

**EX. 13**

September 23, 2011

**Via Federal Express**

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

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

Dear Sir/Madam:

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

**FACTS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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<sup>1</sup> Satellite service is not a viable option due to its high latency rate.

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

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

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

On October 12, 2010, in response to a request from Ms. Freepartner for an explanation of funding computation, Ms. Diaz sent an email to Ms. Freepartner explaining that funding was reduced based on information received from AT&T representative Andy Rabung<sup>2</sup> in response to a request from Ms. Diaz regarding mileage charges associated with the PHS contract. See Ex. 7 - 10/13/10 6:58 a.m. email from H. Diaz to Maryann Freepartner. In her email, Ms. Diaz explained that the rural rate was adjusted based on information obtained from Mr. Rabung that reflected total billed miles for the circuits at 475 miles, that the cost per mile for the circuits was \$17.62 per mile, and that USAC could only cover funding up to the Maximum Allowable Distance of 85 miles, which reduced the funding by \$6,871.80 per line (charges over the MAD).

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

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

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

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

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

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

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

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

I. USAC incorrectly applied a mileage-based charge

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

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

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

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

- (1) Quality and rates

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

- (2) Access to advanced services

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

- (3) Access in rural and high cost areas

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

....

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

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

(7) Additional principles

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

47 USC §254(h)(1)(A) provides:

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

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

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

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

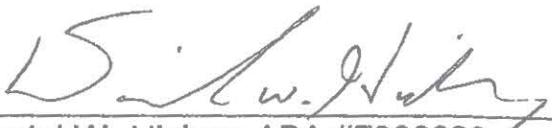
REQUEST FOR RELIEF

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

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

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

GRUENSTEIN & HICKEY  
Attorneys for Providence Health & Services – Alaska

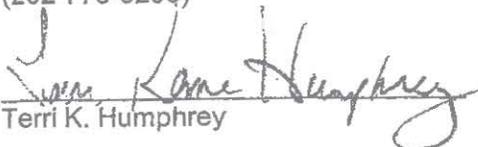
By:   
Daniel W. Hickey, ABA #7206026

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

Certificate of Service

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

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

  
Terri K. Humphrey

**EX. 14**

October 28, 2011



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

Request for Reconsideration/Appeal for HCP 10382  
Packets 102861 and 102862 – Funding Year 2010

We are appealing the calculated funding on these two packets. As in the prior year, we believe the funding calculations for both of these packets are incorrect. USAC has erroneously reduced the applicable rural rate incorrectly as the circuits are not mileage based. Our Funding Request on Form 466 is specific in that we filed based on Block 6: Comprehensive Rate Request rather than Block 5: Mileage-Based Charge Request.

The USAC reviewer incorrectly “discounted” our circuit cost from \$9005.20 to \$2133.40 based on a reduction in covered miles. This reduction is incorrect and needs to be revised. I believe we should receive additional funding of \$103,301.76 per circuit as per my calculations attached.

Please find attached the calculations, bill from AT&T and supplementary information which has been provided in the previous year but is enclosed here for your convenience. Please let us know if you need any further documentation.

We expect a response within 90 days as stated within your guidelines.

Thank you for your consideration.

A handwritten signature in black ink that reads "Maryann Freepartner".

Contact Information:  
Maryann Freepartner, Finance Manager  
[maryann.freepartner@providence.org](mailto:maryann.freepartner@providence.org)  
907-224-2980 Alaska Time Zone  
Fax 907-224-5250  
PO Box 365 Seward AK 99664

SUPPLEMENTAL INFORMATION

DISCUSSION OF NEED FOR TELECOMMUNICATIONS

Location: Providence Seward Medical and Care Center (PSMCC) is a rural health care provider in Seward, Alaska. Seward has a population of approximately 3,000 and is located in the Southcentral Region of Alaska, at the head of Resurrection Bay on the eastern shore of the Kenai Peninsula, a rugged wilderness area with a significant mountain range running the length of the peninsula close to the eastern shore. Access to Seward by vehicle is limited to one road stretching 126 miles to Anchorage, Alaska. Other access is by small airplane, helicopter, boat and seasonal train. The weather in Seward, Alaska consists of many days of rain, snow, ice and high winds which make access difficult. Road construction, particularly bridge construction, and avalanches have closed the road periodically. Seward has also experienced many earthquakes and some seasonal flooding.

PSMCC consists of a six-bed Critical Access Hospital including Provider-based clinic and 24-7 Emergency Room and also a 40-bed long-term care facility. Services include emergency services, limited inpatient hospital care, laboratory, radiology, rehabilitation therapy, family care clinic and long-term care.

PSMCC is owned by the City of Seward and managed by Providence Health & Services. Through the alliance with Providence, PSMCC works closely with Providence Alaska Medical Center, the largest hospital in Alaska. Through this alliance PSMCC can provide expanded services through the use of telemedicine, electronic medical records and access to specialists across the full spectrum of care. For the vast majority of heart attack, stroke, and traumatic injury patients on the eastern side of the Kenai Peninsula, PSMCC is the only place where they are stabilized and given initial treatment before being transferred to a tertiary care center, which is often Providence Alaska Medical Center. Electronic medical records facilitate the emergency room treatment and transfer of these patients and contribute to high quality emergency and trauma care.

For many years, PSMCC relied on two T-1 land circuits supplied by GCI that traveled from Seward to Anchorage through the Chugach Mountain Range and which followed the road 126 miles rather than the distance through space of 85 miles. These circuits traverse several mountain passes and are subject to adverse climatic conditions as noted above. These circuits have suffered from outages, particularly during winter months, which have resulted in negative impacts on patient care and safety at PSMCC. The climatic conditions have also resulted in extended stays at PSMCC due to the inability of helicopter access to transport critical patients. These communications literally make the difference between life and death to these patients.

The need for uninterrupted connectivity led in 2009 to the exploration of alternatives to the two land-based T-1 lines. At that point the only feasible addition that would provide diversity in both the route of the connection and the carrier providing the service was a submarine fiber circuit which existed between Seward and Anchorage, the route of which ran through Kodiak, Alaska. AT&T submitted a proposal for two additional T-1 lines at a custom rate based on private line rates in effect. This was not a mileage based rate as assumed by USAC based on the number of miles noted in the contract which was not used in calculation of the rate.

DISCUSSION OF REQUESTS FOR SUPPORT

We believe that we followed all USAC guidelines in putting out a request for bids through Form 465, reviewing the one proposal that satisfied our needs for redundancy and diversity of both carrier and route, and selected the contract proposed by AT&T. Our Request for Support on Form 466 was not based on mileage as the calculation of charges by AT&T was not based on mileage. We filed a comprehensive rate request and not a mileage based rate request. We believe that our funding should be calculated based on a comprehensive rate comparison method.

PROVIDENCE SEWARD MEDICAL AND CARE CENTER  
HCP 10382  
USAC APPEAL YEAR 2010 PACKETS 102861 AND 102862

<u>FUNDING REQUESTED:</u>	<u>Packet 102861</u>	<u>Packet 102862</u>	<u>Total</u>
Circuit cost per month	9,005.20	9,005.20	
Federal reg fees	1,747.90 *	1,747.90 *	
Taxes	<u>386.10 *</u>	<u>386.10 *</u>	
Total Rural Rate	11,139.20	11,139.20	
Urban rate	<u>198.30</u>	<u>198.30</u>	
Monthly funding request	<u>10,940.90</u>	<u>10,940.90</u>	
Total months 12	131,290.80	131,290.80	
Non-recurring request	<u>-</u>	<u>-</u>	
	<u>131,290.80</u>	<u>131,290.80</u>	<u>262,581.60</u>
<u>Funding commitment received:</u>			
Circuit cost per month	9,005.20	9,005.20	
"Discount" applied in error	<u>(6,871.80)</u>	<u>(6,871.80)</u>	
	2,133.40	2,133.40	
Taxes	<u>407.17</u>	<u>407.17</u>	
Discounted rural rate	<u>2,540.57</u>	<u>2,540.57</u>	
Urban rate Including tax	<u>208.15</u>	<u>208.15</u>	
Monthly support	2,332.42	2,332.42	
Total months 12	27,989.04	27,989.04	
Non-recurring request	<u>-</u>	<u>-</u>	
Funding per commitment	<u>27,989.04</u>	<u>27,989.04</u>	<u>55,978.08</u>
<b>Additional funding requested</b>	<u><b>103,301.76</b></u>	<u><b>103,301.76</b></u>	<u><b>206,603.52</b></u>

\*Based on representative monthly bill 2/1/11 attached. See calculation page 5 of bill.

AT&T MONTHLY BILL  
DATED 2/1/11



at&t Alascom

Interstate Dedicated Private Line Service

ALASCOM, INC. D/B/A AT&T ALASCOM  
210 EAST BLUFF DRIVE  
ANCHORAGE, ALASKA 99501-1100

MONTHLY INVOICE

PROVIDENCE SEWARD HOSPITAL  
PO BOX 365  
SEWARD AK 99664

Billing Number: MM S9327 01 001  
Account Number: 8002-765-8315  
Invoice Number: 8948235193 ORIGINAL

Invoice Date: 02-01-11  
For billing inquiries: 1-800-764-8592  
To place an order: 1-807-284-7142  
For repair service: 1-800-252-7521

Regulatory Commission of Alaska - 1-800-390-2782

<b>New Charges</b>	Monthly Charges 02-01 through 02-28:	\$ 18,010.40	
	Prorated Charges/Credits:	\$ 0.00	
	One-Time Charges/Credits:	\$ 3,985.68	
	<b>Total Charges:</b>		<b>\$ 21,996.08</b>
	Federal Excise Tax:	\$ 0.00	
State/Local Taxes and Surcharges:	\$ 282.32		
<b>Total Taxes and Surcharges on Charges:</b>			<b>\$ 282.32</b>
<b>Total Charges, Taxes, and Surcharges:</b>			<b>\$ 22,278.40</b>

<b>Balance Brought Forward</b>	Balance as of Last Monthly Invoice:	\$283,338.49	
	Payments Received:	\$ 396.60 <sup>CR</sup>	
	Other Charges and Adjustments:	\$ 0.00	
<b>Balance Brought Forward:</b>			<b>\$282,941.89</b>

<b>Remittance Amount</b>	<b>Total Payable Upon Receipt:</b>	<b>\$305,220.29</b>
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To ensure proper credit, please detach this portion and return with remittance.

**Remittance Document**  
Interstate Dedicated Private Line Service

PROVIDENCE SEWARD HOSPITAL  
PO BOX 365  
SEWARD AK 99664

Address Correction:

Please remit payments to:

ALASCOM, INC. d/b/a AT&T ALASKA  
P.O. BOX 5019  
CAROL STREAM, IL 60197-5019



at&t Alascom

Account Number: 8002-765-8315  
Invoice Number: 8948235193  
Inquiry Center: USK00211  
Telephone Number: 1-800-764-8592

Invoice Date: 02-01-11

Amount Due: \$305,220.29

Amount Enclosed:

80027656315894623519300048600003052202900022278408

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PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001
Account Number: 8002-785-8316
Invoice Number: 8948235103 ORIGINAL
Invoice Date: 02-01-11

JUST FOR YOUR BUSINESS

AT&T will charge a \$25 fee for any check returned for insufficient funds, applied to your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

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From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records).

REGULATORY NEWS

Your telecommunications services are provided by one or more of the following AT&T Corp. subsidiaries based on the type of service provided, and the location at which it is provided: AT&T Communications of (State), and or TCG (State).

\*\*\*\*\*

Bill Period is the monthly period that the customer's bill processing started and ended. The Usage is usually billed within the current Bill Period and Monthly Recurring Charges (MRCs) are billed one month in advance.

For example:

Invoice date April 1, Usage/Bill Period March 1 through March 31, MRCs April 1 through April 30
Invoice date April 11, Usage/Bill Period March 11 through April 10, MRCs April 11 through May 10
Invoice date April 19, Usage/Bill Period March 19 through April 18, MRCs April 19 through May 18.

\*\*\*\*\*

Attention Valued AT&T Customers

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months.

\*\*\*\*\*

If your business makes outbound telephone solicitations, you must comply with federal do-no-call laws and regulations (47 C.F.R.64.1200, and 16 C.F.R.310) and any applicable state laws.

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PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 883327 01 001
Account Number: 8002-785-8316
Invoice Number: 8948235193 ORIGINAL
Invoice Date: 02-01-11

REGULATORY NEWS

(continued)

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the states: Alabama, Arizona, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington and the District of Columbia.

\*\*\*\*\*

AT&T Calling Card is a US-based telecommunications service provided by AT&T Corp. Worldwide access is provided on a bilateral basis in cooperation with AT&T's correspondent carriers in non-US jurisdictions, and in accordance with the Regulations of the International Telecommunications Union, as applicable.

\*\*\*\*\*

DO NOT CALL

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 16 C.F.R. 310) and any applicable state laws.

\*\*\*\*\*

\*\*\*Important News About Your Account\*\*\*

You are requested to provide in writing to AT&T, within six months of the date of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the address listed at the top of the first page of your invoice.

http://serviceguide.att.com/service/library/business/ext/stata\_tariff\_buss.cfm

\*\*\*\*\*

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at: att.com/agreement. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service(s).

Additional terms, conditions, charges and price change information for all detariffed business services can be viewed at http://www.att.com/serviceguide/business. If you do not have access to the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

End of Messages

Thank you for choosing AT&T, we appreciate your business

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PROVIDENCE SEWARD HOSPITAL

Billing Number: MM SS3327 01 001  
Account Number: 8002-766-6315  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Payment Date	Payment Description	Payment Method	Amount
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Payments

12-30-10	PAYMENT RECEIVED	0000761247	\$398.61
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Total Payments Applied: \$398.61

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PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01001
Account Number: 8002-766-6316
Invoice Number: 8946235193 ORIGINAL
Invoice Date: 02-01-11
For billing inquiries: 1-800-764-8592

Table with 6 columns: Description, Monthly Charges, Prorated Charges/Credits, One-Time Charges/Credits, Taxes and Surcharges, Total

Circuit Charges

REGULATORY/OTHER CHARGES

Table listing regulatory and other charges such as ADMINISTRATIVE EXPENSE FEE-DCS, FEDERAL REGULATORY FEE-DCS, PROPERTY TAX ALLOTMENT-DCS, UNIVERSAL CONNECTIVITY-DCS.

ACCUNET® T1.5 MBPS SERVICE

Table for ACCUNET service showing DHEC 744587 ALS and DHEC 745718 ALS with promotional savings and net charges.

Table with 5 columns: Description, Total Promotional Savings, Total Discount Plan Savings, Total Interruptions, Total Service Assurance Warranty

Account Totals Reflect the Following

Table showing account totals for ACCUNET® T1.5 MBPS SERVICE.

FEE'S PER CIRCUIT

Handwritten calculations for fees per circuit: 158.48 + 385.44 + 2,951.88 + 003 = 3,495.8 \* 2 = 1,747.9 \*

TAXES PER CIRCUIT

Handwritten calculations for taxes per circuit: 489.88 + 282.32 + 002 = 772.2 \* 772.2 ÷ 2 = 386.1 \*



PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 883927 01 001  
 Account Number: 8002-765-8318  
 Invoice Number: 8848235193 ORIGINAL  
 Invoice Date: 02-01-11

Description	Monthly Charges	Prorated Charges/Credits	One-Time Charges/Credits	Taxes and Surcharges
-------------	-----------------	--------------------------	--------------------------	----------------------

**Circuit Charges**

Monthly, Prorated, and One-Time Charges/Credits for 02-01-11 thru 02-28-11

ADMINISTRATIVE EXPENSE FEE-DCS			\$158.48	\$5.9
FEDERAL REGULATORY FEE-DCS			\$985.44	\$14.4
PROPERTY TAX ALLOTMENT-DCS			\$489.88	\$18.3
UNIVERSAL CONNECTIVITY-DCS			\$2,951.88	\$84.6
<b>Total Circuit Charges:</b>	\$0.00	\$0.00	\$3,985.68	\$123.2
<b>Total This Account:</b>	\$0.00	\$0.00	\$3,985.68	\$123.2
<b>Total Activity Charges, Taxes and Surcharges:</b>	\$4,108.96			



PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001  
Account Number: 8002-785-8315  
Invoice Number: 8948235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Charge	Monthly Charges	Recurring Charges	One-Time Charges
----------	-----------------------	-----------------	-------------------	------------------

REGULATORY/OTHER CHARGES  
ADMINISTRATIVE EXPENSE FEE

Circuit Number: ADMINISTRATIVE EXPENSE FEE-DCS

1	ADMINISTRATIVE EXPENSE FEE-DCS Adjustment			\$158.48
<b>Total This Activity:</b>			\$0.00	\$158.48
<b>Total This Circuit:</b>			\$0.00	\$158.48

EXHIBIT 14  
Page 11 of 16



PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553927 01 001  
 Account Number: 8002-755-6315  
 Invoice Number: 8946235193 ORIGINAL  
 Invoice Date: 02-01-11

Item No	Description of Charge	Monthly Charges	Recurring Charges	One-Time Charges
---------	-----------------------	-----------------	-------------------	------------------

**REGULATORY/OTHER CHARGES**  
**FEDERAL REGULATORY FEE**

Circuit Number: FEDERAL REGULATORY FEE-DCS

2	FEDERAL REGULATORY FEE-DCS Adjustment			\$385.44
<b>Total This Activity:</b>			\$0.00	\$385.44
<b>Total This Circuit:</b>			\$0.00	\$385.44

EXHIBIT 14  
 Page 12 of 16





PROVIDENCE SEWARD HOSPITAL

Billing Number: MM S53327 01 001  
Account Number: 8002-765-8316  
Invoice Number: 8946235193 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Charge	Monthly Charges	Recurring Charges	One Time Charges
----------	-----------------------	-----------------	-------------------	------------------

REGULATORY/OTHER CHARGES  
PROPERTY TAX ALLOTMENT

Circuit Number: PROPERTY TAX ALLOTMENT-DCS

3	PROPERTY TAX ALLOTMENT-DCS Adjustment			\$489.88
Total This Activity:			\$0.00	\$489.88
Total This Circuit:			\$0.00	\$489.88

EXHIBIT 14  
Page 13 of 16



PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001  
Account Number: 8002-768-8315  
Invoice Number: 8948235183 ORIGINAL  
Invoice Date: 02-01-11

Item No.	Description of Charge	Monthly Charges	Revised Charges	One-Time Charges
----------	-----------------------	-----------------	-----------------	------------------

REGULATORY/OTHER CHARGES  
UNIVERSAL CONNECTIVITY

Circuit Number: UNIVERSAL CONNECTIVITY-DCS

4	UNIVERSAL CONNECTIVITY CHARGE-DCS Adjustment			\$2,951.88
Total This Activity:			\$0.00	\$2,951.88
Total This Circuit:			\$0.00	\$2,951.88
Total All Circuits:			\$0.00	\$3,985.68
Total This Account:			\$0.00	\$3,985.68

EXHIBIT 14  
Page 14 of 10





PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001  
Account Number: 8002-765-6316  
Invoice Number: 8949235193 ORIGINAL  
Invoice Date: 02-01-11

Description	Federal Excise Taxes	State Taxes	County Taxes	Local Taxes	Other Taxes and Surcharges
<b>Circuit Level Taxes</b>					
DHEC 744587 ALS ALASKA			\$34.08	\$45.44	
DHEC 745718 ALS ALASKA			\$34.08	\$45.44	
ADMINISTRATIVE EXPENSE FEE-DCS ALASKA			\$2.52	\$3.38	
FEDERAL REGULATORY FEE-DCS ALASKA			\$8.18	\$8.24	
PROPERTY TAX ALLOTMENT-DCS ALASKA			\$7.88	\$10.50	
UNIVERSAL CONNECTIVITY-DCS ALASKA			\$36.24	\$48.36	
Subtotal:	\$0.00	\$0.00	\$120.88	\$181.36	\$0.00
Total This Account:	\$0.00			\$282.32	

EXHIBIT 14  
Page 15 of 16



PROVIDENCE SEWARD HOSPITAL

Billing Number: MM 553327 01 001  
Account Number: 8002-785-8316  
Invoice Number: 8948235193 ORIGINAL  
Invoice Date: 02-01-11

Billing Details - Information Only

PROMOTIONAL DISCOUNT SAVINGS REPORT  
FOR MONTH BEGINNING FEBRUARY 01, 2011

CUSTOMER BILLING NUMBER  
MM 553327 01 001

CIRCUIT IDENTIFIER	PROMO NUMBER	CKL/TRM OR IOC SECTION NUMBER	USDC	MONTHLY CHARGE	MONTHLY CHARGE DISCOUNT AMOUNT	MONTHLY CHARGE DISCOUNT PERCENT	SERVICE CHARGE	SERVICE CHARGE DISCOUNT AMOUNT	SERVICE CHARGE DISCOUNT PERCENT
DHEC744587	ALS	2000AK01	0002/ A	041AC	\$20.00	\$20.00	100.00%		
DHEC744587	ALS	2000AK01	0001/ A	041AC	\$20.00	\$20.00	100.00%		
DHEC744587	ALS	2000AK01	0002/ A	AHDAD	\$20.00	\$20.00	100.00%		
DHEC744587	ALS	2000AK01	0001/ A	AHDAD	\$20.00	\$20.00	100.00%		
SAVINGS THIS CIRCUIT								\$80.00	
DHEC745718	ALS	2000AK01	0002/ A	041AC	\$20.00	\$20.00	100.00%		
DHEC745718	ALS	2000AK01	0001/ A	041AC	\$20.00	\$20.00	100.00%		
DHEC745718	ALS	2000AK01	0002/ A	AHDAD	\$20.00	\$20.00	100.00%		
DHEC745718	ALS	2000AK01	0001/ A	AHDAD	\$20.00	\$20.00	100.00%		
SAVINGS THIS CIRCUIT								\$80.00	
TOTAL SAVINGS								\$160.00	

EXHIBIT 14  
Page 16 of 60



**EX. 15**

FCC Form

Health Care Providers Universal Service

466

**Funding Request and Certification Form**

Approval by OMB  
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year. Estimated time per response: 3 hours  
Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

<b>Block 1: HCP Information</b>				
1 HCP Name	Providence Seward Medical Center	2 HCP Number	10382	
3 Form 465 Application #	45105	4 Consortium Name (If any)		
<b>Block 2: Bill Payer Information</b>				
5 Billed Entity Name	Providence Seward Medical Center	6 Billed Entity FCC RN	0013793187	
7 Contact Name	Maryann Freepartner			
8 Address Line 1	417 1st Ave.			
9 Address Line 2				
10 City	Seward	11 State	AK	12 Zip
				99664-0365
13 Contact Phone #	14 Fax #	15 E-Mail		
907-224-2980	907-224-5250	maryann.freepartner@providence.org		
<b>Block 3: Funding Year Information</b>				
16 Funding Year - Check only one box				
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)
<b>Block 4: Service Information</b>				
17 Type of Service T1 or DS1				
Circuit Bandwidth 1544				
18 Total Billed Miles	0	19 Maximum Allowable Distance (From Form 465)	85	
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
<b>Connection Information</b>				
21 Service Provider Name	Carrier A	Carrier B	Carrier C	Carrier D
	Alascom, Inc. - DBA			
	AT&T Alascom			
22 Service Provider Identification Number (SPIN)	143005617			
23 Service Provider Contact Person Name	janet Schmid			
24 Service Provider Contact Person's Phone #	312-364-7354			
25 Service Provider Contact Person Email	js1474@att.com			
26 Circuit Start Location	Seward AK			
27 Circuit Termination Location	Anchorage AK			
28 Billing Account Number	8002-765-6315			
29 Tariff, Contract, or	119829			

EXHIBIT 15  
Page 1 of 10

other document reference number  
 30 Date Contract Signed or Date HCP Selected **8/28/2009**  
 Carrier  
 31 Contract Expiration Date **8/28/2012**  
 (mm/dd/yyyy or "Month to Month")  
 32 Service Installation Date **11/3/2009**  
 33 Actual Rural Rate per Month **11139.2**

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

**Block 5: Mileage-based Charge Discount Request**

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

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

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

**Block 6: Comprehensive Rate Comparison Request**

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

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

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

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	\$

**EXHIBIT 15**  
 Page 2 of 10

44 Cost per Mile per \$ \$ \$ \$  
Month

**Block 7: Bid Documentation**

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

**Block 8: Certification**

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

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

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

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

50 Signature  
ECERT-1/10/2012

51 Date

52 Printed name  
Maryann Freepartner

53 Title or position  
Finance manager

54 Employer of authorized person  
Providence Health & Services

55 Employer's FCC RN  
0013793187

**Please remember:**

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

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

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

EXHIBIT 15  
Page 3 of 10

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

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

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

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

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

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

FCC Form 466  
April 2008

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

EXHIBIT 15  
Page 4 of 10

**Freepartner, Maryann**

---

**From:** ecert@universalservice.org  
**Sent:** Tuesday, January 10, 2012 9:46 AM  
**To:** Freepartner, Maryann  
**Subject:** Successful E-cert of 2011 RHCD Form 466 (HCP 10382)

Your Form 466 has been successfully E-certed to the RHCD website ([www.rhc.universalservice.org](http://www.rhc.universalservice.org)) at 1:46:06 PM on 1/10/2012.

HCP Number: 10382

HCP Name: Providence Seward Medical Center Funding Year: 2011 Tracking Number: 61909 Sent to: [maryann.freepartner@providence.org](mailto:maryann.freepartner@providence.org)

Please remember that in order to complete processing, you must submit documentation of your circuit's service cost per month (Block 4 Line 33). A copy of a bill or service agreement is acceptable. In addition, a copy of your contract, if any and documentation of the urban rate (if not using RHCD's) must be submitted. In addition, you must submit paper copies of bids or other responses received in response to the request for services.

Send these materials, labeled with your HCP number to:

Rural Health Care Division  
30 Lanidex Plaza West  
P.O. Box 685  
Parsippany, NJ 07054-0685

PLEASE DO NOT REPLY TO THIS EMAIL. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE PLEASE CALL 1-800-229-5476.

FCC Form

Health Care Providers Universal Service

466

**Funding Request and Certification Form**

Approval by OMB  
3060-0804

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

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

<b>Block 1: HCP Information</b>				
1 HCP Name	Providence Seward Medical Center	2 HCP Number	10382	
3 Form 465 Application #	45105	4 Consortium Name (If any)		
<b>Block 2: Bill Payer Information</b>				
5 Billed Entity Name	Providence Seward Medical Center	6 Billed Entity FCC RN	0013793187	
7 Contact Name	Maryann Freepartner			
8 Address Line 1	417 1st Ave.			
9 Address Line 2				
10 City	Seward	11 State	AK	12 Zip
				99664-0365
13 Contact Phone #	14 Fax #	15 E-Mail		
907-224-2980	907-224-5250	maryann.freepartner@providence.org		
<b>Block 3: Funding Year Information</b>				
16 Funding Year - Check only one box				
Year 2010 (7/1/2010-6/30/2011)	<input checked="" type="checkbox"/>	Year 2011 (7/1/2011-6/30/2012)	<input type="checkbox"/>	Year 2012 (7/1/2012-6/30/2013)
<b>Block 4: Service Information</b>				
17 Type of Service	T1 or DSI			
Circuit Bandwidth	1544			
18 Total Billed Miles	0	19 Maximum Allowable Distance (From Form 465)	85	
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
<b>Connection Information</b>				
	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Alascom, Inc. - DBA AT&T Alascom			
22 Service Provider Identification Number (SPIN)	143005617			
23 Service Provider Contact Person Name	Janet Schmid			
24 Service Provider Contact Person's Phone #	312-364-7354			
25 Service Provider Contact Person Email	js1474@att.com			
26 Circuit Start Location	Seward AK			
27 Circuit Termination Location	Anchorage AK			
28 Billing Account Number	8002-765-6315			
29 Tariff, Contract, or	119829			

EXHIBIT 15  
Page 6 of 10

other document reference number  
 30 Date Contract Signed or Date HCP Selected **8/28/2009**  
 Carrier  
 31 Contract Expiration Date **8/28/2012**  
 (mm/dd/yyyy or "Month to Month")  
 32 Service Installation Date **11/3/2009**  
 33 Actual Rural Rate per Month **11139.2**

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

**Block 5: Mileage-based Charge Discount Request**

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

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

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

**Block 6: Comprehensive Rate Comparison Request**

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

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

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

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges	\$	\$	\$	

**EXHIBIT 15**  
 Page 7 of 10

44 Cost per Mile per Month \$ \$ \$ \$

**Block 7: Bid Documentation**

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

**Block 8: Certification**

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

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

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

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

50 Signature ECERT-1/10/2012 51 Date

52 Printed name Maryann Freepartner 53 Title or position Finance Manager

54 Employer of authorized person Providence Health & Services 55 Employer's FCC RN 0013793187

**Please remember:**

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

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

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

EXHIBIT T 15  
Page 8 of 10

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-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

FCC Form 466  
April 2008

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

EXHIBIT 15  
Page 9 of 10

**Freepartner, Maryann**

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**From:** ecert@universalservice.org  
**Sent:** Tuesday, January 10, 2012 9:47 AM  
**To:** Freepartner, Maryann  
**Subject:** Successful E-cert of 2011 RHCD Form 466 (HCP 10382)

Your Form 466 has been successfully E-certified to the RHCD website ([www.rhc.universalservice.org](http://www.rhc.universalservice.org)) at 1:46:56 PM on 1/10/2012.

HCP Number: 10382

HCP Name: Providence Seward Medical Center Funding Year: 2011 Tracking Number: 61905 Sent to: [maryann.freepartner@providence.org](mailto:maryann.freepartner@providence.org)

Please remember that in order to complete processing, you must submit documentation of your circuit's service cost per month (Block 4 Line 33). A copy of a bill or service agreement is acceptable. In addition, a copy of your contract, if any and documentation of the urban rate (if not using RHCD's) must be submitted. In addition, you must submit paper copies of bids or other responses received in response to the request for services.

Send these materials, labeled with your HCP number to:

Rural Health Care Division  
30 Lanidex Plaza West  
P.O. Box 685  
Parsippany, NJ 07054-0685

PLEASE DO NOT REPLY TO THIS EMAIL. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE PLEASE CALL 1-800-229-5476.

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Page 10 of 10

**EX. 16**

*Administrator's Decision on Rural Health Care Program Appeal*

*Via Electronic and Certified Mail*

January 16, 2012

Ms. Maryann Freepartner  
Finance Manager  
Providence Seward Mountain Haven  
P.O. Box 365  
Seward, AK 99664

Re: Request for Reconsideration of Denial  
Providence Seward Mountain Haven, HCP #10382, Packets #102861, 102862

Dear Ms. Freepartner,

The Universal Service Administrative Company (USAC) has completed its evaluation of the October 28, 2011 letter of appeal you submitted on behalf of Providence Seward Mountain Haven (Providence). Your appeal requested that USAC reevaluate the amount of funding provided for Packets #102861 and 102862 for Funding Year 2010. Upon review, USAC concludes that funding was calculated correctly and appropriately for the packets in question.

Decision on Appeal and Explanation: Denied.

Providence submitted Packets #102861 and 102862 on April 8, 2011, reflecting contracted service for two TI circuits. Funding commitment letters (FCLs) were sent on September 8, 2011.

Providence disputes USAC's calculation of support and argues that the "circuits are not mileage based."<sup>1</sup>

Section 54.613(a) of the Federal Communications Commission rules state  
Upon submitting a bona fide request to a telecommunications carrier, each eligible rural health care provider is entitled to receive the most cost-effective, commercially-available telecommunications service at a rate no higher than the highest urban rate, as defined in § 54.605, *at a distance not to exceed the distance between the eligible health care provider's site and*

---

<sup>1</sup> Letter of Appeal at 1.

**EXHIBIT** 16  
Page 1 of 2

*the farthest point on the jurisdictional boundary of the city in that state with the largest population (emphasis added).*<sup>2</sup>

USAC refers to the “distance not to exceed” as the Maximum Allowable Distance, or MAD. The MAD is calculated by USAC when the Form 465 is processed. USAC includes the MAD in Block 1 of the Form 465 when the form is posted on the USAC website.<sup>3</sup> The MAD for Seward, Alaska, is 85 miles, which is the distance between Seward and the farthest jurisdictional boundary point of Anchorage, the city in Alaska with the largest population.

The service agreement submitted with Providence’s packets shows that each circuit is billed for 475 miles; this was confirmed in an email from AT&T Alaska.<sup>4</sup> Providence is not eligible to receive Rural Health Care Program support for the distance beyond the MAD. Therefore, miles 86-475 are not fundable.

Providence requested \$8,784.27 in monthly support per circuit.<sup>5</sup> Because the requested supported exceeded the MAD by 390 miles, \$6,871.80<sup>6</sup> was correctly deducted from the total rural rate. Therefore, the appeal is hereby denied.

If you wish to appeal this decision, you may file an appeal pursuant to 47 C.F.R. Part 54, Subpart I. Detailed instructions for filing appeals are available at:  
[www.usac.org/rhc/about/filing-appeals.aspx](http://www.usac.org/rhc/about/filing-appeals.aspx).

Sincerely,

//s// USAC

<sup>2</sup> 47 C.F.R. § 54.613(a).

<sup>3</sup> Instructions to the FCC Form 466, at 4.

<sup>4</sup> Alascom Data Services Circuit Term Plan Pricing Schedule, 3. *See also*, Email from Andrew Rabung, AT&T Alaska to USAC (Sept. 23, 2010, 5:06 p.m.).

<sup>5</sup> Calculated as the rural rate of \$9,005.20 minus the urban rate of \$220.93. *See* 47 C.F.R. § 54.609(a).

<sup>6</sup> Calculated as 390 miles times the rate per mile per month of \$17.62. *See* Email from Andrew Rabung, AT&T Alaska, to USAC (Sept. 23, 2010, 5:06 p.m.)(providing rate per mile).

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Page 2 of 2

**EX. 17**



30 Lanidex Plaza West  
 P.O. Box 885  
 Parsippany, NJ 07054-0885

Rural Health Care Division  
 www.rhc.universalservice.org  
 Phone: 1-800-229-5478

February 02, 2012

Maryann Freepartner  
 Providence Seward Medical Center  
 P.O. Box 365,  
 Seward, AK 99664

**Re: Funding Commitment for Funding Year 2011, Packet ID# 111905**

Dear Maryann Freepartner:

The Rural Health Care division (RHC) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 or 466-A requesting for support for telecommunications or Internet services.

Based on the information provided on your application(s), the RHC has determined that the rural HCP may receive the one time (non-recurring) and monthly recurring support amounts shown below for Funding Year 2011 (7/1/11 to 6/30/12). The estimated total support amount the RHC has reserved for your request is listed below.

**Service:** T1 or DS1 - 1544 Kbps  
**Billing Account Number:** 8002-765-6315

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	07/01/2011	06/30/2012	12	\$0.00	\$10,780.13	\$129,361.56	58412

We have sent this letter to both the rural Health Care Provider (HCP) mailing address above and the rural HCP physical location below (if these addresses are different).

**HCP Number:** 10382  
**HCP Contact Name:** Maryann Freepartner  
**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
 Seward, AK 99664

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

**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Service Provider Identification Number (SPIN):** 143005617  
**Next Steps**

EXHIBIT 17  
 Page 1 of 6

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

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

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

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

The BAN, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHC and the FCC. The RHC must be immediately notified if the supported services are not being conveyed to the eligible HCP, or the eligible HCP is not otherwise receiving the benefit of this federal universal service support. HCPs that are approved for support are reminded that it, and any entity that filed an application on its behalf, continue to be 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 the RHC discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHC and other appropriate federal, state, and local authorities.

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

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466-A.
- **Type of Service Agreement:** This reflects RHC's determination of whether the applicant is eligible for support based on a contract or a month-to-month service. For contract service, RHC must have reviewed the relevant document(s) and determined that they meet RHC contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month-to-month service, or if an HCP is eligible for month to month service support prior to the contract award date, it is treated as month-to-month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHC website, but month-to-month service is never eligible for such pre-posting support. Questions about contract/month-to-month determination may be directed to the RHC Customer Service Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date on which the RHC will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466-A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHC website, depending on which is later and the type of service agreement.

- **Support End Date:** The end date of Funding Year 2011 is June 30, 2012. This is also the last day support may be given to eligible rural HCPs for Funding Year 2011 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the Eligible Support Start Date to the Support End Date based upon information provided on Forms 466 or 466-A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466-A and supporting documentation. It may be different from the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the HCP should receive on bills from the service provider on a monthly basis during Funding Year 2011. This amount is calculated from the information provided by the HCP on Form 466 or 466-A and supporting documentation. It may be different than the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHC on Form 467.
- **Funding Request Number:** The number assigned by the RHC used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/466A.

#### Appeals

The RHC recognizes that you may disagree with our 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/filing-appeals.aspx>.

#### Funding Years

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

#### Questions

If you have any questions or need help, you may call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Be sure to have your HCP Number available.

Sincerely,

**RHC - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center



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

Rural Health Care Division  
 www.rhc.universalservice.org  
 Phone: 1-800-229-5476

February 02, 2012

Maryann Freepartner  
 Providence Seward Medical Center  
 P.O. Box 365,  
 Seward, AK 99664

**Re: Funding Commitment for Funding Year 2011, Packet ID# 111909**

Dear Maryann Freepartner:

The Rural Health Care division (RHC) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 or 466-A requesting for support for telecommunications or Internet services.

Based on the information provided on your application(s), the RHC has determined that the rural HCP may receive the one time (non-recurring) and monthly recurring support amounts shown below for Funding Year 2011 (7/1/11 to 6/30/12). The estimated total support amount the RHC has reserved for your request is listed below.

**Service:** T1 or DS1 - 1544 Kbps  
**Billing Account Number:** 8002-765-6315

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	07/01/2011	06/30/2012	12	\$0.00	\$10,780.13	\$129,361.56	58413

We have sent this letter to both the rural Health Care Provider (HCP) mailing address above and the rural HCP physical location below (if these addresses are different).

**HCP Number:** 10382  
**HCP Contact Name:** Maryann Freepartner  
**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
 Seward, AK 99664

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

**Service Provider Name:** Alascom, Inc. - DBA AT&T Alascom  
**Service Provider Identification Number (SPIN):** 143005617

Next Steps

EXHIBIT 17  
 Page 4 of 6

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

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

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

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

The BAN, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHC and the FCC. The RHC must be immediately notified if the supported services are not being conveyed to the eligible HCP, or the eligible HCP is not otherwise receiving the benefit of this federal universal service support. HCPs that are approved for support are reminded that it, and any entity that filed an application on its behalf, continue to be 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 the RHC discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHC and other appropriate federal, state, and local authorities.

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

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466-A.
- **Type of Service Agreement:** This reflects RHC's determination of whether the applicant is eligible for support based on a contract or a month-to-month service. For contract service, RHC must have reviewed the relevant document(s) and determined that they meet RHC contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month-to-month service, or if an HCP is eligible for month to month service support prior to the contract award date, it is treated as month-to-month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHC website, but month-to-month service is never eligible for such pre-posting support. Questions about contract/month-to-month determination may be directed to the RHC Customer Service Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date on which the RHC will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466-A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHC website, depending on which is later and the type of service agreement.

- **Support End Date:** The end date of Funding Year 2011 is June 30, 2012. This is also the last day support may be given to eligible rural HCPs for Funding Year 2011 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the Eligible Support Start Date to the Support End Date based upon information provided on Forms 466 or 466-A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466-A and supporting documentation. It may be different from the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the HCP should receive on bills from the service provider on a monthly basis during Funding Year 2011. This amount is calculated from the information provided by the HCP on Form 466 or 466-A and supporting documentation. It may be different than the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHC on Form 467.
- **Funding Request Number:** The number assigned by the RHC used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/466A.

#### Appeals

The RHC recognizes that you may disagree with our 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/filing-appeals.aspx>.

#### Funding Years

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

#### Questions

If you have any questions or need help, you may call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Be sure to have your HCP Number available.

Sincerely,

**RHC - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center

**EX. 18**

GRUENSTEIN & HICKEY

DAN HICKEY (ghlaw3@goi.net)

ATTORNEYS

TEL (907) 258-4338

OF COUNSEL

RESOLUTION PLAZA

FAX (907) 258-4350

PETER GRUENSTEIN (ghlaw@goi.net)

1029 W. 3<sup>RD</sup> AVENUE, SUITE 510

BRIAN DUFFY (brianduffyattorney@gmail.com)

ANCHORAGE, ALASKA 99501

March 16, 2012

**Via Federal Express and ECFS**

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

Re: *In the Matter of Request for Review by Providence Seward Medical and Care Center (also referred to in USAC's letter of January 16, 2012, as Providence Seward Mountain Haven) of Decision of Universal Services Administrator*  
Docket No. 02-60  
HCP No. 10382  
Packet Nos. 4 102861 and 102862  
Our File No. 3085.01

Dear Sir/Madam:

This office represents Providence Seward Medical and Care Center in connection with this request for a further review/appeal of USAC's Administrator's Decision on Rural Health Care Program Appeal dated January 16, 2012, a copy of which is attached as Ex. 1. This request is made pursuant to 47 CFR §54.719(c). We are filing this appeal electronically by the Electronic Comment Filing System (ECFS) pursuant to USAC's instructions for filing Rural Health Care funding decision appeals. We are also filing two copies by Federal Express to ensure compliance with your filing requirements and as a courtesy copy or in the event that two copies are required.

This is the second request for further review/appeal (appeal) of a USAC Administrator's determination of funding for these two T-1 circuits servicing Providence Seward Medical and Care Center in Seward, Alaska. The first appeal was filed with the FCC on September 24, 2011, and pertains to USAC's funding determination for the two T-1 circuits for Funding Year 2009 (FY 2009). That appeal is still pending with the FCC. This second appeal pertains to USAC's funding determination for the same T-1 circuits for Funding Year 2010 (FY 2010).

EXHIBIT 18  
Page 1 of 11

## FACTS

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

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

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

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

The use of and tie-in to PAMC's EMR plays an important role in the delivery of health care in the small rural community of Seward. It provides a single repository for all patient information and can be accessed across the continuum of care (e.g., PAMC, and physician offices). For the vast majority of heart attack, stroke, and traumatic injury patients on the eastern side of the Kenai Peninsula, PSMCC is the only place where they can be stabilized and given initial treatment before being transferred to a tertiary care center, which is almost

always PAMC. Electronic medical records facilitate the emergency room treatment and transfer of these patients and contribute to high quality emergency and trauma care equivalent to that available in Anchorage, Alaska's largest urban center.

For many years, PSMCC relied on two T-1 land circuits supplied by carrier GCI that traveled between Seward and Anchorage through the Chugach Mountain Range. These circuits traverse through several mountain passes that are subject to avalanches, high wind, and other adverse climatic conditions that have subjected the circuits to outages during winter months, which in Alaska are particularly lengthy and which have impacted patient care and safety at PSMCC. In addition, the single roadway connection between Seward and Anchorage is subject to being periodically closed for between several hours and several days, several different times each winter, due to avalanches that block the roadway. This reality combined with stretches in the winter when small plane travel in and out of Seward becomes impossible as a result of prolonged adverse weather conditions results in periodic instances when seriously injured or seriously ill patients cannot be medivaced to Anchorage necessitating periodic interim intensive care at PSMCC, during which absolutely reliable communications can make the difference between life and death.

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

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

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<sup>1</sup> Satellite service is not a viable option due to its high latency rate.

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

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

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

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

On February 22, 2010, Ms. Freepartner submitted the Form 466s for the two T-1 lines for FY 2009. Ex. 5. Since the pricing for the T-1 circuits was not distance based, funding was requested using the Comprehensive Rate Comparison method.

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

Through a letter dated September 30, 2010, two hundred twenty-five days after submission of the Form 466s, and well into the FY 2010 funding year, Ms. Freepartner finally received Funding Commitment Letters for the two circuits for FY 2009. These letters reflected funding amounts for the circuits at rates considerably reduced from what Ms. Freepartner had requested and anticipated based on the actual cost per line per month. See Ex. 6 - Funding Commitment Letters.

On October 12, 2010, in response to a request from Ms. Freepartner for an explanation of the funding computation, Ms. Diaz sent an email to Ms.

Freepartner explaining that funding was reduced based on information received from AT&T representative Andy Rabung<sup>2</sup> in response to a request from Ms. Diaz regarding mileage charges associated with the PHS contract. See Ex. 7 - 10/13/10 6:58 a.m. email from H. Diaz to Maryann Freepartner. In her email, Ms. Diaz explained that the rural rate was adjusted based on information obtained from Mr. Rabung that reflected total billed miles for the circuits at 475 miles, that the cost per mile for the circuits was \$17.62 per mile, and that USAC could only cover funding up to the Maximum Allowable Distance of 85 miles, which reduced the funding by \$6,871.80 per line (charges over the MAD).

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

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

On October 26, 2010, Ms. Freepartner submitted her letter of appeal or request for reconsideration of the FY 2009 funding determination to USAC's RHCD. Ex. 8.

On April 1, 2011, Ms. Freepartner sent an email to USAC RHC Manager Elizabeth Anderson asking if she should proceed with filing the form 466s for the two T-1 circuits for FY 2010 while the appeal for FY 2009 was still pending. Ms. Anderson responded that Ms. Freepartner could file her FY 2010 Form 466s while the appeal was still pending.

On April 8, 2011, Ms. Freepartner submitted her Form 466s for the two T-1 lines. Ex.11.

On June 13, 2011, after many, many requests for status updates and being informed that PSMCC's request for reconsideration of the FY 2009 funding determination was "under review" and a call to USAC's complaint line, Ms. Freepartner was able to speak with USAC Rural Health Care Program Manager

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<sup>2</sup> Mr. Rabung had been recently assigned to cover temporarily the PSMCC account in the absence of Amy Merchant, the AT&T representative who had been working on the account from its inception, and who was at that time on temporary maternity leave from AT&T.

Carol McCornac who informed Ms. Freepartner that USAC's reduction in funding based on miles exceeding the Maximum Allowable Distance had been correctly applied. Ms. McCornac informed Ms. Freepartner that PSMCC could continue to pursue the appeal, which would result in a formal Administrators Decision, or request its withdrawal. Ms. Freepartner subsequently requested a formal Administrator's Decision.

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

On July 27, 2011, two hundred seventy-four days after PSMCC filed its request for reconsideration of the FY 2009 funding determination, USAC issued its Administrator's Decision. Ex. 10. In its decision, USAC denied PSMCC's appeal based on the Maximum Allowable Distance limitation.

Through a letter dated September 8, 2011, one hundred fifty-two days after submission of the Form 466s and over two months into the FY 2011 funding period, Ms. Freepartner received Funding Commitment Letters for the two circuits for FY 2010. Ex.12. Consistent with its funding determination for FY 2009, USAC, again, adjusted the rural rate for the two circuits based on the Maximum Allowable Distance calculation.

On September 23, 2011, PSMCC, filed its request for further review/appeal of USAC's FY 2009 funding determination with the Federal Communications Commission. Ex. 13. That appeal remains currently pending with the FCC.

On October 28, 2011, Ms. Freepartner submitted her letter of appeal/request for reconsideration of USAC's funding determination for FY 2010 to USAC's RHCD. Ex.14.

On January 16, 2011, eighty days after PSMCC filed its request for reconsideration of the FY 2010 funding determination, USAC issued its Administrator's Decision. Ex. 1. In its decision, USAC again denied PSMCC's appeal based on the Maximum Allowable Distance limitation.

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

I. USAC incorrectly applied a mileage-based charge

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

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

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

(1) Quality and rates

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

(2) Access to advanced services

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

(3) Access in rural and high cost areas

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

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

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

(7) Additional principles

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

47 USC §254(h)(1)(A) provides:

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

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

The purpose of the universal service program is to afford rural health care providers the opportunity to access telecommunications and information services

that are “reasonably comparable to those services provided in urban areas and that are available at rates that are reasonably comparable to rates charged for similar services in urban areas.” 47 USC §254(b)(3).

Given PSMCC’s unique circumstances – its remote location, the mountainous terrain and adverse climatic conditions that impact the functionality of terrestrial wirelines that service Seward, and the fact that the only alternative form of wireline service that could provide the needed bandwidth, diversity and redundancy is a submarine fiber optic cable that, of necessity, runs a course of 475 miles - applying the maximum allowable distance limitation under 47 CFR §54.613 is inconsistent with the purpose and legislative intent of the Universal Service mechanism.

IV. PSMCC has been unfairly prejudiced by the extraordinary delays associated with USAC’s determinations.

As a final point in support of this appeal, PSMCC wishes to point out that it has been unfairly prejudiced by the extraordinary delays associated with USAC’s determinations at virtually each stage of the process. The USAC did not make an initial decision on the first year of funding for these lines for FY 2009 until three months after the conclusion of FY 2009 funding period, and three months into the FY 2010 funding period, a total of two hundred twenty-five days after submission of the Form 466s for FY 2009. USAC then took a total of an additional two hundred seventy-four days to make a decision on PSMCC’s request for reconsideration of its determination on FY 2009 funding, a step that PSMCC was encouraged to take before appealing to the FCC. Thus, the USAC had PSMCC’s request for FY 2009 funding under consideration for a total of four hundred ninety-seven days before making a final decision on July 27, 2011, almost a month past the FY 2010 funding period and a month into the FY 2011 funding period.

USAC required an additional one hundred fifty-two days after submission of the Form 466s for FY 2010 funding to make an initial determination on FY 2010 funding, three months past the end of the FY 2010 funding period. The fact that the USAC delayed a decision on funding for FY 2009, the first year for these lines, until past the end of the second year funding period has severely prejudiced PSMCC with respect to both years’ funding. It put PSMCC into a position where it had not received a determination on first year funding until after the entire costs of second year funding had been incurred. As such, USAC’s administration of this program, in this instance, has been abusive and funding

should accordingly be approved for FY 2010 on this basis alone, based on PSMCC's detrimental reliance on USAC's reasonable administration of the universal services program.

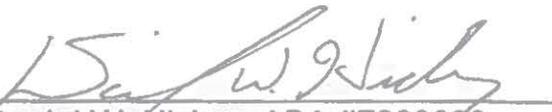
REQUEST FOR RELIEF

It cannot be overemphasized that the sole alternative for reliable communication services for PSMCC comparable to those available in an urban setting are these underwater T-1 lines that simply happen to run from Anchorage to Kodiak and Kodiak to Seward. There is no other alternative. Accordingly, funding should be calculated based on a comprehensive rate comparison method which would result in PSMCC paying a rate that an urban health care provider would pay for similar services. That calculation for the period ending June 30, 2011, is attached as Ex. 15.

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

DATED this 16<sup>th</sup> day of March, 2012, at Anchorage, Alaska.

GRUENSTEIN & HICKEY  
Attorneys for Providence Health & Services – Alaska

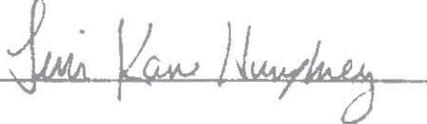
By:   
Daniel W. Hickey, ABA #7206026

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

Certificate of Service

I HEREBY CERTIFY that a true and correct copy of the foregoing was served by Federal Express this 16<sup>th</sup> day of March, 2012, on:

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

  
\_\_\_\_\_

**EX. 19**

FCC Form  
466

Health Care Providers Universal Service  
Funding Request and Certification Form

Approval by OMB  
3060-0804

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

Estimated time per response: 3 hours

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

Block 1: HCP Information

1 HCP Name Providence Seward Medical & Care Center	2 HCP Number 10382
3 Form 485 Application #43124011	4 Consortium Name (if any)

Block 2: Bill Payer Information

5 Billed Entity Name Providence Seward Medical & Care Center	6 Billed Entity FCC RN 0013793187	
7 Contact Name Maryann Freepartner		
8 Address Line 1 PO Box 365		
9 Address Line 2		
10 City Seward	11 State AK	12 Zip 99664-0365
13 Contact Phone #(907) 224-2980	14 Fax #(907) 224-7248	15 E-Mail maryann.freepartner@providence.or

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.) T1 or DS1 1.544 Mbps

18 Total Billed Miles 0    19 Maximum Allowable Distance (From Form 485) 85

20 Percentage of HCP's service used for the provision of health care. 100 (if less than 100%, please explain.)  
 if the HCP indicated it is a part-time eligible entity (on Form 466), describe method of allocating prorated support.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21 Service Provider Name	Alascom, Inc. - DBA AT&T Alascom		
22 Service Provider identification Number (SPIN)	143005817		
23 Service Provider Contact Person Name	David Murphy		
24 Service Provider Contact Person's Phone #	(907) 284-7142		
25 Service Provider Contact Person Email	dm026cc@att.com		
26 Circuit Start Location	417 First Avenue Seward, AK 99664		
27 Circuit Termination Location	Anchorage, AK		
28 Billing Account Number	1002766-6318		
29 Tariff, Contract or other document reference number	116629		
30 Date Contract Signed or Date HCP Selected Carrier	28-Aug-2009		
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	08-Aug-2012		
32 Service Installation Date	03-Nov-2009		
33 Actual Rural Rate per Month (Enclose Documentation)	11333.75		

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.

**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](mailto: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 Landex Plaza West, P.O.Box 685  
Parsippany NJ 07054-0685

FCC Form 466  
April 2008

EXHIBIT 19  
Page 2 of 6

# Funding Year 2012

FEB 12 2013

Urban rates for the Funding Year 2012

General Services	Recurring Charge	Nonrecurring Charge
Business Line	\$32.25	\$56.50
DDS (56 Kbps)	\$63.20	\$596.70
Private Line (Voice Grade)		
Two Wire	\$58.00	\$429.80
Four Wire	\$115.00	\$429.80
Satellite (128 Kbps)	\$126.40	\$596.70
T1 (1.544 Mbps)	\$198.30	\$965.60
T1 Optional Services		
DS-1 To Voice Multiplexing	\$317.00	\$100.00
DS-1 to Data Multiplexing	\$317.00	\$100.00
Digital Access Cross Connect Service (DACCS) -- Per Port	\$75.00	\$200.00
DACCS Reconfiguration		\$100.00
Additional Engineering		\$150.00
DS3		
Without DS3 to DS1 Multiplexing	\$3,788.06	\$736.50
With DS3 to DS1 Multiplexing	\$4,143.35	\$736.50

Private Line (Fractional T1)		
128 Kbps*	\$126.40	\$596.70
256 Kbps**	\$198.30	\$965.60
384 Kbps**	\$198.30	\$965.60
512 Kbps**	\$198.30	\$965.60
768 Kbps**	\$198.30	\$965.60

\* Same as Satellite (128 Kbps)

\*\* Same as T-1 (1.544 Mbps)

SOURCE:

RCA. ALASKA. GOV / RCA WEB / DOCUMENTS / TELECOMM

FCC Form  
466

Health Care Providers Universal Service  
Funding Request and Certification Form

Approval by OMB  
3060-0804

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Block 1: HCP Information

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3 Form 465 Application #43124011	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name Providence Seward Medical & Care Center	6 Billed Entity FCC RN 0013793187
7 Contact Name Maryann Freepartner	
8 Address Line 1 PO Box 365	
9 Address Line 2	
10 City Seward	11 State AK 12 Zip 99664-0365
13 Contact Phone #(907) 224-2980	14 Fax #(907) 224-7248 15 E-Mail maryann.freepartner@providence.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.) T1 or DS1 1.544 Mbps

18 Total Billed Miles 0    19 Maximum Allowable Distance (From Form 465) 85

20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.)  
 If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21 Service Provider Name	Alascom, Inc. - DBA AT&T Alascom			
22 Service Provider Identification Number (SPIN)	143005617			
23 Service Provider Contact Person Name	David Murphy			
24 Service Provider Contact Person's Phone #	(907) 264-7142			
25 Service Provider Contact Person Email	dmm0280@att.com			
26 Circuit Start Location	417 First Avenue Seward, AK 99664			
27 Circuit Termination Location	Anchorage, AK			
28 Billing Account Number	8002-785-6318			
29 Tariff, Contract or other document reference number	119823			
30 Date Contract Signed or Date HCP Selected Carrier	28-Aug-2009			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	28-Aug-2012			
32 Service Installation Date	05-Nov-2006			
33 Actual Rural Rate per Month (Enclose Documentation)	11333.78			

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 type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	198.30			

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 466 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 10-Sep-2012
52 Printed name of authorized person Maryann Freepartner	53 Title or position of authorized person Finance Manager
54 Employer of authorized person Providence Health & Services	55 Employer's FCC RN 0013793187

**Please remember:**

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

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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