
HCP Name: Sarah S. Nicholai Memorial Clinic
HCP Address: PO Box 69
Kwethluk, AK 99621

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	10/22/2008	1/21/2009	3	\$0.00	\$851.00	\$2,553.00	45735

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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 rhcd-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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Sarah S. Nicholai Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95567

Dear David Hodges:

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: 10206
HCP Contact Name: David P Hodges
HCP Name: Kwigillingok Clinic
HCP Address: General Delivery
 Kwigillingok, AK 99622

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	8/16/2008	1/27/2009	5.39	\$0.00	\$12,221.50	\$65,873.89	45738

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Appeals

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- 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.

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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.
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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)

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

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Funding Year 2009

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Questions

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Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kwigillingok Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95569

Dear David Hodges:

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: 10208
HCP Contact Name: David P Hodges
HCP Name: Theresa Elia Memorial Clinic
HCP Address: PO Box 10
Marshall, AK 99585

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

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Billing Account Number: RH000220011

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	8/16/2008	1/18/2009	5.1	\$0.00	\$12,221.50	\$62,329.65	45743

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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
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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.
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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.
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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.
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Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Theresa Elia Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95570

Dear David Hodges:

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: 10209
HCP Contact Name: David P Hodges
HCP Name: Mekoryuk Clinic
HCP Address: PO Box 43
 Mekoryuk, AK 99630

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	9/18/2008	1/28/2009	4.33	\$0.00	\$12,221.50	\$52,919.10	45746

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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.

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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.

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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.
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Funding Year 2009

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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 Communication Corp - GCI Communication Corp, Mekoryuk Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95571

Dear David Hodges:

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: 10210
HCP Contact Name: David P Hodges
HCP Name: Mountain Village Clinic
HCP Address: General Delivery
 Mountain Village, AK 99632

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	8/16/2008	1/25/2009	5.33	\$0.00	\$12,221.50	\$65,140.60	45749

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

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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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Mountain Village Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95555

Dear David Hodges:

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: 10222
HCP Contact Name: David P Hodges
HCP Name: Yago Clark Memorial Clinic
HCP Address: PO Box 6044
Napaskiak, AK 99559

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	10/21/2008	1/18/2009	2.93	\$0.00	\$664.00	\$1,945.52	45785

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Yago Clark Memorial Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95557

Dear David Hodges:

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: 10223
HCP Contact Name: David P Hodges
HCP Name: Newtok Clinic
HCP Address: General Delivery
 Newtok, AK 99559

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	9/18/2008	1/29/2009	4.37	\$0.00	\$12,221.50	\$53,407.96	45788

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

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- **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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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.
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- **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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Newtok Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95549

Dear David Hodges:

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: 10174
HCP Contact Name: David Hodges
HCP Name: Nightmute Clinic
HCP Address: PO Box 90011
Nightmute, AK 99690

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	8/16/2008	1/29/2009	5.46	\$0.00	\$12,221.50	\$66,729.39	45656

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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.

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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.

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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**;
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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 Communication Corp - GCI Communication Corp, Nightmute Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 83434

Dear David Hodges:

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: 10174
HCP Contact Name: David Hodges
HCP Name: Nightmute Clinic
HCP Address: PO Box 90011
Nightmute, AK 99690

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 3000 Kbps
Billing Account Number: RH000220011

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	1/30/2009	6/30/2009	5.06	\$0.00	\$24,529.00	\$124,116.74	45654

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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.
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- **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.
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Next Steps

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Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Nightmute Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95550

Dear David Hodges:

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: 10175
HCP Contact Name: David P Hodges
HCP Name: Nunapitchuk
HCP Address: PO Box 50
 Nunapitchuk, AK 99641

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	11/4/2008	1/19/2009	2.51	\$0.00	\$1,337.00	\$3,355.87	45659

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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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Nunapitchuk



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95552

Dear David Hodges:

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: 10177
HCP Contact Name: David P Hodges
HCP Name: Pilot Station Clinic
HCP Address: General Delivery
 Pilot Station, AK 99650

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	10/17/2008	1/25/2009	3.29	\$0.00	\$12,221.50	\$40,208.74	45664

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Pilot Station Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95556

Dear David Hodges:

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: 10179
HCP Contact Name: David P Hodges
HCP Name: Quinhagak Clinic
HCP Address: PO Box 150
Quinhagak, AK 99655

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH00220011

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	8/16/2008	1/19/2009	5.13	\$0.00	\$12,221.50	\$62,696.30	45669

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

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- **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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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.
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- **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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Quinhagak Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95558

Dear David Hodges:

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: 10181
HCP Contact Name: David P Hodges
HCP Name: Russian Mission Clinic
HCP Address: General Delivery
 Russian Mission, AK 99657

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	10/18/2008	1/22/2009	3.16	\$0.00	\$12,221.50	\$38,619.93	45672

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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.

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Funding Year 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Russian Mission Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95565

Dear David Hodges:

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: 10183
HCP Contact Name: David P Hodges
HCP Name: Scammon Bay Clinic
HCP Address: PO Box 150
 Scammon Bay, AK 99662

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	9/24/2008	2/1/2009	4.27	\$0.00	\$12,221.50	\$52,185.81	45678

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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.

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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.
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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 Communication Corp - GCI Communication Corp, Scammon Bay Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
Yukon-Kuskokwim Health Corporation
PO Box 528,
Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95568

Dear David Hodges:

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: 10184
HCP Contact Name: David P Hodges
HCP Name: Shageluk Clinic
HCP Address: PO Box 54
Shageluk, AK 99665

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

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	11/20/2008	1/25/2009	2.18	\$0.00	\$7,845.00	\$17,102.10	45681

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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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Shageluk Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95573

Dear David Hodges:

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: 10185
HCP Contact Name: David P Hodges
HCP Name: Sheldon Point Clinic
HCP Address: General Delivery
 Sheldon Point, AK 99666

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

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	11/11/2008	1/25/2009	2.48	\$0.00	\$12,221.50	\$30,309.33	45684

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Sheldon Point Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95579

Dear David Hodges:

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: 10189
HCP Contact Name: David P Hodges
HCP Name: Tuluksak Clinic
HCP Address: PO Box 194
 Tuluksak, AK 99679

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	9/19/2008	1/21/2009	4.08	\$0.00	\$12,221.50	\$49,863.72	45694

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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.
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- **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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Tuluksak Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95580

Dear David Hodges:

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: 10190
HCP Contact Name: David P Hodges
HCP Name: Kathleen Daniel Memorial Hospital
HCP Address: General Delivery
 Tuntutuliak, AK 99680

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	8/23/2008	1/21/2009	4.97	\$0.00	\$12,221.50	\$60,740.85	45697

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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:

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2000 L Street Northwest, Suite 200
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Phone: (800) 229-5476

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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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Kathleen Daniel Memorial Hospital



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95581

Dear David Hodges:

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: 10191
HCP Contact Name: David P Hodges
HCP Name: Tununak Clinic
HCP Address: PO Box 102
 Tununak, AK 99681

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number:

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	8/23/2008	2/1/2009	5.33	\$0.00	\$12,221.50	\$65,140.59	45700

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 2008 is June 30, 2009. This is also the last day support may be given to eligible rural HCPs for Funding Year 2008 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 2008. 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.

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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.

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Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
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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.
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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 Communication Corp - GCI Communication Corp, Tununak Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

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

June 25, 2010

David P Hodges
 Yukon-Kuskokwim Health Corporation
 PO Box 528,
 Bethel, AK 99559

Re: Funding Commitment for Funding Year 2008, Packet ID# 95587

Dear David Hodges:

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: 10199
HCP Contact Name: David P Hodges
HCP Name: Catherine Alexie Clinic
HCP Address: PO Box 9
 Upper Kalskag, AK 99607

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

Service Provider Name: GCI Communication Corp - GCI Communication 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 2008 (7/1/08 to 6/30/09). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Satellite - 1544 Kbps
Billing Account Number: RH000220011

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	8/16/2008	1/21/2009	5.2	\$0.00	\$12,221.50	\$63,551.80	45720

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(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 2009

The Funding Year 2009 application-filing window will open well before the beginning of the funding year on July 1, 2009. 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 Communication Corp - GCI Communication Corp, Catherine Alexie Clinic

ATTACHMENT C



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

P.O. Box 528 • Bethel, Alaska 99559 • (907) 543-6601 • Fax (907) 543-6570

June 21, 2010

Via E-Mail

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

Dear Dr. England:

It is the understanding of the Yukon-Kuskokwim Health Corporation (YKHC) that the Universal Service Administrative Company (USAC) expects to conclude shortly its assessment of YKHC's services contract with GCI Communication Corp (GCI), HC-218, for purposes of funding year 2008-2009.

YKHC appreciates the work USAC has performed thus far in connection with this assessment and submits this letter to reiterate its view that if USAC determines, as YKHC believes, that HC-218 qualifies for the full funding commitment sought during this period -- including for bandwidth to YKHC Subregional Clinics (SRCs) and Village Clinics to support video teleconferencing (VTC) services used in connection with telepsychiatry services to patients -- then that funding commitment should be calculated based on circuit start dates for the relevant SRC and Village Clinic locations rather than the dates on which the VTC equipment was installed in those locations.

There are a number of reasons to calculate the funding commitments in this manner. First, in each and every location, these circuits were used for a range of supported services other than telepsychiatry beginning on the circuit start dates. These other supported services included the transmission of images and data through AFHCAN telemedicine carts, access to hospital information systems and other clinical systems, and daily functions such as e-mail,

Internet access, VoIP telephony services, and remote management and support functionality. If USAC's funding commitment is not calculated based on the circuit start dates, then these services will not receive the support they clearly merit under applicable law. Furthermore, and as previously discussed in an earlier YKHC submission, it would not have made sense to install lower capacity circuits to these locations to accommodate these non-VTC services for temporary periods, only to have to replace them with higher capacity circuits a short time later to accommodate VTC transmissions. See "Response to USAC Request for Information," dated October 30, 2009, at 10. Doing so likely would have resulted in higher costs and, in light of the harsh and difficult climate in the Yukon-Kuskokwim Delta, delays in meeting YKHC's VTC bandwidth needs in its SRCs and Village Clinics.

A second reason why USAC's funding commitment should be calculated from the circuit start date is that, for those locations in which VTC equipment installations were planned, circuits had to be installed in advance -- that is, before the VTC equipment was installed -- to allow sufficient testing of the circuit to confirm that it would be capable of accommodating the VTC transmissions. In other words, the VTC equipment could be installed only *after* the circuits were installed, tested, and deemed ready; so some delay between the circuit start date and the VTC installation date was unavoidable.

Although testing typically can be performed in a relatively short period of time, a number of factors outside of YKHC's control prevented YKHC from installing the VTC equipment in certain locations as quickly as it would have preferred. These factors were described in an earlier YKHC submission and included financial and resource constraints, unpredictable weather, and the geographically dispersed nature of YKHC's SRCs and Village Clinics. See *id.* Indeed, YKHC ultimately had to rely on the services of the U.S. military to overcome these constraints, demonstrating that these constraints were not trivial or easily avoidable.

Although YKHC did what it could to get the VTC equipment installed as close as possible to the circuit start dates in the various SRC and Village Clinic locations, it would not have made sense to delay the circuit start dates in any of these locations until YKHC had confirmed VTC installation dates for them. This is because there was no way to predict when the weather would permit unencumbered travel to these remote locations to accommodate VTC equipment installation, or when the U.S. military was going to be in a position to assist with the installation process. Put simply, the circuits had to be installed, tested and "ready to go" so that when the weather cleared and the U.S. military was in a position to assist, the VTC equipment installations could occur right away.

YKHC appreciates the opportunity to provide USAC with this additional information. As USAC is aware, receipt of the full funding commitment is critical to YKHC's ability to fulfill its

core mission of providing reliable, affordable and efficient health care services to the residents of the Yukon-Kuskokwim Delta. YKHC therefore respectfully requests that the full funding commitment be issued forthwith.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'David Hodges', written over the printed name below.

David Hodges
Chief Information Officer

cc: Yaron Dori, Covington & Burling LLP

ATTACHMENT D

John Nakahata

From: John Nakahata
Sent: Wednesday, May 05, 2010 6:27 PM
To: Stefani Watterson
Cc: Martin Cary
Subject: Response to RHC inquiry re: YKHC
Attachments: YKHC Fy2008 Circuits 2010-05-03 Reverify for RHCD (2).pdf

Stefani – I am providing the attached information in response to a request from Dr. England to Steve Walker of GCI. The attached information updates a chart previously provided by GCI to RHC.

With respect to this chart, we note that where the service end date is listed as “6/30/09”, that is because of the end of the FY2008 fiscal year for which RHC requested information, and not because the service was actually discontinued.

We question the extent to which this information is necessary or relevant to the commitment determination that USAC must make. As YKHC stated in its October 30, 2009 response to RHC, YKHC began using these facilities for telecommunications reasonably related to the provision of healthcare services at or about the time the services were initiated. As you know, in some instances installation of VTC terminals lagged the start of service, but that did not affect the fact that services had been initiated and the services had begun to be utilized for supported purposes. These were not idle circuits and thus are fully eligible for support.

As YKHC also laid out in its October 30, 2009 response to RHC, the delays in installation were caused in part by YKHC funding issues, by the remoteness of these villages and by the onset of winter. These VTCs were ultimately installed with the assistance of the United States Marine Corps.

Moreover, as we have previously noted, the FCC has found that “rural health care providers are best able to determine what telecommunications services best meet their needs.” 14 FCC Rcd 18756, 18770 para. 21 (1999). The FCC has also found that rules were not necessary to govern cost-effective service selection because of both the health care provider’s self-certification and the fact that health care providers remain responsible for their portion of the service costs, such as the urban rate. 18 FCC Rcd 24546, 24575-6 para 58 (2003). This is especially the case when a health care provider is upgrading its equipment and increasing its demand in its network. There is no FCC rule or order precluding support in this situation. USAC should not penalize a service provider if some of the health care provider’s equipment is delayed, provided that the health care provider is using the supported service for purposes reasonably related to the provision of healthcare services, as was the case here.

Please let me know if you have further questions.

John T. Nakahata
Wiltshire & Grannis LLP
1200 18th Street, NW Suite 1200
Washington, DC 20036
o-202.730.1320
m-202.415.1320

ATTACHMENT E



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

P.O. Box 528 • Bethel, Alaska 99559
(907) 543-6601 • Fax (907) 543-6570

Response to USAC Request for Information April 9, 2010

This document responds to the Universal Service Administrative Company's (USAC's) e-mail of March 19, 2010, which seeks additional information in connection with the Yukon-Kuskokwim Health Corporation's (YKHC's) use of 3 Mbps of bandwidth to support the provision of high definition (HD) telepsychiatry and other telemedicine services in the Yukon-Kuskokwim Delta.

As USAC is aware, YKHC provides health care services to 50 rural communities comprised principally of Alaska Natives and Native Americans who reside in rural and remote portions of southwest Alaska. YKHC's facilities include a regional hospital, Subregional Clinics, and local community-based clinics, which it refers to as Village Clinics. These facilities typically provide the only health care service options for the individuals and communities they serve. The Village Clinics, for example, are so geographically remote that they typically cannot be reached by roads and instead require transportation by plane or snow machine. The services provided through these facilities include health promotion and disease prevention programs; dental services; behavioral health services, including psychiatric and substance abuse counseling and treatment; ophthalmological care; and environmental health services. Because many of YKHC's facilities are located in rural and remote regions of Alaska, many of these services can best be provided only through the use of telemedicine, which, to be most effective, requires sufficient levels of broadband connectivity and advanced technologies such as medical telemetry, digital medical and dental imaging, and HD video conferencing (VTC).

In an effort to ensure that the best possible medical care is provided to the individuals and communities that YKHC serves, YKHC has taken several steps over the past two years to effectuate a substantial upgrade and expansion of its various medical facilities. This upgrade and expansion has involved incorporating numerous recent advances in technology and telemedicine -- including the installation and use of Alaska Federal Health Care Access Network (AFHCAN) telemedicine carts and HD VTC equipment to transmit and receive medical information and facilitate telepsychiatry service -- to, for example, ensure that patients who

reside in rural, remote and sparsely populated portions of southwest Alaska can rely on the full panoply of resources in the YKHC network for their medical needs.

YKHC is particularly proud of the pioneering role it is playing in the use of technology and telemedicine, which has empowered YKHC and its medical staff to develop and effectuate more efficient and effective treatment programs for patients who, due to their socio-economic status and geographical location, are at greater risk than most Americans of not receiving appropriate levels of medical care. It is for this reason that YKHC has focused much of its upgrade and expansion efforts on, among other things, ensuring that its various medical facilities, including its Village Clinics, have installed advanced medical equipment and have arranged for the bandwidth necessary for that equipment to be used most effectively.

As USAC is aware, in those Village Clinics in which YKHC provides telepsychiatry and other telemedicine services, YKHC relies on 3 Mbps of bandwidth (two T-1 circuits) to ensure that all of the advanced medical equipment in these facilities, including HD VTC equipment, functions appropriately and efficiently. In the Subregional Clinics in which YKHC provides telepsychiatry and other telemedicine services, including digital mammography, YKHC relies on 4.5 Mbps of bandwidth (three T-1 circuits).

YKHC took particular care in assessing its bandwidth needs in these facilities in part because of the difficulties it experienced in providing reliable medical care and administrative support for such care through the services of UUI, which provided YKHC with bandwidth capabilities of only 1.5 Mbps downstream and 512 Kbps upstream. Experience suggested that these capabilities would be insufficient to accommodate YKHC's anticipated and growing use of AFHCAN telemedicine carts, telepsychiatry using full HD VTC equipment, and various other administrative functions, including the use of high-speed Internet access, e-mail, VoIP telephony services, and Resource and Patient Management Systems (RPMS), all of which are critical to the day-to-day operations of YKHC's facilities.

As part of its assessment of its bandwidth needs, YKHC consulted various physicians and other telemedicine professionals. Specifically, Laura Baez, YKHC's Director of Behavioral Health, and David Hodges, YKHC's Chief Information Officer, consulted physicians in the Alaska Psychiatric Institute (API), some of whom treated YKHC patients, to determine whether, how and to what extent YKHC could support telepsychiatry and related services to patients treated in its Village Clinics and Subregional Clinics.

It was during the course of these consultations that YKHC was informed by representatives of API that YKHC's provision of telepsychiatry services could best be provided through the use of full motion HD VTC equipment. In fact, representatives of API arranged a side-by-side demonstration of HD and standard VTC equipment and transmissions so representatives of

YKHC could see for themselves the differences in the quality, clarity and reliability of the transmissions. YKHC also was informed by psychiatrists at API that full motion HD video teleconferencing would be very important to their ability to provide effective therapy because it would best approximate their physical presence in the room with the patient, thereby enabling the psychiatrists to identify and assess whether patients are suffering from serious side effects from prescribed psychotropic medications. These extrapyramidal symptoms manifest as very fine involuntary facial and other involuntary movements that require a psychiatrist to be able to observe the patient clearly and precisely using full motion HD video technology. Full motion HD video also is important because it enables psychiatrists to evaluate nonverbal information about a patient's emotional state, including subtle aspects relating to how a patient moves his or her face and holds his or her body that can be critical to producing an accurate diagnosis and maintaining appropriate levels of care for patients. The provision of the best possible telepsychiatry services through full motion HD video teleconferencing was determined to be the best -- and in some cases the only -- way to address these issues effectively.

It also was determined that the use of bandwidth sufficient to support the provision of HD video teleconferencing would help ensure that telepsychiatry sessions provided to YKHC patients would not suffer due to excess latency or other limitations that could interfere with seamless provision of telepsychiatry services. It is well settled that effective psychiatric therapy involves a discussion and exploration of deeply personal and emotional issues. Video teleconferencing sessions interrupted by latency, screen freezes, or poor or intermittent video and audio quality due to insufficient bandwidth would compromise the effective provision of telepsychiatry service. These and similar conclusions are set forth more fully in the attached Declarations of Dr. Karen Jackman and Dr. David Ondich.

The conclusions of these physicians -- and, more generally, the results of YKHC's assessment of its bandwidth needs -- are particularly notable based on the recent determination in the Federal Communications Commission's (FCC's) National Broadband Plan (NBP) that the concurrent provision of real-time two-way video teleconferencing with non-real-time Internet browsing and e-mail services requires 7 Mbps of bandwidth, which is *more than double* YKHC's use of bandwidth for these and other services. *See Connecting America: The National Broadband Plan*, FCC, March 16, 2010, at Section 3.1, Exhibit 3-C, p. 17. The FCC's NBP further states that to concurrently run *near-real-time* streaming video of a classroom lecture *in standard definition* with non-real-time Internet browsing and e-mail services requires 4 Mbps of bandwidth -- 25 percent more bandwidth than YKHC uses for full motion HD video teleconferencing and other services in its Village Clinics. *Id.*

YKHC's bandwidth needs pale by comparison to these figures, particularly given the mission critical role this bandwidth plays in the lives of its patients and the ability of YKHC to care for them most appropriately. Indeed, in the portion of the NBP that focuses on the use of broadband for the provision of health care services, the FCC acknowledges that "[a] single video consultation session can require a symmetric 2 Mbps connection with a good quality of service." *Id.* at 209. This is precisely the level of bandwidth that YKHC's own HD VTC transmissions require.

In your e-mail of March 19, 2010, you requested that YKHC furnish a copy of the report titled "Quality Attributes in Telemedicine Video Conferencing," which YKHC cited in support of its need for full resolution HD video images in its submission to USAC of October 30, 2009. YKHC has confirmed that the Internet link to that report, which YKHC previously provided to USAC, no longer is functioning, so a copy of that report is provided herein as Attachment 1. Notably, the report supports YKHC's approach to determining its bandwidth needs. In addition to stating that "the use of video conferencing for direct medical care requires the highest degree of video conferencing quality, given its direct and immediate impact on patient care," the report explains that a successful video teleconferencing program for telemedicine, for example, focuses on the needs of the patient rather than on the technology, which "is purely a conduit towards being able to do a clinical consultation." LeRouge, "Quality Attributes in Telemedicine Video Conferencing," IEEE Computer Society, 35th Annual Hawaii International Conference on System Sciences, Volume 6, September 2002, at 2. In other words, one must assess the needs of the patient to best determine the nature and quality of the video teleconferencing capability that should be provided. Given the premium psychiatric clinicians place on the clarity and precision of video and audio transmissions to most effectively treat patients, YKHC's decision to use HD video teleconferencing to provide telepsychiatry services is justified.

YKHC is mindful that some practitioners of telemedicine and telepsychiatry services may not enjoy the benefit of 2 Mbps of bandwidth to conduct such services. But this often results from lack of resources and funding to support greater bandwidth and related applications. The American Telemedicine Association's "Practice Guidelines for Videoconferencing-Based Telemental Health," to which you cite in your e-mail of March 19, 2010, indeed states that "[m]ost telemental health programs use systems that transmit data at a minimum of 384 Kbps." American Telemedicine Association, *Practice Guidelines for Videoconferencing-Based Telemental Health*, October 2009, at 14. But it also identifies such bandwidth as a *minimum* for providing effective telemedicine services. *Id.* The document also specifies, as you noted, that "viewers perceive a marked difference in quality between 128 and 384 Kbps, but report less noticeable difference between 384 and 768 Kbps." *Id.* This is not surprising. Higher bandwidth nearly always improves transmission speeds, clarity and functionality. Indeed, the

document practically concedes that telemedicine programs rely on less than 768 Kbps of capacity not because doing so is necessarily desirable but, rather, “due to lack of or expense of broadband access.” *Id.* In fact, after consulting numerous persons, YKHC is not aware of a single practitioner of telepsychiatry and telemedicine who does not believe that he or she could do more for patients with additional bandwidth and greater audio and video clarity, and that standard definition transmissions generally do not provide enough audio or visual clarity to be as effective.

With this information as background, YKHC provides responses to your four specific questions below.

1. What specific aspects of telepsychiatry require full motion and high definition video?

As noted above, many aspects of telepsychiatry require full motion HD service. Medications routinely prescribed in psychiatry cause serious side effects that are detectable only through an in-person physical exam or by using full motion HD service, which can permit a psychiatrist to zoom in on a patient’s hands and face to observe fine, involuntary movements that are imperceptible through standard definition transmissions. HD service similarly enables a psychiatrist to best observe facial expressions and body language that contain subtle clues about a patient’s emotional state and are essential in order to provide an accurate diagnosis. Without full motion HD service, these clues frequently are not observable in video teleconferencing sessions and require additional personnel to be involved more often in the diagnosis and treatment of the patient. This often requires additional personnel to appear in the same room as the patient during telepsychiatry sessions, to appear more frequently, or for the patient to visit with additional medical practitioners to receive a supplemental assessment, thereby leading to a less efficient and more time consuming treatment process. The ability of a psychiatrist to establish an atmosphere that closely mimics an in-person session, which is critical to developing the rapport necessary to best conduct therapy sessions, also is greatly enhanced by full motion HD service. These important attributes of HD service, especially as compared with standard definition service, are set forth more fully in the attached Declarations of Dr. Karen Jackman and Dr. David Ondich.

2. In addition to the VTC units, what equipment is at each clinic and subregional facility, what are the bandwidth requirements for each piece of equipment, and how is that bandwidth necessary for the provision of health care as provided by the equipment and the community health aide or clinician?

All Village Clinics today make use of telemedicine carts that require broadband transmission capability to be used effectively. The carts contain pieces of equipment used to observe and transmit images of the patient to physicians and other medical professionals consulting or

treating the patient from remote locations. Although the peripheral equipment on each cart may differ depending on the needs of each Village Clinic, the telemedicine carts in Village Clinics may contain some or all of the following types of peripheral equipment: a digital camera, a video otoscope, an electrocardiogram, a scanner, a spirogram, VitalSigns equipment, an audiogram, and a tympanogram. In the Village Clinics that do not rely on VTC equipment, these telemedicine carts and peripheral devices are supported by a single T1 line, or a transmission capacity of 1.5 Mbps. In the Village Clinics that rely on and use VTC equipment, these telemedicine carts and peripheral devices are supported by two T1 lines, or a transmission capacity of 3 Mbps, although two of those three Mbps are utilized by HD VTC equipment.

The telemedicine carts in YKHC's SRCs contain this same -- and often more -- peripheral equipment. Each SRC uses multiple telemedicine carts and also supports digital mammography services. Each SRC is supported by three T1 lines, or a transmission capacity of 4.5 Mbps, with some of this capacity utilized by multiple HD VTC transmission capability.

Both the Village Clinics and the SRCs also rely on broadband to support a range of administrative functions, including the use of high-speed Internet access, e-mail, VoIP telephony services, an electronic billing system, and Resource and Patient Management Systems (RPMS).

The broadband transmission capacity provided to each Village Clinic and SRC is designed to accommodate peak usage times, which is industry standard, as well as the manner in which circuits are provisioned to these types of locations. In YKHC's experience, at least 512 Kbps on average is necessary to ensure that a telemedicine cart and all administrative support functions in its Village Clinics can operate at appropriate Quality of Service (QoS) levels, but these activities can sometimes spike to up to 1.5 Mbps of bandwidth. In the SRCs, at least 1 Mbps of bandwidth is necessary to support the use of multiple telemedicine carts, administrative support functions, and the digital mammography equipment in use in those locations at appropriate QoS levels, again with occasional spikes.

3. What are normal clinic hours of operation and on average how many times a day or how long is the above named equipment used at each clinic? If possible, bandwidth or utilization data correlated with clinic usage would be extremely helpful for us to understand the needed bandwidth.

The standard hours of operation for YKHC's Village Clinics is 8 a.m to 5 p.m., but clinics are open and often used on a 24-hour basis in cases of emergencies. The equipment identified in response to Question 2, above, is used at varying times of day and with varying frequency depending on a range of circumstances; but, notably, there are periods in a day when all or

much of the equipment is used simultaneously, which necessitates provisioning bandwidth for peak periods.

YKHC is in the process of seeking -- and thus does not currently have available -- bandwidth or utilization data so it can more closely assess its bandwidth usage and whether certain peak periods are demanding more bandwidth than YKHC's existing network configuration can accommodate.

4. In our meeting, you said that large medical records or radiology files are being transferred. Typically, we see such files transferred between facilities with PAC systems and remote radiologists. We believe you said only Bethel and maybe some other sites had PAC systems, so we are unclear why such large patient records would be transferring to or from your remote facilities. On average, how many electronic medical records are transferred daily to or from the clinics or sub-regional facilities to the hospital in Bethel and what are the average file sizes?

Only YKHC's facility in Bethel relies on PACS imaging to transfer and provide access to large medical records or radiology files to Anchorage and, by extension, the lower 48 states. This same equipment does not reside and is not used in the SRCs or the Village Clinics. With respect to the transmission of such records or files from Bethel to Anchorage, which typically consist of CT Scans, Ultrasound, Digital Mammography, Fluoroscopy, and general X-ray files, YKHC estimates that approximately 85 to 100 files are transmitted each work day, with an average file size of approximately 11.2 Mbps.

* * *

We hope that this additional information is helpful and sufficient to resolve any outstanding questions or concerns. As noted in our earlier submissions and in our meeting of February 17, 2010, we are deeply concerned that any further delay by USAC in providing reimbursement payments to our service provider, GCI Communications Corp. (GCI), may threaten GCI's willingness to continue delivering services to YKHC pursuant to the terms of the service contract between the parties, HC-218. Any resulting interruption or disconnection of service will have profound and troubling implications for YKHC and its ability to serve its communities. We therefore respectfully urge you to conclude your inquiry as expeditiously as possible, and we remain willing and able to provide you with any additional information you may need to accomplish that.

DECLARATION OF KAREN JACKMAN, M.D.

I, Karen Jackman, hereby swear and depose, based upon my own personal knowledge, information and belief, as follows:

1. I am a psychiatrist contracted by the Yukon-Kuskokwim Health Corporation ("YKHC") in Bethel, Alaska, to provide psychiatric services to YKHC patients. I received my medical degree from the University of Kansas Medical School-Wichita, followed by residency training at the University of Kansas Medical School-Wichita and a Fellowship at the University of Utah. I am certified to practice in General Psychiatry and Child and Adolescent Psychiatry.

2. I am licensed to practice medicine in Alaska. My current practice involves working with YKHC to provide psychiatric care to the patients and communities that YKHC serves. I first became involved in working with YKHC as an employee in the late 1990s. I spent six years traveling to small villages providing psychiatric services to the children there. I began doing telepsychiatry for YKHC when I was employed by the Alaska Psychiatric Institute ("API"), which provided psychiatric support to YKHC's various facilities.

3. YKHC provides health care services to rural communities comprised principally of Alaska Natives and Native Americans who reside in rural and inaccessible portions of southwest Alaska. YKHC's facilities include a regional hospital, Subregional Clinics, and more than thirty local community-based clinics, which it refers to as Village Clinics.

4. These facilities provide essential health care services, including psychiatric and substance abuse counseling and treatment, to the communities they serve. In fact, the Village Clinics generally provide the only health care service facilities that are available to individuals living in the remote communities that YKHC serves.

5. The most practical way to provide meaningful, continuous and effective psychiatric care to individuals living in the remote villages that YKHC serves is through telemedicine. These remote villages are located in the western portion of Alaska and typically are accessible only by plane or snow machine, not by roads. Without telemedicine, the communities served by Village Clinics would not have regular access to psychiatric care, physician care and related medical services and thus would be deprived of the full panoply of medical services that, through telemedicine, YKHC is capable of providing. Telemedicine also enables doctors and other health professionals to serve multiple communities more efficiently. Back when I was traveling to the villages I was only able to see the patients every two to four months. With telepsychiatry I can follow up with them as frequently as needed.

6. Over the past two years, I have engaged in telemedicine by participating in more than 400 telepsychiatry sessions, including more than 300 sessions with YKHC patients. I also have attended and participated in numerous professional conferences that have addressed telepsychiatry matters during this period.

7. The availability of clear video and audio transmissions is necessary for the most effective psychiatric diagnosis and treatment. Visual clarity is critical to detect slight and often difficult-to-notice abnormal movements of the facial muscles and other involuntary body movements during psychiatry sessions. Such extrapyramidal symptoms are sometimes side effects seen in patients who have been prescribed and are taking psychotropic medications.

8. These symptoms can manifest themselves in various periods during which a patient is taking prescribed medication, so optimal care ordinarily requires that any patient prescribed such medication undergo routine physical examination. Prior to the use of HD telepsychiatry, patients residing in remote regions of Alaska who were treated by telepsychiatry

received a physical examination only once every six months from a nurse practitioner to help detect issues associated with their medication. Today, because of the availability of HD service, it is possible for me to conduct additional examinations of the patients with clarity using HD video conferencing equipment every time I conduct a session with them. Although it does not entirely replace the periodic need for physical examination, it significantly enhances patient care due to the frequency of the HD sessions.

9. HD service also enables a physician engaged in a psychiatric assessment of a patient to best monitor and evaluate how a patient moves his or her face and holds his or her body. These movements are indicative of a patient's emotional state, which is clinically known as a patient's "affect," and they can furnish a psychiatrist information essential to an accurate diagnosis. Observation of a patient is critical because what a patient says about his or her emotional state is not always congruent to these nuances in facial expressions and body language. Moreover, these nuances typically are not observable using standard definition technology.

10. Audio and visual clarity also are critical to the effective provision of telepsychiatry because they best approximate the physical presence of the psychiatrist and the patient. Excessive latency, pixilation, and poor audio or video quality greatly diminish the patient experience and correspondingly impair the ability of the psychiatrist to provide effective care.

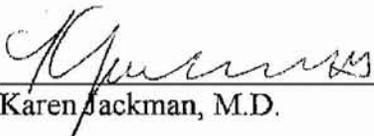
11. My conclusions are based on actual experience as a psychiatrist and a clinician, as well as a direct comparison of HD and standard definition technologies for the provision of psychiatric care. I treat patients from YKHC facilities throughout western Alaska that routinely support HD telepsychiatry service. For instance, through my work at YKHC's Behavioral

Health Clinic in Alaska, I have been able to use HD service to zoom in with great clarity and precision on a patient's hands and face to look for the subtle physical side effects of medications.

12. More recently, through my work at the McCann Treatment Center ("McCann") in Bethel, Alaska, which also is part of YKHC, I learned firsthand how important and beneficial HD capability is when technical disruptions prevented the use of HD capability in McCann. It was in the course of this experience that I came to understand clearly the noticeably inferior quality of standard definition (as compared with HD service) and the importance of HD quality to providing the best possible medical treatment to patients. I could not, for example, zoom in with clarity and precision on a patient's features to look for the subtle physical side effects of medications when only standard definition service was available. I was also dependent on others in the room with the patient to describe the patient's affect. This limited my ability to provide the same level of psychiatric care that I otherwise would have been capable of providing through HD service.

13. It is my understanding that although some practitioners may engage in telemedicine and telepsychiatry using standard definition equipment and commensurate bandwidth levels for such equipment, I do not believe any of the practitioners with whom I am familiar would dispute my thesis that additional bandwidth and greater audio and video clarity would enhance their ability to provide services to their patients more reliably and efficiently.

I declare under penalty of perjury that the foregoing is true and accurate to the best of my personal knowledge, information, and belief.

 9/8/10
Karen Jackman, M.D.

ATTACHMENT F

From: William England [mailto:wengland@usac.org]
Sent: Friday, March 19, 2010 3:07 PM
To: David P. Hodges; David P. Hodges
Cc: Rekha Ayalur
Subject: RE: YKHC

Dear David,

Thank you for meeting with USAC on February 17, 2010 to discuss the need for additional bandwidth in YKHC's request for support for Funding Year 2008. During the February 17 meeting, you and Dr. Joe Klejka (Dr. Klejka via teleconference) described the medical services and equipment that will utilize the bandwidth requested. To complete our inquiry into this funding request, we need written responses to the inquiries posed in the email of February 1, 2010 from me to you and in the February 17 meeting regarding the need for the requested bandwidth. To assist you in providing written responses, below are the specific matters we would like you to address or confirm. Please provide your written responses by April 2, 2010.

In YKHC's October 30, 2009 response (October 30th Response) to USAC's July 31, 2009 request for information, you stated that "one of the principal applications for which YKHC purchased the Tandberg Edge 95 MXP video teleconferencing (VTC) equipment pertains to its provision of tele-psychiatry services in remote regions of the Yukon-Kuskokwim Delta." In the response, YKHC cites the report "Quality Attributes in Telemedicine Video Conferencing" in Proceedings of the 35th Hawaii International Conference on System Sciences – 2002 as support for the need for full resolution, high definition video images. (Oct. 30th Response, p. 6.) However, we do not find in that article or in the October 30th response, a reference to show that the specific requested bandwidth is necessary to perform tele-psychiatry services. The attached report, *American Telemedicine Association Practice Guidelines for Videoconferencing Telemental Health* (Practice Guidelines), notes that "research into the quality of data transmission has shown that viewers perceive a marked difference in quality between 128 and 384 Kbps, but report less noticeable difference between 384 and 768 Kbps." The Practice Guidelines, indicate that tele-psychiatry can be performed with much less bandwidth than bi-directional 3 Mbps. Thus, we are still uncertain as to why this bandwidth is necessary for the provision of health care and request that you and Dr. Klejka provide a detailed, written explanation as to why YKHC's needs well exceed what is recommended in the Practice Guidelines. In particular, please address the following:

1. What specific aspects of tele-psychiatry require full motion high definition video?
2. In addition to the VTC units, what equipment is at each clinic and sub-regional facility, what are the bandwidth requirements for each piece of equipment, and how is that bandwidth necessary for the provision of health care as provided by the equipment and the community health aide or clinician?
3. What are normal clinic hours of operation and on average how many times a day or how long is the above named equipment used at each clinic? If possible, bandwidth or utilization data correlated with clinic usage would be extremely helpful for us to understand the needed bandwidth.
4. In our meeting, you said that large medical records or radiology files are being transferred. Typically, we see such files transferred between facilities with PAC systems and remote radiologists. We believe you said only Bethel and maybe some other sites had PACs systems, so we are unclear why such large patient records would be transferring to or from your remote facilities. On average, how many electronic medical records are transferred daily to or from the clinics or sub-regional facilities to the hospital in Bethel and what are the average file sizes?

Thank you for your prompt attention to this request.

William England

202-263-1624

<<PracticeGuidelinesforVideoconferencing-Based TelementalHealth.pdf>>

From: William England
Sent: Monday, February 01, 2010 7:02 PM
To: '[David Hodges@ykhc.org](mailto:David.Hodges@ykhc.org)'
Cc: Rekha Ayalur
Subject: YKHC

Dear Mr. Hodges:

I have carefully reviewed the substantial record of correspondence between you and the Rural Health Care Division regarding YKHC's request for support for Funding Year 2008. As you suggested, we should discuss our concerns with your application on a conference call. Below are some clarifying questions that we would like to discuss on the call.

USAC is looking to verify that the services/equipment at YKHC's clinics require the amount of bandwidth that is being requested. In your response to USAC's Second Request for Information, you state that the "principal applications for which YKHC purchased the Tandberg Edge 95 MXP equipment pertains to its provision of telepsychiatry services in remote regions of the Yukon-Kuskokwin Delta." What other medical services are being performed at YKHC's clinics that would require 3+Mbps of bandwidth? For example, could you provide bandwidth or utilization data correlating demand with clinic usage? Your Form 465 lists the need to support CT scanner and PACS images, which we understand could require greater bandwidth if operated at the same time as the VTC equipment, but we do not know which sites have CT or PACS systems or how often simultaneous use is necessary.

You have explained that the equipment purchased from GCI needs 2 Mbps service to operate in full HD mode for telepsychiatry. USF supports telepsychiatry programs in the lower 48 states that request support for between 384 and 1544 Kbps, including the use of HD monitors (not in full HD mode). We are unsure why higher bandwidth is needed in your program. We suggest asking your clinicians for specific examples of their needs and what could not be accomplished at lower bandwidths.

Unless all village sites operate at >2 Mbps simultaneously, the 100 Mbps connection in Bethel seems more than necessary. It would help our understanding to have actual bandwidth utilization data tied to times of clinic use, showing the number of clinics requesting simultaneous teleconsults, reviewing medical records, etc. Such utilization data would help demonstrate that these services are necessary for the provision of health care.

We look forward to discussing these matters and we invite you to include a clinical expert on the call to discuss these services with us. Please let me know once you have coordinated a date and time that works best for you.

Sincerely,

William England, Ph.D., J.D.

Vice President, Rural Health Care

Universal Service Administrative Company

2000 L Street, NW, Suite 200

Washington, DC. 20036

202-263-1607 (voice) • 202-776-0080 (fax)

wengland@usac.org • www.usac.org

Note: RHC's customer service department has moved to a new location. All Forms, written documentation or correspondence should be mailed to:

Rural Health Care Division

30 Lanidex Plaza West

Parsippany, NJ 07054

ATTACHMENT G

April 2, 2010

VIA ELECTRONIC MAIL

William England, Ph. D.
Vice President, Rural Health Care Division
Universal Service Administrative Company
2000 L Street, NW Suite 200
Washington, DC 20036

Dear Dr. England:

This note follows up on your email dated March 19, 2010. My letter to you dated March 4, 2010 disclosed all of the commercial service arrangements under which GCI or any of its affiliates is providing inter-village terrestrial data transmission in the Yukon-Kuskokwim Delta region within the “safe harbor” range of 1.4-8 Mbps, and for which GCI’s service arrangement is not one that itself is a discounted service arrangement under either the Rural Health Care or Schools/Libraries support mechanisms. The service arrangements we have disclosed includes DeltaNet services that GCI itself purchases from Unicom for GCI’s own use, such as providing wireless and voice telephony services. We also disclosed to you GCI’s commercial satellite-based private line service arrangements where both endpoints are within Alaska, regardless of whether those were located within the Yukon-Kuskokwim Delta.

In our telephone call on March 24, 2010, we discussed both United Utilities and United-KUC. These GCI affiliates are the local incumbent LECs within the Yukon-Kuskokwim Delta. Within the Yukon-Kuskokwim Delta, United KUC serves Bethel,¹ while United Utilities provides local exchange service to the remainder of the communities in the Yukon-Kuskokwim Delta. Significantly, neither of these entities provides inter-village interexchange transmission services within the 1.4-8 Mbps “safe harbor” category, which are the type of service covered by the GCI-YKHC contract. Historically, prior to GCI’s purchase of United Utilities, Unicom functioned as the interexchange services affiliate for these two local exchange carriers, and they did not themselves provide such services. To be clear, under the Alaska market structure, inter-village telecommunications services are interexchange, not local exchange, services.² Moreover, neither United nor United-KUC provides Internet access services within the “safe harbor” range of 1.4-8 Mbps.

We note that UUI (as distinct from Unicom) uses some transmission capacity over DeltaNet to support its Internet access offerings (which, as noted above, are all below the 1.4-8 Mbps “safe harbor” range). These are configured with nineteen (19) 1.536 Mbps ports on the edge, all hubbed to a single 4 Mbps port in Bethel. Because of

¹ United-KUC also serves McGrath and Unalakleet, which are not within the Yukon-Kuskokwim Delta.

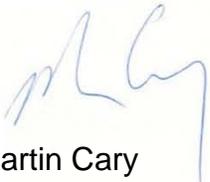
² Although United Utilities (Unicom’s sister company, which like Unicom is owned directly by GCI) jointly owns twenty-one (21) satellite earth stations with AT&T in the Yukon-Kuskokwim Delta, AT&T, and not United, Unicom or any other GCI-affiliated entity is the service provider for any satellite-based private line services provided using those jointly owned facilities.

the limited capacity of the hub port, the performance is limited – the equivalent of approximately 848 kbps of symmetrical “circuit” bandwidth, and thus does not fall within the “safe harbor” category of 1.4-8 Mbps when viewed as “apples-to-apples” transmission capacity.³ In addition, this is not a commercial offering: it is provided at a class of service quality (lowest priority) below the level of the commercial services provided by any GCI affiliates and there is no price for the facilities used because they were established prior to GCI acquiring United Utilities and Unicom and reflect UUI’s and Unicom’s status as sister companies under the previous owner. Thus, these facilities should not be considered in determining the appropriate rural rate under 54.607(a).

Finally, for the record, we note that my letter of March 4, 2010 never asserted that Unicom was “operating independently” of GCI, as your note of March 19 states. What I said was that Unicom and GCI were required by the Rural Utility Service to reflect arm’s-length pricing in their transactions between them. There is nothing inconsistent with such arm’s length pricing for Unicom to have cancelled a contract with YKHC that did not cover the services that YKHC needed in favor of a contract with GCI that did.

Based on our telephone call of March 24, 2010, I trust that this answers all of USAC’s remaining questions for GCI. In the event that you have additional questions, we request that we first attempt to address them by meeting or call, which can then be followed up with any formal exchange of correspondence. The two calls that we have had have been effective in clarifying the issues upon which USAC is seeking information.

Sincerely,



Martin Cary
Vice President and General Manager
Managed Broadband Services
GCI Communication Corp.

cc: Rekha Ayalur
David Capozzi
Stefani Watterson
John Nakahata

4829-4657-1525, v. 3

³ This is calculated by taking the total port bandwidth for all 20 sites (19 remote sites plus the hub), dividing by 20 ports (1 port per site), and dividing by two ports per symmetrical “circuit.”

ATTACHMENT H

From: William England [mailto:wengland@usac.org]
Sent: Friday, March 19, 2010 6:39 PM
To: Martin Cary
Cc: John Nakahata; Rekha Ayalur
Subject: RE: GCI Response to USAC Request for Additional Information - YKHC

Dear Mr. Cary:

In your reply and presentation to USAC, you stated that GCI is purchasing 203 1 Mbps port equivalents, including both T-1 TDM circuits and Ethernet ports from Unicom and that the loan agreement with Rural Utilities Service requires you to treat them as arms length transactions. However, our inquiry requests that GCI provide its commercial customer rates for all services in the 1.4 to 8 Mbps category in the YK Delta. In particular, the decision by Unicom to cancel its prior 5 year contract with YKHC in favor of the new contract with GCI for purposes of seeking USF support is not consistent with Unicom operating independently of GCI and could have excluded services relevant to determining a rate under Section 54.607(a). Thus, please include in your disclosure of equivalent services, all services provided over the DeltaNet facilities which are sold by GCI or any subsidiary of GCI. In the event that services are sold by a subsidiary and then resold by GCI, please so indicate, so they are not double counted.

Your prompt reply by April 2 will enable us to continue moving quickly toward closure of this support request.

Sincerely,

William England

From: Martin Cary [mailto:mcary@gci.com]
Sent: Friday, March 05, 2010 1:28 AM
To: William England
Cc: John Nakahata; Rekha Ayalur
Subject: GCI Response to USAC Request for Additional Information - YKHC

Dr. England,

Please find attached our response to the questions you have outlined below.

Sincerely,

Martin Cary
VP/GM Managed Broadband Services
GCI

From: William England [mailto:wengland@usac.org]

8/19/2010

Sent: Friday, February 19, 2010 10:08 AM
To: Martin Cary
Cc: John Nakahata; Rekha Ayalur
Subject: Request for Additional Information - YKHC

Dear Mr. Cary:

Thank you for your letter dated December 23, 2009 responding to our questions concerning service provided to Yukon-Kuskokwim Health Corporation (YKHC). Based on your responses, we have several follow-up questions concerning the rural rate pricing comparison and the over-limit usage charges assumptions. The information we are requesting is important for bringing our inquiry to conclusion, and we would appreciate receiving your written response by March 4, 2010. Because your December 23rd reply came through Wiltshire & Grannis LLP, I have included John Nakahata in this email.

As you noted in your letter of December 23, 2009, to determine the rural rate, Section 54.607(a) of the FCC's rules requires an averaging of the rates charged to commercial customers for identical or similar services provided in the area served. In determining the rural rate for commercial customers, you calculated the per Mbps cost for YKHC, a "carrier customer" and a "commercial customer" by totaling the "circuit" capacity and dividing it into the monthly service cost. Our concern with this method of calculation is that it is not comparing "identical or similar" services. Rather, it is pooling rates for 3 Mbps circuits and a 100 Mbps service. We typically expect to see volume discount effects or lower cost per Mbps rates for higher bandwidth services. Additionally, your averaging of rates included only two commercial customers. Based on our understanding of GCI's operations in the YK Delta, we are concerned that there appear to be more customer rates that should be included in the average, including rates for GCI subsidiaries.

To better assist USAC in determining the appropriate rural rate for Rural Health Care Support Mechanism benefits eligibility, please provide commercial customer rates for functionally equivalent speeds using the FCC's "safe harbor categories" as described in the FCC's Report and Order released on Nov. 17, 2003 (FCC 03-288; 18 FCC Rcd 24546, para. 34). Except for the Bethel hub site, the YKHC sites fall into the T-1 category of 1.4 to 8 Mbps. Please provide your commercial customer rates for all services in the 1.4 to 8 Mbps category provided by GCI in the YK Delta.

The next questions relate to the YKHC contract and the Hypernet Platinum service comparison provided on page 4 of the December 23rd letter. The per month base circuit price is listed as \$27,476. The bid price as indicated on the FCC Form 466 states the per circuit price as \$24,753. Please indicate the correct price.

One reason given as to why the Hypernet Platinum service is not suitable for YKHC is the over-limit usage charge. You estimated that the under the Hypernet Platinum plan, YKHC's usage fees could exceed \$19,000 assuming 3 Mbps symmetric service was available as part of the plan. We understand this is hypothetical, but we want to understand the assumptions that went into your estimate. A \$0.01/MB (\$10/GB) usage fee of \$19,000 is 1,900 GB per month. Streaming HD video at 2 Mbps would be $2 \times 3600 / 8 = 900$ MB/hr uploaded from the clinic (1.8GB for full duplex) so even using HD service 24x7 would be $1.8 \times 24 \times 30 = 1,296$ GB, well under 1,900 GB/month. Please provide more information as to how the \$19,000 over-limit usage charge assumption was estimated.

If you would like the opportunity to discuss your response, we can schedule a meeting following receipt of your written response.

Best regards,

8/19/2010

William England, Ph.D., J.D.
Vice President, Rural Health Care
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, DC. 20036
202-263-1624 (voice) • 202-776-0080 (fax)
wengland@usac.org • www.usac.org

ATTACHMENT I



March 4, 2010

CONFIDENTIAL TREATMENT REQUESTED

VIA ELECTRONIC MAIL AND FIRST-CLASS MAIL

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

Dear Dr. England:

This letter responds to the questions posed in your email dated February 19, 2010. This letter explains: (1) that the GCI/YKHC contract HC-218 complies with 47 C.F.R. 54.607(a) with respect to the calculation of the rural rate, using services provided in the 1.4-8 Mbps "safe harbor" category; (2) the correct price under the contract; and (3) the Hypernet over-limit usage charge. However, with respect to the last of these issues, we note that Hypernet cannot be considered a "identical or similar service" to the services GCI is providing to YKHC because Hypernet is a cable-modem-based service and thus does not provide transmission between the Yukon-Kuskokwim Delta villages and Bethel, which is an essential component of the services that GCI is providing YKHC under contract HC-218.

1. Compliance with 47 C.F.R. 54.607(a).

As you point out, 47 C.F.R. 54.607(a) states, in part, as follows:

- (a) The rural rate shall be the average of the rates actually being charged to commercial customers, other than health care providers, for identical or similar services provided by the telecommunications carrier providing the services in the rural area in which the health care provider is located. . . .

As we have discussed, there are few commercial customers in rural Alaska for high bandwidth services that are not rural health care providers or school districts under an e-rate supported contract. Nonetheless, available comparisons show that the rates charged to YKHC for terrestrial transmission paths within the Commission's 1.4 to 8 Mbps "safe harbor" category meet the requirements of 54.607(a).



“Identical or similar services provided by the telecommunications carrier.” In applying 54.607(a), it is important to identify the appropriate range of comparison services. The rule focuses on (i) “identical or similar services,” (ii) “provided by the telecommunications carrier,” (iii) “in the rural area in which the health care provider is located.” The core service being purchased by YKHC under contract HC-218 is transmission between and among the villages in which YKHC’s health clinics are located and its Bethel facilities.

Within the Yukon-Kuskokwim Delta region, which is the region in which YKHC is located, GCI offers intercommunity transmission over Unicom’s DeltaNet terrestrial microwave network, supplemented by satellite transmission between communities that are not on the DeltaNet network. Unicom has never offered, and GCI does not currently generally offer satellite service between and among the Yukon-Kuskokwim Delta communities that are on DeltaNet.¹ Accordingly, the only “identical or similar services” provided by Unicom or GCI for transmission between these communities within the 1.4-8 Mbps “safe harbor” category are the services provided over the DeltaNet terrestrial microwave facilities, and do not include satellite services.

However, even if Unicom or GCI were offering satellite services between and among the communities, including Bethel, that are on the DeltaNet network, satellite services would still not constitute “identical or similar services” because they are not “functionally similar services as viewed from the perspective of the end user.”² Satellite service has different, and inferior, performance characteristics to terrestrial-based service. Satellite service has greater potential for outages and degraded service due to seasonal solar disturbances. Satellite service is also more likely to be affected by environmental issues such as rain, snow or icing. As a result, the network availability that can be achieved on a terrestrial microwave network is higher than for satellite (99.999% to 99.9999% for microwave versus 99.5% for Ku-band and 99.95% for C-Band satellite).

Furthermore, satellite service is of a lower service quality than microwave service. Satellite latency is 500 milliseconds or more, as compared to 5-20 milliseconds for microwave. Microwave thus allows for a more natural, close-to-real-time interaction

¹ GCI still uses C-Band satellite service in these communities on a transitional basis for transmission of its Wireless Internet Service Provider (WISP) service. GCI plans on migrating these services to DeltaNet as well, but doing so requires relocating the access point to the microwave tower and then re-pointing subscribers to that tower. In addition, GCI has some satellite customers that will continue to receive satellite service through the end of their current contracts. This is transitional service and would not be offered beyond the end of the current contract.

² *Rural Health Care Support Mechanism*, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546, 24563 ¶ 33 (2003).



(such as in doctor's examinations or behavior therapy sessions), rather than disrupting communications with pauses and lags that interrupt the conversation. Low latency can be particularly important in medical situations, such as telepsychiatry. In addition, in the context of YKHC's network, at the present time, the communication to or from, for example, a treating physician in the Lower 48 (YKHC uses physicians in the Lower 48 to provide telemedicine services) must already undergo a satellite hop, with associated latency, to travel between Bethel and Anchorage.³ Adding a second satellite hop between the villages and Bethel compounds the latency problems and makes even basic telephone services difficult to use. Were YKHC to seek to engineer a satellite-based transmission network to avoid a satellite "double-hop," it would likely need to have video bridges in both Bethel and Anchorage, as well as satellite circuits not just from each village to Bethel, but also from each village to Anchorage. This would double the satellite-based telecommunications services costs, and also prevent YKHC from using Bethel as an aggregation point for this traffic.

These network availability and service quality differences are not just theoretical. GCI understands from YKHC that YKHC had problems with AFHCAN carts not uploading otoscope and EKG images well due to reliability and performance issues with the satellite circuits. In addition, YKHC had echo problems with its voice application and sporadic problems with its Resource and Patient Management System (the Indian Health Service's electronic health record system). All these problems went away when YKHC moved to terrestrial microwave service. Accordingly, it is not appropriate to consider satellite service to be an "identical or similar service" to terrestrial microwave services, particularly in the context of these rural telemedicine applications.

USAC is not permitted to second guess YKHC's determination of the telecommunications services that it needs. The FCC has stated, "rural health care providers are best able to determine what telecommunications services best meet their needs," particularly when there are tangible improvements in quality and performance.⁴ Although YKHC is required to select the most cost-effective method of providing the requested service or services, it is entitled to consider "features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services."⁵ YKHC has done so here in

³ GCI will eliminate this hop once it has finished construction of its combination microwave and fiber TERRA-SW network, which will allow for terrestrial transmission from Bethel to Anchorage. This network received a loan/grant award from the Rural Utilities Service's Broadband Initiatives Program.

⁴ *Changes to the Board of Directors of the National Exchange Carrier Association, Inc., Federal-State Joint Board on Universal Service*, CC Docket Nos. 97-21 and 96-45, Sixth Order on Reconsideration in CC Docket No. 97-21 and Fifteenth Order on Reconsideration in CC Docket No. 96-45, 14 FCC Rcd 18756, 18770 ¶ 21 (1999).

⁵ 47 C.F.R. § 54.603(b)(4).



selecting the mode of service that will best ensure high reliability and high quality services to support its provision of telemedicine.

Average of the Rates Charged to Commercial Customers. The FCC has made clear that the rural rate is determined by “compar[ing] the urban and rural rates for *functionally* similar services as viewed from the perspective of the end user.”⁶ To do this, the FCC created “‘safe harbor’ categories of functionally equivalent services based on the advertised speed and nature of the service.”⁷ One of those categories is “T-1 – 1.41-8 Mbps.” The services that GCI is providing YKHC under contract HC-218 all fall into this range.

In order to analyze functionally similar circuit-based services, such as T-1s, and packet-based services such as transparent LAN, the service prices must be converted to equivalent dollar amounts per transmission path. Although a TDM circuit, such as a T-1, is a complete transmission path, transparent LAN services are usually quoted in per port rates, with the rate varying by port capacity. However, a transmission path must be comprised of at least two ports (one on each end), and thus the prices of at least two ports must be combined in order to be compared with a functionally equivalent T-1 circuit. In this regard, we would note that Unicom is not providing “3 Mbps circuits and a 100 Mbps circuit” to YKHC, as your note suggests, but transmission paths that have on one end a 1.5, 3 or 5 Mbps port and on the other end a 100 Mbps port that serves (and completes the transmission path for) all of the 1.5, 3 and 5 Mbps ports.

Furthermore, in order to be consistent, with respect to the prices within the 1.5-8 Mbps safe harbor range, those prices must be compared at equivalent bandwidth levels (for example, per 1 Mbps transmission capacity or per T-1 equivalent (1.5 Mbps transmission capacity)). It would not be rational, for example, to compare the total amount paid for a single T-1 with the total amount paid for five T-1s (7.72 Mbps transmission capacity) together; the prices should be compared only on a per T-1 basis. Even in that situation, some account must be made for variations in term and the total volume of business that the customer does with the carrier.

The only non-subsidized contract with a non-affiliate for a functionally equivalent intercommunity terrestrial transmission path within the 1.4 – 8 Mbps “safe harbor” category is the contract between Unicom and a carrier customer discussed in GCI’s December 23, 2009 response. That contract, like the YKHC contract, was for a transparent LAN-style service. In that contract, [REDACTED]

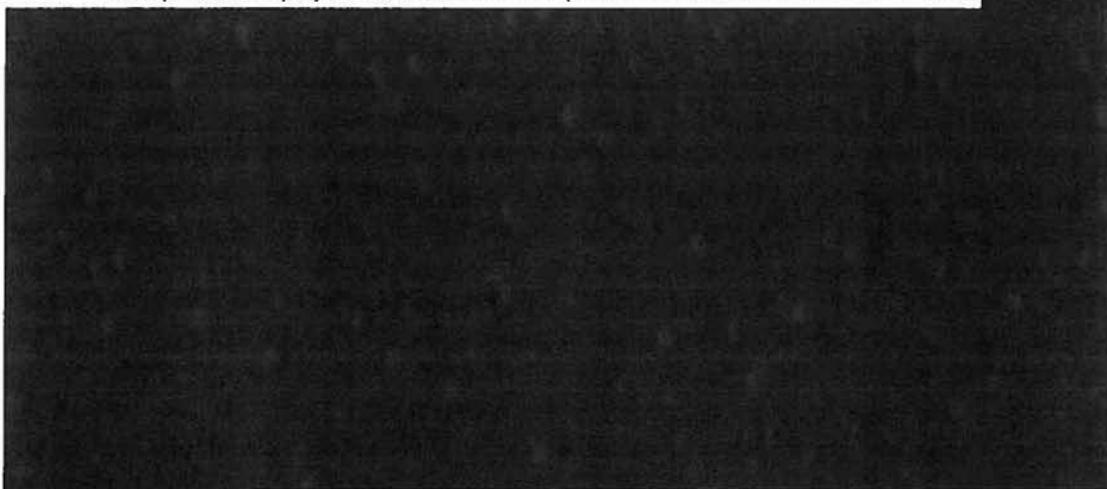
⁶ *Rural Health Care Support Mechanism*, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546, 24563 ¶ 33 (2003).

⁷ *Id.* at 24564 ¶ 34.

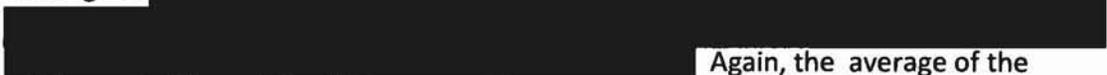


If USAC seeks to look beyond that contract with a non-affiliated commercial customer, GCI also purchases service from Unicom on the DeltaNet microwave network. As a requirement of Unicom's loan agreements with the Rural Utilities Service, all transactions between Unicom and GCI must ultimately be approved by the Rural Utilities Service, and, in GCI's dealings with RUS, GCI's experience is that RUS expects these terms to reflect arms-length pricing. GCI purchases both TDM T-1s and Ethernet port-based services from Unicom.

The price GCI pays Unicom for a GCI-purchased terrestrial TDM T-1s is



which exceeds the per T-1 equivalent in the GCI-YKHC contract of \$14,248. Expressing the rate comparison in Mbps yields the same result. The simple average of



Again, the average of the commercial services exceeds the rate in the GCI-YKHC contract, which is \$9,228 per 1 Mbps transmission path.

⁸ For simplicity, we use 1.5 Mbps for one T-1.

⁹ Alternatively, a T-1 (1.5 Mbps in each direction) can be viewed as 2 1.5 Mbps ports, which also yields \$13,011 at a rate of \$4,337 per port per Mbps.



Accordingly, GCI's contract with YKHC meets the requirements of 47 C.F.R. 54.607(a).

Because you indicated you were interested in satellite T-1 prices, we provide the following information, even though it is not relevant because satellite T-1s are not functionally similar services from the end user's perspective, due to lower reliability and higher latency. GCI does not generally provide point-to-point satellite transmission services within the Yukon-Kuskokwim Delta when both endpoints are on its terrestrial network. However, as reflected in contract HC-218, GCI will provide satellite service when the remote village is not served by the terrestrial network. In that case, HC-218 provides for a rate of \$8,000 for a satellite T-1 circuit from the remote village to Bethel and \$16,000 (2 T-1s) for a 3 Mbps satellite circuit from the remote village to Bethel. Attached is a spreadsheet showing GCI's commercial private lines with endpoints within Alaska.¹⁰ As you can see, the satellite T-1s average [REDACTED]

[REDACTED] Rule 54.607 does not make it clear whether these discounts should be included, because they frequently reflect overall purchasing volume, including many other non-comparable services.

2. The Correct per Circuit Price under the Contract

You have asked us to specify the correct "per month base circuit price" for the YKHC service. As indicated above, the contract price is not a "per circuit" price. The price for a 3 MB port in a village is \$24,753/month (HC-218, page 12). The price for the 100 MB port in Bethel is \$90,761/month (HC-218, page 13). For purposes of the Hypernet example, GCI derived a per "circuit" price by calculating the Bethel-end of the "circuit" by taking 3/100 of \$90,761, or \$2,722.83 per each 3MB village port, and adding it to the \$24,753/month 3 MB village port price, deriving the \$27,476 per "circuit" used for comparison purposes on page 4 of the December 23rd letter. This circuit-equivalent calculation allows the prices for different services, and/or identical or similar services with different rate structures to be compared on an "apples-to-apples" basis without favoring a particular service or rate structure.

3. An Explanation of the Hypernet Over-Limit Usage Charge

You have also asked how GCI estimated the \$19,000 over-limit usage charge amount for the Hypernet Platinum ("Hypernet") service. As an initial matter, GCI emphasizes that it would be impossible to utilize Hypernet to provide YKHC the requested service. The YKHC request calls for a transmission service between its medical facilities in Bethel and its sub-regional and village clinics throughout the Yukon-Kuskokwim Delta. Hypernet, a

¹⁰ See Attachment A.



cable-modem-based service, is only available in Bethel, which is the only location in the Yukon-Kuskokwim Delta that has GCI-owned cable infrastructure. Therefore, Hypernet simply could not be used to provision the point-to-point transmission service between Bethel and YKHC's village clinics required for YKHC's requested services.¹¹

Moreover, the Commission has rejected as a legal and economic matter that a service provided between two geographic points (within Bethel) could constitute a substitutable service for one provided between different and distinct points (between Bethel and other villages). The Commission's assessment of the interstate, domestic, long distance services, of which the services sought by YKHC are a subset, is instructive. In that context, the Commission defined the relevant geographic market "as all possible routes that allow for a connection from one particular location to another particular location (*i.e.*, a point-to-point market)."¹² It rejected the notion that a long distance service plan originating in Miami, for example, could be a "viable substitute" for a calling plan originating from Los Angeles.¹³

Likewise, a service available only in Bethel could not be a viable substitute for one between Bethel and multiple distant points. Only where the services between different geographic points were sufficiently the same in terms of pricing and availability could those services be considered substitutes.¹⁴ Again, that the Hypernet service is a Bethel-only offering is dispositive that it cannot be a substitute for a multipoint service. As a result, it would be wrong as a matter of law and basic economics to include Bethel-based Hypernet in the assessment of YKHC's request for multi-point transmission services between its medical facilities throughout the Yukon-Kuskokwim Delta.

All that said, the theoretical \$19,000 in monthly over-limit usage charge was calculated based on the assumption of maximum circuit utilization, every hour of the month, for a 3 Mbps transmission path, which produced the upper limit of the usage charge. The monthly usage capability for a symmetrical 3Mbps service is calculated as follows:

¹¹ It bears repeating that even within Bethel, Hypernet, which supports a maximum upload speed of 256kbps, could not come close to meeting the bandwidth requirements for high definition (or any other) video conferencing.

¹² *Regulatory Treatment of LEC Provision of Interexchange Services Originating in the LEC's Local Exchange Areas; Policy and Rules Concerning the Interstate, Interexchange Marketplace, Second Report and Order and Third Report and Order*, 12 FCC Rcd 15756, 15793 ¶ 64 (1997).

¹³ *Id.* (¶ 65).

¹⁴ *See id.* at 15794 ¶ 66; *Application of Worldcom, Inc. and MCI Communications Corporation for Transfer of Control of MCI Communications Corporation to Worldcom, Inc., Memorandum Opinion and Order*, 13 FCC Rcd 18025 ¶¶ 30-31 (1998).



1. Calculate the number of MB in one direction per hour per 3 Mbps path.

$$(3\text{Mbps}) \times (3600 \text{ seconds/hour}) / 8 \text{ bits/byte} = 1350 \text{ MB/hr}$$

2. Derive MB/hr for a full duplex circuit.

$$1350 \text{ MB/hr} \times 2 = 2700 \text{ MB/hr}$$

3. Calculate the monthly MB of usage at maximum circuit utilization.

$$2700 \text{ MB/hr} \times 24 \text{ hours/day} \times 30 \text{ days/month} = 1,944,000 \text{ MB/month}$$

4. Calculate over-limit usage charge.

$$1,944,000 \text{ MB/month} - 16,384 \text{ MB included/month} = 1,927,616 \text{ MB/month} \\ \text{MB/month} \times \$0.01/\text{MB} = \$19,276 \text{ over-limit usage charge/month.}$$

* * *

We hope that this fully addresses your questions. Should you have further questions after you review this letter, we would request a meeting so that we can reach expeditious resolution of this matter. Delays in processing and approving these types of anchor tenant support applications serve only to harm, not accelerate the deployment and adoption of broadband in underserved areas.

GCI COMMUNICATION CORP.

Martin Cary
Vice President and General Manager
Managed Broadband Services

cc: John Nakahata

ATTACHMENT A -- CONFIDENTIAL TREATMENT REQUESTED

