

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
)	
)	
Request for Review by Yukon-Kuskokwim)	WCB Docket No. 02-60
Health Corporation of Decision of Universal)	
Services Administrator)	
)	
HCP 10182, 10188, 10197, 10214, 10217)	

REQUEST FOR REVIEW BY YUKON-KUSKOKWIM HEALTH CORPORATION

Yaron Dori
Morgan Kennedy*
COVINGTON & BURLING LLP
1201 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2401
(202) 662-6000
ydori@cov.com
mrkennedy@cov.com
*Counsel for Yukon-Kuskokwim Health
Corporation*

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TABLE OF CONTENTS

	<u>Page(s)</u>
EXECUTIVE SUMMARY	i
I. INTRODUCTION & BACKGROUND	1
II. DISCUSSION	6
A. <u>Statement of Interest</u>	6
B. <u>Statement of Facts</u>	6
C. <u>Question Presented</u>	15
D. <u>Relief Sought</u>	15
1. <i>The “Cardinal Change” Doctrine</i>	16
2. <i>The Bandwidth Increases Were Contemplated by the Terms of the YKHC-GCI Contract and During the Competitive Bidding Process</i>	18
3. <i>USAC’s Decisions are Inconsistent with its Published Training Guidance and Prior Decisions</i>	20
III. CONCLUSION	23
TABLE OF ATTACHMENTS	

EXECUTIVE SUMMARY

YKHC is a rural health care provider that supports nearly 50 rural communities comprised principally of Alaska Natives who reside in some of the most rural, remote and underprivileged portions of southwest Alaska. The services provided by YKHC's facilities generally are the only health care options available to the individuals who live in these areas, which mostly are roadless and unconnected to other parts of the state. YKHC's ability to serve patients in these extremely remote and sparsely populated areas relies on the use of telemedicine, which, in turn, depends on telecommunications and broadband connectivity.

The Universal Service Fund's Rural Health Care Program enables YKHC to afford the telecommunications and broadband services it needs for its Regional Hospital in Bethel, as well as in five Subregional Clinics and 41 Village Clinics dispersed throughout the Yukon-Kuskokwim Delta. In 2011, YKHC filed FCC Forms 465 to secure telecommunications and Internet services for each of these facilities. Because YKHC cannot know specifically how its broadband needs will evolve over the course of a multiyear contract — but needs to be able to assure itself of the ability to obtain that capacity if and when needed at the best possible rates — YKHC specifically documented at that time that it would require “[b]andwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher,” and that its service provider would need to possess the “ability to increase bandwidth as needed within 48 hours of notification.” This approach was consistent with USAC guidance as to best practices for completing FCC Forms 465.

At the conclusion of the competitive bidding process, YKHC entered into an evergreen contract for these and other services with GCI. The contract provided pricing for bandwidth speeds ranging from 1.5 Mbps to 200 Mbps and it specifically acknowledged that “the bandwidth quality of different sites will change as the medical services of the sites change.”

Two years later, due to the implementation of an electronic health records system, increased telemedicine activities, and the establishment of a data recovery site, YKHC's bandwidth needs increased in six facilities. USAC initially, in August, September, and October 2013, issued FCLs approving the cost for increasing bandwidth in five of these facilities (the sixth remains pending), but in doing so it simultaneously revoked the evergreen status of the YKHC-GCI Contract covering these facilities, converting it to a month-to-month arrangement. Apparently, USAC's rationale was that the FCC Forms 465 that YKHC posted and the competitive bidding documents used in 2011 did not adequately reflect that the company's bandwidth needs would increase; thus, USAC reasoned, the bandwidth increases were a cardinal change that would necessitate a new competitive bidding process for the services at the end of the fiscal year. This plainly was incorrect, on both the facts and the law — and it contradicted USAC's earlier grant of a bandwidth increase request to one of these same facilities under precisely the same contract.

But before YKHC could appeal USAC's August, September, and October 2013 decisions, USAC subsequently issued letters on October 9 and 17 denying funding entirely for the bandwidth increases in four of these five facilities (the fifth remains pending). Apparently, USAC denied funding because it somehow now concluded that the YKHC-GCI Contract was limited to the provision of bandwidth speeds no greater than five Mbps, and thus that a new FCC Form 465 and competitive bidding process was required to upgrade to 10 Mbps, 20 Mbps, and 30 Mbps. This, too, was incorrect based on the plain language of the contract, which provides for bandwidth speeds ranging from 1.5 Mbps to 200 Mbps and expressly acknowledges that "the bandwidth quality of different sites will change as the medical services of the sites change."

If not corrected, USAC's decisions will impose a costly, unnecessary, and burdensome rebid process on YKHC, disrupt YKHC's ability to negotiate for lower rates by entering into a multi-year contract with service providers, and undermine YKHC's ability to provide reliable, affordable, and efficient health care services to remote and isolated portions of Alaska. The Commission should review and promptly overturn USAC's decisions and restore the funding that should have been issued under the terms of the YKHC-GCI Contract, and it should restore the status of that contract to evergreen for the YKHC facilities at issue.

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REQUEST FOR REVIEW BY YUKON-KUSKOKWIM HEALTH CORPORATION

The Yukon-Kuskokwim Health Corporation (“YKHC”) hereby respectfully requests that the Federal Communications Commission (“FCC” or “Commission”) review the decisions of the Universal Services Administrative Company (“USAC” or “Administrator”) to (1) initially revoke the evergreen status of the 2011 Agreement for USF-Eligible Telecommunications Services (GCI Contract Number HC-320) (the “YKHC-GCI Contract” or “Contract”) between YKHC and GCI Communication Corp. (“GCI”) for five YKHC facilities, and (2) subsequently deny eligible service funding for four of these five facilities.¹

I. INTRODUCTION & BACKGROUND

YKHC is a rural health care provider that provides health care services to approximately 30,000 people living in 50 rural and remote communities in southwest Alaska. Many of the areas served by YKHC do not have roads and can only be reached by airplane, boat, or snow machine. YKHC’s services include primary and pediatric care, behavioral health services,

¹ To the extent USAC issues similar decisions for the two YKHC facilities that it has not yet acted on but that are similarly situated to the facilities that are the subject of this submission, YKHC further respectfully requests that those facilities be incorporated herein by reference at the appropriate time.

including psychiatric and substance abuse counseling and treatment, dental and optometry services, and health education programs. In almost all cases, YKHC facilities provide the only locally available health care services to the individuals living in these rural communities.

To serve these communities, YKHC's organization includes a Regional Hospital in Bethel, five Subregional Clinics, and 41 Village Clinics. YKHC's ability to serve patients in the most rural, remote, and sparsely populated portions of southwest Alaska relies on the use of telemedicine, which in turn, depends on telecommunications and broadband connectivity. To secure these services at affordable rates, YKHC relies heavily on the Universal Service Fund's Rural Health Care Program.

In 2011, YKHC posted FCC Forms 465 on USAC's website seeking telecommunications and Internet services for all of its facilities. Consistent with USAC best practices for completing FCC Forms 465, YKHC specifically documented at that time that initially it would require "[b]andwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher," and that its service provider would need to possess the "ability to increase bandwidth as needed within 48 hours of notification." Attachment 1 (YKHC Network Requirements). YKHC received proposals from more than one bidder. At the conclusion of the competitive bidding process, YKHC entered into a single master contract for these and others services with GCI for a five-year term covering all of the YKHC facilities. The Contract — which was accorded evergreen status by USAC — provided pricing for bandwidth speeds ranging from 1.5 Mbps to 200 Mbps and it specifically acknowledged that "the bandwidth quality of different sites will change as the medical services of the sites change." Attachment 11 at 6, § 13 (YKHC-GCI Contract). YKHC recognized that its bandwidth needs would evolve as telemedicine equipment and related services evolved. So while YKHC initially sought bandwidth to support its current needs, it

recognized that over time its bandwidth needs would increase and it planned accordingly through the FCC Form 465 process and its Contract with GCI.

Later in 2011, YKHC determined that it needed more bandwidth in one of its facilities. When it arranged to increase bandwidth in that facility — the Hooper Bay Subregional Clinic, from five Mbps to 15 Mbps — USAC approved the increase and maintained the YKHC-GCI Contract's evergreen status. But when YKHC needed more bandwidth in certain facilities again in 2013, USAC took a different view.

YKHC's need for more bandwidth in 2013 partly was a byproduct of its implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act, which establishes incentive payments and penalties under the Medicare and Medicaid programs to encourage eligible professionals to meaningfully use Certified EHR Technology (CEHRT). *See* 42 U.S.C. § 1395w-4(o). Subject to a hardship exception, if eligible professionals do not adopt and successfully demonstrate meaningful use of a CEHRT by 2015, the eligible professional's Medicare physician fee schedule amount for covered professional services will be adjusted down by one percent each year. *See id.* at § 1395w-4(a)(7). This created a strong incentive for YKHC to implement EHRs and to do so quickly.

By January 2013, YKHC had finished implementing EHRs in its facilities. YKHC already had significant bandwidth needs due to its use of AFHCAN telemedicine carts, high definition video teleconferencing equipment, and similar equipment in many of its facilities. When it added EHRs to the mix, YKHC's bandwidth needs in certain of its facilities (ones that accommodated other bandwidth-intensive equipment such as picture archiving and communications systems (PACS) or backups of all EHRs) grew proportionally.

Consistent with the terms of its USAC-approved evergreen Contract, YKHC initiated service requests for more bandwidth with GCI, and in May and June of 2013, YKHC filed the appropriate FCC Forms 466 and 466-A to increase the bandwidth at its Regional Hospital in Bethel and in five other facilities — the Hooper Bay Subregional Clinic, Clara Morgan Subregional Clinic, John Afcan Memorial Clinic, Toksook Bay Clinic, and Emmonak Subregional Clinic— for fiscal year 2012. Attachment 18 (FCC Form 466 for the Hooper Bay Subregional Clinic for 20 Mbps); Attachment 19 (FCC Form 466 for the Regional Hospital); Attachment 20 (FCC Form 466-A for the Regional Hospital); Attachment 21 (FCC Form 466 for the Clara Morgan Subregional Clinic); Attachment 22 (FCC Form 466 for the John Afcan Memorial Clinic); Attachment 23 (Form 466 for the Toksook Bay Clinic); Attachment 24 (FCC Form 466 for the Emmonak Subregional Clinic).

On August 27, September 18, September 24, and October 8, 2013, USAC issued Funding Commitment Letters (“FCLs”) approving these increases for funding year 2012, but only for five of these facilities: (1) the Regional Hospital,² (2) the Clara Morgan Subregional Clinic, (3) the John Afcan Memorial Clinic, (4) the Hooper Bay Subregional Clinic, and (5) the Toksook Bay Clinic.³ However, in doing so, USAC revoked the YKHC-GCI Contract’s evergreen status covering these facilities and converted it to a month-to-month arrangement for these facilities. As explained more fully herein, this conversion from evergreen to month-to-month status was in error because the documented processes that accompanied the YKHC FCC Forms 465 process

² USAC issued a FCL in response to the Regional Hospital’s Form 466-A, which requested funding for an increase in Internet bandwidth from 15 Mbps to 30 Mbps. USAC did not issue a FCL for the Regional Hospital’s request to increase MPLS bandwidth to 30 Mbps per Form 466. This submission seeks review of that incorrect determination, too.

³ As of October 24, 2013, the status of the FCC Form 466 for the Emmonak Subregional Clinic on the USAC website is “Pending - Waiting for info.”

for these facilities and the subsequently-approved YKHC-GCI Contract contemplated the need for bandwidth increases to these and even higher levels. Indeed, as previously noted, when YKHC sought to increase the bandwidth to one of these same facilities — the Hooper Bay Subregional Clinic, from five Mbps to 15 Mbps — in late 2011 under the terms of the same YKHC-GCI Contract, USAC approved the request. Under applicable FCC precedent, there was no reason to treat the bandwidth increases in 2013 as cardinal changes and they should not have affected the evergreen status of the Contract.

The problems created by USAC's actions were exacerbated when it subsequently changed its mind and issued letters denying funding entirely for the bandwidth increases in four of these five facilities: the (1) Regional Hospital, (2) Clara Morgan Subregional Clinic, (3) Toksook Bay Clinic, and (4) John Afcan Memorial Clinic. USAC's rationale for denying this funding was that YKHC's FCC Forms 465 and the subsequent bidding process for service to these facilities did not contemplate a need for bandwidth beyond five Mbps, and thus FCC rules required that the upgraded service be rebid. This, too, was in error, as the FCC Forms 465 and related bidding materials clearly indicated that YKHC facilities could well require bandwidth in excess of five Mbps over time.⁴

These USAC decisions not only were incorrect as a matter of law, but if not corrected will devastate the ability of YKHC to provide cost-effective rural health care services to some of the most remote, underprivileged, and disadvantaged regions in the U.S. For these reasons, each of which is described more fully below, YKHC respectfully requests that, pursuant to 47 C.F.R.

⁴ As of October 24, 2013, the bandwidth increase request for the Emmonak Subregional Clinic remains under review, with the application status listed as "Pending - Waiting for info" on the USAC website. The Hooper Bay Subregional Clinic has a funding commitment for the bandwidth increase request, but endorsed on a month-to-month basis; unlike the other facilities, it has not been denied funding entirely.

§ 54.723, the Commission direct USAC to restore evergreen status to the YKHC-GCI Contract for the facilities at issue and approve the funding for the bandwidth increases that should have been awarded. Furthermore, to the extent USAC reaches similar conclusions with regard to pending requests for increased bandwidth and funding for two facilities still under review — the Hooper Bay Subregional Clinic and the Emmonak Subregional Clinic — YKHC respectfully requests that any decision reached by the Commission with regard to this submission apply equally to those facilities.

II. DISCUSSION

In support of this request, and pursuant to the requirements of 47 C.F.R. § 54.721(b), YKHC hereby states the following:

A. Statement of Interest

As the beneficiary of, and applicant for, the denied funding, YKHC is qualified to file this appeal as a “person aggrieved by an action taken by a division of the Administrator.” 47 C.F.R. § 54.719(c).

B. Statement of Facts

YKHC is a private, non-profit corporation that serves as the principal health care organization for Alaska’s Yukon-Kuskokwim Delta and provides health care to approximately 30,000 people living in 50 rural communities in southwest Alaska. To serve these remote communities, YKHC’s organization includes a Regional Hospital in Bethel, five Subregional Clinics, and 41 Village Clinics. *See* Attachment 2 (YKHC Network Diagram). YKHC’s facilities are accessible primarily by air and water. There are very few roads, and land travel is available principally through the use of snow machines. *See* Attachment 3 at 4, 6, 8, 10, 12 (Subregional Clinic Guide). YKHC’s services include primary care, inpatient services at the Bethel hospital, specialty services, pediatric care, emergency services, behavioral health

counseling and treatment services, dental and optometry clinics, home care services, specialized programs for people living with diabetes, tobacco cessation, and many education programs to promote healthy living. YKHC, *Services*, <http://www.ykhc.org/services/> (last visited Oct. 24, 2013).

In order to effectively meet the health care needs of the residents of the Yukon-Kuskokwim Delta, YKHC must rely on telemedicine and advanced technologies such as AFHCAN telemedicine carts and high definition video conferencing. YKHC relies on the Universal Service Fund's Rural Health Care Program to help provide the connectivity it needs to provide advanced telemedicine services and promote its health care mission at an affordable cost.

On April 28, 2011, YKHC, pursuant to the procedures outlined in section 54.603 of the Commission's rules, filed FCC Forms 465 for each of its facilities for the 2011 funding year with the Rural Health Care Division (RHCD) of USAC. YKHC indicated through those filings that it required telecommunications and/or Internet services for all its facilities, including the facilities at issue in this submission. Attachment 4 (2011 FCC Form 465 for the Regional Hospital); Attachment 5 (2011 FCC Form 465 for the John Afcan Memorial Clinic); Attachment 6 (2011 FCC Form 465 for the Toksook Bay Clinic); Attachment 7 (2011 FCC Form 465 for the Emmonak Subregional Clinic); Attachment 8 (2011 FCC Form 465 for the Hooper Bay Subregional Clinic); Attachment 9 (2011 FCC Form 465 for the Clara Morgan Subregional Clinic). Each FCC Form 465 described YKHC's needs as follows:

YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including

telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability *at speeds that meet or exceed T-1 levels or higher.*

See, e.g., Attachment 4 (2011 FCC Form 465 for the Regional Hospital) (emphasis added).

In May 2011, prior to receipt of competitive bids, YKHC made available to each and every potential bidder a network diagram reflecting its existing bandwidth needs and a detailed list of its network requirements for all of its facilities. *See* Attachment 2 (YKHC Network Diagram); Attachment 1 (YKHC Network Requirements). At the time, YKHC's existing needs at its facilities were 1.5 Mbps, three Mbps, five Mbps, or 15 Mbps, depending on the facility and the services it offered. *See* Attachment 2 (YKHC Network Diagram). But it was clear those needs were not static. Indeed, the network requirements that YKHC distributed to potential bidders specified the following:

YKHC Network Requirements (WAN)

1. *Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher.*
2. *Ability to increase bandwidth as needed within 48 hours of notification.*
- ...

YKHC Internet Requirements

1. *Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher.*
2. *Ability to increase bandwidth as needed within 48 hours of notification.*
- ...

Attachment 1 (YKHC Network Requirements) (emphasis added).

In response to the posting of the FCC Forms 465 on the RHCD website, four service providers approached YKHC for more information. On June 6, 2011, YKHC hosted a meeting with company representatives from these interested service providers, each of whom participated in the meeting either in person or by phone. More than one service provider submitted a proposal in response to YKHC's FCC Forms 465.

On June 16, 2011, GCI submitted its proposal. *See* Attachment 10 (GCI Proposal). The GCI Proposal responded to YKHC’s request for bandwidth increases within 48 hours: “GCI commits to be able to turn up or modify the bandwidth at any YKHC WAN or Internet-delivered location covered by the scope of this contract within 48 hours of initial request.” *Id.* at 3. GCI noted its “unique position as the long-haul telecommunications provider and local exchange in most YKHC communities . . . to be able to offer and deliver on this guarantee.” *Id.* at 16. GCI identified the transport technology available by location to fulfill the upgrade commitment. *Id.* The GCI Proposal recommended initial services and offered pricing for YKHC’s facilities’ existing bandwidth needs, but also offered pricing for a variety of additional bandwidth options. *Id.* at 64-68. For example, it offered pricing for the John Afcan Memorial Clinic at both five Mbps (the existing bandwidth) using DeltaNet Microwave, *id.* at 65, and at 10 Mbps (the increased bandwidth) service utilizing TERRA-SW, *id.* at 68.

To determine which service provider was best situated to provide the services, YKHC developed a decision matrix based on its needs, the cost of services, and other USAC-prescribed factors. Among other things, the matrix considered each potential service provider’s ability to increase bandwidth and more specifically, the period of time that would elapse between a request for increased bandwidth and the increase. YKHC ultimately selected GCI to provide the services because, among other things, it determined that GCI would be able to handle requests for increases in bandwidth.

On September 1, 2011, YKHC entered into a service provider agreement with GCI, which provided that GCI would deliver telecommunications services to all YKHC locations for a period of five years beginning on August 13, 2011. Attachment 11 at 1, § 1 (YKHC-GCI Contract). USAC reviewed the Contract and accorded it evergreen status. *See, e.g.,* Attachment

12 (Evergreen Contract Endorsement for the YKHC-GCI Contract as to the Regional Hospital). The YKHC-GCI Contract defines the scope of work to be provided as including the multiprotocol label switching (MPLS) services at different bandwidths and delivery methods identified in “Attachment A: *Services, Prices and Schedules*” to the Contract, which “may be changed from time to time upon mutual agreement by authorized representatives of the Parties in writing.” Attachment 11 at 1, § 1 (YKHC-GCI Contract). The YKHC-GCI Contract also includes a “Changes” provision, which reads in relevant part as follows:

It is the intention of the Parties that the bandwidth quantity of different sites will change as the medical services of the sites change, and that the service delivery method for sites initially served by satellite will change to DeltaNet delivery when this service becomes available. Prices will also change if, for whatever reason, the delivery method is changed. Any changes in service delivery or pricing will be done under the Change Order Process. The prices for different bandwidth and delivery methods are shown in Attachment A.

Id. at 6, § 13(b) (emphasis added). Attachment A identifies a pricing schedule for the initial bandwidths, higher bandwidths, and outlines a change order process. *Id.* at 11-18.

By late 2011, YKHC’s bandwidth needs had begun to change, due specifically to its designation of the Hooper Bay Subregional Clinic as YKHC’s disaster recovery site, *i.e.* an off-site facility where all of YKHC’s files routinely are transmitted for back up. This required YKHC to submit a service request to GCI ordering an increase in bandwidth at this facility from five Mbps to 15 Mbps on November 10, 2011.⁵ Attachment 13 (Service Request No. 1). USAC approved this bandwidth increase for the balance of the 2011 Funding Year, and then again in Funding Year 2012. *See* Attachment 17 (FCC Form 466 for the Hooper Bay Subregional Clinic for 15 Mbps); Attachment 25 (April 16, 2013 FCL for Hooper Bay Subregional Clinic

⁵ The request was dated October 27, 2011, but it was executed on November 10, 2011.

Approving 15 Mbps). The approval involved precisely the same FCC Form 465 process and YKHC-GCI Contract that currently are at issue. Yet at no time did USAC claim that the FCC Form 465 process or Contract could not accommodate this bandwidth increase while retaining its evergreen status (which it did), or that the YKHC-GCI Contract would not accommodate bandwidth in excess of five Mbps.

By 2013, YKHC's bandwidth needs increased again. This occurred as a result of YKHC's implementation of EHRs, which was completed in January 2013. This implementation — when coupled with the deployment of AFHCAN telemedicine carts, two-way high definition video teleconferencing equipment for behavioral medicine, and other telemedicine activities at certain facilities — caused a lag in response times for transmissions to and from those facilities due to insufficient bandwidth. Therefore, beginning in February 2013, YKHC began submitting requests to GCI for more bandwidth at the affected facilities, which consisted of the Regional Hospital and the five other facilities at issue herein. Specifically, on February 22, 2013, YKHC executed two service requests ordering an increase in bandwidth of the service to the Regional Hospital from 15 Mbps to 30 Mbps — one was for MPLS and the other was for ConnectMD Internet. Attachment 14 (Service Request No. 2); Attachment 15 (Service Request No. 3). A month later, on March 29, 2013, YKHC executed a service request to GCI ordering an increase in bandwidth of the service to the Hooper Bay Subregional Clinic from 15 Mbps to 20 Mbps and an increase in bandwidth of the service to the Clara Morgan Subregional Clinic, Emmonak Clinic, John Afcan Memorial Clinic, and Toksook Bay Clinic from five Mbps to 10 Mbps. Attachment 16 (Service Request No. 4). Each of the requests referenced the pricing schedule in Attachment A of the YKHC-GCI Contract. *See, e.g.*, Attachment 14 (Service Request No. 2).

These were the only facilities for which bandwidth increases were sought because they were the only facilities providing additional services, such as PACS, that caused YKHC to have greater bandwidth needs where EHRs were added. The implementation of EHRs had a particularly significant effect on the Hooper Bay Subregional Clinic — which sought to increase its bandwidth from the previously-approved 15 Mbps to 20 Mbps — because, as YKHC’s designated data recovery site, it now had to accommodate the routine transmission and updating of *all* YKHC EHRs at its location.

USAC issued FCLs dated August 27, September 18, September 24, and October 8, 2013 that approved support for the increases in bandwidth to the Regional Hospital (but only with regards to the request for 30 Mbps Internet access per FCC Form 466-A), Clara Morgan Subregional Clinic, John Afcan Memorial Clinic, Hooper Bay Subregional Clinic, and Toksook Bay Clinic for the 2012 funding year. *See* Attachment 26 (August 27, 2013 FCL for the Regional Hospital in Response to FCC Form 466-A); Attachment 27 (September 18, 2013 FCL for the John Afcan Memorial Clinic); Attachment 28 (September 24, 2013 FCL for the Clara Morgan Subregional Clinic); Attachment 29 (September 24, 2013 FCL for the Toksook Bay Clinic); Attachment 30 (October 8, 2013 FCL for the Hooper Bay Subregional Clinic Approving 20 Mbps). However, the FCLs revoked the YKHC-GCI Contract’s evergreen status with respect to the upgraded services and deemed it month-to-month, stating that “[i]f an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service).”⁶ *See, e.g.,* Attachment 26 (August 27, 2013 FCL

⁶ YKHC and GCI were concerned about the reversion to month-to-month and YKHC called USAC to inquire. Because the standard paperwork involves submitting FCC Forms 467 once (continued...)

for the Regional Hospital in Response to FCC Form 466-A). USAC did not issue a FCL for Emmonak Subregional Clinic, which is still pending, or for the Regional Hospital's request to increase MPLS service to 30 Mbps per FCC Form 466.

Faced with a month-to-month contract for these five facilities, YKHC filed new FCC Forms 465 on September 30, 2013.⁷ Attachment 36 (2013 FCC Form 465 for the Clara Morgan Subregional Clinic); Attachment 37 (2013 FCC Form 465 for the Hooper Bay Subregional Clinic); Attachment 38 (2013 FCC Form 465 for the John Afcan Memorial Clinic); Attachment 39 (2013 FCC Form 465 for the Toksook Bay Clinic); Attachment 40 (2013 FCC Form 465 for the Regional Hospital). The description of YKHC's service needs on these new FCC Forms 465 was the same as that provided on the FCC Forms 465 that YKHC filed on April 28, 2011 and repeated the requirement of "bandwidth capability at speeds that meet or exceed T-1 levels or

service is initiated and the YKHC facilities were receiving services from GCI (despite the Contract's reversion to month-to-month), YKHC started to submit those forms as part its standard process. Attachment 31 (FCC Form 467 for the Clara Morgan Subregional Clinic); Attachment 32 (FCC Form 467 for the John Afcan Memorial Clinic); Attachment 33 (FCC Form 467 for the Toksook Bay Clinic); Attachment 34 (FCC Form 467 for the Regional Hospital). But YKHC also had some concern that USAC might misinterpret its submissions as an acceptance of its decisions, so YKHC sought to rescind these filings. To do so, on October 1, 2013, YKHC sent an email to USAC staff indicating that the forms were submitted in error because YKHC did not agree with USAC's month-to-month determination and asking to rescind them. *See* Attachment 35 (October 2013 Emails Regarding FCC Forms 467). The next day, another USAC staffer replied that YKHC could appeal USAC's determination and provided instructions for doing so, but did not indicate whether YKHC could withdraw the Forms 467. *See id.* When YKHC asked the staffer again if the Forms 467 could be withdrawn, the response was that would not be necessary because "[i]f the appeal is denied then this current funding would still stand" and "[i]f the appeal is approved then new forms would have to be data entered to receive the missing funding." *See id.*

⁷ YKHC also filed a new FCC Form 465 for the Emmonak Subregional Clinic even though the Form 466 is still pending and USAC has not yet issued a FCL. Attachment 41 (2013 FCC Form 465 for the Emmonak Subregional Clinic).

higher.” *See, e.g.*, Attachment 40 (2013 FCC Form 465 for the Regional Hospital). YKHC submitted these forms out of an abundance of caution, notwithstanding its plan to file this appeal.

On October 9, 2013, USAC revisited its earlier FCLs and issued letters denying support entirely for the increased bandwidth at the Regional Hospital (for the request for 30 Mbps internet access per FCC Form 466-A), Clara Morgan Subregional Clinic, Toksook Bay Clinic, and John Afcan Memorial Clinic for the funding year 2012 because “[t]he HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.”⁸ Attachment 42 (October 9, 2013 Denial of Support Letter for the Regional Hospital in Response to FCC Form 466-A); Attachment 43 (October 9, 2013 Denial of Support Letter for the Clara Morgan Subregional Clinic); Attachment 44 (October 9, 2013 Denial of Support Letter for the Toksook Bay Clinic); Attachment 45 (October 9, 2013 Denial of Support Letter for the John Afcan Memorial Clinic). On October 17, 2013, USAC issued a letter denying support for the Regional Hospital’s request to increase MPLS service to 30 Mbps (per FCC Form 466) suggesting a competitive bidding violation: “The HCP has violated the 28-day competitive bidding rule as required by the [FCC] rule section 54.603(b)(3), which states [that] [t]he health care provider shall wait at least 28 days from the date on which its FCC Form 465 is posted on the website before making commitments with the selected telecommunications carrier(s).” Attachment 46 (October 17, 2013 Denial of Support Letter for the Regional Hospital in Response to FCC Form 466).

⁸ Presumably, the reference on the denial letters to the HCP’s statement “on the form 465” must be a typo because the 2011 FCC Forms 465 did not make reference to being under contract. *See, e.g.*, Attachment 4 (2011 FCC Form 465 for the Regional Hospital). USAC likely was referring to the FCC Forms 466 or FCC Form 466-A, which do make reference to being under contract because the bandwidth increases were covered by the YKHC-GCI Contract. *See, e.g.*, Attachment 20 (FCC Form 466-A for the Regional Hospital).

C. Question Presented

Whether bandwidth beyond five Mbps was contemplated (1) as part of the competitive bidding process, including the FCC Forms 465, and (2) in the provisions of the YKHC-GCI Contract, so that the increases in bandwidth did not constitute a “cardinal change” to the YKHC-GCI Contract and should have been approved as a matter of law. *See Federal-State Joint Board on Universal Service, Access Charge Reform, Price Cap Performance Review for Local Exchange Carriers, Transport Rate Structure and Pricing, End User Common Line Charge*, Fourth Order on Reconsideration in CC Docket No. 96-45, 13 FCC Rcd. 5318, 5425-26, ¶¶ 224-29 (1997) (*Fourth Order on Reconsideration*) (and cases cited therein).

D. Relief Sought

USAC’s contention that YKHC’s bandwidth upgrades automatically fall outside of the scope of the bidding process and the Contract is contrary to long-standing and current FCC rules and orders that require a fact-specific analysis of whether the requested upgrade constituted a cardinal change. *See id.*; *see also 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, ¶ 59 (1999) (*Sixth and Fifteenth Orders on Reconsideration*) (reaffirming applicability of cardinal change doctrine to RHC program); *Rural Health Care Mechanism*, WC Docket No. 02-60, 27 FCC Rcd. 16678, 16791, ¶ 261 (2012) (*HCF Order*) (reaffirming and extending cardinal change doctrine to Healthcare Connect Fund (“HCF”)). By revoking evergreen status and/or denying funding for bandwidth upgrades outright as a competitive bid violation, USAC disregarded the scope of the bidding process, YKHC’s request for and GCI’s specific offer of services, and the provisions of the YKHC-GCI Contract.

1. The “Cardinal Change” Doctrine

The “cardinal change” doctrine governs whether a HCP can upgrade bandwidth under an evergreen contract without initiating a new competitive bidding process. *See Fourth Order on Reconsideration* ¶¶ 226, 228. This federal doctrine considers whether a proposed change represents a minor change to the contract, meaning “the modified work is essentially the same as that for which the parties contracted.” *Id.* ¶ 227; *see also id.* ¶ 224 (“adding a few additional lines to an existing contract” is an example of minor modifications that need not require a new competitive bidding process). As the Commission has explained: “Ordinarily a modification falls within the scope of the original contract if potential offerors reasonably could have anticipated [the modification] under the changes clause of the contract.” *Id.* ¶ 227. Furthermore, the rationale behind the doctrine is that “a modification that exceeds the scope of the original contract harms disappointed bidders because it prevents those bidders from competing for what is essentially a new contract.” *Id.* ¶ 228. If a proposed modification is not a cardinal change, there is no requirement to undertake the competitive bidding process again.

Significantly, in illustrating the cardinal change doctrine, the FCC referenced a case that involved a telecommunications services contract in which the court held that a substantial increase in bandwidth did not represent a cardinal change. *Id.* ¶ 227, n.692; *AT&T Commc’ns, Inc. v. Wiltel, Inc.*, 1 F.3d 1201 (Fed. Cir. 1993). In that case, the federal government had procured telecommunications services from a service provider pursuant to a competitively bid contract to provide “dedicated transmission service” to include analog, digital, and T1 (1.5 Mbps) transmission service. *AT&T*, 1 F.3d at 1203. The service provider wanted to increase the bandwidth provided by adding T3 circuits as another type of dedicated transmission service. *Id.* at 1204. T3 circuits, as the Commission is aware, provide substantially more bandwidth — 45 Mbps — than a T1 circuit. *Id.* In conducting its analysis of whether the modification of service

from a T1 to a T3 constituted a cardinal change, the court analyzed the scope of the contracted-for service by looking at the original solicitation and to the contract itself. *Id.* at 1205-07. The court held that the T3 technology fit within the scope of the work contemplated by the contract:

T3 is the next generation of dedicated transmission service. T3 conveys the same voice or data information as the other forms of dedicated transmission service, but at a higher rate of speed. The higher capacity T3 circuits convey information twenty-eight times faster than the T1 technology. In the interim between the original procurement and the [contract] modification, T3 became commercially available on a wide-scale. In light of the contractor's obligations to propose improvements to keep the Government's telecommunications technology in step with technology advances, T3 falls within the scope of the . . . contract.

Id. at 1206. The court also concluded that the T3 circuits represented the same "service" as the T1 circuits — *i.e.*, they were both a dedicated transmission service. *Id.* at 1206-07. Finally, the court held that an important factor in determining whether the modification was a cardinal change was the expectations of the bidders — *i.e.* "whether the solicitation for the original contract adequately advised offerors of the potential for the type of changes during the course of the contract that in fact occurred, or whether the modification is of a nature which potential offerors would reasonably have anticipated." *Id.* at 1207 (quoting *Neil R. Gross & Co.*, 69 Comp. Gen. 247, 294 (1990)) (internal quotation marks omitted).

The Commission's discussion of the cardinal change doctrine in the 2012 *HCF Order* also is instructive. In the *HCF Order*, the Commission "adopt[ed] the same requirements" for contract modifications as articulated in the *Fourth Order on Reconsideration* for the new HCF. See *HCF Order* ¶¶ 261, 306-10. Furthermore, there is no material distinction between evergreen contracts in the Telecommunications Program and in the HCF.⁹ In its discussion of evergreen

⁹ Evergreen contracts in the Telecommunications Program must contain the authorized signatures of the HCP and service provider, be dated, specify the service type(s), duration, terms, and cost of service(s), and identify all HCP location(s) within the contract. USAC, *Questions* (continued...)

contracts in the *HCF Order*, the Commission expressly stated, “[S]ervice upgrades will be permitted as part of an evergreen contract if the contemplated upgrades are proposed during the competitive bidding process, and the contract explicitly provides for the possibility of service upgrades.” *Id.* ¶ 263. The most plausible interpretation of the *HCF Order* is that this statement regarding service upgrades is intended to be consistent with the Commission’s articulation of the cardinal change doctrine for the Telecommunications Program.¹⁰ Furthermore, nothing in that *HCF Order* indicates that the FCC intended this statement about service upgrades to be confined to the HCF and it thus can — and should — be interpreted to reflect the Commission’s application of the cardinal change doctrine to evergreen contracts more generally.

2. *The Bandwidth Increases Were Contemplated by the Terms of the YKHC-GCI Contract and During the Competitive Bidding Process*

and Answers: Focus on Alaska Webinar,

http://www.usac.org/_res/documents/rhc/training/2011/QA-Focus-on-Alaska-June-2011.pdf (last visited Oct. 24, 2013). Evergreen contracts in the HCF share the same requirements, except that only the individual HCP or consortium lead entity must sign. *See HCF Order* ¶ 263.

¹⁰ The fact that the Commission in the *HCF Order* denied GCI’s request to extend the HCF’s specific site or service substitution process to the Telecommunications Program is of no consequence to the issues raised in this submission. In the first instance, that policy addressed only site or service substitutions that would not require disbursement of support above the amounts previously authorized in an FCL. *See HCF Order* ¶ 315. Sensibly, the *HCF Order* concluded that under certain circumstances, no further USAC approval in the form of a new FCL was needed. The Commission did not consider the merits of GCI’s request to extend that same capability to the Telecommunications Program, but explained that the public notice leading up to the *HCF Order* did not raise the possibility of such changes to the Telecommunications Program. *See id.* For any site or service substitutions that fell outside of that specific policy, those remained under the cardinal change rule, which the Commission discussed at length in the subsection of the *HCF Order* that immediately preceded its discussion of the additional site or service substitution policy. *See HCF Order* ¶ 306 *et seq.*

Notably, RHCD appears at least once before to have resisted full implementation of the Commission’s cardinal change requirements. *See Sixth and Fifteenth Orders on Reconsideration* ¶ 59 (directing RHCD to implement cardinal change doctrine for Telecommunications Program consortia applications over apparent RHCD objections). It was not permitted to do so then, and it possesses no authority to do so now.

Here, the service requests for increases in bandwidth clearly fell within the scope of the YKHC-GCI Contract. The YKHC-GCI Contract explicitly defines the contracted-for “Services” to include all of what is set forth in its Attachment A, which includes MPLS service at bandwidth levels ranging from 1.5 Mbps to 200 Mbps. *See* Attachment 11 at 1, §1 (YKHC-GCI Contract). For example, the attachment includes pricing for the 10 Mbps service that was the subject of the John Afcan Memorial Clinic’s service request. *Id.* at 15. And critically, the YKHC-GCI Contract has a clear statement of mutual intent to meet the growing medical needs of YKHC sites by facilitating bandwidth upgrades. *Id.* at 6, § 13(b) (“It is the intention of the Parties that the bandwidth quantity of different sites will change as the medical services of the sites change”). The facts are even more compelling than the ones the court relied on in *AT&T*, where the contract specified a T1 circuit and did not specifically address increases in bandwidth.¹¹ It also is notable that the upgrade the court found did not constitute a cardinal change in *AT&T* — from 1.5 Mbps to 45 Mbps — was far greater than the more modest bandwidth increases at issue here.

Moreover, potential bidders were reasonably on notice that a contract with YKHC would provide for increases in bandwidth. YKHC, in the 2011 FCC Forms 465 posted to the RHCD website and in the documentation provided to bidders at that time, explicitly sought services that would include multiple bandwidths and that would allow for bandwidth upgrades within 48 hours after a request from a facility. *See, e.g.*, Attachment 4 (2011 FCC Form 465 for the Regional Hospital) (“YKHC’s service needs require reliable bandwidth capability at speeds that

¹¹ The contract in *AT&T* did include a more general “Service Improvements Clause” that encouraged contractors “to propose independently improvements to the services, features, or other requirements of the contract” and also expressly provided that services under the contract should “conform as closely as possible with those offered commercially.” *AT&T*, 1 F.3d at 1206.

meet or exceed T-1 levels or higher”); Attachment 1 (YKHC Network Requirements) (setting forth YKHC’s network requirements including “[b]andwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher” and the “[a]bility to increase bandwidth as needed within 48 hours of notification”). Indeed, YKHC selected GCI as its service provider in part because it was better able to handle YKHC’s requirement that the service provider have the capacity to increase bandwidth within 48 hours. With potential bidders on notice of potential bandwidth upgrade needs (on 48 hours’ notice), it cannot be said that competitive harm would occur if USAC funded upgrades under the YKHC-GCI Contract during its five year term.

3. *USAC’s Decisions are Inconsistent with its Published Training Guidance and Prior Decisions*

USAC’s stated reason for denying funding is belied by the training guidance USAC has provided to HCPs. USAC denied funding for the John Afcan Memorial Clinic, Toksook Bay Clinic, Clara Morgan Subregional Clinic, and Regional Hospital because “[t]he HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.” Attachment 42 (October 9, 2013 Denial of Support Letter for the Regional Hospital in Response to FCC Form 466-A); Attachment 43 (October 9, 2013 Denial of Support Letter for the Clara Morgan Subregional Clinic); Attachment 44 (October 9, 2013 Denial of Support Letter for the Toksook Bay Clinic); Attachment 45 (October 9, 2013 Denial of Support Letter for the John Afcan Memorial Clinic). In addition to being flatly incorrect, this reasoning is directly contradicted by USAC’s own description of evergreen contracts and guidance on completing FCC Form 465. USAC provides on its website that evergreen status is granted to the entire contract, and not the specific service listed on the FCC Form 466. USAC, *Questions and Answers: Focus on Alaska Webinar*, http://www.usac.org/_res/documents/rhc/training/2011/QA-Focus-on-Alaska-June-2011.pdf (last

visited Oct. 24, 2013). Thus, per USAC's own guidance, the evergreen endorsement was not in fact for five Mbps, but for the entire Contract, which contemplated increases in bandwidth and specified prices for same.¹²

USAC's statement that YKHC did not allow bidding for the higher bandwidths also is incorrect. The 2011 FCC Forms 465 describe YKHC's telecommunications and/or Internet service needs, including the need to transmit health care data among its facilities, and specify that "YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher." Attachment 4 (2011 FCC Form 465 for the Regional Hospital); Attachment 5 (2011 FCC Form 465 for the John Afcan Memorial Clinic); Attachment 6 (2011 FCC Form 465 for the Toksook Bay Clinic); Attachment 7 (2011 FCC Form 465 for the Emmonak Subregional Clinic); Attachment 8 (2011 FCC Form 465 for the Hooper Bay Subregional Clinic); Attachment 9 (2011 FCC Form 465 for the Clara Morgan Subregional Clinic). Thus, YKHC put bidders on notice that there was a floor, but not a ceiling to its bandwidth needs. YKHC did not commit itself to needing only certain bandwidth levels.

YKHC's formulation of its service needs on its FCC Forms 465 also was consistent with the guidance USAC offers for completing these forms. USAC "recommend[s] that HCPs] do NOT request a specific telecom service and/or bandwidth" and "[i]nstead . . . describe the needs of the HCP" because "[b]eing too specific locks you into receiving that service type only."

¹² The USAC website claims that "[d]ifferent service type[s] or bandwidth" are cardinal changes. USAC, *Evergreen Contracts, Changes to the Contract*, <http://www.usac.org/rhc/telecommunications/health-care-providers/evergreen-contracts.aspx> (last visited Oct. 24, 2013). But that is not dispositive here. In fact, the most plausible interpretation of that statement is that while *contract changes* that affect service types or bandwidth speeds may be cardinal changes in some cases, that does not mean that *all* bandwidth increases are cardinal changes, especially not those that are expressly contemplated in the contract.

Attachment 47 (USAC Competitive Bidding Requirements). YKHC did just that and specified a broad range of bandwidth speeds (“T-1 or higher”). However, USAC now is treating YKHC as if it specified in its FCC Forms 465 each facility’s precise bandwidth needs, which is not the case. USAC’s advice to HCPs to broadly describe their service needs so that they are not locked into a specific service type would be irrelevant if all service upgrades required a new FCC Form 465 and 28-day bidding process regardless of what was specified on the form. If all service upgrades, including new bandwidth levels, are a cardinal change requiring a new FCC Form 465 and a new round of bidding, then there would be no reason why a HCP should fear being “locked in” to a specific telecom service or bandwidth, other than that the HCP may have erred in its evaluation of what services it needed at a particular moment.

The fact that USAC previously approved a bandwidth increase for the Hooper Bay Subregional Clinic from five Mbps to 15 Mbps under the same Contract while maintaining its evergreen status demonstrates that its current actions were inconsistent and in error.

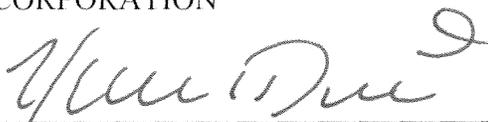
III. CONCLUSION

It is critical that the Commission review and overturn USAC's decisions and restore the funding YKHC needs to ensure that the residents of rural and remote parts of southwest Alaska continue to have access to high quality health care. USAC's decisions directly contradict established Commission rules and precedent, USAC's own prior treatment of bandwidth upgrades under similar circumstances, and USAC's own prior guidance to RHCP beneficiaries. These decisions must be overturned by the Commission immediately, before they impose further adverse consequences on YKHC and presumably other similarly-situated rural health care providers.

Respectfully submitted,

YUKON-KUSKOKWIM HEALTH
CORPORATION

By:



Yaron Dori
Morgan Kennedy*
COVINGTON & BURLING LLP
1201 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2401
(202) 662-6000
ydori@cov.com
mrkennedy@cov.com

Its attorneys

October 28, 2013

* Member of the Bar of New York, but not admitted in District of Columbia; supervised by principals of the Firm.

DECLARATION OF DANIEL WINKELMAN

I have read the foregoing Petition, and I hereby declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief, formed after reasonable inquiry.

A handwritten signature in black ink, appearing to read 'Daniel Winkelman', written over a horizontal line.

Daniel Winkelman
Chief Counsel/VP Administration
The Yukon-Kuskokwim Health Corporation

Executed on October 25, 2013

CERTIFICATE OF SERVICE

I, Joy Barksdale, certify that on this 28th day of October, 2013, I caused a copy of the foregoing Request for Review to be served by first-class mail, postage pre-paid upon:

Rural Healthcare Division of USAC
2000 L Street, NW
Suite 200
Washington, D.C. 20036

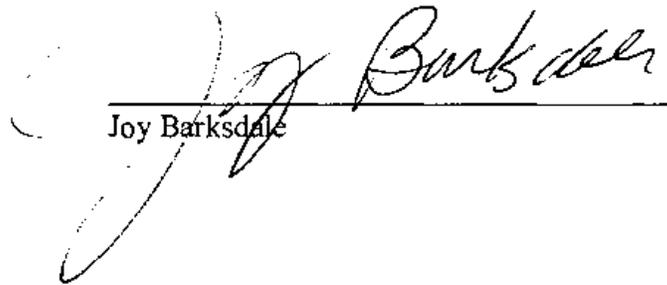

Joy Barksdale

TABLE OF ATTACHMENTS

YKHC Network Requirements	Attachment 1
YKHC Network Diagram	Attachment 2
Subregional Clinic Guide.....	Attachment 3
2011 FCC Form 465 for the Regional Hospital.....	Attachment 4
2011 FCC Form 465 for the John Afcán Memorial Clinic.....	Attachment 5
2011 FCC Form 465 for the Toksook Bay Clinic.....	Attachment 6
2011 FCC Form 465 for the Emmonak Subregional Clinic	Attachment 7
2011 FCC Form 465 for the Hooper Bay Subregional Clinic	Attachment 8
2011 FCC Form 465 for the Clara Morgan Subregional Clinic	Attachment 9
GCI Proposal.....	Attachment 10
YKHC-GCI Contract	Attachment 11
Evergreen Contract Endorsement for the YKHC-GCI Contract as to the Regional Hospital.....	Attachment 12
Service Request No. 1.....	Attachment 13
Service Request No. 2.....	Attachment 14
Service Request No. 3.....	Attachment 15
Service Request No. 4.....	Attachment 16
FCC Form 466 for the Hooper Bay Subregional Clinic for 15 Mbps	Attachment 17
FCC Form 466 for the Hooper Bay Subregional Clinic for 20 Mbps	Attachment 18
FCC Form 466 for the Regional Hospital.....	Attachment 19
FCC Form 466-A for the Regional Hospital.....	Attachment 20
FCC Form 466 for the Clara Morgan Subregional Clinic	Attachment 21
FCC Form 466 for the John Afcán Memorial Clinic	Attachment 22
FCC Form 466 for the Toksook Bay Clinic.....	Attachment 23

FCC Form 466 for the Emmonak Subregional Clinic	Attachment 24
April 16, 2013 FCL for the Hooper Bay Subregional Clinic Approving 15 Mbps	Attachment 25
August 27, 2013 FCL for the Regional Hospital in Response to FCC Form 466-A	Attachment 26
September 18, 2013 FCL for the John Afcan Memorial Clinic.....	Attachment 27
September 24, 2013 FCL for the Clara Morgan Subregional Clinic	Attachment 28
September 24, 2013 FCL for the Toksook Bay Clinic	Attachment 29
October 8, 2013 FCL for the Hooper Bay Subregional Clinic Approving 20 Mbps	Attachment 30
FCC Form 467 for the Clara Morgan Subregional Clinic	Attachment 31
FCC Form 467 for the John Afcan Memorial Clinic	Attachment 32
FCC Form 467 for the Toksook Bay Clinic.....	Attachment 33
FCC Form 467 for the Regional Hospital.....	Attachment 34
October 2013 Emails Regarding FCC Forms 467	Attachment 35
2013 FCC Form 465 for the Clara Morgan Subregional Clinic	Attachment 36
2013 FCC Form 465 for the Hooper Bay Subregional Clinic	Attachment 37
2013 FCC Form 465 for the John Afcan Memorial Clinic.....	Attachment 38
2013 FCC Form 465 for the Toksook Bay Clinic.....	Attachment 39
2013 FCC Form 465 for the Regional Hospital.....	Attachment 40
2013 FCC Form 465 for the Emmonak Subregional Clinic	Attachment 41
October 9, 2013 Denial of Support Letter for the Regional Hospital in Response to FCC Form 466-A	Attachment 42
October 9, 2013 Denial of Support Letter for the Clara Morgan Subregional Clinic	Attachment 43
October 9, 2013 Denial of Support Letter for the Toksook Bay Clinic.....	Attachment 44
October 9, 2013 Denial of Support Letter for the John Afcan Memorial Clinic	Attachment 45

October 17, 2013 Denial of Support Letter for the Regional Hospital in Response
to FCC Form 466 Attachment 46

USAC Competitive Bidding Requirements Attachment 47

ATTACHMENT 1

Network Description

YKHC has 46 remote clinics all connected via high speed connections to Bethel. Bethel is the hub of YKHC's network and provides application, phone, internet, and video services to the connected villages. Five of the locations are connected to Bethel with a 5 Mbps link each, achieving less than 20 milliseconds of latency across their links. 33 locations are connected to Bethel, each with 3 Mbps also achieving less than 20 milliseconds of latency. 8 locations are connected to Bethel each with a 1.5 Mbps connection. YKHC has a single 15 Mbps Internet connection that is shared enterprise-wide through Bethel.

YKHC Network Requirements (WAN)

1. Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher.
2. Ability to increase bandwidth as needed within 48 hours of notification.
3. Low Latency: Link latency needs to be less than 50ms on all locations except for where satellite is the only option. Where satellite is required the latency must be less than 550ms.
4. Support the transmission of the following network traffic.
 - a. Electronic medical records (EMR)
 - b. Voice over IP
 - c. High-resolution medical images (CT scans and PACS images)
 - d. Telemedicine
 - e. Video Teleconferencing with Hi-Def quality
 - f. Internet
5. Guarantee 99.6% network availability or better.
6. Ability to report network utilization broken down by day, week, and/or month as needed.

YKHC Internet Requirements

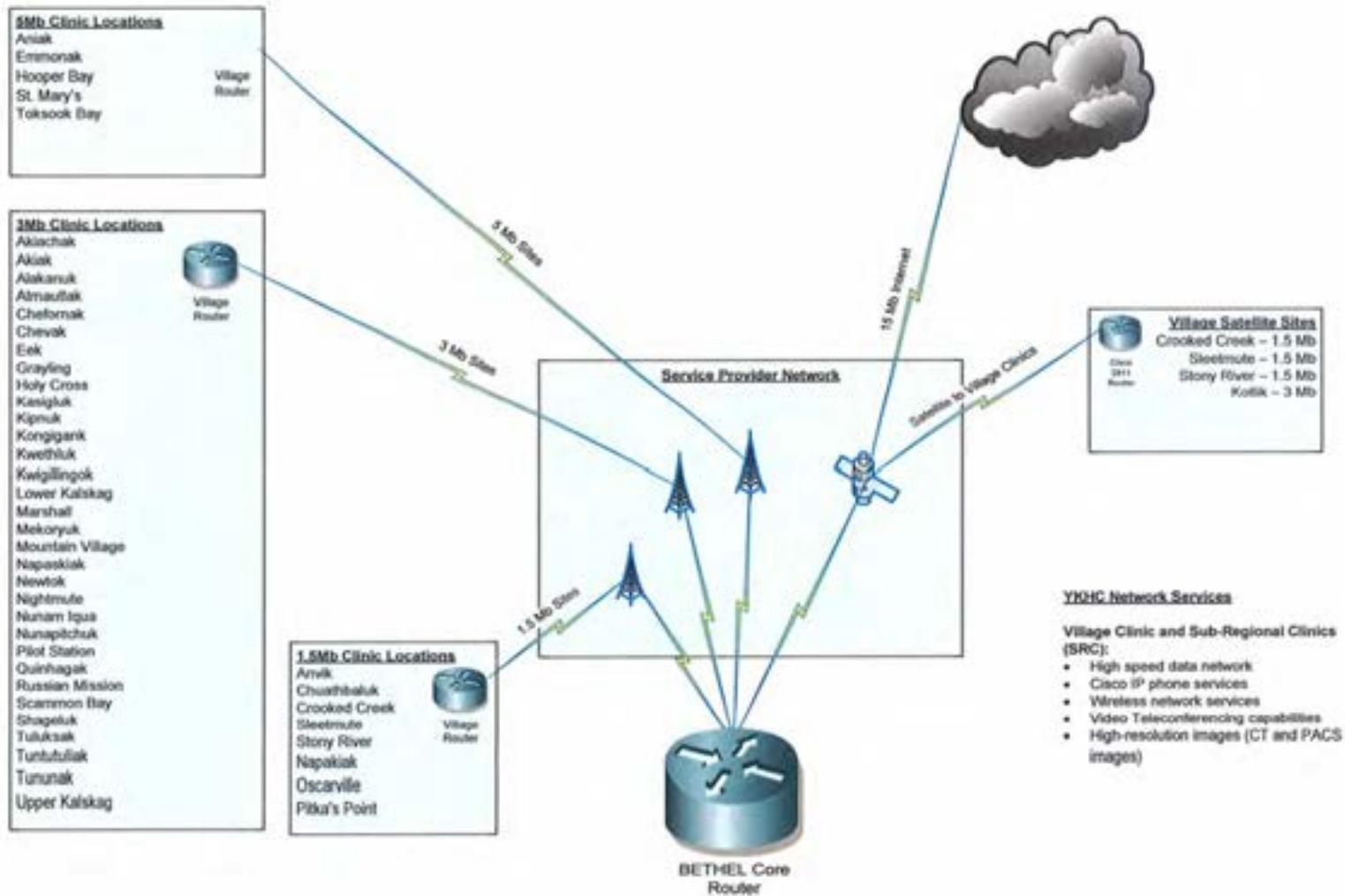
1. Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher.
2. Ability to increase bandwidth as needed within 48 hours of notification.
3. Support VPN services. (VPN will be managed by YKHC)
 - a. Lan-to-Lan
 - b. VPN Client
4. Able to provide YKHC at least 32 public IP addresses.
5. Guarantee 99.6% network availability or better.
6. Ability to report network utilization broken down by day, week, and/or month as needed.

Network Support Requirements

1. Respond to issues within 4 hours or less 24 x 7 x 365
2. Have a single point of contact for all issues.
3. Provide on-site support as needed at no additional cost to YKHC. With the ability to have resources on-site within 24 hours or less 24 x 7 x 365
4. ISP must be able to provide services to all YKHC locations.

ATTACHMENT 2

YKHC Network Diagram



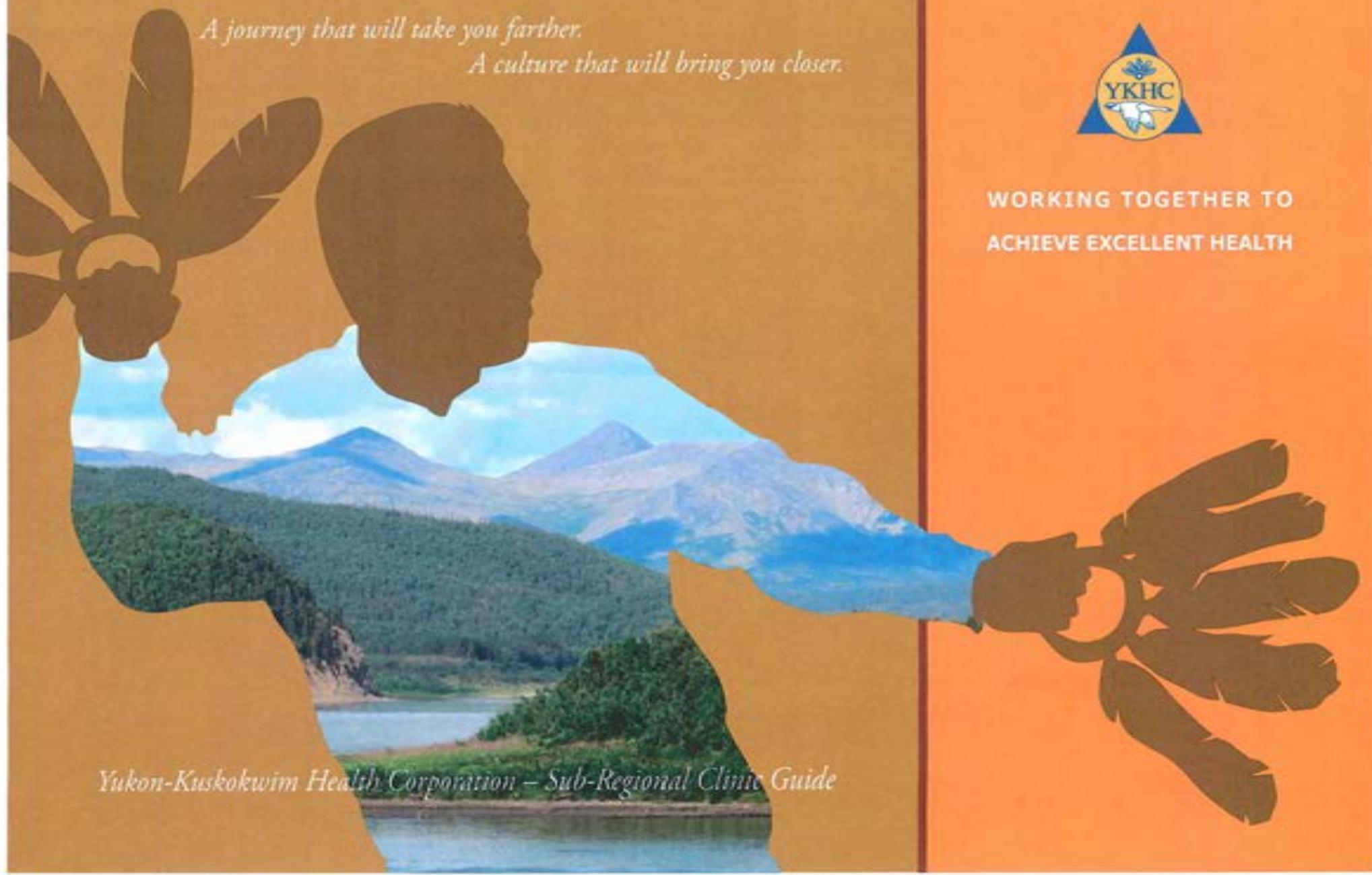
ATTACHMENT 3

*A journey that will take you farther.
A culture that will bring you closer.*



WORKING TOGETHER TO
ACHIEVE EXCELLENT HEALTH

Yukon-Kuskokwim Health Corporation – Sub-Regional Clinic Guide



Yukon-Kuskokwim Health Corporation Service Area – Sub-Regional Clinics



- **Aniak** – “The place where it comes out” – referring to the mouth of the Aniak River
Location: 340 miles NW of Anchorage
95 miles NE of Bethel
Population: 581
Climate: -55° F – 87° F
Avg. Rainfall: 19 in. / Avg. Snowfall: 60 in.
- **Emmonak** – Name translates to “Blackfish.” Historically named Kwiguk, meaning “big stream”
Location: 490 miles NW of Anchorage
120 miles NW of Bethel
Population: 796
Climate: -25° F – 79° F
Avg. Rainfall: 19 in. / Avg. Snowfall: 60 in.
- **Hooper Bay** – Traditionally known as Naparyarmiut, meaning “stake village people”
Location: 525 miles NW of Anchorage
152 miles NW of Bethel
Population: 1,100
Climate: -25° F – 79° F
Avg. Rainfall: 16 in. / Avg. Snowfall: 75 in.
- **St. Mary's** – Traditionally known as Negeqliq, meaning “to the North”
Location: 450 miles NW of Anchorage
99 miles N of Bethel
Population: 549
Climate: -44° F – 83° F
Avg. Rainfall: 16 in. / Avg. Snowfall: 60 in.
- **Toksook Bay** – Traditionally known as Nunakauyaq, meaning “small place”
Location: 545 miles NW of Anchorage
115 miles NW of Bethel
Population: 605
Climate: 6° F – 57° F
Avg. Rainfall: 22 in. / Avg. Snowfall: 43 in.

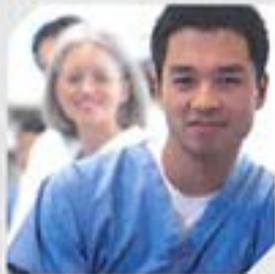


Table of Contents

Sub-Regional Clinic Locations

Aniak	3 - 4
Emmonak	5 - 6
Hooper Bay	7 - 8
St. Mary's	9 - 10
Toksook Bay	11 - 12
Housing Overview	13 - 14

YKHC exercises Federal Law (PL 93-638), which allows American Indian/Alaska Native preference in hiring for all positions.

A view of Aniak

Less than an hour flight from Bethel, Aniak is home to the Clara Morgan Sub-Regional Clinic (SRC) that supports communities and villages throughout the northeastern Yukon-Kuskokwim (Y-K) Delta. Part of the Yukon Delta National Wildlife Refuge, Aniak and the surrounding area is home to premier fishing and wildlife viewing.

With a history ingrained with the gold rush and the traditions of the Yup'ik culture that date back decades, Aniak is a city rich with cultural and historic wealth. Literally meaning "the place where it comes out" in the native Yup'ik, Aniak is located at the mouth of the Aniak River as it opens into the Kuskokwim River. Here, you'll collaborate with equally dedicated peers to care for the native Yup'ik residents whose warmth and welcoming spirit is reflective of their familial culture. And with patient screening rooms, dental stations, an emergency room, Village Services/Behavioral Health offices, medical laboratory, and radiology, you'll find the resources you need.



Community Overview

History: Aniak is a Yup'ik word meaning "the place where it comes out"—referring to the mouth of the Aniak River, which played a key role in the placer gold rush of the early 1900s. Tom L. Johnson homesteaded the site and opened a store and post office in 1914. While the area was abandoned as a Yup'ik village well before the gold rush, Eskimos Willie Pete and Sam Simeon later brought their families from Ohagamuit to reestablish the native community. Throughout the years, the city continued to grow and was incorporated in 1972.

Culture: Aniak's population is primarily Yup'ik Eskimos and Tanaina Athabascans. Subsistence foods contribute largely to villagers' diets. Many families travel to fish camps each summer.

Recreation: Aniak has seasonal events that include the Aniak State Fair, Aniak Winter Carnival, Christmas Bazaar and Silver Salmon Derby. True adventure seekers can jump on a snow machine and drive out to the tundra where Caribou herds or the occasional Moose can be viewed. A variety of fish such as grayling, Dolly Varden trout, rainbow trout and others can be found in the rivers feeding into the Kuskokwim. During the summer salmon run, salmon can be caught with a pole from the shore of the river.

Transportation: Access to Aniak is limited to air and water, with regular flights in and out provided by several carriers and charter operators. Float-planes can also land on the Aniak Slough. The city is supplied with fuel and supplies by barge during the summer; other goods are delivered by air year-round. There are no roads to other villages, transportation occurs primarily by boat in the summer, and snow machines and ATVs during winter. When feasible, the river is used as an ice road for trucks and other vehicles.

Climate: Climate is maritime in the summer and continental in winter. Temperatures range between -55° F and 87° F. Average yearly precipitation is 19 inches, with average snowfall at 60 inches. The Kuskokwim River is ice-free from mid-June through October.

Economy: The economy of Aniak is based on government, transportation and retail services. As the largest city in the area, Aniak is a service hub for surrounding villages. Subsistence activities supplement part-time wage earnings, and some commercial fishing occurs. Year-round employment is provided by the School District, Kuskokwim Native Association, Bush-Tell Inc., Aniak Light & Power, Alaska Commercial (AC) store and the Aniak Sub-Regional Clinic.

Facilities: Most private residences have full plumbing and individual wells. A small amount of the native population still hauls water. A central piped sewage system serves most residents. Some homes use individual septic tanks, or pit privies. A washeteria is operated by the Village Council for residents without water, while city power is supplied by the privately-owned Aniak Power & Light Company.

Schools: The K-12 school population is about 470 students. Aniak schools are broken into high school and elementary, and also include pre-school and Head Start programs.

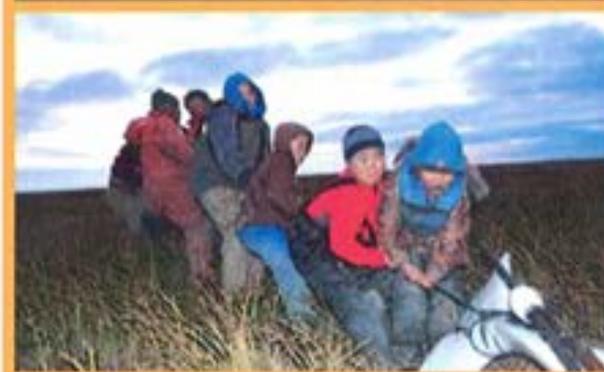
Utilities: Telephone and Internet service are available.

Stores: The Alaska Commercial Company owns the one full time grocery store with a snack shack that is open in the evenings and weekends.

A view of Emmonak

The Pearl E. Johnson Sub-Regional Clinic (SRC) is in the city of Emmonak, at the mouth of the Yukon River and ten miles from the Bering Sea. As the northernmost SRC, Emmonak services the healthcare needs of the primarily Yup'ik villages through services that include patient screening rooms, dental stations, an emergency room, Village Services/Behavioral Health offices, medical laboratory, and radiology.

Home to a large commercial fishing industry, Emmonak was originally named Kwiguk, meaning "big stream," in reference to the Yukon River which joins the Bering Sea at this point. As a part of this family-centered culture, your genuine care and compassion for residents of the surrounding villages will ensure that their rich history, tradition and spirit continue to thrive. Alongside your equally dedicated peers, you'll have ample opportunity to participate in and learn local traditions from community interaction and weekly Potlatches.



Community Overview

History: Originally known as Kwiguk, a Yup'ik word meaning "big stream," and located 1.4 miles south of its present location, the village was first reported by the U.S. Coast and Geodetic Survey in 1899. With the rise of the commercial fishing industry and the cumulating dangers of increased erosion and flooding, the village relocated to its current site in 1964. It was then renamed Emmonak, which means "blackfish" in the native language.

Culture: Emmonak is a Yup'ik Eskimo village that has one foot in tradition and its other in the modern convenience of technological advances—giving you the opportunity to learn about Yup'ik traditions on the Internet or by simply participating at the community hall. During the Potlatch season, which lasts from January to March, local Elders, adults and youth join together in the creation of new Yup'ik dance songs to present to the community. In the spring and summer months, the subsistence way of life awakens with the return of the birds, marine mammals, waterfowl and King Salmon. And fall gives any ambitious hunters one month to catch a moose to fill their freezers for the winter.

Recreation: Basketball is big in winter and spring. The local school has volleyball, cross country, and basketball leagues open to the public. Eskimo

and fiddle dancing are also very popular. There is a Potlatch held every February that draws people from the surrounding villages. Fishing and hunting are also popular during their respective seasons.

Transportation: Emmonak relies on air and water transportation. While there are no connecting roads, winter trails to Kotlik, Alakanuk, Nunam Iqua and villages located further up the Yukon River are accessible by snow machine. These inter-village snow machine trails are maintained by village Search and Rescue teams and are clearly marked for outdoor enthusiasts to enjoy. After the river break-up, travelers can use their boats to travel the Yukon River or explore the Bering Sea coastline. Local commuters will walk, use their ATVs, trucks or bicycles to get around.

Climate: A maritime climate predominates in Emmonak. Temperatures range from -25° F to 79° F. Precipitation is 19 inches per year, while snowfall averages 50 to 60 inches per year. Freeze-up occurs during October; break-up occurs in June.

Economy: The city experiences a seasonal economy as a center for commercial fishing, purchasing and processing on the lower Yukon River. Yukon Delta Fish Marketing Co-op and Bering Sea Fisheries process and export salmon from Emmonak.

Facilities: Water is derived from the Yukon River and is treated. Most homes, businesses and the school are now served with an aboveground circulating water system and vacuum sewage system. And water storage capacity has been doubled to serve the system expansion.

School: There is one school in the village serving Pre-K through high school. Some high school students attend Mt. Edgecumbe, a boarding school in Sitka.

Utilities: Telephone and Internet service are available. Cable or Satellite service is also available.

Stores: There are three stores in town, Alaska Commercial (AC), ANICA, and Shorty's. AC and ANICA carry a little bit of everything (food, furniture, clothing, ATVs, etc.).

Alcohol: Emmonak is a dry community—alcohol is not available for purchase, nor is it allowed in the village.

A view of Hooper Bay

Home to the Hooper Bay Sub-Regional Clinic (SRC), Hooper Bay is situated along the gentle rolling hills and graceful lowlands south of Cape Romanzof and Scammon Bay. With abundant wildlife viewing along this western coastal region as well as deeper inland, Hooper Bay offers an extensive array of outdoor and cultural experience throughout the year.

With your commitment to healing, you'll empower the lives of our patients in a way that leaves a significant and lasting impact upon the entire community. Challenging yourself and your peers, you'll establish meaningful bonds that will last a lifetime and bring you closer to a culture that still holds values and relationships in the highest regard. And within the Hooper Bay SRC, you'll have available to you patient screening rooms, dental stations, an emergency room, Village Services/Behavioral Health offices, a medical laboratory, and radiology will help you ensure the continued vitality of a warm and expressive culture with life-saving medical services.



Community Overview

History: Known in its earliest days as Askinuk or Askinaghmiut, the village was first reported in 1878 by E.W. Nelson of the U.S. Signal Service. At the time, the village comprised of 138 people living in 14 homes along its roughly nine square miles of land. The name Hooper Bay came into common usage after a post office bearing the name was established in 1934. The present-day Eskimo name Naparyarmiut means "stake village people." The City government was incorporated in 1966.

Culture: For this large, traditional Yup'ik Eskimo community, commercial fishing and subsistence activities are the primary means of support. Members of the Village of Paimiut also live in Hooper Bay. A 1,352 square foot Youth and Elder Cultural Center was completed during the summer of 2006 and provides an area for teaching and marketing crafts, gatherings, and language lessons.

Recreation: As the westernmost SRC, Hooper Bay's coastal location makes it an ideal launching point for world-class fishing anywhere along the coastline. Treks inland toward St. Mary's bring the inland beauty and wildlife of the Yukon Delta National Wildlife Refuge well within reach. Hunting, within season, and year-round exploration also provide adventurers with generous opportunities.

Cultural events and festivities are also an intricate part of local culture and are always open to new friends.

Transportation: Hooper Bay relies on air and water transportation, with the local airport about five minutes from the lowlands, next to the beach. As primary modes of transportation, most people rely on personal ATVs and/or snow machines, boats, and trucks/cars. Fuel and bulk supplies are delivered by barge throughout the summer months. During the winter months, well-marked winter trails link Hooper Bay to neighboring communities such as Scammon Bay, Chevak and Paimiut.

Climate: The climate in Hooper Bay is maritime, with yearly temperatures ranging between -25° F and 79° F. The average annual rainfall measures 16 inches, while snowfall can reach 75 inches. Freeze-up occurs during October; break-up occurs in June.

Economy: Home to Coastal Villages Seafood, Inc., the economy is heavily geared toward fishing and subsistence activities. The community is also looking toward developing a Naparyarmiut Arts & Crafts Cooperative.

Facilities: The city is undergoing major improvements for a piped water and vacuum sewer system that is expected to be completed in 2014. Residents currently haul treated water from the washeteria or other watering points, while the school and clinic use their own water system. Three wind turbines will be opened in fall 2009, displacing about 24% of the energy normally generated by diesel.

Schools: Schools are broken into a junior high and high school combination, elementary school, and also include preschool and Head Start programs. Some high school students attend Mt. Edgecumbe, a boarding school in Sitka.

Utilities: Telephone and dial-up Internet service are available. High-speed Internet and satellite TV are also available.

Stores: There are three stores in town, Alaska Commercial, Sea Lion AC and Hill & Joes. Alaska Commercial and Sea Lion AC are department-style stores with a little of everything. Hill & Joes is a small mom/pop store with smaller inventory.

Alcohol: Hooper Bay is a dry community — alcohol is not available for purchase, nor is it allowed in the village.

A view of St. Mary's

Situated between the two cities of St. Mary's and Andreafsky, the John Afcan Memorial Sub-Regional Clinic (SRC) services seven towns and villages in the northern interior of the Y-K Delta. Opened in April of 2001, the SRC is located centrally to the sea-life rich coastline and Bering Sea, as well as the heart of the Yukon Delta National Refuge and its rich bio-diversity.

Set along gentle hillsides and a scenic valley, you'll experience the true wonderment that makes Alaska unique. With multiple outdoor activities to keep your heart pumping, you'll also have an exceptional opportunity to fill your heart with the warm and tranquil culture of the Yup'ik residents who turn to you for care. Our modern patient screening rooms, dental stations, emergency room, Village Services/ Behavioral Health offices, medical laboratory, and radiology services will allow you to partner with your peers to ensure the health of the Yup'ik residents continues to grow alongside the community.



Community Overview

History: The city of St. Mary's had the fortune of growing around both a school and a trading post, with each being on either end of the town. Having been forced to move from a location downriver due to silting, the present location began to grow as families continued to settle near the school and one mile downriver in the town of Andreafsky. Andreafsky, a town originally established as a supply depot and winter headquarters for a commercial riverboat fleet, was independent until 1980 when its residents voted for annexation into St. Mary's.

Culture: Deeply-seated Yup'ik traditions and culture can be found around every corner and firmly within the hearts of community members. Whether it is an invitation to participate in a cultural event or simply a request to participate in a community one, the warmth and familial atmosphere is both genuine and abundant. Long-standing residents continue a traditional fishing and subsistence lifestyle.

Recreation: With picturesque hills and a shimmering blue river, St. Mary's offers a multitude of recreational activities for adventure seekers.

And while one can easily become caught up in a bevy of outdoor opportunities—summertime hiking, camping, boating and wildlife viewing, as well as winter snowshoeing, skiing and ice fishing—the rich cultural warmth of the local community is not

to be overlooked. Whether it's Eskimo dancing at the community hall or any of several annual festivals, community celebrations abound—as do your chances to learn and participate.

Transportation: St. Mary's is accessible primarily by air, with regular service to both Bethel and Anchorage. Personal transportation utilizes trucks and SUVs, with snow machines and ATVs being the primary choice during winter months. Once spring blossoms, boats can traverse to surrounding communities up and down the Yukon River. Roads link the communities of Andreafsky, Pitka's Point and Mountain Village, but receive less maintenance during the winter.

Climate: The continental climate of the region lends itself to a significant maritime influence, with temperatures ranging from -44° F to 83° F. Annual rainfall measures 16 inches on average, while snowfall typically averages 60 inches. Freeze-up occurs during October and ends around June.

Economy: The economy in St. Mary's is seasonal as a center for commercial fishing. Many residents hold commercial fishing permits. A cold storage facility is available. Cash income is supplemented by subsistence activities and trapping. Salmon, moose, bear, and waterfowl are harvested.

Facilities: The majority of the city has complete plumbing and is connected to the piped water and sewer system. Waste heat from the power plant supports the circulating water system. Recently, twenty new HUD houses were connected to the system. Plans are in the works to renovate plumbing in many of the area's older homes.

Schools: Students from preschool to 12th grade attend school in two separate buildings, with students from nearby Pitka's Point being bussed into town to attend 7th through 12th grade. Head Start programs are also available.

Utilities: Telephone service is available, and residents have the option of satellite TV service.

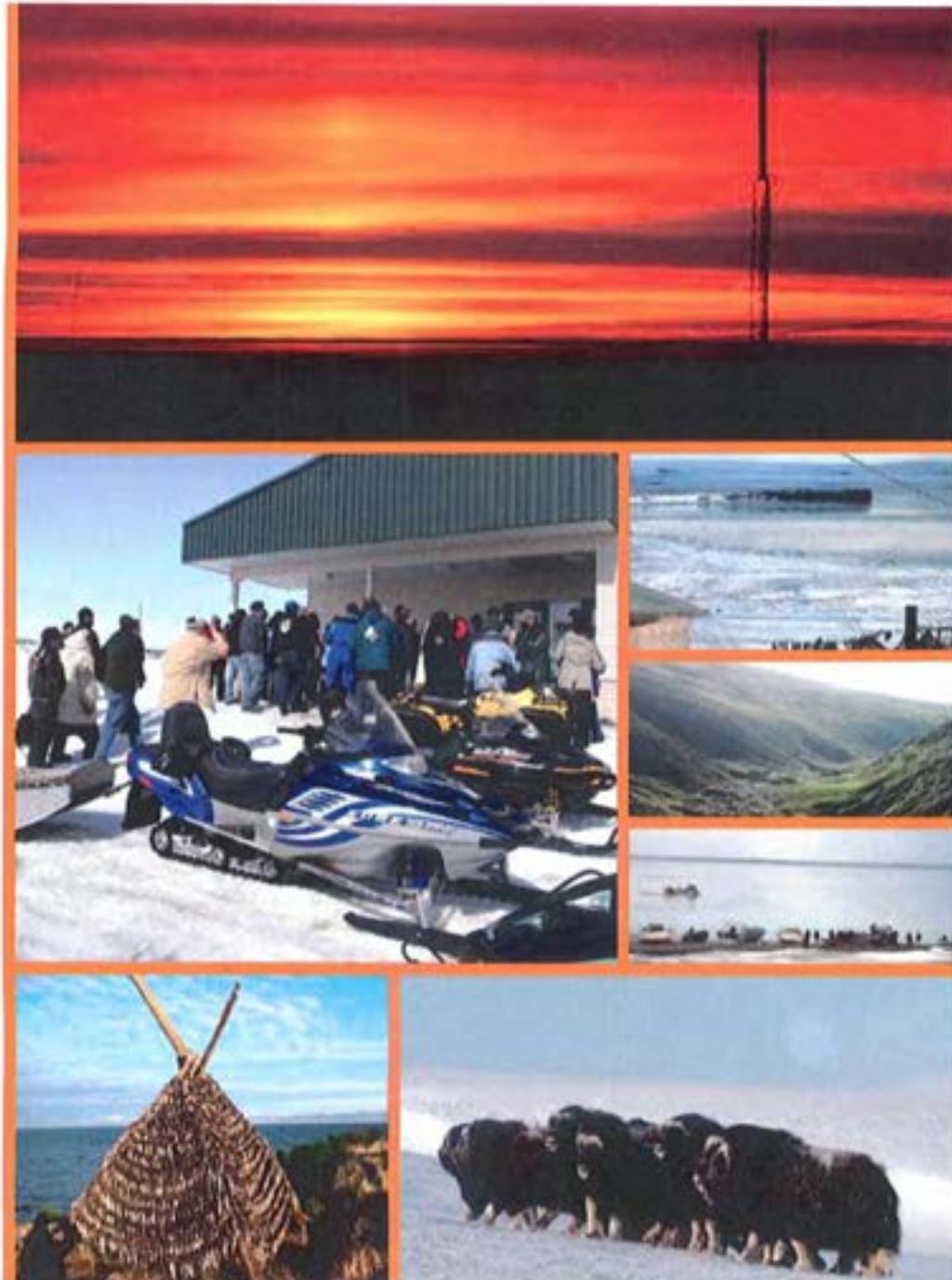
Stores: AC Value Center and Yukon Traders, Inc. are both located in the lower part of town and are open 7 days a week. Each provides a little bit of everything from hardware to sporting goods, and groceries, clothing and cleaning products. The AC Store has an ATM machine (the only one locally) and offers Western Union and money order services. Both stores offer check-cashing services, as there are no banks in the area.

Alcohol: St. Mary's is a dry community—alcohol is not available for purchase, nor is it allowed in the village.

A view of Toksook Bay

Located on Nelson Island, which covers a picturesque 33 square miles 115 miles northwest of Bethel, the Toksook Bay Sub-Regional Clinic (SRC) services a deeply Yup'ik community where culture and tradition have been cherished for thousands of years, and Yup'ik still reigns as the primary language. Practicing the traditional diet of fish and seal meat by many local residents also keeps the richness of the culture alive in modern times.

In a place where the earliest inhabitants are still remembered by name, residents turn to the genuine compassion and expertise of caregivers like you to ensure the health and vitality of both the community and culture continue to endure. In acceptance of this remarkable opportunity, you'll embark on a journey that rewards you with the warmth of a sincerely welcoming culture and the professional and personal challenge that invigorates the spirit. And just as with all our SRCs, with patient screening rooms, dental stations, an emergency room, Village Services/Behavioral Health offices, medical laboratory, and radiology, you'll find the resources you need.



Community Overview

History: Depending on whom you ask, you will get one of two reasons as the original reason Toksook Bay was settled. Some subscribe to the fact that the community grew from the need of accessibility to the annual freighter ship that docks here. Others, who have been around long enough, know that it was born of necessity—eliminating the long journey between the fish camps of Nightmute and Umkumiut between seasons. Which story you choose to accept is up to you.

Culture: As a traditionally Yup'ik community, the warmth and hospitality of the residents, young and old, is unparalleled. With a prime location on Nelson Island, locally known as Oaluyaarmiut Island, the fishing tradition reigns supreme—both commercially and recreationally. Traditional Potlatches always draw members of the surrounding communities for a weekend of festivities, new friends and enlightening cultural exchanges.

Recreation: With availability of various types of fish throughout the year, during the summer months much of the community busies itself with halibut fishing—both commercially and in preparation of the coming winter months. During the Labor Day weekend, the community hosts the traditional Blackberry Festival, with activities and events that draw people from across the Y-K Delta. Both bingo and basketball also allow

community members an opportunity to mingle and catch up during periods of inclement weather.

Transportation: Both barge and aircraft are the primary connectors of Toksook Bay with the rest of the Y-K Delta, delivering goods during the summer months. Daily flights to Bethel and surrounding villages are possible via commercial and chartered airlines. Personal transportation includes the use of fishing boats, skiffs, snow machines and ATVs. There are no connecting roads during the summer months, but marked winter trails connect Toksook Bay with Tununak, Nightmute, Newtok and Chefomak.

Climate: A marine climate that keeps temperature ranges between 6° F and 57° F, and rainfall averages 22 inches. Snowfall averages 43 inches annually.

Economy: Sustained by commercial fishing—Coastal Villages Seafood processes halibut and salmon in the bay—the economy is also supported by tribal governments and the Sub-Regional Clinic.

Facilities: Water is derived from two common wells and is piped throughout the community. Most households have complete plumbing, with several older homes being the only exception.

Schools: Two schools make up the Toksook Bay school system, a K-12 school and a Head Start Program.

Utilities: Telephone and Internet service are both available. TV service is available by satellite.

Stores: The majority of daily necessities are provided by the three local stores, Nunakauyak Yup'ik Corporation (NYC), Larry John's Store and the Bayview Store.

Alcohol: Toksook Bay is a dry community—alcohol is not available for purchase, nor is it allowed in the village.

Housing overview

Relocating to the frontier beauty and cultural richness of the Y-K Delta is a cleansing return to a simpler way of life. It is a way of life where focus is re-shifted, priorities are re-evaluated, and most importantly where self-discovery is found. Here, you'll find that relationships trump possessions, community bonds cannot be broken, and an inner strength that has eluded you for years.

With modern amenities that meet with traditional ways of life, you'll find rewarding experiences in adventures and challenges not found in the lower 48 states. While all along the way, you'll have the support of a vibrant and open community whose warmth and generosity will leave you wanting nothing.

Each Sub-Regional Clinic—Aniak, Emmonak, Hooper Bay, St. Mary's and Toksook Bay—has residential facilities that are available for rent as a part of its campus. Hooper Bay features a six-plex while the remaining communities feature four-plex units. All communities offer 3-bedroom and 1-bedroom units.



Housing Overview

Each apartment in the units consists of the following:

- 3 bedroom/2 bathroom or 1 bedroom/1 bathroom
- Dishwasher
- Disposal unit
- Stove
- Refrigerator
- Additional freezer
- Washer / dryer
- Designated locked storage facility

Each unit is partially furnished to include:

- Combination of queen, twin and bunk beds
- 1-2 dressers per room
- Sofa
- 1-2 coffee tables
- Kitchen table and 4 chairs
- Venetian blinds on windows

Cost:

- Dependant on 1 or 3 bedroom unit
- 50% deposit required prior to move in, the other half can be payroll deducted
- Renter must pay electricity, cable TV, Internet, phone and sewer



**WORKING TOGETHER TO
ACHIEVE EXCELLENT HEALTH**

For more information on job opportunities
within Sub-Regional Clinics, please contact
Sub-Regional Clinic Administrator
Yukon-Kuskokwim Health Corporation
PO Box 269
Aniak, AK 99557
Phone: 907-675-4556
Fax: 907-675-4687

or

YKHC Recruiter
PO Box 528
Bethel, AK 99559
Toll free: 800-478-8905 #3
Direct: 907-543-6039
Fax: 907-543-6061 or 907-549-6385
Email: recruitment@ykhc.org

www.ykhc.org



ATTACHMENT 4

FCC Form

Health Care Providers Universal Service**465**

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding**Form 465 Application Number (assigned by RHCD): 46424****Block 1: HCP Location Information**Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number: 10217	2 Consortium Name:
3 HCP Name: Yukon-Kuskokwim Delta Regional Hospital	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: 829 Chief Eddie Hoffman Highway	
7 Address Line 2: PO Box 528, 60°47'15.18"N 161°46'53.97"W	8 County: AK-Bethel
9 City: Bethel	10 State: AK 11 Zip Code: 99559
12 Phone #: 907-543-6601 Ext.	13 Fax #: 907-543-6570
14 E-mail: rhys_tony@ykhc.org	
MAD: 405	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1?

Yes, complete Block 2.

16 Contact Name: Joseph Shawler	17 Organization: Yukon-Kuskokwim Delta Regional Hospital
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6655 Ext.	24 Fax #: 907-543-6570
25 E-mail: joseph_shawler@ykhc.org	

Block 3: Funding Year Information

26 Funding Year

Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)**Block 4: Eligibility**

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one).

- Post-secondary educational institution offering health care instruction, teaching hospital or medical school
- Community health center or health center providing health care to migrants
- Local health department or agency
- Community mental health center

XXX Not-for-profit hospital

Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

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

Not Applicable

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

YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

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

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

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

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

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

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

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

37 Signature **E-SIGNATURE ACCEPTED**38 Date **E-SIGNATURE ON 4/28/2011**

39 Printed name of authorized person
(First name, MI, Last name)

Joseph E Shawler

40 Title or position of authorized person
Chief Information Officer

41 Employer of authorized person
YKHC

42 Employer's FCC RN
0013620463

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. 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-PERM, 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 306D-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, 30 Lanidex Plaza West, P.O.

Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 5

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 46366	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10182	2 Consortium Name:
3 HCP Name: John Afcan Memorial Clinic	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: PO Box 85	
7 Address Line 2: 62°03'08.60"N 163°10'58.96"W	8 County: AK-Bethel
9 City: St. Mary's	10 State: AK 11 Zip Code: 99658
12 Phone #: 907-543-6601 13 Fax #: 907-543-6570 Ext.	14 E-mail: joseph_shawler@ykhc.org
MAD: 446	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Rhys Tony	17 Organization: Yukon-Kuskokwim Health Corporation
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6601 24 Fax #: 907-543-6570 Ext.	25 E-mail: joseph_shawler@ykhc.org
Block 3: Funding Year Information	
26 Funding Year Year 2010 (7/1/2010-6/30/2011) <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.
Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.
YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Telecommunications Services ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 4/28/2011
--	---

39 Printed name of authorized person (First name, MI, Last name) David P Hodges	40 Title or position of authorized person Chief Information Officer
--	---

41 Employer of authorized person
YKHC

42 Employer's FCC RN
0013620463

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
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- ◆ After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O.

Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 6

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval

3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 46378	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10188	2 Consortium Name:
3 HCP Name: Toksook Bay Clinic	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: PO Box 37028	
7 Address Line 2: 60°32'06.03"N 165°06'39.02"W on Nelson Island 115 mi NW of Bethel	8 County: AK-Bethel
9 City: Toksook Bay	10 State: AK 11 Zip Code: 99637
12 Phone #: 907-543-6601 Ext.	13 Fax #: 907-543-6570
14 E-mail: joseph_shawler@ykhc.org	
MAD: 519	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Rhys Tony	17 Organization: Yukon-Kuskokwim Health Corporation
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6601 Ext.	24 Fax #: 907-543-6570
25 E-mail: joseph_shawler@ykhc.org	
Block 3: Funding Year Information	
26 Funding Year Year 2010 (7/1/2010-6/30/2011) <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency 	

Community mental health center

Not-for-profit hospital

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

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

Not Applicable

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

YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Telecommunications Services ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 4/28/2011**

39 Printed name of authorized person (First name, MI, Last name) David P Hodges	40 Title or position of authorized person Chief Information Officer
41 Employer of authorized person YKHC	42 Employer's FCC RN 0013620463

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 7

FCC Form **Health Care Providers Universal Service**

465 Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider Estimated Average Burden Hours Per Response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 46394	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10194	2 Consortium Name:
3 HCP Name: Emmonak Subregional Clinic aka Pearl E Johnson Subregional Clinic	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: 246 Kwiguk Street	
7 Address Line 2: 62°46'46.46"N 164°31'23.69"W	8 County: AK-Bethel
9 City: Emmonak	10 State: AK 11 Zip Code: 99581
12 Phone #: 907-543-6601 Ext.	13 Fax #: 907-543-6570
14 E-mail: joseph_shawler@ykhc.org	
MAD: 492	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Rhys Tony	17 Organization: Yukon-Kuskokwim Health Corporation
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6601 Ext.	24 Fax #: 907-543-6570
25 E-mail: joseph_shawler@ykhc.org	
Block 3: Funding Year Information	
26 Funding Year Year 2010 (7/1/2010-6/30/2011) <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency	

Community mental health center

Not-for-profit hospital

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

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

Not Applicable

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

YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Telecommunications Services ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 4/28/2011**

39 Printed name of authorized person (First name, MI, Last name) David P Hodges	40 Title or position of authorized person Chief Information Officer
41 Employer of authorized person YKHC	42 Employer's FCC RN 0013620463

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- ◆ After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 8

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 46398	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10197	2 Consortium Name:
3 HCP Name: Hooper Bay Subregional Clinic	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: Airport Road	
7 Address Line 2: PO Box 49, 61°31'58.02"N 166°06'09.80"W	8 County: AK-Bethel
9 City: Hooper Bay	10 State: AK 11 Zip Code: 99604
12 Phone #: 907-543-6601 Ext.	13 Fax #: 907-543-6570
14 E-mail: joseph_shawler@ykhc.org	
MAD: 541	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Rhys Tony	17 Organization: Yukon-Kuskokwim Health Corporation
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6601 Ext.	24 Fax #: 907-543-6570
25 E-mail: joseph_shawler@ykhc.org	
Block 3: Funding Year Information	
26 Funding Year Year 2010 (7/1/2010-6/30/2011) <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one).	
<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.
Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.
YKHC's service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHC's service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Telecommunications Services ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 4/28/2011
39 Printed name of authorized person (First name, MI, Last name) David P Hodges	40 Title or position of authorized person Chief Information Officer

41 Employer of authorized person
YKHC

42 Employer's FCC RN
0013620463

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- ◆ After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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.

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Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 9

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 46420	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10214	2 Consortium Name:
3 HCP Name: Clara Morgan Sub-Regional Clinic	4 HCP FCC Registration Number (FCC RN): 0013620463
5 Contact Name: Rhys Tony	
6 Address Line 1: PO Box 269	
7 Address Line 2: 61°34'17.48"N 159°32'17.14"W	8 County: AK-Bethel
9 City: Aniak	10 State: AK 11 Zip Code: 99557
12 Phone #: 907-543-6601 Ext.	13 Fax #: 907-543-6570
14 E-mail: joseph_shawler@ykhc.org	
MAD: 325	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Rhys Tony	17 Organization: Yukon-Kuskokwim Health Corporation
18 Address Line 1: PO Box 528	
19 Address Line 2:	
20 City: Bethel	21 State: AK 22 Zip Code: 99559
23 Phone #: 907-543-6601 Ext.	24 Fax #: 907-543-6570
25 E-mail: joseph_shawler@ykhc.org	
Block 3: Funding Year Information	
26 Funding Year Year 2010 (7/1/2010-6/30/2011) <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center 	

Not-for-profit hospital

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

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

Not Applicable

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

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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Telecommunications Services ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 4/28/2011**

39 Printed name of authorized person
(First name, MI, Last name)
David P Hodges

40 Title or position of authorized person
Chief Information Officer

41 Employer of authorized person
YKHC

42 Employer's FCC RN
0013620463

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days** expire.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. 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, 30 Lanidex Plaza West, P.O.

Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 10



June 16, 2011

Rhys Tony, Acting CIO
Yukon-Kuskokwim Health Corporation
PO Box 528
Bethel, AK 99559

Re: Proposal for Network Services

Dear Mr. Tony:

GCI Communication Corporation (GCI) is pleased to offer the Yukon-Kuskokwim Health Corporation (YKHC) this proposal for services in response to YKHC's network requirements documents dated May 24, 2011.

You previously made the decision to use DeltaNet's low latency technology regionally to improve your healthcare information systems capabilities and that has benefited both patient care and YKHC business operations. Very soon, GCI's \$88M TERRA project will extend Anchorage based terrestrial communication services to Bethel and the entire Delta region. Our experiences and continued commitment to quality will ensure that your technology resources are secure, reliable, and easy to use at all sites.

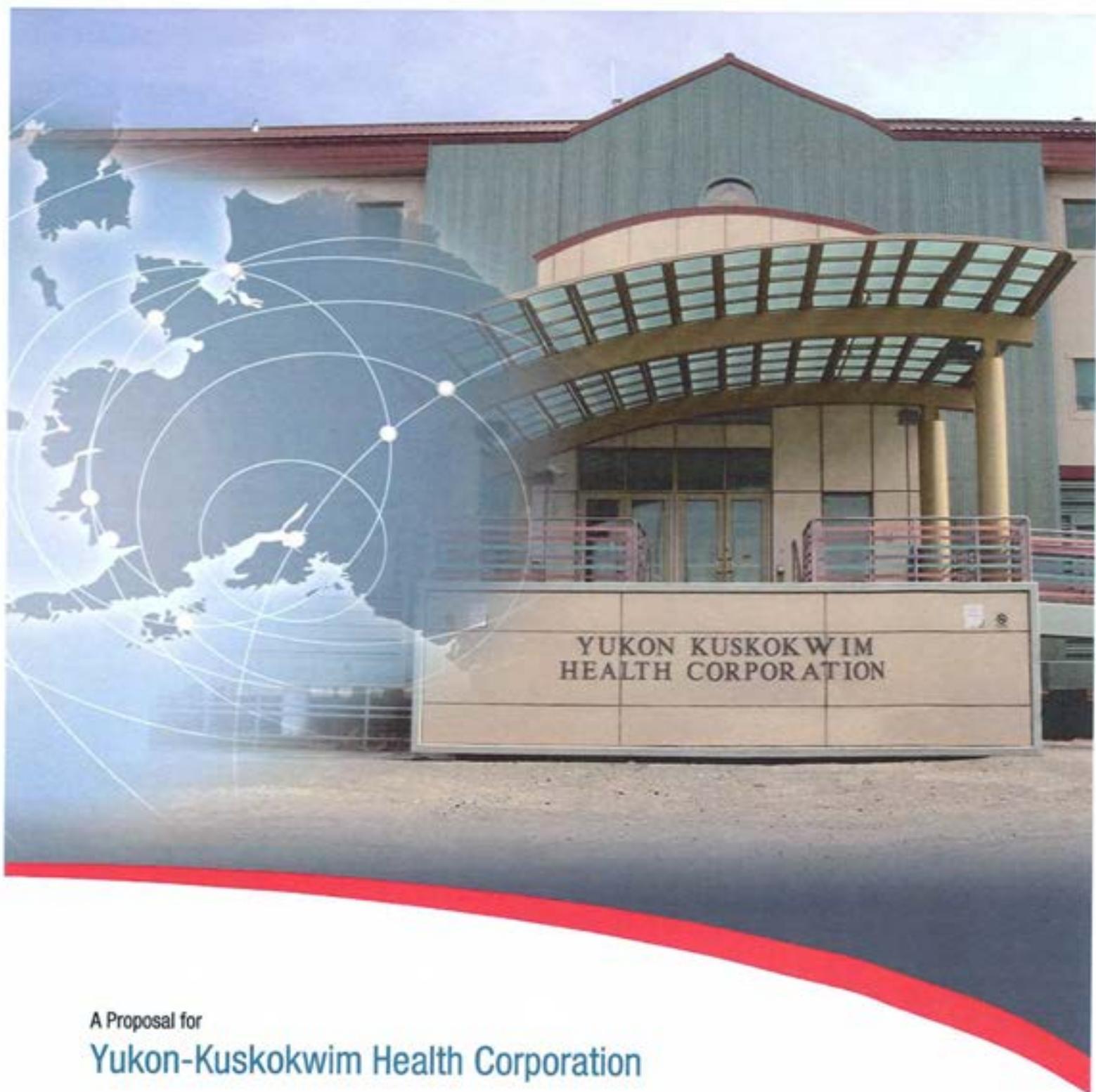
This proposal supports YKHC's strategic goals by providing a significant transition from high latency satellite communication circuits to low latency terrestrial circuits enabling new applications and services previously hindered by latency issues. Building upon the innovative efforts of the creators of DeltaNet and recognizing YKHC's history of thinking outside the box, the GCI TERRA network enhances YKHC's pre-eminence in rural healthcare delivery in Alaska, and solidifies your position as a leading provider of rural healthcare in America.

The enclosed pricing is based on a five-year term, but is open to discussion.

We are looking forward to continuing to work with the staff of YKHC.

Sincerely,

Martin Cary
Vice President and General Manager
Managed Broadband Services
GCI COMMUNICATION CORP.



A Proposal for
Yukon-Kuskokwim Health Corporation

In Response to a Request for Proposals for
Telehealth Network Services

Submitted June 16, 2011



Contents

1	Proposal Overview
3	Scope of Work
19	Service Installation
21	Collaboration Going Forward
26	ConnectMD Profile
38	Service and Support
59	GCI Organization Overview
61	USF Qualifications and Experience
63	Pricing



Proposal Overview

GCI is pleased to offer this proposal to the Yukon-Kuskokwim Health Corporation (YKHC) as an Alaskan partner, communications provider, and healthcare communications expert. GCI ConnectMD's commitment to YKHC and rural Alaskans goes beyond a typical vendor-customer relationship. For 12 years, GCI and its subsidiaries have worked with your team to support YKHC's telecommunications and information technology needs. Going forward, GCI would like to continue as YKHC's partner, helping you accomplish your goals of adopting new technologies and transforming business processes to deliver superior healthcare in your communities, while maintaining a strong, locally grown IT capacity.

With this response to YKHC's USF postings and network requirements document, GCI is offering a flexible service model that can grow with YKHC's administration of comprehensive healthcare delivery service for all its communities. In designing this service offering, we considered the four components of your delivery system – village services, sub-regional clinics, Bethel facilities, and external healthcare resources. No other provider in Alaska can match GCI ConnectMD's passion, depth of knowledge, skills, flexibility, investment in YK-Delta infrastructure, and comprehensive offerings. GCI is a company that takes pride in maintaining long-term, trust-based relationships with rural healthcare customers. ConnectMD is unique in the Alaska marketplace:

- As a partner, your organization, patients, and staff will directly benefit from ConnectMD's openness and flexibility, staff expertise, financial stability, and 24x7 operations;
- As a healthcare network, YKHC has access to a staff of senior medical administrators, including a registered nurse, with the experience and scope of services that comes from running the largest medical network in Alaska; and
- As a communications provider, GCI has the depth of technical expertise to tackle any challenge, particularly those involving remote geographic areas.

By combining the benefits of state of the art telehealth technologies such as electronic health records systems, high definition videoconferencing, and digital imaging, YKHC continues to lead the state in deploying these robust applications to increase the quality of care for all your patients, beneficiaries, and clients while experiencing new business efficiencies. GCI understands that these deployments are part of YKHC's strategic approach to improvement and increasing quality of service. Whether it is through the use of thin clients in treatment rooms and nursing stations or capturing video for reuse in training, GCI can support you with a range of services including desktop support to video network engineering, LAN/WAN troubleshooting, and professional services. As YKHC continues to adopt new technologies for its medical and business operations, ConnectMD will continue to be a trusted technology partner; supporting YKHC with experience gained over time and with other major healthcare organizations.

GCI is continually investing in new technologies throughout Alaska, including over \$2.25 billion over the past decade. This proposal highlights our new routing approach and the construction of the TERRA-Southwest (TERRA-SW) terrestrial fiber and microwave network. TERRA-SW is an \$88 million dollar project funded half by GCI and half through a grant secured by GCI from the federal government to serve 65 communities in the Bristol Bay and Yukon-Kuskokwim Delta regions. This network creates a new terrestrial communications infrastructure for YKHC and other regional organizations connecting to the Internet backbone. The current schedule is to complete the



terrestrial pathway from Bethel to the Internet in Anchorage by the end of the 2011. Going forward, GCI will continue to seek funds to expand the TERRA-SW network through northwestern Alaska, creating a redundant ring of high-speed terrestrial broadband services. This network will ultimately provide a completely redundant terrestrial pathway to the communities of YKHC.

This proposal benefits from our long involvement with YKHC's business operations and important insights gained into your plans to expand your use of applications for patient care and operations. Also, as your organization deploys new applications, ConnectMD staff will provide assistance and lessons learned from working with other large regional ConnectMD customers, such as Bristol Bay Area Health Corporation, Norton Sound Health Corporation, and Maniilaq Association. Further, because of our dedicated Managed Broadband Service Desk, our team stands ready to assist in training YKHC's IT staff on our network and best practices.

In addition to the proposed upgrade from your current platform to a next generation transport network, no other provider can offer YKHC a more comprehensive set of services than ConnectMD which includes direct, secure connections to the largest medical centers in Anchorage and the Pacific Northwest. The new network design includes many best-of-class service improvements to improve local connectivity in each of your communities, in Bethel, and for remote workers and consultants. Further, as the largest provider of videoconferencing services in Alaska, YKHC can be confident in its ability to collaborate with GCI to reduce travel costs, increase training, and expand care.

As you read this proposal, know that GCI is a committed partner of rural Alaska with the plans, support, and operational awareness to execute all items discussed. Your organization has experience with GCI's dedicated people and our high-level support and rapid response team, including on-site response from village agents stationed in your communities, experienced technical staff at GCI and UUI's regional center in Bethel, and specialized engineers located statewide. This expertise was recently re-confirmed when GCI's Anchorage Network Operations Control Center (NOCC) was selected by one of the largest technology companies in the world to serve as the secondary Operations Center for the 5TB Unity Fiber between Los Angeles and Tokyo. The primary NOCC is in Singapore.

As GCI continues investing in your region and throughout Alaska, the entire team looks forward to evolving network designs and service deployments to meet the requirements of organizations, like the Yukon-Kuskokwim Health Corporation, that are on the forefront of technology utilization and community service. The responsibility of serving the residents of rural Alaska is one taken very seriously. By leveraging our investments in the GCI network, you will have improved connectivity for all your applications today and going forward.

Our ConnectMD services and support will play a key role in creating cost-effective, highly reliable solutions that minimize the ongoing challenges of sustainability and cost containment for healthcare providers. This proposal directly addresses these challenges. The ConnectMD staff is committed to supporting your service requirements and your drive to attain excellence in healthcare, as we have for the past 12 years.



Scope of Work

Crosswalk to YKHC's Network Requirements Document

RFP Requirement	Summary Response	Response Location in Proposal
YKHC NETWORK REQUIREMENTS (WAN)		
1. Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5Mbps) or higher.	GCI understands and complies with this requirement. The proposed network has a variety of bandwidth options available to YKHC. The minimum speed to all sites meets or exceeds the equivalent of a T-1. The recommended speeds discussed in this proposal are based upon the YKHC supplied network diagram, current usage patterns, and the technology deployed to each location.	Scope of Work > Site Bandwidth Recommendations Page 15
2. Ability to increase bandwidth as needed within 48 hours of notification.	GCI understands and complies with this requirement. GCI commits to be able to turn up or modify the bandwidth at any YKHC WAN or Internet-delivered location covered by the scope of this contract within 48 hours of initial request.	Scope of Work > Capacity to Increase Bandwidth at YKHC Locations Page 16
3. Low Latency: Link latency needs to be less than 50ms on all locations except where satellite is the only option. Where satellite is required the latency must be less than 550ms.	GCI understands and complies with this requirement. As the owner and operator of the terrestrial facilities in the majority of YKHC's villages, plus having provided services over the jointly operated AT&T/UII microwave facilities, GCI can ensure link latency to all terrestrial locations will be substantially below the 50ms cap. Additionally, upon completion of the TERRA-SW network, link latency back to Anchorage will remain less than 50ms.	Service and Support > Continuity of Services > Service Level Agreement Table Page 57



Satellite latency for all locations will be below 550ms.

4. Support the transmission of the following network traffic.
- a. Electronic medical records (EMR)
 - b. Voice over IP
 - c. High-resolution medical images (CT scans and PACS images)
 - d. Telemedicine
 - e. Video Teleconferencing with Hi-Def quality
 - f. Internet

GCI understands and complies with this requirement. ConnectMD was designed to specifically address the unique data transport requirements of healthcare organization, such as YKHC. To that end, this proposed network service includes the necessary elements required to support the transmission of the stated network traffic, including high availability bandwidth, Quality of Service prioritization on all links, uncongested Internet access, and appropriate Business Associate Agreements (to ensure YKHC's HIPAA compliance is maintained).

Scope of Work >
Technical Design >
Proposed Network Architecture >
Compatibility with IP Applications
Page 13

Collaboration Going Forward >
Videoconferencing Collaboration >
Managed Videoconferencing Services
Page 24

ConnectMD Profile >
Technical Capabilities
Page 33

5. Guarantee 99.6% network availability or better.

GCI understands and complies with this requirement. All proposed GCI facilities are engineered to ensure network availability significantly above YKHC's stated requirement. Further, as the current service provider, GCI has demonstrated this high level availability on a continual basis; with the most recently tabulated month, April 2011, having **99.994%** availability on our facilities.

Service and Support >
Continuity of Service >
YKHC Network Availability for April 2011
Page 56

Service and Support >
Continuity of Service >
Service Level Agreement Table
Page 57

6. Ability to report network utilization broken down by day, week, and/or month as needed.

GCI understands and complies with this requirement. GCI believes that transparent information about the status and utilization of a customer's network is critical to effective network management practices; to that end, we offer comprehensive networking reporting capabilities.

Service and Support >
Support and Network Monitoring Structure
Page 49



To ensure real-time access to information, YKHC will have access to report data from a Bethel-based Network Monitoring and Reporting server and our Anchorage-based Managed Broadband Services (MBS) Customer Portal. Reports from both of these tools can be broken down by day, week, and month.

YKHC INTERNET REQUIREMENTS

1. Bandwidth speeds that meet or exceed the equivalent of a T-1 (1.5 Mbps) or higher.

GCI understands and complies with this requirement. The proposed network has a variety of bandwidth options available to YKHC. The minimum speed to all sites meets or exceeds the equivalent of a T-1. The recommended speeds discussed in this proposal are based upon the YKHC supplied network diagram, current usage patterns, and the technology deployed to each location. For Internet access, GCI proposes delivering Anchorage-based Internet as an aggregate to YKHC's Anchorage edge. This will provide YKHC with the ability to manage Internet for the entire organization from a central point.

Scope of Work >
Site Bandwidth Recommendations
 Page 15

2. Ability to increase bandwidth as needed within 48 hours of notification.

GCI understands and complies with this requirement. GCI commits to be able to turn up or modify the bandwidth at any YKHC WAN or Internet-delivered location covered by the scope of this contract within 48 hours of initial request.

Scope of Work >
Capacity to Increase Bandwidth at YKHC Locations
 Page 16

3. Support VPN services. (VPN will be managed by YKHC)
 a. Lan-to-Lan
 b. VPN Client

GCI understands and complies with this requirement. VPNs are a core component of how the ConnectMD medical network works and how healthcare organizations connection to each other. GCI's technical staff stands ready to assist YKHC

Scope of Work >
 Technical Design >
Optional Services (Additional Cost)
 Page 14



In support of its VPN needs. We have extensive experience supporting and providing hardware and software VPNs, assisting customers in creating appropriate configurations, and troubleshooting VPN connection issues.

GCI can offer additional VPN services through any of ConnectMD points-of-presence (POP). This would be controlled, authenticated access for a defined set of personnel to a defined set of resources on your corporate network.

4. Able to provide YKHC at least 32 public IP addresses.

GCI currently provides YKHC with over 50 usable IP addresses for Internet access and will continue to provide that space to YKHC as part of the new contract.

Scope of Work >
Technical Design >
Proposed Network Architecture
Page 12

5. Guarantee 99.6% network availability or better.

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Service and Support >
Continuity of Service >
YKHC Network Availability for April 2011
Page 56

Service and Support >
Continuity of Service >
Service Level Agreement Table
Page 57

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Service and Support >
Support and Network Monitoring Structure
Page 49



and our Anchorage-based MBS Customer Portal. Reports from both of these tools can be broken down by day, week, and month.

NETWORK SUPPORT REQUIREMENTS

1. Respond to issues within 4 hours or less 24 x 7 x 365.

GCI understands and complies with this requirement. ConnectMD services include proactive 24x7x365 monitoring and escalation for any incident that may arise. The GCI MBS Service Desk owns, tracks, and manages incidents through resolution and closure, providing customers with continual status updates throughout the process. Response to issues starts immediately upon discovery by our proactive monitoring or being contacted by YKHC staff. The referenced Internal Escalation Matrix shows our commitment to resolving issues in a quick manner.

Service and Support >
Network Monitoring and Incident Resolution >
Internal Escalation Matrix
Page 44

Service and Support >
Reliability and Responsibility
Page 46

2. Have a single point of contact for all issues.

GCI understands and complies with this requirement. Robert Taylor is the Telehealth Senior Program Manager dedicated to supporting all YKHC issues. He can be reach at (907) 868-0637 or robert.taylor@gci.com.

You staff can also call (888) 254-2858 for 24x7x365 technical support.

Service and Support >
Single Point-of-Contact for Support Calls 1-888-254-2858
Page 42

3. Provide on-site support as needed at no additional cost to YKHC. With the ability to have resources on-site within 24 hours or less 24 x 7 x 365.

GCI understands and complies with this requirement. GCI is committed to meeting all listed service level agreements in this proposal. As part of that commitment, we will provide all necessary on-site support to maintain our service and resolve service issues as part of the service delivery cost to YKHC. Service delivery to a

Service and Support >
Reliability and Responsibility
Page 46



healthcare organization, like YKHC, is a responsibility we take seriously. To ensure rapid response (within 24 hours) to all YKHC locations, GCI and its subsidiaries employ a substantial number of field technicians and village agents in YKHC-served communities.

Field Maintenance Personnel

- Anchorage-based: Todd Knittle
- Bethel-based: Daniel Albrite, Hugh Forbes, Roger Wassillie, Glen Mochin, Daniel Picazzo, Russ McDonald, Jevat Meha, Archie Slats, Don Sigmon, Dave Lawson, Allen Alirkar, and Isaiah Peter

GCI / UUI Village Representatives

- | | |
|--|---|
| • Akiachak: Moses Alexie | • Kwigillingok: Norman John |
| • Aklak: Franklin Lott | • Kwigillingok: Noah Andrew |
| • Alakanuk: Ben Phillip | • Marshall: Yassily Sergie |
| • Aniak: Dave Cannon | • Mekoryuk: Mark Peterson |
| • Anvik: Robert Walter | • Mountain Village: Monroe Wilde |
| • Atmautiuk: Henry Alexie | • Napaskiak, Napakiak, Oscarville: Joseph Amik |
| • Cheformak: Edward Kinagak | • Newtok: George Carl |
| • Cheformak: David Wiseman | • Newtok: Tillie Tommy |
| • Chevak: Pat Nonak | • Nightmute: Simon Chanar |
| • Chevak: Tommy Umagak | • Nunapitchuk: Eddie Alexie |
| • Chuathbaluk, Kasigluk, Marshall: Daniel | • Pilot Station: |



- | | |
|---|--|
| Albrite | Peter Fancyboy |
| • Eek: George Alexie | • Quinhagak: Carl Cleveland |
| • Emmonak, Nunam Iqua: Philip Coviasky | • Russian Mission: Matthew Changsak |
| • Emmonak, Nunam Iqua: Francis Peters | • Scammon Bay: Luke Tunutmoak |
| • Hooper Bay: Patrick Ulroan | • Scammon Bay: Angelo Utteryuk |
| • Hooper Bay: Paul Moses | • Toksook Bay: Simon Chanar |
| • Kasigluk: Paul Andrew | • Toksook Bay: John Lawrence |
| • Kipnuk: Roy Paul | • Tuluksak: Jimmy Wise |
| • Kongiganak: Gary Otto | • Tuntutuliak: Joseph Kernak |
| • Kotlik: Joseph Odinzoff | • Tuntutuliak: Jason Wassali |
| • Kwethluk: Robert Alexie | • Tununak: Peter Lincoln |

4. ISP must be able to provide services to all YKHC locations.

GCI understands and complies with this requirement. All YKHC locations are included in this proposal. Additionally, GCI has employees and agents located in all YKHC village locations who can provide in person services.

Scope of Work >
 Technical Design >
Proposed Network Architecture
 Page 12



YKHC Organization Understanding

The Yukon-Kuskokwim Health Corporation provides comprehensive health and wellness services on a 24x7x365 basis to the YK-Delta community. The complexity of its service delivery, combined with the geographic diversity of YKHC's facilities, requires a solution that is robust and reliable. As the leading telecommunications provider in Alaska, GCI wants to be YKHC's partner in creating a showcase telehealth network in America.

We are confident that the network outlined in this proposal not only meets, but exceeds YKHC's requirements. Additionally, as your partner, GCI will support your annual *Napartef* goals.

1. **Patient Centered Excellence**
2. **Employee Focus**
3. **Alaska Native Workforce Development**
4. **Community and Partner Satisfaction**
5. **Financial Viability**

GCI is excited by recent developments in the YK-Delta region. The new high definition video deployments and the expansion of the terrestrial broadband network create extraordinary opportunities for YKHC's patients and providers. The approach GCI's technical and healthcare team have taken with this **Scope of Work** is to deliver reliable quality experiences today, offer technical assistance for the planning and construction of new applications being deployed, and delivering game changing terrestrial broadband. This proposal is based on your feedback about current GCI services and YKHC network requirements document. Though this approach meets YKHC's technical requirements, ConnectMD wants to be YKHC's partner and is always ready and willing to work with your organization to further refine the services. The proposed network provides YKHC the flexibility to support the current applications in use, in addition to future deployments of services throughout YKHC's operation.

- **Network Devices and Applications**
 - Approximately 2,000 devices
 - High definition video teleconferencing (HD VTC)
 - Storage Area Network
 - Internet
 - Corporate Intranet

Telehealth in Action for YKHC

Situation

Two YKHC patients admitted to Seattle Children's while their families remained back in their respective villages.

Telehealth Solution

Videoconferencing rooms were set-up to allow the patients and their families to see and talk with each other.

Result

Per the Case Manager at Seattle Children's, "Both patients showed a dramatic improvement in their overall well-being and improvement to their current clinical condition by being able to see their families on a regular basis."



- Cisco Voice over IP phone network
- Email
- Supply Management Software
- Security Cameras
- **Medical, Dental, and Business Applications**
 - Resource and Patient Management System (RPMS)
 - Siemens Financial Platform (MS4)
 - CT Scanner
 - PACS/Imaging Services
 - Electronic Medical Records (implementing in 2011)

Today, YKHC receives network services over a satellite connection between Bethel and Anchorage. This high latency link will be dramatically improved upon completion of the TERRA-SW network.

Technical Design

YKHC is the largest and most technically advanced healthcare network in rural Alaska; continually pushing GCI to develop more advanced solutions and provide the highest level of service possible. At GCI, we look forward to working with YKHC to ensure the ongoing success of your network and telehealth programs. This proposal has a series of evolutionary steps within the network to enable YKHC to remain on the forefront of telehealth technologies and service deployments.

In order to provide the most robust and lowest latency solution, GCI designed a comprehensive end-to-end communications solution for YKHC. This network is designed with specific consideration given to the critical nature of services that the YKHC Health WAN supports. By leveraging the SNET structure of DeltaNet, along with GCI's investment in TERRA-SW, YKHC can be assured that the services provided are reliable and delivered in the most technically effective means possible. When TERRA-SW comes online, it will provide full terrestrial connectivity from YKHC sites to Anchorage and the Internet.

CURRENT YKHC NETWORK ARCHITECTURE

The current YKHC network is largely a low latency, terrestrial network for the majority of locations with satellite connectivity limited to Anchorage, the Internet, ANTHC, and four village clinics. Terrestrial connectivity is provided by a combination of local fiber, copper circuits, DeltaNet, and leased microwave services.

The network hub is located in Bethel with all locations terminating at the YKHC Community Health Services Building. This delivery enables YKHC to house all major servers and service components in Bethel, providing the organization with high application-level performance for the end users benefiting from the availability of terrestrial connectivity. Additionally, there is a YKHC SAN site in place in the Hooper Bay Sub-Regional Clinic.





Access to the Internet, ANTHC, partners, and remote facilities is provided via a single satellite connection from Bethel back to Anchorage. This circuit terminates in YKHC's colocation cabinet in the GCI South Anchorage Distribution Center (SADC). From that location all external connectivity is delivered, including ANTHC services, access to remote YKHC offices, and Internet access via the GCI ConnectMD virtual firewall.

PROPOSED NETWORK ARCHITECTURE

This proposal includes service delivery to all requested YKHC locations. The network service proposed is an evolution of the current network with several additions. These changes include the completion of the TERRA-SW network, which will provide a terrestrial path from Bethel and most YKHC villages to Anchorage and points beyond. This new delivery will come online at the end of 2011, dramatically reducing the latency between the YK-Delta and the outside world. Upon completion of the terrestrial network, GCI will maintain the Bethel satellite facilities for redundant failover of the network.

The second proposed change is a conversion of YKHC's core network links to the GCI Multi-Protocol Label Switching (MPLS) infrastructure. This enables YKHC to receive additional network features, including advanced Quality of Service and traffic shaping controls.

Additionally, we are proposing to move YKHC's ANTHC delivery to GCI's MPLS 100Mbps connection. This change will eliminate the need for YKHC to pay for a dedicated circuit, while providing YKHC with uncongested access from the colocation demarcation to ANTHC. This will enable enhanced connectivity to ANTHC and enable the use of high-bandwidth applications such as high-definition videoconferencing.

From an Internet delivery perspective, GCI will be implementing a new firewall platform in the fall of 2011. This firewall presents YKHC with a significantly enhanced set of features when compared to the current Cisco ASA platform. This platform includes a comprehensive set of reporting, intrusion detection, and prevention capabilities that are not possible through our current delivery; all available through an easy to use web interface.

When the new firewall platform is operational, we anticipate YKHC will maintain the same Internet IP address block, which consists of 64 addresses minus network, broadcast, gateway, and monitoring IP addresses, leaving the organization with over 50 usable addresses.

Major changes to the network

- GCI anticipates the completion of TERRA-SW by the end of 2011. This network represents a 300% increase of DeltaNet's capacity with its terrestrial pathway connecting back to Anchorage and the Internet
- Migration of all GCI service delivery to MPLS, enabling additional Quality of Service Controls and MPLS in-cloud routing. MPLS is a tagged architecture allowing GCI to isolate client traffic on our backbone network and guarantee service levels to individual client traffic flows across the network



- Continued migration of sites to DeltaNet and off leased microwave services. This will result in YKHC having GCI as both the responsible entity for the facilities and single point-of-contact
- TERRA-SW will be accompanied by a 300% bandwidth upgrade of the DeltaNet backbone capacity to future-proof the network for further network and service expansion
- Implement traffic shaping on the ConnectMD and Internet connection to provide a more granular level of access and service control to YKHC
- Continued support for the YKHC colocation space in Anchorage, enabling YKHC to have diverse facilities in a service-provider grade datacenter
- In fall of 2011, GCI will upgrade the Virtual Firewall infrastructure that YKHC currently utilizes and replace it with a new, more capable platform provided by *Palo Alto Networks*. This new platform will offer a variety of new services such as content filtering, advanced reporting, and a deeper ability to understand and control applications traversing into and out of the network
- Migration from the current Metro Ethernet delivered ANTHC service to GCI MPLS delivered ANTHC service. By leveraging GCI's MPLS connectivity to ANTHC via our 100Mbps MPLS core network connection, YKHC will eliminate the need to pay for a dedicated circuit

Compatibility with IP Applications

The services provided by ConnectMD are compatible with IP-based applications.

For satellite locations, initial performance issues are based on the impact of satellite latency on application response time, resulting in poor application performance and broken protocols. To address the latency issue, the network design takes advantage of terrestrial links, where available. These links will dramatically reduce latency, while providing significantly enhanced services for protocols that function poorly over satellite, such as Microsoft CIFS/SMB file transfer traffic.

Today, YKHC leverages the DeltaNet terrestrial network in order to address application compatibility issues, which provides reliable, high bandwidth, low latency connectivity across the YKHC WAN. As GCI completes the build-out of TERRA-SW, YKHC will be provided with low latency connectivity back to Anchorage and the Internet, dramatically increasing application performance and compatibility with outside entities.

Applications benefiting from these changes include:

- **Electronic medical records (EMR):** There are two common types of EMRs in deployment today, a client-based solution with an application running on the client computer accessing the EMR application and a hosted solution, which is often delivered through a remote screen viewing software. Both of these variants will benefit significantly from the lower latency that a terrestrial network provides, improve the healthcare provider experience, and save time while performing job duties.
- **Voice over IP (VoIP):** Voice communications over high latency links leads to a discussion style that more resembles a walkie-talkie than a natural interaction. Low latency links remove the delay from the conversation allowing a natural cadence and communication between the participants in the phone conversation.



- **High-resolution medical images (CT scans and PACS images):** For large image transfers, low latency decreases the bandwidth ramp-up time, which decreases the overall file transfer time and for applications that rely on real-time streaming of data from the image server, greatly enhancing user experience while viewing and manipulating images.
- **Telemedicine Applications:** Telemedicine applications come in a large variety and have several different compatibility levels with satellite communications. The migration to terrestrial should remove the compatibility limitations and assure that applications function as intended rather than in a degraded state or not at all due to latency.
- **High Definition Video Teleconferencing (HD VTC):** Low latency creates a more natural interaction between participants on high definition video teleconferencing. In addition, due to the TERRA-SW network design, GCI will be able to modify the bandwidth required to support new applications or video unit deployments on short notice, enabling deployment of new technologies without months or years of lead-time to ramp-up the Wide Area Network.

OPTIONAL SERVICES (ADDITIONAL COST)

- **Diverse Connectivity Options** to provide for a partially meshed network in which direct circuits can be provided between Bethel and Anchorage. This approach ensures that should there be a fiber cut or microwave outage on the terrestrial network surrounding Bethel, a backup path will also be available to Anchorage, ConnectMD, ANTHC, and the Internet.
- **Mobile and Organization Content Filtering** can be provided to YKHC for the internal network and mobile users. Administration is performed via web interfaces, allowing for easy continued support of the systems once deployed. This feature will change in the fall of 2011 as the new firewall and content filtering systems come online.
- **Virtual Private Network (VPN)** to provide anytime, anywhere access for designated staff, trusted vendors, consultants, or outside contractors to securely connect to corporate resources via broadband connections. Through the ConnectMD points-of-presence (POP), we will provide controlled, authenticated access for a defined set of personnel to a defined set of resources on your corporate network. The VPN connection will allow employees to access critical information quickly and efficiently regardless of location, ultimately allowing your employees to be more responsive and accessible to individuals receiving services, and to provide a more empowered working environment. The VPNs can be hardware or software based, depending on the deployment requirements.



Site Bandwidth Recommendations

We have carefully reviewed and analyzed YKHC's current technology deployment across its network and made a series of bandwidth recommendations, based on the use of applications such as: Voice over IP, videoconferencing, Intranet access, intra-organization email, file sharing, remote access to central database information, and Internet access.

Based on YKHC's current deployment of high definition video teleconferencing (HD VTC) equipment throughout the YK-Delta, GCI recommends a network with symmetrical bandwidth tiers based upon an allocation of 2.0Mbps per HD VTC unit and 1.0Mbps for Internet/WAN usage. These levels of bandwidth will ensure an optimum user experience. It should be noted that the circuits and QoS will be provisioned so aggregate bandwidth (i.e. 2.0Mbps, 3.0Mbps, 5.0Mbps, or 10.0Mbps) is available for non-VTC applications when videoconferencing services are not being utilized.

The table that follows, **Detailed Bandwidth Recommendations by HD VTC Usage for YKHC Villages**, accounts for maintaining (and improving) the performance of current IP applications, while optimizing the use of the deployed HD VTC units. We would be happy to work with YKHC's technical staff to further refine these bandwidth recommendations.

DETAILED BANDWIDTH RECOMMENDATIONS BY HD VTC USAGE FOR YKHC VILLAGES

Location	Recommended Bandwidth	Bandwidth Allocated for HD-VTC	Bandwidth Allocated for Internet, VoIP, IP Applications
Village Clinic with 0 VTC units	1.5Mbps / 1.5Mbps	0	1.5Mbps / 1.5Mbps
Village Clinic with 1 VTC Unit	3.0Mbps / 3.0Mbps	2.0Mbps / 2.0Mbps	1.0Mbps / 1.0Mbps
Sub-Regional Clinic with 2 VTC Units	5.0Mbps / 5.0Mbps	4.0Mbps / 4.0Mbps	1.0Mbps / 1.0Mbps
Sub-Regional Clinic with 2 VTC Units + SANS	10.0Mbps / 10.0Mbps	4.0Mbps / 4.0Mbps	1.0Mbps / 1.0Mbps for WAN 5.0Mbps / 5.0Mbps for SANS



CAPACITY TO INCREASE BANDWIDTH AT YKHC LOCATIONS

GCI commits, as part of this proposal, to be able to turn up or modify the bandwidth at any YKHC WAN or Internet-delivered location covered by the scope of this contract within 48 hours of initial request. Due to GCI's unique position as the long-haul telecommunications provider and local exchange in most YKHC communities, complete with staff in many of the locations, we are in a unique position to be able to offer and deliver on this guarantee.

Proposed Transport Technology by Location

Transport Technology	Description	Locations
TERRA-SW MPLS Microwave	GCI will provide transport to these villages over TERRA-SW (upgraded from DeltaNet). This ring-and-spur topology employs virtual circuit technology that automatically redirects traffic if part of the ring is broken. The greater stability of the ringed network combined with extremely low-latency connections provides higher reliability than satellite connectivity, with the flexibility to grow capacity.	<p>Currently on DeltaNet Akiak, Alakanuk, Aniak, Anvik, Chefornak, Chevak, Chuathbaluk, Eek, Emmonak, Grayling, Holy Cross, Hooper Bay, Kipruk, Kongiganak, Kwigillingok, Lower Kalskag, Marshall, Mekoryuk, Mountain Village, Newtok, Nightmute, Nunam Iqua, Pitka's Point, Quinhagak, Scammon Bay, Shageluk, St. Mary's, Toksook Bay, Tuluksak, Tuntutuliak, Tununak, Upper Kalskag</p> <p>Scheduled to be Constructed Atmautluak, Napakiak, Oscarville</p> <p>Upon Completion of TERRA-SW Bethel-to-Anchorage link</p>
MPLS Microwave	GCI will provide transport to these villages on existing microwave T1 connections between the interior villages and Bethel. These links are terrestrial, low-latency circuits.	Akiachak, Atmautluak, Kasigluk, Kwethluk, Napakiak, Napaskiak, Nunapitchuk, Oscarville
Satellite MPLS	The satellite network with GCI technology is a data service based on advanced network	Crooked Creek, Kotlik, Sleetmute, Stony River

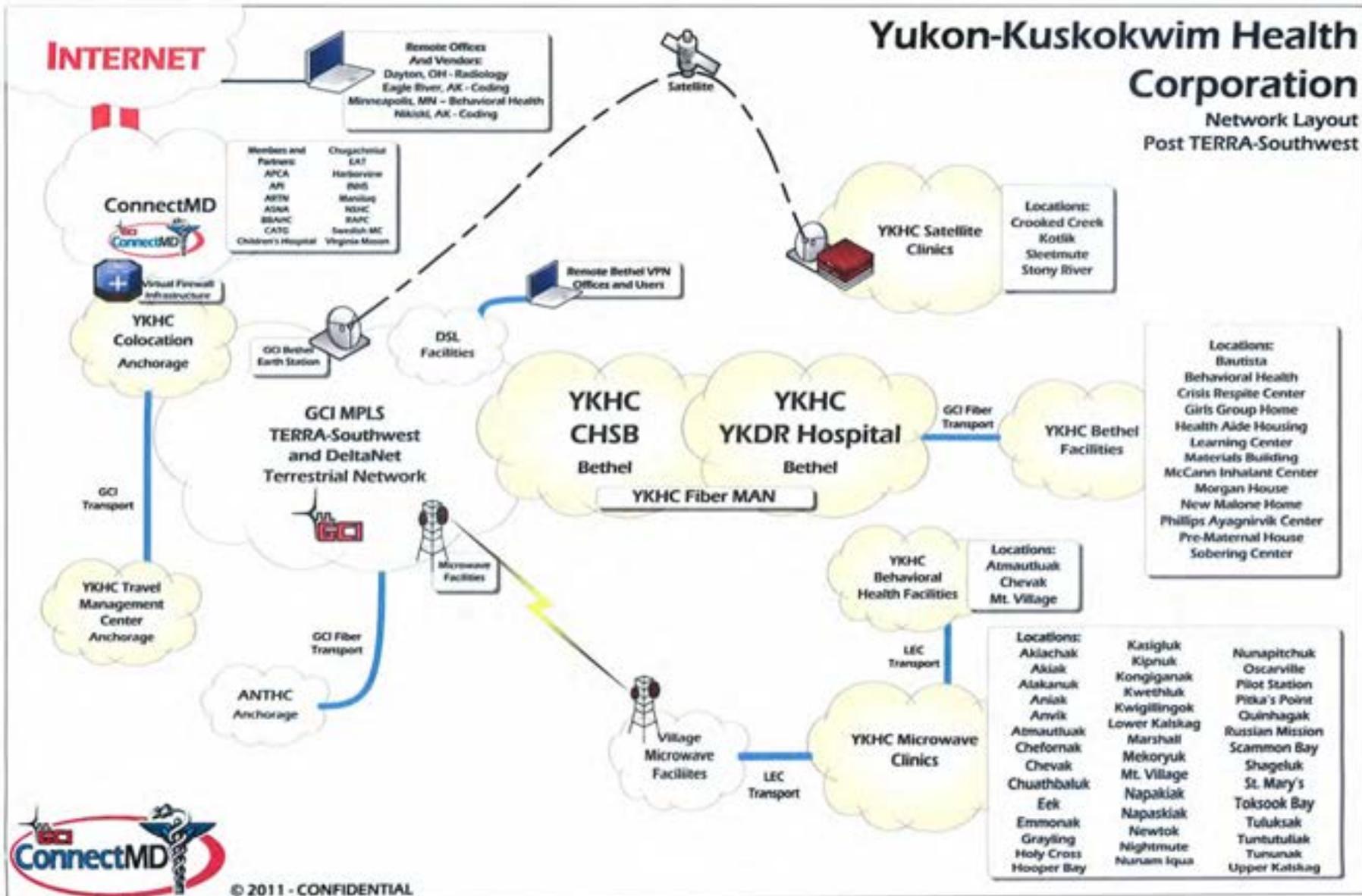


	architecture that connects villages to a Bethel hub through a single satellite hop.	Until Completion of TERRA-SW Bethel-to-Anchorage link
Fiber (Bethel MAN)	For YKHC sites on Bethel's Metro Area Network (MAN), high-speed, terrestrial Ethernet connectivity is available. This ringed technology allows YKHC to manage all Bethel locations as one functional LAN, extending services and applications from the network core to any MAN site. As a terrestrial fiber service, GCI can provide YKHC with a range of bandwidth option from 10Mbps to 1Gbps.	Bethel locations: YKDR (Bethel Hospital), Bautista House, Behavioral Health (Camai House), Bethel Community Service Building (CHSB), Crisis Respite Center, Girls Group Home, Health Aide Housing (K.E.Y.E.S), Learning Center at BNC Complex, Materials Management Building, McCann Inhalant Center, Morgan House, New Malone Home, Phillips Ayagnirvik Treatment Center, Pre-Maternal House, Sobering Center
Residential DSL	GCI will continue to provide a private DSL-based service for extension of YKHC network access to employee residences. Speed is dependent on residence location, but is generally 8.0Mbps/2.0Mbps.	Bethel – up to 50 locations
Other Locations	GCI will continue to provide appropriate connectivity to YKHC locations as necessary in order to support the contracted bandwidths.	Behavioral Health Offices in Atmautluak, Chevak, and Mt. Village Travel Management Center in Anchorage Eagle River, AK Minneapolis, MN Nikski, AK



Yukon-Kuskokwim Health Corporation

Network Layout
Post TERRA-Southwest



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GCI ConnectMD Proposal Confidential - May Contain Trade Secrets

Service Installation

There is no period more crucial to the success of a new service or upgrade than the implementation and installation process. During this time, the collaborative nature of the ConnectMD team comes to the forefront. With GCI as your partner, your organization and staff will benefit from the planning and processes of a successful communications provider, as well as the openness and flexibility of GCI's highly experienced technical team.

The service implementation process begins in earnest upon contract execution. It is the goal to deliver service upgrades as quickly as possible. Because of YKHC's status as a current GCI customer, this installation process will be very smooth. There will be no service interruptions affecting YKHC's business during this installation process. All outages will take place during scheduled, off-hours maintenance windows and coordinated with YKHC.

To ensure communication channels are open between your staff and the GCI team, a dedicated ConnectMD program manager (Robert Taylor) and project manager (Chad Parker) will be assigned to guide the implementation process from design to installation and turn-up. These individuals will meet with YKHC over multipoint video or audio teleconferencing to provide updates, answer questions, review new processes or procedures, address specific needs, and coordinate the project with your organization's full involvement.

Implementation Process

A seamless transition to a new service is critical for healthcare facilities. For designing and implementing a network of this complexity, ConnectMD employs a proven project management process to ensure success during the build-out and operations phases. All projects undergo a thorough design process across the technical departments of GCI – Project Engineering, Internet, Radio Frequency Engineering, Facilities, Field Maintenance Group, Operations, and Managed Broadband Services (MBS). This structured, rapid design process involves the following steps:

- Identification and confirmation of your needs and any unique or necessary specific requirements or constraints
- Review and identification of any necessary additional details through interviews with YKHC IT staff
- Assembly of a design team with representatives from Project Management, Engineering, Operations, and Managed Broadband Services
 - The team creates and evaluates preliminary designs
 - Customer cost considerations and feedback are integrated into the process
 - An implementation plan where meeting the customer's requirements are presented for approval
- A project is launched within ConnectMD with assigned project managers who are responsible for creating the detailed list of tasks, coordinating the parties, and insuring equipment and circuits are ordered



- After the project is completed, customer acceptance testing is performed to confirm that the services being delivered are consistent with the customer's expectations and anticipated quality levels
- The network is then added to Network Management System (NMS) for operational monitoring and the MBS Service Desk assumes responsibility for the daily maintenance, monitoring, and support of the network

Acceptance Process

Key to the successful deployment of a new network or service is the assurance that each component of the network is delivered in a timely manner with components being thoroughly tested and set-up. GCI's Field Maintenance Group (FMG) and ConnectMD network technicians follow rigorous testing and acceptance procedures to ensure the highest quality levels and properly functioning network connectivity at each location. A technical services team member will travel to customer sites to install, configure, and test each component according to the manufacturer and customer specifications.

As standard operating procedure for all customer site installations, GCI technicians will:

- Perform a general site survey
- Verify delivery and inspection of materials
- Photograph key components, physical rooms, and connections that interact or impact any aspect of GCI's or the contracted customer's facility or network connections
- Establish and maintain site contact information
- Demonstrate work detail to one of your staff who is able to approve/authorize each aspect of the install
- Record and tag all equipment for your service files

When you are satisfied with the installation at a site and sign the Customer Acceptance Form, the installation is considered complete and billable for that particular location.



Collaboration Going Forward

Technology and Telehealth Partnership

Over the course of the past years, ConnectMD has enhanced its approach to being a true partner with its healthcare customers. Instead of merely delivering communication services and responding to issues, ConnectMD's approach is more proactive and collaborative. The individuals below, along with the rest of the ConnectMD team, are focused on ensuring the success of healthcare organizations throughout rural Alaska and will work with YKHC to fulfill its mission of "Working Together to Achieve Excellent Health."

- **Martin Cary:** Executive lead for GCI with expertise in building rural networks, acquisitions, and strategic partnerships
- **Steve Constantine:** Expertise in healthcare executive management, medical information management, and federal acquisition regulations for rural healthcare
- **Robert Taylor:** Primary Program Manager assigned to YKHC with an expertise in business operations, telecommunications technologies, and videoconferencing
- **Ron Hale:** Expertise in healthcare reimbursement, facility administration, and behavioral health administration
- **Alan Caruth:** Expertise in evaluation, planning, and deployment of new technology and security systems in healthcare
- **Sandy Kukla:** Registered nurse with expertise in clinical, telemedicine, administrative, and financial issues

BI-WEEKLY MEETINGS

A keystone in this approach is open and regular communications between the organizations. Instead of interacting on an ad hoc basis, this technology and telehealth partnership is founded on regular, bi-weekly meetings. At the core of these meetings is a simple agenda based on resolution, planning, and vision.

EDUCATION OPPORTUNITIES

Another component of working with ConnectMD is access to our multi-state medical network, the resources contained within it, and the other networks we connect to. As the largest medical network in Alaska, organizations like YKHC, have access to a range of educational opportunities over videoconferencing. Members have access to education courses from ANTHC, Harborview Medical Center, Seattle Children's, Swedish Medical Center, Virginia Mason Medical Center, and other organizations.



Sample of Education Partners

	Alaska Native Tribal Health Consortium	Harborview Medical Center / University of Washington	Seattle Children's	Swedish Medical Center	Virginia Mason Medical Center
Location	Anchorage	Seattle	Seattle	Seattle	Seattle
Description	<p>The Alaska Native Tribal Health Consortium (ANTHC) provides statewide services in: specialty medical care; construction of water and sanitation and health facilities; community health and research; information technology; and professional recruiting.</p> <p>The Division of Community Health Services (DCHS) is dedicated to the achievement of the ANTHC vision (Alaska Natives are the healthiest people in the world). ANTHC's primary partners are the Tribal Health Organizations in the Alaska Tribal Health System (ATHS). We strive to serve their needs through health provider training, program & technical consultation, health surveillance and data gathering/dissemination, and coordinating meaningful health research.</p>	<p>Harborview Medical Center is one of the nation's leading academic medical centers and the only Level 1 adult and pediatric trauma and burn center serving Washington, Wyoming, Alaska, Montana, and Idaho. The medical center offers highly specialized services, such as trauma and burn care, as well as neurosurgery, eye care, vascular, rehabilitation, sleep medicine, and spine care.</p> <p>Serving five northwestern states via the nationally recognized WWAM program, the M.D. curriculum at the UW School of Medicine has undergone many innovative changes over the past 38 years. Most recently, a college system has been developed to provide consistent mentoring toward excellence in clinical skills, professionalism, and patient-centered care.</p>	<p>Seattle Children's consists of Seattle Children's Hospital, Seattle Children's Research Institute, and Seattle Children's Hospital Foundation. Together, it delivers superior patient care, advance new discoveries and treatments through pediatric research, and serves as the pediatric and adolescent academic medical referral center for Washington, Alaska, Montana, and Idaho — the largest region of any children's hospital in the country.</p> <p>Through the collaboration of physicians in nearly 60 pediatric subspecialties, Seattle Children's provide inpatient, outpatient, diagnostic, surgical, rehabilitative, behavioral, emergency, and outreach services. It is also the primary teaching, clinical, and research site for the Department of Pediatrics at the University of Washington School of Medicine.</p>	<p>Swedish is the largest, most comprehensive, nonprofit health provider in the Greater Seattle area. They have three hospital locations in Seattle, an emergency room and specialty center in Issaquah (East King County) and more:</p> <ul style="list-style-type: none"> • Swedish Medical Center/Gallard • Swedish Medical Center/First Hill • Swedish Medical Center/Cherry Hill (formerly Providence) • Swedish Medical Center/Issaquah • Swedish Home Care • Swedish Physicians network of 12 primary care clinics • Multiple specialty clinics • Affiliations with suburban hospitals and physician groups 	<p>Virginia Mason was founded in 1920, when a group of physicians decided to pioneer a new approach to a medical practice. Their goal: to work as one team. They pledged to provide the finest patient care possible by working together, asking only the best and brightest to join their team, and committing themselves to life-long learning and research. Today, the facility has grown into a comprehensive, non-profit regional healthcare system that combines a primary and specialty care group practice of more than 440 physicians with a 336 bed acute-care hospital.</p> <p>Virginia Mason offers Grand Rounds, CME, and CNE. Virginia Mason facilitates programs at Virginia Mason's Seattle Main Campus and uses videoconferencing where appropriate to deliver Grand Rounds to rural and remote areas.</p>
Sample Continuing Medical Education, Continuing Nursing Education, and Grand Rounds	<ul style="list-style-type: none"> • Diabetes Program • The Story Basket: Weaving Breast Health into our Lives • Awakening Choices: Colon Health – Our Stories • ANTHC OHP Program Administration • Alaska Community Health Aide Program Training • Veterans' Needs Monthly Sessions with User Groups • Alaska Psychiatric Institute Monthly Education Sessions 	<ul style="list-style-type: none"> • Summer Seminar in Healthcare Ethics • Annual Update in Family Practice and Primary Care • Comprehensive Oncology Review • Pain Management: Frontline Pharmacological and Behavioral Strategies • COPE – Collaborative Opioid Prescribing Education • Behavioral Health in Primary Care • Evidence-Based Skills for Busy Clinicians 	<ul style="list-style-type: none"> • Clinician's Guide to Vitamins, Minerals, and Other Supplements in Children • Practical Pediatrics • Pediatric Emergency Medicine for Primary Care Providers • Treating Sexually Transmitted Diseases • Verbal First Aid Protocol • Nourishing a Lifestyle Approach to Weight Management for Kids, Teens, and Families • Evidence-Based Practice: Infectious Disease Management 	<ul style="list-style-type: none"> • The Physician Role in the Culture of Safety • Addressing the Barriers to Effective Pain Management and Issues of Opioid Misuse • Stress Reduction and Physician Wellness • Congenital Echocardiography • Medical Ethics Conference Series • ACLS Renewal Course • Spine Management for the Primary-Care Physician 	<ul style="list-style-type: none"> • Establishing Expectations for Prognosis • What's New in Diabetes? Diabetes & Exercise • Preceptor Training for RNs • Ambulatory Triage • Palliative Care • Pain Resource Nurse Program • Emerging Trends Critical Care Conference • Optimizing Care Transitions: Navigate the Journey Across the Care Continuum



Videoconferencing Collaboration

Over the past decade, videoconferencing has become a vitally important tool in improving healthcare outcomes in rural and underserved communities. With the decreasing price of endpoints and increasing availability of bandwidth, healthcare providers are using video technology reliably to supplement the care they provide. As a long-time provider of videoconferencing services, ConnectMD understands the challenges of video adoption and the best practices to ensure success.

YKHC understands the impact of videoconferencing on the delivery of healthcare. GCI ConnectMD has been YKHC's partner throughout the years in the acquisition, management, and support of your VTC network. Recently, ConnectMD completed an upgrade of our VTC backbone to support high definition and looks forward to continuing to support YKHC's strong vision for increasing access to healthcare and improving revenue generating activities using video telemedicine encounters.

Today, we provide equipment, service, and support to over 450 sites throughout the Northwest and the world. In 2010, GCI managed:

- 15 Videoconferencing bridges (Polycom, Tandberg, Codian, and Radvision)
- 46 independent video networks
- Over 2.4 million minutes of video traffic over our network
- Over 450 endpoints

VIDEOCONFERENCING BENEFITS IN HEALTHCARE

Leveraging the benefits of videoconferencing in healthcare is now a national priority. In the Federal Communications Commission's 2010 Broadband Plan, the benefits of video are specifically enumerated:

"Video consultation is especially beneficial for extending the reach of under-staffed specialties to patients residing in rural areas, Tribal lands and health professional shortage areas (HPSAs). For example, the American Heart Association and American Stroke Association recommend use of video consultation technology for stroke patients to help overcome the dearth of neurologists and to make decisions about whether to deliver the life-saving, clot-busting drug known as tPA.

In addition to increasing access to otherwise unavailable care, video consultations combined with store-and-forward technologies (e.g., sending images to a specialist at night, as opposed to obtaining a diagnosis during a patient's visit) could lead to significant cost savings from not having to transport patients. Avoiding costs from moving patients (and staff) from correctional facilities and nursing homes to emergency departments and physician offices, or from one emergency department to another, could result in \$1.2 billion in annual savings." (<http://www.broadband.gov/plan/10-healthcare/>)



MANAGED VIDEOCONFERENCING SERVICES

ConnectMD has a full range of managed videoconferencing services available that YKHC makes extensive use of under an existing VTC contract. ConnectMD's videoconferencing staff provides ongoing management of core infrastructure equipment. Also, YKHC can take advantage of ConnectMD's extensive video expertise to enjoy the following benefits:

- **Experienced and Certified Engineering Staff:** ConnectMD has trained and certified staff on hand and on-call to take on the most complex video and audio challenges
- **Support Multiple Video Equipment Manufacturers:** ConnectMD supports multiple major brands and is vendor neutral for sales and support
- **Smoother Operational Transition:** ConnectMD's managed videoconferencing services allows YKHC to successfully deploy and implement these services throughout its network and have a dependable, available backup to ensure smooth operations
- **Increased Training:** ConnectMD will provide YKHC with initial and ongoing training programs for technical staff and end-users that focus on increasing usability and comfort with the systems
- **Room Systems and Desktop Video:** ConnectMD offers solutions for conference room video and desktop conferencing setups that are easy-to-use and reliable for critical communications

VIDEOCONFERENCING TEAM

Sean Wilson, BS, TCSE, TCA, TCAP
Program Manager, Advantage Video



Sean Wilson has been involved in technology sales and marketing for over ten years. He has an extensive background in deploying technology to improve communication and operations within all types of organizations. For the past several years, he has been focused on videoconferencing technologies, both core and edge devices, room integration, and video network topology. He is fluent in both *Polycom* and *Tandberg* (now *Cisco*) product lines. His primary customer base is located in Alaska and the Pacific Northwest.



Scott Hipsak, TCTMSS, TCTA, TCTE
Video Teleconferencing Engineer



Scott Hipsak is responsible for GCI's Video Teleconferencing network, from the cameras to the routers and the network to the end user experience. Scott's responsibilities also include looking for and testing new technologies and platforms that are being developed daily, as well as making sure the old technologies work seamlessly. Scott joined GCI in May of 1999 as a second-level support technician. Within six months, Scott became a network analyst working with GCI's service provider network. He has experience in most of the Cisco router and switch platforms. Scott currently manages five Polycom video bridges, eight Tandberg/Codian video bridges, one Radvision video bridge, and 450 Polycom and Tandberg video endpoints. The video network currently hosts over two million videoconferencing minutes per year, as well as thousands of videoconferencing sessions.

Matthew Crawford, Network+, CCNA
IP Video Engineer



Matthew Crawford provides videoconferencing support, including conference scheduling and audio, video, and network troubleshooting for all Managed Broadband Service customers. Customers include schools, educational programs, health clinics, financial institutions, and the State of Alaska. Matthew joined the videoconferencing team in 2008 after working on the SchoolAccess Service Desk for four years. His responsibilities included supporting servers, videoconferencing equipment, network troubleshooting, and monitoring WAN connectivity. Prior to working on the Service Desk, he worked on providing dial-up and cable modem support for GCI residential customers.

Kevin Fradley, MCP 2000 and XP, Sec, N+, Checkpoint Firewall Administration, Tandberg Certification, CCNA, Novell CNA 5
Service Desk Team Lead



Kevin Fradley is the main point of contact on the Service Desk team for all ConnectMD and SchoolAccess customers. Kevin started at GCI as part of the Internet Support help desk in 2002, and transitioned to the MBS group in 2003. He is known throughout the state for his high quality work and friendly demeanor in the most remote locations of Alaska.



ConnectMD Profile

The ConnectMD medical network has grown dramatically over the past ten years and currently supports hospitals, clinics, and healthcare organizations throughout Alaska and the Pacific Northwest. The network technology, now in its third generation, enables the secure and reliable exchange of medical data, including voice and video communications. This service connects healthcare facilities in rural communities and urban centers. The network securely supports IP-based applications for telehealth such as videoconferencing, VoIP, medical imagery, electronic medical records, and more. Currently, GCI ConnectMD provides more than 200 hospitals, clinics, and healthcare networks with dedicated access to the most advanced telehealth services in the world.

CONNECTMD NETWORK LOCATIONS MAP WITH IN-PLACE FIBER FACILITIES HIGHLIGHTED



Medical organizations served by GCI include facilities of all types and sizes, from small rural facilities to specialized urban treatment centers. Following is a list of some medical centers, hospitals, clinics, and healthcare facilities that operate on the GCI telecommunication facilities in Alaska and the lower 48 states.

ALASKA ORGANIZATIONS SERVED BY GCI

Health Organization	Organization Type	Sites Served	Connectivity
Alaska eHealth Network	Health Network	Multi-site	Network Design
Alaska Federal Healthcare Partnership	Health Network	Multi-site	Terrestrial
Alaska Federal Healthcare Access Network	Health Network	Multi-site	Terrestrial & Satellite
AKEELA	Behavioral Health	Anchorage	Terrestrial
Alaska Family Services	Behavioral Health	Wasilla	Terrestrial
Alaska Island Community Services	Community Health Organization	Petersburg / Wrangell	Terrestrial & Satellite
Alaska Mental Health Trust	Not for profit	Anchorage	Terrestrial
Alaska Native Medical Center	Hospital	Anchorage	Terrestrial
Alaska Native Tribal Health Consortium	Hospital & Support Services	Anchorage	Terrestrial
Alaska Open Imaging	Radiology Services	Multi-Site	Terrestrial
Alaska Primary Care Association	Health Association & Network	Multi-Site	Terrestrial & Satellite
Alaska Community Health Information Network			
Alaska Psychiatric Institute	Mental Health	Anchorage	Terrestrial
Alaska Regional Medical Center	Hospital & Support Services	Anchorage	Terrestrial
Alaska Rural TeleHealth Network	Health Network	Anchorage	Terrestrial
Aleutian Pribilof Island Association	Community Health Organization, Village Clinics	Multi-Site	Terrestrial & Satellite
Arctic Slope Native Association	Critical Access Hospital	Barrow	Satellite
Samuel Simmons Hospital			
Bartlett Medical Center	Regional Hospital	Juneau	Terrestrial
Bethel Family Clinic	Community Health	Bethel	Satellite
Bristol Bay Area Health Corporation	Health Corporation, Village Clinics, Critical Access Hospital	Multi-site	Terrestrial & Satellite
Camai Clinic	Village Clinic	King Salmon	Terrestrial
Chugachmiut	Health Corporation	Multi-site	Terrestrial & Satellite



Council for Athabascan Tribal Governments	Community Health Organization, Village Clinics	Multi-Site	Satellite
Dahl Memorial Clinic	Community Health	Skagway	Terrestrial
Dena'ina Health Clinic	Community Clinic	Kenai	Satellite
Eastern Aleutian Tribes	Community Health Organization, Village Clinics	Multi-site	Terrestrial and Satellite
Fairbanks Memorial Hospital	Regional Hospital	Fairbanks	Terrestrial
Gateway Center for Human Services	Community Health	Ketchikan	Terrestrial
Hope Community Resources	Community Support Services	Multi-Site	Terrestrial & Satellite
Ilnaka Community Health Center	Community Health	Cordova	Satellite
Iliuliuk Community Health Center	Community Health	Unalaska	Satellite
Indian Health Service	Federal Healthcare	Anchorage	Terrestrial
Ketchikan General Hospital	Critical Access Hospital	Ketchikan	Terrestrial
Kodiak Area Native Association	Health Corporation	Kodiak	Terrestrial & Satellite
Manillaq Corporation	Health Corporation, Village Clinics, Critical Access Hospital	Multi-Site	Satellite
North Slope Borough Health and Human Services	Behavioral Health	Multi-Site	Satellite
Norton Sound Health Corporation	Health Corporation, Village Clinics, Critical Access Hospital	Multi-Site	Satellite
NorthStar Behavioral Health Hospital	Mental Health Hospital, Clinic and Residential Facility	Multi-site	Terrestrial
Orion Behavioral Health	Physician Practice	Anchorage	Terrestrial
Petersburg Medical Center	Critical Access Hospital	Petersburg	Terrestrial
Providence Kodiak Medical Center	Critical Access Hospital	Kodiak	Terrestrial
Providence Seward Medical Center	Critical Access Hospital	Seward	Terrestrial
Providence Valdez Medical Center	Critical Access Hospital	Valdez	Terrestrial
Providence Medical Center	Hospital	Anchorage	Terrestrial
Seaview Community Services	Behavioral Health	Seward	Terrestrial
Seldovia Village Tribes Health Center	Community Health	Multi-Site	Terrestrial
Southcentral Foundation	Health Corporation	Multi-Site	Satellite



State of Alaska, Dept. of Juvenile Justice	Youth Facilities	Multi-Site	Terrestrial & Satellite
University of Alaska Anchorage	University	Anchorage	Terrestrial
Veterans Administration	Outpatient Facilities	Multi-Site	Terrestrial
Wrangell Medical Center	Critical Access Hospital	Wrangell	Terrestrial
Yakutat Community Services	Community Health	Yakutat	Terrestrial
Yukon-Kuskokwim Health Corporation	Health Corporation, Village Clinics, Regional Hospital	Multi-Site	Terrestrial & Satellite

WASHINGTON NETWORK MEMBERS

Health Organization	Organization Type	Sites Served	Connectivity
Ball Medical Clinic	Medical Practice	Wenatchee	Terrestrial
Caribou Trail Professional Medical Service	Medical Practice	Brewster	Terrestrial
Cascade Medical Center	Critical Access Hospital	Leavenworth	Terrestrial
Central Washington Hospital	Regional Hospital	Wenatchee	Terrestrial
Coulee Community Hospital	Regional Hospital	Grand Coulee	Terrestrial
Ferry County Memorial Hospital	Critical Access Hospital	Republic	Terrestrial
Island Hospital	Regional Hospital	Anacortes	Terrestrial
Lake Chelan Community Hospital	Critical Access Hospital	Chelan	Terrestrial
Main Street Health Associates	Medical Practice	Brewster	Terrestrial
Mid-Valley Hospital	Critical Access Hospital	Omak	Terrestrial
North Valley Hospital	Critical Access Hospital	Tonasket	Terrestrial
Okanagan Douglas County Hospital	Critical Access Hospital	Brewster	Terrestrial
Olympic Medical Center	Regional Hospital	Port Angeles	Terrestrial
Puget Sound Blood Center	Allied Provider	Multi-Site	Terrestrial
Quincy Valley Medical Center	Regional Hospital	Quincy	Terrestrial
Skagit Valley Hospital	Critical Access Hospital	Mt. Vernon	Terrestrial
Seattle Children's	Children's Hospital	Seattle	Terrestrial
Swedish Medical Center	Urban Hospital	Multi-Site	Terrestrial
Swedish Edmonds Hospital	Regional Hospital	Edmonds	Terrestrial
UW-Harborview Medical Center	Level 1 Trauma Center	Seattle	Terrestrial
Virginia Mason Medical Center	Urban Hospital	Seattle	Terrestrial
Wenatchee Valley Medical Center	Regional Hospital	Wenatchee	Terrestrial
Yakima Valley Medical Center	Regional Hospital	Yakima	Terrestrial



YUKON-KUSKOKWIM DELTA EXPERIENCE

GCI has a long history of providing service to the Yukon-Kuskokwim Health Corporation and the schools and communities in the YK-Delta region. This history was enhanced in 2008 with our purchase of United Utilities, Inc. (UUI). The GCI team delivers comprehensive telecommunications, wireless, and Internet services throughout the region.

It has taken GCI years to build an experienced and highly focused management team that is familiar with the complexity of the medical technology environment and stays current with the changing technology landscape. Compared to other vendors, GCI is uniquely qualified to serve medical customers because the ConnectMD management team is the most experienced in Alaska. GCI's industry-leading teams focus on offering customers a variety of options that provide the best value for their dollar.

The addition of UUI to the GCI team ensured a permanent commitment to the YK-Delta with offices, facilities, and local employees in villages across the region. GCI and its subsidiaries have maintained YK-Delta local exchange facilities since 1978, satellite earth stations in villages in the YK-Delta since 1986; it brought the new terrestrial microwave DeltaNet network online in 2006. In addition, GCI has an established history of providing its customers with local, reliable, trained technicians. GCI's subsidiaries are the largest employers of local and native telecommunications personnel in the YK-Delta. The GCI team combines GCI's satellite resources, statewide presence, and technical expertise with DeltaNet, local presence, and skills to serve YKHC with state-of-the-art telemedicine and telecommunications services.

TERRA-SOUTHWEST (TERRA-SW)





TERRA-SW is GCI's project to build a next generation network in southwestern Alaska. The project is jointly funded with \$44 million coming from the USDA Rural Utilities Services, through the American Recovery and Reinvestment Act, and \$44 million in the form of a loan to GCI.

The project will extend terrestrial broadband services to 65 communities and 9,000+ households in the Bristol Bay and Yukon-Kuskokwim Delta regions. The network will provide a land-based connection to Anchorage, the global fiber optic backbone, and the Internet. Originally projected to be completed in 2013, TERRA-SW is anticipated to be operational by the end of 2011.

TERRA-SW is a hybrid fiber/microwave network that includes:

- 11 fiber segments totaling 403 miles of submarine and land-based cable
- 13 new microwave towers
- Capacity upgrades to the existing DeltaNet network

TERRA-SW CONSTRUCTION UPDATE (AS OF JUNE 7, 2011)

TERRA-SW has reached several milestones in the past few months. In April, the installation of a buried fiber optic cable along a 43-mile route between Igiugig and Levelock was completed. This work included hard hat divers manually pulling fiber for 1,500 feet under river ice to place the cable along the bottom of the Kvichak River.

In May, barges arrived in Dillingham with all of the materials and equipment needed to construct eleven new microwave sites in the Bristol Bay area. The arrival of the barges marks the start of the summer construction phase, during which Alaskans will begin to see more visible evidence of the progress of this historic project. Not only will they see the physical construction of towers, but they will also feel economic benefits through the employment of numerous project partners. As microwave towers and fiber segments are constructed over the next several months, the project will employ many Alaska companies and local southwest Alaska residents.

As of June 7, 2011 the project is proceeding on schedule to complete major construction activities by the end of 2011. Current project activity and recent milestones include:

- Initial mobilization, by helicopter, to the four southwest Alaska remote mountaintop microwave repeater sites.
- Building and tower foundations at the Muklung Hills mountaintop microwave repeater site are under construction.
- Heavy lift helicopter (Chinook) is scheduled to lift communications and power modules to mountaintops in early July, after foundations are complete.
- Construction of the pole-hung fiber optic segment in the mountain pass between Williamsport and Pile Bay is under way, with pole installation beginning in the coming days.
- A large fiber laying ship, the "IT Intrepid", is scheduled to arrive in Homer on June 22nd to begin laying fiber across Cook Inlet from Homer to Williamsport.



- Foundations for village microwave towers in Levelock, New Stuyahok, and Koliganek are under construction.
- The remaining six new microwave towers in Ekwok, Naknek, Dillingham, Manokotak, Goodnews Bay, and Platinum will begin construction in the coming weeks.
- Most existing YK-Delta microwave sites (the "DeltaNet" network) have been upgraded with higher speed capability, and all DeltaNet upgrades will be complete later this summer.
- Fiber installation in Lake Iliamna is scheduled for August 2011.
- Fiber installation from Iliamna to Port Alsworth is scheduled for September 2011.



Technical Capabilities

CONNECTMD FACILITY IMPROVEMENTS OVER TIME

The GCI ConnectMD core and point-of-presence (PoP) networks are in their third generation and continue to be updated as technology evolves. Unlike many providers who deploy a network and provide maintenance, ConnectMD is always working to improve the services and underlying architectures. Below is a timeline outlining the evolution of the ConnectMD core.

Generation 1 - 2001

- 10 Members / 50 Client Sites
- ConnectMD Core PoP Locations: Anchorage, Fairbanks
- Routing based Core Network
- Routing and VPN Based Access Controls
- End-to-end quality of service configured hop-by-hop
- Private Line and First Generation Packet Transport
- Basic Up/Down and bandwidth utilization service monitoring
- 10Mbps Internet Uplink

Generation 2 - 2005

- 20 Members / 100+ Client Sites
- ConnectMD Core PoP Locations: Anchorage, Fairbanks, Seattle, Wenatchee
- Routing and Tagged Switch Core Network
- Routing, Firewall, Tagged Switching (VLAN or early MPLS) and VPN Access Controls
- End-to-end Quality of Service configured hop-by-hop
- Centralized Virtual Firewall Infrastructure
- Medium complexity monitoring including bandwidth, error rates, some application data and acceleration statistics
- Advanced Services such as Managed Video, Bridging and Toll Bypass
- Standard Definition Video
- Private Line and Second Generation Packet Transport
- First Generation IP Acceleration for ConnectMD Satellite transport
- 100Mbps Internet Uplink

Generation 3 - 2009 to Present

- 80+ Members / 200+ Client Sites
- ConnectMD Core PoP Locations: Anchorage, Fairbanks, Seattle, Wenatchee, Spokane, Portland (mid-2011), Juneau (mid-2011)
- MPLS Core Network
- MPLS, Firewall and VPN Access Controls
- Network-based end-to-end advanced Quality of Service
- Centralized Virtual Firewall Infrastructure with advanced services (July 2011 customer roll-out)
- Advanced monitoring platforms with application data and web-based customer portal
- Private Line, MPLS and Third Generation Packet Transport
- Second Generation IP Acceleration technologies for Satellite-based networks
- High Definition Video Services
- Multi-gigabit internet uplinks in Anchorage and Seattle



SECURITY APPROACH

ConnectMD was created to address the unique needs of communications in healthcare environments. Prior to the Health Insurance Portability and Accountability Act (HIPAA) mandating certain baseline security measures, ConnectMD developed and implemented extensive security infrastructure and procedures to maintain the privacy and confidentiality of data transiting the network. This security-minded approach is especially relevant as ConnectMD helps its customers adopt new technologies to deliver effective telehealth solutions while always being sensitive to Protected Health Information (PHI) security and privacy requirements.

Today, ConnectMD has Business Associate Agreements (BAA) in place with a number of organizations. ConnectMD's BAA framework and the resulting relationships are based upon the unique needs of each entity. ConnectMD will work with YKHC to put into place a proper BAA that meets the specific needs of the YKHC health network. As a business associate, ConnectMD can help YKHC overcome challenges associated with integrating technology into business processes and staying efficient in a tightening economy.

Information Security Policies

As a covered entity under HIPAA, YKHC's leadership is responsible for guarding against unauthorized access to electronic personal health information that is being transmitted over your communications network. To be able to adapt to customer security needs, ConnectMD's security design was based on three key concepts: comprehensive capabilities, scalability, and technical neutrality. As we describe below, ConnectMD's secure network environment prevents unauthorized access to data in transmission. ConnectMD's staff will work with YKHC to determine any outstanding security risks in YKHC's network and implement measures that sufficiently reduce those risks and vulnerabilities to a reasonable and appropriate level.

- **IP Security Adequate to HIPAA Compliance.** Firewall implementation is central to the HIPAA requirement of separation between private patient data and the public internet or other networks. The ConnectMD network employs a multi-layered approach to provide data security, isolation between networks and protect customer privacy including firewall infrastructure, IDS/IDP and monitoring infrastructure to assist in the management of the network, and associated threats. These components help secure YKHC's network from outside access. The current infrastructure supports the requirements established by HIPAA.
 - As a further reinforcement of GCI's commitment to security, we are upgrading our firewall, intrusion detection/prevention systems, content filter, and data leakage infrastructure, in order to provide additional security with new technology and capabilities. YKHC will have the option to utilize the new infrastructure, which will be implemented in the fall of 2011 with the edge security component based upon the Advanced Firewall platform.
- **IP Security Consistent with CERT® Best Practices.** GCI evaluates and implements CERT best practices as appropriate for the platforms we use to deliver services to clients and regularly evaluate whether the current practices are adequate or need refinement. As noted in the above bullet, GCI is committed to employing the correct infrastructure to keep client data secure and will be implementing a new next-generation firewall, IDS/IDP, and filtering solution in the fall, which will provide substantially increase protection to the YKHC network should you opt to utilize the new platform.
- **Router Access List Management.** Within the YKHC and ConnectMD firewall infrastructures, there are specific Access Control Lists (ACLs) created to permit certain traffic sources access into the YKHC network. GCI can add or modify the firewall ACLs at





the customer's request or assist in re-shaping YKHC-owned firewall rules as necessary. These Access Control Lists can be as specific as source and destination traffic flows based around application protocols.

In addition to Access Control List management, modern security platforms also dive deeper into packets, to the level of datagram or application specific filters. The new firewall infrastructure that GCI is in the process of implementing, will allow this new, significantly advanced method of filtering data and taking the ability to secure data to a new level for YKHC, so the organization can focus on the applications traversing the network and not on what port numbers the applications use.

- o Example: With policy-based firewalls, an organization can configure the firewall to block "Skype" rather than attempt to block the ports that Skype uses. Because the firewall is peering into the application data, it will be able to block the traffic no matter what port it tries to traverse.



Management Qualifications

In addition to the management team listed below, customers have access to an extended team includes senior network and video engineers, and a technical support, design, and implementation team of more than 220 additional technical employees.

Martin Cary

Vice President and General Management, Managed Broadband Services

Martin Cary is responsible for all of GCI's educational and telehealth initiatives that are delivered over a broadband satellite and terrestrial infrastructure. He also manages GCI's strategic initiatives in Alaska, Washington, and New Mexico, including corporate mergers and acquisitions, and leads initiatives to evolve GCI's delivery infrastructure to optimally deliver education and health applications. Before joining GCI, Martin was Senior Partner of Astrolabe Systems, Inc., a technology-management consulting firm acquired by GCI in 1995, where he developed SchoolAccess. Prior to Astrolabe Systems, Martin served as the Director of Information Technology for the North Slope Borough School District for nearly a decade.



Steve Constantine, MA, CAAMA, CPHIMS, CHS

Director, GCI Medical & Video Services

Steve Constantine is responsible for GCI Medical & Video Services and the creation of the ConnectMD medical network. Steve is a former Air Force medical service officer, and a medical center and regional medical Chief Information Officer (CIO). Steve has more than 27 years of experience in healthcare disciplines, is a board certified medical administrator, and a member of the American College of Healthcare Executives. An Alaska resident since 1989, Steve has led GCI's medical program for the past 11 years. An avid bicyclist, hunter, and owner of a 1962 Piper Colt, Steve also has achieved professional certifications in health information management systems and electronic health records security.



Robert Taylor

Telehealth Senior Program Manager, Alaska Medical Services

Robert Taylor is responsible for GCI's relationship with YKHC and the State of Alaska's videoconferencing service. Robert has been involved in the IT and telecommunications industries for over 30 years. Before joining GCI, he was VP of Unicom and UII's IT Manager where he was responsible for internet, cellular, and data services. He was also responsible for helping implement the DeltaNet terrestrial network providing data services to the YK-Delta. For the past seven years, Robert has been responsible for helping GCI and UII provided telecommunication services to YKHC. Robert was born and raised in Alaska and has over 15 year experience in providing telecommunication services to rural Alaska.



Ron Hale, MBA/HS, CPEHR, CHIT
Senior Program Manager, Alaska Medical Services



Ron Hale has a broad base of military and civilian healthcare administrative experience with 30 years of work in Medical/Dental Clinics, Medical Center, Hospital, and Physician Practice management. He was an adjunct professor at La Verne University, teaching Hospital Administration in its healthcare management program. Ron previously served as the Behavioral Health Division Administrator for Southcentral Foundation, as VP for Pharmacy Operations for Alaska's largest community pharmacy, and is Chairman of the Health and Human Services Commission for Anchorage. He is a member of the American College of Healthcare Executives and a Certified Professional in Electronic Health Records.

Sandy Kukla, RH, CFHP
Senior Program Manager, Washington Medical Services



Sandy Kukla is an RN and a certified financial health professional. She has been with GCI since 2006. She has more than 30 years of experience in various healthcare disciplines including hospital and emergency room nursing, practice administration, Director of Hospital Business Services, application implementation and training, medical financial consulting, and clinical analytics. Sandy is on the board of the Telehealth Alliance of Oregon, a member of the Washington Technology Collaborative, ATA, MGMA, CTel and HFMA, and a certified EMT. Sandy is very active in chronic care collaboratives, patient safety initiatives, and the advancement of telemedicine applications.

Alan Caruth, CISSP, CCSP, CCNP, CCDP, INFOSEC
Senior Product Engineer



Alan Caruth's role is to span the gap between customer needs and GCI's technical capabilities to provide the best quality products, designs and features for the customer or environment. Alan has been in the IT field for 16 years with a specific focus on healthcare customers for the past seven years. He brings a wide range of skills to the table, including knowledge in Microsoft and Linux operating systems and networking, and voice and video hardware from various vendors including Cisco, Polycom, and Tandberg.



Service and Support

As the long-term provider of communication services to YKHC, GCI has built its technical support delivery model around the needs of YKHC. Some highlights of interactions with your staff are below.

- **Highly responsive support structure:** Staff on-call 24x7 with availability to support YKHC on any technical services related issue
- **Proactive monitoring and analysis:** Monitoring of all video and network equipment, allowing for a more rapid response for resolving potential issues
- **Technical expertise:** Service supported by a deep technical and engineering organization of over 220 full-time employees including engineers, administrators, technicians, satellite/radio frequency (RF) engineering team, and field maintenance personnel
- **Local village agents:** Site agents located in YKHC villages to provide on-site support for Anchorage or Bethel technicians during system diagnosis
- **Bethel-based technicians:** Daniel Albrite, Hugh Forbes, Roger Wassillie, Glen Mochin, Daniel Picazzo, Russ McDonald, Jevat Meha, Archie Slats, Don Sigmon, Dave Lawson, Isaiah Peter
- **Rapid response team:** GCI has the ability to deploy the right level of technical resource on-site to any remote location in Alaska, same day or on the next available flight – one phone call away
- **Subject matter experts:** GCI is Alaska's premier subject matter expert with regards to IP video and network infrastructure, architecture, implementation, and support
- **World class NOCC:** GCI's Network Operations Control Center was recently re-confirmed as world class by one of the largest technology companies in the world when it was selected to serve as the secondary Operations Center for a 5TB Unity Fiber link between Los Angeles and Tokyo. The primary NOCC is in Singapore.

ConnectMD prides itself on offering comprehensive, dependable 24x7 technical support services. A key element in supporting its customers is the comprehensive tiered support approach. ConnectMD provides proactive monitoring, management, and escalations for any incident that may arise on GCI services and infrastructure. Because of the life-critical nature of ConnectMD's customers' missions, the service model is designed to support those missions. A table of comprehensive service and support capabilities may be found on the following page.



Support Service Table

This table includes the support services offered to YKHC as part of this proposal.

Support Services

Single point-of-contact - 24x7 Service Desk for all incidents, work requests, questions, and remote technical support

A ticket and work-flow tracking system with a ticket number assigned and provided for every new call

24-hour shipment of components to replace identified failed components

Onsite dispatch next business day

Customer Portal for monitoring services

Incident and Event reports

Remote monitoring of GCI network components and services

Toll-free support number 1-888-254-2858

Annual review and planning

Monthly reports and analysis

Priority call routing

Emergency onsite dispatch 24x7, next available flight

Remote and onsite customer network support

Remote monitoring and reporting of customer owned server and network components and services*

LAN, SAN, wireless, servers, virtualization, applications, security, backup, disaster recovery, design/engineering, implementations, monitoring, and support*

Complex Health Organizations

✓

✓

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* These services offerings are based on a separate customized service agreement and pricing.



Service Management Approach

GCI uses a service management model that is designed to focus on continual measurement and improvement of the quality of service delivered. This model provides the highest level of service and quality through the life of the contract. The model revolves around a core service strategy. Revolving around the core strategy is Service Design, Service Transition, and Service Operations. Revolving around that is Continual Service Improvement.

SERVICE STRATEGY

The GCI Management Broadband Services' service strategy is based upon the fundamental belief that customers are buying solutions to their needs, not buying products and services. Therefore, to be successful, the services provided must deliver appropriate value to support the outcomes that YKHC wants to achieve. Achieving a deep understanding of customer needs, in terms of what these needs are, and when and why they occur, also requires a clear understanding of those needs.

A service strategy cannot be created or exist in isolation of the over-arching strategy and culture of the organization that delivers the service. GCI Technical Services team is built around a culture of going the extra mile 24x7, to deliver the services at the level that customers expect. This approach has grown and continually improved over the years to deliver the best service and support over all competitors. This strategy also considers that technology is not perfect and there will be service impacting incidents, and the response to these incidents is on which the overall service will be judged.

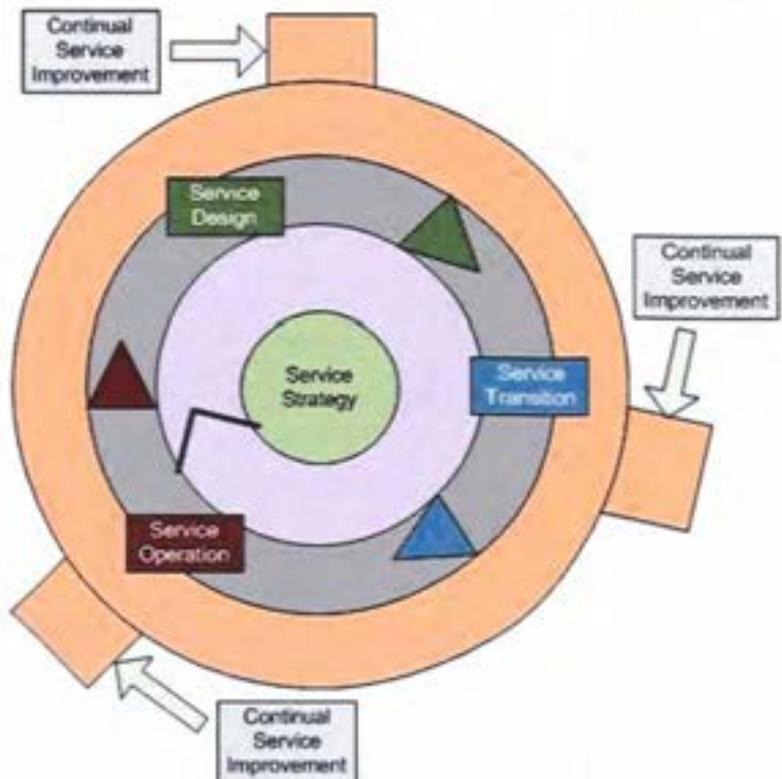


Figure 1 Quality and Service Management Model

SERVICE DESIGN

Service design is a critical part of delivering sustained high levels of service. Without a specific design that includes customer input of expectations of services, a service may not deliver what YKHC needs to be successful. MBS values the continual feedback that it receives from YKHC in regards to the service and support provided. MBS listens to its customers and continually adjusts the services and support designs based on this feedback. The

design process includes customer feedback, architecture, processes, policies, and documentation to meet the current and future needs of the customer's business.

SERVICE TRANSITION

Service transition's role is to deliver the required services to YKHC, into production. Service transition focuses on the implementation of all aspects of the services for the customer. It needs to ensure that the services can operate in foreseeable extreme or abnormal scenarios and that support for service impacting events is available. This requires a very in-depth knowledge and understanding of the environment where the services are being delivered, specifically in rural Alaska.

Project Management is a key to successful service transition. GCI uses industry standards best practices to implement and deliver services for our customers utilizing five (5) process groups.

1. **Initiating** – The signing of a service contract signifies the start of the project process and the development of the project charter is approved. During this phase, clear descriptions of the project objectives are developed. At this point in the project, the requirements are high level. The project process quickly moves to planning process.
2. **Planning** – This is the detailed planning and design phase where a detailed scope of work (SOW) is developed to capture all of the customer requirements, goals, objectives, constraints, timelines, and any other information necessary for successful delivery of the service. During this phase, the project management team uses various other processes to identify, refine, and/or mature the project scope and the project Work Breakdown Structure (WBS). As new project information is identified, the additional dependencies, requirements, risks, opportunities, assumptions, and constraints will be documented for further detail in the SOW.
3. **Executing** – This process involves directing and managing people and resources to perform the project activities in accordance with the project management plan to deliver the service as defined in the SOW on time. As part of this phase, Quality Assurance (QA) will be performed at several points along the project process. In addition to QA, information and status updates will be communicated the customer via defined regular schedule weekly updates. These updates will be held via audio and video conference calls.
4. **Monitoring and Control** - The process measures and monitors progress of the project to timely identify issues, problems, risks, and deviations from the project plan so that appropriate action can be taken when necessary to keep the project on track. Key components within this project process group are the management of scope and change control, issues, risks, schedule, quality, and overall performance.

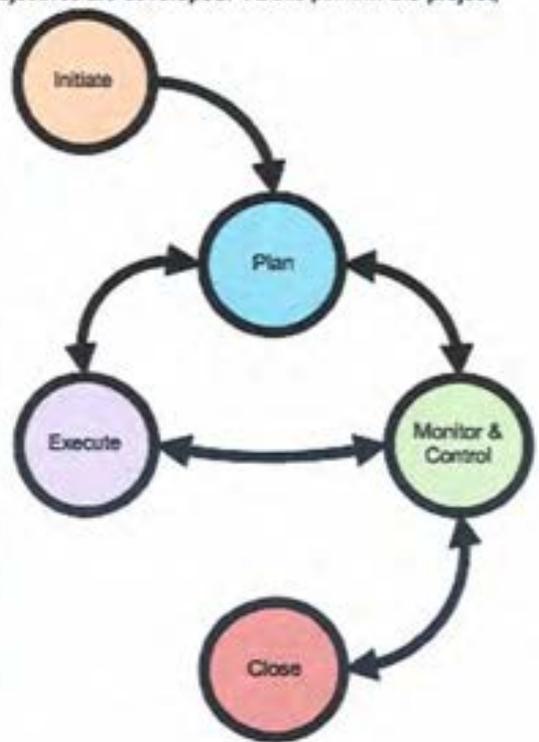


Figure 2 Project Process

5. **Closing** - This phase includes the processes used to formally close all activities of a project and to handoff completed implementations over to operations and the customer. A Customer Acceptance Form will be completed and given to the customer for signature as part of the closing process.

SERVICE OPERATIONS

The purpose of Service Operations is to deliver agreed levels of service to customers, to manage the applications, technology, and infrastructure that support delivery of the services. A key component to service operations is the MBS Service Desk and the Technical Services team.

Single Point-of-Contact for Support Calls 1-888-254-2858

GCI has the most comprehensive support structure within the state of Alaska. Our support centers are located in multiple facilities within Anchorage and are not shared with third-party telecommunication providers. During primary business hours, the GCI MBS Service Desk has a staff dedicated to support the specific technical needs of healthcare clients from around the state. These staff members have in-depth knowledge of customers' infrastructures, applications, and specific industries that allows them to provide comprehensive end-to-end support. The Service Desk provides primary support, Monday through Friday, 7:00 AM to 6:00 PM Alaska Time. A GCI technical staff member will always answer this number. After standard hours, GCI Customer Network Control Center (CNCC) will answer this number, provide initial phone response, and, as appropriate, escalate to the MBS on-call technicians. The customer always has the option to escalate to an MBS technician or manager immediately if requested. The MBS Service Desk uses the following work flow diagram to ensure all incidents, problems, events, work and information requests are tracked through to resolution and completion.



Service Desk Work Flow Diagram

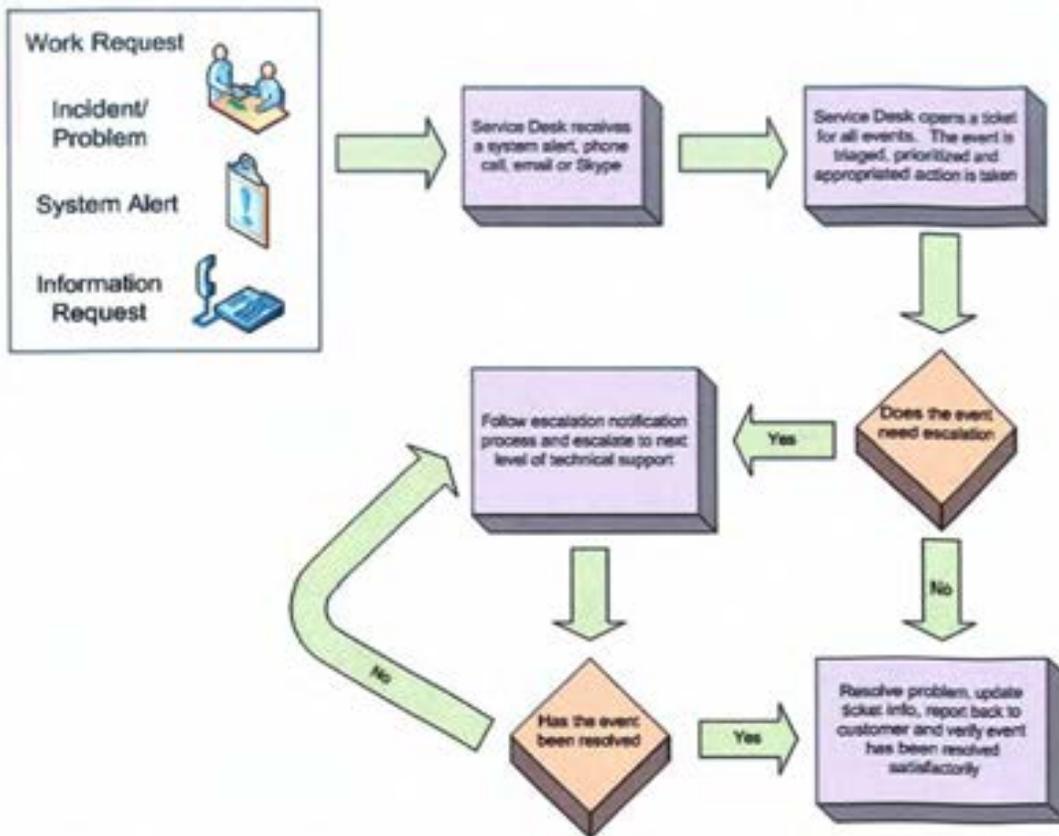


Figure 3 Service Desk Work Flow Diagram

Network Monitoring and Incident Resolution

ConnectMD services include proactive 24x7 monitoring and escalation for any incident that may arise. The GCI MBS Service Desk owns, tracks, and manages incidents through resolution and closure, providing customers with continual status updates throughout the process. The Service Desk coordinates with all other groups internal to GCI, such as the GCI Network Operations Control Center (NOCC), Field Maintenance Group, and Site Agents, dispatching technicians to investigate and resolve issues. MBS also coordinates with other groups, such as local exchange carriers, equipment vendors, and partners, like Integrated Logic.

INTERNAL ESCALATION MATRIX

- When an event reaches an escalation point, the GCI MBS Service Desk Manager will send escalation notifications and take action according to the matrix that follows:

Priority Level	Priority Definition	Coverage Level	Notification	Target Resolution Time
Priority 1	<ul style="list-style-type: none"> Total service outage Significant service degradation YKHC requested escalation 	24x7	Immediate notification: MBS Service Desk, YKHC IT staff, Service & Support Manager, Technical Services Manager, Program Manager Secondary: Executive Management	0-4 Hours
Priority 2	<ul style="list-style-type: none"> Slow network performance Network or other errors causing service degradation YKHC requested escalation 	24x7	Immediate notification: MBS Service Desk, YKHC IT staff Secondary: Service & Support Manager, Technical Services Manager, Program Manager	48 Hours
Priority 3	<ul style="list-style-type: none"> Move, Add, or Change at YKHC's work request 	24x7	Immediate notification: MBS Service Desk, YKHC IT staff Secondary: Service & Support Manager, Technical Services Manager, Program Manager	TBD with Customer



- Your IT Manager or other designated staff will receive regular updates on incident/problem resolution status.
- GCI MBS Service Desk staff has discretion to escalate action if warranted, and the customer may request additional attention to a particular issue. Below is a list of key escalation points of contact.
 - Tier I – MBS Service Desk – Initial Trouble Reporting, Triage, and Event Monitoring
 - Toll-free at (888) 254-2858
 - Tier II – Manager, Service & Support– Manuel Hernandez
 - Office – (907) 868-6368
 - Mobile – (907) 230-8252
 - Email – mhernandez@gci.com
 - Tier II – Manager, Operations – David Kampsen
 - Office – (907) 868-0385
 - Mobile – (907) 306-3656
 - Email – dkampsen@gci.com
 - Tier III – Senior Manager, Technical Services– Van Brollini
 - Office – (907) 868-5852
 - Mobile – (907) 444-8057
 - Email – ybrollini@gci.com
 - Tier III – Telehealth Senior Program Manager – Robert Taylor
 - Office – (907) 868-0637
 - Mobile – (907) 529-8111
 - Email – robert.taylor@gci.com
 - Tier IV – VP Alaska Operations – Craig Mollerstuen
 - Office – 907-868-5727
 - Mobile – 907-351-8823
 - Email – cmollerstuen@gci.com
 - Tier IV – Director, Medical and Video Services – Steve Constantine
 - Office – (907) 868-7044
 - Mobile – (907) 230-5041
 - Email – sconstantine@gci.com



Reliability and Responsibility

Reliable and rapid response technical support.

ConnectMD has a dedicated service desk staffed by highly skilled technicians and backed by GCI administration and engineering staff to handle technical support requests from healthcare and school district clients during the business day, 7:00 AM to 6:00 PM Alaska Time. Outside of business hours, GCI has a 24x7x365 Customer Network Control Center (CNCC), assuring that 24x7x365 a technician will be available to answer the phone and start the troubleshooting process. If the technician cannot resolve the issue, they will escalate it to the on-call MBS technicians who will work to resolve the issue.

An incident reporting system and detailed tracking of all actions performed on the network as well as detailed time tracking by individuals performing maintenance and troubleshooting.

GCI utilizes an advanced incident and trouble ticket tracking system, *Remedy*, which provides the organization the ability to track incidents, time spent on incidents, and other relevant information. The system also can generate ticket and service request reports, which will provide YKHC with access to a case-by-case view of the incidents handled and the category of the incident. *Remedy* will allow GCI and YKHC to work together to identify places for improvement. GCI has used this system for over ten years with various clients.

Reliable and friendly customer service.

The GCI MBS Service Desk is dedicated to ConnectMD and SchoolAccess clients. For the past six years, the Service Desk has maintained a low turn-over staff rate, allowing it to provide highly skilled, rapid response technicians that are capable of interacting and supporting both technical staff and end users. The Service Desk is manned every business day by the same personnel, who have become intimately familiar with the services customers receive, their personnel, and their infrastructure. The Service Desk considers itself an extension of your support staff, rather than a faceless vendor. A good example of this philosophy is that all contact information for all support staff is shared with customers, so that they can contact individuals directly when working on specific issues.

A safe and secure operating environment.

Physical Environment: GCI data center facilities are secured access buildings with 24x7x365 security staffing and monitoring. All areas of the facilities are access controlled and all customer colocation cabinets are individually keyed so that no customer can access any other customer's equipment. In addition, these locations have backup batteries and generators, and have diverse building penetrations for service delivery.

Operating/Network Environment: GCI will maintain agreed upon current levels of security controls and safeguards in place within the YKHC network architecture. Additionally, controls will be enhanced to meet appropriate regulatory requirements or



Local responsibility and accountability for network incidents, upgrades, and repairs.

standard practices to maintain safety and security without sacrificing usability of the network.

GCI and its subsidiaries employ a substantial number of field technicians and village agents in YKHC-served communities.

Field Technicians

- Anchorage-based: Todd Kniddle
- Bethel-based: Daniel Albrite, Hugh Forbes, Roger Wassillie, Glen Mochin, Daniel Picazzo, Russ McDonald, Jevat Meha, Archie Slats, Don Sigmon, Dave Lawson, Allen Alirkar, and Isaiah Peter

GCI / UII Customer Service Office - Bethel: 109 Blackberry Street, Bethel, AK 99559

- Roger Baird, Toni Crosby, Deyton Ingvanson, and Anthony Fisher

GCI / UII Village Representatives

- **Akiachak:** Moses Alexie
- **Akiak:** Franklin Lott
- **Alakanuk:** Ben Phillip
- **Aniak:** Dave Cannon
- **Anvik:** Robert Walter
- **Atmautluak:** Henry Alexie
- **Cheformak:** Edward Kinagak
- **Cheformak:** David Wiseman
- **Chevak:** Pat Nonak
- **Chevak:** Tommy Umagak
- **Chuathbaluk, Kasigluk, Marshall:** Daniel Albrite
- **Eek:** George Alexie
- **Emmonak, Nunam Iqua:** Philip Coviasky
- **Emmonak, Nunam Iqua:** Francis Peters
- **Hooper Bay:** Patrick Ulroan
- **Hooper Bay:** Paul Moses
- **Kasigluk:** Paul Andrew
- **Kipnuk:** Roy Paul
- **Kongiganak:** Gary Otto
- **Kotlik:** Joseph Odinzoff
- **Kwigillingok:** Norman John
- **Kwigillingok:** Noah Andrew
- **Marshall:** Vassily Sergie
- **Mekoryuk:** Mark Peterson
- **Mountain Village:** Monroe Wilde
- **Napaskiak, Napakiak, Oscarville:** Joseph Amik
- **Newtok:** George Carl
- **Newtok:** Tillie Tommy
- **Nightmute:** Simon Chanar
- **Nunapitchuk:** Eddie Alexie
- **Pilot Station:** Peter Fancyboy
- **Quinhagak:** Carl Cleveland
- **Russian Mission:** Matthew Changsak
- **Scammon Bay:** Luke Tunutmoak
- **Scammon Bay:** Angelo Utteryuk
- **Toksook Bay:** Simon Chanar
- **Toksook Bay:** John Lawrence
- **Tuluksak:** Jimmy Wise
- **Tuntutuliak:** Joseph Kernak
- **Tuntutuliak:** Jason Wassali
- **Tununak:** Peter Lincoln



Defined change notification process that ensures minimal disruption in services.

- **Kwethluk:** Robert Alexie

The change process is detailed below. GCI policies are in place to provide:

- **Planned preventative maintenance and network changes** happen during specific time periods (1:00AM to 5:00AM Alaska Time, the GCI maintenance window) unless coordinated with impacted customers.
 - **Normal changes** will be scheduled at least seven days in advance.
 - **Emergency changes** will be scheduled depending on the amount of impact currently being experienced by YKHC. Each change is evaluated with the customer against specific criteria to identify whether to wait for a normal change period or if it is sufficiently service impacting to require shorter notice.
 - **After the fact changes** will be documented after a change has been made to the platform during a service affecting outage. Only used while troubleshooting major impact outages or if a customer requests a change to be performed immediately.
-



Support and Network Monitoring Structure

GCI services are built to provide the best service possible for its customers. The operational philosophy is centered on transparency and being proactive. Part of this commitment includes making real-time network monitoring tools available to customers that allow them to track service status, application status, ticket status, and bandwidth utilization across their network. These tools will be available to YKHC via the ConnectMD MBS Customer Portal.

GCI MBS has a new network management system (NMS) for use through the Customer Portal. MBS is also continuously adding new platforms to its existing suite of infrastructure management tools. An example is the *Solarwinds Orion Network Performance Manager (NPM)* which will enhance proactive fault detection and alerting, allowing quicker response and resolution to unforeseen problems that pop up from time-to-time on the network infrastructure, as well as enhanced reporting on availability and service levels. As new software is added to our network monitoring structure, we will offer training for your staff on their use.

Network Performance Monitoring Highlights:

- Monitors and analyzes real-time, in-depth, network performance statistics for routers, switches, wireless access points, servers, and any other SNMP-enabled devices
- Periodically scans your network for changes, prompts you to monitor new devices, provides drag-and-drop update capabilities for your network maps, and automatically displays connections between devices
- Monitors VMware servers (vSphere™, ESX, ESX) and automatically tracks VM performance through vMotion, as well as your virtualized Cisco Nexus 1000V switches
- Enables advanced alerting for correlated events, sustained conditions, and complex combinations of device configurations
- Extends management capabilities to NetFlow traffic analysis, IP SLA monitoring, IP Address management, network configuration management, and application and server performance



CONNECTMD MBS CUSTOMER PORTAL

ConnectMD makes information available about the performance, error, utilization, and other statistics from the service network directly to our customers. This information is gathered into easy-to-read graphs and charts and made available through the Customer Portal. Additionally, comprehensive back-end trends and analysis are available, enabling you to view information such as availability, over-time utilization, network health, and a variety of other information. This information is available through automatically generated reports or upon request from the Service Desk.

ConnectMD empowers our customers with the ability to view the status and availability of their network services through a web interface that includes documentation and self-support information. This provides your technical staff with a comprehensive, single point-of-view on the status and utilization of their current services, to submit feature requests, and to provide feedback on services received. This quality of service system enables ConnectMD and customer staff to jointly monitor key indicators of performance, service quality, and issue resolution. This tool will be a core component for bi-weekly customer status meetings.

YKHC Reporting Access

Based on the complexity of YKHC's network and the current satellite latency between Anchorage and Bethel, YKHC has two options for access to network monitoring tools:

- 1) Anchorage-based ConnectMD MBS Customer Portal
- 2) Bethel-based Network Monitoring and Reporting Server

The screenshot displays a web browser window with the URL <http://connectmd.gci.com>. The page header features the ConnectMD logo and the text "GCI Managed Broadband". A navigation menu on the left includes sections for "Public Resources", "Services and Features", "Customer Information", and "GCI address". The main content area is titled "Support Request" and contains a form with the following fields: "Your Name", "Email Address", "Phone Number", "Location", and "Description". A note above the form states: "Use this form to report a service or quality of service issue directly to our service desk team. This will be handled promptly with a response. Please provide as much detail as possible - the more information submitted the faster the overall resolution. If this is an emergency, please contact the Broadband Service & Support Desk at 1-888-254-2666." The form is currently empty.

Figure 5 Portal Service Request Form: Customers can submit ticket-open requests to the MBS Service Desk, which enables customers to open tickets without phone calls or emails. GCI works to assure that the ticket open process is available through multiple routes.



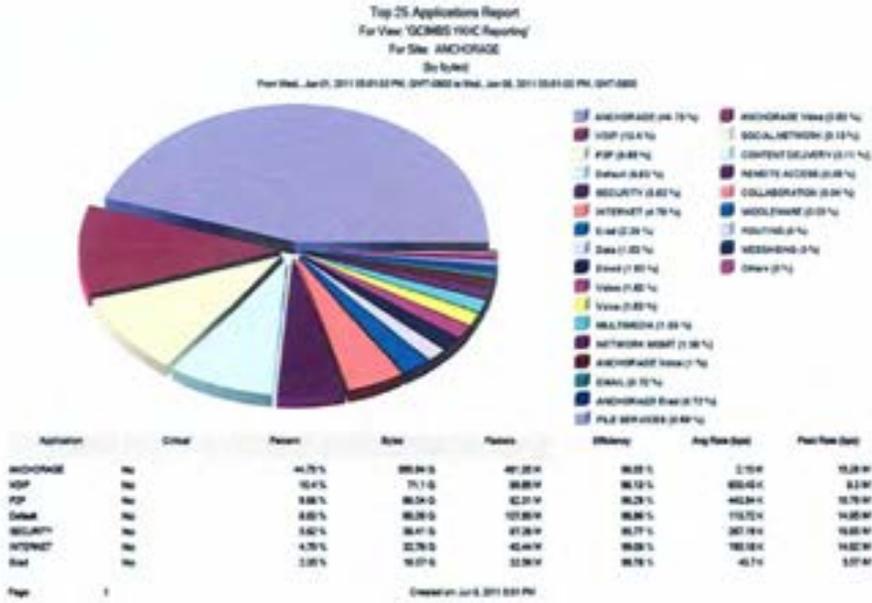


Figure 6 Top 25 Applications Report

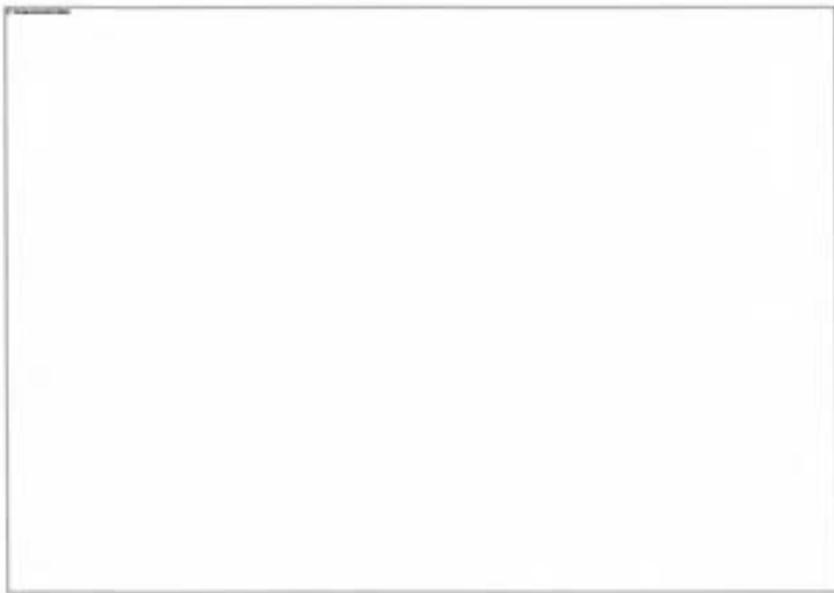


Figure 7 Applications Performance





Figure 8 Bandwidth and Application Utilization. GCI provides multiple tools to view network utilization at any given time. Through the portal, customers can see a network's utilization over-time graph for each site, along with historical reports.

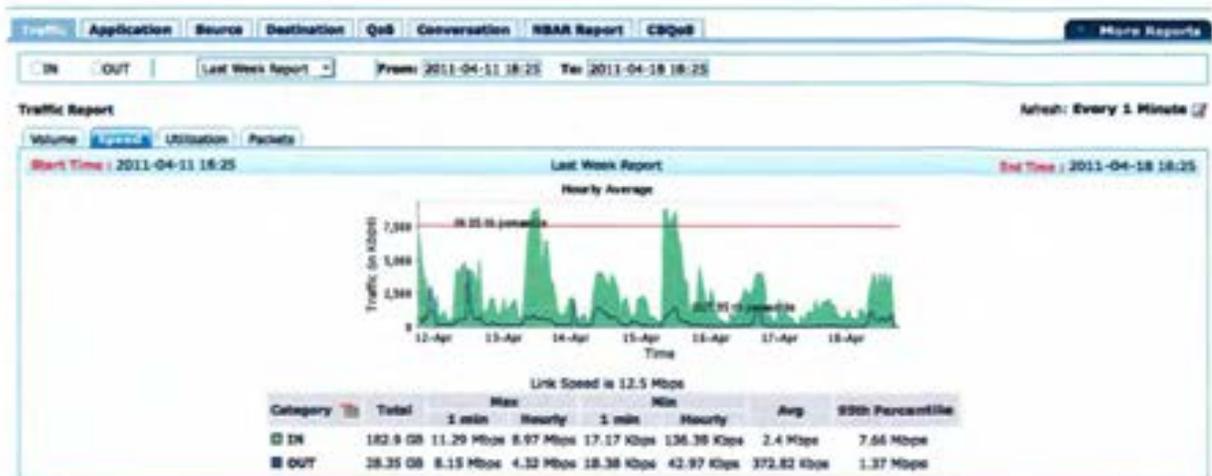


Figure 9 Top Traffic, GCI provides access to many different traffic reports



NETFLOW ANALYZER MONITORING TOOL

NetFlow Analyzer is a bandwidth and capacity monitoring tool that GCI provides to ConnectMD network customers. It offers you in-depth visibility into network traffic and its patterns; providing real-time network behavior information and how traffic affects the network's overall health. *NetFlow Analyzer* gives detailed information on network bandwidth usage patterns for traffic analysis, capacity planning, and policy decisions. These tools allow evaluation of specific applications, users, ports, or network elements to determine potential network management issues.

- **IP Grouping:** *NetFlow Analyzer* monitors departmental, intranet, or application traffic exclusively using IP groups. Users create IP groups based on IP addresses and/or a combination of port and protocol. This feature is useful in tracking departmental bandwidth usage, calculating bandwidth costs, and ensuring appropriate usage of network bandwidth.
- **Application Mapping:** *NetFlow Analyzer* lets you define applications shown in bandwidth reports. Further, custom applications can be added to the list of recognized applications.
- **Threshold Based Alerting:** The system sets thresholds for bandwidth utilization and provides email alerts when the threshold value is exceeded. This framework helps in quicker understanding of the problem in the network and hence quicker action.
- **Real-time Bandwidth Monitoring:** Bandwidth monitoring reports for each interface shows current, average, and peak bandwidth usage patterns across each NetFlow-enabled interface. With these bandwidth usage statistics, customers have instant visibility into how much bandwidth was used up by hosts, applications, and conversations across a specific interface.
- **Historical Bandwidth Usage Trends:** Bandwidth monitoring trends show usage patterns and traffic trends across a day, week, month, and a year.
- **Consolidated Bandwidth Usage Summary:** Bandwidth usage summary reports show overall usage statistics for a WAN link. Customers can view current bandwidth usage patterns, along with details on hosts, applications, and conversations using up bandwidth for a selected period. Options to see bandwidth usage during peak working hours are also available.

CONTINUAL SERVICE IMPROVEMENT

GCI MBS' continual service improvement is focused on maintaining value and improving quality for the customer through an industry standard quality management process of Plan, Do, Check, and Act.

- **Plan:** Define the plan and what needs to happen, who will do what, and the framework of how it will happen including successful criteria and when outcomes should be complete.
- **Do:** Implement the plan.
- **Check:** Measure the outcomes against the defined criteria and outcomes.
- **Act:** Take action to adjust the plan to achieve the desired outcomes.

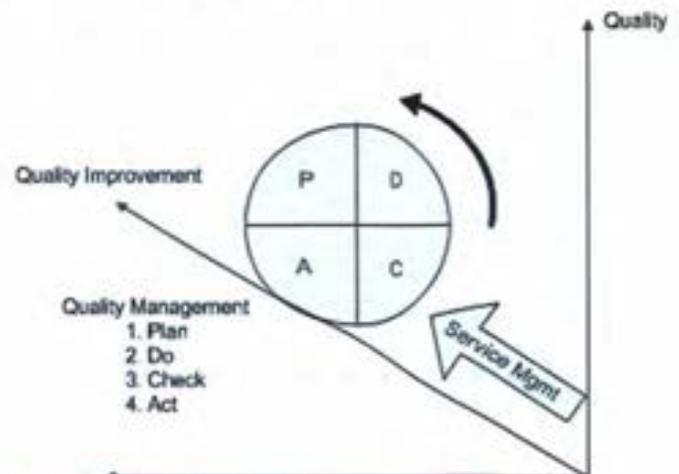


Figure 10 Continual Service Improvement Diagram



Qualifications of Service Personnel

GCI ConnectMD employs a dedicated team of technical professionals to service the needs of its customers. This team includes twenty highly trained and certified administrators, technicians, and engineers whose sole focus is serving the needs of the department's customers. The technical team includes experts in the operation of equipment and software from *Cisco*, *Tandberg*, *Polycorn*, *Microsoft*, *Sonicwall*, *Checkpoint*, *Novell*, *VMware*, *Juniper*, *Linux*, and more.

Van Brollini, BBA, MIS

Senior Manager, Technical Services

Van Brollini has more than 25 years of professional experience in Information and Communications Technology engineering, operations, and management. Over the past 11 years, Van has worked for various companies from startups to large global enterprises. At *Cisco Systems*, Van was an Internet technology evangelist and educator, promoting and training engineers in the latest Internet technologies. At *bSquare*, Van was in charge of global wireless device management engineering and operations, working with wireless telecom operators globally. At *Expedia*, Van had numerous responsibilities and roles. Initially, Van was responsible for IT integration of the acquired corporate travel companies. After that, Van was in charge of *Expedia's* European IT operations based in the UK. Later, he was in charge of Global IT Infrastructure Engineering. Van has a BBA/MIS from University of Alaska Anchorage and has held many industry certifications over the past 25 years.



Chad Parker, MS

Project Manager, Technical Services

Chad Parker is in charge of managing projects for the Managed Broadband Services technical support team. Chad has worked at GCI since August 2001, originally serving as SchoolAccess Systems Manager. In the Army since 1986, he currently holds the rank of Lieutenant Colonel in the Alaska National Guard. Chad has served at all levels of command in the Army and most recently returned from a combat tour in Afghanistan. He holds specialties in Military Intelligence and Systems Automation. In addition, Chad has a Master's degree in Computer Science.



Manuel Hernandez
Manager, Service and Support



Manuel Hernandez focuses primarily on encouraging an environment of cooperation and enthusiasm within the Service Desk team while maintaining and improving customer experience, building relationships with vendors and other departments, and assuring the service team is providing the highest level of customer satisfaction and support to all customers. Manuel's focus also includes service and support infrastructure providing a level of assurance that while GCI focuses on developing products and features for new clients, current customers are kept current. Manuel holds numerous management, administration, and technical training certifications and awards.

David Kampsen, CCNP, CCNA, MCSE+S, Security+
Manager, Operations Engineering



David joined the MBS team in March of 2008 as a Network Engineer. David has 14 years of experience in the IT field. He previously worked for the Alaska Railroad as a help desk technician, network analyst, and network engineer. David has extensive knowledge designing, implementing, and troubleshooting *Cisco* networks. He has had experience with most of *Cisco's* routers, switches, firewalls, and wireless networks (*Autonomous* and *Lightweight*). David is familiar with *Microsoft*, *Novell*, and *Linux* (various flavors) operating systems. David also has experience installing and supporting various circuit types from T1 to fiber optic.

James Krafft, A+, N+, CNE(5), CCNA, CCNP, CCVP, CCIP, BS IT Engineering
Engineering Services Manager



James Krafft works as the Engineering Services Manager overseeing network architecture and design for the Managed Broadband MPLS network and services. James has been in the IT field for the past 10 years. James has extensive network troubleshooting experience with *Cisco* based networks and working with GCI managed customer networks that include, State of Alaska, several Telehealth clients, SchoolAccess clients, and other major commercial private line customers. James has knowledge in *Microsoft* and *Novell* network operating systems, telecom physical circuits and various networking hardware, such as *Cisco* routers, switches, firewalls, and *Cisco* Voice over IP equipment. Over the last two years, he also led the team that has designed and implemented the current MPLS network over which all Managed Broadband Services are offered.

Continuity of Services

GCI is committed to providing YKHC with a service that meets the performance requirements to support modern, network sensitive applications, such as Voice over IP, videoconferencing, and remote control applications.

In order to deliver the best possible service, GCI monitors several key aspects of network performance and will provide YKHC with access to reports via a web-based interface allowing an objective view of the network status at any given time and also access to historical data.

YKHC NETWORK AVAILABILITY FOR APRIL 2011

This table shows the network uptime for all YKHC locations currently serviced by GCI. This is a snapshot for April 2011 and shows the availability of GCI facilities, as well as that of all facilities providers that may impact network availability (e.g. local power utilities). GCI works closely with the local power companies to ensure maximum service availability.

Location	GCI Facilities	All Facilities	Location	GCI Facilities	All Facilities
Akiachak	100.000%	100.000%	Marshall	100.000%	100.000%
Akiak	100.000%	100.000%	Mekoryuk	100.000%	100.000%
Alakanuk	100.000%	100.000%	Mt. Village	100.000%	100.000%
Aniak	100.000%	100.000%	Napakiak	100.000%	100.000%
Anvik	100.000%	100.000%	Napaskiak	100.000%	100.000%
Atnautluak	100.000%	100.000%	Newtok	100.000%	100.000%
Bethel (to Anchorage)	99.713%	99.167%	Nightmute	100.000%	100.000%
Bethel MAN Sites	100.000%	98.806%	Nunam Iqua	100.000%	100.000%
Chefornak	100.000%	100.000%	Nunapitchuk	100.000%	99.938%
Chevak	100.000%	99.979%	Oscarville	100.000%	100.000%
Chuathbaluk	100.000%	100.000%	Pilot Station	100.000%	100.000%
Crooked Creek	100.000%	99.757%	Pitka's Point	100.000%	100.000%
Eek	100.000%	100.000%	Quinhagak	100.000%	100.000%
Emmonak	100.000%	99.979%	Russian Mission	100.000%	100.000%
Grayling	100.000%	100.000%	Scammon Bay	100.000%	99.979%
Holy Cross	100.000%	100.000%	Shageluk	100.000%	100.000%
Hooper Bay	100.000%	100.000%	Sleetmute	100.000%	99.757%
Kasigluk	100.000%	99.977%	St. Mary's	100.000%	100.000%
Kipruk	100.000%	100.000%	Stony River	100.000%	97.093%
Kongiganak	100.000%	100.000%	Toksook Bay	100.000%	100.000%
Kotlik	100.000%	100.000%	Tuluksak	100.000%	99.810%
Kwethluk	100.000%	100.000%	Tuntutuliak	100.000%	99.734%
Kwigillingok	100.000%	99.752%	Tununak	100.000%	100.000%
Lower Kalskag	100.000%	100.000%	Upper Kalskag	100.000%	100.000%
Entire YKHC Network	99.994%	99.869%			



NETWORK MONITORING TABLE

Network Health Components Monitored

Availability	Latency
Reachability	Jitter
Reliability	Utilization

By monitoring and proactively acting when these metrics exceed set thresholds, we assure that the wide area network and the associated applications traversing the links are performing to an optimum level for the network type.

GCI targets for our facilities to be available 100% of the time and has staff and equipment stationed in different areas of the state in order to achieve this goal. Staffing spans the spectrum from core engineers and regional technicians to site agents in all villages where GCI has facilities. Also, sparring is performed at a regional level for any equipment with likelihood of failure.

In the following table, we have provided the level of availability and performance characteristics that our facilities are engineered to deliver at a minimum as part of their deployment.

SERVICE LEVEL AGREEMENT TABLE

SLA Component	Type of Delivery	Availability
Service Availability	C-Band Satellite Facilities	99.98%
	Ku-Band Satellite Facilities	99.7%
	LEC Loops	99.99%
	Fiber	99.99%
	Microwave	99.99%
Latency and Jitter (Round Trip)	C-Band Satellite Facilities	550ms /< 15ms
	Ku-Band Satellite Facilities	550ms /< 15ms
	LEC Loops	10ms Maximum /<15 ms
	Fiber	10-40ms /<15 ms
	Microwave	10-40ms /<15 ms
Fault Restoration	4 hour target for Priority 1 faults	
	24 hour target for Priority 2 faults	
	Coordinated with customer for Priority 3 faults	
Response & Updates	GCI provides customer updates every 4 hours for Priority 1 faults	
	GCI provides customer updates every 12 hours for Priority 2 faults	
	GCI provides customer updates upon restoration/completion for Priority 3 faults	



In order to best respond to customer needs, we classify different types of events into priority levels ranging from a complete outage to events without customer impact but need to be addressed.

SERVICE LEVEL AGREEMENT PRIORITY TABLE

Fault	Criteria
Priority 1	Total loss of service Degraded Circuit (the Circuit is degraded to the extent where the Customer is unable to use it and is prepared to release it for immediate testing - Priority 1 requires explicit customer designation)
Priority 2	Degraded Circuit (the Circuit is degraded; the Customer is able/still wants to use it and is not prepared to release it for immediate testing)
Priority 3	Non service-affecting (a single quality of service inquiry or configuration request)

Depending on your individual needs, we will work with YKHC to craft a specific Service Level Agreement with a credit architecture for degraded service or outages as part of the contract negotiation process.

Our response methodology, overview of our support group, and incident handling processes are covered in more detail in the **Service and Support** section of this proposal.



GCI Organization Overview

Description of Business Organization

This proposal is submitted by **GCI Communication Corporation**, a national leader in telecommunications. Based on revenues, GCI (NASDAQ: GNCMA) is the largest communications provider in Alaska—one of the most challenging environments in the country. It owns and operates the infrastructure to provide local and long distance voice services, cable television, data, and Internet access to residential, business, and government customers across the state under the GCI brand. Due to the unique nature of Alaska, including harsh winter weather and remote villages and towns, customers rely extensively on GCI systems to meet their communication and entertainment needs.

Since GCI's founding in 1979, there has been continual work to expand its product and service portfolio to become the leading integrated communication services provider in the markets GCI serves. GCI facilities include redundant and geographically diverse digital undersea fiber optic cable systems linking terrestrial networks to the networks of other carriers. These networks include over 3,000 miles of fiber optics connecting communities in Alaska to Washington and Oregon, as well as microwave systems providing terrestrial communications for another 60 plus communities, with more added each year. GCI has continued the statewide deployment of digital local phone service (DLPS) utilizing GCI coaxial cable facilities. In recent years, GCI expanded its efforts in wireless phone and operates the only statewide wireless phone network. The wireless network provides access for both global system for mobile communications (GSM) and code division multiple access (CDMA) based devices, and can provide an eventual path to fourth generation wireless communications.

For the year ended December 31, 2010, GCI generated consolidated revenues of \$651.3 million. That period ended with approximately 100,600 long-distance customers, 144,900 local access lines in service, 138,700 wireless subscribers, and 116,400 cable modem subscribers.

RECENT DEVELOPMENTS

Pending Regulatory Commission of Alaska Grant Award. In January 2011, GCI submitted an application to the Regulatory Commission of Alaska. This application is for a \$6.3 million grant to extend terrestrial broadband service north beyond the Yukon-Kuskokwim region. This grant includes a GCI commitment of an additional \$23.3 million in capital expenses to complete the first phase of the TERRA-NW, which ultimately will be able to provide high-need services to 3,658 households and 303 businesses in the 20 covered communities. The project will also serve numerous public/nonprofit/private community anchor institutions and entities, such as regional healthcare providers, school districts, and other regional and Alaska Native organizations whose daily operations rely on access to quality service. Construction on TERRA-NW Phase 1 is expected to begin in 2012 and complete the project by the end of 2013. Initial locations served will include Unalakleet, Nome, and Shaktoolik.





American Reinvestment and Recovery Act (ARRA) Award. In January 2010, the U.S. Department of Agriculture's Rural Utilities Service (RUS) approved GCI's wholly owned subsidiary, United Utilities, Inc.'s (UUI) application for an \$88.2 million loan/grant combination to extend terrestrial broadband service for the first time to the Bristol Bay Area and the Yukon-Kuskokwim Delta, a rugged area in Alaska approximately the size of the state of North Dakota. Upon completion, UUI's project, TERRA-SW, will be able to provide high-need services to 9,089 households and 748 businesses in the 65 covered communities. The RUS award, consisting of a \$44.2 million loan and a \$44.0 million grant, will be made under the RUS Broadband Initiatives Program established pursuant to ARRA. In April 2011, the first segment, fiber from Levelock to Iguigig, was completed and the entire project is projected to be complete by the end of 2011.



Universal Services Fund Qualifications & Experience

Proof of USAC Eligibility

GCI Communication Corp.

Service Provider Identification Number 143001199

GCI is a documented service provider with the Universal Service Administrative Company (USAC), and has been since the first year of the program. The service provider identification number (SPIN) is 143001199. GCI has a Service Provider Information Form, FCC Form 498, on file with USAC. In addition, GCI's FCC Form 473, Service Provider Annual Certification Form is on file for 2011.

Flexible Billing

GCI provides customers, eligible for the USF Rural Health Care subsidy, the option of pre-discounted billing for all services over a T1. With pre-discounted billing, customers receive their service invoices with an additional section called *Estimated USF Discounts*.

For each eligible Health Care Provider (HCP) and each discountable eligible service, there is a line item in this section identifying the HCP by Rural Health Care designated name and HCP number, and the discount amount. The services invoice is then the net of the services and the *Estimated USF Discounts*, an amount normally considerably less than full retail. A second invoice under a separate GCI account number is also provided showing just the Estimated USF Discounts. The sum of the two monthly invoices equals the monthly delivered contracted services total.

If the pre-discount option is selected, the customer must file for Rural Healthcare support within 20 days of the first day of each funding year or from the contract signature date, whichever is later within a particular funding year, and provide GCI written proof of that filing. GCI will only pre-discount invoices for which it has received proper Rural Healthcare supplied proof of filing, either in the form of copies of the submitted FCC Forms 466 or the receipt of valid Rural Healthcare funding commitments.

Customers have the option to pay the full invoice each month. Once customers complete the Rural Healthcare application process, they receive applicable discounts and a check for all approved discounts applicable to the services provided.

At the customer's request, GCI will provide copies of monthly invoices along with mailed paper versions. GCI can also provide a monthly billing analysis spreadsheet detailing the billing breakout for each contracted service by location, the impact of the Estimated USF Discounts, billing account numbers, invoice numbers, and comments identifying any billing anomalies. Once the actual Rural Healthcare discounts are received, they will be shown by Funding Request Number.



USF Staff

Steve Walker, Senior Administrative Manager, Managed Broadband Services, swalker@gci.com

Responsibilities: Steve Walker has been involved with GCI's rural services for 11 years, managing the Universal Service Fund program since 1999.

Experience: Steve built the original data management system and the custom billing processes used by GCI to support Schools and Libraries and Rural Healthcare USF-eligible customers. Steve regularly attends USAC-sponsored training workshops, most recently last fall in Portland, OR. Prior to joining Managed Broadband Services, Steve managed GCI's Network Solutions Technical Services, overseeing local and wide area network technicians providing service to many of GCI's corporate and small business clients. Steve works with more than 100 school districts and healthcare organizations in Alaska and the western states, helping applicants get the USF support they need. Steve has a B.A. from the University of Montana and an M.S. in Business Organizational Management from the University of La Verne.

Jessica Kelly, USF Accounts Administrator, Managed Broadband Services, jkelly@gci.com

Responsibilities: Jessica Kelly is primarily responsible for the billing and application of USF discounts with the Rural Health program while training other staff on the processes used for billing and support of the E-Rate program. Jessica also supports the billing processes for the non-USF eligible customers served through Managed Broadband Services

Experience: Jessica joined the department in 2005. She worked in GCI's Accounting Department for five years before joining GCI Managed Broadband Services. While in Accounting, she worked as a billing specialist, handling all billing for GCI's Private Line, Network Solutions, and GFCS. Jessica also acted as the back-up for the Billing Specialist, who was responsible for the Oracle billing of all SchoolAccess and Telehealth customers. Since coming to Managed Broadband Services, Jessica has worked directly with 48 E-Rate eligible customers in Alaska and in the lower 48.



Pricing

Out of Pocket Cost Analysis of USAC Funded Services

OUT OF POCKET COST SUMMARY FOR RECOMMENDED SERVICES FROM VILLAGES TO BETHEL (HUB NOT INCLUDED)

Transport Technology	Microwave				Satellite	
	1.5 Mbps	3 Mbps	5 Mbps	10 Mbps	1.5 Mbps	3 Mbps
Symmetrical Speed	1.5 Mbps	3 Mbps	5 Mbps	10 Mbps	1.5 Mbps	3 Mbps
Urban Rate / Out of Pocket per Site	\$135	\$196	\$232	\$300	\$135	\$196
Locations	6	31	4	1	3	1
Total Out of Pocket for Transport per Month	\$810	\$6,076	\$928	\$300	\$405	\$196
Total Out of Pocket per Month	\$8,715					

OUT OF POCKET COST FOR BETHEL HUB

Bethel Hub Port for WAN	
Size of Bethel Port	100Mbps
Price	\$80,800
Out of Pocket Cost	\$700

COST SUMMARY TABLE

YKHC Network Improvement Cost Summary	
Current Monthly Urban Rate / Out of Pocket	\$11,062
Proposed Monthly Urban Rate / Out of Pocket	\$9,415
Monthly Cost Savings	\$1,647
Annual Savings Over Current Service	\$19,764
% Savings Over Current Service	15%
Monthly Rural Rate / Retail	\$1,014,269.00



PRE-TERRA-SW: RETAIL AND OUT-OF-POCKET COSTS BY VILLAGE FOR RECOMMENDED BANDWIDTH

Community	Transport Technology	Recommended Bandwidth	Retail Cost	Out of Pocket Cost
Bethel (Hub Port)	DeltaNet Microwave	100Mbps/100Mbps	\$80,800.00	\$700
Bethel	Satellite	15Mbps/15Mbps	\$57,500.00	\$394
Bethel	Internet	15Mbps/15Mbps	\$3,000.00	\$2,250
Akiachak	AT&T Microwave	3.0Mbps/3.0Mbps	\$2,162.00	\$196
Akiak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Alakanuk	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Aniak	DeltaNet Microwave	5.0Mbps/5.0Mbps	\$36,740.00	\$232
Anvik	DeltaNet Microwave	1.5Mbps/1.5Mbps	\$11,372.00	\$135
Atnautluak	AT&T Microwave	3.0Mbps/3.0Mbps	\$2,536.00	\$196
Chefornak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Chevak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Chuathbaluk	DeltaNet Microwave	1.5Mbps/1.5Mbps	\$11,372.00	\$135
Crooked Creek	Satellite	1.5Mbps/1.5Mbps	\$6,955.00	\$135
Eek	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Emmonak	DeltaNet Microwave	5.0Mbps/5.0Mbps	\$36,740.00	\$232
Grayling	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Holy Cross	DeltaNet Microwave	1.5Mbps/1,544Mbps	\$11,372.00	\$198
Hooper Bay	DeltaNet Microwave	10.0Mbps/10.0Mbps	\$73,230.00	\$300
Kasigluk	AT&T Microwave	3.0Mbps/3.0Mbps	\$3,134.00	\$196
Kipnuk	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Kongiganak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Kotlik	Satellite	3.0Mbps/3.0Mbps	\$13,990.00	\$196
Kwethluk	AT&T Microwave	3.0Mbps/3.0Mbps	\$2,012.00	\$196
Kwigillingok	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Lower Kalskag	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Marshall	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Mekoryuk	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Mt. Village	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Napakiak	AT&T Microwave	1.5Mbps/1.5Mbps	\$931.00	\$135
Napaskiak	AT&T Microwave	3.0Mbps/3.0Mbps	\$1,638.00	\$196
Newtok	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196



Nightmute	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Nunam Iqua	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Nunapitchuk	AT&T Microwave	3.0Mbps/3.0Mbps	\$2,984.00	\$196
Oscarville	AT&T Microwave	1.5Mbps/1.5Mbps	\$819.00	\$135
Pilot Station	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Pitka's Point	DeltaNet Microwave	1.5Mbps/1.5Mbps	\$11,372.00	\$135
Quinhagak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Russian Mission	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Scammon Bay	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Shageluk	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Sleetmute	Satellite	1.5Mbps/1.5Mbps	\$6,955.00	\$135
St. Mary's	DeltaNet Microwave	5.0Mbps/5.0Mbps	\$36,740.00	\$232
Stony River	Satellite	1.5Mbps/1.5Mbps	\$6,955.00	\$135
Toksook Bay	DeltaNet Microwave	5.0Mbps/5.0Mbps	\$36,740.00	\$232
Tuluksak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Tuntutuliak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Tununak	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196
Upper Kalskag	DeltaNet Microwave	3.0Mbps/3.0Mbps	\$22,244.00	\$196



Pre-TERRA-SW Pricing (July 1, 2011)

Location(s) by Recommended Bandwidth	Transport Technology	Bandwidth	Monthly Cost per site	Installation Cost
Anvik, Chuathbaluk, Holy Cross, Pitka's Point	DeltaNet	1.5Mbps / 1.5Mbps	\$ 11,372	\$ 0
Akiak, Alakanuk, Cheformak, Eek, Grayling, Kipnuk, Kongiganak, Kwigillingok, Lower Kalskag, Marshall, Mekoryuk, Mt. Village, Newtok, Nightmute, Nunam Iqua, Pilot Station, Quinhagak, Russian Mission, Scammon Bay, Shageluk, Tuluksak, Tuntutuliak, Tununak, Upper Kalskag	DeltaNet	3.0Mbps / 3.0Mbps	\$ 22,244	\$ 0
Aniak, Emmonak, St. Mary's, Toksook Bay	DeltaNet	5.0Mbps / 5.0Mbps	\$ 36,740	\$ 0
Hooper Bay	DeltaNet	10Mbps / 10Mbps	\$ 73,230	\$ 0
Bethel	DeltaNet Hub	100Mbps	\$ 80,800	\$ 0
Akiachak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,162	\$ 0
Atnautluak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,536	\$ 0
Kasigluk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 3,134	\$ 0
Kwethluk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,012	\$ 0
Napakiak	AT&T Microwave	1.5Mbps / 1.5Mbps	\$ 931	\$ 0
Napaskiak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 1,638	\$ 0
Nunapitluk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,984	\$ 0
Oscarville	AT&T Microwave	1.5Mbps / 1.5Mbps	\$ 819	\$ 0
Crooked Creek, Sleetmute, Stony River	Satellite	1.5Mbps / 1.5Mbps	\$ 6,995	\$ 0
Kotlik	Satellite	3.0Mbps / 3.0Mbps	\$ 13,990	\$ 0
Bethel (to Anchorage)	Satellite	15Mbps / 15Mbps	\$ 57,500	\$ 0
Anchorage-Based Internet	Internet	15Mbps / 15Mbps	\$ 3,000	\$ 0



TERRA-SW Pricing (anticipated end of 2011)

Location(s) by Recommended Bandwidth	Transport Technology	Bandwidth	Monthly Cost per site	Installation Cost
Anvik, Chuathbaluk, Holy Cross, Pitka's Point	TERRA-SW	1.5Mbps / 1.5Mbps	\$ 11,372	\$ 0
Akiak, Alakanuk, Chefnak, Eek, Grayling, Kipnuk, Kongiganak, Kwiglilingok, Lower Kalskag, Marshall, Mekoryuk, Mt. Village, Newtok, Nightmute, Nunam Iqua, Pilot Station, Quinhagak, Russian Mission, Scammon Bay, Shageluk, Tuluksak, Tuntutuliak, Tununak, Upper Kalskag	TERRA-SW	3.0Mbps / 3.0Mbps	\$ 22,244	\$ 0
Aniak, Emmonak, St. Mary's, Toksook Bay	TERRA-SW	5.0Mbps / 5.0Mbps	\$ 36,740	\$ 0
Hooper Bay	TERRA-SW	10Mbps / 10Mbps	\$ 73,230	\$ 0
Anchorage*	TERRA-SW	15Mbps / 15Mbps	\$ 108,720	\$ 0
Bethel**	TERRA-SW Hub	100Mbps	\$ 80,800	\$ 0
Bethel**	TERRA-SW Hub	25Mbps	\$ 21,025	\$ 0
Akiachak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,162	\$ 0
Atmautluak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,536	\$ 0
Kasigluk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 3,134	\$ 0
Kwethluk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,012	\$ 0
Napakiak	AT&T Microwave	1.5Mbps / 1.5Mbps	\$ 931	\$ 0
Napaskiak	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 1,638	\$ 0
Nunapituchuk	AT&T Microwave	3.0Mbps / 3.0Mbps	\$ 2,984	\$ 0
Oscarville	AT&T Microwave	1.5Mbps / 1.5Mbps	\$ 819	\$ 0
Crooked Creek, Sleetmute, Stony River	Satellite	1.5Mbps / 1.5Mbps	\$ 6,995	\$ 0
Kotlik	Satellite	3.0Mbps / 3.0Mbps	\$ 13,990	\$ 0
Anchorage-Based Internet	Internet	15Mbps / 15Mbps	\$ 3,000	\$ 0

* Anchorage represents the Anchorage port for connectivity to Bethel. Upon completion of TERRA-SW, the satellite transport connecting Bethel to Anchorage will be replaced by a low latency, terrestrial link.

** The increase in aggregate bandwidth across the YKHC terrestrial network requires a corresponding increase in the TERRA-SW hub capacity in Bethel. This will ensure there are no congestion issues with YKHC network traffic.



Pricing by Bandwidth

Transport Technology	Bandwidth	Monthly Cost per site	Installation Cost
DeltaNet / TERRA-SW Village Edge	1.5Mbps / 1.5Mbps	\$ 11,372	\$ 0
	3.0Mbps / 3.0Mbps	\$ 22,244	\$ 0
	5.0Mbps / 5.0Mbps	\$ 36,740	\$ 0
	10Mbps / 10Mbps	\$ 73,230	\$ 0
	15Mbps / 15Mbps	\$ 109,970	\$ 0
	20Mbps / 20Mbps	\$ 146,210	\$ 0
DeltaNet / TERRA-SW Anchorage Edge	15Mbps / 15Mbps	\$ 108,720	\$ 0
	20Mbps / 20Mbps	\$ 144,960	\$ 0
	25Mbps / 25Mbps	\$ 181,200	\$ 0
	30Mbps / 30Mbps	\$ 217,440	\$ 0
	35Mbps / 35Mbps	\$ 253,680	\$ 0
	40Mbps / 40Mbps	\$ 289,920	\$ 0
DeltaNet / TERRA-SW Hub in Bethel Hub size needs to increase in accordance with total edge bandwidth to prevent congestion. Recommendations: <ul style="list-style-type: none"> Once TERRA-SW is complete, increase hub capacity to an aggregate 125Mbps (100Mbps plus 25Mbps) 	100 Mbps	\$ 80,800	\$ 0
	25 Mbps	\$ 21,025	\$ 0
	30 Mbps	\$ 25,010	\$ 0
	35 Mbps	\$ 28,995	\$ 0
	40 Mbps	\$ 32,980	\$ 0
	50 Mbps	\$ 40,950	\$ 0
	60 Mbps	\$ 48,920	\$ 0
	80 Mbps	\$ 64,860	\$ 0
	200 Mbps	\$ 161,600	\$ 0
	Village Satellite	1.5Mbps / 1.5Mbps	\$ 6,955
3.0Mbps / 3.0Mbps		\$ 13,990	\$ 0
5.0Mbps / 5.0Mbps		\$ 23,317	\$ 0
10Mbps / 10Mbps		\$ 46,633	\$ 0
Bethel to Anchorage Satellite	15Mbps / 15Mbps	\$ 57,500	\$ 0
Akiachak Microwave	3.0Mbps / 3.0Mbps	\$ 2,162	\$ 0
Atmaultuak Microwave	3.0Mbps / 3.0Mbps	\$ 2,536	\$ 0
Kasigluk Microwave	3.0Mbps / 3.0Mbps	\$ 3,134	\$ 0
Kwethluk Microwave	3.0Mbps / 3.0Mbps	\$ 2,012	\$ 0
Napakiak Microwave	1.5Mbps / 1.5Mbps	\$ 931	\$ 0
Napaskiak Microwave	3.0Mbps / 3.0Mbps	\$ 1,638	\$ 0
Nunapitchuk Microwave	3.0Mbps / 3.0Mbps	\$ 2,984	\$ 0
Oscarville Microwave	1.5Mbps / 1.5Mbps	\$ 819	\$ 0
Anchorage-based Internet	Per 1Mbps	\$ 200	\$ 0

* Note: All prices include local loops (if necessary).



Additional Proposed Services and Locations

Location	Service	Bandwidth	Monthly Cost per site	Installation Cost
Anchorage Transportation Management Center *	MetroEthernet	3.0Mbps / 3.0Mbps	\$ 277.00	\$ 0
Anchorage Transportation Management Center *	Internet Access	3.0Mbps / 3.0Mbps	\$ 600.00	\$ 0
Anchorage Colocation *	Colocation	-	\$ 0.00	\$ 0
Bautista, Behavioral Health (Camai House), Crisis Respite Center, Girls Group Home, Health Aide Housing (K.E.Y.S. Building), Learning Center at BNC Campus, Materials Building, Morgan House, New Malone Home, Phillips Ayagnirvik Treatment Center, Pre-Maternal House, Sobering Center	Bethel Fiber Connectivity Services	10Mbps / 10Mbps	\$ 267.99	\$ 0
CHSB	Bethel Fiber Connectivity Services	100 Mbps / 100Mbps	\$ 535.97	\$ 0
Point-to-Point Bethel Hospital, Point-to-Point CHSB	Bethel Fiber Connectivity Services	1000Mbps / 1000Mbps	\$ 174.95	\$ 0
Bethel DSL Backbone	DSL		\$ 1,423.13	\$ 0
Up to 50 Bethel locations to be detailed by YKHC	DSL	Up to 8Mbps / 1.5Mbps, depending on service availability	\$ 33.89 per location	\$ 228.00 for new locations only
Atmautluak, Chevak, Mountain Village	WAN connection between YKHC Clinics and Behavioral Health Offices	5Mbps / 5Mbps	\$ 464.00	\$ 0
Remote Personnel WAN - Eagle River, AK	Remote WAN	768Kbps / 768Kbps	\$ 225.48	\$ 0
Remote Personnel WAN - Minneapolis, MN	Remote WAN	1.5Mbps / 1.5Mbps	\$ 325.00	\$ 0
Remote Personnel WAN - Nikiski, AK	Remote WAN	3Mbps / 512Kbps	\$ 154.50	\$ 0

* Note: Moving the ANTHC connection to ConnectMD allows us to revamp your Transportation Management Center configuration, Internet connection, and colocation fees resulting in an additional out-of-pocket savings to YKHC of **\$2,888 per month**.



ATTACHMENT 11

GCI COMMUNICATION CORP.
INDEPENDENT CONTRACTOR
AGREEMENT FOR USF-ELIGIBLE TELECOMMUNICATIONS SERVICES
GCI Contract Number HC-320

This Agreement is made and entered into by and between the YUKON-KUSKOKWIM HEALTH CORPORATION ("YKHC" or "Customer"), P.O. Box 528, Bethel Alaska 99559, and independent contractor GCI COMMUNICATION CORP., 2550 Denali Street, Suite 1000, Anchorage, Alaska 99503 ("Contractor" and, together with YKHC, the "Parties" or each individually a "Party").

YKHC is a non-profit, tax-exempt corporation operating pursuant to resolution of 58 federally-recognized tribes. YKHC operates a JCAHO-accredited health program in the Yukon-Kuskokwim Delta region pursuant to Compact and Funding Agreement with the Indian Health Service, as authorized by the Indian Self-Determination and Education and Assistance Act, 25 U.S.C. 450, et seq., and Section 325 of P.L. 105-83.

YKHC desires to employ Contractor upon the terms and conditions set forth below, and Contractor desires to provide telecommunications services to YKHC upon the same terms and conditions set forth below. Therefore, in consideration of the covenants and agreements herein made, the Parties hereby agree as follows:

1. **Scope of Work.** Contractor shall provide telecommunications services to YKHC as itemized in Attachment A: *Services, Prices and Schedules* (the "Services" and individually, a "Service") and as may be changed from time to time upon mutual agreement by authorized representatives of the Parties in writing.

2. **Term.** The term of this Agreement shall begin on August 13, 2011, and continue in full force and effect for five (5) years from that date, or such earlier time if terminated by either Party, as hereinafter provided ("Term").

3. **Covenants.**

a. Contractor covenants that it has and will continue to possess all required licenses, permits, and similar authorizations necessary to perform under this Agreement and that it has been trained, engaged in, and is experienced in the provision of telecommunications and broadband Internet access services.

b. Contractor covenants that at all times during the term of this Agreement, Contractor shall provision the Services, in a manner that is consistent with all applicable federal and state laws and regulations, professional standards then prevailing, and currently-accepted methods and practices, including codes of ethics of appropriate professional associations and applicable State Boards.

c. Contractor shall meet or exceed all performance, monitoring, reporting, and problem-resolution benchmarks for the Services as set forth in Attachment B: *YKHC Telecommunication Service Availability and Support Benchmarks*. These benchmarks may be changed only by written mutual agreement of the Parties, as may be necessary to best meet the operational requirements of YKHC.

d. All Services currently delivered to YKHC under the existing USF-Eligible Telecommunication Services Agreement currently in effect between YKHC and GCI will continue to be delivered under this Agreement at the same service levels, by the same delivery methods and at the same pricing as provided in the existing agreement until the transitions to the service levels and delivery methods provided in this Agreement are accepted according to the Installation and Testing provisions of Attachment A, at which time the Services will be delivered at the service levels, delivery methods, and pricing provided in this Agreement. Within thirty days of the execution of this Agreement, YKHC will make an application for telecommunications support through the Rural Health Care Division of the Universal Service Administrative Company ("USAC") for all of the eligible services provided under this Agreement by submitting to USAC this Agreement and filing forms 466 and 466-A, or such successor form as prescribed by USAC. YKHC will also file applications for telecommunications support through USAC for any changes in services and pricing for Services provided under this Agreement within thirty days. Until such time as USAC authorizes and approves the telecommunications support sought by YKHC in connection with this Agreement, Contractor shall continue to provide all services that currently are provided under the existing USF-Eligible Telecommunications Services Agreement between the Parties.

4. Independent Contractor Status and Obligations.

a. Contractor understands and agrees that it is an independent contractor. In no event shall this Agreement constitute an employment agreement, and Contractor shall be considered only as an independent contractor and not as an employee, agent, partner of, or joint venturer with YKHC.

b. Contractor shall be solely responsible for any and all licensure or other fees necessary to perform the obligations under this Agreement, including such as may be required by the State of Alaska, any and all taxes (state, federal and/or local), worker's compensation insurance, disability payments, social security payments, unemployment insurance payments, medical malpractice insurance and any similar type of payment. Contractor shall indemnify, defend, and hold YKHC harmless from and against any claims for fees, taxes, payments or other such asserted obligations specified in this Section 4.b. YKHC certifies that it has federal tax exempt status and therefore is exempt from Bethel sales tax under BMC 4.16.040(V).

c. Contractor shall use its best efforts to provide the Services according to the requirements of YKHC set forth in this Agreement and recognized telecommunications industry practices. Contractor's performance or method of performance shall not be subject to the direct supervision of YKHC, but shall be in accordance with Section 3(b).

5. Compensation, USAC-Related Reimbursable Expenses, and Credits.

a. Contractor will commence its provision of the Services to YKHC under this Agreement in advance of any support determination by USAC.

i. If USAC issues a Denial of Funding or a Funding Commitment Decision below the expected level of funding support for the Services after timely submission of documentation by YKHC, or if the Rural Healthcare program of the Universal Service Fund is cancelled during the term of this Agreement, Contractor shall continue to provision the Services for a period of twelve months from the date of any such determination by USAC, and YKHC shall be responsible for paying for the Services only at the applicable urban rate, except that the bandwidth for all satellite served locations will be reduced to the level of half T-1 circuits (768 Kbps x 768 Kbps) and YKHC will be responsible for paying the actual tariffed rates for all local loops and DSL lines used in provisioning such bandwidth. GCI's current estimate of these costs is approximately \$22,000/month. During such twelve month period, YKHC will pursue all commercially reasonable avenues to appeal or protest USAC's decision or re-apply for funding. If USAC has not reinstated funding for the Services at the end of this twelve month period, this Agreement will terminate in accordance with Section 16.b. and without penalty to either Party.

ii. It is expressly understood and agreed to by the Parties that, to the extent there is a delay between the time USAC makes a determination to provide funding support for the Services and the time USAC provides such funding, Contractor shall provision the Services to YKHC as provided for in this Agreement.

iii. GCI shall pre-discount all invoices to YKHC that are eligible for USAC support. GCI will hold such discounts in a separate account for each funding year for which YKHC is seeking support. YKHC is expected to pay pre-discounted invoices on a monthly basis within the payment terms displayed on each invoice, which shall be in accordance with this Agreement. An invoice reflecting the monthly discounts will also be sent to YKHC so it will know for accounting purposes the full value of the Services. The ; non-discount portion of the invoices, , need not be paid each month but rather will be paid by USAC funding through the timely application and submission of all required USAC forms necessary for the receipt of such funding.

b. The total estimated rural rate for the Services set forth in Attachment A is \$1,014,269 per month. Based on this estimate, Contractor will pre-discount its monthly invoices for the Services to the estimated published urban rate of \$12,059 per month. The urban rate and the pre-discounted amount billed will change as the scope of Services changes. The estimated urban rate is Contractor's best interpretation at this time, and may be adjusted

up or down based on the actual funding commitment made by USAC. If the USAC funding commitment figure differs from the estimated YKHC urban rate, future invoices will reflect the funding commitment amount, and an adjustment will be made between the Parties to bring past payments or past invoices equal to the actual urban rate as expressed in the funding commitment.

c. Contractor shall invoice YKHC at its mailing address of PO Box 528, Bethel, Alaska 99559, Attn. Accounts Payable, on a monthly basis in arrears not later than the 15th of each month and/or as designated in Section 1, detailing the Services performed pursuant to this Agreement in the preceding month. YKHC shall make payment by check to Contractor at the address first written above upon approval by the designated YKHC Project Manager of such invoice within 30 days of receipt, unless another payment method is agreed to between the Parties.

d. Contractor shall provide YKHC with reports and analyses pertaining to Contractor's performance under this Agreement in a manner and on a schedule to be determined by mutual agreement of the Parties. Contractor shall provide to YKHC upon reasonable request all available underlying data and information relevant to assessing these reports and analyses and, more generally, Contractor's performance under this Agreement, including the extent to which any service failures, delays or outages have occurred.

6. **Non-Exclusivity.** Contractor does not have the sole right to provide the Services or to perform services of the type described in this Agreement. YKHC reserves the right to solicit and enter into agreements with other entities for any service it deems necessary, including those of the type provided in this Agreement, and Contractor reserves the right to provide such services to other entities.

7. **Contract Administration Data.** Performance of the work under this Agreement shall be subject to the technical direction of the Project Manager and Contracting Officer identified below in this Section 7, which designated personnel may be changed from time to time in accordance with Section 12. All technical direction must be within the general scope of work stated in this Agreement. Contractor shall proceed promptly with the technical direction duly issued by the designated YKHC Project Manager. In the event Contractor believes any technical direction is not within the scope of this Agreement, the Contracting Officer shall be notified immediately.

- a. **YKHC Contracts Manager Nabil Daoud is designated as Contracting Officer, telephone (907)-543-6023.** The following authorities are specifically retained solely by the Contracting Officer: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change any monetary aspects of this Agreement; and (4) change the Project Manager designation in this Agreement.

- b. **YKHC Project Manager designated for this Agreement is Rhys Tony, telephone (907) 543-6095. Delegated authorities include: (1) monitoring technical progress, including the surveillance and assessment of the work performed; (2) interpreting the statement of services and any other technical requirements; (3) performing any technical evaluations and/or inspections as may be required; (4) assisting in the resolution of any technical problems, which may be encountered during the performance of this Agreement; (5) receiving and distributing technical notices and correspondence; and (6) approving Contractor's invoices for payment.**
- c. **Contractor Representative designated for this Agreement is Steve Constantine, telephone (907) 868-7044.**

8. Hazardous Materials. Contractor hereby agrees to comply with all applicable federal, state, and local laws, codes, and regulations in connection with any hazardous materials utilized in performing the Services.

9. [INTENTIONALLY BLANK]

10. Confidentiality. This Agreement, and all non-public records and information relating to the business of YKHC, including but not limited to the Services, which Contractor may receive or learn during the course of performing services for YKHC, are confidential and proprietary information. Contractor shall not communicate or disclose, directly or indirectly, orally, in writing, or in any other form, any record or information learned in the performance of this Agreement for any purpose other than for a purpose directly related to the performance of service on behalf of YKHC or pursuant to the express written direction of YKHC, as requested by USAC, as directed by law, or to Contractor's advisers or lenders, which shall be bound by the terms of this Section 10.

11. No Subcontract. This Agreement is the means by which YKHC wishes to secure the professional services of Contractor. YKHC is engaging the services of Contractor because of Contractor's particular and specialized knowledge, judgment, skill, and expertise. Accordingly, the Services to be performed by Contractor under this Agreement may be performed only by Contractor and its affiliated companies, and no other, except with the prior written consent of YKHC in its sole discretion. Nothing in this Section 11 shall prevent Contractor from purchasing the use of telecommunications facilities, material, or equipment from other companies for its use in provisioning the Services covered by this Agreement.

12. Notice. Any formal notice or information required to be disbursed or provided hereunder shall be deemed delivered or provided if (a) sent by certified or registered mail, postage prepaid, return receipt requested; (b) e-mailed; or sent by facsimile and telephonic confirmation of receipt of such e-mail or fax is received to:

If to YKHC:

If to Contractor:

Yukon-Kuskokwim Health Corp.
ATTN: Nabil Daoud, Contracting Officer
Post Office Box 528
Bethel, AK 99559-0528
Telephone: (907) 543-6023
Facsimile: (907) 543-9985
Email Nabil_Daoud@ykhc.org

Corporate Counsel
GCI Communication Corp.
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503
Telephone: (907) 868-6857
Facsimile: (907) 868-5676
Email bpaskvan@gci.com

GCI Managed Broadband Services
Steve Constantine, Director, GCI
Medical and Video Services
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503
Telephone: (907) 868-7044
Facsimile: (907) 868-8547
Email sconstantine@gci.com

13. Changes.

a. Any changes to this Agreement must be in writing and be signed by authorized representatives of both Parties. Any changes in the Services or the scope of the Services will, if appropriate, be accompanied by an additive or deductive change to the contract price. Changes to the Services or the scope of the Services will be made pursuant to the Change Order Process described in Attachment A.

b. It is the intention of the Parties that the bandwidth quantity of different sites will change as the medical services of the sites change, and that the service delivery method for sites initially served by satellite will change to DeltaNet delivery when this service becomes available. Prices will also change if, for whatever reason, the delivery method is changed. Any changes in service delivery or pricing will be done under the Change Order Process. The prices for different bandwidth and delivery methods are shown in Attachment A.

14. Obligations to Retain Eligible Status and to Comply with FCC and USAC Rules and Procedures During the Term hereof:

a. Contractor FCC and USAC Obligations.

i. Contractor shall maintain its Eligible Telecommunications Carrier status under the FCC and USAC health care provider funding rules.

ii. Contractor agrees to comply with all applicable FCC and USAC rules and procedures in its performance under this Agreement.

iii. Contractor shall provide all the assistance to YKHC that is allowed under FCC and USAC program guidelines and regulations for the preparation of Forms 466 and 467. Contractor shall cooperate with YKHC in responding to any inquiries or requests from the FCC, USAC or other governmental authorities that are relevant to the Services, and in defending against any reviews or appeals in connection therewith.

iv. Contractor shall review the USAC Funding Commitment Letters and provide timely comments to YKHC, as necessary.

b. YKHC FCC and USAC Obligations.

i. YKHC shall maintain its status as an Eligible Health Care Provider under the FCC and USAC health care provider funding rules.

ii. YKHC shall use commercially reasonable efforts to submit all documentation necessary to secure and renew its eligibility for USAC funding of the Services on a timely basis when the USAC window for such funding applications opens during each year.

iii. YKHC shall comply with all applicable FCC and USAC rules and procedures, including requirements applicable to "consortia." YKHC represents that it (A) selected Contractor to provide the Services after conducting a competitive procurement process, and (B) has submitted to USAC a properly completed Form 465 for such procurement. Promptly after execution of this Agreement, YKHC shall submit to USAC properly completed Forms 466 in such numbers as shall be required for the Services and a properly completed Form 467. YKHC further agrees to pursue expeditiously approval of USAC funding for the Services, including by completing any supplementary documentation or supplying any further information required by USAC.

15. [INTENTIONALLY BLANK]

16. Termination of Agreement.

a. This Agreement may be terminated:

i. At any time by mutual written consent of the Parties.

ii. By either Party upon breach of any material term in this Agreement, provided that the breaching party is notified in writing of the breach and fails to cure such breach within 30 days of receiving such notice or within some other period of time to be mutually agreed upon by the Parties in writing.

iii By YKHC if Contractor fails to provision the Services according to the Facilities Deployment Schedule in Attachment A, or if Contractor's performance metrics fall to the level set in Section 5.2 of Attachment B.

iv. By YKHC if this Agreement is not deemed to have Evergreen Contract status by USAC and YKHC is required to seek competitive bids in any funding year and (a) YKHC receives such a bid, and (b) such bid is deemed by YKHC to be to be the most cost effective alternative when compared to the terms of this Agreement.

v. By YKHC for convenience and with no penalty to YKHC in years four and/or five of the Term by giving notice to GCI not sooner than sixty (60) days prior to the chosen termination date.

b. If this Agreement is terminated then YKHC shall be responsible for compensating Contractor only at the urban rate and only for those portions of the Services that were provisioned and received by YKHC before the date of termination, provided, however, that where the Agreement is terminated due to denial of USAC funding, YKHC shall be responsible for compensating Contractor as provided in Section 5.a.i.

17. Disputes.

a. In the absence of controlling federal law, this Agreement shall be interpreted according to the laws of the State of Alaska. Any controversy or claim arising out of, or relating to this Agreement, or the breach, termination or validity thereof, shall be determined by the state courts of either the State of Alaska's Third or Fourth Judicial Districts at Anchorage or Bethel, Alaska, respectively, or the U.S. District Court for the District of Alaska.

b. Nothing in this Agreement shall be construed to limit or in any way prejudice YKHC's claim to protection from suit based on the Federal Tort Claims Act as it may apply to YKHC by 25 U.S.C. 1621f(d), 25 U.S.C. 1680c(d), or P.L. 101-512 §314, as amended by P.L. 103-138, § 308. YKHC similarly reserves to itself any other protections, including protection from suit based on common law immunities.

18. Indemnification. Contractor agrees to indemnify, defend, and hold harmless YKHC, its agents, employees and assigns from and against any suit, allegations, demands or claims to the extent arising directly or indirectly from this Agreement or Contractor's performance hereunder except in the event that any such claim is the result of the recklessness or intentional misconduct of YKHC.

19. WAIVER OF LIABILITY AND LIMITATION OF DAMAGES

CONTRACTOR AGREES THAT YKHC SHALL NOT INCUR ANY LIABILITY OF ANY KIND WHATSOEVER, AND CONTRACTOR PROSPECTIVELY WAIVES AND RELEASES YKHC FROM ANY CLAIM, LIABILITY, OR CAUSE OF ACTION WHATSOEVER, FOR ANY INJURY OR DAMAGE TO

CONTRACTOR OF ANY KIND OR NATURE THAT RESULTS FROM OR OCCURS IN CONNECTION WITH THIS AGREEMENT, INCLUDING, WITHOUT LIMITATION, ANY CLAIMS ARISING OUT OF ANY FAILURE OR DAMAGE TO CONTRACTOR OR ITS PERSONAL OR REAL PROPERTY, INJURY TO OR ILLNESS OR DEATH OF CONTRACTOR'S OFFICERS, CONTRACTORS, SUBCONTRACTORS, LICENSEES, AGENTS, SERVANTS, EMPLOYEES, INVITEES OR VISITORS, AND ANY CLAIMS ARISING OUT OF ANY ACT OR OMISSION OF YKHC WITH RESPECT TO THIS AGREEMENT; PROVIDED THAT CONTRACTOR IS NOT HEREBY RELEASING YKHC FROM LIABILITY FOR CLAIMS WHICH ARISE OUT OF YKHC'S RECKLESSNESS OR INTENTIONAL MISCONDUCT. UNDER NO CIRCUMSTANCES SHALL YKHC BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, INCLUDING WITHOUT LIMITATION LOST PROFITS, EVEN IF CONTRACTOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

20. Insurance. Contractor shall maintain in force during the Term, with an insurance company registered to do business in Alaska, insurance adequate in form and amount to protect Contractor and its respective agents against comprehensive public liability and property damage. Insurance limits shall be no less than the following: General Liability \$1,000,000/\$2,000,000; Automobile Liability \$1,000,000; Excess Umbrella \$10,000,000; Worker's Compensation and Employers' Liability \$500,000/\$1,000,000. YKHC shall be named as an additional insured on the Contractor's General Liability, Automobile Liability, and Excess Umbrella policies, and YKHC shall be notified at least thirty (30) days prior to any termination, cancellation, or material change that adversely affects such insurance coverage. Contractor will also provide YKHC with certificates of insurance for Workers' Compensation and Employers' Liability policies.

21. Debarment. Contractor, including on behalf of any of its subcontractors or key employees, certifies that it has not been debarred or suspended by any federal, state, Tribal or other government body.

22. Transition Period. Upon expiration or termination of this Agreement by either Party for any reason except the default of YKHC, Contractor shall provide to YKHC after such expiration or termination reasonable assistance in transitioning to another service provider. Such transition assistance shall include support and maintenance services, if provided at the time of such expiration or transition that are reasonably requested by YKHC to facilitate an orderly transition to another service provider. During any such transition period, YKHC shall continue to pay Contractor for its services at the urban rates specified in this Agreement.

23. Successors and Assigns. This Agreement shall extend to and bind the respective permitted successors and assigns of the Parties; provided that no assignment of a Party's rights hereunder may be assigned absent the prior written consent of the other Party, which shall not be unreasonably withheld.

24. Miscellaneous.

a. This Agreement represents the entire agreement between the Parties and supersedes any and all other agreements as to the subject matter hereof. It may be changed only by written modification signed by authorized representatives of both parties.

b. Paragraph headings used in this Agreement are included solely for convenience and shall not affect or be used in connection with the interpretation of this Agreement.

c. Both Parties have had an opportunity to consult with independent counsel before signing this Agreement. Consequently, the rule of construction which requires interpretation against the drafter shall not apply to this Agreement.

d. If any term, covenant, or condition of this Agreement shall be held to be invalid, illegal, or unenforceable in any respect, the remainder of this Agreement shall be construed without such provision and shall remain in full force and effect.

EXECUTED as of this 1st day of September, 2011.

YUKON-KUSKOKWIM HEALTH CORPORATION



Gene Peltola, President & CEO

GCI COMMUNICATION CORP.



Martin Cary
Vice President and General Manager
Managed Broadband Services

This Contract is not valid until all the above-required signatures have been obtained.

Attachment A
Services, Prices, Schedules and Processes

The Services shall be provisioned as set forth below. As bandwidth needs change for each site, or as the TERRA-SW network is completed, the service delivery method and bandwidth may change upon the written mutual agreement of the Parties.

Village Clinic Names and HCP Numbers

Community	Name	HCP
Akiachak	Akiachak Native Community Clinic	10211
Akiak	Edith Kawagley Memorial Clinic	10212
Alakanuk	Alakanuk Clinic	10213
Aniak	Clara Morgan Sub-Regional Clinic	10214
Anvik	Anvik Clinic	10215
Atmautluak	Atmautluak Clinic	10216
Bethel	YK Delta Regional Hospital	10217
Chefornak	Chefornak Clinic	10218
Chevak	Chevak Clinic	10219
Chuathbaluk	Chuathbaluk	10220
Crooked Creek	Crooked Creek Clinic	10192
Eek	Eek Clinic	10193
Emmonak	Emmonak Clinic	10194
Grayling	Grayling Clinic	10195
Holy Cross	Theresa Demientieff Health Clinic	10196
Hooper Bay	Hooper Bay Clinic	10197
Kasigluk	Kasigluk Clinic	10200
Kipnuk	Kipnuk Clinic	10201
Kongiganak	Lillian E. Jimmy Memorial Clinic	10203
Kotlik	Kotlik Clinic	10204
Kwethluk	Sarah S. Nicholai Memorial Clinic	10205
Kwigillingok	Kwigillingok Clinic	10206
Lower Kalskag	Crimet Phillips, Sr. Clinic	10198
Marshall	Theresa Elia Memorial Clinic	10208
Mekoryuk	Mekoryuk Clinic	10209
Mt. Village	Mountain Village Clinic	10210
Napakiak	Napakiak Clinic	10221
Napaskiak	Yago Clark Memorial Clinic	10222
Newtok	Newtok Clinic	10223
Nightmute	Nightmute Clinic	10174
Nunam Iqua	Sheldon Point Clinic	10185
Nunapitchuk	Nunapitchuk	10175
Oscarville	Oscarville Clinic	10176
Pilot Station	Pilot Station Clinic	10177
Pitka's Point	Pitka's Point Clinic	10178
Quinhagak	Quinhagak Clinic	10179
Russian Mission	Russian Mission Clinic	10181
Scammon Bay	Scammon Bay Clinic	10183
Shageluk	Shageluk Clinic	10184
Sleetmute	Sleetmute Clinic	10186

St. Mary's	John Afcan Memorial Clinic	10182
Stony River	Stony River Clinic	10187
Toksook Bay	Toksook Bay Clinic	10188
Tuluksak	Tuluksak Clinic	10189
Tuntutuliak	Kathleen Daniel Memorial Hospital	10190
Tununak	Tununak Clinic	10191

Existing Transparent LAN (TLS) Service Pricing

Community	Delivery Method	Bandwidth Mbps	MRC
Aklachak	AT&T	3	\$2,162
Akiak	DeltaNet	3	\$24,753
Alakanuk	DeltaNet	3	\$24,753
Aniak	DeltaNet	5	\$41,255
Anvik	DeltaNet	1.5	\$12,377
Atmautluak	AT&T	3	\$2,536
Bethel	Satellite	15	\$84,420
Chefornak	DeltaNet	3	\$24,753
Chevak	DeltaNet	3	\$24,753
Chuathbaluk	DeltaNet	1.5	\$12,377
Crooked Creek	Satellite	1.5	\$8,000
Eek	DeltaNet	3	\$24,753
Emmonak	DeltaNet	5	\$41,255
Grayling	DeltaNet	3	\$24,753
Holy Cross	DeltaNet	1.5	\$12,377
Hooper Bay	DeltaNet	5	\$41,255
Kasigluk	AT&T	3	\$3,134
Kipnuk	DeltaNet	3	\$24,753
Kongiganak	DeltaNet	3	\$24,753
Kotlik	Satellite	3	\$16,000
Kwethluk	AT&T	3	\$2,012
Kwigillingok	DeltaNet	3	\$24,753
Lower Kalskag	DeltaNet	3	\$24,753
Marshall	DeltaNet	3	\$24,753
Mekoryuk	DeltaNet	3	\$24,753
Mt. Village	DeltaNet	3	\$24,753
Napakiak	AT&T	1.5	\$931
Napaskiak	AT&T	3	\$1,638
Newtok	DeltaNet	3	\$24,753
Nightmute	DeltaNet	3	\$24,753
Nunam Iqua	DeltaNet	3	\$24,753
Nunapitchuk	AT&T	3	\$2,984
Oscarville	AT&T	1.5	\$819
Pilot Station	DeltaNet	3	\$24,753
Pitka's Point	DeltaNet	1.5	\$12,377
Quinhagak	DeltaNet	3	\$24,753
Russian Mission	DeltaNet	3	\$24,753
Scammon Bay	DeltaNet	3	\$24,753
Shageluk	DeltaNet	3	\$24,753

Sleetmute	Satellite	1.5	\$8,000
St. Mary's	DeltaNet	5	\$41,255
Stony River	Satellite	1.5	\$8,000
Toksook Bay	DeltaNet	5	\$41,255
Tuluksak	DeltaNet	3	\$24,753
Tuntutuliak	DeltaNet	3	\$24,753
Tununak	DeltaNet	3	\$24,753
Upper Kalskag	DeltaNet	3	\$24,753
Bethel Hub	DeltaNet	100	\$90,761
Bethel	ConnectMD Internet	15	\$3,750

Pre-TERRA-SW Multiprotocol Label Switching (MPLS) Service Pricing

Community	Delivery Method	Bandwidth Mbps	MRC
Akiachak	AT&T	3	\$2,162
Akiak	DeltaNet	3	\$22,244
Alakanuk	DeltaNet	3	\$22,244
Aniak	DeltaNet	5	\$36,740
Anvik	DeltaNet	1.5	\$11,372
Atmautluak	AT&T	3	\$2,536
Bethel	Satellite	15	\$57,500
Chefornak	DeltaNet	3	\$22,244
Chevak	DeltaNet	3	\$22,244
Chuathbaluk	DeltaNet	1.5	\$11,372
Crooked Creek	Satellite	1.5	\$6,995
Eek	DeltaNet	3	\$22,244
Emmonak	DeltaNet	5	\$36,740
Grayling	DeltaNet	3	\$22,244
Holy Cross	DeltaNet	1.5	\$11,372
Hooper Bay	DeltaNet	10	\$73,230
Kasigluk	AT&T	3	\$3,134
Kipnuk	DeltaNet	3	\$22,244
Kongiganak	DeltaNet	3	\$22,244
Kotilk	Satellite	3	\$13,990
Kwethluk	AT&T	3	\$2,012
Kwigillingok	DeltaNet	3	\$22,244
Lower Kalskag	DeltaNet	3	\$22,244
Marshall	DeltaNet	3	\$22,244
Mekoryuk	DeltaNet	3	\$22,244
Mt. Village	DeltaNet	3	\$22,244
Napakiak	AT&T	1.5	\$931
Napaskiak	AT&T	3	\$1,638
Newtok	DeltaNet	3	\$22,244
Nightmute	DeltaNet	3	\$22,244
Nunam Iqua	DeltaNet	3	\$22,244
Nunapitchuk	AT&T	3	\$2,984
Oscarville	AT&T	1.5	\$819
Pilot Station	DeltaNet	3	\$22,244
Pitka's Point	DeltaNet	1.5	\$11,372

Quinhagak	DeltaNet	3	\$22,244
Russian Mission	DeltaNet	3	\$22,244
Scammon Bay	DeltaNet	3	\$22,244
Shageluk	DeltaNet	3	\$22,244
Sleetmute	Satellite	1.5	\$6,995
St. Mary's	DeltaNet	5	\$36,740
Stony River	Satellite	1.5	\$6,995
Toksook Bay	DeltaNet	5	\$36,740
Tuluksak	DeltaNet	3	\$22,244
Tuntutuliak	DeltaNet	3	\$22,244
Tununak	DeltaNet	3	\$22,244
Upper Kalskag	DeltaNet	3	\$22,244
Bethel Hub	DeltaNet	100	\$80,800
Bethel	ConnectMD Internet	15	\$3,000

Post-TERRA-SW Multiprotocol Label Switching (MPLS) Service Pricing

Community	Delivery Method	Bandwidth Mbps	MRC
Akiachak	AT&T	3	\$2,162
Akiak	Terra-SW	3	\$22,244
Alakanuk	Terra-SW	3	\$22,244
Aniak	Terra-SW	5	\$36,740
Anvik	Terra-SW	1.5	\$11,372
Atmautluak	AT&T	3	\$2,536
Bethel	Terra-SW	15	\$108,720
Chefornak	Terra-SW	3	\$22,244
Chevak	Terra-SW	3	\$22,244
Chuathbaluk	Terra-SW	1.5	\$11,372
Crooked Creek	Satellite	1.5	\$6,995
Eek	Terra-SW	3	\$22,244
Emmonak	Terra-SW	5	\$36,740
Grayling	Terra-SW	3	\$22,244
Holy Cross	Terra-SW	1.5	\$11,372
Hooper Bay	Terra-SW	10	\$73,230
Kasigluk	AT&T	3	\$3,134
Kipnuk	Terra-SW	3	\$22,244
Kongiganak	Terra-SW	3	\$22,244
Kotlik	Satellite	3	\$13,990
Kwethluk	AT&T	3	\$2,012
Kwigillingok	Terra-SW	3	\$22,244
Lower Kalskag	Terra-SW	3	\$22,244
Marshall	Terra-SW	3	\$22,244
Mekoryuk	Terra-SW	3	\$22,244
Mt. Village	Terra-SW	3	\$22,244
Napaklak	AT&T	1.5	\$931
Napaskiak	AT&T	3	\$1,638
Newtok	Terra-SW	3	\$22,244
Nightmute	Terra-SW	3	\$22,244
Nunam Iqua	Terra-SW	3	\$22,244

Nunapitchuk	AT&T	3	\$2,984
Oscarville	AT&T	1.5	\$819
Pilot Station	Terra-SW	3	\$22,244
Pitka's Point	Terra-SW	1.5	\$11,372
Quinhagak	Terra-SW	3	\$22,244
Russian Mission	Terra-SW	3	\$22,244
Scammon Bay	Terra-SW	3	\$22,244
Shageluk	Terra-SW	3	\$22,244
Sleetmute	Satellite	1.5	\$6,995
St. Mary's	Terra-SW	5	\$36,740
Stony River	Satellite	1.5	\$6,995
Toksook Bay	Terra-SW	5	\$36,740
Tuluksak	Terra-SW	3	\$22,244
Tuntutuliak	Terra-SW	3	\$22,244
Tununak	Terra-SW	3	\$22,244
Upper Kalskag	Terra-SW	3	\$22,244
Bethel Hub	Terra-SW	100	\$80,800
Bethel Hub	Terra-SW	25	\$21,025
Bethel	ConnectMD Internet	15	\$3,000

Pricing Schedule

Delivery Method	Bandwidth Mbps	MRC
DeltaNet / TERRA-SW Village Edge	1.5	\$11,372
	3	\$22,244
	5	\$36,740
	10	\$73,230
	15	\$109,970
	20	\$146,210
DeltaNet / TERRA-SW Anchorage Edge	15	\$108,720
	20	\$144,960
	25	\$181,200
	30	\$217,440
	35	\$253,680
	40	\$289,920
	50	\$362,300
DeltaNet / TERRA-SW Bethel Hub	100	\$80,800
	25	\$21,025
	30	\$25,010
	35	\$28,995
	40	\$32,980
	50	\$40,950
	60	\$48,920
	80	\$64,860
Village Satellite	1.5	\$6,955
	3	\$13,990
	5	\$23,317

	10	\$46,633
Bethel to Anchorage Satellite	15	\$57,500
Akiachak Microwave	3	\$2,162
Atmautluak Microwave	3	\$2,536
Kasigluk Microwave	3	\$3,134
Kwethluk Microwave	3	\$2,012
Napakiak Microwave	1.5	\$931
Napaskiak Microwave	3	\$1,638
Nunapitchuk Microwave	3	\$2,984
Oscarville Microwave	1	\$819
ConnectMD Internet	Per 1Mbps	\$200

Circuits Deployment Schedule

Contractor will begin bring the various circuits up to the configuration and speeds as specified above as soon as commercially possible. Contractor estimates that pre TERRA-SW MPLS circuits can be provisioned at the data rates specified above within 60 days of YKHC's execution of this agreement. Contractor estimates that the TERRA-SW network will be completed and the post TERRA-SW MPLS circuits can be provisioned at the data rates specified above by the end of 2011.

Installation, Testing and Change Order Processes

Installation and Testing:

At each YKHC location, Contractor shall provide to YKHC:

1. An initial test of the communications capability at each YKHC location during the initial installation of the Services, which shall contain:
 - A completed installation checklist,
 - Data delivery rate test results

The YKHC Project Manager or his or her designee shall have the opportunity to witness the Services testing and shall, upon successful testing, accept the Contractor's Services successful test results each applicable YKHC location. The YKHC Project Manager or his or her designee shall indicate/confirm YKHC's acceptance of the Contractor's Services successful test results by a signature on the test result document. In the event that the YKHC Project Manager or his or her designee, after having received reasonable notice, does not witness the testing, YKHC waives its right to witness the testing and nonattendance shall constitute YKHC's acceptance of the Services test results at the applicable YKHC location. Upon acceptance of the Services test results by signature or waiver under this provision, YKHC shall commence payment for the Services provided by Contractor.

Change Orders:

The Contracting Officer may, at any time during the Term, by written request identified to be a change order, request changes to the Services within the general scope of the Agreement, including changes:

1. In the scope of Services; or
2. In the YKHC-furnished facilities, equipment, materials or services; or
3. Directing acceleration in the performance of the Services.

Any other written directive (including any direction, instruction, interpretation, or determination regarding the terms of this Agreement) from the Contracting Officer that causes a change in Contractor's rights or responsibilities shall be treated as a change order under this clause, provided that Contractor gives the Contracting Officer written notice stating:

1. The date, circumstances, and source of the order; and
2. That Contractor regards the order as a change order.

Except as provided in this provision, no order, statement, request, or conduct of the Contracting Officer shall be treated as a change or shall entitle Contractor to an equitable adjustment.

If any change under this provision causes a material increase or decrease in Contractor's cost of, or the time required for, the performance of any Service under this Agreement, Contractor shall provide YKHC a proposal to make an equitable adjustment to the rates, charges and/or other terms or conditions hereunder. If the Parties reach agreement on such amended terms or conditions, they shall modify the Agreement in writing to reflect any such adjustment. Notwithstanding the foregoing, no adjustment for any change under this provision shall be required for any costs incurred more than 20 days before Contractor gives written notice as required under this provision. If the Parties are unable to reach agreement on the terms of an equitable adjustment, the requested change shall not be considered to fall within the scope of the Agreement and shall have no effect on Contractor's performance.

Contractor must assert its right to an adjustment under this provision within 30 days (unless a longer period is required by order of a federal, state or local governmental entity or is otherwise agreed by the Parties) after receipt of a written change order, or of another written directive that might be treated as a change order, by submitting to the Contracting Officer a written statement describing the general nature and amount of the proposed adjustment. The

statement of proposed adjustment may be included in the notice to be provided by Contractor that would allow any written directive to be treated a changed order, as described above.

No proposal by the Contractor for an equitable adjustment shall be allowed if asserted after YKHC has made final payment under this Agreement.

ATTACHMENT B
YKHC Telecommunication Service Availability and Support Benchmarks

1. Summary of Service Level Commitments

SLA Component	Target
Service Availability	Ku-Band Satellite Facilities 99.70%
	C-Band Satellite Facilities 99.98%
	Microwave 99.99%
	LEC Loops 99.99%
	Bethel Fiber 99.999%
Fault Restoration	4 hour target for Priority 1 faults
	24 hour target for Priority 2 faults
	Coordinated with customer for Priority 3 faults
Response & Updates	GCI provides customer updates every 4 hours for Priority 1 faults
	GCI provides customer updates every 12 hours for priority 2 faults
	GCI provides customer updates upon restoration/completion for Priority 3 faults

2. Definitions

2.1 Circuit

“Circuit” shall mean a dedicated private line facility or DeltaNet port, which includes that circuit’s associated tail circuits. Service availability commitments are applicable up to, but exclusive of, the designated Customer network demarcation device.

2.2 Fault

“Fault” means a defect or impairment in a Circuit, which causes an interruption in the provision of that Circuit, provided that for purposes of this Agreement, a fault shall not be deemed to have occurred where such fault is caused by the act or omission of the Customer, Force Majeure Events (as defined in Section 2.10 below), planned service suspensions for which the Customer has received advance notice and which are made in accordance with this Agreement, or the failure or malfunction of Customer equipment.

2.3 Service Fault Priorities

Service Faults are assigned a priority based on the impact to the Customer. The priority assignment criteria are defined in the table below:

Fault	Criteria
Priority 1	<ul style="list-style-type: none"> - Total loss of service - Degraded Circuit (the Circuit is degraded to the extent where the Customer is unable to use it and is prepared to release it for immediate testing – Priority 1 requires explicit customer designation)
Priority 2	<ul style="list-style-type: none"> - Degraded Circuit (the Circuit is degraded; the customer is able/still wants to use it and is not prepared to release it for immediate testing.)
Priority 3	<ul style="list-style-type: none"> - Non service-affecting (a single quality of service inquiry or configuration request)

2.4 Restoration

“Restoration” occurs when the Circuit is restored, the Customer is able to use the Circuit, and the Customer is notified that the Circuit has been restored. The Circuit will not be considered restored if Customer indicates to Contractor that it is not restored following the notification above.

2.5 Service Outage

“Service Outage” shall mean the period from when a Priority 1 Fault has been identified until Restoration.

2.6 Service Availability

“Service Availability” is the number of minutes in any given calendar month in which a Circuit is not subject to a Service Outage. Service Availability is measured on a per-Circuit basis as a percentage and is calculated as follows:

$$\frac{(\text{Number of available minutes in a month} - \text{total Service Outage minutes}) \times 100}{\text{Number of available minutes in a month}}$$

2.7 Aggregate Service Availability

“Aggregate Service Availability” represents a consolidated view of monthly Service Availability for the entire set of services under this Agreement. Aggregate Service Availability is measured as a percentage and is calculated as follows:

$$\frac{(\text{Number of contracted Circuits} \times \text{number of available minutes in a month} - \text{total monthly Service Outage minutes for all Contracted circuits}) \times 100}{(\text{Number of contracted Circuits} \times \text{number of available minutes in a month})}$$

2.8 Credit Eligible Day

Each Circuit has an associated Availability Commitment. When a Circuit experiences Service Outages (even if these Service Outages are caused by a Force Majeure Event), the total duration of which during a calendar month exceeds the number of minutes allowed in the Availability Commitment, the day upon which the commitment was exceeded and all subsequent days in the month during which service outages are experienced shall each be deemed a

“Credit Eligible Day”.

2.9 Service Availability Credits

“Service Availability Credits” shall mean a percentage of the monthly charges due for the Circuit that will be refunded to Customer at its request if GCI fails to meet the service levels detailed in this Attachment. Service Availability Credits will be applied solely against the charges for the specific Circuits to which they are applicable; in no event may such credits exceed the charges for that specific circuit.

2.10 Force Majeure Event

Force Majeure Event shall mean fire, flood, earthquake, volcanic activity, unusually severe weather, vandalism or external aggression to the communication facilities that is not attributable to the negligence of the Party claiming relief (or its employees or agents), failure of satellite, failure of tower structure, act of terrorism, sabotage, power outages outside of the reasonable control of Contractor, tail circuit or local loop outage outside of the reasonable control of the Contractor (UUI or Unicom tail circuits shall be considered to be within the control of the Contractor), war, strike, embargo, pandemic, epidemic, government requirement, act of civil or military authority, act of God, failure of a third party to grant or renew a materially required and non-substitutable right of way, permit, easement or other required authorization for use of the intended right of way (provided that the Party claiming relief has used its commercially reasonable efforts to obtain the required right of way, permit, easement or other required authorization), or other causes beyond a non-performing Party’s reasonable control and without the fault or negligence of the non-performing Party or its subcontractors. For the avoidance of doubt, unusually severe weather conditions typical in the communities identified in Attachment A shall not be considered a Force Majeure Event.

2.11 GCI Managed Broadband Service Desk (MBSD)

GCI’s MBSD is the Customer’s primary interface for reporting Faults or other service problems, receiving updates and receiving notification from the Customer that the Service is restored.

3. Service Availability Commitments

3.1 Individual Circuits

Service availability commitment metrics are dependent upon the type of media used to deliver the Circuit. The YKHC network includes five media types, each with an associated availability commitment. The media types and availability commitments are as follows:

Media Type	Availability Commitment	Approx. Monthly Minutes Before Penalty
Ku-Band Satellite Facilities	99.70%	130
C-Band Satellite Facilities	99.98%	9
Microwave	99.99%	4
Local Loops	99.99%	4
Bethel Fiber	99.999%	1

Each Circuit is monitored and its availability tracked individually. In circumstances where an individual Circuit utilizes more than one media type (e.g. a C-band satellite component and a local loop component on each end) the lowest availability commitment will apply (for the example above, the availability commitment for the Circuit would be 99.98%).

3.2 Aggregate Services

In addition to individual Circuit availability commitments, an aggregate availability commitment for all Circuits delivered under the terms of the associated contract is also provided.

If the Aggregate Service Availability meets or exceeds 97.5%, the monthly aggregate service availability commitment will have been met.

3.3 Availability Reporting

GCI will monitor the availability of all contracted Circuits on a continuous basis. On a monthly basis, GCI will provide a service availability report detailing the following information:

- Individual service availability for each contracted Circuit for the current month and the most recent 12-month period
- Aggregate service availability for all contracted Circuits for the current month and the most recent 12-month period
- Average, minimum and peak utilization for each contracted Circuit during the current month

On a quarterly basis, GCI will perform testing on each contracted Circuit to verify throughput and latency characteristics. Average latency and maximum throughput for each contracted circuit will be included in the current monthly service availability report.

GCI monitoring and reporting is dependent on required access to YKHC network infrastructure. This access may be granted under a specific written agreement to be negotiated by the Parties.

4. Service Restoration Targets

4.1 Target Time to Restore

In addition to service availability commitments, GCI also specifies a target time to restore service for each category of Service Fault Priority. These targets are intended to help align GCI resource allocation with the Customer expectations. They do not have associated penalties since any delay in restoration will be captured in the individual Service Availability Credits.

Priorities	Target Time to Restore
Priority 1	4 hours
Priority 2	24 hours
Priority 3	Per Customer guidance

4.2 Fault Reporting

GCI will track the status of all service Faults from the time the Fault is either noted by GCI network monitoring personnel or from the time the Customer notifies GCI of the Fault and a trouble ticket is opened. On a monthly basis, GCI will provide a Fault resolution report detailing the following information:

- Faults reported during the current month
- Faults resolved during the current month
- Faults outstanding
- Average/minimum/maximum time to restore

5. Penalties

5.1 Service Availability Credits – Individual Circuits

The Service Availability of each Circuit will be calculated on a monthly basis. Any Circuit for which the monthly Service Availability fails to meet the Service Availability Commitment will be eligible for Service Availability Credits if requested by the Customer.

Service Availability Credits will be calculated on a per-Circuit, per-month basis, and are based upon the number of Credit Eligible Days that occurred during the

month. For each Credit Eligible Day, 5.0% of the monthly charge associated with the affected Circuit will be available for credit. There is a maximum credit of 5.0% of the associated monthly charge per Circuit per day, and a maximum total monthly per Circuit credit of 100.0% of the associated monthly circuit charge.

Total days with Outage Events in month (calculated per Circuit)	% of monthly charge available for credit (calculated per Circuit)
1	5%
2-19	(Credit Eligible Days) * 5%
20 or more	100%

Credits will be calculated in the month following the event causing the credit, and will be applied to Customer invoices in the second month following the event.

5.2 Contract Termination

Contract termination may be pursued by the Customer under the following condition:

- Failure by GCI to meet the Aggregate Service Availability commitment three or more times in any six month period.

6. Technical Support and Network Management

The following is the technical support scheme as proposed by GCI and will serve as a starting point for further discussion and continuous refinement of GCI's support structure for YKHC.

GCI provides proactive monitoring, management and escalations for any issues that arise on the GCI infrastructure. The GCI Customer Network Control Center (CNCC) provides Layer 3 monitoring of networks 24/7/365 and will troubleshoot the problem and escalate to any necessary parties, such as the GCI Network Operations Control Center (NOCC), other carriers' help desks or local exchanges as necessary, up to and including dispatching technicians to the remote site to investigate the issues that have arisen.

In conjunction with the 24x7 coverage of the CNCC, the GCI Managed Broadband Services (MBS) Service Desk has a staff dedicated to supporting the specific technical needs of school, health, and video clients from around the State. Their in-depth knowledge of our customers' infrastructures, applications, and specific industries allows them to provide comprehensive end-to-end support of customer networks. The MBS Service Desk is staffed Monday through Friday, 7:00 AM to 6:00 PM with on-call services available 24/7/365.

Single Point of Contact for YKHC Trouble Calls 1-888-254-2858

Trouble ticket number assigned and given to YKHC on first call

Network Monitoring

Network monitoring consists of CNCC and MBS staff that monitors devices or facilities to determine availability. GCI offers this service on a 24/7/365 basis and will notify designated customer staff and the YKHC help desk on-call staff of a failure or degraded condition according to escalation/notification procedures. GCI will produce a daily report of events and status for the customer and management.

Remedial Services

Technical staff is on duty 24/7/365 and can respond to error conditions immediately. The MBS Service Desk will be responsible for owning network error conditions through completion. They will coordinate customer resources, GCI's NOCC, GCI's CNCC, and other carriers if required to resolve a network problem. Advanced technical support, troubleshooting, and engineering assistance is provided by MBS.

Problem Reporting/Analysis Process

In the event of a report of a problem, the GCI MBS Service Desk will:

- Analyze the problem to determine, if possible, if it is a network or service problem
- Log the problem and provide an event number to the customer
- Advise the Customer of status based upon severity
- Advise the Customer of completion

Escalation Procedure

- When an event reaches an escalation stage, the MBS Service and Support Manager will send notification according to the table that follows
- The YKHC Technical Coordinator or other designated YKHC staff will be kept updated on outage correction status
- GCI MBS Service Desk staff discretion can be used to escalate before designated periods, if the situation warrants escalation, or the customer requests additional attention to a particular issue

Escalation Table

Severity	One Location	Entire YKHC Network
Priority 2 and Priority 3 (Regular)	Immediate notification: GCI & YKHC help desk	Immediate notification: GCI & YKHC help desk
	Secondary: Technical Services Manager	Secondary GCI Technical Services Manager
	Tertiary: Program Manager	ConnectMD Program Manager
Priority 1 (Emergency)	Immediate notification: GCI & YKHC help desk	Immediate notification: GCI & YKHC help desk, Technical Services Manager, Program
	Secondary: Technical Services Manager	Manager, Vice President of AK Operations
	Tertiary: Program Manager, Vice President of AK Operations	Secondary: Executive Management

ATTACHMENT 12



User: Joseph_Shawler@ykhc.org | Logout
 HCP Name: Yukon-Kuskokwim Delta Regional Hospital
 HCP Number: 10217

[Contact RHC](#) | [About My Portal](#) | [My Account Settings](#)

Welcome to your My Contracts page. This is where you will find all contracts (for the HCP you selected on the My HCPs tab) submitted to USAC for endorsement. Contracts are sorted first by Endorsement Type: Evergreen, Non-evergreen (or month-to-month), and Failed (program rule violation that results in no funding for the life of the contract). You will also see expired contracts in the "Archived" section for five years after the contract end date.

Beneath each endorsement type you will find details about each active contract for that endorsement type, such as the Contract Friendly Name (if you selected one), the Service Provider Name and SPIN, and the Contract Start and Expiration Dates. To view details for all FRNs (circuits) associated with an evergreen contract, select the "Select Circuits" button under the Select Circuits column. This will take you to the FRN details page for that contract.

To create a new FCC Form 486 or 466A for a circuit that is part of an evergreen contract, locate the correct circuit on the FRN

MY FORMS	MY DOCUMENTS	MY CONTRACTS	MY HCPs	HCP Name: Yukon-Kuskokwim Delta Regional Hospital		HCP Number: 10217	
MY CONTRACTS							
Evergreen Contracts							
Contract Friendly Name	Service Provider	SPIN	Contract Number (if applicable)	RHC Contract Number	Contract Start Date	Contract Expiration Date	Select Circuits
	GCI Communication Corp	143001199	HC-320	12248	Aug 13, 2011	Aug 12, 2016	Select Circuits
Non-evergreen Contracts (month-to-month)							
Contract Friendly Name	Service Provider	SPIN	Contract Number (if applicable)	RHC Contract Number	Contract Start Date	Contract Expiration Date	Associated FRNs
There are no Non-evergreen contracts available.							
Failed Contracts							
Contract Friendly Name	Service Provider	SPIN	Contract Number (if applicable)	RHC Contract Number	Contract Start Date	Contract Expiration Date	Associated FRNs
There are no Failed contracts available.							
Archived Contracts							
Contract Friendly Name	Service Provider	SPIN	Contract Number (if applicable)	RHC Contract Number	Contract Start Date	Contract Expiration Date	Associated FRNs
There are no Archived contracts available.							

[Terms and Conditions](#)

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 Version 2.3.0-345

ATTACHMENT 13



YUKON-KUSKOKWIM HEALTH CORPORATION

Service Request

Contract No: YKHC-GCI HC-320

Dated: 09/01/2011

Request No.: 1

Contract Title: Agreement for USF-Eligible Telecommunications Services

Date of Request: 10/27/2011

Issued by: Yukon-Kuskokwim Health Corporation (YKHC)
P.O. Box 528
Bethel, Alaska 99559

Name and Address of Contractor: GCI Communication Corp.
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503

The services below are ordered under the provisions of the above referenced contract:

1. Change the bandwidth of the service to the Hooper Bay Clinic in Hooper Bay from 5 Mbps to 15 Mbps.
2. As shown in the Pricing Schedule in Attachment A of the above referenced contract, the MRC for the new service will be \$109,970.
3. As shown in the Regulatory Commission of Alaska urban rate tables for Funding Year 2011, YKHC's out of pocket MRC will be \$394.
4. This is an election to change services as outlined in Attachment A of the above referenced contract. All terms and conditions of the referenced contract, as heretofore changed, remain unchanged and in full force and effect.

Requested by YUKON-KUSKOKWIM HEALTH CORPORATION

By
(Gene Peltola, President and CEO Signature)

Date: 11/9/11

GENE PELTOLA
(Printed Name and Title)

Accepted by CONTRACTOR

By
(Authorized Signature)

Date: 11/10/11

MARTIN CARY - VP/GM
(Printed Name and Title)

ATTACHMENT 14



YUKON-KUSKOKWIM HEALTH CORPORATION

Service Request

Contract No: YKHC-GCI HC-320

Dated: 09/01/2011

Request No.: 2

Contract Title: Agreement for USF-Eligible Telecommunications Services

Date of Request: 02/28/2013

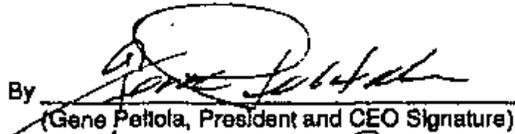
Issued by: Yukon-Kuskokwim Health Corporation (YKHC)
P.O. Box 528
Bethel, Alaska 99559

Name and Address of Contractor: GCI Communication Corp.
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503

The services below are ordered under the provisions of the above referenced contract:

1. Change the bandwidth of the service to the Yukon-Kuskokwim Delta Regional Hospital in Bethel from 15 Mbps to 30 Mbps.
2. As shown in the Pricing Schedule in Attachment A of the above referenced contract, the MRC for the new service will be \$217,440.00.
3. This is an election to change services as outlined in Attachment A of the above referenced contract. All terms and conditions of the referenced contract, as heretofore changed, remain unchanged and in full force and effect.

Requested by YUKON-KUSKOKWIM HEALTH CORPORATION

By 
(Gene Pellola, President and CEO Signature)

Date: 2/22/13

GENE PELLOLA
(Printed Name and Title)

PRES

Accepted by CONTRACTOR

By 
(Authorized Signature)

Date: 2-22-13

MARTIN CAREY VP/GM
(Printed Name and Title)

ATTACHMENT 15



YUKON-KUSKOKWIM HEALTH CORPORATION

Service Request

Contract No: YKHC-GCI HC-320

Dated: 08/01/2011

Request No.: 2

Contract Title: Agreement for USF-Eligible Telecommunications Services

Date of Request: 02/28/2013

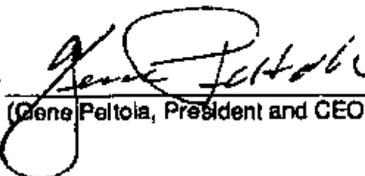
Issued by: Yukon-Kuskokwim Health Corporation (YKHC)
P.O. Box 528
Bethel, Alaska 99559

Name and Address of Contractor: GCI Communication Corp.
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503

The services below are ordered under the provisions of the above referenced contract:

1. Change the bandwidth of the ConnectMD Internet to the Yukon-Kuskokwim Delta Regional Hospital in Bethel from 15 Mbps to 30 Mbps.
2. As shown in Modification 1 of the Pricing Schedule in Attachment A the above referenced contract, the MRC for the new service will be \$1,350.
3. This is an election to change services as outlined in Attachment A of the above referenced contract. All terms and conditions of the referenced contract, as heretofore changed, remain unchanged and in full force and effect.

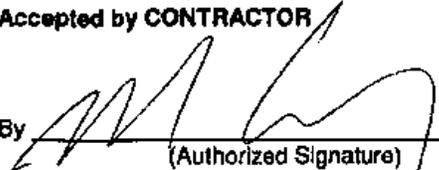
Requested by YUKON-KUSKOKWIM HEALTH CORPORATION

By 
(Gene Paltola, President and CEO Signature)

Date: 2/22/13

(Printed Name and Title)

Accepted by CONTRACTOR

By 
(Authorized Signature)

Date: 2-22-13

MARTIN CARY VP/GM
(Printed Name and Title)

ATTACHMENT 16



YUKON-KUSKOKWIM HEALTH CORPORATION

Service Request

Contract No: YKHC-GCI HC-320

Dated: 09/01/2011

Request No.: 4

Contract Title: Agreement for USF-Eligible Telecommunications Services

Date of Request: 02/26/2013

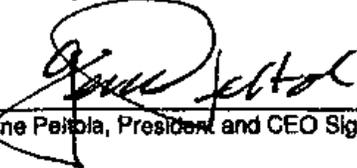
Issued by: Yukon-Kuskokwim Health Corporation (YKHC)
P.O. Box 528
Bethel, Alaska 99559

Name and Address of Contractor: GCI Communication Corp.
2550 Denali Street, Suite 1000
Anchorage, Alaska 99503

The services below are ordered under the provisions of the above referenced contract:

1. Change the bandwidth of the service to the Hooper Bay Clinic in Hooper Bay from 15 Mbps to 20 Mbps.
2. As shown in the Pricing Schedule in Attachment A of the above referenced contract, the MRC for the new Hooper Bay service will be \$148,210.00.
3. Change the bandwidth of the service to the Clara Morgan Sub-Regional Clinic in Aniak, Emmonak Clinic in Emmonak, John Afcan Memorial Clinic in St. Mary's, and Toksook Bay Clinic in Toksook Bay from 5 Mbps to 10 Mbps.
4. As shown in the Pricing Schedule in Attachment A of the above referenced contract, the MRC for the new Aniak, Emmonak, St. Mary's, and Toksook Bay service will be \$73,230.00 each.
5. This is an election to change services as outlined in Attachment A of the above referenced contract. All terms and conditions of the referenced contract, as heretofore changed, remain unchanged and in full force and effect.

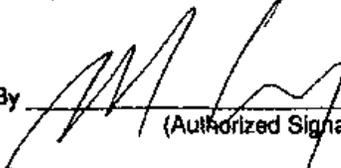
Requested by YUKON-KUSKOKWIM HEALTH CORPORATION

By 
(Gene Peitola, President and CEO Signature)

Date: 3/29/13

(Printed Name and Title)

Accepted by CONTRACTOR

By 
(Authorized Signature)

Date: 3/29/13

MARTIN GARY VP/OM
(Printed Name and Title)

ATTACHMENT 17

**Health Care Providers Universal Service
Funding Request and Certification Form**

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 Hooper Bay Subregional Clinic	2 HCP Number 10197
3 Form 465 Application #43128910	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation	6 Billed Entity FCC RN 0013620463	
7 Contact Name Joseph Shawler		
8 Address Line 1 P. O. Box 528		
9 Address Line 2		
10 City Bethel	11 State AK	12 Zip 99559
13 Contact Phone # (907) 543-6655	14 Fax # (907) 543-6570	15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 15.0 Mbps	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 541
20 Percentage of HCP's service used for the provision of health care. <u>100</u> (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. <hr/> <hr/> <hr/> <hr/>	

Connection Information

	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	GCI Communication Corp			
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	(907) 868-6416			
25 Service Provider Contact Person Email	swalker@gci.com			
26 Circuit Start Location	6131°58.02'N 16606°09.80'W			
27 Circuit Termination Location	P. O. Box 528 Bethel, AK 99559			
28 Billing Account Number	RH000220011			
29 Tariff, Contract or other document reference number	HC-320			
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016			
32 Service Installation Date	15-Nov-2011			
33 Actual Rural Rate per Month (Enclose Documentation)	109970.00			

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram Included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See Instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	394.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 25-Sep-2012
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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

ATTACHMENT 18

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	460.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 20-May-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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

ATTACHMENT 19

**Health Care Providers Universal Service
Funding Request and Certification Form**

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 Yukon-Kuskokwim Delta Regional Hospital	2 HCP Number 10217
3 Form 465 Application # 43129277	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation	6 Billed Entity FCC RN 0013620463
7 Contact Name Joseph Shawler	
8 Address Line 1 P. O. Box 528	
9 Address Line 2	
10 City Bethel	11 State AK 12 Zip 99559
13 Contact Phone # (907) 543-6655	14 Fax # (907) 543-6570 15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 30 Mbps

18 Total Billed Miles 405 19 Maximum Allowable Distance (From Form 465) 405

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.

Block 5: Service Provider Information

21 Service Provider Name	GCI Communication Corp		
22 Service Provider Identification Number (SPIN)	143001199		
23 Service Provider Contact Person Name	Steve Walker		
24 Service Provider Contact Person's Phone #	(907) 868-6416		
25 Service Provider Contact Person Email	swalker@gci.com		
26 Circuit Start Location	829 Chief Eddie Hoffman Hwy.		
27 Circuit Termination Location	6831 Arctic Blvd. Anchorage, AK 99518		
28 Billing Account Number	RH006220011		
29 Tariff, Contract or other document reference number	HC-320 SR 4		
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016		
32 Service Installation Date	01-Mar-2013		
33 Actual Rural Rate per Month (Enclose Documentation)	217440.00		

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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.

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	540.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 07-Jun-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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

ATTACHMENT 20

Health Care Providers Universal Service
Internet Service Funding Request and Certification Form

(And Advanced Services Funding Request and Certification for Entirely Rural States)

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

Estimated time per response: 1 hour

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

Block 1: HCP Information

1 HCP Name Yukon-Kuskokwim Delta Regional Hospital	2 HCP Number 10217
3 Form 465 Application # 43129277	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation	6 Billed Entity's FCC RN 0013620463	
7 Contact Name Joseph Shawler		
8 Address Line 1 P. O. Box 528		
9 Address Line 2		
10 City Bethel	11 State AK	12 Zip 99559
13 Contact Phone # (907) 543-6655	14 Fax # (907) 543-6570	15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Give a brief description of the service for which support is requested:
 30.0 Mbps Internet Access

18 Percentage of HCP's service used for the provision of health care. (If less than 100%, please explain.)
 100

19 Location where service is provided: Highway PO Box 528, 6047'15.18"N 16146'53.97"W Bethel, AK 99559

20 Service Provider Name GCI Communication Corp

21 Service Provider Identification Number (SPIN) 143001199	22 Billing Account Number RH000220011
23 Contract Number (NA if no contract) HC-320 SR 3	24 Date contract signed or service selected 13-Aug-2011
25 Contract Expiration Date (NA if no contract) 12-Aug-2016 - N/A	26 Expected Service Start Date 01-Mar-2013

27 Were bids received in response to Form 465? Yes No If yes, submit copies.

Block 5: Cost of Service

28 Installation Charge (If applicable) 0.00	29 Monthly rate charge (Enclose documentation) 1350.00
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Block 6: Certification

30 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.

31 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.

32 I hereby certify that the billed entity requesting reduced rates will maintain complete records for the service for five years.

33 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.

34 Signature Electronically signed	35 Date 07-Jun-2013
36 Printed name of authorized person Joseph Shawler	37 Title or position of authorized person Service Desk Manager
38 Employer of authorized person Yukon-Kuskokwim Health Corpora	39 Employer's FCC RN 0013620463

Please remember:

- ♦ An applicant may not file a Form 466-A until after signing the contract or otherwise selecting a service provider
- ♦ **The HCP or its authorized representative must wait at least 28 days from the Form 465 posting date before signing the contract or otherwise selecting a service provider.**
- ♦ You must be authorized to provide the information required by Form 466-A on behalf of the HCP, and you must sign and date the form.
- ♦ **Provide data for all items that apply. Attach additional sheets if necessary. Any attachments to Form 466-A must be clearly labeled.**

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

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-PERM, 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.

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This form should be submitted to:
Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 21

**Health Care Providers Universal Service
Funding Request and Certification Form**

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 Clara Morgan Sub-Regional Clinic	2 HCP Number 10214
3 Form 465 Application # 43129274	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation	6 Billed Entity FCC RN 0013620463	
7 Contact Name Joseph Shawler		
8 Address Line 1 P. O. Box 528		
9 Address Line 2		
10 City Bethel	11 State AK	12 Zip 99559
13 Contact Phone #(907) 543-6655	14 Fax #(907) 543-6570	15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 10 Mbps	
18 Total Billed Miles 325	19 Maximum Allowable Distance (From Form 465) 325
20 Percentage of HCP's service used for the provision of health care. <u>100</u> (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. <hr/> <hr/> <hr/> <hr/>	

Block 5: Service Provider Information

21 Service Provider Name	GCI Communication Corp		
22 Service Provider Identification Number (SPIN)	14300199		
23 Service Provider Contact Person Name	Steve Walker		
24 Service Provider Contact Person's Phone #	(907) 868-8416		
25 Service Provider Contact Person Email	swalker@gci.com		
26 Circuit Start Location	P. O. Box 268 Aniak, AK 99557		
27 Circuit Termination Location	829 Chial Edda Hoffman Hwy Aniak, AK 99557		
28 Billing Account Number	RH000220011		
29 Tariff, Contract or other document reference number	HC-320 SR 4		
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016		
32 Service Installation Date	01-Mar-2013		
33 Actual Rural Rate per Month (Enclose Documentation)	73230.00		

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	300.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 20-May-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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.

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This form should be submitted to:
Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 22

**Health Care Providers Universal Service
Funding Request and Certification Form**

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 John Afcan Memorial Clinic 2 HCP Number 10182

3 Form 465 Application # 43128879 4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation 6 Billed Entity FCC RN 0013620463

7 Contact Name Joseph Shawler

8 Address Line 1 P. O. Box 528

9 Address Line 2

10 City Bethel 11 State AK 12 Zip 99559

13 Contact Phone # (907) 543-6655 14 Fax # (907) 543-6570 15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 10 Mbps

18 Total Billed Miles 446 19 Maximum Allowable Distance (From Form 465) 446

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.

Block 5: Service Provider Information

21 Service Provider Name	GCI Communication Corp			
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	(907) 868-6416			
25 Service Provider Contact Person Email	swalker@gci.com			
26 Circuit Start Location	P. O. Box 85 St marys, AK 99658			
27 Circuit Termination Location	P. O. Box 528 Bethel, AK 99559			
28 Billing Account Number	RH000220011			
29 Tariff, Contract or other document reference number	HC-320 SR 4			
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016			
32 Service Installation Date	01-Mar-2013			
33 Actual Rural Rate per Month (Enclose Documentation)	73230.00			

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0.00			
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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.

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

Block 7: Bid Documentation

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

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50 Signature Electronically signed	51 Date 20-May-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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

ATTACHMENT 23

**Health Care Providers Universal Service
Funding Request and Certification Form**

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 Toksook Bay Clinic	2 HCP Number 10188
3 Form 465 Application # 43128905	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation	6 Billed Entity FCC RN 0013620463	
7 Contact Name Joseph Shawler		
8 Address Line 1 P. O. Box 528		
9 Address Line 2		
10 City Bethel	11 State AK	12 Zip 99559
13 Contact Phone # (907) 543-6655	14 Fax # (907) 543-6570	15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 10 Mbps	
18 Total Billed Miles 519	19 Maximum Allowable Distance (From Form 465) 519
20 Percentage of HCP's service used for the provision of health care. <u>100</u> (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. _____ _____ _____ _____	

Block 5: Service Provider Information

21 Service Provider Name	GCI Communication Corp		
22 Service Provider Identification Number (SPIN)	143001199		
23 Service Provider Contact Person Name	Steve Walker		
24 Service Provider Contact Person's Phone #	(907) 868-6416		
25 Service Provider Contact Person Email	swalker@gci.com		
26 Circuit Start Location	P. O. Box 37028 Toksook Bay, AK 99637		
27 Circuit Termination Location	829 Chief Eddie Hoffman Hwy. Bethel, AK 99509 RH000226011		
28 Billing Account Number			
29 Tariff, Contract or other document reference number	HC 320 SR4		
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016		
32 Service Installation Date	02-Mar-2013		
33 Actual Rural Rate per Month (Enclose Documentation)	73230.00		

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	300.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 20-May-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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

ATTACHMENT 24

**Health Care Providers Universal Service
Funding Request and Certification Form**

466

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 Emmonak Subregional Clinic aka Pearl E Johnson Sub | 2 HCP Number 10194

3 Form 465 Application #43128907 | 4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Yukon-Kuskokwim Health Corporation | 6 Billed Entity FCC RN 0013620463

7 Contact Name Joseph Shawler

8 Address Line 1 P. O. Box 528

9 Address Line 2

10 City Bethel | 11 State AK | 12 Zip 99559

13 Contact Phone #(907) 543-6655 | 14 Fax #(907) 543-6570 | 15 E-Mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Enclose documentation.) MPLS 10 Mbps

18 Total Billed Miles 492 | 19 Maximum Allowable Distance (From Form 465) 492

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.

21 Service Provider Name	GCI Communication Corp		
22 Service Provider Identification Number (SPIN)	143001189		
23 Service Provider Contact Person Name	Steve Walker		
24 Service Provider Contact Person's Phone #	(907) 868-6416		
25 Service Provider Contact Person Email	swalker@gci.com		
26 Circuit Start Location	246 Kwiguk St. Emmonak, AK 99561		
27 Circuit Termination Location	829 Chief Eddie Hoffman Hwy. Emmonak, AK 99561		
28 Billing Account Number	RH000220011		
29 Tariff, Contract or other document reference number	HC-320 SR 4		
30 Date Contract Signed or Date HCP Selected Carrier	13-Aug-2011		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12-Aug-2016		
32 Service Installation Date	02-Mar-2013		
33 Actual Rural Rate per Month (Enclose Documentation)	73230.00		

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

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

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

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

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. (See instructions.)

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.

39 One-time Urban Rate Charge (in selected large city)	0			
40 One-time Rural Rate Charge (in city where HCP is located)	0			
41 Monthly Urban Rate (in selected large city). From RHCD web site: <input checked="" type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>	300.00			

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.

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

Block 7: Bid Documentation

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

Block 8: Certification

46 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 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 I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 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 Electronically signed	51 Date 31-May-2013
52 Printed name of authorized person Joseph Shawler	53 Title or position of authorized person Service Desk Manag
54 Employer of authorized person Yukon-Kuskokwim Health Corporation	55 Employer's FCC RN 0013620463

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

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 3 hours 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.

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

ATTACHMENT 25

From: rhcadmin@usac.org[SMTP:RHCADMIN@USAC.ORG]
Sent: Tuesday, April 16, 2013 11:31:30 AM
To: Steve Walker
Subject: Funding Commitment Letter (FCL) for HCP 10197, FRN 12130201
Auto forwarded by a Rule

Date: 16-Apr-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Hooper Bay Subregional Clinic
HCP Number: 10197
FCC Form 465 Application Number: 43128910
Funding Request Number: 12130201

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: Airport Road, PO Box 49, 61°31'58.02"N 166°06'09.80"W, Hooper Bay, AK, 99604

Service Type: MPLS

Bandwidth: 15.0 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
01-Jul-2012	30-Jun-2013	12.00000	\$0.00	\$109,576.00	\$1,314,912.00

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Evergreen

Evergreen: For the life of the contract (without any optional or automatic extensions), you do not need to re-complete the service(s) identified above, or post a *Description of Services Requested and Certification Form*

(FCC Form 465). The HCP must apply for support of the contracted service by filing the FCC Form 466 and/or the FCC Form 466-A (and the FCC Form 467) to receive funding each year.¹

HCPs whose contracts have Evergreen status must post an FCC Form 465 and re-compete the service provider selection before the contract ends. An optional contract renewal is considered a new contract and can be selected only after the HCP has gone through the competitive bidding process by posting a Form 465.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.² HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.623(d).

ATTACHMENT 26

Joseph Shawler

From: rhcadmin@usac.org
Sent: Tuesday, August 27, 2013 9:34 AM
To: Joseph Shawler
Subject: Funding Commitment Letter (FCL) for HCP 10217, FRN 12249071

Date: 27-Aug-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Yukon-Kuskokwim Delta Regional Hospital
HCP Number: 10217
FCC Form 465 Application Number: 43129277
Funding Request Number: 12249071

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Internet Service Funding Request and Certification Form (FCC Form 466-A)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 829 Chief Eddie Hoffman Highway, PO Box 528, 60°47'15.18"N 161°46'53.97"W, Bethel, AK, 99559
Service Type: Internet
Bandwidth:
Service Provider Name: GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199
Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
01-Mar-2013	30-Jun-2013	4.00000	\$0.00	\$337.50	\$1,350.00

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year for the life of the agreement. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

ATTACHMENT 27

Joseph Shawler

From: rhcadmin@usac.org
Sent: Wednesday, September 18, 2013 5:53 AM
To: Joseph Shawler
Subject: Funding Commitment Letter (FCL) for HCP 10182, FRN 12233821

Date: 18-Sep-2013

Funding Year: 2012
Health Care Provider (HCP) Name: John Afcan Memorial Clinic
HCP Number: 10182
FCC Form 465 Application Number: 43128879
Funding Request Number: 12233821

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: PO Box 85, 62°03'08.60"N 163°10'58.96"W, St Marys, AK, 99658
Service Type: MPLS
Bandwidth: 10 Mbps
Service Provider Name: GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199
Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
01-Mar-2013	30-Jun-2013	4.00000	\$0.00	\$72,930.00	\$291,720.00

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year **for the life of the agreement**. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

ATTACHMENT 28

Joseph Shawler

From: rhcadmin@usac.org
Sent: Tuesday, September 24, 2013 1:04 PM
To: Joseph Shawler
Subject: Funding Commitment Letter (FCL) for HCP 10214, FRN 12234281

Date: 24-Sep-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Clara Morgan Sub-Regional Clinic
HCP Number: 10214
FCC Form 465 Application Number: 43129274
Funding Request Number: 12234281

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: PO Box 269, 61°34'17.48"N 159°32'17.14"W, Aniak, AK, 99557

Service Type: MPLS

Bandwidth: 10 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
01-Mar-2013	30-Jun-2013	4.00000	\$0.00	\$72,930.00	\$291,720.00

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year **for the life of the agreement**. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

ATTACHMENT 29

Joseph Shawler

From: rhcadmin@usac.org
Sent: Tuesday, September 24, 2013 1:02 PM
To: Joseph Shawler
Subject: Funding Commitment Letter (FCL) for HCP 10188, FRN 12234151

Date: 24-Sep-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Toksook Bay Clinic
HCP Number: 10188
FCC Form 465 Application Number: 43128905
Funding Request Number: 12234151

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: PO Box 37028, 60°32'06.03"N 165°06'39.02"W on Nelson Island 115 mi NW of Bethel, Toksook Bay, AK, 99637
Service Type: MPLS
Bandwidth: 10 Mbps
Service Provider Name: GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199
Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
02-Mar-2013	30-Jun-2013	3.96774	\$0.00	\$72,930.00	\$289,367.28

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year for the life of the agreement. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

ATTACHMENT 30

Joseph Shawler

From: rhcadmin@usac.org
Sent: Tuesday, October 08, 2013 12:12 PM
To: Joseph Shawler
Subject: Funding Commitment Letter (FCL) for HCP 10197, FRN 12234221

Date: 08-Oct-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Hooper Bay Subregional Clinic
HCP Number: 10197
FCC Form 465 Application Number: 43128910
Funding Request Number: 12234221

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: Airport Road, PO Box 49, 61??31'58.02"N 166??06'09.80"W, Hooper Bay, AK, 99604

Service Type: MPLS

Bandwidth: 20 Mbps

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

Billing Account Number: RH000220011

Funding Start Date	Funding End Date	Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Total Support Amount
01-Mar-2013	30-Jun-2013	4.00000	\$0.00	\$145,750.00	\$583,000.00

It is the HCP's responsibility to review and verify that all information on this FCL is accurate. All account holders and the service provider listed on the form have received a copy of this FCL. A copy is also saved in the *My Documents* section of *My Portal*.

Contract/Service Agreement Endorsement Determination: Non-Evergreen/MTM

Non-evergreen (or month-to-month) service offering: If an HCP submits a service agreement that is not signed and dated, or if the type of service, the terms of service, or the duration of the service(s) are not specified, the service agreement will be designated as Non-evergreen, (month-to-month, tariffed service). The HCP must therefore submit an FCC Form 465 and select the most cost-effective service and service provider each year **for the life of the agreement**. In order to be eligible for a full year of funding, the HCP's FCC Form 465 must be posted by June 2nd to satisfy the required 28-day competitive bidding period prior to the start of the funding year on July 1st.

Your responsibility:

It is the HCP's responsibility to review the information in this FCL. Contact RHC at rhc-admin@usac.org if there is an error with the amount of support or other information in this FCL.

If, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support, it is the HCP's responsibility to notify RHC immediately.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by RHC and the FCC.¹ HCPs are subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps:

Complete and submit an FCC Form 467 (*Connection Certification*), which will confirm receipt of the services for which support has been approved, and the date on which the service provider began providing those services. Funding cannot be issued until this form is processed. To submit the FCC Form 467, go to the *My Forms* tab of *My Portal* and find the applicable Form 466 or Form 466-A and click on the "Create 467" button. Once the Form 467 is approved, the HCP and the service provider will receive a copy of the HCP Support Schedule (HSS). Receipt of the HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and may begin to invoice USAC.

Appeals:

Appeals must be electronically date-stamped or postmarked within 60 days of the date of this letter. Letters of appeal must contain the HCP Number, Funding Request Number(s), the SPIN, the affected funding year, and documentation of the decision being appealed (this FCL, denial letter, etc.)

Additionally, FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought."

Failure to include the required information in the letter of appeal or the required documentation to support the appeal will result in a delayed response time, or the appeal may not be considered.

Detailed instructions on filing an appeal may be found at: www.usac.org/rhc/about/program-integrity/appeals.aspx.

Questions:

Details about and definitions of all terms used in this FCL are provided on the RHC website (www.usac.org/rhc).

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(c).

ATTACHMENT 31

Health Care Providers Universal Service
Connection Certification

Estimated time per response: .5 hour

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

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name Clara Morgan Sub-Regional Clinic	2 Consortium Name
3 HCP Number 10214	

Block 2: Funding Year Information

4 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):
 Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or
 Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____
 Informing RHCD that service was not (or will not be) turned on during the funding year

Block 4: Connection Information

6 Funding Request Number	12234281			
7 Service Provider Name	GCI Communication Corp			
8 Service Provider Identification Number (SPIN)	143001199			
9 Billing Account Number	RH000220011			
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	MPLS/10 Mbps			
11 Actual Service Start Date (date service began)	01-Mar-2013			
12 End of Service Date (date service was or will be turned off)				

Block 5: Certification

13 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

14 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.

15 Signature Electronically signed	16 Date 01-Oct-2013
17 Printed name of authorized person Joseph Shawler	18 Title or position of authorized person Service Desk Manager
19 Employer of authorized person Yukon-Kuskokwim Health Cor	20 Employer's FCC RN 0013620463

Please remember:

- This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- You may submit this form along with the Form 466 or Form 466-A only if the service has started.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to verify that the health care provider participating in the universal service support mechanism has begun to receive, or has stopped receiving, the services for which universal service support has been allocated. 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 .5 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-PERF, 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
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 32

Health Care Providers Universal Service
Connection Certification

Estimated time per response: .5 hour

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

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name John Afcan Memorial Clinic	2 Consortium Name
3 HCP Number 10182	

Block 2: Funding Year Information

4 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):
 Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or
 Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____
 Informing RHCD that service was not (or will not be) turned on during the funding year

Block 4: Connection Information

6 Funding Request Number	12233821			
7 Service Provider Name	GCI Communication Corp			
8 Service Provider Identification Number (SPIN)	143001199			
9 Billing Account Number	RH000220011			
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	MPLS/10 Mbps			
11 Actual Service Start Date (date service began)	01-Mar-2013			
12 End of Service Date (date service was or will be turned off)				

Block 5: Certification

13 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

14 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.

15 Signature Electronically signed	16 Date 01-Oct-2013
17 Printed name of authorized person Joseph Shawler	18 Title or position of authorized person Service Desk Manager
19 Employer of authorized person Yukon-Kuskokwim Health Cor	20 Employer's FCC RN 0013620463

Please remember:

- This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- You may submit this form along with the Form 466 or Form 466-A only if the service has started.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to verify that the health care provider participating in the universal service support mechanism has begun to receive, or has stopped receiving, the services for which universal service support has been allocated. 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 .5 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-PERM, 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
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 33

Health Care Providers Universal Service
Connection Certification

Estimated time per response: .5 hour

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

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name Toksook Bay Clinic	2 Consortium Name
3 HCP Number 10188	

Block 2: Funding Year Information

4 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):
 Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or
 Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____
 Informing RHCD that service was not (or will not be) turned on during the funding year

Block 4: Connection Information

6 Funding Request Number	12234151			
7 Service Provider Name	GCI Communication Corp			
8 Service Provider Identification Number (SPIN)	143001199			
9 Billing Account Number	RH00220011			
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	MPLS/10 Mbps			
11 Actual Service Start Date (date service began)	02-Mar-2013			
12 End of Service Date (date service was or will be turned off)				

Block 5: Certification

13 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

14 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.

15 Signature Electronically signed	16 Date 01-Oct-2013
17 Printed name of authorized person Joseph Shawier	18 Title or position of authorized person Service Desk Manager
19 Employer of authorized person Yukon-Kuskokwim Health Cor	20 Employer's FCC RN 0013620463

Please remember:

- This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- You may submit this form along with the Form 466 or Form 466-A only if the service has started.

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

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This form should be submitted to:
Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 34

Health Care Providers Universal Service
Connection Certification

Estimated time per response: .5 hour

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

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name Yukon-Kuskokwim Delta Regional Hospital	2 Consortium Name
3 HCP Number 10217	

Block 2: Funding Year Information

4 Funding Year - Check only one box
 Year 2010 (7/1/2010-6/30/2011)
 Year 2011 (7/1/2011-6/30/2012)
 Year 2012 (7/1/2012-6/30/2013)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):
 Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or
 Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____
 Informing RHCD that service was not (or will not be) turned on during the funding year

Block 4: Connection Information

6 Funding Request Number	12249071		
7 Service Provider Name	GCI Communication Corp		
8 Service Provider Identification Number (SPIN)	143001199		
9 Billing Account Number	RH000220011		
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	Internet		
11 Actual Service Start Date (date service began)	01-Mar-2013		
12 End of Service Date (date service was or will be turned off)			

Block 5: Certification

13 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

14 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.

15 Signature Electronically signed	16 Date 01-Oct-2013
17 Printed name of authorized person Joseph Shawler	18 Title or position of authorized person Service Desk Manager
19 Employer of authorized person Yukon-Kuskokwim Health Cor,	20 Employer's FCC RN 0013620463

Please remember:

- ♦ This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- ♦ You may submit this form along with the Form 466 or Form 466-A only if the service has started.

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This form should be submitted to:
Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

ATTACHMENT 35

Joseph Shawler

From: cramos <cramos@rhc.universalservice.org>
Sent: Wednesday, October 02, 2013 8:34 AM
To: Joseph Shawler
Subject: RE: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214

Joseph,

They will not be withdrawn. If the appeal is denied then this current funding would still stand. If the appeal is approved then new forms would have to be data entered to receive the missing funding.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476

Thanks,
Claudio Ramos

From: Joseph Shawler [mailto:Joseph_Shawler@ykhc.org]
Sent: Wednesday, October 02, 2013 12:32 PM
To: cramos
Subject: RE: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214

Good Morning Mr. Ramos,

Thank you for the link for filing an appeal. I have provided the link and information to my upper management. I have provided you the requested information regarding the USAC Form 467s I've asked to be withdrawn. Are you going to withdraw the per my request?

Respectfully,

Joe

From: cramos [<mailto:cramos@rhc.universalservice.org>]
Sent: Wednesday, October 02, 2013 8:28 AM
To: Joseph Shawler
Subject: RE: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214

Joseph,

You may go forth and appeal. I sent you instructions in a separate email.

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476

Thanks,
Claudio Ramos

From: Joseph Shawler [mailto:Joseph_Shawler@ykhc.org]
Sent: Wednesday, October 02, 2013 12:25 PM
To: cramos; rhc-admin@usac.org
Subject: RE: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214
Importance: High

Good Morning Mr. Ramos,

Thank you for your reply. I'm listing the following HCPs and FRNs associated with the USAC Form 467s I'm asking to be withdrawn which I've filed in error, since it is our intention to file an appeal to the decision made related to the said HCPs being considered Month-To-Month, instead of being listed as Evergreen. We feel it is clear in the contract that services were valid under contract number HC-320, that was noted in the USAC Form 466s and accepted by USAC.

I appreciate your help Mr. Ramos. Below are the HCPs and FRNs associated with each. I look forward to hearing from you. If you have any questions or need any additional information, please let me know.

HCP 10217	FRN 1224907
HCP 10182	FRN 1223382
HCP 10188	FRN 1223415
HCP 10214	FRN 1223428

Respectfully,

Joseph Shawler
Service Desk Manager
Yukon-Kuskokwim Health Corporation
907-543-6655

From: cramos [<mailto:cramos@rhc.universalservice.org>]
Sent: Wednesday, October 02, 2013 4:48 AM
To: Joseph Shawler; "drobins"
Subject: RE: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214

Joseph,

What are the FRN numbers associated with the HCP's below?

If you need help with anything else please don't hesitate to email us again or call the helpline at 1800-229-5476

Thanks,
Claudio Ramos

From: Joseph Shawler [mailto:Joseph_Shawler@ykhc.org]
Sent: Tuesday, October 01, 2013 5:01 PM
To: 'drobins' (drobins@rhc.universalservice.org); rhc-admin@usac.org
Cc: cramos@rhc.universalservice.org
Subject: USAC Form 467s for HCP 10217, HCP 10182, HCP 10188, and HCP 10214
Importance: High

Good Afternoon Debbi,

I've made some errors today regarding the following HCPs: HCP 10217; HCP 10182; HCP 10188; HCP 10214. I filed 467s for the HCPs we're going to appeal since we're (YKHC) in disagreement related to the Month-To-Month ruling by USAC. I'm being told by my management that I should not have filed these 467s, because essentially we agree to the terms if we file them, but this in-fact is not the case. I am requesting the 467s for the above listed HCPs be resended as we do not agree to the terms and I've filed these forms by in error.

Respectfully,

Joseph Shawler
Service Desk Manager
Technology Department
Yukon-Kuskokwim Health Corporation
PO. Box 528
Bethel, AK. 99559
907-543-6655
907-543-6570 fax

YKHC Mission: Working together to achieve excellent health.

Technology Mission: Working together to enable meaningful use of technology and information.

Confidentiality Notice: This email message may contain confidential and private information of YKHC that is protected from disclosure. If you received this message in error, please notify me by reply email or by collect telephone call at the above numbers and immediately delete all and any attachments.

ATTACHMENT 36

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Estimated time per response: 1 hour

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

Form 465 Application Number (assigned by RHCD) 43138211

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10214	2 Consortium Name	
3 HCP Name Clara Morgan Sub-Regional Clinic	4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler		
6 Address Line 1 PO Box 269		
7 Address Line 2 26134'17.48"N 15932'17.14"W	8 County Bethel	
9 City Aniak	10 State AK	11 ZIP Code 99557
12 Phone #(907) 543-6655	13 Fax #907-543-6570	14 E-mail joseph_shawler@ykhc.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler	17 Organization Yukon-Kuskokwim Health Corporation	
18 Address Line 1 P. O. Box 528		
19 Address Line 2		
20 City Bethel	21 State AK	22 ZIP Code 99559
23 Phone #(907) 543-6655	24 Fax #(907) 543-6570	25 E-mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

<input type="checkbox"/> Both Telecommunications & Internet Services	<input checked="" type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY
--	---	--

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person
Joseph Shawler

40 Title or position of authorized person
Service Desk Manager

41 Employer of authorized person
Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN
0013620463

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. 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-PERM, 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.

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

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

YKHCs service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHCs service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

ATTACHMENT 37

**Health Care Providers Universal Service
Description of Services Requested & Certification Form**

Estimated time per response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 43138209

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10197	2 Consortium Name	
3 HCP Name Hooper Bay Subregional Clinic	4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler		
6 Address Line 1 Airport Road		
7 Address Line 2 PO Box 49, 6131'58.02"N 16606'09.80"W	8 County Bethel	
9 City Hooper Bay	10 State AK	11 ZIP Code 99604
12 Phone # (907) 543-6655	13 Fax # 907-543-6570	14 E-mail joseph_shawler@ykhc.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler	17 Organization Yukon-Kuskokwim Health Corporation	
18 Address Line 1 P. O. Box 528		
19 Address Line 2		
20 City Bethel	21 State AK	22 ZIP Code 99559
23 Phone # (907) 543-6655	24 Fax # (907) 543-6570	25 E-mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)	<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)
--------------------------------------	--	---	---

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

<input type="checkbox"/> Both Telecommunications & Internet Services	<input checked="" type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY
--	---	--

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person
Joseph Shawier

40 Title or position of authorized person
Service Desk Manager

41 Employer of authorized person
Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN
0013620463

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

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

YKHCs service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHCs service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

ATTACHMENT 38

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Estimated time per response: 1 hour

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

Form 465 Application Number (assigned by RHCD) 43138232

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10182		2 Consortium Name	
3 HCP Name John Afcan Memorial Clinic		4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler			
6 Address Line 1 PO Box 85			
7 Address Line 2 26203'08.60"N 16310'58.96"W		8 County Bethel	
9 City St Marys		10 State AK	11 ZIP Code 99658
12 Phone # (907) 543-6655	13 Fax # 907-543-6570	14 E-mail joseph_shawler@ykhc.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler		17 Organization Yukon-Kuskokwim Health Corporation	
18 Address Line 1 P. O. Box 528			
19 Address Line 2			
20 City Bethel		21 State AK	22 ZIP Code 99559
23 Phone # (907) 543-6655	24 Fax # (907) 543-6570	25 E-mail joseph_shawler@ykhc.org	

Block 3: Funding Year Information

26 Funding Year (Check only one box)
 Year 2013 (7/1/2013-6/30/2014)
 Year 2014 (7/1/2014-6/30/2015)
 Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services
 Telecommunications Service ONLY
 Internet Service ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person
Joseph Shawler

40 Title or position of authorized person
Service Desk Manager

41 Employer of authorized person
Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN
0013620463

Please remember:

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

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

YKHCs service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHCs service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher

ATTACHMENT 39

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Estimated time per response: 1 hour

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

Form 465 Application Number (assigned by RHCD): 43138208

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10188		2 Consortium Name	
3 HCP Name Toksook Bay Clinic		4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler			
6 Address Line 1 PO Box 37028			
7 Address Line 2 603200.03°N 1650639.02°W on Nelson Island 115 mi NW of Bethel		8 County Bethel	
9 City Toksook Bay		10 State AK	11 ZIP Code 99637
12 Phone # (907) 543-6655	13 Fax # 907-543-6570	14 E-mail joseph_shawler@ykhc.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2
		<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler		17 Organization Yukon-Kuskokwin Health Corporation
18 Address Line 1 P. O. Box 528		
19 Address Line 2		
20 City Bethel		21 State AK
		22 ZIP Code 99559
23 Phone # (907) 543-6655	24 Fax # (907) 543-6570	25 E-mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person Joseph Shawler

40 Title or position of authorized person Service Desk Manager

41 Employer of authorized person Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN 0013620463

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to:

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

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

YKHCs service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHCs service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

ATTACHMENT 40

**Health Care Providers Universal Service
Description of Services Requested & Certification Form**

Estimated time per response: 1 hour

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

Form 465 Application Number (assigned by RHCD) 43138212

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10217		2 Consortium Name	
3 HCP Name Yukon-Kuskokwim Delta Regional Hospital		4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler			
6 Address Line 1 829 Chief Eddie Hoffman Highway			
7 Address Line 2 PO Box 528, 6047°15.16"N 16146°53.97"W		8 County Bethel	
9 City Bethel		10 State AK	11 ZIP Code 99559
12 Phone #(907) 543-6655	13 Fax #907-543-6570	14 E-mail rhys_tony@ykhc.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler		17 Organization Yukon-Kuskokwim Health Corporation	
18 Address Line 1 P. O. Box 528			
19 Address Line 2			
20 City Bethel		21 State AK	22 ZIP Code 99559
23 Phone #(907) 543-8855	24 Fax #(907) 543-6570	25 E-mail joseph_shawler@ykhc.org	

Block 3: Funding Year Information

26 Funding Year (Check only one box)
 Year 2013 (7/1/2013-6/30/2014)
 Year 2014 (7/1/2014-6/30/2015)
 Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input checked="" type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

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

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person Joseph Shawler

40 Title or position of authorized person Service Desk Manager

41 Employer of authorized person Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN 0013620463

Please remember:

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This form should be submitted to:

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Parsippany NJ 07054-0685

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

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ATTACHMENT 41

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD): 43138210

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10194	2 Consortium Name	
3 HCP Name Emmonak Subregional Clinic aka Pearl E Johnson Subregional Clinic	4 HCP FCC Registration Number (FCC RN) 0013620463	
5 Contact Name Joseph Shawler		
6 Address Line 1 246 Kwiguk Street		
7 Address Line 2 6246'46.46"N 16431'23.69"W	8 County Bethel	
9 City Emmonak	10 State AK	11 ZIP Code 99581
12 Phone # (907) 543-6655	13 Fax # 907-543-6570	14 E-mail joseph_shawler@ykhc.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Joseph Shawler	17 Organization Yukon-Kuskokwim Health Corporation	
18 Address Line 1 P. O. Box 528		
19 Address Line 2		
20 City Bethel	21 State AK	22 ZIP Code 99559
23 Phone # (907) 543-6655	24 Fax # (907) 543-6570	25 E-mail joseph_shawler@ykhc.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

<input type="checkbox"/> Both Telecommunications & Internet Services	<input checked="" type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY
--	---	--

Block 6: Certification

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

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

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

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

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

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

37 Signature Electronically signed

38 Date 30-Sep-2013

39 Printed name of authorized person
Joseph Shawler

40 Title or position of authorized person
Service Desk Manager

41 Employer of authorized person
Yukon-Kuskokwim Health Corporation

42 Employer's FCC RN
0013620463

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. 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
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

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

YKHCs service needs involve the transmission of health care data and the provision of health care services between and among YKHC locations in southwestern Alaska, as well as between YKHC facilities and locations outside of the YKHC service region. These needs include but are not limited to the transmission of patient records, including electronic medical records (EMR); high-resolution medical images, including computed tomography (CT) scans and picture archiving and communications systems (PACS) images; telemedicine consultations, including telepsychiatry services; and the provision of Internet access and related services. YKHCs service needs require reliable bandwidth capability at speeds that meet or exceed T-1 levels or higher.

ATTACHMENT 42

10/9/13

Subject: RHC FCC Form 466/466A Request for Support for HCP Number 10217

Health Care Provider (HCP) Name: Yukon-Kuskokwim Delta Regional Hospital

HCP Number: 10217

Funding Request Number: 1224907

FCC Form 465 Application Number: 43129277

Funding Year: 2012

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has reviewed the FCC Form 466/466A and supporting documentation submitted by the HCP referenced above. Based on the information provided, RHCD is unable to provide support for the following reason(s):

1. The HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.

This letter is being sent to the HCP mailing contact, all account holders related to this circuit, and the contact at the HCP's physical location. In addition, a copy of this letter has been sent to the entity identified below as your selected telecommunications carrier.

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

The RHC recognizes that you may disagree with its decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>.

What must be included in your appeal?

1. Contact information - provide the name, address, telephone number, and email address of the person who has the authority to and can most readily discuss this appeal with USAC.
2. Identify the HCP Name, HCP Number, Funding Request Number(s), and Service Provider Identification Number (SPIN), if appropriate. Explain the appeal to USAC in as much detail as possible. The appeal must identify the issue and explain the reason for the appeal. FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought." Include copies of relevant forms and letters, and explain precisely what action you'd like taken and why.
3. All appellants will receive acknowledgement of their appeal. USAC will review all letters of appeal and respond in writing. The response will either grant the appeal or will explain why the appeal was not granted.
4. If the HCP or service provider disagrees with USAC's response, it may file an appeal with the FCC within 60 days of the date USAC issued its decision in response to the rural HCP letter of appeal.

ATTACHMENT 43

10/9/13

Subject: RHC FCC Form 466/466A Request for Support for HCP Number 10214

Health Care Provider (HCP) Name: Clara Morgan Sub-Regional Clinic

HCP Number: 10214

Funding Request Number: 1223428

FCC Form 465 Application Number: 43129274

Funding Year: 2012

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has reviewed the FCC Form 466/466A and supporting documentation submitted by the HCP referenced above. Based on the information provided, RHCD is unable to provide support for the following reason(s):

1. The HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.

This letter is being sent to the HCP mailing contact, all account holders related to this circuit, and the contact at the HCP's physical location. In addition, a copy of this letter has been sent to the entity identified below as your selected telecommunications carrier.

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

The RHC recognizes that you may disagree with its decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>.

What must be included in your appeal?

1. Contact information - provide the name, address, telephone number, and email address of the person who has the authority to and can most readily discuss this appeal with USAC.
2. Identify the HCP Name, HCP Number, Funding Request Number(s), and Service Provider Identification Number (SPIN), if appropriate. Explain the appeal to USAC in as much detail as possible. The appeal must identify the issue and explain the reason for the appeal. FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . .[and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought." Include copies of relevant forms and letters, and explain precisely what action you'd like taken and why.
3. All appellants will receive acknowledgement of their appeal. USAC will review all letters of appeal and respond in writing. The response will either grant the appeal or will explain why the appeal was not granted.
4. If the HCP or service provider disagrees with USAC's response, it may file an appeal with the FCC within 60 days of the date USAC issued its decision in response to the rural HCP letter of appeal.

ATTACHMENT 44

10/9/13

Subject: RHC FCC Form 466/466A Request for Support for HCP Number 10188

Health Care Provider (HCP) Name: Toksook Bay Clinic

HCP Number: 10188

Funding Request Number: 1223415

FCC Form 465 Application Number: 43128905

Funding Year: 2012

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has reviewed the FCC Form 466/466A and supporting documentation submitted by the HCP referenced above. Based on the information provided, RHCD is unable to provide support for the following reason(s):

1. The HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.

This letter is being sent to the HCP mailing contact, all account holders related to this circuit, and the contact at the HCP's physical location. In addition, a copy of this letter has been sent to the entity identified below as your selected telecommunications carrier.

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

The RHC recognizes that you may disagree with its decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>.

What must be included in your appeal?

1. Contact information - provide the name, address, telephone number, and email address of the person who has the authority to and can most readily discuss this appeal with USAC.
2. Identify the HCP Name, HCP Number, Funding Request Number(s), and Service Provider Identification Number (SPIN), if appropriate. Explain the appeal to USAC in as much detail as possible. The appeal must identify the issue and explain the reason for the appeal. FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . . [and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought." Include copies of relevant forms and letters, and explain precisely what action you'd like taken and why.
3. All appellants will receive acknowledgement of their appeal. USAC will review all letters of appeal and respond in writing. The response will either grant the appeal or will explain why the appeal was not granted.
4. If the HCP or service provider disagrees with USAC's response, it may file an appeal with the FCC within 60 days of the date USAC issued its decision in response to the rural HCP letter of appeal.

ATTACHMENT 45

10/9/13

Subject: RHC FCC Form 466/466A Request for Support for HCP Number 10182

Health Care Provider (HCP) Name: John Afcan Memorial Clinic

HCP Number: 10182

Funding Request Number: 1223382

FCC Form 465 Application Number: 43128879

Funding Year: 2012

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has reviewed the FCC Form 466/466A and supporting documentation submitted by the HCP referenced above. Based on the information provided, RHCD is unable to provide support for the following reason(s):

1. The HCP stated on the form 465 that they were under contract, but the evergreen endorsement was only for 5M. The HCP did not allow for bidding of the 10M service.

This letter is being sent to the HCP mailing contact, all account holders related to this circuit, and the contact at the HCP's physical location. In addition, a copy of this letter has been sent to the entity identified below as your selected telecommunications carrier.

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

The RHC recognizes that you may disagree with its decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>.

What must be included in your appeal?

1. Contact information - provide the name, address, telephone number, and email address of the person who has the authority to and can most readily discuss this appeal with USAC.
2. Identify the HCP Name, HCP Number, Funding Request Number(s), and Service Provider Identification Number (SPIN), if appropriate. Explain the appeal to USAC in as much detail as possible. The appeal must identify the issue and explain the reason for the appeal. FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . . [and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought." Include copies of relevant forms and letters, and explain precisely what action you'd like taken and why.
3. All appellants will receive acknowledgement of their appeal. USAC will review all letters of appeal and respond in writing. The response will either grant the appeal or will explain why the appeal was not granted.
4. If the HCP or service provider disagrees with USAC's response, it may file an appeal with the FCC within 60 days of the date USAC issued its decision in response to the rural HCP letter of appeal.

ATTACHMENT 46

Joseph Shawler

From: rhcadmin@usac.org
Sent: Thursday, October 17, 2013 11:40 AM
To: swalker@gci.com; Rhys Tony; Joseph Shawler; Joseph Shawler
Subject: RHC FCC Form 466 Request for Support for HCP Number 10217

Health Care Provider (HCP) Name: Yukon-Kuskokwim Delta Regional Hospital
HCP Number: 10217
Funding Request Number: 1224905
FCC Form 465 Application Number: 43129277
Funding Year: 2012

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has reviewed the FCC Form 466 and supporting documentation submitted by the HCP referenced above. Based on the information provided, RHCD is unable to provide support for the following reason(s):

1. The HCP has violated the 28-day competitive bidding rule as required by the Federal Communications Commission rule section 54.603(b)(3), which states The health care provider shall wait at least 28 days from the date on which its FCC Form 465 is posted on the website before making commitments with the selected telecommunications carrier(s).

This letter is being sent to the HCP mailing contact, all account holders related to this circuit, and the contact at the HCP's physical location. In addition, a copy of this letter has been sent to the entity identified below as your selected telecommunications carrier.

Service Provider Name: GCI Communication Corp

Service Provider Identification Number (SPIN): 143001199

The RHC recognizes that you may disagree with its decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>.

What must be included in your appeal?

1. Contact information - provide the name, address, telephone number, and email address of the person who has the authority to and can most readily discuss this appeal with USAC.
2. Identify the HCP Name, HCP Number, Funding Request Number(s), and Service Provider Identification Number (SPIN), if appropriate. Explain the appeal to USAC in as much detail as possible. The appeal must identify the issue and explain the reason for the appeal. FCC rule section 54.721 requires "a statement setting forth the party's interest in the matter presented for review; a full statement of relevant, material facts with supporting affidavits and documentation; the question presented for review. . . [and] a statement of the relief sought and the relevant statutory or regulatory provision pursuant to which such relief is sought." Include copies of relevant forms and letters, and explain precisely what action you'd like taken and why.
3. All appellants will receive acknowledgement of their appeal. USAC will review all letters of appeal and respond in writing. The response will either grant the appeal or will explain why the appeal was not granted.

4. If the HCP or service provider disagrees with USAC's response, it may file an appeal with the FCC within 60 days of the date USAC issued its decision in response to the rural HCP letter of appeal.

ATTACHMENT 47



USAC Rural Health Care

Competitive Bidding Requirements

April 20, 2011

Steps to Successful Competitive Bidding

1. Fill out the Form 465 clearly, accurately, and in a timely manner
2. Develop selection criteria to review bids
3. Wait 29 days before submitting a Form 466/466A, indicating bid selection (note the Allowable Contract Selection Date – or ACSD)
4. Submit contract to USAC for Evergreen review (optional) with Form 466/466A

When completing the Form 465 (Description of Services Requested & Certification Form):

- Be **careful** of what is listed on Line 29!

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

- We recommend you do NOT request a specific telecom service and/or bandwidth
 - **TOO SPECIFIC:** We need a T1 line
- Instead you should describe the needs of the HCP:
 - **PREFERRED:** We need to be able to transmit data and medical images
- Being too specific locks you into receiving that service type only

When completing the Form 465 (Description of Services Requested & Certification Form):

- Choose “Both Telecommunications & Internet Services” in Block 5 unless you’re positive you’ll use only one

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services

Telecommunications Service ONLY

Internet Service ONLY

2. Selection Criteria

- HCPs should develop a plan to evaluate bids prior to reviewing submitted proposals to determine how they will select the most cost-effective service provider
 - Cost-effective defined by the FCC as “the method of least cost after consideration of the features, quality of transmission, reliability, and other factors relevant to choosing a method of providing the required services.”

2. Selection Criteria

- USAC encourages the use of an (optional) scoring tool/scoring matrix
 - HCPs should choose the selection criteria most important to them. Some examples include but are not limited to:
 - Technical support
 - Previous experience with service provider
 - Cost for service
 - Rapid response
 - Service provider to provide a single point of contact

- Once the applicant is deemed eligible, the complete Form 465 is posted on RHC website:
 - ➔ Required 28-day posting period begins
- During this time, service providers may contact HCPs and submit proposals
- HCPs must not enter into a contract or service agreement until the Allowable Contract Selection Date (ACSD), or the 29th day after the 465 is posted

- The ACSD is listed under “Posted Services” on the RHC website, under “Rural Health Care Tools” (<http://usac.org/rhc/service-providers/step02/>)

The screenshot shows the USAC Rural Health Care website interface. At the top, there is a blue navigation bar with three tabs: "Rural Health Care", "Health Care Providers", and "Service Providers". Below this, the page is divided into two main columns. The left column contains a section titled "About Rural Health Care:" with a list of links including "Overview of the Program", "Overview of the Process", "Monthly Conference Calls", "Individual Outreach", "Understanding Audits", "Training Events", "Filing Appeals", "FCC Links", and "Rural Health Care Pilot Program". Below this is another section titled "Rural Health Care Tools:" with links for "Applicant Login", "Latest News", "Required Forms", "Tips and Best Practices", "Frequently Asked Questions", "Glossary of Terms", and "Rural Health Care Search Tools". The "Rural Health Care Search Tools" link is highlighted with a red box. The right column is titled "Rural Health Care Search Tools" and contains a list of links: "Health Care Provider (HCP) Login", "Search Posted Services" (highlighted with a red box), "Packet Status Report", "Automated Search of Commitments", "Urban Rate", and "List of Eligible Rural Areas". At the bottom of the page, there is a footer with copyright information and a list of links: "Home", "Privacy Policy", "Sitemap", "Website Feedback", "Website Tour", and "Contact Us".

Rural Health Care **Health Care Providers** **Service Providers**

About Rural Health Care:

- Overview of the Program
- Overview of the Process
- Monthly Conference Calls
- Individual Outreach
- Understanding Audits
- Training Events
- Filing Appeals
- FCC Links
- Rural Health Care Pilot Program

Rural Health Care Tools:

- Applicant Login
- Latest News
- Required Forms
- Tips and Best Practices
- Frequently Asked Questions
- Glossary of Terms
- **Rural Health Care Search Tools**

Rural Health Care Search Tools

- [Health Care Provider \(HCP\) Login](#)
- **[Search Posted Services](#)**
- [Packet Status Report](#)
- [Automated Search of Commitments](#)
- [Urban Rate](#)
- [List of Eligible Rural Areas](#)

Last modified on 9/20/2010

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- The ACSD is listed under “Posted Services” on the RHC website, under “Rural Health Care Tools” (<http://usac.org/rhc/service-providers/step02/>)

Count	HCP Number	HCP Name	City	County	State	Posting Date	Allowable Contract Date
1	11537	Davenport Clinic	Davenport	VA-Buchanan	VA	4/5/2011	5/3/2011
2	11540	Eastern Shore Rural Health System, Inc. - Nassawadox	Nassawadox	VA-Northampton	VA	4/7/2011	5/5/2011
3	11543	Haysi Clinic	Haysi	VA-Dickenson	VA	4/5/2011	5/3/2011
4	12798	William A. Davis Clinic	St. Paul	VA-Russell	VA	4/5/2011	5/3/2011

- Submit Form 465 as early as possible after window opens
 - Allow time to review bids
 - Allow time before start of fund year to ensure full year of funding

What is an Evergreen Contract?

- An “evergreen” contract is a valid contract that has been reviewed and endorsed by USAC
- HCPs with evergreen contracts are not required to post a Form 465 or re-bid for those services for the life of the contract

What Makes a Contract “Evergreen?”

- Contains two authorized signatures (HCP and SP)
- Contract is dated (after the Allowable Contract Selection Date – i.e. after the 28 days)
- Contract specifies the service type(s), terms, and cost of service(s)
- Identifies (all) HCP location(s) within the contract
- Contract is submitted and reviewed by USAC
 - USAC will notify applicants whether the contract is endorsed as evergreen, month-to-month, or neither

Important Considerations for HCPs:

- Your contract must be reviewed and deemed to be evergreen by USAC; otherwise, you **MUST** post a Form 465 each year
- If you receive notification that you have an evergreen contract, you should list the contract end date on Line 29 so that service providers know when to contact you to bid on upcoming service needs, whether it is during the current funding year or future fund years
- If services or contract terms change in any way, HCPs must post a new Form 465 and go through the competitive bidding process again

4. Evergreen Contracts

Important Considerations for Service Providers:

- Contracts cannot be deemed evergreen without review and approval by USAC
 - If you are the current service provider and the contract has not been endorsed as evergreen, the HCP must re-bid the following fund year – even if you have a signed contract
 - HCPs must entertain bids from service providers if their contract has not been deemed evergreen by USAC
 - Service providers may seek to confirm that the HCP has an evergreen contract endorsed by USAC

- Submit the Form 465 early (window opens between March and April) to ensure a full year of funding
- Avoid submitting incomplete/inaccurate forms and documentation
- Make sure you're aware of the ACSD – contact RHC if you're uncertain *before* entering into a service agreement
- Do not assume a contract is evergreen without formal RHC confirmation
 - First time applicants with an existing contract should call the RHC Customer Support Center (1.800.229.5476)

Keep documentation and contact information for audit purposes:

- If audited, an HCP must be able to produce decision-making records for up to five years after the end of the funding year
- A service provider must provide documentation for five years after the end of service
- The inability to locate documentation and demonstrate fair and open competitive bidding could result in the requirement to return funds

Keep documentation and contact information for audit purposes:

- Important documentation related to competitive bidding includes anything that would help an auditor retrace your steps in how you made your decision
 - Scoring tools/matrix
 - E-mails
 - Copy of RFP
 - Phone log

Customer Support Center

(800) 229-5476

Rhc-Admin@usac.org