

## SUPPORTING STATEMENT

### A. Justification:

1. The Commission seeks Office of Management and Budget (OMB) approval of revised and new information collections associated with adjustments and an Order entitled *In the Matter of Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, FCC 07-150 (released Nov. 19, 2007) (*Rural Health Care Pilot Program Selection Order*).

In the Telecommunications Act of 1996 (1996 Act), Congress specifically intended that rural health care providers be provided with “an affordable rate for the services necessary for the provision of telemedicine and instruction relating to such services.”<sup>1</sup> In 1997, the Commission implemented this statutory directive by adopting the current Rural Health Care (RHC) support mechanism, which is administered by the universal service fund administrator, the Universal Service Administrative Company (USAC). Since 1997, the Commission has made various modifications to the RHC support mechanism. For example, in 2004, in the *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Second Report and Order, and Further Notice of Proposed Rulemaking, 19 FCC Rcd 24613 (*2004 RHC Order*), the Commission changed the definition of “rural” for the purpose of the rural health care universal service support mechanism. The Commission also revised its rules to expand funding for mobile rural health care services by subsidizing the difference between the rate for satellite service and the rate for an urban wireline service with a similar bandwidth. In addition, the Commission improved its administrative process by establishing a fixed deadline for applications for support. On reconsideration, the Commission permitted rural health care providers in states that are entirely rural to receive support for advanced telecommunications and information services.

All rural health care providers applying for discounts on eligible telecommunications and information services must file FCC Forms 465, 466 and/or 466-A, and 467. These forms and instructions were revised as a result of the *2004 RHC Order*, which required rural health care providers seeking discounts for mobile telecommunications services to: (1) submit to the Universal Service Administrative Company (USAC) the number of sites the mobile rural health care provider will serve during the year; (2) document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile rural health care provider serves less than eight different sites per year; (3) certify that they are serving eligible rural areas; (4) retain, and make available upon request, annual logs indicating: (i) the date and locations of each stop, and (ii) the number of patients served at each clinic stop; (5) provide to USAC documentation of the price for bandwidth equivalent wireline services in the urban area in the state to be covered by the project; (6) where a telemedicine project serves locations in different states, provide the price for bandwidth equivalent wireline services in the urban area, proportional to the locations served in each state; (7) retain, and make available upon request, documentation explaining their allocation methods for five years; and (8) maintain records for purchases of supported services for at least five years.

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<sup>1</sup> 47 U.S.C. § 254(b)(3), (h).

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Despite the changes, the RHC support mechanism has yet to fully achieve the benefits intended by the statute and the Commission. Generally, less than 10 percent of authorized funds are distributed each year.

In response to the underutilization of the RHC support mechanism, on September 29, 2006, the Commission released an Order entitled *In the Matter of Rural Health Care Support Mechanism*, which established a Pilot Program to assist public and non-profit health care providers build state and region-wide broadband networks dedicated to the provision of health care services and connect those networks to a dedicated nationwide backbone, such as Internet2. The construction of such networks will bring the benefits of innovative telehealth, and particularly, telemedicine services to those areas of the country where the need for those benefits is most acute. By connecting to a dedicated national backbone, health care providers at the state and local levels will have the opportunity to benefit from advanced applications in continuing education and research. In addition, a ubiquitous nationwide broadband network dedicated to health care will enhance the health care community's ability to provide a rapid and coordinated response in the event of a public health crisis.

The Pilot Program will fund up to 85% of the costs incurred to deploy state or regional broadband networks dedicated to health care and the costs of the advanced telecommunications and information services provided over these networks. The Pilot Program will also fund up to 85% of the costs of connecting the regional and/or statewide network to a dedicated nationwide backbone, such as Internet2.

The Pilot Program will lay the foundation for a future rulemaking proceeding that will explore permanent rules to enhance access to advanced services for public and non-profit health care providers. In the Pandemic and All-Hazards Preparedness Act, P.L. 109-417, § 202 (2006), *codified at* 42 U.S.C. § 247d-4(f)(1)(B), Congress recognized the Commission's Pilot Program as a first step for health care networks that will be expanded in the future. In particular, one of the goals of the Pilot Program is to provide the Commission with useful information as to the feasibility of revising the Commission's current rural health care mechanism rules in a manner that best achieves the objectives set forth by Congress. If successful, increasing broadband connectivity among health care providers at the national, state and local levels would also provide vital links for disaster preparedness and emergency response and would likely facilitate the President's goal of implementing electronic medical records nationwide.

In response to the Pilot Program the Commission received 81 applications representing approximately 6,800 health care facilities from 43 states and three United States territories. The Commission selected 69 of the applicants that demonstrated the overall qualification consistent with the goals of the Pilot Program. To minimize the burden on Pilot Program participants and to streamline the process, the Commission requires Pilot Program participants to follow the normal procedures and currently approved information collection requirements for participants in the exiting rural health care support mechanism program.<sup>2</sup>

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<sup>2</sup> The *Rural Health Care Pilot Program Selection Order* provides clarification to Pilot Program participants about how to fill out the required Forms. For example, the Pilot Program participants are instructed to leave the

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Under the current program, to obtain discounted telecommunications services, applicants must file FCC Forms 465, 466 and/or 466-A, and 467. First, applicants file FCC Form 465 with USAC to make a bona fide request for supported services. Next, after a 28-day waiting period, an applicant submits FCC Form 466 and/or 466-A to indicate the type of services ordered, the cost of the ordered service, information about the service provider, and the terms of the service agreement. Applicants must also certify on the FCC Forms 466 and 466-A that the applicant has selected the most cost-effective method of providing the selected service(s). The final form applicants submit is FCC Form 467, which is used by the applicant to notify USAC that the service provider has begun providing supported services.<sup>3</sup>

The following information collections are necessary for rural health care providers and service providers under the existing RHC support mechanism and the Pilot Program. Specifically, the *Rural Health Care Pilot Program Selection Order*:

- (1) increases the number of respondents who will file Form 465, 466, 466-A, and 467;
- (2) adds new information collection requirements; and
- (3) makes other modifications as specifically noted.

Otherwise, these requirements are identical to those previously approved by the Office of Management and Budget (3060-0804).

**Revised Information Collection Requirements****a) Submission of FCC Form 465**

FCC Form 465 is the means by which an applicant requests bids for supported services and certifies to USAC that the applicant is eligible to benefit from the RHC support mechanism. USAC posts the completed FCC Form 465 on its website and an applicant must wait at least 28 days from the date on which its FCC Form 465 is posted on USAC's website before making commitments with the selected service provider(s). The *Rural Health Care Pilot Program Selection Order* increases the number of respondents who will fill out this FCC Form 465.

**b) Submission of FCC Form 466 and/or 466-A**

FCC Forms 466 and 466-A are the means by which to indicate the type(s) of service ordered by the applicant, the cost of the ordered service, information about the service provider(s), the terms of the service agreement(s), and certification that the applicant has

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third box of Block 4 in FCC Form 467 blank.

<sup>3</sup>Under the RHC mechanism, health care providers and service providers are required to maintain documentation for five years. See 47 C.F.R. § 54.619; *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-295, 02-60, 03-109, CC Docket Nos. 96-45, 02-06, 07-21, Report and Order, 22 FCC Rcd 16372 (2007).

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selected the most cost-effective method of providing the selected service. The *Rural Health Care Pilot Program Selection Order* increases the number of respondents who will fill out this FCC Form 466 and/or 466-A.

**c) Submission of FCC Form 467 and Notification Service Has Been Turned On**

FCC Form 467 is used by the applicant to notify USAC that the service provider has begun providing the supported service. An applicant must submit one FCC Form 467 for each FCC Form 466 and/or 466-A that the applicant submitted to USAC. FCC Form 467 is also used to notify USAC when the applicant has discontinued the service or if the service was or will not be turned on during the funding year. The *Rural Health Care Pilot Program Selection Order* increases the number of respondents who will fill out this FCC Form 467.

**New Information Collection Requirements****d) Submission of Additional Information with FCC Form 465 by Pilot Program Participants**

Pilot Program participants will also be required to file FCC Form 465 as well as certain additional information with this Form, described below. Specifically, Pilot Program participants are not required to submit multiple FCC Forms 465 for each participating health care provider, although they may choose to do so. For purposes of administrative efficiency, selected participants may submit one master FCC Form 465, provided the information contained in the FCC Form 465 identifies each eligible health care provider participating in the Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. *Rural Health Care Pilot Program Selection Order* (Appendix E). Pilot Program participants are also required to submit with their FCC Forms 465:

1. a brief explanation for each health care provider participating in the network and why each health care provider is eligible under section 254 of the 1996 Act and the Commission's rules and orders;
2. a copy of the most recent version of its application submitted to the Commission as of the release date of the *Rural Health Care Pilot Program Selection Order*;
3. sufficient information to define the scope of the project and network costs to enable an effective competitive bidding process;
4. A Letter of Agency from each participating health care facility to authorize the lead project coordinator to act on its behalf, to demonstrate that each health care provider has agreed to participate in the selected participant's network, and to avoid improper duplicate support for health care providers participating in multiple networks; and
5. An identification to USAC and the Commission of any consultants, service providers, or other outside experts, whether paid or unpaid, who aided in the preparation of their Pilot Program applications.

**e) Submission of Additional Information with FCC Form 466 and/or 466-A by Pilot Program Participants**

Pilot Program participants will also be required to file FCC Form 466-A, as well as certain additional information with this Form. Specifically, Pilot Program participants must submit an FCC Form 466-A to indicate the type(s) of network construction ordered,

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the cost of the ordered network construction, information about the service provider(s), and the terms of the service agreements. Pilot Program participants are not required to submit multiple FCC Forms 466-A for each participating health care provider location, although they may choose to do so. Specifically, for purposes of administrative efficiency, selected participants may submit one master FCC Form 466-A, provided the information contained in the FCC Form 466-A identifies the location of each health care provider participating in the Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. See *Rural Health Care Pilot Program Selection Order* (Appendix F). Pilot Program Participants are also required to submit with their FCC Form(s) 466-A:

1. a detailed line-item network costs worksheet that includes a breakdown of total network costs (both eligible and ineligible costs), identifies the applicable maximum funding amounts pursuant to the *Rural Health Care Pilot Program Selection Order*, and identifies with specificity the participants source of funding for its 15 percent minimum funding contribution of eligible network costs (*Rural Health Care Pilot Program Selection Order* Appendix G); and
2. Pilot Program participants must file a certification with their FCC Form 466-A with the Commission and with USAC stating that all federal RHC Pilot Program support provided to selected participants will be used only for the eligible Pilot Program purposes for which the support is intended, as described in the *Rural Health Care Pilot Program Selection Order*, and consistent with related Commission orders, section 254(h)(2)(A) of the 1996 Act, and Part 54.601 *et seq.* of the Commission's rules.

**f) Submission of Additional Information with FCC Form 467 by Pilot Program Participants**

Pilot Program participants will also be required to file FCC Form 467. Specifically, Pilot Program participants must file FCC Form 467 and notify USAC and the Commission, in writing, when the approved network projects have been initiated within 45 days of initiation. If the selected participant's network build-out has not been initiated within six months of the Funding Commitment Letter sent by USAC to the selected participant and service provider(s) approving funding, the selected participant must notify USAC and the Commission within 30 days thereafter explaining when it anticipates that the approved network project will be initiated. In addition, Pilot Program participants must notify USAC and the Commission in writing upon completion of the Pilot Program project construction and network build-out.

**g) Obtaining an FCC Registration Number**

All selected participants must obtain FCC registration numbers (FRNs). An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. Selected participants may obtain an FRN through the Commission's website, at <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. Selected participants may obtain a single FRN for the entire application or consortium (*i.e.*, each health care provider does not need a separate FRN).

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All service providers that participate in the RHC Pilot Program are required to have a Service Provider Identification Number (SPIN). SPINs must be assigned before USAC can authorize support payments; therefore, all service providers submitting bids to provide services to selected participants will need to complete and submit a FCC Form 498<sup>4</sup> to USAC for review and approval if selected by a participant before funding commitments can be made.

**i) Submission of Contact Information to USAC**

Each Pilot Program participant shall provide to USAC the name, mailing address, e-mail address, and telephone number of the lead project coordinator for the Pilot Program project or consortium within 14 calendar days of the effective date of the information collection in the *Rural Health Care Pilot Program Selection Order*.

**j) Revision of Funding Request**

When USAC has reason to believe that a selected participant's funding request includes ineligible network components or ineligible health care providers, USAC shall: (1) inform the selected participant promptly in writing of the deficiencies in its funding request, and (2) permit the selected participant 14 calendar days from the date of receipt of notice in writing by USAC to revise its funding request to remove the ineligible network components or facilities for which Pilot Program funding is sought or allow the selected participant to provide additional documentation to show why the components or facilities are eligible.

**k) Disbursement of Pilot Program Funds**

USAC will disburse Pilot Program funds based on monthly submissions (*i.e.*, invoices) of actual incurred eligible expenses. Service providers shall submit detailed invoices to USAC on a monthly basis for actual incurred costs. This invoice process will permit disbursement of funds to ensure that the selected participants' network projects proceed, while allowing USAC and the Commission to monitor expenditures in order to ensure compliance with the Pilot Program and prevent waste, fraud, and abuse. All invoices must be approved by the lead project coordinator authorized to act on behalf of the health care provider(s), confirming that the network build-out or services related to the itemized costs were received by each participating health care provider. The lead project coordinator must also confirm and demonstrate to USAC that the selected participant's 15 percent minimum contribution has been provided to the service provider for each invoice. Service providers must also file a certification with the Commission and USAC stating that all federal RHC Pilot Program support will be used only for the eligible Pilot Program purposes for which the support is intended, as described in the *Rural Health Care Pilot Program Selection Order*.

**l) Reporting Requirements**

Pilot Program participants are required to submit to USAC and the Commission quarterly reports containing data listed in Appendix D of the *Rural Health Care Pilot Program Selection Order*. These data will serve as a guide for further Commission action by

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<sup>4</sup> See OMB Control Number 3060-0829.

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informing the Commission's understanding of cost-effectiveness and efficacy of the different state and regional networks funded. These data will also enable the Commission to ensure universal service funds are being used in a manner consistent with section 254 of the 1996 Act, the *Rural Health Care Pilot Program Selection Order*, and the Commission's rules and orders. In particular, collection of this data is critical to the goal of preventing waste, fraud, and abuse by ensuring that funding is flowing through to its intended purpose. Reports will be required for a 72-month period following the initial due dates unless the Wireline Competition Bureau extends this deadline. Quarterly reports shall also have responsive data separated by month.

**m) Record Retention Requirements**

Pilot Program participants must maintain documentation of their purchases of service for five years from the end of each funding year, which must include, among other things, records of allocations for consortia and entities that engage in eligible and ineligible activities. See 47 CFR § 54.619. Upon request, beneficiaries must make available all documents and records that pertain to them, including those of contractors and consultants working on their behalf, to the Commission's Office of Inspector General, to USAC, and to their auditors. See *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-195, 02-60, 03-109, CC Docket Nos. 96-45, 02-6, 97-21, Report and Order, FCC 07-150, at para. 26 (rel. Aug. 29, 2007) (*Comprehensive Review Report and Order*). This record retention requirement also applies to service providers that receive support for serving rural health care providers.

**Currently Approved – No Change****n) Mobile Rural Health Care Provider Submission of Sites**

Mobile rural health care providers must submit to USAC the number of sites the mobile rural health care provider will serve during the year.

**o) Mobile Rural Health Care Provider Explanation of Necessity**

Mobile rural health care providers must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile rural health care provider serves less than eight different sites per year.

**p) Mobile Rural Health Care Provider Certification**

Mobile rural health care providers must certify that they are serving eligible rural areas.

**q) Mobile Rural Health Care Provider Annual Logs**

Mobile rural health care providers must retain, and make available upon request, annual logs indicating (1) the date and locations of each stop, and (2) the number of patients served at each clinic stop.

**r) Mobile Rural Health Care Provider Documentation of Price – Service in One State**

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Mobile rural health care providers must provide to USAC documentation of the price for bandwidth equivalent wireline services in the urban area in the state to be covered by the project.

**s) Mobile Rural Health Care Provider Documentation of Price – Service in Multiple States**

When a telemedicine project serves locations in different states, Mobile rural health care providers must provide to USAC documentation of the price for bandwidth equivalent wireline service in the urban area, proportional to the location served in each state.

**t) Mobile Rural Health Care Providers Must Maintain Documents About Allocation**

Mobile rural health care providers must retain and make available upon request documentation explaining their allocation methods for five years.

**u) Mobile Rural Health Care Providers Must Maintain Purchase Records**

Mobile rural health care providers must maintain records for purchase of supported services for at least five years.

The information collections, for which approval is sought, are necessary so that the Commission and USAC will have sufficient information to determine if selected participants are eligible for funding, are complying with the Commission's rules, and to prevent against waste fraud and abuse.

Statutory authority for this collection is contained in 47 U.S.C. §§ 151, 154(i), 154(j), 201-205, 214, 254, and 403. The Commission has limited the information to be collected from applicants to the minimum amount of information necessary to administer the existing RHC support mechanism and the Pilot Program.

As noted on OMB Form 83-i, this information collection does not affect individuals or households; thus, there are no impacts under the Privacy Act (see response to Item 11 for additional information).

2. The information collected herein provides the Commission with the necessary information to administer the Pilot Program, determine the amount of support applicants are eligible to receive, and inform the Commission about the feasibility of revising its rules.

3. Respondents will be able to send their Forms, spreadsheet, letter, and reports to USAC via mail or via electronic mail. Respondents will be able to send required information to the Commission via U.S. mail or via the Commission's Electronic Comment Filing System (ECFS) and access the FCC's webpage to obtain and FRN.

4. The Commission does not impose a similar other information collection on the respondents. There are no similar data available.



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5. In conformance with the Paperwork Reduction Act of 1995, the Commission is making an effort to minimize burdens on all respondents, regardless of size. The Commission has limited the information requirements to those necessary for the purposes for which the information will be used and we expect respondents to use information technology and standardized practices to minimize the time necessary to comply with these requirements.

6. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing section 254 of the 1996 Act. It would also prevent ensuring that health care providers have access to the telecommunications necessary to provide health care services and are doing so in accordance with applicable rules and regulations.

7. Pilot Program participants and service providers are required to maintain certain documents for five-years. These records are needed in case the participant is audited. If an applicant is audited, it should be able to demonstrate to the auditor how the entries in the application were provided. See 47 C.F.R. § 54.619; *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-295, 02-60, 03-109, CC Docket Nos. 96-45, 02-06, 07-21, Report and Order, 22 FCC Rcd 16372 (2007).

8 Pursuant to 5 CFR §§ 1320.5 and 1320.8(d), and 1320.13 of the PRA, the Commission is submitting this information collection under the “emergency processing” provisions to the Office of Management and Budget (OMB). We are requesting that OMB waive the public notice and comment period as required under 5 CFR §§ 1320.5(a)(iv) and 1320.8(d) and approve this collection by January 22, 2008. As such, the FCC intends to do the following to comply with these PRA requirements:

- (a) Publish a notice in the *Federal Register* announcing that the Commission is seeking approval under the “emergency processing” provisions of the PRA as required by 5 CFR § 1320.8(d) to notify the public that it has sought emergency approval for this collection.
- (b) Publish a notice in the *Federal Register* following OMB’s approval of this information collection announcing OMB approval of the information collection requirements, under the emergency processing provisions of the PRA, and the date on which these requirements become effective;
- (c) Publish a notice in the *Federal Register* to begin the 60 day public comment period as part of the regular PRA approval process; and
- (d) At the end of this 60 day comment period, the FCC will submit the requisite PRA documents to OMB via the ROCIS electronic submission portal and publish the 30 day notice in the *Federal Register*, providing the public with a second opportunity to comment on the information collection requirements while they are being reviewed by OMB.

9. Respondents will not receive any payments other than remuneration of contractors or grantees.

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- 10.** There is no need for confidentiality. However, respondents may request materials or information submitted to the Commission be withheld from public inspection under 47 C.F.R. § 0.459 of the FCC’s rules.
- 11.** This information collection does not address any private matters of a sensitive nature.
- 12.** The following represents the hour burden on the collections of information:

**Revised Information Collection Requirements****a) Submission of FCC Form 465**

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 3,289

Health care providers are required to submit an FCC Form 465, describing the services desired.

3,289 x 1 FCC Form 465 and supporting documents/annum = 3,289 responses

4. Total Annual Hourly Burden: 3,289

The Commission estimates that this requirement will take approximately 1 hour and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 465 once a year.

3,289 respondents x 1 submission x 1 hour = 3,289 hours

5. Total “In House” Costs: \$ 184,975.42

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 465.

3,289 hours x \$43.26/hours = \$142,288.78  
 30% overhead = \$42,686.63  
 Total = \$184,975.42

**b) Submission of FCC Form 466 and/or 466-A**

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 3,289

Health care providers are required to submit an FCC Form 466 or 466-A, describing the services ordered.

$3,289 \times 1 \text{ FCC Form 466 or 466-A/annum} = 3,289 \text{ responses}$

4. Total Annual Hourly Burden: 9,867

The Commission estimates that this requirement will take approximately 3 hours and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 466 and/or 466-A once a year.

$3,289 \text{ respondents} \times 1 \text{ submission} \times 3 \text{ hours} = 9,867 \text{ hours}$

5. Total “In House” Costs: \$ 554,926.25

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 466 and or 466-A.

$9867 \text{ hours} \times \$43.26/\text{hours} = \$426,866.34$   
 30% overhead = \$128,059.90  
 Total = \$554,926.25

**c) Submission of FCC Form 467 and Notification Service Has Been Turned on**

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 3,289

Each health care provider must submit FCC Form 467, certifying that it has begun to receive, or stopped receiving, the services for which universal service support has been allocated.

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3,289 x 1 FCC Form 467 and supporting documents/annum = 3,289 responses

4. Total Annual Hourly Burden: 1,645

The Commission estimates that this requirement will take approximately .5 hour (30 minutes) and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 467 once a year.

3,289 respondents x 1 submission x .5 hours = 1,645 hours

5. Total “In House” Costs: \$92,487.71

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 465.

1,634 hours x \$43.26/hours = \$71,144.39  
 30% overhead = \$21,323.32  
 Total = \$92,487.71

**New Information Collections****d) Submission of Additional Information with FCC Form 465 by Pilot Program Participants**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 69

Health care providers are required to submit an FCC Form 465 or a master FCC Form 465 as well as supporting documents, including identification of the statutory eligibility of the health care provider, a description of the scope of the project, letters of agency, and a copy of their Pilot Program application.

69 x 1 FCC Form 465 and supporting documents/annum = 69 responses

4. Total Annual Hourly Burden: 1,380

The Commission estimates that this requirement will take approximately 20 hours and that 69 health care providers or consortium of health care providers (respondents) will file additional information with FCC Form 465 once a year.

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69 respondents x 1 submission x 20 hours = 1,380 hours

5. Total “In House” Costs: \$77,612.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to complete and file the additional information with FCC Form 465.

1,380 hours x \$43.26/hours = \$59,701.59  
 30% overhead = \$17,910.48  
 Total = \$77,612.06

**e) Submission of Additional Information with FCC Form 466 and/or 466-A by Pilot Program Participants**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 69

Health care providers are required to submit supporting documents, including a spreadsheet listing the location of each health care facility, contracts or service agreements, a network costs worksheet, and a certification, when they submit FCC Form 466 and/or 466-A.

69 x 1 FCC Form 466 and/or 466-A and supporting documents/annum = 69 responses

4. Total Annual Hourly Burden: 1,035

The Commission estimates that this requirement will take approximately 15 hours and that 69 health care providers or consortium of health care providers (respondents) will file the additional information with FCC Form 466 and/or 466-A once a year.

69 respondents x 1 submission x 15 hours = 1,035 hours

5. Total “In House” Costs: \$58,209.05

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 465 and supporting documents.

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$$1,035 \text{ hours} \times \$43.26/\text{hours} = \$44,776.19$$

$$30\% \text{ overhead} = \underline{\$13,432.86}$$

$$\text{Total} = \$58,209.05$$

**f) Submission of Additional Information with FCC Form 467 by Pilot Program Participants**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 69

Health care providers are required to submit an FCC Form 467 and notify USAC when the approved network projects have been initiated. If network projects have not been initiated within six months of USAC's issuance of the Funding Commitment Letter, health care providers must notify USAC and the Commission when it anticipates that network projects will be initiated.

4. Total Annual Hourly Burden: 69

The Commission estimates that this requirement will take approximately 1 hour and that 69 health care providers or consortium of health care providers (respondents) will file supporting documents associated with FCC Form 467.

$$69 \text{ respondents} \times 1 \text{ submission} \times 1 \text{ hours} = 69.$$

5. Total "In House" Costs: \$3,880.69

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$69 \text{ hours} \times \$43.26 = \$2,985.08$$

$$30\% \text{ overhead} = \underline{\$895.52}$$

$$\text{Total} = \$3,880.69$$

**g) Obtaining an FCC Registration Number**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Once

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3. Total Number of Responses Annually: 69

Health care providers or consortium of health care providers participating in the Pilot Program must obtain an FCC registration number.

69 x 1 FCC registration number = 69 responses

4. Total Annual Hourly Burden: 7 hours

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 69 health care providers or consortium of health care provider (respondents) will need to obtain an FCC registration number.

69 respondents x 1 submission x .10 hours = 7 hours

5. Total “In House” Costs: \$388.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

7 hours x \$43.26 = \$298.51  
 30% overhead = \$89.55  
 Total = \$388.06

**h) SPIN Requirement**

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers)
2. Frequency of Response: Once
3. Total Number of Responses Annually: 3,200

Each service provider that participates in the RHC Pilot Program must obtain a Service Provider Information Number (SPIN).

3,200 respondents x 1 submission = 3,200 responses

4. Total Annual Hourly Burden: 4,800

The Commission estimates that this requirement will take 1.5 hours and that 3,200 service providers (respondents) must obtain SPINs.

3,200 x 1 SPIN x 1.5 hours = 4,800

## Universal Service – Rural Health Care Program/Rural Health Care Pilot Program

5. Total “In House” Costs: \$269,955.00

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 4,800 \text{ hours} \times \$43.26/\text{hour} &= \$207,657.69 \\ 30\% \text{ overhead} &= \underline{\$62,297.31} \\ \text{Total} &= \$269,955.00 \end{aligned}$$

**i) Submission of Contact Information to USAC**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 69

Health care providers or consortium of health care providers participating in the Pilot Program must submit, to USAC, the name, mailing address, e-mail address, and telephone number of the lead project coordinator for the Pilot Program project or consortium.

$$69 \times 1 \text{ contact information} = 69 \text{ responses}$$

4. Total Annual Hourly Burden: 7 hours

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 69 health care providers or consortium of health care provider (respondents) will need to submit contact information to USAC.

$$69 \text{ respondents} \times 1 \text{ submission} \times .10 \text{ hours} = 7 \text{ hours}$$

5. Total “In House” Costs: \$388.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 7 \text{ hours} \times \$43.26 &= \$298.51 \\ 30\% \text{ overhead} &= \underline{\$89.55} \\ \text{Total} &= \$388.06 \end{aligned}$$



## Universal Service – Rural Health Care Program/Rural Health Care Pilot Program

**j) Revision of Funding Request**

1. Number of Respondents: Approximately 14 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 14

Upon notification from USAC, participants are permitted to revise their funding requests to remove ineligible network components or facilities. The 14 respondents (health care providers or consortium of health care providers) x 1 response = 14

4. Total Annual Hourly Burden: 14 hours

The Commission estimates that it will take Pilot Program participants 1 hour to modify their funding requests.

14 respondents x 1 hours = 14 hours

5. Total “In House” Costs: \$787.37

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to modify their funding requests.

14 hours x \$43.26/hour = \$605.67  
 30% overhead = \$181.70  
 Total = \$787.37

**k) Disbursement of Pilot Program Funds**

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers) and 69 health care providers
2. Frequency of Response: Monthly
3. Total Number of Responses Annually: 39,228

Service providers must submit detailed invoices to USAC on a monthly basis for actual incurred costs. For each invoice, the lead coordinator for each Pilot Program participant must confirm and demonstrate to USAC that the Pilot Program participant has provided its 15 percent minimum contribution.

**Universal Service – Rural Health Care Program/Rural Health Care Pilot Program**

3,200 service provider respondents x 12 responses/per year = 38,400  
 69 health care provider respondents x 12 responses/per year = 828

4. Total Annual Hourly Burden: 39,228 hours

The Commission estimates that this requirement will take service providers 1 hour and that 3,200 service providers (respondents) must submit monthly invoices to USAC. The Commission estimates that it will take the lead applicant 1 hour to demonstrate that the Pilot Program participant has provided its 15 percent minimum contribution.

3,200 respondents x 12 submission x 1 hour = 38,400 hours

69 respondents x 12 submissions x 1 hour = 828

5. Total “In House” Costs: \$2,159,640.00

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to file invoices with USAC.

39,228 hours x \$43.26/hour = \$1,697,082.49  
 30% overhead = \$509,124.75  
 Total = \$2,206,207.24

**l) Reporting Requirements:**

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Quarterly
3. Total Number of Responses Annually: 276

Health care providers or consortiums of health care providers are required to submit to USAC and the Commission quarterly reports.

69 respondents x 4 reports/year = 276 responses

4. Total Annual Hourly Burden: 2,760 hours

The Commission estimates that this requirement will take 10 hours and that 69 health care providers or consortium of health care providers must submit these reports to USAC and the Commission 4 times per year.

69 respondents x 4 reports/year x 10 hours = 2,760 hours

## Universal Service – Rural Health Care Program/Rural Health Care Pilot Program

5. Total “In House” Costs: \$155,224.13

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 2,760 \text{ hours} \times \$43.26/\text{hour} &= \$119,403.17 \\ 30\% \text{ overhead} &= \underline{\$35,820.95} \\ \text{Total} &= \$155,224.13 \end{aligned}$$

**m) Record retention requirements**

1. Number of Respondents: Approximately 3,294 health care providers or consortium of health care providers and approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers)
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 6,494 responses

Each health care provider or consortium of health care providers and service providers must maintain records pertaining to the Pilot Program funding for five years.

$$6,494 \text{ respondents} \times 1 \text{ recordkeeping requirement/year} = 6,494 \text{ responses}$$

4. Total Annual Hourly Burden: 3,247 hours

The Commission estimates that this requirement will take approximately 30 minutes (0.5 hours) annually.

$$6,494 \text{ respondents} \times .05 \text{ hours} = 3,247 \text{ hours}$$

5. Total “In House” Costs: \$155,224.13

The Commission estimates that respondents use staff equivalent to a GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead, to comply with the five-year recordkeeping requirement.

$$\begin{aligned} 3,247 \text{ hours} \times 20.51/\text{hour} &= \$119,403.17 \\ 30\% \text{ overhead} &= \underline{\$35,820.95} \\ \text{Total} &= \$155,224.13 \end{aligned}$$

**Currently Approved – No Change****n) Mobile Rural Health Care Provider Submission of Sites**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must submit estimate number of sites the mobile health clinic will serve during the year on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement/year = 5 responses

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = 15 hours

5. Total “In House” Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93  
 30% overhead = \$194.68  
 Total = \$843.61

**o) Mobile Rural Health Care Provider Explanation of Necessity**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: On occasion
3. Total Number of Responses Annually: 5

**Universal Service – Rural Health Care Program/Rural Health Care Pilot Program**

Each rural health care provider seeking discounts for mobile telecommunications services must document the cost of wireline services, if the mobile health clinic serves less than eight sites times per year.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = 15 hours

5. Total “In House” Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93

30% overhead = \$194.68

Total = \$843.61

**p) Mobile Rural Health Care Provider Certification**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must certify that they are serving eligible rural areas on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = 15 hours

5. Total “In House” Costs: \$843.61

## Universal Service – Rural Health Care Program/Rural Health Care Pilot Program

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$43.26/\text{hour} &= \$648.93 \\ 30\% \text{ overhead} &= \underline{\$194.68} \\ \text{Total} &= \$843.61 \end{aligned}$$

**q) Mobile Rural Health Care Provider Annual Logs**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must retain and make available upon request logs indicating the geographic coordinates where the mobile health clinic stops and the number of patients served at each location.

$$5 \text{ respondents} \times 1 \text{ recordkeeping requirement} = 5 \text{ respondents}$$

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours.

$$5 \text{ respondents} \times 3 \text{ hours} = 15$$

5. Total “In House” Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$20.51/\text{hour} &= \$307.64 \\ 30\% \text{ overhead} &= \underline{\$92.29} \\ \text{Total} &= \$399.93 \end{aligned}$$

**r) Mobile Rural Health Care Provider Documentation of Price – Service in One State**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = 15 hours

5. Total “In House” Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93  
 30% overhead = \$194.68  
 Total = \$843.61

**s) Mobile Rural Health Care Provider Documentation of Price – Service in Multiple States**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually:

**Universal Service – Rural Health Care Program/Rural Health Care Pilot Program**

Each rural health care provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = 15 hours

5. Total “In House” Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93

30% overhead = \$194.68

Total = \$843.61

**t) Mobile Rural Health Care Providers Must Maintain Documents About Allocation**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must retain and make available upon request documentation explaining their allocation methods for five years.

5 respondents x 1 recordkeeping requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours.

5 respondents x 3 hours = 15



**Universal Service – Rural Health Care Program/Rural Health Care Pilot Program**

5. Total “In House” Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$20.51/\text{hour} &= \$307.64 \\ 30\% \text{ overhead} &= \underline{\$92.29} \\ \text{Total} &= \$399.93 \end{aligned}$$

**u) Mobile Rural Health Care Providers Must Maintain Purchase Records**

1. Number of Respondents: Approximately 5 rural health care providers provide mobile telecommunications service.
2. Frequency of Response: Annual
3. Total Number of Responses Annually: 5

Each rural health care provider seeking discounts for mobile telecommunications services must maintain records for purchases of supported services for five years.

$$5 \text{ respondents} \times 1 \text{ recordkeeping requirement} = 5 \text{ respondents}$$

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours.

$$5 \text{ respondents} \times 3 \text{ hours} = 15$$

5. Total “In House” Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$20.51/\text{hour} &= \$307.64 \\ 30\% \text{ overhead} &= \underline{\$92.29} \\ \text{Total} &= \$399.93 \end{aligned}$$

**Total Number of Respondents: 6,494 (this includes all health care providers in the existing program, Pilot Program program, and service providers)**

**Total Number of Responses Annually: 59,464**

**Universal Service – Rural Health Care Program/Rural Health Care Pilot Program****Total Annual Hourly Burden: 67,467 hours****Total “In House” Cost: \$3,697,029.87****13. Total Annual Costs to Respondents:**

(1) Total annualized capital/start-up costs: \$0.00.

The collections will not require the purchase of additional equipment.

(2) Total operation and maintenance and purchase of service component (O&M) costs: \$0.00.

The collections will not result in additional operation or maintenance expenses.

(3) Total annualized cost requested: \$0.00

**14.** There will be few, if any costs to the Commission because notice and enforcement requirements are already part of the Commission’s duties. Moreover, there will be minimal cost to the Federal government since an outside party will administer the program.

**15. The Commission is revising this information collection, and notes the following:**

(a) The number of respondents has increased from 6,450 to 6,494;

(b) The number of responses has increased from 12,840 to 59,494;

(c) The total annual hourly burden has increased from 17,720 hours to 67,467 hours; and

(d) This information collection now includes monthly, quarterly, and annual reporting requirements, in addition to the existing on occasion and one time reporting, third party disclosure, and recordkeeping requirements.

**16.** The data will not be published for statistical use.

**17.** The Commission is not seeking approval not to display the OMB expiration date for OMB approval at this time. OMB approval of the expiration of the information collection will be displayed at 47 CFR Section 0.408.

**18.** There are no exceptions to the Certification Statement in Item 19 of OMB Form 83-I.

**B. Collections of Information Employing Statistical Methods:**

This information collection does not use any statistical methods.