

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)'s approval to revise the existing collection 3060-0804.

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 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. Based on this legislative mandate, the Commission established the two components of the Rural Health Care (RHC) Program—the Telecommunications (Telecom) Program and the Healthcare Connect Fund Program. The funding year (FY) for the RHC Program runs from July 1 through June 30 of the subsequent year (e.g., FY2018 runs from July 1, 2018 - June 30, 2019). As of FY2017, the RHC Program was capped at \$571 million per funding year and, beginning in FY2018, was adjusted annually for inflation. Prior to FY2017, the RHC Program was capped at \$400 million per funding year. The RHC Program is administered by the Universal Service Fund (USF) administrator, the Universal Service Administrative Company (USAC).
 - **Telecom Program.** This program, established in 1997, ensures that rural health care providers pay no more than their urban counterparts for telecommunications services. Specifically, an applicant’s program support is based on the difference between rural rates charged for telecommunications services in the rural areas where the health care provider is located, and the urban rates charged for similar telecommunications services in the same state. The rural health care provider pays only the urban rate for the telecommunications service, and the USF pays the difference between the urban rate and rural rate for the service to the service provider – in effect, providing a discount to the health care provider 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); 47 U.S.C. § 254(h)(1)(A).
 - **Healthcare Connect Fund Program.** This program, established in 2012, provides a flat 65% discount on an array of communications services to both individual rural health care provider and consortia, which can include non-rural health care providers (if the consortium has a majority of rural sites). These services include Internet access, dark fiber, business data, traditional DSL, and private carriage services. With the Healthcare Connect Fund Program, the Commission intended to promote the use of broadband services and facilitate the formation of healthcare provider consortia recognizing the increasing need for rural health care providers to have access to specialists who are often located in urban areas, as well as the advent of certain communications-based trends in healthcare delivery, such as the move towards electronic health records. In contrast to the Telecom Program, participants in the Healthcare Connect Fund Program may obtain multi-year funding commitments. Consortia

may also obtain support for upfront charges, which may include support for service provider deployment of new or upgraded facilities or for health care provider-owned network facilities, if shown to be the most cost-effective option. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 27 FCC Rcd 16678 (2012) (*Healthcare Connect Fund Order*); 47 U.S.C. § 254(h)(2)(A).

In 2006, the Commission established the Pilot Program (2006 Pilot Program) which 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. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 21 FCC Rcd 11111 (2006) (*Pilot Program Order*). At the time of the Commission's last revision of this information collection, while no new funding was available under this program, some projects were still spending funds previously committed as part of the Pilot Program. Since that time, all invoicing under the Pilot Program has been completed and there are no remaining funds to be disbursed under the Pilot Program. This revised collection is therefore necessary to eliminate the requirements associated with this program.

Additionally, the remaining requirements in this collection are 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. This information is also necessary in order to allow the Commission to evaluate the extent to which the RHC Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act, and the Commission's performance goals for the Healthcare Connect Fund Program.

Accordingly, this information collection, as described in more detail below, is being revised to: (1) eliminate the requirements for the Pilot Program and (2) extend the existing information collection requirements for the Healthcare Connect Fund and Telecom Programs. This submission is organized by program indicating which information collection requirements are being eliminated or extended for each RHC program.

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 Program, 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.

Except for updates to the number of respondents, this submission seeks no other changes to the FCC Forms 460, 461, 462, and 463. The updated data is based upon FCC Forms received for funding year

2018. 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 Program 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 Program 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 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.
- 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 consortia 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 consortium applicants that submitted Network Plans.

- 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 individual and consortium applicants with 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 health care providers with approved FCC Forms 462 along with supporting documentation.

- 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 current information provided by USAC.

- 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 information provided by USAC.

- 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 consortium applicants with 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 consortium applicants with network cost worksheets attached to their 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 consortium applicants with network cost worksheets attached to their 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 infeasible 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 with sustainability plans.

- 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.
- 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 health care providers and vendors that are required 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 IRU or prepaid lease interest in existing network facilities such as dark fiber. In such a case, the applicant may obtain 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, USAC uses an 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 been provided previously. In addition to the data already collected through FCC Forms 460, 461, 462, and 463, the Commission requires all Healthcare Connect Fund consortia to submit the types of telehealth applications supported by the program.

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.

- 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.

- 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 current number applicants with approved FCC Forms 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 health care providers that submitted FCC Forms 462 to USAC.

- 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 current number of health care providers with invoices either currently approved or under review with USAC.

2006 PILOT PROGRAM

The 2006 Pilot Program provided funding for a limited time (through funding year 2012). At this time, all invoicing under the Pilot Program has been completed and there are no remaining funds to be disbursed under the Pilot Program. Therefore, the requirements associated with this program are eliminated as part of this submission.

Requirements Being Eliminated:

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

Submission of Additional Information with the FCC Form 465. 2006 Pilot Program participants were required to file an FCC Form 465 as well as certain additional information with this Form. Specifically, participants were not required to submit multiple FCC Forms 465 for each participating health care provider, although they could choose to do so. For purposes of administrative efficiency, selected participants could submit one master FCC Form 465, provided the information contained in the FCC Form 465 identified each eligible health care provider participating in the 2006 Pilot Program and was included in an attached Excel or Excel compatible spreadsheet. While participants were also required to submit certain additional material with their FCC Form 465, as a practical matter, all 2006 Pilot Program participants were long past the point of needing to submit this preliminary application information. To the extent some of these requirements were implicated from time to time, it was because the participant made some change to its project and updated its paperwork accordingly. Below is the list of the additional materials that was required:

1. A brief explanation for each health care provider participating in the network and why each health care provider was 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 had 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 had to include the following information: 1) whether the entity was a non-profit or public entity, whether it followed

applicable state or local procurement rules; 2) certification that the telecommunications services and network capacity provided to it through the 2006 Pilot Program was used solely for purposes reasonably related to the provision of health care service or instruction that it was legally authorized to provide under the law of the state in which services were provided and were not to be sold, resold or transferred; 3) that it would 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 were not be paid by the service provider; 6) acknowledged that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constituted a rebate of some or all of the cost of the supported service; 7) certified that the person signing the Letter of Agency was authorized to act as such; and 8) acknowledged that the entity was subject to audit and investigation;

5. A Declaration of Assistance that identified 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 required a site or service substitution, they could re-submit FCC Form 465 and request that a site or service be substituted for one that was previously been submitted to USAC; and
7. If the pilot project lead applicant changed, all project participants in a previously approved project were required to submit a letter transferring agency to the new entity.

Submission of Additional Information with the FCC Forms 466 and/or 466-A. While the FCC Form 466-A requirement was eliminated, due to the elimination of the Internet Access Program, 2006 Pilot Program participants were 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 were long past the point of needing to submit the preliminary application information. To the extent some of the requirements were implicated from time to time, it was because the participant had made some changes to its project and updated its paperwork accordingly. The additional materials that participants and vendors were required to submit are listed below:

1. A detailed line-item Network Cost Worksheet that included a breakdown of total network costs (both eligible and ineligible costs), identified the applicable maximum funding amounts pursuant to the *Rural Health Care Pilot Program Selection Order*, and identified 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 that stated all federal 2006 Pilot Program support provided to selected participants would be used only for the eligible purposes for which the support was 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 provided an explanation to ensure the long-term success of supported broadband health care networks. The Commission and USAC provided additional guidance regarding the criteria that was to be submitted as part of the Sustainability Plan. The Sustainability Plan included 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, a description of 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 provided 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.

Submission of Additional Information with the FCC Form 467. 2006 Pilot Program participants were required to file an FCC Form 467. Specifically, participants filed an FCC Form 467 and notified USAC and the Commission, in writing, when the approved network projects had been initiated within 45 days of initiation. If the selected participant's network build-out had 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 notified USAC and the Commission within 30 days thereafter explaining when it anticipated that the approved network project would be initiated. In addition, participants had to notify USAC and the Commission in writing upon completion of the Pilot Program project construction and network build-out.

Reporting Requirements for 2006 Pilot Program Participants. 2006 Pilot Program participants that were still receiving 2006 Pilot Program funding were required to annually file reports concerning the status of their 2006 Pilot Projects. These reports were to be submitted only to USAC.

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 had passed, the requirement continued to be relevant to the extent a participant needed to update its contact information.

Revision of Funding Request. When USAC had reason to believe that a 2006 Pilot Program participant's funding request included ineligible network components or ineligible health care providers, USAC: (1) informed the selected participant promptly in writing of the deficiencies in its funding request, and (2) permitted 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 was sought or allowed the selected participant to provide additional documentation to show why the components or facilities were eligible.

Disbursement of 2006 Pilot Program Funds. USAC disbursed 2006 Pilot Program funds based on monthly submissions (*i.e.*, invoices) of actual incurred eligible expenses. Service providers submitted detailed invoices to USAC on a monthly basis for actual incurred costs. The invoice process permitted disbursement of funds to ensure that the selected participants' network projects proceeded, 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 were 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 also confirmed and demonstrated to USAC that the selected participant's 15 percent minimum contribution had been provided to the service provider for each invoice. Service providers also were required to file a certification with the Commission and USAC stating that all federal 2006 Pilot Program support would be used only for the eligible 2006 Pilot Program purposes for which the support was intended, as described in the *Rural Health Care Pilot Program Selection Order*. 2006 Pilot Program participants and service providers were required to submit the RHC Pilot Program Invoice Template in order to receive disbursements from USAC. The invoice template requested 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.

TELECOMMUNICATIONS PROGRAM

All eligible health care providers applying for discounts under the Telecom Program 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.

Except for updates to the number of respondents, this submission seeks no other changes to the FCC Forms 465, 466, and 467, which are part of the currently approved requirements. The updated data is based upon FCC Forms received for funding year 2018. The Commission is seeking to continue the information requirements contained in these forms, and the associated templates, samples, and spreadsheets. All filings under the Telecom Program will continue to be submitted through the online interface via USAC's web site.

Requirements Being Extended:

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

- u. 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.

As part of this submission, the Commission proposes to update the number of respondents based upon an estimated number of carriers submitting to either a state commission or the Commission for approval a cost-based rate along with documentation justifying the proposed rural rate. This number is an estimate and the actual number may vary depending on the method used by the health care provider in determining their rural rate.

- v. 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 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, the Commission proposes to update the number of respondents based upon the current number of health care providers that submitted FCC Forms 465.

- w. 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, the Commission proposes to update the number of respondents based upon the current number of health care providers that submitted FCC Forms 466.

- x. 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 update the number of respondents based upon the current number of health care providers that submitted FCC Forms 467.

- y. Submission of Invoice Template. Service providers must complete the invoice template to receive reimbursement for services provided. 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 "Telecommunications Program Invoice Template" (Attachment 6).

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of service providers that submitted invoice templates.

EXTENSION OF OTHER REQUIREMENTS

The following information collection requirements associated with the RHC Program are proposed to be extended with an update to the number of respondents for audits and recordkeeping:

- z. **Audits and Recordkeeping.** All participants in the RHC Program (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 CFR § 54.615(c) and are otherwise eligible to receive universal service support. See 47 CFR § 54.619.

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

- aa. **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.
- bb. **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.
- cc. **Mobile Rural Health Care Provider Certification.** Mobile RHCPs must certify that they are serving eligible rural areas.
- dd. **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.
- ee. **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.
- ff. **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.

- gg. 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.
- hh. 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 Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act and the Commission's 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, information must be submitted electronically. Also, USAC provides a 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 Program. 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 are able to contact USAC's help desk over the telephone to obtain assistance with meeting the filing requirements.
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 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 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.** There are no special circumstances associated with this information collection.
8. **Federal Register notice; efforts to consult with persons outside the Commission.** The Commission published a notice pursuant to 5 CFR § 1320.8(d), in the Federal Register to solicit public comment on the revised collection, 84 FR 9339, March 14, 2019. No comments were received.
9. **Payments or gifts to respondents.** The Commission does not anticipate providing any payment or gifts to respondents.
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 8,028 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: 8,028.

Total Annual Hourly Burden: 8,028 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 8,028 submissions x 1 hour = 8,028 hours.

Total Estimate of In-House Cost to the Respondents: $\$321,120 = 8,028 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

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

Number of Respondents: Approximately 7,664 health care providers.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 7,664.

Total Annual Hourly Burden: 7,664 hours. This requirement applies to consortium applicants only. $7,664 \text{ submissions} \times 1 \text{ hour} = 7,664 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$306,560 = 7,664 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

c. FCC Form 460 Attachment – 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. $20 \text{ submissions} \times 2 \text{ hours} = 40 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$1,600 = 40 \text{ hours} \times \$40/\text{hour}$. 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 (Consortia Only)

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. $16 \text{ submissions} \times 10 \text{ hours} = 160 \text{ hours}$.

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 (Consortia Only)

Number of Respondents: Approximately 359 respondents. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 359. The Commission estimates the number of respondents based upon the number of respondents submitting Network Plans with the FCC Forms 461.

Total Annual Hourly Burden: 3,590 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. 359 submissions x 10 hours = 3,590 hours.

Total Estimate of In-House Cost to the Respondents: \$143,600 = 3,590 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 308 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 308 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 6,745 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 6,745.

Total Annual Hourly Burden: 6,745 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 6,745 submissions x 1 hour = 6,745 hours.

Total Estimate of In-House Cost to the Respondents: \$269,800 = 6,745 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 513 applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 513.

Total Annual Hourly Burden: 513 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 513 submissions x 1 hour = 513 hours.

Total Estimate of In-House Cost to the Respondents: \$20,520 = 513 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 6,745 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 6,745.

Total Annual Hourly Burden: 101,175 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. 6,745 submissions x 15 hours = 101,175 hours.

Total Estimate of In-House Cost to the Respondents: \$4,047,000 = 101,175 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 87 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 87.

Total Annual Hourly Burden: 870 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. 87 submissions x 10 hours = 870 hours.

Total Estimate of In-House Cost to the Respondents: \$34,800 = 870 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 348 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 348.

Total Annual Hourly Burden: 3,480 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. 348 submissions x 10 hours = 3,480 hours.

Total Estimate of In-House Cost to the Respondents: \$139,200 = 3,480 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 348 consortium applicants. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 348.

Total Annual Hourly Burden: 348 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 348 submissions x 1 hour = 348 hours.

Total Estimate of In-House Cost to the Respondents: \$13,920 = 348 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 85 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: 85.

Total Annual Hourly Burden: 850 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 85 submissions x 10 hours = 180 hours.

Total Estimate of In-House Cost to the Respondents: \$34,000 = 850 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 8,945.

Frequency of Response: Annual recordkeeping requirement.

Total Number of Responses Annually: 8,945. The Commission estimates approximately 8,945 based on the number of program participants and vendors for funding year 2018.

Total Annual Hourly Burden: 71,560 hours. The Commission estimates that this requirement will take approximately 8 hours annually for respondents. 8,945 submissions x 8 hours = 71,560 hours.

Total Estimate of In-House Cost to the Respondents: \$2,862,400 = 71,560 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 276 consortium participants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 276.

Total Annual Hourly Burden: 2,760 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 276 submissions x 10 hours = 2,760 hours.

Total Estimate of In-House Cost to the Respondents: \$110,400 = 2,760 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

q. FCC Form 460 – Eligibility Determination and Consortium Information

Number of Respondents: Approximately 13,569 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: 13,569.

Total Annual Hourly Burden: 13,569 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 13,569 submissions x 1 hour = 13,569 hours.

Total Estimate of In-House Cost to the Respondents: \$542,760 = 13,569 hours x \$40/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 7,434 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 4,460. 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% of 7,434 applicants = 4,460 responses.

Total Annual Hourly Burden: 4,460 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 4,460 submissions x 1 hour = 4,460 hours.

Total Estimate of In-House Cost to the Respondents: \$178,400 = 4,460 hours x \$40/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 6,745 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 6,745.

Total Annual Hourly Burden: 13,490 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 6,745 submissions x 2 hours = 13,490 hours.

Total Estimate of In-House Cost to the Respondents: \$539,600 = 13,490 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 5,589 respondents. The FCC Form 463 is completed jointly by the applicant and vendor.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 5,589.

Total Annual Hourly Burden: 11,178 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. 5,589 submission x 2 hours = 11,178 hours.

Total Estimate of In-House Cost to the Respondents: \$447,120 = 11,178 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

TELECOMMUNICATIONS PROGRAM

Proposed Extensions:

u. **Submission of proposed rural rate.**

Number of Respondents: Approximately 15 carriers.

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.

Total Number of Responses Annually: 15.

Total Annual Hourly Burden: 45 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 15 submission x 3 hours = 45 hours.

Total Estimate of In-House Cost to the Respondents: \$1,800 = 45 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

v. Submission of FCC Form 465

Number of Respondents: Approximately 4,659 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 4,659

Total Annual Hourly Burden: 4,659 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 4,659 submissions x 1 hour = 4,659 hours.

Total Estimate of In-House Cost to the Respondents: \$186,360 = 4,659 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

w. Submission of FCC Form 466

Number of Respondents: Approximately 2,011 respondents.

Frequency of Response: Annual and occasion requirement.

Total Number of Responses Annually: 2,011.

Total Annual Hourly Burden: 3,016 hours. The Commission estimates that this requirement will take approximately 1.5 hours per submission. 2,011 submissions x 1.5 hours = 3,016 hours.

Total Estimate of In-House Cost to the Respondents: \$120,660 = 3,016 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

x. Submission of FCC Form 467

Number of Respondents: Approximately 6,294 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 11,500. The Commission estimates that applicants will submit approximately 11,500 FCC Forms 467 per year.

Total Annual Hourly Burden: 2,875 hours. The Commission estimates that the FCC Form 467 will each take approximately 0.25 hours per submission. 11,500 submissions x 0.25 hours = 2,875 hours.

Total Estimate of In-House Cost to the Respondents: \$115,000 = 2,875 hours x \$40/hour. The Commission estimates that respondents will use a staff compensated at approximately \$40 per hour.

y. Submission of Invoice Templates

Number of Respondents: Approximately 785 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 18,000. The Commission estimates that 785 service providers will submit approximately 18,000 Telecommunications Program Invoices per year.

Total Annual Hourly Burden: 4,500 hours. The Commission estimates that the Telecommunications Program Invoice will each take approximately 0.25 hours per submission. 18,000 submissions x 0.25 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.

EXTENSION OF OTHER REQUIREMENTS

z. Audits and Recordkeeping

Number of Respondents: Approximately 5,456 respondents. The Commission estimates that 4,656 health care providers in the Telecommunications and Healthcare Connect Fund Programs and 800 service providers will be subject to this requirement.

Frequency of Response: Annual 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.

aa. 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 the 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.

bb. 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.

cc. 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.

dd. Mobile RHC Provider Annual Logs

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual 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.

ee. 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 the 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.

ff. 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 the 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.

gg. Mobile RHC Providers Must Maintain Documents About Allocation

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual 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.

hh. Mobile RHC Providers Must Maintain Purchase Records

Number of Respondents: 0 mobile health clinics.

Frequency of Response: Annual 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% 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	8,028	8,028	8,028	\$321,120
b.	FCC Form 460 Attachment – Letter of Agency (Consortia Only)	7,664	7,664	7,664	\$306,560
c.	FCC Form 460 Attachment – 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 (Consortia Only)	16	16	160	\$11,200
e.	FCC Form 461 Attachment - Network Planning for Consortia (Consortia	359	359	3,590	\$143,600

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House of Cost to the Respondents
Only)				
f. FCC Form 461 Attachment - Request for Proposals (RFP)	308	300	4,500	\$180,000
g. FCC Form 462 Attachment – Contracts or Similar Documentation	6,745	6,745	6,745	\$269,800
h. FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components	513	513	513	\$20,520
i. FCC Form 462 Attachment – Competitive Bidding Documents	6,745	6,745	101,175	\$4,047,000
j. FCC Form 462 Attachment – Updates to Network Planning for Consortia	87	87	870	\$34,800
k. FCC Form 462 Attachment: Network Cost Worksheet	348	348	3,480	\$139,200
l. FCC Form 462 Attachment: Evidence of Viable Source for 35 Percent Contribution	348	348	348	\$13,920
m. FCC Form 462 Attachment - Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses	85	85	850	\$34,000
n. Extension Request for Lighting Fiber	15	15	15	\$600
o. Recordkeeping	8,945	8,945	71,560	\$2,862,400
p. Annual Reporting Requirement for Consortium Participants	276	276	2,760	\$110,400
q. FCC Form 460 – Eligibility Determination and Consortium Information	13,569	13,569	13,569	\$542,760
r. FCC Form 461 – Request for Services (Competitive Bidding)	7,434	4,460	4,460	\$178,400
s. FCC Form 462 – Request for Funding	6,745	6,745	13,490	\$539,600
t. FCC Form 463 - Invoicing	5,589	5,589	11,178	\$447,120
u. Submission of Proposed Rural Rate	15	15	45	\$1,800
v. Submission of FCC Form 465	4,659	4,659	4,659	\$186,360
w. Submission of FCC Form 466	2,011	2,011	3,016	\$120,660
x. Submission of FCC Form 467	6,294	11,500	2,875	\$115,000
y. Submission of Invoice Templates	785	18,000	4,500	180,000
z. Audits and Recordkeeping	5,456	10,000	5,000	\$200,000
aa. Mobile RHC Provider Submission of Sites	0	0	0	0
bb. Mobile RHC Provider Explanation of				

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House of Cost to the Respondents
Necessity	0	0	0	0
cc. Mobile RHC Provider Certification	0	0	0	0
dd. Mobile RHC Provider Annual Logs	0	0	0	0
ee. Mobile RHC Provider Documentation of Price - Service in One State	0	0	0	0
ff. Mobile RHC Provider Documentation of Price - Service in Multiple States	0	0	0	0
gg. Mobile RHC Providers Must Maintain Documents About Allocation	0	0	0	0
hh. Mobile Rural Health Care Providers Must Maintain Purchase Records	0	0	0	0
GRAND TOTAL	20,314 unique respondents	117,042	275,090	\$11,008,420

Total Number of Respondents: 20,314 unique respondents
Total Number of Responses Annually 117,042
Total Annual Hourly Burden: 275,090
Total Estimate of Annualized Cost: \$11,008,420

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/decreases of -50 to the total number of unique respondents, to the total number of annual responses of -668, and to the total annual burden hours of -602. These program changes are due to the removal of the requirements for the Pilot Program. The Commission is also reporting an adjustment/increase of +830 to the total number of unique respondents, and adjustments/decreases to the total number of annual responses of -20,136 and to the total burden hours of -13,762. These adjustments are due to updates to the number of respondents to reflect data by unique respondent and updates to the number of annual responses for the Telecom and Healthcare Connect Fund Programs since the last collection.
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.***

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.