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September 23, 2011

Received & Inspected

SEP 26 2011

FCC Mail Room

Via Federal Express

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(PHONE NO.: 888-225-5322)

Re: *In the Matter of Request for Review by Providence Seward Medical and Care Center (also referred to in USAC's letter of July 27, 2011, as Providence Seward Mountain Haven) of Decision of Universal Services Administrator*
Docket No. 02-60
HCP No. 10382
Packet Nos. 91429 and 92084
Our File No. 3085.01

Dear Sir/Madam:

This office represents Providence Seward Medical and Care Center in connection with this request for a further review/appeal of USAC's Administrator's Decision on Rural Health Care Program Appeal dated July 27, 2011, a copy of which is attached as Ex. 10. This request is made pursuant to 47 CFR §719(c). We are enclosing a copy of this submission as a courtesy copy or in the event that two copies are required.

FACTS

Providence Seward Medical and Care Center (PSMCC) is a rural health care provider in Seward, Alaska. Seward has a population of approximately 3,000 and is located in the southcentral region of Alaska, at the head of Resurrection Bay on the eastern shore of the Kenai Peninsula, a rugged largely wilderness area, with a significant mountain range running the length of the peninsula close to the eastern shore. See Ex. 2 – map of Alaska. Access to Seward is limited to small airplane, helicopter, boat, train, and by vehicle via one road that stretches 126 miles north to Anchorage, Alaska's largest city.

No. of Copies rec'd 0+1
List ABCDE

PSMCC consists of a six-bed acute care facility and a 43-bed long term care facility. Its services include emergency, inpatient hospital care, laboratory, radiology, rehabilitation, respiratory therapy, family care clinic, home health care, and long term care.

The facility is owned by the city of Seward, and managed by Providence Health & Services. Providence Health and Services (PHS) is a not-for-profit network of hospitals, care centers, health plans, physicians, clinics, home health services, affiliated services and educational facilities that span five states, including Alaska. One of the PHS facilities is the Providence Alaska Medical Center (PAMC), which is located in Anchorage and is Alaska's largest hospital. As a PHS managed facility, PSMCC has access to many of PAMC's services, including the services of radiologists and pathologists who interpret the imaging and lab services that are provided at PSMCC, and the Electronic Medical Record (EMR) data center.

All of PSMCC telecommunication circuits (T-1) circuits connect back to PAMC and are used primarily for transmitting digital imaging (PACS, CT, X-ray), biomedical resources (drug libraries, instruction or information on pumps, etc.), facility operations, and Electronic Medical Records (EMR).

The use of and tie-in to PAMC's EMR plays an important role in the delivery of health care in the small rural community of Seward. It provides a single repository for all patient information and can be accessed across the continuum of care (e.g., PAMC, and physician offices). For the vast majority of heart attack, stroke, and traumatic injury patients on the eastern side of the Kenai Peninsula, PSMCC is the only place where they are stabilized and given initial treatment before being transferred to a tertiary care center, which is often PAMC. Electronic medical records facilitate the emergency room treatment and transfer of these patients and contribute to high quality emergency and trauma care equivalent to that available in Anchorage, Alaska's largest urban center.

For many years, PSMCC relied on two T-1 land circuits supplied by carrier GCI that traveled from Seward to Anchorage through the Chugach Mountain Range. These circuits traverse through several mountain passes that are subject to avalanches, high wind, and other adverse climatic conditions that have subjected the circuits to outages during winter months, which in Alaska are particularly lengthy and which have impacted patient care and safety at PSMCC. In addition, the single roadway connection between Seward and Anchorage is subject to being periodically closed for between several hours and several days several different times each winter due to avalanches that block the roadway.

This reality combined with stretches in the winter when small plane travel in and out of Seward becomes impossible as a result of prolonged adverse weather conditions results in periodic instances when seriously injured or seriously ill patients cannot be medivaced to Anchorage necessitating periodic interim intensive care at PSMCC, during which absolutely reliable communications can make the difference between life and death.

Over the past three years, PSMCC's reliance on PAMC and its staff of advanced practitioners for the operation of its clinic, emergency department, and radiology and lab services has grown significantly. This growth, along with implementation of the EMR database has increased the need for uninterrupted connectivity with PAMC.

In the spring of 2009, PSMCC explored available telecommunication options that could provide PSMCC's circuits with increased bandwidth, redundancy and diversity to maintain PSMCC's operations without interruption in connectivity. It was determined that the only option¹ available that could provide geographic and carrier diversity and redundancy was a submarine fiber optic circuit, already then in existence, that traverses from Seward to Kodiak Island and from Kodiak Island to Anchorage. See Ex. 3 – map of all cable circuitry in Alaska. AT&T submitted a proposal to provide PSMCC with two T-1 private line submarine fiber optic circuits at a custom fiber rate that was not a mileage based rate.

On July 31, 2009, PSMCC finance officer, Maryann Freepartner, submitted a Form 465 to USAC for the two additional T-lines to transmit data and medical images, including X-rays and CT-scans, view dictation and lab results, and to access EMR. The Form 465 was successfully posted to USAC's website. No competitive bids were subsequently received in response to the posting.

On August 28, 2009, PHS entered into an agreement with AT&T to provide PSMCC with two private line circuits at a custom fiber rate with a total monthly recurring charge of \$9,005.20 per line. See Ex. 4 – Pricing Schedule.

On November 3, 2009, the two T-1 circuits were installed.

Following installation of the circuits PSMCC Finance Officer Maryann Freepartner worked with AT&T in gathering the information necessary to submit Form 466s for the T-1 circuits.

¹ Satellite service is not a viable option due to its high latency rate.

On February 22, 2010, Ms. Freepartner submitted the Form 466s for the two T-1 lines. Ex. 5. Since the pricing for the T-1 circuits was not distance based, funding was requested using the Comprehensive Rate Comparison method.

Following submission of the Form 466s, various email requests for additional information were received from USAC Reviewer Hazel Diaz. Ms. Freepartner, being new to her position as Finance Officer of PSMCC, worked with AT&T Representative Amy Merchant in obtaining the requested information which she in turn provided to USAC Reviewer Ms. Diaz.

Through a letter dated September 30, 2010, two hundred and twenty-five days after submission of the Form 466s, Ms. Freepartner received Funding Commitment Letters for the two circuits. These letters reflected funding amounts for the circuits at rates considerably reduced from what Ms. Freepartner had requested and anticipated based on the actual cost per line per month. See Ex. 6 - Funding Commitment Letters.

On October 12, 2010, in response to a request from Ms. Freepartner for an explanation of funding computation, Ms. Diaz sent an email to Ms. Freepartner explaining that funding was reduced based on information received from AT&T representative Andy Rabung² in response to a request from Ms. Diaz regarding mileage charges associated with the PHS contract. See Ex. 7 - 10/13/10 6:58 a.m. email from H. Diaz to Maryann Freepartner. In her email, Ms. Diaz explained that the rural rate was adjusted based on information obtained from Mr. Rabung that reflected total billed miles for the circuits at 475 miles, that the cost per mile for the circuits was \$17.62 per mile, and that USAC could only cover funding up to the Maximum Allowable Distance of 85 miles, which reduced the funding by \$6,871.80 per line (charges over the MAD).

On October 14, 2010, Ms. Freepartner provided Ms. Diaz with a letter from AT&T which stated that the circuit costs for the PSMCC circuits were not mileage based, but were calculated based on the contract.

On October 15, 2010, Ms. Diaz informed Ms. Freepartner that if she did not agree with the information provided in the funding commitment letters, she could follow up with a formal appeal.

² Mr. Rabung had been recently assigned to cover the PSMCC account in the absence of Amy Merchant, the AT&T representative who had been working on the account from its inception.

On October 26, 2010, Ms. Freepartner submitted her letter of appeal to USAC's RHCD.

On June 13, 2011, after many, many requests for status updates and being informed that PSMCC's appeal was "under review" and a call to USAC's complaint line, Ms. Freepartner was able to speak with USAC Rural Health Care Program Manager Carol McCornac who informed Ms. Freepartner that USAC's reduction in funding based on miles exceeding the Maximum Allowable Distance had been correctly applied. Ms. McCornac informed Ms. Freepartner that PSMCC could continue to pursue the appeal, which would result in a formal Administrators Decision, or request its withdrawal. Ms. Freepartner subsequently requested a formal Administrator's Decision.

On July 1, 2011, in response to a request from Ms. McCornac, Ms. Freepartner sent Ms. McCornac an explanation of the basis for the need for the Anchorage-Kodiak-Seward route in lieu of an Anchorage-Seward route. See Ex. 9 - 7/1/11 11:07 a.m. email from Maryann Freepartner to Carol McCornac.

On July 27, 2011, two hundred seventy-four days after PSMCC filed its appeal, USAC issued its Administrator's Decision on Rural Health Care Program Appeal. Ex. 10. In its decision, USAC denied PSMCC's appeal based on the Maximum Allowable Distance limitation.

QUESTION PRESENTED FOR REVIEW: DID USAC CORRECTLY
CALCULATE THE AMOUNT OF SUPPORT FOR PSMCC'S T-1 CIRCUITS?

I. USAC incorrectly applied a mileage-based charge

In its decision, USAC relies on vague communications between USAC's Ms. Diaz and AT&T's Andy Rabung converting the rate charge and the mileage involved into a cost per mile, which USAC in turn erroneously relies on in denying most of PSMCC's funding request. Mr. Rabung was not involved in the negotiations with PHS for the purchase of the T-1 lines, and at the time USAC sent AT&T the email requesting a breakdown of "billed circuit miles, monthly mileage based charges, and cost per mile" had only recently been assigned to cover the PSMCC account in the absence of AT&T Representative Amy Merchant, who was the person directly involved for AT&T in negotiations for the purchase of the T-1 lines service, their installation, and billing, and who had worked with Ms. Freepartner in filing the Form 466s. The information provided by Mr. Rabung was incorrect. The charge for the circuits was not a mileage-

based charge. In spite of being apprised of this fact, USAC made its funding determination based on a fictitious mileage-based charge.

- II. PSMCC is entitled to advanced telecommunication services at rates that are reasonably comparable to rates charged for similar services in urban areas.

The Universal Service program is administered under authority of 47 USC §254. 47 USC §254(b)(6) provides that the Joint Board and the Commission shall base policies for the preservation and advancement of universal service on the following principles:

- (1) Quality and rates

Quality services should be available at just, reasonable, and affordable rates.

- (2) Access to advanced services

Access to advanced telecommunications and information services should be provided in all regions of the Nation.

- (3) Access in rural and high cost areas

Consumers in all regions of the Nation, including low-income and those in rural, insular and high cost areas, should have access to telecommunications and information services, including interexchange and advanced telecommunications and information services, that are reasonably comparable to those services provided in urban areas and that are available at rates that are reasonably comparable to rates charged for similar services in urban areas.

....

- (6) Access to advanced telecommunications services for schools, health care, and libraries

... health care providers ... should have access to advanced telecommunication services as described in subsection (h) of this section.

(7) Additional principles

Such other principles as the Joint Board and the Commission determine are necessary and appropriate for the protection of the public interest, convenience, and necessity and are consistent with this chapter.

47 USC §254(h)(1)(A) provides:

A telecommunications carrier shall, upon receiving a bona fide request, provide telecommunications services which are necessary for the provision of health care services in a State ... to any public or nonprofit health care provider that serves persons who reside in rural areas in that State at rates that are reasonably comparable to rates charged for similar services in urban areas in that State (emphasis added).

III. The Maximum Allowable Distance limitation should not be applied as it results in a rate that is not reasonably comparable.

The purpose of the universal service program is to afford rural health care providers the opportunity to access telecommunications and information services that are “reasonably comparable to those services provided in urban areas and that are available at rates that are reasonably comparable to rates charged for similar services in urban areas.” 47 USC §254(b)(3).

Given PSMCC’s unique circumstances – its remote location, the mountainous terrain and adverse climatic conditions that impact the functionality of terrestrial wirelines that service Seward, and the fact that the only alternative form of wireline service that could provide the needed bandwidth, diversity and redundancy is a submarine fiber optic cable that, of necessity, runs a course of 475 miles - applying the maximum allowable distance limitation under 47 CFR §54.613 is inconsistent with the purpose and legislative intent of the Universal Service mechanism. Without a recalculation based on PSMCC’s original submission, it will be forced to discontinue the AT&T service, and again subject the quality of health care provided in Seward to the inconsistent level of services afforded by strictly terrestrial based communication lines.

REQUEST FOR RELIEF

Funding should be calculated based on a comprehensive rate comparison method which would result in PSMCC paying a rate that an urban health care provider would pay for similar services. That calculation for the period ending June 30, 2010, is attached as Ex. 1.

Appellant provider PSMCC requests a hearing on this request for review/appeal and reserves the right to submit supplemental material in support of its appeal as appropriate. To the extent that it raises novel questions of fact, law or policy, a hearing is requested before the full Commission.

DATED this 23 day of September, 2011, at Anchorage, Alaska.

GRUENSTEIN & HICKEY
Attorneys for Providence Health & Services – Alaska

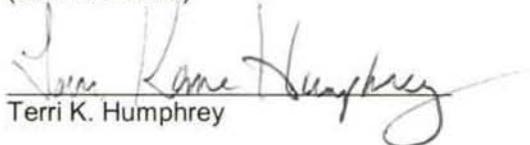
By: 
Daniel W. Hickey, ABA #7206026

cc: Susan Humphrey-Barnett
Area Operations Administrator
Providence Health & Services – Alaska

Certificate of Service

I HEREBY CERTIFY that a true and correct copy of the foregoing was served by Federal Express this 24th day of September, 2011, on:

Rural Health Care Division
Universal Service Administrative Company
2000 L Street, NW, Suite 200
Washington, D.C. 20036
(202-776-0200)

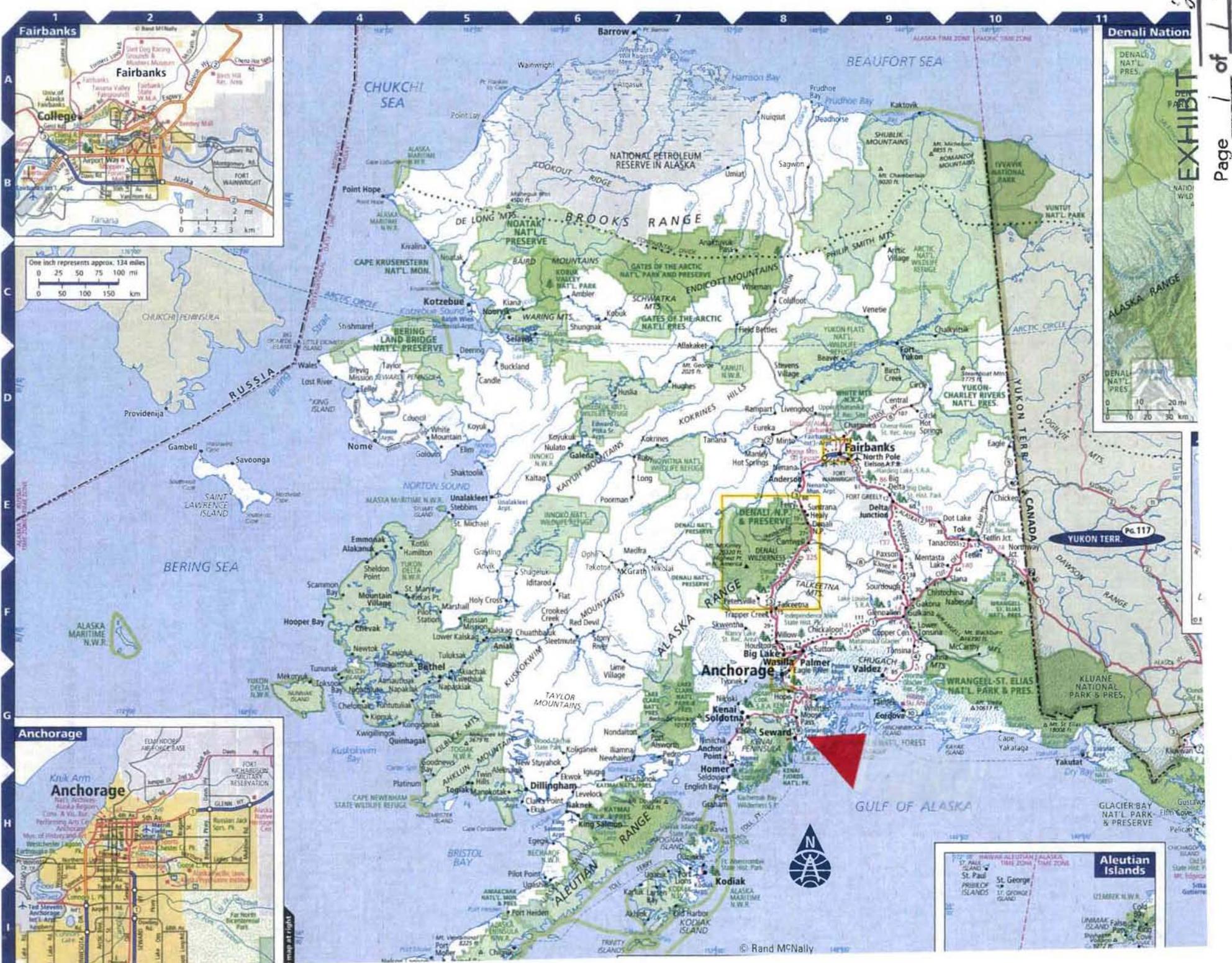

Terri K. Humphrey



PROVIDENCE SEWARD MEDICAL AND CARE CENTER
HCP 10382
USAC APPEAL 2009 YEAR PACKETS 91429 AND 92084

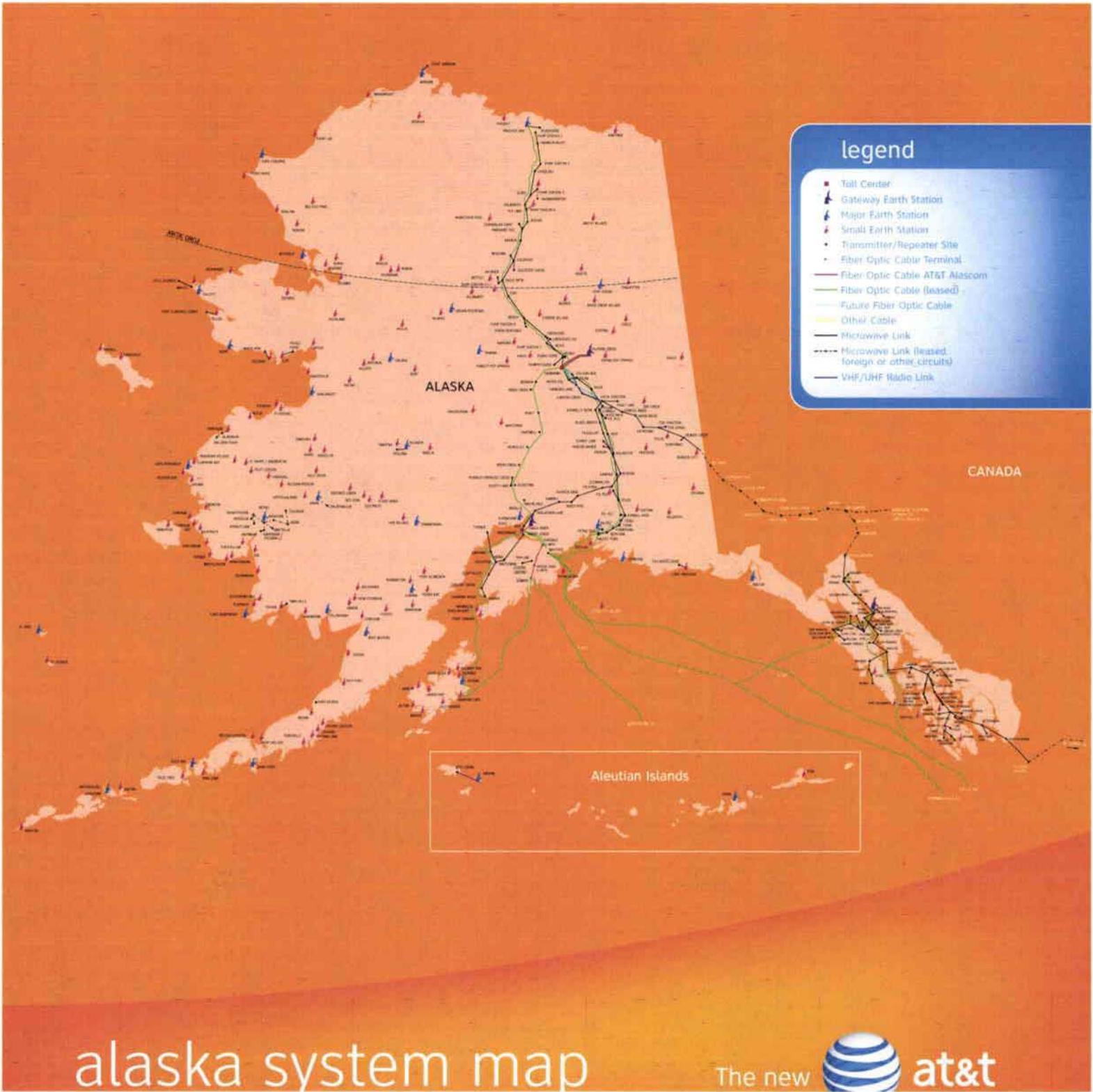
<u>FUNDING REQUESTED:</u>	<u>Packet 91429</u>	<u>Packet 92084</u>	<u>Total</u>
Circuit cost per month	9,005.20	9,005.20	
Federal reg fees	1,027.69	1,027.69	
Taxes	<u>1,270.81</u>	<u>1,270.81</u>	
Total Rural Rate	11,303.70	11,303.70	
Urban rate including tax	<u>220.93</u>	<u>220.93</u>	
Monthly funding request	<u>11,082.77</u>	<u>11,082.77</u>	
Total months 7.9	87,553.88	87,553.88	
Non-recurring request	<u>418.40</u>	<u>418.40</u>	
	<u>87,972.28</u>	<u>87,972.28</u>	<u>175,944.57</u>
<u>Funding commitment received:</u>			
Circuit cost per month	9,005.20	9,005.20	
"Discount" applied in error	<u>(6,871.80)</u>	<u>(6,871.80)</u>	
	2,133.40	2,133.40	
Taxes	<u>544.70</u>	<u>544.70</u>	
Discounted rural rate	<u>2,678.10</u>	<u>2,678.10</u>	
Urban rate including tax	<u>220.93</u>	<u>220.93</u>	
Monthly support	2,457.17	2,457.17	
Total months 7.9	19,411.64	19,411.64	
Non-recurring request	<u>418.40</u>	<u>418.40</u>	
Funding per commitment	<u>19,830.04</u>	<u>19,830.04</u>	<u>39,660.09</u>
Additional funding requested	<u>68,142.24</u>	<u>68,142.24</u>	<u>136,284.48</u>

Ex. 2



EXHIBIT

EX. 3



alaska system map

The new  at&t

EX. 4



**ALASCOM DATA SERVICES CIRCUIT TERM PLAN
Pricing Schedule**

Customer	AT&T	AT&T Sales Contact X Primary Contact
Providence Health & Services d/b/a Providence Seward Medical and Care Center Billing Address: 11308 SW 68 th Parkway Tigard, OR 97223 Attn: Kristin Ala 503-216-6154 Street Address: 417 1 st Avenue City: Seward State/Province: Alaska Zip Code: 99664 Country: USA	AT&T Corp. or enter the International Affiliate Name or enter International Affiliate Address	Name: Amy Merchant Street Address: 505 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA Telephone: 907-264-7142 Fax: 907-777-2849 Email: am0211@att.com Sales/Branch Manager: Electa Kean SCVP Name: Shawn Uschmann Sales Strata: Sales Region:
Customer Contact (for notices)	AT&T Contact (for notices)	AT&T Solution Provider or Representative Information (if applicable) <input type="checkbox"/>
Name: Don Adams Title: Director Networking Telecom Street Address: 11308 SW 68 th Parkway City: Tigard State/Province: OR Zip Code: 97223 Country: USA Telephone: 503-216-8357 Fax: Email: Donald.Adams@providence.org Copy To: Providence Health & Services Attn: General Counsel 1801 Lind Avenue, SW, Ste 9018 Renton, WA 98057	Street Address: 505 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA With a copy to: AT&T Corp. One AT&T Way Bedminster, NJ 07921-0752 ATTN: Master Agreement Support Team Email: mast@att.com	Name: Company Name: Street Address: City: State/Province: Zip Code: Country: Telephone: Fax: Email: Agent Code:

This Pricing Schedule is part of the Agreement between AT&T and Customer referenced above.

Customer (by its authorized representative)	AT&T (by its authorized representative)
By: <i>[Signature]</i>	By: <i>[Signature]</i>
Name: <i>John Jay Kenagy, PhD</i>	Name: <i>Shawn Uschmann</i>
Title: <i>VP - CIO</i>	Title: <i>Director of Sales</i>
Date: <i>8-28-09</i>	Date: <i>8/25/09</i>

ATTUID: dd9149

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Master Agreement No. _____
 Pricing Schedule No. _____
 Original Effective Date: _____
 Amended Effective Date: _____

Pricing Schedule for Alascom Data Services Circuit Term Plan

1. SERVICES

- Alascom Private Line Services
- Alascom Local Channel Services

2. PRICING SCHEDULE TERM

Pricing Schedule Term	Term Start Date
Longer of: (1) 36 months; or (2) until end of Minimum Payment Period for last circuit installed	Effective Date of this Pricing Schedule

3. MARC

MARC under this Pricing Schedule	None
----------------------------------	------

4. MINIMUM PAYMENT PERIOD

Minimum Payment Period	Service Components
36 months	All Service Components, unless specifically stated in Section 7

5. DISCOUNTS

Not Applicable

6. PROMOTIONS, CREDITS, WAIVERS AND MINIMUM RETENTION PERIODS

6.1 Promotions

Service Guide promotions are not applicable under this Pricing Schedule

6.3 Waivers

Charges Waived	Month of MARC or Pricing Schedule Term in which Charges are waived	Minimum Retention Period
Installation Charges for the service components specified in Section 7, excluding Local Channels	N/A	12 months

6.4 Other Requirements

In the event that the Universal Service Administrative Corp. (USAC) terminates funding, through no fault of the Customer the Customer shall provide AT&T with prompt written notice of any termination of USAC funding. The Customer will be permitted to discontinue the Attachment concurrent with the effective date of the USAC termination of funding.

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Master Agreement No. _____
 Pricing Schedule No. _____
 Original Effective Date: _____
 Amended Effective Date: _____

Pricing Schedule for Alascom Data Services Circuit Term Plan

7. **RATES** - The Monthly Charges and Installation Charges listed below are per Service Component. Charges stated below per Local Channel, except OC-12 or higher, are valid for any NPA-NXX where such Local Channels are provisioned from the same Serving Wire Center (SWC CLLI).

US Domestic T1.5 IOC in Alaska and Local Channel

- Health Care Provider (HCP) # 10382
- The Customer may purchase multiples of the circuit specified below, using the terms and conditions of this Pricing Schedule.

Service	Monthly Charge
T1.5 Mbps IOC From Seward, Alaska To: Anchorage, Alaska Average mileage of at least: 475 miles	\$8,369.00
Associated T1.5 Mbps Access Connections	\$0.00
Location A - Terrestrial 1.544 Mbps Local Channel - Seward, Alaska to Seward, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Location Z - Terrestrial 1.544 Mbps Local Channel - Anchorage, Alaska to Anchorage, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Associated Terrestrial 1.544 Mbps Access Coordination Functions	\$0.00
Total Monthly Recurring Charges	\$9,005.20

Ex. 5

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year. Estimated time per response: 3 hours

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

Block 1: HCP Information				
1 HCP Name Providence Seward Medical Center		2 HCP Number 10382		
3 Form 465 Application # 31813		4 Consortium Name (If any)		
Block 2: Bill Payer Information				
5 Billed Entity Name Providence Seward Medical Center		6 Billed Entity FCC RN 0013793187		
7 Contact Name Maryann Freepartner				
8 Address Line 1 417 1st Ave.				
9 Address Line 2				
10 City Seward		11 State AK	12 Zip 99664	
13 Contact Phone # 907-224-2980		14 Fax # 907-224-5250		15 E-Mail maryann.freepartner@providence.org
Block 3: Funding Year Information				
16 Funding Year - Check only one box				
Year 2007 (7/1/2007-6/30/2008)		Year 2008 (7/1/2008-6/30/2009)		<input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)
Block 4: Service Information				
17 Type of Service T1 or DS1				
Circuit Bandwidth 1.544 MBps				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 85		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	AT&T Alascom			
22 Service Provider Identification Number (SPIN)	143005617			
23 Service Provider Contact Person Name	Janet Schmid			
24 Service Provider Contact Person's Phone #	312-364-7354			
25 Service Provider Contact Person Email	js1474@att.com			
26 Circuit Start Location	Seward, AK			
27 Circuit Termination Location	Anchorage, AK			
28 Billing Account Number	8002-765-6315			
29 Tariff, Contract, or other document reference	119829			

EXHIBIT 5
Page 1 of 8

number
 30 Date Contract Signed or Date HCP Selected **8/28/2009**
 Carrier
 31 Contract Expiration Date **8/28/2012**
 (mm/dd/yyyy or "Month to Month")
 32 Service Installation Date **11/3/2009**
 33 Actual Rural Rate per Month **10864.77**

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.
 Circuit Diagram Attached? **No**
 35 Are you a mobile rural health care provider? **No**
 If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles				
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$
38 Cost per Mile per Month				

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

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 965.6	\$	\$	\$
40 One-time Rural Rate Charge (in city where HCP is located)	\$ 1384	\$	\$	\$
41 Monthly Urban Rate (in selected large city) From RHCD web site.	\$ 198.3	\$	\$	\$

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$
44 Cost per Mile per	\$	\$	\$	\$

EXHIBIT 5
 Page 2 of 8

Month

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 466 Request for Services posted on the RHCD web site?
If you check yes, copies of the bids MUST be mailed to RHCD.

No

Block 8: Certification

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

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

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

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

50 Signature

ECERT-2/22/2010

51 Date

52 Printed name

Maryann Freepartner

53 Title or position

Finance Manager

54 Employer of authorized person

Providence Health & Services

55 Employer's FCC RN

0013793187

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit three Forms 466.
- **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

EXHIBIT 5
Page 3 of 8

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b) (4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory

of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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

FCC Form 466
April 2008

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

EXHIBIT 5
Page 4 of 8

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year. Estimated time per response: 3 hours

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

Block 1: HCP Information				
1 HCP Name Providence Seward Medical Center		2 HCP Number 10382		
3 Form 465 Application # 31813		4 Consortium Name (If any)		
Block 2: Bill Payer Information				
5 Billed Entity Name Providence Seward Medical Center		6 Billed Entity FCC RN 0013793187		
7 Contact Name Maryann Freepartner				
8 Address Line 1 417 1st Ave.				
9 Address Line 2				
10 City Seward		11 State AK	12 Zip 99664	
13 Contact Phone # 907-224-2980		14 Fax # 907-224-5250	15 E-Mail maryann.freepartner@providence.org	
Block 3: Funding Year Information				
16 Funding Year - Check only one box				
Year 2007 (7/1/2007-6/30/2008)		Year 2008 (7/1/2008-6/30/2009)		<input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)
Block 4: Service Information				
17 Type of Service T1 or DS1				
Circuit Bandwidth 1.544 MBps				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 85		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
Connection Information				
		Carrier A	Carrier B	Carrier C
21 Service Provider Name		AT&T Alascom		
22 Service Provider Identification Number (SPIN)		143005617		
23 Service Provider Contact Person Name		Janet Schmid		
24 Service Provider Contact Person's Phone #		312-364-7354		
25 Service Provider Contact Person Email		js1474@att.com		
26 Circuit Start Location		Seward, AK		
27 Circuit Termination Location		Anchorage, AK		
28 Billing Account Number		8002-765-6315		
29 Tariff, Contract, or other document reference		119829		

EXHIBIT 5
Page 5 of 8

number
 30 Date Contract Signed or Date HCP Selected **8/28/2009**
 Carrier
 31 Contract Expiration Date **08/28/2012**
 (mm/dd/yyyy or "Month to Month")
 32 Service Installation Date **11/3/2009**
 33 Actual Rural Rate per Month **10864.77**

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.
 Circuit Diagram Attached? **No**
 35 Are you a mobile rural health care provider? **No**
 If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles				
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$	\$	\$	\$
38 Cost per Mile per Month				

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

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 965.6	\$	\$	\$
40 One-time Rural Rate Charge (in city where HCP is located)	\$ 1384	\$	\$	\$
41 Monthly Urban Rate (in selected large city) From RHCD web site.	\$ 198.3	\$	\$	\$

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$
44 Cost per Mile per	\$	\$	\$	\$

EXHIBIT 5
 Page 6 of 8