

EX. 27



Cathy Carpino
General Attorney

AT&T Services, Inc.
1120 20th Street NW Ste 1000
Washington, D.C. 20036
Phone (202)457-3046
Fax (202)457-3073
E-mail: cathy.carpino@att.com

September 20, 2013

Via E-Mail

USAC
Rural Health Care
Attention: Letter of Appeal
2000 L Street NW, Suite 200
Washington, DC 20036

Re: AT&T Services, Inc., on behalf of Alascom, Inc. d/b/a AT&T Alaska, Request for Review of Four Commitment Adjustment Letters dated July 23, 2013

Service Provider Name: Alascom, Inc. d/b/a AT&T Alaska and AT&T Alascom
SPIN: 143005617

Applicant Name: Providence Seward Medical and Care Center

HCP: 10382

FRNs: 58412, 58413, 1212337, 1212338

To whom it may concern:

AT&T Services, Inc., on behalf of Alascom, Inc. (collectively, AT&T), hereby files this appeal of four commitment adjustment letters that are all dated July 23, 2013.¹ Providence Seward Medical and Care Center (Providence Seward) is a health care provider (HCP) that participates in the Commission's rural health care (RHC) program. Providence Seward selected AT&T as one of its RHC service providers during the 2009 through 2012 Funding Years. As such, AT&T provided certain discounted services to Providence Seward. For the relevant period of time, USAC sent AT&T a number of health care support schedules. These support schedules directed AT&T to provide USAC-specified credits to Providence Seward each month for a

¹ See Attachment 1 (attaching four letters from USAC to Cynthia Loyd, Alascom, Inc., dated July 23, 2013) (Commitment Adjustment Letters).

USAC-specified period of time.² AT&T complied with its service provider obligations by providing Providence Seward with these credits³ and, subsequently, obtaining reimbursement from USAC for these same amounts. On July 23, 2013, USAC sent AT&T four Commitment Adjustment Letters, notifying AT&T that USAC's "routine review" of funding commitments "revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, [USAC's RHC Division] must now adjust these funding commitments."⁴ Specifically, USAC stated that it was going to recover a total of \$228,003.35 because it determined that Providence Seward's "funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance)."⁵

The facilities that are at issue in the four Commitment Adjustment Letters are two T-1 private line submarine fiber optic circuits. In Funding Years 2009 and 2010, Providence Seward received dramatically less in RHC support than it requested for these facilities. USAC reviewed Providence Seward's request for support and concluded that AT&T's rates for the facilities in question were mileage based and the length of these facilities was significantly greater than the Maximum Allowable Distance. Because of that finding, USAC lowered the amount of support it would fund. These reduced amounts were reflected in the support schedules that USAC sent AT&T.⁶ AT&T complied with its RHC service provider obligations by providing Providence Seward credits in the amounts stated on these support schedules. On September 26, 2011, and

² See Attachment 2 (attaching the health care support schedules for Funding Years 2011 and 2012).

³ As permitted by USAC, AT&T provides these credits via checks to the HCP. See <http://www.usac.org/rhc/telecommunications/service-providers/step05/default.aspx> (explaining that service providers may provide credit to the HCP by "send[ing] a check to the billed entity based on the Billing Account Number (BAN) from the [health care support schedule]").

⁴ Commitment Adjustment Letters at 1.

⁵ *Id.* at 3.

⁶ See Attachment 3 (attaching support schedules for Funding Years 2009 and 2010).

March 16, 2012, Providence Seward appealed USAC's decision to lower its support amounts for the 2009 and 2010 Funding Years.⁷ Those appeals remain pending at the Commission.

It appears that Providence Seward sought the same, higher level of support from USAC for these same facilities in Funding Years 2011 and 2012. Notwithstanding its prior decision on these same facilities and Providence Seward's pending appeal at the Commission, USAC approved the higher amounts and issued support schedules reflecting significantly greater credits, which USAC directed AT&T to provide to Providence Seward and which AT&T dutifully did. Shortly thereafter and for reasons unknown to AT&T, USAC changed its mind yet again and issued four Commitment Adjustment Letters, notifying AT&T that it was going to claw back most of the support that AT&T had already flowed through to Providence Seward. USAC should withdraw these four Commitment Adjustment Letters because USAC's action was arbitrary and capricious as AT&T plainly committed no rule violation, the Commission is likely to grant Providence Seward's appeals and, if USAC determined that Providence Seward committed a rule violation (about which AT&T has no knowledge), it should direct its recovery efforts to Providence Seward.

First, USAC has no authority to recover \$228,003.35 from AT&T when USAC cites no rule that AT&T has violated. To the contrary, AT&T complied with the Commission's and USAC's requirements to credit Providence Seward with the USAC-supplied amounts set forth in the support schedules.⁸ It is arbitrary and capricious for USAC to direct AT&T to provide

⁷ See Request for Review by Providence Seward Medical and Care Center of Decision of Universal Service Administrator, WC Docket No. 02-60 (filed Sept. 26, 2011); Request for Review by Providence Seward Medical and Care Center of Decision of Universal Service Administrator, WC Docket No. 02-60 (filed March 16, 2012). We note that the Commission's Secretary's office erroneously docketed Providence Seward's first appeal in WC Docket No. 02-6.

⁸ See, e.g., *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 22 FCC Rcd 20360, n.305 (2007) ("The purpose of the support schedule is to provide a detailed report of the approved service(s) and support information for each health care provider and service provider. The service provider uses the support schedule to determine how much credit the health care provider will receive each month. *Once the service provider receives the*

credits of almost \$293,000 to an RHC participant and then, inexplicably, notify AT&T that it is going to recover over seventy-five percent of that amount. USAC's action also is punitive, in that USAC is well-aware that AT&T already provided these credits to its customer, Providence Seward, which is the beneficiary of RHC support. As a service provider, AT&T is merely the conduit through which an HCP receives its RHC benefit. AT&T is not the beneficiary of RHC support. And, unless USAC can demonstrate that AT&T violated the Commission's rules (which it cannot since AT&T complied with its RHC service provider obligations), retroactive recovery from AT&T is unlawful.

In the absence of any rule violation by AT&T, USAC's recovery action against AT&T amounts to an impermissible retroactive adjudication that "alter[ed] an established rule defining permissible conduct which has been generally recognized and relied on throughout the industry."⁹ Service providers are instructed to comply with USAC's support schedules, and the support schedules that USAC sent to AT&T involving Providence Seward could not have been any clearer. In accordance with its requirements as a RHC service provider, AT&T provided almost \$293,000 in credits to Providence Seward. Through its Commitment Adjustment Letters, USAC is now notifying AT&T that it has changed the rules such that service providers now rely on USAC's support schedules at their financial peril. In other words, USAC "substitut[ed] . . . new law for old law that was reasonably clear."¹⁰ Of course, in order for the RHC program to function, service providers must be able to rely on USAC's support schedules. It is, after all, USAC's obligation to review beneficiaries' requests for funding and determine whether these

schedule, the provider must start applying program discounts to the health care provider during the next possible billing cycle based on the schedule.") (emphasis added).

⁹ *AT&T v. FCC*, 454 F.3d 329, 332 (D.C. Cir. 2006) (quoting *NLRB v. Majestic Weaving Co.*, 355 F.2d 854, 860 (2d Cir. 1966)).

¹⁰ *See, e.g., AT&T v. FCC*, 454 F.3d at 332 (quoting *Verizon Tel. Cos. v. FCC*, 269 F.3d 1098, 1109 (D.C. Cir. 2001)).

requests comply with Commission requirements. USAC cannot hold service providers accountable for the vagaries of its personnel, who, for example, directed AT&T to provide credits of approximately \$34,000 to Providence Seward in March 2013 but then, just a few months later, notified AT&T that it would recover from AT&T almost \$27,000 of that \$34,000, after, of course, AT&T had already flowed those credits through to the hospital.

USAC was well aware that the facilities at issue in Providence Seward's funding requests for Funding Year 2011 and 2012 were the subject of two pending Commission appeals. Thus, it was arbitrary and capricious for USAC to award Providence Seward with the higher level of RHC support for the two most recent funding years and then, without explanation, conclude shortly thereafter that this higher funding amount was "committed in violation of program rules."¹¹ For that reason alone, USAC should withdraw its Commitment Adjustment Letters.

Second, as noted above, Providence Seward has filed two appeals at the Commission on the precise issue that is USAC's stated basis for the instant recovery action: Providence Seward disputes USAC's contention that AT&T's rates for the relevant RHC-supported services are mileage sensitive. Instead, according to Providence Seward, the rate that AT&T charged Providence Seward for these facilities was not a mileage-based charge.¹² The facilities that are the subject of the four Commitment Adjustment Letters are the same facilities at issue in Providence Seward's appeals. And the only rationale that USAC supplied in these Commitment Adjustment Letters was that "[t]he funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance)."¹³ If this is the sole "violation of program

¹¹ Commitment Adjustment Letters at 1.

¹² See, e.g., Providence Seward's September 26, 2011 appeal at 3 (explaining AT&T submitted a proposal to provide Providence Seward with two T-1 private line submarine fiber optic circuits at a custom fiber rate that was not a mileage based rate).

¹³ Commitment Adjustment Letters at 3.

rules” associated with the \$228,003.35 that USAC seeks to recover unlawfully from AT&T, then USAC is simply mistaken about the facts and it should withdraw these Commitment Adjustment Letters. Attached to this appeal is an affidavit from an AT&T employee confirming that the facilities subject to Providence Seward’s appeal were *not* priced based on mileage. Instead, AT&T sold Providence Seward capacity on an undersea cable and the customer’s rate was based on capacity, not on the mileage of the undersea cable.¹⁴

At a minimum, USAC should table its recovery efforts until the Commission resolves these appeals. A deferral in this instance is particularly appropriate since Providence Seward is likely to prevail on the merits. If the Commission grants Providence Seward’s appeals, which it should, then clearly no “funds were committed in violation of program rules” and Providence Seward’s support would be adjusted upward for Funding Years 2009 and 2010, not downward for Funding Years 2011 and 2012. If USAC goes forward with its commitment adjustments now, USAC would only have to reimburse AT&T yet again for the same credits once the Commission grants Providence Seward’s appeals. Not only is USAC’s proposed \$228,003.35 recovery likely to be unnecessary based on the merits of Providence Seward’s appeals, it is extraordinarily disruptive to AT&T and acts as a disincentive to future participation in the RHC program.

Third, if USAC determined that Providence Seward committed a violation of the Commission’s RHC rules that warrants recovery of previously provided RHC support, USAC should direct its recovery efforts to Providence Seward. In its most recent RHC order, the Commission concluded that a 2007 decision governing recovery of support disbursed in violation

¹⁴ Attachment 4 (Affidavit of Shawn W. Uschmann).

of a Commission rule applies to its new Healthcare Connect Fund.¹⁵ In that 2007 order, the Commission explained that support disbursed in violation of a Commission rule will be recovered and those recovery efforts will be directed at the party responsible for the violation.¹⁶ Clearly, that 2007 order controlled during the period of time covered by the Commitment Adjustment Letters. USAC has not asserted that AT&T committed any violation of RHC rules with respect to the \$228,003.35 at issue, nor could it. As noted above, AT&T complied with its RHC service provider requirements by providing USAC-specified credits for USAC-specified periods of time to the RHC beneficiary, Providence Seward. In the unlikely event that Providence Seward did indeed commit a rule violation (about which AT&T has no knowledge) that warranted such a significant recovery of funds, consistent with Commission precedent, USAC should recover those funds directly from Providence Seward, and not from AT&T.

For the reasons provided above, AT&T urges USAC to withdraw its Commitment Adjustment Letters, at least to the extent that they involve recovery from AT&T.

Respectfully Submitted,

/s/ Cathy Carpino
Cathy Carpino
Gary L. Phillips
Peggy Garber

AT&T Services, Inc.
1120 20th Street NW
Suite 1000
Washington, D.C. 20036
(202) 457-3046 – phone
(202) 457-3073 – facsimile

Attorneys for AT&T

¹⁵ See *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 27 FCC Rcd 16678, ¶ 339 (2012).

¹⁶ *Id.* (citing *USF Program Management Order*, 22 FCC Rcd 16372, ¶ 30 (2007)).

Before the
UNIVERSAL SERVICE ADMINISTRATIVE COMPANY
Washington, DC 20036

**Request for Review by AT&T Services, Inc., on Behalf of Alascom, Inc., d/b/a AT&T
Alaska, of Decision of the Universal Service Administrator**

DECLARATION OF CYNTHIA LOYD

I, Cynthia Loyd do hereby, under penalty of perjury, declare and state as follows:

1. My name is Cynthia Loyd I am a Manager of AT&T Services Inc., a wholly owned subsidiary of AT&T Inc. In that capacity, I am responsible for ensuring that AT&T's affiliates, including AT&T Alaska, disburse the proper amount of rural health care (RHC) program funds to qualified RHC participants, consistent with the Universal Service Administrative Company's support schedule.
2. In accordance with Commission rules, 47 C.F.R. § 54.721(b)(2), I have reviewed the factual assertions set forth in the above-captioned Request for Review and hereby certify that they are true and correct to the best of my knowledge.


Name _____

Dated: 9/20/13

ATTACHMENT

1



Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhcd/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE: Commitment Adjustment
Funding Year: July 1, 2011 - June 30, 2012
Applicant: Providence Seward Medical & Care Center
HCP Contact Person: Maryann Freepartner
HCP Contact Phone: 907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

FUNDING COMMITMENT REPORT

On the page following this letter, we have provided a Funding Commitment Report for the application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from the application for which adjustment(s) is necessary. RHCD is also sending this information to the HCP mailing contact, so you may work with them to implement this decision. Immediately following the Funding Commitment Report, you will find a guide that defines each line of the Report.

Note that if the Funds Disbursed to Date amount exceeds your Adjusted Funding Commitment amount, USAC will have to recover some or all of the funds disbursed. This amount is shown as "Funds to be Recovered." We will soon send a letter describing the process for recovering these funds, and will send a copy of the letter to the HCP mailing contact. If the Funds Disbursed to Date amount is less than the Adjusted Funding Commitment amount, USAC will continue to process properly filed invoices up to the Adjusted Funding Commitment amount. To remit payments, please review the payment addresses below.

U.S. Postal Service/Standard Mail for Payments:

USAC
P.O. Box 105056
Atlanta, GA 30348-5056

Courier/Overnight Packages:

USAC
c/o Bank of America (105056)
1075 Loop Road

Atlanta, GA 30337
404.209.6377

ACH Payments:

Should be sent in a CCD+ format to
ABA Routing #071000039, Account #5590045653

Wire Transfers:

Bank Name: Bank of America
Location: 100 West 33rd Street, New York, NY 10001
Bank ABA Routing Number: 026009593
Bank Account Number: 5590045653
Account Type: DDA
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

TO APPEAL THESE FUNDING COMMITMENT ADJUSTMENTS

If you wish to appeal this decision, you may file an appeal with the Universal Service Administrative Company, or directly to the Federal Communications Commission. The appeal **must be filed within 60 days of the date at the top of this letter**. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

If you have questions or need help, you may call the Customer Service Support Center at 1-800-229-5476.

Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 58412
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 28,728.00
Funds Disbursed to Date: \$ 129,361.56
Funds to be Recovered: \$ 100,633.56

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR
CHECK TO ENSURE TIMELY PROCESSING**

A GUIDE TO THE FUNDING COMMITMENT REPORT

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- ◆ **Service Provider:** The legal name of the service provider.
- ◆ **Service Provider Identification Number (SPIN):** A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in universal service support programs.
- ◆ **Services Ordered:** The type of telecommunications service ordered from the service provider, as shown on the Form 466/468.
- ◆ **Billing Account Number (BAN):** The account number your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on your Form 466/468 or Form 467.
- ◆ **Adjusted Funding Commitment:** This represents the adjusted total amount of funding that RHCD has committed to this FRN. If this amount exceeds the Funds Disbursed to Date, the RHCD will continue to process properly filed invoices up to the new commitment amount.
- ◆ **Funds Disbursed to Date:** This represents the total funds which have been paid up to now to the identified service provider for this FRN.
- ◆ **Funds to be Recovered:** This represents the amount of Funds Disbursed to Date that exceeds the Adjusted Funding Commitment amount. These funds will have to be recovered. If the Funds Disbursed to Date do not exceed the Adjusted Funding Commitment amount, this entry will be \$0.
- ◆ **Funding Commitment Adjustment Explanation:** This is a description of the reason the adjustment was made.



Rural Health Care Division

30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

<http://www.usac.org/rhc/>
Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2011 - June 30, 2012
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

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Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 58413
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 28,728.00
Funds Disbursed to Date: \$ 129,361.56
Funds to be Recovered: \$ 100,633.56

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

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COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2012 - June 30, 2013
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

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EXHIBIT 27
Page 18 of 51

Atlanta, GA 30337
404.209.6377

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Sincerely,

USAC – RHCD

Attachments

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HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 1212337
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 3,072.93
Funds Disbursed to Date: \$ 13,985.66
Funds to be Recovered: \$ 10,912.73

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

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- ◆ **Funding Commitment Adjustment Explanation:** This is a description of the reason the adjustment was made.



30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054

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Phone: 1-800-229-5476

COMMITMENT ADJUSTMENT LETTER

7/23/13

Alascom, Inc. - DBA AT&T Alascom
Cynthia Loyd
225 W. Randolph Street
Chicago, IL 60606

RE:	Commitment Adjustment
Funding Year:	July 1, 2012 - June 30, 2013
Applicant:	Providence Seward Medical & Care Center
HCP Contact Person:	Maryann Freepartner
HCP Contact Phone:	907-224-2980

Dear Alascom, Inc. - DBA AT&T Alascom:

Our routine review of Universal Service Administrative Company (USAC) Rural Health Care Division (RHCD) Program funding commitments revealed certain applications in which funds were committed in violation of program rules. In order to be sure that no funds are used in violation of program rules, RHCD must now adjust these funding commitments. This letter is to inform you of these adjustments.

FUNDING COMMITMENT REPORT

On the page following this letter, we have provided a Funding Commitment Report for the application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from the application for which adjustment(s) is necessary. RHCD is also sending this information to the HCP mailing contact, so you may work with them to implement this decision. Immediately following the Funding Commitment Report, you will find a guide that defines each line of the Report.

Note that if the Funds Disbursed to Date amount exceeds your Adjusted Funding Commitment amount, USAC will have to recover some or all of the funds disbursed. This amount is shown as "Funds to be Recovered." We will soon send a letter describing the process for recovering these funds, and will send a copy of the letter to the HCP mailing contact. If the Funds Disbursed to Date amount is less than the Adjusted Funding Commitment amount, USAC will continue to process properly filed invoices up to the Adjusted Funding Commitment amount. To remit payments, please review the payment addresses below.

U.S. Postal Service/Standard Mail for Payments:

USAC
P.O. Box 105056
Atlanta, GA 30348-5056

Courier/Overnight Packages:

USAC
c/o Bank of America (105056)
1075 Loop Road

Atlanta, GA 30337
404.209.6377

ACH Payments:

Should be sent in a CCD+ format to
ABA Routing #071000039, Account #5590045653

Wire Transfers:

Bank Name: Bank of America
Location: 100 West 33rd Street, New York, NY 10001
Bank ABA Routing Number: 026009593
Bank Account Number: 5590045653
Account Type: DDA
Account Name: UNIVERSAL SERVICE ADMINISTRATIVE COMPANY

TO APPEAL THESE FUNDING COMMITMENT ADJUSTMENTS

If you wish to appeal this decision, you may file an appeal with the Universal Service Administrative Company, or directly to the Federal Communications Commission. The appeal must be filed within 60 days of the date at the top of this letter. Detailed instructions for filing appeals are available at:

<http://www.usac.org/rhc/about/filing-appeals.aspx>

If you have questions or need help, you may call the Customer Service Support Center at 1-800-229-5476.

Sincerely,

USAC – RHCD

Attachments

Funding Commitment Report
HCP 10382, Providence Seward Medical & Care Center

Funding Request Number(s): 1212338
SPIN: 143005617
Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Services Ordered: T1
Billing Account Number: 8002-765-6315

Adjusted Funding Commitment: \$ 4,455.78
Funds Disbursed to Date: \$ 20,279.28
Funds to be Recovered: \$ 15,823.50

Funding Commitment Adjustment Explanation:

The funding must be adjusted to recapture the charges paid for miles over the MAD (Maximum Allowable Distance).

**PLEASE SEND A COPY OF THIS PAGE WITH YOUR
CHECK TO ENSURE TIMELY PROCESSING**

A GUIDE TO THE FUNDING COMMITMENT REPORT

Attached to this letter is a report for each support schedule for this HCP for which a commitment adjustment is required. Below are definitions for terms used in the report.

- ◆ **Funding Request Number (FRN):** A Funding Request Number is assigned by the RHCD to each Funding Commitment Letter. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/468.
- ◆ **Service Provider:** The legal name of the service provider.
- ◆ **Service Provider Identification Number (SPIN):** A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in universal service support programs.
- ◆ **Services Ordered:** The type of telecommunications service ordered from the service provider, as shown on the Form 466/468.
- ◆ **Billing Account Number (BAN):** The account number your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on your Form 466/468 or Form 467.
- ◆ **Adjusted Funding Commitment:** This represents the adjusted total amount of funding that RHCD has committed to this FRN. If this amount exceeds the Funds Disbursed to Date, the RHCD will continue to process properly filed invoices up to the new commitment amount.
- ◆ **Funds Disbursed to Date:** This represents the total funds which have been paid up to now to the identified service provider for this FRN.
- ◆ **Funds to be Recovered:** This represents the amount of Funds Disbursed to Date that exceeds the Adjusted Funding Commitment amount. These funds will have to be recovered. If the Funds Disbursed to Date do not exceed the Adjusted Funding Commitment amount, this entry will be \$0.
- ◆ **Funding Commitment Adjustment Explanation:** This is a description of the reason the adjustment was made.

ATTACHMENT

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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 9, 2012

Cynthia Davis
Alascom, Inc. - DBA AT&T Alascom
225 W. Randolph Street, Floor 22B330
Chicago IL 60606

Dear Cynthia Davis:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website (www.rhc.universalservice.org/serviceproviders/invoicing.asp). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

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Page 27 of 51



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 9, 2012

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

Telecommunications Carrier Name: Alascom, Inc. - DBA AT&T Alascom
Service Provider identification Number (SPIN): 143005617

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
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HCP Support Schedule

Funding Year: 2011 HCP #: 10382 FRN: 58412 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2011
Support End Date: 06/30/2012
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$10,780.13

HCP Mailing Organization and Address:
Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

Support Date	Support Amount
7/2011	\$10,780.13
8/2011	\$10,780.13
9/2011	\$10,780.13
10/2011	\$10,780.13
11/2011	\$10,780.13
12/2011	\$10,780.13
1/2012	\$10,780.13
2/2012	\$10,780.13
3/2012	\$10,780.13
4/2012	\$10,780.13
5/2012	\$10,780.13
6/2012	\$10,780.13
Total	\$129,361.56



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Rural Health Care Division

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Phone: 1-800-229-5476

February 9, 2012

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

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

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
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HCP Support Schedule

Funding Year: 2011 HCP #: 10382 FRN: 58413 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2011
Support End Date: 06/30/2012
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$10,780.13

HCP Mailing Organization and Address:

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

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

<u>Support Date</u>	<u>Support Amount</u>
7/2011	\$10,780.13
8/2011	\$10,780.13
9/2011	\$10,780.13
10/2011	\$10,780.13
11/2011	\$10,780.13
12/2011	\$10,780.13
1/2012	\$10,780.13
2/2012	\$10,780.13
3/2012	\$10,780.13
4/2012	\$10,780.13
5/2012	\$10,780.13
6/2012	\$10,780.13
Total	\$129,361.56

GOINS, MARQUITA M (Legal)

From: rhcadmin@usac.org
Sent: Monday, March 11, 2013 7:40 PM
To: NECOE-Alascom
Subject: RHC HCP Support Schedule for HCP 10382, FRN 12123371

Date: 11-Mar-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number(FRN): 12123371

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has received the FCC Form 467 - Connection Certification submitted for the above-referenced FRN. Based on the information provided on the form, a final Health Care Provider Support Schedule (HSS) is attached.

A copy of this HSS will be sent to all account holders and the service provider listed on the FCC Form 498:

Service Provider Name: Alascom, Inc.
Service Provider Identification Number (SPIN): 143005617
Billing Account Number: 8002-765-6315
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps

Support Start Date:	01-Jul-2012
Support End Date:	09-Aug-2012
Non-Recurring Support:	\$0.00
Monthly Recurring Support:	\$10,838.91

The first and last month's monthly recurring support may be prorated depending on the number of days the service was in place for those months. Approved non-recurring support will be included in the first month's support.

Approved Support Details

Date	Support Amount
Jul 2012	\$10,838.91
Aug 2012	\$3,146.75
Total	\$13,985.66

Your responsibility:

It is the HCP's responsibility to review the information in this HSS. Contact RHC at rhc-admin@usac.org immediately if, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support. The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

Next Steps

Receipt of this HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and that it may then begin to invoice USAC. Service Providers will find the OMB-approved Invoice and instructions at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at rhc-admin@usac.org).

¹ 47 C.F.R. 54.619(d).

GOINS, MARQUITA M (Legal)

From: rhcadmin@usac.org
Sent: Monday, March 11, 2013 7:44 PM
To: NECOE-Alascom
Subject: RHC HCP Support Schedule for HCP 10382, FRN 12123381

Date: 11-Mar-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number(FRN): 12123381

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has received the FCC Form 467 - Connection Certification submitted for the above-referenced FRN. Based on the information provided on the form, a final Health Care Provider Support Schedule (HSS) is attached.

A copy of this HSS will be sent to all account holders and the service provider listed on the FCC Form 498:

Service Provider Name: Alascom, Inc.
Service Provider Identification Number (SPIN): 143005617
Billing Account Number: 8002-765-6315
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps

Support Start Date:	01-Jul-2012
Support End Date:	27-Aug-2012
Non-Recurring Support:	\$0.00
Monthly Recurring Support:	\$10,838.91

The first and last month's monthly recurring support may be prorated depending on the number of days the service was in place for those months. Approved non-recurring support will be included in the first month's support.

Approved Support Details

Date	Support Amount
Jul 2012	\$10,838.91
Aug 2012	\$9,440.37
Total	\$20,279.28

Your responsibility:

It is the HCP's responsibility to review the information in this HSS. Contact RHC at rhc-admin@usac.org immediately if, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support. The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

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¹ 47 C.F.R. 54.619(d).

ATTACHMENT

3



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

September 22, 2011

Cynthia Davis
Alascom, Inc. - DBA AT&T Alascom
225 W. Randolph Street, Floor 22B330
Chicago IL 60606

Dear Cynthia Davis:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website (www.rhc.universalservice.org/serviceproviders/invoicing.asp). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

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Page 37 of 51



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

September 22, 2011

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

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

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
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HCP Support Schedule

Funding Year: 2010 HCP #: 10382 FRN: 55324 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2010
Support End Date: 06/30/2011
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$2,332.42

HCP Mailing Organization and Address:
Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

Support Date	Support Amount
7/2010	\$2,332.42
8/2010	\$2,332.42
9/2010	\$2,332.42
10/2010	\$2,332.42
11/2010	\$2,332.42
12/2010	\$2,332.42
1/2011	\$2,332.42
2/2011	\$2,332.42
3/2011	\$2,332.42
4/2011	\$2,332.42
5/2011	\$2,332.42
6/2011	\$2,332.42
Total	\$27,989.04



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Rural Health Care Division

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September 22, 2011

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

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

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
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HCP Support Schedule

Funding Year: 2010 **HCP #:** 10382 **FRN:** 55323 **Billing Account Number:** 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 07/01/2010
Support End Date: 06/30/2011
Non-Recurring Support: \$0.00
Monthly Recurring Support: \$2,332.42

HCP Mailing Organization and Address:
Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

<u>Support Date</u>	<u>Support Amount</u>
7/2010	\$2,332.42
8/2010	\$2,332.42
9/2010	\$2,332.42
10/2010	\$2,332.42
11/2010	\$2,332.42
12/2010	\$2,332.42
1/2011	\$2,332.42
2/2011	\$2,332.42
3/2011	\$2,332.42
4/2011	\$2,332.42
5/2011	\$2,332.42
6/2011	\$2,332.42
Total	\$27,989.04



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Parsippany, NJ 07054-0685

Rural Health Care Division

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

June 9, 2011

Janet Schmid
Alascom, Inc. - DBA AT&T Alascom
225 W. Randolph Street, Floor 22B190
Chicago IL 60606

Dear Janet Schmid:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website (www.rhc.universalservice.org/serviceproviders/invoicing.asp). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

EXHIBIT 27
Page 42 of 51



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

Rural Health Care Division

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Phone: 1-800-229-5476

June 9, 2011

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

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

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
Page 43 of 51



HCP Support Schedule

Funding Year: 2009 HCP #: 10382 FRN: 47833 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 11/4/2009
Support End Date: 6/30/2010
Non-Recurring Support: \$418.40
Monthly Recurring Support: \$2,457.17

HCP Mailing Organization and Address:
Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

Support Date	Support Amount
11/2009	\$2,629.85
12/2009	\$2,457.17
1/2010	\$2,457.17
2/2010	\$2,457.17
3/2010	\$2,457.17
4/2010	\$2,457.17
5/2010	\$2,457.17
6/2010	\$2,457.17
Total	\$19,830.04



30 Lanidex Plaza West
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June 9, 2011

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

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

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

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

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

Next Steps

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

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If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

RHCD - USAC

cc: Alascom, Inc. - DBA AT&T Alascom
Enclosure: HCP Support Schedule

EXHIBIT 27
Page 45 of 51



HCP Support Schedule

Funding Year: 2009 HCP #: 10382 FRN: 47834 Billing Account Number: 8002-765-6315

HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

Support Start Date: 11/4/2009
Support End Date: 6/30/2010
Non-Recurring Support: \$418.40
Monthly Recurring Support: \$2,457.17

HCP Mailing Organization and Address:
Providence Seward Medical Center
P.O. Box 365
Seward, AK 99664

Service: T1 or DS1
SPIN: 143005617
Telco: Alascom, Inc. - DBA AT&T Alascom

Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.

Support Date	Support Amount
11/2009	\$2,629.85
12/2009	\$2,457.17
1/2010	\$2,457.17
2/2010	\$2,457.17
3/2010	\$2,457.17
4/2010	\$2,457.17
5/2010	\$2,457.17
6/2010	\$2,457.17
Total	\$19,830.04

ATTACHMENT

4

AFFIDAVIT

STATE OF ALASKA

COUNTY OF *Municipality of Anchorage*

I, Shawn W. Uschmann, swear or affirm that the matters stated herein are true to the best of my information, knowledge and belief.

- 1. I am a Regional Vice-President for Alascom, Inc. d/b/a AT&T Alaska.
- 2. I am familiar with the document attached hereto as Exhibit 4, described as follows:

Exhibit 4-Alascom Data Plan Circuit Term Pricing Schedule

- 3. The listed Exhibit 4. is a true and correct copy of AT&T records.
- 4. The monthly recurring price of \$8369.00 provided by AT&T Alaska to Providence Seward Medical and Care Center in Exhibit 4 was not based or calculated by mileage. The Customer had asked AT&T Alaska to provide a geographically diverse telecommunications route. To do so, AT&T Alaska utilized an undersea cable owned by a third party. AT&T had purchased capacity on this undersea cable, and resold some of that undersea cable capacity to the Customer. AT&T's price to the Customer was based on the cost AT&T had incurred to purchase capacity on the undersea cable, not on the mileage of the undersea cable route.

Further affiant saith not.

Shawn W. Uschmann

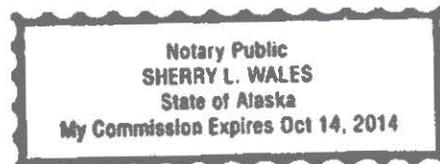
Shawn W. Uschmann
Regional Vice-President
Alascom, Inc.

State of Alaska
County of *Municipality of Anchorage*

I, the undersigned Notary Public, do hereby affirm that Shawn W. Uschmann personally appeared before me on the 19 day of September, 2013, and signed the above Affidavit.

Sherry L. Wales
Notary Public

Commission Expires: Oct. 14, 2014





ALASCOM DATA SERVICES CIRCUIT TERM PLAN
Pricing Schedule

Customer Providence Health & Services d/b/s Providence Seward Medical and Care Center Billing Address: 11308 SW 66 th Parkway Tigard, OR 97223 Attn: Kristin Ala 503-216-8154 Street Address: 417 1 st Avenue City: Seward State/Province: Alaska Zip Code: 99664 Country: USA	AT&T AT&T Corp. or enter the International Affiliate Name or enter International Affiliate Address	AT&T Sales Contact <input checked="" type="checkbox"/> Primary Contact Name: Amy Merchant Street Address: 506 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA Telephone: 907-284-7142 Fax: 907-777-5849 Email: am2311@att.com Sales/Branch Manager: Eadie Kean SCVP Name: Shawn Ueckmann Sales Street: Sales Region: AT&T Solution Provider or Representative Information (if applicable) <input type="checkbox"/>
Customer Contact (for notices)	AT&T Contact (for notices)	
Name: Don Adams Title: Director Networking Telecom Street Address: 11308 SW 66 th Parkway City: Tigard State/Province: OR Zip Code: 97223 Country: USA Telephone: 503-216-8357 Fax: Email: DonAdams@providence.ora Copy To: Providence Health & Services Attn: General Counsel 1801 Lind Avenue, SW, Ste 9016 Renton, WA 98057	Street Address: 505 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA With a copy to: AT&T Corp. One AT&T Way Bedminster, NJ 07821-0752 ATTN: Master Agreement Support Team Email: mas@att.com	

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

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

Providence Seward Medical and Care Center WK-88764V1

For Alascom Administrative Use Only - am3428

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

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

Pricing Schedule for Alascom Data Services Circuit Term Plan

1. SERVICES

- Alascom Private Line Services
- Alascom Local Channel Services

2. PRICING SCHEDULE TERM

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

3. MARC

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

4. MINIMUM PAYMENT PERIOD

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

5. DISCOUNTS

Not Applicable

6. PROMOTIONS, CREDITS, WAIVERS AND MINIMUM RETENTION PERIODS

6.1 Promotions

Service Guide promotions are not applicable under this Pricing Schedule

6.3 Waivers

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

6.4 Other Requirements

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

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

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

Pricing Schedule for Alascom Data Services Circuit Term Plan

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

US Domestic T1.8 IOC in Alaska and Local Channel

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

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