

1SUPPORTING STATEMENT

This submission is being made pursuant to 44 U.S.C. 3507 of the Paperwork Reduction Act of 1995 to obtain the Office of Management and Budget (OMB) approval to revise existing collection 3060-0804 as a result of changes to the Rural Health Care (RHC) Program forms as 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 established the Rural Health Care (RHC) Program. At the time of the Commission’s last revision of this information collection, there were five programs in existence that made up the RHC Program – the Telecommunications Program, the Internet Access Program, the Healthcare Connect Fund, the 2006 Pilot Program, and the Skilled Nursing Facilities (SNF) Pilot Program. Since that time, the Internet Access Program ended on June 30, 2014 and, on June 22, 2016, the President signed legislation that includes a provision originally authored by Senator John Thune adding to the RHC Program support for skilled nursing facilities - a type of health care provider not previously listed in the 1996 Act. Therefore, the components of the Commission’s RHC Program that are being updated and revised in this submission are the following RHC Programs:

- **Telecommunications Program.** This program, established in 1997, ensures that rural HCPs pay no more than their urban counterparts for telecommunications services. Specifically, it 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.” *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).
- **2006 Pilot Program.** This program, established in 2006, provided funding for a limited time (through funding year 2012) for up to 85 percent of eligible costs of the construction or implementation of statewide and/or regional broadband networks. There are 50 active projects involving hundreds of HCPs. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 21 FCC Rcd 11111 (2006) (*Pilot Program Order*). While no new funding is available under this program, some projects are still spending funds previously committed as part of the Pilot Program. Pilot Program projects have up to six years from the date of issuance of the initial funding commitment letter for the applicable project to complete invoicing. Therefore, the majority of invoicing under the Pilot Program will be completed by December 31, 2017 (with the

exception of six Pilot Projects that have invoice dates later than December 31, 2017).

- Healthcare Connect Fund. This program, established in 2012, provides a 65 percent discount on eligible expenses related to broadband connectivity to both individual rural HCPs and consortia, which can include non-rural HCPs (if the consortium has a majority of rural sites). *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 27 FCC Rcd 16678 (2012) (*Healthcare Connect Fund Order*).

The RHC Programs are administered by the Universal Service Fund (USF) administrator, the Universal Service Administrative Company (USAC).

The 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 RHC universal service 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, is being revised to: (1) eliminate the requirements for the Internet Access Program; (2) eliminate the requirements for the SNF Pilot Program; (3) extend some of the existing information collection requirements for the Healthcare Connect Fund and the Telecommunications Program; and (4) revise some of the existing information collection requirements for the Healthcare Connect Fund and the Telecommunications Programs. This submission is organized by program indicating which information collection requirements are being eliminated, extended, and/or revised for each RHC program.

The Healthcare Connect Fund includes FCC Forms 460, 461, 462, and 463, and the Telecommunications Program includes FCC Forms 465, 466, 467. At the time of the Commission's last information collection submission, 2006 Pilot Program participants were using the FCC Forms for the Telecommunications and Internet Access Programs. 2006 Pilot Program participants and former 2006 Pilot Program participants, however, can now seek funding from the Healthcare Connect Fund and the Telecommunications Programs using the forms for those programs. The revisions to these FCC Forms, where applicable, are intended to make the RHC Program information requests consistent between the programs, to the extent possible. Since the last information collection submission, USAC has upgraded its IT environment to create an integrated online application and administrative process for the Healthcare Connect Fund and all Healthcare Connect Fund forms are being submitted and processed via the online portal. Similarly, the information collection requirements associated with the Telecommunications Program have also been placed online. Taken as a whole, the implementation of these automated systems should reduce administrative burdens and costs for applicants, service providers, and USAC. Since the application processes have now been automated, the Commission will, in this information collection request, submit templates describing the type of information that will be requested from RHC Program participants, rather than submitting paper forms.

As part of this information collection, we propose to make the revisions to this information collection and all RHC forms processed via the online portal effective January 1, 2017. The current FCC Forms will remain in effect until that date.

Statutory authority for this collection of information is contained in sections 1, 4(i), 4(j), 201-205, 214, 254, and 403 of the Communications Act of 1934, as amended, 47 U.S.C. § 151-154, 201-205, 218-220, 254, 303(r), 403 and 405.

HEALTHCARE CONNECT FUND

In order to seek funding under the Healthcare Connect Fund, eligible health care providers or a consortium of eligible health care providers must submit an FCC Form 460 to USAC to obtain an eligibility determination from USAC for each health care provider site. Once evaluation criteria and supporting documentation have been prepared, the next step is to file the FCC Form 461, Request for Services Form. After the FCC Form 461 has been posted on the USAC website for a minimum of 28 days, the applicant must evaluate all bids received to determine which service provider can provide the most cost-effective services that meet the applicant's requirements. Once a service provider is selected, the next step is for the applicant to submit the FCC Form 462, Funding Request Form, to provide information about the services selected and certify that those services were the most cost-effective option of the offers received. The FCC Form 463 is the last form that is submitted to USAC by the service provider to complete this process and receive payment for the services provided. Funding under the Healthcare Connect Fund became available on July 1, 2013 for 2006 Pilot Program participants and on January 1, 2014 for everyone else.

Except for the few revisions noted below, this submission seeks no other changes to the FCC Forms 460, 461, 462, and 463. The Commission is seeking to continue the existing requirements contained in these FCC forms and associated supporting documentation. All filings under the Healthcare Connect Fund will continue to be submitted through the online interface via USAC's web site. Each of the requirements is briefly described below.

Requirements Being Extended:

The following information collection requirements associated with the Healthcare Connect Fund are proposed to be extended with updates to the number of respondents:

- a. Authorization for Third Parties to Submit FCC Forms on Behalf of HCP/ Consortium. Third parties (for example, consultants) may submit FCC Forms and other documentation on behalf of eligible HCPs if USAC receives, prior to submission of the FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based on current information provided by USAC.

- b. FCC Form 460 Attachment – Letters of Agency (Consortia Only). Each Consortium Leader must 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 the FCC Form 460. The purpose of the LOA is to provide authority for the Consortium Leader to submit the FCC 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.

As part of this submission, the Commission proposes to update the number of respondents that would submit LOAs based on current information provided by USAC.

- c. FCC 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 a potential vendor 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.

As part of this submission, the Commission proposes to update the number of respondents based on current information provided by USAC. We note that this number is an estimate given that there may be instances where the applicant has uploaded documentation to request an exemption, but the exemption may not apply.

- d. 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 the FCC 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 RHC program rules.

As part of this submission, the Commission proposes to update the number of respondents to account for the number of agreements currently captured by USAC in the RHC IT system. The number of respondents could fluctuate depending upon the number of consortia opting for such agreements.

- e. FCC Form 461 Attachment – Network Planning for Consortia (Consortia Only). Consortium applicants must submit a narrative attachment with the FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of Network Plans attached to FCC Forms 461.

- f. FCC Form 461 Attachment – Request for Proposals (RFP). Submission of a separate RFP document with the FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of RFPs attached to FCC Forms 461.

- g. FCC Form 462 Attachment – Contracts or Similar Documentation. 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).

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of approved FCC Forms 462 along with supporting documentation approved or currently under review with USAC.

- h. FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the number of current ineligible sites participating in a consortium.

- i. FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of FCC Forms 462 requiring competitive bidding documentation.

- j. FCC 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 (FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of Network Plans attached to FCC Forms 461. The number of respondents, however, may be less where revisions are not necessary.

- k. FCC Form 462 Attachment – Network Cost Worksheet. Consortium applicants are required to provide 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.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of network cost worksheets attached to FCC Forms 462.

- l. FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of network cost worksheets attached to FCC Forms 462.

- m. FCC 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 and 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 FCC Form 461 (*i.e.*, a new competitively bid contract).

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of consortia funding requests which require sustainability plans (17 construction and 1 long-term IRU agreement).

- n. 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.

As part of this submission, the Commission proposes to update the number of respondents. This number is a good faith estimate since this number is not captured in the RHC IT system.

- o. 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 USAC 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.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of commitments that require entities to comply with this requirement.

- p. Annual Reporting Requirement for Consortium Participants. Consortium participants in the Healthcare Connect Fund are required to submit annual reports to assist the Commission in measuring progress toward the three program goals for the Healthcare Connect Fund.

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 annual report data is already collected through the FCC Forms 460, 461, 462, and 463. In order to minimize the burden imposed by the annual report, the Commission and USAC have developed 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. In addition to the data already collected through FCC Forms 460, 461, 462, and 463, the Commission requests a non-substantive change to collect from all Healthcare Connect Fund consortia the types of telehealth applications supported by the program, and from Pilot Program consortia the number and nature of all responsive bids received through the competitive bidding process and an explanation of how the winning bid was chosen.

As part of this information collection, the Commission proposes to update the number of respondents based on the current number of consortia required to file annual reports.

Requirements Being Revised:

The following information collection requirements associated with the Healthcare Connect Fund are proposed to be revised:

- q. FCC Form 460 – Eligibility Determination and Consortium Information. Applicants are required to file an FCC Form 460 in order to certify that they are eligible to receive support from the Healthcare Connect Fund. Applicants are required to provide basic information about the individual HCP (such as address and contact information, etc.) in addition to identifying the eligible HCP type, provide an address for each physical location that will receive supported connectivity, providing a brief explanation as to why the HCP is eligible under the Act and the Commission's rules and orders, and certifying 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 an FCC 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. The FCC Form 460 is 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.

As part of this submission, the Commission proposes to update the number of respondents based on current information provided by USAC. The Commission also proposes to revise this requirement to add several optional fields in the online portal to allow the applicant to include, if applicable, the website address for its site, the website address for a consortium, and the website address for the legal entity. The Commission also proposes to provide the option for applicants to upload and submit documents to support their request for an eligibility determination.

- r. FCC Form 461 – Request for Services (Competitive Bidding). All HCPs, unless their funding request is subject to a competitive bidding exemption, must submit a request for services (FCC 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 the FCC Form 461, applicants must provide basic information regarding the HCP(s) (including contact information for potential bidders), a brief description of the desired services, and evaluation criteria for bids. Each applicant must also make a number of certifications prior to submitting the request for services.

As part of this submission, the Commission proposes to update the number of respondents based on the number of currently approved FCC Forms 461. The Commission also proposes to revise this requirement to require an applicant to include the FCC Registration Number, contact person’s fax number, and mailing address of the authorized person signing the FCC Form 461.

- s. FCC Form 462 – Request for Funding. Once a service provider is selected, applicants must submit a request for funding on the FCC Form 462 (and supporting documentation) to provide information about the services and service providers (vendors) selected, and certify, among other certifications, that the services were the most cost-effective offers received. The FCC 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.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of FCC Forms 462 either approved or currently under review with USAC. In addition, the Commission proposes to revise this requirement to require an applicant to also report any taxes and fees per expense period for each line item and the mailing address of the authorized person signing the FCC Form 462.

- t. FCC Form 463 – Invoicing. Service providers bill HCPs directly for services that they have provided. Upon receipt of a service provider’s bill, the HCP must create and approve an invoice for USAC on the FCC Form 463 for the services it has received. On the invoice, the HCP or Consortium Leader must certify to USAC that it has paid its 35 percent contribution directly to the service provider and 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.

As part of this submission, the Commission proposes to update the number of respondents based upon the number of invoices either currently approved or under review with USAC. In addition, the Commission proposes to revise this requirement to require an applicant to include the mailing address and telephone number of the authorized person signing the FCC Form 463.

SKILLED NURSING FACILITIES (SNF) PILOT PROGRAM

In December 2012, as part of the *Healthcare Connect Fund Order*, the Commission adopted the SNF Pilot program to test how to support broadband connections for skilled nursing facilities. Funding for the SNF Pilot was limited to \$50 million in total support for all projects combined, spread over 3 years. Most recently, on June 22, 2016, the President signed legislation that includes a provision originally authored by Senator John Thune adding to the RHC Program support for SNFs - a type of healthcare provider not previously listed in the 1996 Act. See Frank R. Lautenberg Chemical Safety for the 21st Century Act, Title II – Rural Healthcare Connectivity, Pub. L. No. 114-182 (2016). The new law amends the 1996 Act to now also include SNFs amongst the list of eligible health care providers.

Requirements Being Eliminated:

The following information collection requirements associated with the SNF Pilot Program are proposed to be eliminated due to the recently enacted legislation:

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 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.

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 SNF 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.

2006 PILOT PROGRAM

The 2006 Pilot Program provided funding for a limited time (through funding year 2012), therefore, at this time, no new funding is available. (See Item #1 above). Some Pilot Program projects are still spending funds previously committed. There were no specific FCC Forms for the Pilot Program. Rather, 2006 Pilot Program participants used the FCC Forms for the Telecommunications and Internet Access Program, along with submitting some additional material per USAC instructions. Almost all 2006 Pilot Program participants have filled out the initial application forms and provided much of the additional information listed below. Nevertheless, the Commission proposes to extend these information collections for another three years because a number of the 2006 Pilot Program participants have yet to complete their invoicing of previously committed funds.

Requirements Being Extended:

The following information collection requirements associated with the 2006 Pilot Program are proposed to be extended:

- u. Submission of Additional Information with the FCC Form 465. 2006 Pilot Program participants are required to file an FCC Form 465 as well as certain additional information with this Form. Specifically, participants are not required to submit multiple FCC Forms 465 for each participating health care provider, although they may choose to do so. For purposes of administrative efficiency, selected participants may submit one master FCC Form 465, provided the information contained in the FCC Form 465 identifies each eligible health care provider participating in the 2006 Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. While participants must also submit certain additional material with their FCC Form 465, as a practical matter, all 2006 Pilot Program participants are long past the point of needing to submit this preliminary application information. To the extent some of these requirements are implicated from time to time, it is because the participant has made some change to its project and must update its paperwork accordingly. Below is a list of the additional materials:
 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. The Letter of Agency shall include the following information: 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 to it through the 2006 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 2006 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 2006 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.
- v. Submission of Additional Information with the FCC Forms 466 and/or 466-A. While the FCC Form 466-A requirement has been eliminated, due to the elimination of the Internet Access Program, 2006 Pilot Program participants were previously required to file the FCC Form 466-A, as well as certain additional information with this Form, as part of their preliminary application materials. Specifically, 2006 Pilot Program participants had to 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. 2006 Pilot Program participants were 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 could submit one master FCC Form 466-A, provided the information contained in the FCC Form 466-A identified the location of each health care provider participating in the 2006 Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. Similar to the case with the filing of additional materials with the FCC Form 465, as a practical matter, all 2006 Pilot Program participants are long past the point of needing to submit this preliminary application information. To the extent some of these requirements are implicated from time to time, it is because the participant has made some change to its project and must update its paperwork accordingly. The additional materials that participants and vendors must submit are listed below:
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. *See Attachment 1 – Network Cost Worksheet.*
 2. A certification to USAC stating that all federal 2006 Pilot Program support provided to selected participants will be used only for the eligible 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 2 – 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 3 – Vendor Certification Template.
- w. Submission of Additional Information with the FCC Form 467. 2006 Pilot Program participants are required to file FCC Form 467. Specifically, participants must file an 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, participants must notify USAC and the Commission in writing upon completion of the Pilot Program project construction and network build-out.
- x. Reporting Requirements for 2006 Pilot Program Participants. 2006 Pilot Program participants that are still receiving 2006 Pilot Program funding are required to annually file reports concerning the status of their 2006 Pilot Projects. These reports are to be submitted only to USAC.

As part of this submission, the Commission proposes to include the number of respondents currently impacted by this requirement based on the number of Pilot Projects that are still receiving Pilot Program funding; thus, respondents are still required to submit annual reports.

- y. Submission of Contact Information to USAC. Each 2006 Pilot Program participant was required to provide to USAC the name, mailing address, e-mail address, and telephone number of the lead project coordinator for the 2006 Pilot Program project or consortium, within 14 calendar days of the effective date of the last revision. Although the time for initial compliance with this requirement has passed, this requirement continues to be relevant to the extent a participant needs to update its contact information.
- z. Revision of Funding Request. When USAC has reason to believe that a 2006 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 2006 Pilot Program funding is sought or allow the selected participant to provide additional documentation to show why the components or facilities are eligible.
- aa. Disbursement of 2006 Pilot Program Funds. USAC will disburse 2006 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 2006 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 2006 Pilot Program support will be used only for the eligible 2006 Pilot Program purposes for which the support is intended, as described in the *Rural Health Care Pilot Program Selection Order*. 2006 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 4.

INTERNET ACCESS PROGRAM

In 2003, the Commission created the Internet Access Program. This program ended at the conclusion of Funding Year 2013 (i.e., June 30, 2014). Thus, the associated form, FCC Form 466-A, has been eliminated. The RHC Program now only provides Internet access under the Healthcare Connect Fund Program.

Requirement Being Eliminated:

The following information collection requirement associated with the Internet Access Program is proposed to be eliminated:

Submission of FCC Form 466-A. The FCC Form 466-A was the means by which applicants under the Internet Access Program indicated the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Eligible entities also had to certify on the FCC Form 466-A that the entity had selected the most cost-effective method of providing the selected service(s).

TELECOMMUNICATIONS PROGRAM

All eligible health care providers applying for discounts under the Telecommunications must file FCC Forms 465, 466, and 467. Eligible health care providers file FCC Form 465 with USAC to make a bona fide request for supported services. Not less than 28-days after filing FCC Form 465, a health care provider that has selected a vendor submits FCC Form 466 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 Form 466 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.

Although the FCC forms associated with the Telecommunications Program will generally continue to request the same information that was collected through the paper forms and instructions that were previously approved by OMB, effective January 1, 2017, the revisions to the requirements, as noted below, and all program filings will be made by an online interface via USAC's web site. Instructions will appear either in the various on-line fields that program participants fill in, or as prompts in the electronic filing system. The Commission is proposing the revisions below to harmonize the application process for the Telecommunications Program with the Healthcare Connect Fund Program,

to the greatest extent possible. Finally, some proposed changes are based on stakeholder outreach and end user testing that was conducted in advance of this collection request. See Notice of Office of Management and Budget Action, Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery, 3060-1149 (dated Dec. 1, 2015).

Except for the revisions described below, this submission seeks no changes to FCC Forms 465, 466, and 467, which are part of the currently approved requirements. 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.

Requirements Being Extended:

The following information collection requirement associated with the Telecommunications Program is proposed to be extended:

- bb. 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.

Requirements Being Revised:

The following information collection requirements associated with the Telecommunications Program are proposed to be revised:

- cc. Submission of FCC Form 465. The 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. As part of this form, applicants are required to provide basic information about the individual HCP (such as address and contact information, etc.) in addition to identifying the eligible HCP type, provide an address for each physical location that will receive supported connectivity, providing a brief explanation as to why the healthcare provider is eligible under the Act and the Commission's rules and orders, and certifying to the accuracy of this information under penalty of perjury. Any program participant who self-identified as a "Community Mental Health Center" must complete a template to support its status as a mental health center. That same template is included as part of this information collection. Per this template, a program participant must provide a copy of the community mental health center's state license or certification as well as the state license or certification number. See Attachment 5.

As part of this submission, an optional field has been added allowing program participants to include their website address. In addition, to harmonize the FCC Form 465 with the Healthcare Connect Program application process and ease administration of both programs, the FCC Form 465 now requests the following additional information: 1) Employer Identification Number; 2) National Provider Identifier; 3) Organization Taxonomy Code; 4) Site Taxonomy Code; 5) Legal Entity Name; 6) Legal Entity FCC registration number (RN); 7) Legal Entity Contact; 8) Title of the person who should be contacted with questions regarding the FCC Form 465; 9) Telephone number of the person authorized to sign the FCC Form 465; 10) E-mail address of the person authorized to sign the FCC Form 465; and 11) Third Party Authorization. While participants are currently asked to provide information about the types of services they are requesting, participants will now also be asked to provide some additional information regarding these service requests: 1) Desired Contract Length; 2) Bid Posting Period; and 3) Bid Evaluation Period. Finally, some additional information is being requested to assist USAC in better tracking Program applicants and their applications: 1) Organization Affiliation (if applicable, user identifies as being a member of a larger collective group that participates in either the Telecommunications or the Healthcare Connect Fund Program); and 2) Date the FCC Form 465 was submitted.

- dd. FCC Form 466. The FCC Form 466 is 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 Form 466 that the entity has selected the most cost-effective method of providing the selected service.

As part of this submission, some fields will be added to the FCC Form 466, but these will auto-populate based on information that was submitted on the FCC Form 465: 1) Site Contract Information; 2) Legal Entity Name; 3) Legal Entity FCC RN; 4) Legal Entity Contact; and 5) Date FCC Form 466 is Submitted. The following fields will be added to align the Telecommunications and Healthcare Connect Fund Programs and ease administration of both programs: 1) Whether Program participant is choosing to continue with its current service provider; 2) the Contract ID assigned by USAC; 3) Contract Friendly Name (optional field; can help Program participant when retrieving contract information); 4) Circuit ID; 5) User will indicate if a line item includes services or sites that are ineligible; 6) User enters percentage of expense that is eligible for support; 7) Initial Contract Length; 8) Number of contract extensions and upgrades permitted under the contract; 9) Combined length of all voluntary contract extensions; 10) State whether Program participant's contract with the service provider includes a Service Level Agreement (SLA); 11) Latency requirement per the SLA; 12) Jitter requirement per the SLA; 13) Packet Loss rate requirement per the SLA; 14) Reliability requirement per the SLA; 15) Quantity of items sought under this line item; 16) Program participant states type of funding it is requesting (e.g., multi-year, month-to-month, etc.); 17) Expense frequency; 18) Quantity of expense periods; 19) Taxes and Fees per Expense Period; and 20) Name and contact information for Authorized Person.

- ee. Submission of FCC Form 467. The 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 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.

As part of this submission, the Commission proposes to add the following fields to the FCC Form 467, but these should auto-populate based on information submitted by the program participant on previous FCC Forms: 1) FCC Form 466 Application Number; 2) Site contact Information; 3) Legal Entity Name; 4) Legal Entity FCC RN; 5) Billed Entity Name; 6) Billed Entity Contact

Information; 7) Organization Affiliation; 8) the amount the program participant is eligible to receive for the billing period; 9) Percentage of expense that is eligible; 10) Percentage of line item expense that is used by an eligible site; 11) Total amount of the line item expense that is eligible for support; 12) Actual support to be paid by USAC; and 13) Date the FCC Form 467 was submitted. The Commission also proposes to revise this form to add the following fields to harmonize the application procedures for the Telecommunications and Healthcare Connect Fund Programs and to ease administration of the Programs: 1) Service Provider/Applicant Invoice Number (optional field; will allow vendor and or program participant to their Form 466/467 more easily); 2) Contract Status (e.g., is contract month-to-month, evergreen, etc.); 3) Number of items the applicant is seeking under a line item; 4) Billing Period Start Date; 5) Billing Period End Date; 6) Total Actual Undiscounted Cost (including taxes and fees) for the billing period; 7) Mailing Address of the Authorized Person signing the FCC Form 467; 8) Telephone number of Authorized Person signing the FCC Form 467; 9) E-mail address of the Authorized Person signing the FCC Form 467.

EXTENSION OF OTHER REQUIREMENTS

The following information collection requirement associated with the RHC Programs are proposed to be extended with no changes:

- ff. Invoice Templates. Service providers must complete the invoice template to receive reimbursement for services provided. 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 2006 Pilot Program. The names of these templates are: “Telecommunications Program Invoice Template” (Attachment 6), and “RHC Pilot Program Invoice Template” (Attachment 4).
- gg. Audits and Recordkeeping. All participants in the Rural Healthcare Programs (i.e., healthcare providers and service providers) shall maintain complete records for five years related to the delivery/receipt of supported services or equipment.

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, 2006 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.

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 requirements contained herein are necessary to implement the congressional mandate for universal service. The information collected herein provides the Commission and USAC with the necessary information to administer the RHC Program, 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 RHC Program rules.
- 3. ***Use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.*** In an effort to reduce any burden created by these information collection requirements, existing information collections must be submitted electronically. Also,

USAC has modernized its filing process to provide a simple, web-based, user-friendly online interface on the USAC web site for submission of the FCC forms and documentation associated with the Telecommunications and Healthcare Connect Fund Programs. Applicants are also able to upload required documentation (such as a bill) and supporting documentation, as necessary, when completing the online forms for the RHC Programs. The RHC 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 RHC 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. 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 version of the forms being provided with this submission may not, in non-material respects, exactly resemble the previous paper forms. For example, each "Block" on the previous 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. 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.

4. **Efforts to identify duplication.** There will be no duplication of information. The information sought is unique to each applicant and similar information is not already available. The Commission does not otherwise collect information from health care providers. 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. To the extent data can be cross-walked based on unique identifiers; this information will be obtained and automatically pre-populated into the FCC Forms. The online system has been modified to "pre-populate" information so that applicants do not have to manually re-enter information that has not changed from previous filings.
5. **Impact on small businesses or other small entities.** Entities directly subject to the requirements of this information collection are health care providers and consortia comprised of health care providers. This information collection is designed to impose the least possible burden on the respondents while ensuring that the USAC and the Commission have information necessary to administer and improve the RHC program. Specifically, the Commission has attempted to minimize the burden by allowing health care providers to apply as consortia.
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 of the 1996 Act, and prevent health care providers from seeking RHC discounts for eligible services.
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 Commission published a notice pursuant to 5 C.F.R. § 1320.8(d), in the Federal Register to solicit public comment on the revised collection, 81 FR 27444, May 5, 2016. No comments were received.

Also, prior to publishing the notice pursuant to 5 C.F.R. § 1320.8(d), the Commission conducted stakeholder outreach under OMB Control Number 3060-1149.

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 USAC 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:

HEALTHCARE CONNECT FUND

Proposed Extensions

a. Authorization for Third Parties to Submit Forms on Behalf of HCP/Consortium

Number of Respondents: Approximately 6,133 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: 6,133.

Total Annual Hourly Burden: 6,133 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 6,133 submissions x 1 hour = 6,133 hours.

Total Estimate of In-House Cost to the Respondents: \$245,320 = 6,133 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

b. FCC Form 460 Attachment – Letters of Agency (LOA) (Consortia Only)

Number of Respondents: Approximately 6,441 health care providers.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 6,441.

Total Annual Hourly Burden: 6,441 hours. This requirement applies to consortium applicants only. 6,441 submissions x 1 hour = 6,441 hours.

Total Estimate of In-House Cost to the Respondents: 257,640 = 6,441 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

c. FCC Form 460 Attachment – Documentation for State / Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader / Consultant (Consortia Only)

Number of Respondents: Approximately 37 state government or non-profit entities.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 20. The Commission estimates that of the possible respondents, approximately 20 may make this submission annually.

Total Annual Hourly Burden: 40 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 20 submissions x 2 hours = 40 hours.

Total Estimate of In-House Cost to the Respondents: \$1,600 = 40 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

d. Agreement Regarding Legal/ Financial Responsibility for Consortium Activities

Number of Respondents: Approximately 16 consortia of health care providers.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 16.

Total Annual Hourly Burden: 160. The Commission estimates that this requirement will take approximately 10 hours per submission. 16 submissions x 10 hours = 160 hours.

Total Estimate of In-House Cost to the Respondents Costs: \$11,200. The Commission anticipates that consortia may engage in-house counsel (attorneys) to prepare this agreement comparable in pay to the Federal government at a GS-15, Step 5, at \$70/hour (rounded up). The Commission is reporting that respondents will use in-house counsel and may engage outside counsel; however, we are unable to determine with certainty this information. Therefore, based on our familiarity with this collection, these are our best estimates of the in-house costs for this information collection. 160 hours x \$70/hour = \$11,200.

e. FCC Form 461 Attachment – Network Planning for Consortia

Number of Respondents: Approximately 243 respondents. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 243. The Commission estimates the number of respondents based upon the number of Network Plans submitted with the FCC Forms 461.

Total Annual Hourly Burden: 2,430 hours. The Commission estimates that this requirement will take approximately 10 hours. The number of hours will vary depending upon the detail provided in the Network Plans by consortia. 243 submissions x 10 hours = 2,430 hours.

Total Estimate of In-House Cost to the Respondents: \$97,200 = 2,430 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

f. FCC Form 461 Attachment – Request for Proposals (RFP)

Number of Respondents: Approximately 315 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 300. Not all applicants are required to submit an RFP. The Commission estimates that responses will come from 300 out of the 315 individual and consortium applicants.

Total Annual Hourly Burden: 4,500 hours. Approximately 300 respondents. The Commission estimates that this requirement will take approximately 15 hours for applicants. The number of burden hours will vary depending upon the detail provided by the applicant in the RFP. 300 submissions x 15 hours = 4,500 hours.

Total Estimate of In-House Cost to the Respondents: \$180,000 = 4,500 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

g. FCC Form 462 Attachment – Contracts or Similar Documentation

Number of Respondents: Approximately 12,233 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 12,233.

Total Annual Hourly Burden: 12,233 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 12,233 submissions x 1 hour = 12,233 hours.

Total Estimate of In-House Cost to the Respondents: \$489,320 = 12,233 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

h. FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components

Number of Respondents: Approximately 462 applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 462.

Total Annual Hourly Burden: 462 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 462 submissions x 1 hour = 462 hours.

Total Estimate of In-House Cost to the Respondents: \$18,480 = 462 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

i. FCC Form 462 Attachment – Competitive Bidding Documents

Number of Respondents: Approximately 7,263 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 7,263.

Total Annual Hourly Burden: 108,945 hours. The Commission estimates that this requirement will take approximately 15 hours for applicants. The number of burden hours will vary depending upon the size of the funding request and the competitive bidding documentation provided. 7,263 submissions x 15 hours = 108,945 hours.

Total Estimate of In-House Cost to the Respondents: \$4,357,800 = 108,945 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

j. FCC Form 462 Attachment – Updates to Network Planning for Consortia

Number of Respondents: Approximately 100 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 100.

Total Annual Hourly Burden: 1,000 hours. The Commission estimates that this requirement will take approximately 10 hours for respondents. The number of burden hours will vary based on the extent of the updates and the detail provided. 100 submissions x 10 hours = 1,000 hours.

Total Estimate of In-House Cost to the Respondents: \$40,000 = 1,000 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

k. FCC Form 462 Attachment – Network Cost Worksheet

Number of Respondents: Approximately 421 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 421.

Total Annual Hourly Burden: 4,210 hours. The Commission estimates that this requirement will take approximately 10 hours. The number of burden hours will vary based on the size of the network and the detail provided in the cost worksheet. 421 submissions x 10 hours = 4,210 hours.

Total Estimate of In-House Cost to the Respondents: \$168,400 = 4,210 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

l. FCC Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution

Number of Respondents: Approximately 421 consortium applicants. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 421.

Total Annual Hourly Burden: 421 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 421 submissions x 1 hour = 421 hours.

Total Estimate of In-House Cost to the Respondents: \$16,840 = 421 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

m. FCC Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses

Number of Respondents: Approximately 18 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 FCC Form 461 (i.e., a new competitively bid contract).

Total Number of Responses Annually: 18.

Total Annual Hourly Burden: 180 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 18 submissions x 10 hours = 180 hours.

Total Estimate of In-House Cost to the Respondents: \$7,200 = 180 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

n. Extension Request for Lighting Fiber

Number of Respondents: Approximately 15 applicants.

Frequency of Response: One-time requirement.

Total Number of Responses Annually: 15.

Total Annual Hourly Burden: 15 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 15 submissions x 1 hour = 15 hours.

Total Estimate of In-House Cost to the Respondents: \$600 = 15 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

o. Recordkeeping

Number of Respondents: Approximately 5,000.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 5,000. The Commission estimates approximately 5,000 based on approximately the number of commitments per year.

Total Annual Hourly Burden: 40,000 hours. The Commission estimates that this requirement will take approximately 8 hours annually for respondents. 5,000 submissions x 8 hours = 40,000 hours.

Total Estimate of In-House Cost to the Respondents: \$1,600,000 = 40,000 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

p. Annual Reporting Requirement for Consortium Participants

Number of Respondents: Approximately 83 consortium participants. This number excludes those 200 Pilot Program consortia that will be submitting this report as part of their Pilot Program requirements (see section (x) 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: 83.

Total Annual Hourly Burden: 830 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 83 submissions x 10 hours = 830 hours.

Total Estimate of In-House Cost to the Respondents: $\$33,200 = 830 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Revisions:

q. FCC Form 460 – Eligibility Determination and Consortium Information

Number of Respondents: Approximately 12,083 individual health care provider sites and consortia of health care providers.

Frequency of Response: One time reporting requirement. Once submitted, the FCC 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: 12,083.

Total Annual Hourly Burden: 12,083 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $12,083 \text{ submissions} \times 1 \text{ hour} = 12,083 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$483,320 = 12,083 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

r. FCC Form 461 – Request for Services (Competitive Bidding)

Number of Respondents: Approximately 8,680 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 5,208. Applicants who can utilize a competitive bidding exemption do not need to submit an FCC 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 an FCC Form 461. $60\% \text{ of } 8,680 \text{ applicants} = 5,208 \text{ responses}$.

Total Annual Hourly Burden: 5,208 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $5,208 \text{ submissions} \times 1 \text{ hour} = 5,208 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$208,320 = 5,208 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

s. FCC Form 462 – Request for Funding

Number of Respondents: Approximately 12,233 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 12,233.

Total Annual Hourly Burden: 23,466 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 12,233 submissions x 2 hours = 24,466 hours.

Total Estimate of In-House Cost to the Respondents: \$978,640 = 24,466 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

t. FCC Form 463 - Invoicing

Number of Respondents: Approximately 12,934 respondents. The FCC Form 463 is completed jointly by the applicant and vendor.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 12,934.

Total Annual Hourly Burden: 25,868 hours. The Commission estimates that this requirement will take approximately 2 hours for applicants and vendors. The number of burden hours will vary based on the number of line items included in a funding request. 12,934 submission x 2 hours = 25,868 hours.

Total Estimate of In-House Cost to the Respondents: \$1,034,720 = 25,868 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

2006 PILOT PROGRAM

Proposed Extensions:

u. Submission of Additional Information with FCC Form 465 by 2006 Pilot Program Participants

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 5. Because the deadline for 2006 Pilot Program projects to submit initial FCC Form 465s has passed, a Pilot project will only need to submit an FCC 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. 5 submissions x 3 hours = 15 hours.

Total Estimate of In-House Cost to the Respondents: \$600 = 15 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

v. **Submission of Additional Information with FCC Form 466 and/or 466-A by 2006 Pilot Program Participants**

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 5. Because the deadline for 2006 Pilot Program projects to submit initial FCC Form 466-As has passed, and because the FCC Form 466-A is no longer used, a Pilot project will only need to submit additional information relating to these previously submitted forms 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 submissions x 1 hour = 5 hours.

Total Estimate of In-House Cost to the Respondents: \$200 = 5 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

w. **Submission of Additional Information with FCC Form 467 by 2006 Pilot Program Participants**

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 14. 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. There are 14 funding requests where HCPs have not submitted an FCC Form 467 to begin the invoicing process.

Total Annual Hourly Burden: 14 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 14 submissions x 1 hour = 14 hours.

Total Estimate of In-House Cost to the Respondents: \$560 = 14 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

x. **Reporting Requirements for 2006 Pilot Program Participants**

Number of Respondents: Approximately 39 Pilot Program participants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 39

Total Annual Hourly Burden: 390 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 39 submissions x 10 hours = 390 hours.

Total Estimate of In-House Cost to the Respondents: \$15,600 = 390 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

y. Submission of Contact Information to USAC

Number of Respondents: Approximately 50 respondents.

Frequency of Response: On occasion requirement.

Total Number of Responses Annually: 3. All 2006 Pilot Program 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. 3 submissions x 0.1 hours = 0.3 hours.

Total Estimate of In-House Cost to the Respondents: \$12 = 0.3 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

z. Revision of Funding Request

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 2 such submissions annually.

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

Total Estimate of In-House Cost to the Respondents: \$80 = 2 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

aa. Disbursement of 2006 Pilot Program Funds

Number of Respondents: Approximately 150 respondents (50 - 2006 Pilot Program participants and 100 vendors).

Frequency of Response: Monthly requirement or on occasion.

Total Number of Responses Annually: 600. The Commission estimates that 2006 Pilot Program participants and their vendors will jointly submit approximately 50 invoices per month, on average.

Total Annual Hourly Burden: 600 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 600 submissions x 1 hour = 600 hours.

Total Estimate of In-House Cost to the Respondents: \$24,000 = 600 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

TELECOMMUNICATIONS PROGRAM

Proposed Extension:

bb. Submission of proposed rural rate.

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. 1 submission x 3 hours = 3 hours.

Total Estimate of In-House Cost to the Respondents: \$120 = 3 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Revisions:

cc. Submission of FCC Form 465

Number of Respondents: Approximately 4,800 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 4,800

Total Annual Hourly Burden: 4,800 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 4,800 submissions x 1 hour = 4,800 hours.

Total Estimate of In-House Cost to the Respondents: \$192,000 = 4,800 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

dd. Submission of FCC Form 466

Number of Respondents: Approximately 4,800 respondents.

Frequency of Response: Annual and occasion requirement.

Total Number of Responses Annually: 10,250.

Total Annual Hourly Burden: 15,000 hours. The Commission estimates that this requirement will take approximately 1.5 hours per submission. 10,250 submissions x 1.5 hours = 15,375 hours.

Total Estimate of In-House Cost to the Respondents: \$615,000 = 15,375 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

ee. Submission of FCC Form 467

Number of Respondents: Approximately 5,700 respondents

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 10,500. The Commission estimates that applicants will submit approximately 10,250 FCC Form 467s per year.

Total Annual Hourly Burden: 2,625 hours. The Commission estimates that the FCC Form 467 will each take approximately 0.25 hours per submission. 10,500 submissions x 0.25 hours = 2,625 hours.

Total Estimate of In-House Cost to the Respondents: \$105,000 = 2,625 hours x \$40/hour. The Commission estimates that respondents will use a staff compensated at approximately \$40 per hour.

EXTENSION OF OTHER REQUIREMENTS

ff. Submission of Invoice Templates

Number of Respondents: Approximately 800 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 20,000. The Commission estimates that 800 service providers will submit approximately 20,000 Telecommunications Program Invoices per year.

Total Annual Hourly Burden: 5,000 hours. The Commission estimates that the Telecommunications Program Invoice will each take approximately 0.25 hours per submission. 20,000 submissions x 0.25 hours = 5,000 hours.

Total Estimate of In-House Cost to the Respondents: \$200,000 = 5,000 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

gg. Audits and Recordkeeping

Number of Respondents: Approximately 5,950 respondents. The Commission estimates that 5,100 health care providers in the Telecommunications/Internet Access programs, 50 Pilot projects in the 2006 Pilot Program, and 800 service providers will be subject to this requirement.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 10,000

Total Annual Hourly Burden: 5,000 hours. The Commission estimates that this requirement will take approximately 0.5 hours per submission. 10,000 submissions x 0.5 hours = 5,000 hours.

Total Estimate of In-House Cost to the Respondents: \$200,000 = 5,000 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

hh. Mobile RHC Provider Submission of Sites

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

ii. Mobile RHC Provider Explanation of Necessity

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

jj. Mobile RHC Provider Certification

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

kk. Mobile RHC Provider Annual Logs

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours annually. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hours.

ll. Mobile RHC Provider Documentation of Price – Service in One State

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

mm. Mobile RHC Provider Documentation of Price – Service in Multiple States

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

nn. Mobile RHC Providers Must Maintain Documents About Allocation

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 0. 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: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

oo. Mobile RHC Providers Must Maintain Purchase Records

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Recordkeeping requirement.

Total Number of Responses Annually: 0. Each RHC provider seeking discounts for mobile telecommunications services must maintain records for purchases of supported services for five years.

Total Annual Hourly Burden: 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

Total Estimate of In-House Cost to the Respondents: \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use staff 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	Total In-House of Cost to the Respondents
a.	Authorization for Third Parties to Submit Forms on Behalf of HCP / Consortium	6,133	6,133	6,133	\$245,320
b.	FCC Form 460 Attachment – Letter of Agency (LOA) (Consortia Only)	6,441	6,441	6,441	\$257,640
c.	FCC Form 460 Attachment – Documentation for State / Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader / Consultant (Consortia Only)	37	20	40	\$1,600
d.	Agreement Regarding Legal/ Financial Responsibility for Consortium Activities	16	16	160	\$11,200
e.	FCC Form 461 Attachment - Network Planning for Consortia	243	243	2,430	\$97,200
f.	FCC Form 461 Attachment - Request for Proposals (RFP)	315	300	4,500	\$180,000
g.	FCC Form 462 Attachment – Contracts or Similar Documentation	12,233	12,233	12,233	\$489,320
h.	FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components	462	462	462	\$18,480
i.	FCC Form 462 Attachment – Competitive Bidding Documents	7,263	7,263	108,945	\$4,357,800
j.	FCC Form 462 Attachment – Updates to Network Planning for Consortia	100	100	1,000	\$40,000
k.	FCC Form 462 Attachment: Network	421	421	4,210	\$168,400

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House of Cost to the Respondents
Cost Worksheet				
l. FCC Form 462 Attachment: Evidence of Viable Source for 35 Percent Contribution	421	421	421	\$16,840
m. FCC Form 462 Attachment - Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses	18	18	180	\$7,200
n. Extension Request for Lighting Fiber	15	15	15	\$600
o. Recordkeeping	5,000	5,000	40,000	\$2,000,000
p. Annual Reporting Requirement for Consortium Participants	83	83	830	\$33,200
q. FCC Form 460 – Eligibility Determination and Consortium Information	12,083	12,083	12,083	\$483,320
r. FCC Form 461 – Request for Services (Competitive Bidding)	8,680	5,208	5,208	\$208,320
s. FCC Form 462 – Request for Funding	11,233	11,233	24,466	\$978,640
t. FCC Form 463 - Invoicing	12,934	12,934	25,868	\$1,034,720
u. Submission of Additional Information with FCC Form 465 by 2006 Pilot Program Participants	50	5	15	\$600
v. Submission of Additional Information with FCC Form 466 and/or 466-A by 2006 Pilot Program Participants	50	5	5	\$200
w. Submission of Additional Information with FCC Form 467 by 2006 Pilot Program Participants	50	14	14	\$560
x. Reporting Requirements for 2006 Pilot Program Participants	39	39	390	\$15,600
y. Submission of Contact Information to USAC	50	3	0.3	\$12
z. Revision of Funding Request	50	2	2	\$80
aa. Disbursement of 2006 Pilot Program Funds	150	600	600	\$24,000
bb. Submission of Proposed Rural Rate	1	1	3	\$120
cc. Submission of FCC Form 465	4,800	4,800	4,800	\$192,000
dd. Submission of FCC Form 466	4,800	10,250	15,375	\$615,000
ee. Submission of FCC Form 467	5,700	10,500	2,625	\$105,000
ff. Submission of Invoice Templates	800	20,000	5,000	200,000
gg. Audits and Recordkeeping				

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House of Cost to the Respondents
	5,950	10,000	5,000	\$200,000
hh. Mobile RHC Provider Submission of Sites	0	0	0	0
ii. Mobile Provider Explanation of Necessity	0	0	0	0
jj. Mobile RHC Provider Certification	0	0	0	0
kk. Mobile RHC Provider Annual Logs	0	0	0	0
ll. Mobile RHC Provider Documentation of Price - Service in One State	0	0	0	0
mm. Mobile RHC Provider Documentation of Price - Service in Multiple States	0	0	0	0
nn. Mobile RHC Providers Must Maintain Documents About Allocation	0	0	0	0
oo. Mobile RHC Providers Must Maintain Purchase Records	0	0	0	0
GRAND TOTAL	19,484 unique respondents	137,846	289,454	\$11,982,972

Total Number of Respondents: 19,484 unique respondents
Total Number of Responses Annually: 137,846
Total Annual Hourly Burden: 289,454
Total Estimate of Annualized Cost: \$11,982,972

13. **Estimates for cost burden of the collection to respondents.** There are no outside contracting costs for this information collection. See the last column in the chart in Item 12 above for the total in-house cost to the respondents.

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, administers the RHC Program.

15. **Program changes or adjustments.** The Commission is reporting program changes/increases of +8,484 to the total number of unique respondents, to the total number of annual responses of +30,408, and to the total annual burden hours of +57,151. These program changes/increases are primarily due to changes to the Telecommunications Program forms to harmonize the application processes for this program with the Healthcare Connect Fund Program and are intended to make the RHC Program information requests consistent between the programs, to the extent possible. These program changes/increases are also due to recently enacted legislation signed by the President on June 22, 2016 (See Frank R. Lautenberg Chemical Safety for the 21st Century Act, Title II – Rural Healthcare Connectivity, Pub. L. No. 114-182 (2016)), resulting in the elimination of the information collection requirements associated with the SNF Pilot Program and the addition of another eligible health care provider category.

The Commission is reporting adjustments/increases to this information collection. The total number of annual responses increased by +53,397. Of the + 53,397 total annual responses, 2,595 are adjustments to the total annual responses which are due to the Commission correcting a miscalculation in its previous submission to OMB. The total annual burden hours increased by +166,764. These adjustments/increases are due to the overall evolvement of the Healthcare Connect Fund, its impact on the affected stakeholders associated with this information collection, and the recent legislation including SNFs as an eligible health care provider under the RHC Program.

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, 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 seeks continued approval to not display the expiration date for OMB approval of this information collection. The Commission will use an edition date in lieu of the OMB expiration date. This will prevent the Commission from having to repeatedly update the expiration date on the 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.*** Since the 60 Day Notice was published in the Federal Register on May 6, 2016 (81 FR 27444), the Commission is reporting a change in the number of unique respondents from 18,534 to 19,484, the total annual responses from 134,912 to 137,846, and to the total annual burden hours from 287,817 to 289,454. These updated figures were published in the 30 Day Notice in the Federal Register on July 21, 2016 (81 FR 47389).

There are no other exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods:

The Commission does not anticipate that the collection of information will employ statistical methods.