3060-0804
June 2013

1SUPPORTING STATEMENT

This revision to 3060-0804 is being submitted to obtain OMB approval for revisions to information collection requirements as a result of a recent order explained below.

A. Justification:

1. Circumstances that make the collection of information necessary.

Section 254(h)(A)(1) of the Telecommunications Act of 1996 (1996 Act), 47 U.S.C. § 254(h)(A)(1), mandates that telecommunications carriers provide telecommunications services for health care purposes to eligible rural public or non-profit health care providers (HCPs) at rates that are "reasonably comparable" to rates in urban areas. In addition, section 254(h)(2)(A) of the 1996 Act, 47 U.S.C. § 254(h)(2)(A), directs the Federal Communications Commission (Commission) to establish competitively neutral rules to enhance, to the extent technically feasible and economically reasonable, access to "advanced telecommunications and information services" for public and non-profit health care providers.

Consistent with Congress's directive, the Commission has established the following rural health care (RHC) programs:

- In 1997, the Commission established the RHC Telecommunications Program (Telecommunications Program) to ensure that rural HCPs pay no more than their urban counterparts for their telecommunications services. *See Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9093-9161, paras. 608-749 (1997) (*Universal Service First Report and Order*) (subsequent history omitted); 47 C.F.R. Part 54, Subpart G. The Telecommunications Program enables eligible rural HCPs to obtain a rate for each supported service that is no higher than the highest tariffed or publicly available commercial rate for a similar service in the closest city in the state with a population of 50,000 or more people, taking distance charges into account – in effect, providing a discount to the HCP in the amount of the "rural-urban differential."
- In 2003, the Commission created the RHC Internet Access Program (Internet Access Program) pursuant to section 254(h)(2)(A) of the Act. The Internet Access Program provides a 25 percent discount off the cost of monthly Internet access for eligible rural HCPs. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546 (2003) (*2003 Order and Further Notice*).
- In 2006 the Commission established the RHC Pilot Program (Pilot Program) to provide funding to support state or regional broadband networks designed to bring the benefits of innovative telehealth and telemedicine services to areas of the country where the need for those benefits is most acute. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 21 FCC Rcd 11111 (*2006 Pilot Program Order*). The Pilot Program is providing funding for a limited period of time for up to 85 percent of the costs associated with: (1) the construction of state or regional health care broadband networks, and the advanced telecommunications and information services provided over those networks; (2) connecting to nationwide backbone providers Internet2 or National LambdaRail (NLR); and (3) connecting to the public Internet.

- Most recently, in December 2012, the Commission established the Healthcare Connect Fund, which reforms, expands, and modernizes the RHC program based on lessons learned from the Pilot Program. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, FCC 12-150 (2012) (*Healthcare Connect Fund Order*). The Healthcare Connect Fund is separate from the Telecommunications Program and the Pilot Program. The Healthcare Connect Fund provides support, in part, for services similar to those supported under the Internet Access Program. Therefore, the Commission will stop providing support under the Internet Access Program for services received after June 30, 2014.
- Also in December 2012, the Commission adopted the Skilled Nursing Facilities Pilot (SNF Pilot) to test how to support broadband connections for skilled nursing facilities. Funding for the SNF Pilot is limited to $50 million in total support for all projects combined, spread over 3 years.

The RHC programs are administered by the universal service fund administrator, the Universal Service Administrative Company (USAC).

Collection of the information described below is necessary so that the Commission and USAC will have sufficient information to determine if entities are eligible for funding pursuant to the rural health care support mechanism, to determine if entities are complying with the Commission's rules, and to prevent waste, fraud, and abuse. In addition, the information is necessary in order to allow the Commission to evaluate the extent to which the RHC programs are meeting the statutory objectives specified in section 254(h) of the 1996 Act, and the Commission's own performance goals for the Healthcare Connect Fund. This information collection, as described in more detail below and lettered to coincide with the corresponding burden calculation in item 12, is being revised to:

1. include <u>new</u> information collection requirements associated with the Healthcare Connect Fund;

2. include <u>new</u> information collection requirements associated with the SNF Pilot*;*

3. <u>modify</u> the annual reporting requirement for participants in the Pilot Program; and

4. <u>extend</u> the information collection requirements for the existing RHC programs for three years.

There are no changes to FCC Forms 465, 466, 466-A, 467, which were previously approved as part of this information collection (see sections (x) to (cc) of item 12 below). New FCC Forms 460, 461, 462, and 463 are being added to this information collection. These forms will collect information described below in sections (b) to (q) of item 12 below.

<u>Information Collections Being Submitted for Approval</u>

New Information Collection Requirements for the Healthcare Connect Fund

Adopted in December 2012, the Healthcare Connect Fund provides support for high-capacity broadband connectivity to eligible HCPs and encourages the formation of state and regional broadband HCP networks. The Healthcare Connect Fund allows health care providers to apply either as "individuals" (single site) or "consortia" (group of sites). Under the program, eligible rural HCPs, and those non-rural HCPs that are members of a consortium that has more than 50 percent rural HCP sites, will be able to receive a 65 percent discount on all eligible expenses. Eligible expenses include broadband services and equipment, and, for consortium applicants, HCP-constructed and owned network facilities.

The Commission issued the Notice of Proposed Rulemaking (NPRM) that led to the *Healthcare Connect Fund Order* in July 2010 (FCC 10-125), and received OMB pre-approval for the information collection requirements proposed in the NPRM. *See* Notice of OMB Action for 3060-0804, ICR Reference Number 201002-3060-017 (March 10, 2010). The *Healthcare Connect Fund Order*, however, adopted information collection requirements that are in some ways significantly different from those proposed in the NPRM, based on the comments received in the rulemaking proceeding. Many of the proposed requirements have been modified in light of commenters' recommendations on streamlining and simplifying the information collection burden, especially on smaller health care providers. Most significantly, applicants in the Healthcare Connect Fund will be able to apply as individuals (a single health care provider site) or as consortia (multiple health care provider sites). As shown further below, "individual" applicants will be subject to significantly fewer information collection requirements. While consortia applicants will have additional information collection requirements, the ability to submit a single "group" application covering multiple – even hundreds – of sites means that the consortium application process will significantly reduce information collection burdens on average *per site*.

The following information collection requirements are associated with the Healthcare Connect Fund:

a) **Authorization for Third Parties to Submit Forms on Behalf of HCP/ Consortium**. Third parties (for example, consultants) may submit forms and other documentation on behalf of eligible health care providers if USAC receives, prior to submission of the forms or documentation, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the HCP or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. The Commission and/or USAC may provide sample language that health care providers can use in their authorizations; however, use of this language will not be required.

b) **Form 460 – Eligibility Determination and Consortium Information (new form).** Healthcare Connect Fund participants would be required to file a FCC Form 460 in order to certify that they are eligible to receive support from the Fund. Applicants will be required to provide the HCP's address and contact information, identify the eligible HCP type, provide an address for each physical location that will receive supported connectivity, provide a brief explanation for why the HCP is eligible under the Act and the Commission's rules and orders, and certify to the accuracy of this information under penalty of perjury. They may also be required to provide a unique health care provider identifying number, such as a National Provider Identifier code and/or taxonomy code. Consortium applicants may file Form 460 on behalf of member HCPs if they have a letter of agency (discussed below). Applicants must also register off-site administrative offices and off-site data centers for which they are receiving support.

   Form 460 will also used to provide certain basic information about consortia to USAC: (1) the lead entity ("Consortium Leader") (2) the individual contact person within the lead entity (the "Project Coordinator"); and (3) HCP sites that will participate in a consortium, including sites ineligible to receive support.

c) **Form 460 Attachment – Letters of Agency (Consortia Only).** Each Consortium Leader must also obtain a letter of agency (LOA) from each HCP participant that is independent of the Consortium Leader (*i.e.* HCP sites that are not owned or otherwise controlled by the Consortium Leader). The LOA is submitted as an attachment to Form 460. The purpose of the LOA is to provide authority for the Consortium Leader to submit Forms 460, 461, and/ or 462 on behalf of the HCP site. Consortium leaders are required to obtain supporting information and/or

documents to support eligibility for each HCP when they collect the LOAs, and may be asked for this information during an audit or investigation. The Commission and/or USAC may provide sample language that health care providers can use in their LOAs; however, use of this language will not be required.

d) **Form 460 Attachment – State/Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only).** In general, an entity may not simultaneously (1) provide consulting assistance to a consortium, and (2) participate as potential vendors during the competitive bidding process. State organizations, public sector entities, or non-profit entities who wish to obtain an exemption from this prohibition may make a showing to USAC that they have set up an organizational and functional separation. The exemption must be obtained before the consortium begins preparing its FCC Form 461 (request for services) and associated documents.

e) **Agreement regarding Legal and Financial Responsibility for Consortium Activities (Consortia Only).** Consortia may allocate legal and financial responsibility for supported program activities as they see fit, except for certain responsibilities specified in the Healthcare Connect Fund Order, provided that this allocation is memorialized in a formal written agreement between the affected parties (*i.e.* the Consortium Leader, and the consortium as a whole and/or its individual members). The written agreement must be submitted to USAC for approval with or prior to the submission of Form 461. The agreement should clearly identify the party(ies) responsible for repayment if USAC is required, at a later date, to recover disbursements to the consortium due to violations of program rules.

f) **Form 461 – Request for Services (Competitive Bidding) (new form).** All HCPs, unless their funding request is subject to a competitive bidding exemption, must submit a request for services (Form 461 and associated documents) for posting by USAC, wait at least 28 days before selecting a service provider, and select the most cost-effective bid. On Form 461, applicants will provide basic information regarding the HCP(s) on the application (including contact information for potential bidders), a brief description of the desired services, and evaluation criteria for bids. Each applicant must also certify that (1) it is authorized to submit the request and that all statements of fact in the application are true to the best of the signatory's knowledge; (2) it has followed any applicable state or local procurement rules; (3) the supported services and/or equipment will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value; (4) the HCP or consortium satisfies all program requirements and will abide by all such requirements; and (5) all statements of facts contained therein are true to the best of their knowledge, information, and belief, and that under federal law, persons willfully making false statements on the form can be punished by fine, forfeiture, or imprisonment.

g) **Form 461 Attachment – Network Planning for Consortia (Consortia Only).** Consortium applicants must submit a narrative attachment with Form 461 that includes: (1) goals and objectives of the proposed network; (2) strategy for aggregating the specific needs of HCPs (including providers that serve rural areas) within a state or region; (3) strategy for leveraging existing technology to adopt the most efficient and cost effective means of connecting those providers; (4) how the broadband services will be used to improve or provide health care delivery; (5) any previous experience in developing and managing health IT (including telemedicine) programs; and (6) a project management plan outlining the project's leadership and management structure, and a work plan, schedule, and budget.

h) **Form 461 Attachment – Request for Proposals (RFP).** Submission of a separate RFP document with Form 461 is required for (1) applicants who are required to issue an RFP under applicable state, Tribal, or local procurement rules or regulations; (2) consortium applications that seek more than $100,000 in program support in a funding year; and (3) consortium applications that seek support for infrastructure (i.e. HCP-owned facilities) as well as services. In addition, any applicant is free to submit an RFP to USAC for posting. All applicants who utilize an RFP in conjunction with their competitive bidding process must submit the RFP to USAC for posting.

RFPs must provide sufficient information to enable an effective competitive bidding process, including describing the HCP's service needs; specify the period during which bids will be accepted; and include the scoring criteria that will be used to evaluate bids for cost-effectiveness. In addition, certain additional requirements apply to RFPs if the applicant seeks support for long-term capital investments (such as HCP-constructed infrastructure or fiber indefeasible rights-of-use); dark fiber; services or equipment that include an ineligible component; or HCP-owned and constructed network facilities.

i) **Form 462 – Request for Funding (new form).** Once a service provider is selected, applicants will submit a "Funding Request" on Form 462 (and supporting documentation) to provide information about the services and service providers (vendors) selected and certify that the services were the most cost-effective offers received. Form 462 is the means by which an applicant identifies the location(s), service(s), rates, service provider(s), and date(s) of service provider selection.

Applicants will also certify on Form 462 that: (1) the person signing the application is authorized to submit the application on behalf of the applicant, and has examined the form and all attachments, and to the best of his or her knowledge, information, and belief, all statements of fact contained therein are true; (2) each service provider selected is, to the best of the applicant's knowledge, information, and belief, the most cost-effective service provider available, as defined in the Commission's rules; (3) all Healthcare Connect Fund support will be used only for the eligible health care purposes, as described in this Order and consistent with the Act and the Commission's rules; (4) the applicant is not requesting support for the same service from both the Healthcare Connect Fund and from other RHC programs; (5) the applicant satisfies all of the requirements under section 254 of the Act and applicable Commission rules, and understands that any letter from USAC that erroneously commits funds for the benefit of the applicant may be subject to rescission; (6) the applicant has reviewed all applicable requirements for the program and will comply with those requirements; and (7) the applicant will maintain complete billing records for the service for five years (and for long-term capital investments, for five years after the end of the useful life of the facility).

j) **Form 462 Attachment – Contracts or Similar Documentation.** All applicants must submit a contract or other documentation that clearly identifies (1) the vendor(s) selected and the HCP(s) who will receive the services; (2) the service, bandwidth, and costs for which support is being requested; and (3) the term of the service agreement(s) if applicable (*i.e.* if services are not being provided on a month-to-month basis).

k) **Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components.** Applicants who seek to include ineligible entities within a consortium, or to obtain support for services or equipment that include both eligible and ineligible components, should submit a written description of their allocation method(s) to USAC with their funding requests. If ineligible entities participate in a network, the allocation method must be memorialized in

writing, such as a formal agreement among network members, a master services contract, or for smaller consortia, a letter signed and dated by all (or each) ineligible entity and the Consortium Leader. Applicants should also submit with their funding requests any agreements that memorialize cost-sharing arrangements with ineligible entities.

l) **Form 462 Attachment – Competitive Bidding Documents.** Applicants must submit documentation to support their certifications that they have selected the most cost-effective option. Relevant documentation includes a copy of each bid received (winning, losing, and disqualified), the bid evaluation criteria, and any other related documents, such as bid evaluation sheets; a list of people who evaluated bids (along with their title/role/relationship to the applicant organization); memos, board minutes, or similar documents related to the vendor selection/award; copies of notices to winners; and any correspondence with service providers during the bidding/evaluation/award phase of the process.

If the application is exempt from competitive bidding, the applicant should submit sufficient documentation to allow USAC to verify that the applicant is eligible for the exemption.

m) **Form 462 Attachment – Updates to Network Planning for Consortia**. Consortium applicants should submit any revisions to the project management plan, work plan, schedule, and budget previously submitted with the Request for Services (Form 461). If not previously provided with the project management plan, applicants should also provide (or update) a narrative description of how the network will be managed, including all administrative aspects of the network (including but not limited to invoicing, contractual matters, and network operations.) If the consortium is required to provide a sustainability plan (see below), the revised budget should include the budgetary factors discussed in the sustainability plan requirements.

n) **Form 462 Attachment – Network Cost Worksheet.** Consortium applicants will be required to provide electronically (via a spreadsheet or similar method) a list of the participating HCPs (both those eligible for support and those ineligible) and all of their relevant information, including eligible (and ineligible, if applicable) cost information for each participating HCP.

o) **Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution.** All consortium applicants must submit, with their funding requests, evidence of a viable source for their 35 percent contribution.

p) **Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses.** Consortia who seek funding to construct and own their own facilities or obtain indefeasible rights of use (IRUs) or capital lease interests must submit a sustainability plan with their funding requests demonstrating how they intend to maintain and operate the facilities that are supported over the relevant time period. Although participants are free to include additional information to demonstrate a project's sustainability, the sustainability plan must, at a minimum, address the following points: (1) projected sustainability period; (2) principal factors considered to demonstrate sustainability; and (3) terms of membership in the network; ownership structure for the network; sources of future support; management structure of the network. Applicants will be required to later submit revised sustainability plans if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20 percent or $100,000 from the previous submission, or if the applicant submits a funding request based on a new Form 461 (*i.e.*, a new competitively bid contract).

q) **Form 463 – Invoicing (new form).** Service providers will bill HCPs directly for services that they have provided. Upon receipt of a service provider's bill, the HCP will create and approve an invoice for USAC on Form 463 for the services it has received. On the invoice, (1) the HCP or Consortium Leader must certify to USAC that it has paid its 35 percent contribution directly to the service provider; and (2) the HCP and service provider must certify that they have reviewed the invoice and that it is accurate. USAC will pay the service provider directly based on the invoice. For consortia, the Consortium Leader is responsible for the invoicing process, including certifying that the participant contribution has been paid and that the invoice is accurate.

r) **Extension Request for Lighting Fiber.** Fiber must be lit during the funding year for non-recurring charges associated with such fiber to be eligible. Applicants may receive up to a one-year extension to light fiber, however, if they provide documentation to USAC that construction was unavoidably delayed due to weather or other reasons.

s) **Recordkeeping.** Program participants and vendors in the Healthcare Connect Fund must maintain required documentation for five years after the service has been delivered (or after the end of the useful life of a facility for which the participant has received support to make a long-term capital investment) and produce these records upon request of the Commission, any auditor appointed by the Administrator or the Commission, or of any other state or federal agency with jurisdiction. For a consortium, the Consortium Leader is responsible for compliance with the Commission's recordkeeping requirements.

t) **Annual Reporting Requirement for Consortium Participants.** Consortium participants in the Healthcare Connect Fund will be required to submit annual reports to assist the Commission in measuring progress toward the three program goals for the Healthcare Connect Fund.

In order to measure the first goal, increasing access to broadband for health care providers, the Commission will collect data on:

- the characteristics, including bandwidth and price, of the connections supported by the Healthcare Connect Fund;
- the extent to which program participants are subscribing to increasing levels of broadband service over time; and
- participation in the Healthcare Connect Fund relative to the universe of eligible participants; and bandwidth obtained by different types of HCPs.

In order to measure the second goal, development and deployment of broadband healthcare networks, the Commission will collect data on:

- the number and characteristics of the eligible and non-eligible sites connecting to the network;
- the extent to which eligible HCPs participating in the Healthcare Connect Fund are connected to other HCPs through broadband health care networks;
- whether and to what extent supported connections are being used for telemedicine, exchange of electronic health records (EHRs), participation in a health information exchange, remote training, and other telehealth applications;
- the reach of broadband health care networks supported by our programs, including connections to those networks by eligible and non-eligible HCP sites; and
- how program participants are using their broadband connections to health care networks, including whether and to what extent HCPs are engaging in telemedicine, exchange of EHRs, participation in a health information exchange, remote training, and other telehealth applications.

In order to measure the third goal, measuring the cost-effectiveness of the program, the Commission will collect data on:

- the number and nature of all responsive bids received through the competitive bidding process as well as an explanation of how the winning bid was chosen; and
- the prices and speed of the broadband connections supported by the program.

Additionally, applicants may request support for upfront, non-recurring charges for long-term capital investments, such as constructing their own network facilities, or obtaining an indefeasible right-of-use (IRU) or prepaid lease interest in existing network facilities such as dark fiber. In such a case, the applicant may be obtaining access to facilities that have a useful life extending many years after program funds have been disbursed, but would not need to submit requests for funding on an annual basis once access to the facility is obtained. In order to ensure that such facilities continue to be used for eligible purposes throughout their useful life, the Commission will require such applicants to submit, during the useful life of the facility, additional information identifying the health care providers utilizing the network, and the services they are receiving from the supported network.

Much of the data discussed above is already collected through new Forms 460, 461, 462, and 463. In order to minimize the burden posed by the annual report, the Commission and USAC will develop a simple and streamlined, electronic reporting system that integrates data collected through the application process, thereby eliminating the need to resubmit (in the annual report) any information that has previously been provided.

New Information Collection Requirements for Pilot Program for Skilled Nursing Facility Connections

In the *Healthcare Connect Fund Order,* the Commission established a new pilot program to test how to support broadband connections for skilled nursing facilities (the SNF Pilot). The Commission determined that while supporting connections for skilled nursing facilities could result in potential health care benefits, the record lacked sufficient evidence to allow the Commission to determine how support for such facilities could be provided as part of an ongoing program in a "technically feasible and economically reasonable" manner, as required by section 254(h)(2)(A) of the 1996 Act, or to balance the potential benefits of supporting skilled nursing facilities against the potential impact on universal service fund demand. Therefore, the SNF Pilot will focus on how the Commission can best utilize program support to assist skilled nursing facilities that are using broadband connectivity to work with eligible health care providers through the use of electronic health records, telemedicine, and other broadband-enabled health care applications.

To the extent feasible, the Commission intends to utilize Healthcare Connect Fund forms for the Skilled Nursing Facilities Pilot Program (*e.g.* to register skilled nursing facility locations with USAC, invoicing, etc.). In limited situations, this may require minor modifications to the form(s) (*e.g.* addition of a "Skilled Nursing Facility" option to the list of facility types). Because use of the existing forms is intended to ease the information collection burden for SNF Pilot participants, the Commission does not anticipate any such modifications to materially change the burden hours associated with each form, except with respect to the application and reporting requirements described below.

u) **Application for Skilled Nursing Facilities Pilot.** Participants in the SNF Pilot will be selected using a competitive process. It is anticipated that applications for the SNF Pilot will likely be in a narrative format, and may include the following elements: (1) project description, budget and goals, including technologies to be used and patient population(s) to be targeted; (2) explanation of the need for broadband connectivity and anticipated health IT uses of supported connectivity;

(3) anticipated health care cost savings and/or improvements in the quality of health care enabled through use of broadband-enabled health IT; (4) a detailed explanation of the design, data gathering and evaluation component of the project; (5) a description of the sites to be connected and the network design; and (6) certifications to ensure compliance with program requirements.

The Commission will be developing scoring criteria for applications for the SNF Pilot with the input of relevant stakeholders (such as the U.S. Department of Health and Human Services (HHS)), consistent with the program goals for the Healthcare Connect Fund. Once the scoring criteria are developed, the Commission will release a Public Notice announcing the application procedures and deadlines. Applicants will include in their applications a demonstration of how they satisfy the scoring criteria.

v) **Reporting Requirements for Skilled Nursing Facilities Pilot Participants.** The SNF Pilot Program will seek to collect data on a number of variables related to the broadband connections supported and their health care uses. Applicants must commit to robust data gathering as well as analysis and sharing of the data and to submitting an annual report. Applicants will be expected to explain what types of data they intend to gather and how they intend to gather that data in their applications. At the conclusion of the Pilot, applicants should be prepared to demonstrate with objective, observable metrics the health care cost savings and/or improved quality of patient care that have been realized through greater use of broadband to provide telemedicine to treat the residents of SNFs. The Commission plans to make this data public for the benefit of all interested parties, including third parties that may use such information for their own studies and observations.

Revision to 2006 Pilot Program Reporting Requirement

Participants in the 2006 Pilot Program are currently required to submit to USAC and the Commission quarterly reports containing data listed in the *Rural Health Care Pilot Program Selection Order (Appendix D)*. Reports were required for a 72-month period following the initial due dates unless the deadline was extended.

In the *Healthcare Connect Fund Order,* the Commission modified the 2006 Pilot Program reporting requirements as follows:

w) **Revised Reporting Requirements for 2006 Pilot Program Participants.** The reporting requirement for 2006 Pilot Program participants was extended through and including the last funding year in which a Pilot project receives Pilot support, or, for Pilot Projects that received large upfront payments, for the life of the supported facility. The Commission's Wireline Competition Bureau (Bureau) has delegated authority to determine the expiration of any supplemental Pilot Program reporting requirements.

The report will be filed annually instead of quarterly. As of the effective date of the *Healthcare Connect Fund Order*, Pilot projects are no longer required to file quarterly reports and instead may file their first annual report on September 30, 2013. Annual reports need only be submitted to USAC, rather than USAC and the Commission.

The reporting requirements will be changed to conform with the Healthcare Connect Fund annual reports for consortia described above in paragraph (t). Until those changes are adopted, current requirements with respect to the required content of the Pilot project reports and the submission process will remain in place. The Bureau has delegated authority to specify whether any additional information from the quarterly report should continue to be included in the annual

report that might be needed to evaluate the Pilot Program or to prevent waste, fraud, and abuse in that program.

Extension of Previously Approved Information Collection Requirements for the Telecommunications Program, Internet Access Program, and 2006 Pilot Program

The Telecommunications, Internet Access, and 2006 Pilot Programs use forms and instructions that have been previously approved by OMB as part of this information collection. All eligible health care providers applying for discounts under the Telecommunications, Internet Access, and 2006 Pilot Programs must file FCC Forms 465, 466 and/or 466-A, and 467. Eligible health care providers file FCC Form 465 with USAC to make a bona fide request for supported services. Next, after a period of not less than 28-days after filing FCC Form 465, a health care provider that has selected a vendor submits FCC Form 466 and/or 466-A to indicate the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Eligible health care providers must also certify on the applicable FCC Forms 466 and 466-A that the health care provider has selected the most cost-effective method of providing the selected service(s). The last form eligible health care providers submit is FCC Form 467, which is used by the entity to notify USAC that the service provider has begun providing supported services. As part of this information collection, OMB has also previously approved certain templates, samples, and spreadsheets provided to program participants to facilitate the reporting, record keeping and/or third party disclosure requirements under this collection.

Except for the changes to the reporting requirements for the 2006 Pilot Program (described above) and to the Community Mental Health Center Verification Template (described below), this revision seeks no changes to FCC Forms 465, 466, 466-A, and 467, which are part of the existing information collection. The Commission is seeking to continue the information requirements contained in these forms, and the associated templates, samples, and spreadsheets. Each of the forms and templates is briefly described below.

x) **Submission of FCC Form 465.** FCC Form 465 is the means by which an entity seeking funding requests bids for supported services and certifies to USAC that the entity is eligible to benefit from the rural health care support mechanism, including the RHC Pilot Program. USAC posts the completed FCC Form 465 on its website and an eligible entity 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).

   USAC has also developed a revised template for Telecommunications and Pilot Program HCPs that self-identify as community mental health centers (Attachment 1 – Community Mental Health Center Checklist). The template requires a respondent to provide information to support its status as a community mental health center. The revisions are as follows: The name of the template has changed from "Community Mental Health Center Certification" to "Community Mental Health Checklist." The template has been revised to collect a copy of the community mental health center's state license or certification as well as the state license or certification number. The template has also been revised to streamline and condense the existing checklist. Once new FCC Form 460 is approved, USAC will also use this revised template for HCPs in the Healthcare Connect Fund who self-identify as community mental health centers.

y) **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) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Eligible entities must also certify on the FCC Forms 466 and 466-A that the entity has selected the most cost-effective method of providing the selected service(s).

z) **Submission of FCC Form 467 and Invoice Templates.** FCC Form 467 is used by the entity seeking funding to notify USAC that the service provider has begun providing the supported service. An entity seeking funding must submit one FCC Form 467 for each FCC Form 466 and/or 466-A that the entity submitted to USAC. FCC Form 467 is also used to notify USAC when the entity has discontinued the service or if the service was or will not be turned on during the funding year.

USAC has also created invoice templates for use by service providers. The invoice templates request vendor specific information, as well as itemized billing information including the HCP number, the funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. There are separate invoice templates for the Telecommunications Program and the Pilot Program. The names of these templates have changed: "Invoice Template (Primary Program) and Invoice Template (Pilot Program)" is now "Telecommunications Program Invoice Template" (Attachment 2) and "RHC Pilot Program template" is now "RHC Pilot Program Invoice Template" (Attachment 3).

aa) **Submission of Additional Information with FCC Form 465 by Pilot Program Participants.** Pilot Program participants are 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 Form 465's 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. USAC and the Commission have developed a spreadsheet, available online, for program participants to complete (FCC 465 Attachment Spreadsheet – Attachment 4). *Rural Health Care Pilot Program Selection Order* (Appendix E). Pilot Program participants are also required to submit with their FCC Form 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. USAC and the Commission have developed a template for the Letter of Agency requirement. *See* Attachment 5 – Letter of Agency Template. The Letter of Agency template includes the following: 1) whether the entity is a non-profit or public entity, whether it follows applicable state or local procurement rules; 2) certification that the telecommunications services and network capacity provided it to it through the Pilot Program will be used solely for purposes reasonably related to the provision of health care service or instruction that it is legally authorized to provide under the law of the state in which services are provided and will not be sold, resold or transferred; 3) that it will retain documentation of its purchases of services related to the Pilot Program for five years from the end of the funding year; 4) an acknowledgment that Commission rules prohibit individual health care facilities participating in the Pilot program that have been convicted of a felony, indicted, suspended, or debarred from award of federal or state

contracts or are not in compliance with the Commission rules from receiving discounts under the pilot program; 5) the non-discount portion of the costs for eligible services will not be paid by the service provider; 6) acknowledges that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported service; 7) certifies that the person signing the Letter of Agency is authorized to act as such; and 8) acknowledges that the entity shall be subject to audit and investigation;

5. A Declaration of Assistance that identifies for USAC and the Commission any consultants, service providers, or other outside experts, whether paid or unpaid, who aided in the preparation of their Pilot Program applications;
6. If a pilot project requires a site or service substitution they may re-submit FCC Form 465 and request that a site or service be substituted for one that has previously been submitted to USAC; and
7. If the pilot project lead applicant changes, all project participants in a previously approved project are required to submit a letter transferring agency to the new entity. USAC created a Transfer of Letter of Agency Template for participants to use for transferring a pilot participant's agency to the new lead applicant. *See* Attachment 6 – Transfer of Letter of Agency Template.

bb) **Submission of Additional Information with FCC Form 466 and/or 466-A by Pilot Program Participants.** Pilot Program participants are also 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, 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's 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)*;* Attachment 7 – FCC 466-A Attachment Spreadsheet. Pilot Program Participants and vendors are also required to submit with their FCC Form(s) 466-A the following:

1. A detailed line-item Network Cost 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 participant's source of funding for its 15 percent minimum funding contribution of eligible network costs (*Rural Health Care Pilot Program Selection Order (*Appendix G). *See* Attachment 8 – Network Cost Worksheet.
2. A certification to USAC stating that all federal 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. *See* Attachment 9 – Certification of Program Participant Template.
3. A Sustainability Plan to USAC that provides an explanation to ensure the long-term success of supported broadband health care networks. The Commission and USAC have provided additional guidance regarding the criteria that should be submitted as part of the Sustainability Plan. The Sustainability Plan should include the following; 1) minimum 15 percent match; 2) projected sustainability period; 3) principal factors; 4) terms of membership

in the network (any agreements between network members, describe financial and time commitments, financing of any excess bandwidth, any fees charged to ineligible members); 5) excess capacity; 6) ownership structure; 7) sources of future support, and 8) management structure.

4. A FCC Form 466-A Attachment Spreadsheet that provides information regarding the vendor, as well as a certification of the services provided and the cost of such services. *See* Attachment 10 – Vendor Certification Template.

cc) **Submission of Additional Information with FCC Form 467 by Pilot Program Participants.** Pilot Program participants are 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.

dd) **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*.

ee) **Revision of Funding Request.** When USAC has reason to believe that a Pilot Program 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.

ff) **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 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*. Pilot Program participants and service providers are required to submit the RHC Pilot Program Invoice Template in order to receive disbursements from USAC. The invoice template requests vendor specific information, as well as itemized billing information including the HCP number, the

funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. *See* RHC Pilot Program Invoice Template – Attachment 3.

gg) **Audits and Recordkeeping.** Telecommunications carriers shall maintain complete records, for five years, related to the delivery of discounted telecommunications and other supported services. Service providers are also required to retain any other document that demonstrates compliance with the statutory or regulatory requirements for the rural health care mechanism. Health care providers are required to maintain records, for five years, that include allocations for consortia and entities that engage in eligible and ineligible activities. Mobile rural health care providers are required to maintain annual logs that indicate the date and locations of each clinic stop and the number of patients served at each clinic stop. Health care providers shall produce such records at the request of any auditor appointed by the Administrator or any other state or federal agency with jurisdiction. Health care providers are subject to random compliance audits to ensure that requesters are complying with the certification requirements set forth in 47 C.F.R. § 54.615(c) and are otherwise eligible to receive universal service support. *See* 47 CFR § 54.619.

Similarly, 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. 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 RHC providers.

hh) **Mobile Rural Health Care Provider Submission of Sites.** Mobile Rural Healthcare Providers (RHCPs) must submit to USAC the number of sites the mobile RHCP will serve during the year.

ii) **Mobile Rural Health Care Provider Explanation of Necessity.** Mobile RHCPs must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile RHCP serves less than eight different sites per year.

jj) **Mobile Rural Health Care Provider Certification.** Mobile RHCPs must certify that they are serving eligible rural areas.

kk) **Mobile Rural Health Care Provider Annual Logs.** Mobile RHCPs 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.

ll) **Mobile Rural Health Care Provider Documentation of Price – Service in One State.** Mobile RHCPs 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.

mm) **Mobile Rural Health Care Provider Documentation of Price – Service in Multiple States.** When a telemedicine project serves locations in different states, Mobile RHCPs 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.

nn) **Mobile Rural Health Care Providers Must Maintain Documents About Allocation.** Mobile RHCPs must retain for five years and make available upon request documentation explaining their allocation methods.

oo) **Mobile Rural Health Care Providers Must Maintain Purchase Records.** Mobile RHCPs must maintain records for purchases of supported services for at least five years.

pp) **Submission of Proposed Rural Rate.** Section 254(h)(1)(A) provides that a telecommunications carrier providing service shall be entitled to have an amount equal to the difference, if any, 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 treated as a service obligation as a part of its obligation to participate in the mechanisms to preserve and advance universal service. In the absence of the provision of identical or similar services in a rural county, carriers must determine the rural rate by taking the average of the tariffed and other publicly-available rates charged for the same or similar services in that rural county by other carriers. If no such services have been charged or are publicly available, or if the carrier deems the method described here to be unfair, the carrier shall submit for the state commission's approval, for intrastate rates, or the Commission's approval, for interstate rates, a cost-based rate for the provision of the service in the most economically efficient, reasonably available manner. The carrier must provide a justification of the proposed rural rate, including an itemization of the costs of providing the requested service. The carrier must provide such information periodically thereafter, as required by the state commission, for intrastate rates, or the Commission, for interstate rates.

Information Collection Requirements Being Consolidated:

In the Commission's effort to consolidate information collections and reduce the number of active information collections, we incorporate the Rural Health Care requirements contained in the OMB-approved Control Number 3060-0774 into this collection:

47 C.F.R. §§ 54.601(b)(4) and 54.609 – Calculating Support for Health Care Providers (see paragraph (y) in item 12 below);

47 C.F.R. § 54.619 – Audits and Recordkeeping (see paragraph (gg) in item 12 below);

47 C.F.R, § 54.607(b)(1)-(2) – Submission of Proposed Rural Rate (see paragraph (pp) in item 12 below); and

47 C.F.R. § 54.603(b)(1), 54.615(c)-(d), & 54.623(d) – Description of Services Requested and Certification (see paragraphs (x) and (y) in item 12 below).

Statutory Authority: Statutory authority for this information collection is contained in 47 U.S.C. §§ 151, 154(i), 154(j), 201-205, 214, 254, and 403.

Privacy Act: This information collection does not affect individuals or households. Therefore, there is no impact under the Privacy Act .

2. Use of information.

The information collected herein provides the Commission with the necessary information to administer the RHC support mechanism, determine the amount of support entities seeking funding are

eligible to receive, to determine if entities are complying with the Commission's rules, and to prevent waste, fraud, and abuse. The information will also allow the Commission to evaluate the extent to which the RHC programs are meeting the statutory objectives specified in section 254(h) of the 1996 Act and the Commission's own performance goals for the Healthcare Connect Fund, and to evaluate the need and feasibility for any future revisions to program rules.

The Commission has made extensive use of the information received from the existing information collection for the Telecommunications Program, Internet Access Program, and Pilot Program. In August 2012, Commission staff prepared an extensive evaluation of the Pilot Program relying heavily on the data submitted by Pilot participants, which was released to the public. The staff also used data submitted in the Telecommunications and Internet Access programs as a basis of comparison with Pilot Program results. Based on the evaluation and other data collected for the existing programs, the Commission reformed and modernized its rural health care support mechanism in December 2012, creating the new Healthcare Connect Fund.

3. Use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

The existing information collections can be submitted electronically or on paper. Beginning in Funding Year 2012, USAC has modernized its filing process to provide a simple, web-based, user-friendly interface for submission of the Telecommunications and Internet Access Program information collections. Applicants are also able to upload required documentation (such as a bill) as they complete the online form. The interface is designed to provide online storage of applications and related materials for health care providers, in order to ease compliance with recordkeeping requirements and possible audits. Furthermore, the system is designed to carry forward information already provided by an applicant to future filings (i.e. pre-populate data), in order to further reduce the filing burden. Respondents in the Telecommunications and Internet Access Programs can also send their forms and other documents to USAC via mail or electronic mail (email). Respondents in the 2006 Pilot Program can send forms and documents via email, and invoices via mail.

USAC will implement the information collection for the new Healthcare Connect Fund through an online interface on the USAC web site (online only filing). Health care providers who lack sufficient Internet access will be able to contact USAC's help desk over the telephone to obtain assistance with meeting the filing requirements.

The online implementation of the forms being provided with this submission may not, in non-material respects, exactly resemble the paper "draft" of the forms. For example, each "Block" on the forms could be a separate "screen" in the online system, and USAC will include standard and necessary navigation buttons on the screens such as "Save," "Go to next screen," "Go back," etc. In addition, the online implementation may utilize functions, such as drop-down menus, that will simplify the filing process for applicants but may not be readily apparent from the paper "draft" of the forms. USAC may also collect information that relates to online account security (e.g. requiring a password to access a specific account, or permissions to allow more than one person to access a specific account). Finally, USAC may also provide additional instructions (beyond those provided in this filing) that explain the mechanics of using the online filing system. These aspects of the system, as well as the aspects of online filing that will reduce the time burden of filing, have been factored into the burden hour estimates below. As noted above, online submission of data through the application process will minimize the need for applicants to resubmit the information required for the annual reports.

4. Efforts to identify duplication.

The information included in the information collection is unique, as the Commission does not otherwise collect information from health care providers or information from telecommunications providers that is specific to health care. The data collected by the Commission regarding health care providers' use of telecommunications, information and broadband services is, to the best of the Commission's knowledge, not available from other sources. The Commission plans to collect on FCC Form 460 the unique identifiers assigned by HHS to each health care provider, so that the Commission can correlate health care data already collected by HHS with RHC support recipients without burdening those recipients with duplicative data collection requirements.

The Commission has designed the forms and reporting requirements for the Healthcare Connect Fund to ensure that applicants need only report a single piece of information once, to the extent possible. The online system for the Healthcare Connect Fund will also "pre-populate" information so that applicants do not have to manually re-enter information that has not changed from previous filings.

The Commission has also taken the initiative to reduce the number of collections, consolidating requirements from 3060-0774 into this collection and avoiding any duplication of requirements pursuant to Section 254 of the Act contained in this information collection.

5. Impact on small businesses or other small entities.

The Commission took several steps in the *Healthcare Connect Fund Order* to minimize burdens on small entities.

Individual and consortium applications. As discussed above, the *Healthcare Connect Fund Order* allows health care providers to apply as individual sites or as consortia. Individual applicants have fewer requirements associated with their applications. In addition, the Commission adopted a streamlined application process that facilitates consortium applications. This allows HCPs who choose to purchase services and apply as a group to file a single application and to share the administrative costs of all aspects of participation in the program. Thus, on a per-HCP basis, applying as a consortium may be simpler, cheaper, and more efficient for small HCPs.

Flat-rate discount. The *Healthcare Connect Fund Order* also adopted a flat-rate discount of 65 percent to encourage participation in the Healthcare Connect Fund, and to reduce administrative expenses and planning uncertainties for smaller entities. Small entities no longer need to obtain, and submit, evidence of urban rates for desired services, as they do in the Telecommunications Program.

Competitive bidding exemptions. Additionally, the *Healthcare Connect Fund Order* adopted several exemptions to its competitive bidding requirements for applicants seeking support for: (1) $10,000 or less in total annual undiscounted costs; (2) services from a master service agreement which already was subject to competitive bidding; and (3) services from contracts previously approved by USAC. In addition, consistent with current RHC program policies, the order found that applicants who receive "evergreen" status or multi-year commitments under the Healthcare Connect Fund are exempt from competitive bidding for the duration of the contract. Applicants who qualify for these exemptions need not submit FCC Form 461 or the associated documentation.

Multi-year funding commitments. Applicants may receive multi-year funding commitments that cover a period of up to three funding years. The multi-year funding commitments will reduce administrative expenses both for the projects and for USAC, as applicants will not need to re-submit FCC Form 462 each year during the funding commitment period.

Annual, rather than quarterly, reports. The *Healthcare Connect Fund Order* requires consortium participants in the Healthcare Connect Fund to submit reports on an annual basis, consistent with suggestions from commenters to minimize the burdens of reporting requirements. Submitting annual, rather than quarterly reports, as required in the Pilot Program, will minimize the burden on participants and USAC alike while still supporting performance evaluation and enabling the Commission to evaluate the prevention of waste, fraud, and abuse. To further minimize the burden on participants, the Order delegates authority to the Bureau to work with USAC to develop a simple and streamlined reporting system that leverages data collected through the application process, eliminating the need to resubmit any information that has already been provided to USAC.

6. Consequence if information is not collected.

Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing section 254(h)(1) and (2) of the 1996 Act. It would also prevent ensuring that rural health care providers have access to the telecommunications and advanced services necessary to provide health care services consistent with the Universal Service Rural Health Care Program, applicable rules, and regulations. The Commission has limited the amount of information to be collected from entities participating in the RHC support mechanism to only that which is necessary for program administration.

7. Special circumstances.

We do not foresee any special circumstances that would cause an information collection to be conducted under extraordinary circumstances.

8. Federal Register notice; efforts to consult with persons outside the Commission.

The Notice of Proposed Rulemaking for the *Healthcare Connect Fund Order* was published in the Federal Register, as required by 5 C.F.R. § 1320.8(d) on August 9, 2010. *See* 75 FR 48236. Prior to releasing the *Healthcare Connect Fund Order,* the Commission consulted with persons outside the agency to obtain their views on the above topics, including representatives of Pilot projects, federal government agencies specializing with health care, trade associations, and other stakeholders. Additionally, the Commission sought comment on the proposed revisions to this information collection in the Federal Register on April 1, 2013 (60-Day Notice). *See* 78 FR 19479. The Commission received only one comment on the 60-Day Notice, which was from Jean Public. The comment was unresponsive to the notice and only requested that the "USDA" not fund similar programs.

The Commission's Wireline Competition Bureau also published a public notice on April 1, 2013 seeking comment on the Healthcare Connect Fund forms and instructions. *See Wireline Competition Bureau Seeks Comment on Healthcare Connect Fund FCC Forms 460, 461, 462, and 463*, WC Docket No. 02-60, Public Notice, 28 FCC Rcd 4149 (Apr.1, 2013). The Bureau received comments from the Oregon Health Network and Sprint Nextel Corporation and reply comments from the United States Telecom Association. Specifically, one commenter sought clarification on the health care provider's obligations in the application process. The other commenters sought modifications of Healthcare Connect Fund Invoice (Form 463). We have considered the comments and reply comments received and submit to OMB proposed revisions to the FCC Forms 460, 461, 462, and 463 and associated instructions that reflect and clarify the obligations of applicants and vendors under the Healthcare Connect Fund rules.

9. Payments or gifts to respondents.

Respondents will not receive any payments other than remuneration of contractors (vendors providing services to health care providers under the program).

10. Assurances of confidentiality.

There is no assurance of confidentiality provided to respondents concerning this information collection. However, respondents may request materials or information submitted to the Commission or to the Administrator be withheld from public inspection under 47 C.F.R. § 0.459 of the FCC's rules. We note that USAC must preserve the confidentiality of all data obtained from respondents; must not use the data except for purposes of administering the RHC programs; and must not disclose data in company-specific form unless directed to do so by the Commission.

11. Questions of a sensitive nature.

This information collection does not address any private matters of a sensitive nature.

12. Estimates of the hour burden of collection to respondents.

The following represents the hour burden on the collections of information:

a) Authorization for Third Parties to Submit Forms on Behalf of HCP/ Consortium *(new requirement)*

Number of Respondents: Approximately 400 individual health care providers or consortia of health care providers.

Frequency of Response: One time reporting requirement. Once submitted, this authorization need not be re-submitted in subsequent years unless there is a change in the information previously provided.

Total Number of Responses Annually: 400.

Total Annual Hourly Burden: 400 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 400 respondents x 1 submission x 1 hour = 400 hours.

Total "In House" Costs: $20,800 [= (400 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

b) Form 460 – Eligibility Determination and Consortium Information *(new requirement)*

Number of Respondents: Approximately 3,500 individual health care provider sites and 35 consortia of health care providers.

Frequency of Response: One time reporting requirement. Once submitted, Form 460 need not be re-submitted in subsequent years unless there is a change in the information previously provided.

Total Number of Responses Annually: 3,535.

Total Annual Hourly Burden: 3,535 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 3,535 respondents x 1 submission x 1 hour = 3,535 hours.

Total "In House" Costs: $183,820 [= (3,535 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

c) Form 460 Attachment – Letters of Agency (Consortia Only) *(new requirement)*

Number of Respondents: Approximately 35 consortia of health care providers, consisting of approximately 2,600 HCPs.

Frequency of Response: One time reporting requirement.

Total Number of Responses Annually: 2,600.

Total Annual Hourly Burden: 2,600 hours. This requirement applies to consortium applicants only. The Commission estimates that approximately 2,600 HCP sites will participate in a total of about 35 consortia, and that obtaining and submitting a letter of agency for each site will take about 1 hour. 2,600 HCP sites x 1 LOA x 1 hour = 2,600 hours.

Total "In House" Costs: $135,200 [= (2,600 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

d) Form 460 Attachment – Documentation for State/ Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only) *(new requirement)*

Number of Respondents: Approximately 15 state government or non-profit entities.

Frequency of Response: One time reporting requirement.

Total Number of Responses Annually: 5. The Commission estimates that of the possible respondents, approximately 5 annually will make this submission.

Total Annual Hourly Burden: 10. The Commission estimates that this requirement will take approximately 2 hours per submission. 5 respondents x 1 submission x 2 hours = 10 hours.

Total "In House" Costs: $520 [= (10 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

e) Agreement re: Legal/ Financial Responsibility for Consortium Activities *(new requirement)*

Number of Respondents: Approximately 75 consortia of health care providers.

Frequency of Response: One time reporting requirement.

Total Number of Responses Annually: 20. The Commission estimates that approximately 20 consortia will choose to submit this agreement.

Total Annual Hourly Burden: 200. The Commission estimates that this requirement will take approximately 10 hours per submission. 20 respondents x 1 submission x 10 hours = 200 hours.

Total Costs: $60,000. The Commission anticipates that consortia may wish to engage outside counsel (attorneys) to prepare this agreement, at a cost of $300/ hour. 200 hours x $300/hour = $60,000.

f) Form 461 – Request for Services (Competitive Bidding) *(new requirement)*

Number of Respondents: Approximately 935 (900 individual applicants and 35 consortium applicants).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 561 (540 individual applicants and 21 consortium applicants). Applicants who can utilize a competitive bidding exemption do not need to submit a Form 461 to receive support. The Commission estimates that approximately 40% of applicants on average will utilize a competitive bidding exemption, so only 60% of applicants will need to submit Form 461. 60% of 935 applicants (900 individual + 35 consortia) = 561 respondents.

Total Annual Hourly Burden: 561 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 561 respondents x 1 submission x 1 hour = 561 hours.

Total "In House" Costs: $29,172 [= (561 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

g) Form 461 Attachment – Network Planning for Consortia *(new requirement)*

Number of Respondents: Approximately 35 respondents. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 21 (see paragraph (e) above). The Commission estimates that the responses will come from include 9 small consortia (25 sites), 10 medium consortia (100 sites), and 2 large consortia (200 sites).

Total Annual Hourly Burden: 138 hours. The Commission estimates that this requirement will take approximately 2 hours for a small consortium; 8 hours for a medium consortium; and 20 hours for a large consortium. 138 hours = (9 small consortia x 2 hours) + (10 medium consortia x 8 hours) + (2 large consortia x 20 hours).

Total "In House" Costs: $7,176 [= (138 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

h) Form 461 Attachment – Request for Proposals (RFP) *(new requirement)*

Number of Respondents: Approximately 935 (900 individual applicants and 35 consortium applicants).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 321. Not all applicants are required to submit an RFP. The Commission estimates that responses will come from 300 individual applicants, 9 small consortia (25 sites), 10 medium consortia (100 sites), and 2 large consortia (200 sites).

Total Annual Hourly Burden: 2,345 hours. Approximately 321 respondents. The Commission estimates that this requirement will take approximately 7 hours for an individual applicant or a small consortium; 14 hours for a medium consortium; and 21 hours for a large consortium. 2,345 hours = (300 individual applicants x 7 hours) + (9 small consortia x 7 hours) + (10 medium consortia x 14 hours) + (2 large consortia x 21 hours).

Total "In House" Costs: $121,940 [= (2,345 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead

i) Form 462 – Request for Funding *(new requirement)*

Number of Respondents: Approximately 935 respondents (900 individual applicants and 35 consortium applicants).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 935.

Total Annual Hourly Burden: 1,870 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 1,870 hours = 935 responses x 2 hours.

Total "In House" Costs: $97,240 [= (1,870 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

j) Form 462 Attachment – Contracts or Similar Documentation *(new requirement)*

Number of Respondents: Approximately 935 respondents (900 individual applicants and 35 consortium applicants).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 935.

Total Annual Hourly Burden: 935 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 935 hours = 935 responses x 1 hour.

Total "In House" Costs: $48,620 [= (935 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

k) Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components *(new requirement)*

Number of Respondents: Approximately 150 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 150.

Total Annual Hourly Burden: 150 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 150 hours = 150 responses x 1 hour.

Total "In House" Costs: $7,800 [= (150 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

l) Form 462 Attachment – Competitive Bidding Documents *(new requirement)*

Number of Respondents: Approximately 935 respondents (900 individual applicants and 35 consortium applicants). The Commission estimates that the respondents will include 16 small consortia (25 sites), 16 medium consortia (100 sites), and 3 large consortia (200 sites).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 935.

Total Annual Hourly Burden: 1,299 hours. The Commission estimates that this requirement will take approximately 1 hour for an individual applicant; 7 hours for a small consortium; 14 hours for a medium consortium; and 21 hours for a large consortium. 1,299 hours = (900 individual applicants x 1 hour) + (16 small consortia x 7 hours) + (16 medium consortia x 14 hours) + (3 large consortia x 21 hours).

Total "In House" Costs: $67,548 [= (1,299 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

m) Form 462 Attachment – Updates to Network Planning for Consortia *(new requirement)*

Number of Respondents: Approximately 35 respondents. This requirement applies to consortia only (see paragraph (m) above). The Commission estimates that the respondents will include 16 small consortia (25 sites), 16 medium consortia (100 sites), and 3 large consortia (200 sites).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 35.

Total Annual Hourly Burden: 380 hours. The Commission estimates that this requirement will take approximately 5 hours for a small consortium; 15 hours for a medium consortium; and 20 hours for a large consortium. 380 hours = (16 small consortia x 5 hours) + (16 medium consortia x 15 hours) + (3 large consortia x 20 hours).

Total "In House" Costs: $19,760 [= (380 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

n) Form 462 Attachment – Network Cost Worksheet *(new requirement)*

Number of Respondents: Approximately 35 respondents. This requirement applies to consortia only (see paragraph (m) above). The Commission estimates that the respondents will include 16 small consortia (25 sites), 16 medium consortia (100 sites), and 3 large consortia (200 sites).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 35.

Total Annual Hourly Burden: 410 hours. The Commission estimates that this requirement will take approximately 5 hours for a small consortium; 15 hours for a medium consortium; and 30 hours for a large consortium. 410 hours = (16 small consortia x 5 hours) + (16 medium consortia x 15 hours) + (3 large consortia x 30 hours).

Total "In House" Costs: $21,320 [= (410 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

o) Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution *(new requirement)*

Number of Respondents: Approximately 35 respondents. This requirement applies to consortia only (see paragraph (m) above).

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 35.

Total Annual Hourly Burden: 35 hours. The Commission estimates that this requirement will take approximately 1 hour per submission.

Total "In House" Costs: $1,820 [=(35 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

p) Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses. *(new requirement)*

Number of Respondents: Approximately 10 respondents.

Frequency of Response: One-time requirement. Once submitted, revisions are only required if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20 percent or $100,000 from the previous submission, or if the applicant submits a funding request based on a new Form 461 (i.e., a new competitively bid contract).

Total Number of Responses Annually: 10.

Total Annual Hourly Burden: 100 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 100 hours = 10 responses x 10 hours.

Total "In House" Costs: $5,200 [= (100 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

q) Form 463 - Invoicing *(new requirement)*

Number of Respondents: Approximately 1,085 respondents (900 individual applicants, 35 consortium applicants, and 150 vendors). Form 463 is completed jointly by the applicant and vendor. The Commission estimates that the applicants will include 16 small consortia (25 sites), 16 medium consortia (100 sites), and 3 large consortia (200 sites).

Frequency of Response: Monthly requirement.

Total Number of Responses Annually: 11,220 (935 per month).

Total Annual Hourly Burden: 11,484 hours. The Commission estimates that this requirement will take approximately 1 hour for an individual applicant and vendor; 1 hour for a small consortium and vendor; 2 hours for a medium consortium and vendor; and 3 hours for a large consortium and vendor. 11,484 hours = (900 individual applicants x 1 hour x 12 months) + (16 small consortia x 1 hour x 12 months) + (16 medium consortia x 2 hours x 12 months) + (3 large consortia x 3 hours x 12 months).

Total "In House" Costs: $597,168 [= (11,484 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

r) Extension Request for Lighting Fiber *(new requirement)*

Number of Respondents: Approximately 5 respondents.

Frequency of Response: One-time requirement.

Total Number of Responses Annually: 5.

Total Annual Hourly Burden: 5 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 5 hours = 5 responses x 1 hour.

Total "In House" Costs: $260 [= (5 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to

administrative staff time and overhead.

s) Recordkeeping *(new requirement)*

Number of Respondents: Approximately 1435 respondents (900 individual health care providers, 35 health care provider consortia, and 500 service providers).

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 1435.

Total Annual Hourly Burden: 9850 hours. The Commission estimates that this requirement will take approximately 5 hours annually for individual health care providers, and 10 hours annually for consortia and service providers. 9850 hours = (900 individual HCPs x 5 hours) + (35 consortia x 10 hours) + (500 service providers x 10 hours).

Total "In House" Costs: $512,200 [= (9850 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead

t) Annual Reporting Requirement for Consortium Participants *(new requirement)*

Number of Respondents: Approximately 25 respondents. This number excludes 2006 Pilot Program consortia that will be submitting this report as part of their Pilot Program requirements (see section (w) below). Such consortia will need to only submit one annual report, even if some of their members receive support through the 2006 Pilot Program and some of their members receive support through the Healthcare Connect Fund.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 25.

Total Annual Hourly Burden: 250 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 250 hours = 25 submissions x 10 hours.

Total "In House" Costs: $13,000 [= (250 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

u) Application for Skilled Nursing Facilities Pilot *(new requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: One-time requirement.

Total Number of Responses Annually: 50.

Total Annual Hourly Burden: 2,000 hours. The Commission estimates that this requirement will take approximately 40 hours per submission. 2,000 hours = 50 submissions x 40 hours.

Total "In House" Costs: $104,000 [= (2,000 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

v) Reporting Requirements for Skilled Nursing Facilities Pilot Participants *(new requirement)*

Number of Respondents: Approximately 15 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 15.

Total Annual Hourly Burden: 300 hours. The Commission estimates that this requirement will take approximately 20 hours per submission. 300 hours = 15 submissions x 20 hours.

Total "In House" Costs: $15,600 [= (300 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

w) Revised Reporting Requirements for 2006 Pilot Program Participants *(existing requirement – revised)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 50.

Total Annual Hourly Burden: 500 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 500 hours = 50 submissions x 10 hours.

Total "In House" Costs: $26,000 [= (250 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

x) Submission of FCC Form 465 *(existing requirement)*

Number of Respondents: Approximately 4,300 respondents.

Frequency of Response: Annual and as-needed requirement.

Total Number of Responses Annually: 4,300.

Total Annual Hourly Burden: 4,300 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 4,300 hours = 4,300 submissions x 1 hour.

Total "In House" Costs: $223,600 [= (4,300 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

y) Submission of FCC Form 466/466-A *(existing requirement)*

Number of Respondents: Approximately 4,300 respondents.

Frequency of Response: Annual and as-needed requirement.

Total Number of Responses Annually: 10,000.

Total Annual Hourly Burden: 15,000 hours. The Commission estimates that this requirement will take approximately 1.5 hours per submission. 15,000 hours = 10,000 submissions x 1.5 hours.

Total "In House" Costs: $780,000 [= (15,000 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

z) Submission of FCC Form 467 and Telecommunications Program Invoice *(existing requirement)*

Number of Respondents: Approximately 4,750 respondents (4,300 applicants and 450 service providers).

Frequency of Response: Annual and as-needed requirement.

Total Number of Responses Annually: 12,700. The Commission estimates that applicants will submit approximately 10,000 Form 467s per year. The Commission further estimates that 450 service providers will submit 6 Telecommunications Program Invoices per year, for a total

of 2,700 invoices annually.

Total Annual Hourly Burden: 3,175 hours. The Commission estimates that the Form 467 and the Telecommunications Program Invoice will each take approximately 0.25 hours per submission. 3,175 hours = 12,700 submissions x 0.25 hours.

Total "In House" Costs: $165,100 [= (3,175 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

aa) Submission of Additional Information with FCC Form 465 by Pilot Program Participants *(existing requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: As-needed requirement.

Total Number of Responses Annually: 5. Because the deadline for Pilot projects to submit initial FCC Form 465s has passed, a Pilot project will only need to submit a Form 465 and/or attendant information if there is a minor modification (such as a site or service substitution) to its previously submitted FCC Form 465 (or attendant information). The Commission estimates that approximately 5 such minor modifications will be made annually.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $780 [= (15 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

bb) Submission of Additional Information with FCC Form 466-A by Pilot Program Participants *(existing requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: As-needed requirement.

Total Number of Responses Annually: 5. Because the deadline for Pilot projects to submit initial FCC Form 466-As has passed, a Pilot project will only need to submit a Form 466-A and/or attendant information if there is a minor modification (such as a site or service substitution) to its previously submitted FCC Form 466-A (or attendant information). The Commission estimates that approximately 5 such minor modifications will be made annually.

Total Annual Hourly Burden: 5 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 5 hours = 5 submissions x 1 hour.

Total "In House" Costs: $260 [= (5 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

cc) Submission of Additional Information with FCC Form 467 by Pilot Program Participants *(existing requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 2. 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 they anticipate that network projects will be initiated. Because most Pilot projects have initiated their network projects, the Commission estimates that only 2 such filings will be made annually.

Total Annual Hourly Burden: 2 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 2 hours = 2 submissions x 1 hour.

Total "In House" Costs: $104 [= (2 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

dd) Submission of Contact Information to USAC *(existing requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 3. All Pilot projects have provided this contact information to USAC, so this filing would only be needed if the contact information changes. The Commission estimates that there will be 3 such submissions annually.

Total Annual Hourly Burden: 0.3 hours. The Commission estimates that this requirement will take approximately 0.1 hours per submission. 0.3 hours = 3 submissions x 0.1 hours.

Total "In House" Costs: $16 [= (0.3 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee,

compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

ee) Revision of Funding Request *(existing requirement)*

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 2. Upon notification from USAC, participants are permitted to revise their funding requests to remove ineligible network components or facilities. The Commission estimates that there will be 3 such submissions annually.

Total Annual Hourly Burden: 2 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 2 hours = 2 submissions x 1 hour.

Total "In House" Costs: $104 [= (2 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

ff) Disbursement of Pilot Program Funds *(existing requirement)*

Number of Respondents: Approximately 150 respondents (50 Pilot Program participants and 100 vendors).

Frequency of Response: Monthly requirement or on occasion.

Total Number of Responses Annually: 900. The Commission estimates that Pilot Program participants and their vendors will jointly submit approximately 75 invoices per month, on average.

Total Annual Hourly Burden: 900 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 900 hours = 900 submissions x 1 hour.

Total "In House" Costs: $46,800 [= (900 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

gg) Record Retention Requirements *(existing requirement)*

Number of Respondents: Approximately 5,350 respondents.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 5,350. The Commission estimates that 4,300 health care providers in the Telecommunications/ Internet Access programs, 50 Pilot projects in the 2006 Pilot Program, and 1,000 service providers will be subject to this requirement.

Total Annual Hourly Burden: 2,675 hours. The Commission estimates that this requirement will take approximately 0.5 hours per submission. 2,675 hours = 5,350 submissions x 0.5 hours.

Total "In House" Costs: $139,100 [= (2,675 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

hh) Mobile RHC Provider Submission of Sites *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 5. Each RHC provider seeking discounts for mobile telecommunications services must submit the estimated number of sites the mobile health clinic will serve during the year on FCC Forms 465 and 466.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $780 [= (15 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

ii) Mobile RHC Provider Explanation of Necessity *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 5. Each RHC provider seeking discounts for mobile telecommunications services must document the cost of wireline services, if the mobile RHC provider serves less than eight different sites per year.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $780 [= (15 hours x $40/hour) + 30% overhead]. The Commission

estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

jj) Mobile RHC Provider Certification *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 5. Each RHC provider seeking discounts for mobile telecommunications services must certify that they are serving eligible rural areas on FCC Forms 465 and 466.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $780 [= (15 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

kk) Mobile RHC Annual Logs *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 5. Each RHC 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.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours annually. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $390 [= (15 hours x $20/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-7 federal employee, compensated at approximately $20 per hours, plus an added 30 percent cost attributable to administrative staff time and overhead.

ll) Mobile RHC Provider Documentation of Price – Service in One State *(existing requirement)*

Number of Respondents: Approximately 3 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 3. Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

Total Annual Hourly Burden: 9 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 9 hours = 3 submissions x 3 hours.

Total "In House" Costs: $468 [= (3 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

mm) Mobile RHC Provider Documentation of Price – Service in Multiple States *(existing requirement)*

Number of Respondents: Approximately 2 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 2. Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

Total Annual Hourly Burden: 6 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 6 hours = 2 submissions x 3 hours.

Total "In House" Costs: $312 [= (2 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

nn) Mobile RHC Providers Must Maintain Documents About Allocation *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 5. Each RHC provider seeking discounts for mobile telecommunications services must retain and make available upon request documentation explaining their allocation methods for five years.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $390 [= (15 hours x $20/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-7 federal employee, compensated at approximately $20 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

oo) Mobile RHC Providers Must Maintain Purchase Records *(existing requirement)*

Number of Respondents: Approximately 5 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 5. Each RHC provider seeking discounts for mobile telecommunications services must maintain records for purchases of supported services for five years.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 hours = 5 submissions x 3 hours.

Total "In House" Costs: $390 [= (15 hours x $20/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-7 federal employee, compensated at approximately $20 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

pp) Submission of proposed rural rate. *(existing requirement)*

Number of Respondents: Approximately 1 health care provider.

Frequency of Response: On occasion reporting requirement. This obligation will arise only in the absence of any other prescribed method of determining a comparable rural rate for purposes of calculating the amount of a carrier's offset for providing services to rural health care providers. Since the inception of the rural health care program in 1996, no health care provider has had occasion to make this submission.

Total Number of Responses Annually: 1.

Total Annual Hourly Burden: 3 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 3 hours = 1 submission x 3 hours.

Total "In House" Costs: $78 [= (3 hours x $40/hour) + 30% overhead]. The Commission estimates that respondents will use staff equivalent to a GS-12 or GS-13 federal employee, compensated at approximately $40 per hour, plus an added 30 percent cost attributable to administrative staff time and overhead.

The estimated respondents, responses, and burden hours are listed below:

	Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	"In House Costs"
a	**Authorization for Third Parties to Submit Forms on Behalf of HCP/ Consortium**	400	400	400	$20,800
b	**Form 460 – Eligibility Determination and Consortium Information**	3535	3535	3535	$183,820
c	*Form 460 Attachment – Letter of Agency*	2600	2600	2600	$135,200
d	*Form 460 Attachment – State/ Non-Profit Entities that Want to Serve as Vendor and Consortium Leader/Consultant*	15	5	10	$520
e	*Agreement re: Legal/ Financial Responsibility for Consortium Activities*	75	20	200	$60,000
f	**Form 461 – Request for Services (Competitive Bidding)**	935	561	561	$29,172
g	*Form 461 Attachment: Network Planning for Consortia*	35	21	138	$7,176
h	*Form 461 Attachment: Request for Proposals*	935	321	2,345	$121,940
i	**Form 462 – Request for Funding**	935	935	1870	$97,240
j	*Form 462 Attachment – Contracts or Similar Documentation*	935	935	935	$48,620
k	*Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components*	150	150	150	$7,800
l	*Form 462 Attachment – Competitive Bidding Documents*	935	935	1,299	$67,548
m	*Form 462 Attachment – Updates to Network Planning for Consortia*	35	35	380	$19,760
n	*Form 462 Attachment: Network Cost Worksheet*	35	35	410	$21,320
o	*Form 462 Attachment: Evidence of Viable Source for 35 Percent Contribution.*	35	35	35	$1,820
p	*Form 462 Attachment: Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses*	10	10	100	$5,200
q	**Form 463 – Invoicing**	1085	11,220	11,484	$597,168
r	**Extension Request for Lighting Fiber**	5	5	5	$260
s	**Recordkeeping**	1435	1435	9,850	$512,200
t	**Annual Reporting Requirements for Consortium Participants**	25	25	250	$13,000

	Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	"In House Costs"
u	**Application for Skilled Nursing Facilities Pilot**	50	50	2000	$104,000
v	**Additional Reporting Requirements for SNF Pilot Participants**	15	15	300	$15,600
w	Revised Reporting Requirements for 2006 Pilot Program Participants.	50	50	500	$26,000
x	Submission of FCC Form 465	4300	4300	4300	$223,600
y	Submission of FCC Form 466 and/or 466-A	4300	10000	15000	$780,000
z	Submission of FCC Form 467 and Telecommunications Program Invoice	4750	12700	3175	$165,100
aa	Submission of Additional Information with FCC Form 465 by Pilot Program Participants	50	5	15	$780
bb	Submission of Additional Information with FCC Form 466-A by Pilot Program Participants	50	5	5	$260
cc	Submission of Additional Information with FCC Form 467 by Pilot Program Participants	50	2	2	$104
dd	Submission of Contact Information to USAC	50	3	0.3	$16
ee	Revision of Funding Request	50	2	2	$104
ff	Disbursement of Pilot Program Funds	150	900	900	$46,800
gg	Record Retention Requirements	5350	5350	2675	$139,100
hh	Mobile RHC Provider Submission of Sites	5	5	15	$780
ii	Mobile Provider Explanation of Necessity	5	5	15	$780
jj	Mobile RHC Provider Certification	5	5	15	$780
kk	Mobile RHC Provider Annual Logs	5	5	15	$390
ll	Mobile RHC Provider Documentation of Price - Service in One State	3	5	9	$468
mm	Mobile RHC Provider Documentation of Price - Service in Multiple States	2	5	6	$312
nn	Mobile RHC Providers Must Maintain Documents About Allocation	5	5	15	$390
oo	Mobile RHC Providers Must Maintain Purchase Records	5	5	15	$390
pp	Submission of Proposed Rural Rate	1	1	3	$78
	GRAND TOTAL		**54,041**	**65,539.3**	**$3,396,396**

Total Number of Respondents: 11,000
Total Number of Responses Annually: 54,041.
Total Annual Hourly Burden: 65,539 hours.
Total “In House” Cost: $3,396,396.

The Commission has revised its estimate of the number of respondents, responses, and total annual burden from the estimates published in the 60-Day Notice, 78 FR 19479. Specifically, the number of respondents has increased from 10,400 to 11,000; the number of responses has increased from 38,745 to 54,041; and the total burden has decreased slightly from 64,614 to 65,539. *See id.* First, the increase in number of respondents now more accurately captures the vendors and service providers that are participating in the programs and that are required to submit invoices as part of the information collection. Second, the increase in the estimate of the number of responses reflects the increase in the number of Form 466/466-A and Form 467 being submitted under the Telecommunications Program. This trend is due in large part to health care providers purchasing multiple circuits, rather than just a single circuit, for each site. A separate Form 466/466-A and Form 467 must be filed for each circuit. Lastly, the decrease in burden hours, notwithstanding the overall increase in the number of responses, reflects the substantial decrease in the burden per response that has been achieved through the transitioning of the application process to a fully online system.

13. Estimates for cost burden of the collection to respondents.

None.

14. Estimate of the cost burden to the Commission.

There will be few, if any additional costs to the Commission because notice, enforcement, and policy analysis associated with the Universal Service Fund are already part of the Commission's duties. Moreover, there will be minimal cost to the Federal government since a third party (USAC) will administer the program.

15. Program changes or adjustments.

The Commission is reporting a 7,743.3 increase in overall burden hours with this revision. Most of the changes are associated with the new information collection requirements that were the result of the Commission's December 2012 *Healthcare Connect Fund Order*.

This revision also uses a flat $40 hourly wage estimate for a federal GS-13 level equivalent employees (instead of $43.26, which was used in the 2011 submission), and a flat $20 hourly wage estimate for a federal GS-7 level equivalent employee (instead of $20.51, which was used in the 2011 submission). The Commission believes that a flat estimate is more accurate given that program applicants and service providers are located all throughout the United States, and the geographic variations in the GS pay scale. The revisions also reflect slight increases in the estimated number of respondents for Forms 465, 466, 466-A and 467 reflect the historical growth in applications to the Telecommunications Program. The significant decreases in the number of estimated responses for 2006 Pilot Program-related requirements reflect the fact that the Pilot Program is limited in duration. The only information that Pilot Program participants will need to submit will relate to minor modifications to previously submitted information collection requirements and invoices seeking disbursement of previously committed Pilot Program funds. With respect to invoices and record retention requirements, all Pilot Program participants have selected their vendors, so the Commission is able to estimate with better precision the number of vendors who will actually participate in the disbursement process and need to retain records.

16. Collections of information whose results will be published.

Non-proprietary information will likely be made publicly available for the benefit of all interested parties (*e.g.*, annual reports submitted in the Healthcare Connect Fund, data collected through the Skilled

Nursing Facilities Pilot, summary data for USAC's quarterly Universal Service Fund demand estimates, and summary data for the Commission's annual Universal Service Monitoring Reports).

The Commission has no plans at this time to publish other data collected for statistical use or other reports. However, the Commission may publish such data in the future, to the extent that its confidentiality is not protected under law, in the course of carrying out its policymaking responsibilities.

17. Display the expiration date for OMB approval of the information collection.

The Commission is seeking continued OMB approval to not display the OMB expiration date on all FCC forms and templates. The Commission will use an edition date on the form in lieu of the OMB expiration date. This will prevent the Commission from having to constantly update the expiration date on the electronic and paper forms each time this collection is submitted to OMB for review and approval. The Commission publishes a list of all OMB-approved information collections in 47 C.F.R. 0.408 of the Commission's rules

18. Exception to the certification statement for Paperwork Reduction Act submissions (Item 19 of OMB Form 83i).

There are exceptions to the certification statement. When the Commission published the 60 day notice we used different burden estimates. The 30 day notice corrected those burden estimates and we are now submitting more accurate estimates.

B. <u>Collections of Information Employing Statistical Methods:</u>

These collections of information will not employ statistical methods.