

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of)
Rural Health Care Support Mechanism) WC Docket No. 02-60
)
)

**COMMENTS SUBMITTED BY
KELLOGG & SOVEREIGN® CONSULTING, LLC.**

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I. Introduction

Kellogg & Sovereign® Consulting, LLC (KSLLC) on behalf of the consortium applicants and health care providers (HCPs) for which it consults submits these comments in response to the Public Notice DA 14-853 released on June 19, 2014 seeking comment concerning the Annual Report requirement for consortium applicants participating in the Healthcare Connect Fund (HCF).

KSLLC has been managing federal universal service applications since 1998. Our professional staff works with the Rural Health Care programs and E-Rate programs on a daily basis on behalf of over 350 clients with annual filing of approximately 650 applications accounting for funding in excess of \$100 million each year. Accordingly, we have an in-depth knowledge and are well versed in all areas of the Federal Communications Commission (FCC) program administered by the Universal Service Administrative Company (USAC).

KSLLC appreciates the opportunity to provide input to the FCC on the creation of the Annual Report for consortium applicants. We agree with the FCC that this requirement should be designed to provide data necessary for the FCC to analyze the success of the Healthcare Connect Fund while simultaneously mitigating and preventing undue and harmful administrative burden on the consortium leader and the HCPs participating in consortia.

II. Goal One: To Increase Access to Broadband for Health Care Providers (HCPs).

A. Anticipated increases in bandwidth or service level upgrades for HCPs on their networks

Bandwidth needs have proven to be a very fluid situation for health care providers in today's technological environment. It is not always possible to anticipate the need for bandwidth or service level upgrades. For rural HCPs, a new telemedicine program offered by an urban hospital could automatically require an increase of bandwidth if the rural entity chooses to participate. For example, an urban entity that introduces an e-stroke program for which a rural hospital wants to participate. The rural hospital now must increase its broadband speeds in order to accommodate the telemedicine equipment necessary to participate in the e-stroke program. Another example is a Community Mental Health Center (CMHC) experiencing a spike in patients with Post Traumatic Stress Syndrome (PTSD), which requires it to increase broadband speeds to accommodate more remote counseling.

The rural hospital in our example has control over whether or not they will participate in the new e-stroke program (assuming they are independent of the urban entity). But it does not have any control over when the urban hospital will provide more telemedicine offerings, or remove telemedicine programs already in existence. The CMHC in our example responds to patients' needs by adding broadband. In neither case is the HCP in control; it is responding to situations that it encounters. The fluid nature of the telehealth and telemedicine environment today can render moot any technology planning. Currently, there is no requirement for consortium leaders of individual HCPs to create a technology plan in the HCF.¹

Collecting data on *anticipated* bandwidth increases thus may not prove meaningful – for either the applicants to create or for the FCC and USAC to use to evaluate Goal One. Requiring consortium leaders to create a technology plan, which would not likely come to fruition due to changing needs of the participating HCPs, takes valuable time away from the consortium leader helping HCPs in its network to maximize utilization of existing broadband services. The existing FCC Forms 462 and 463 collect bandwidth speed of actual services received. Applicants will be filing these Forms on a regular basis (annually, every three years, etc.). Measuring over time the bandwidth speed increases or decreases, based on years of filing funding requests, would allow the FCC to measure the success of Goal One using actual services received. This data is already collected on existing Forms and would provide accurate and meaningful information to the FCC.

B. Whether their service agreements allow for such increases:

¹ *In the Matter of Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, FCC 12-150, 27 FCC Rcd 16678, ¶ 217-218 (2012) (*Healthcare Connect Fund Order*). Where, “We decline at this time to require applicants in the Healthcare Connect Fund to submit technology plans with their requests for services...” and “The record indicates that HCPs are a diverse group with a diverse set of needs. Our intent, consistent with precedent, is to allow HCPs to identify their *specific* broadband needs, which together with the competitive bidding requirements and the required HCP 35 percent contribution, will help ensure that universal service funds are used most cost-effectively” (emphasis added).

A contract that is deemed as “evergreen” does not have to be re-bid during the contract term. A contract must meet the following requirements to be deemed “evergreen”²:

1. Is signed by the individual health care provider or consortium lead entity;
2. Specifies the service type, bandwidth and quantity;
3. Specifies the term of the contract
4. Specifies the cost of the services to be provide; and
5. Includes the physical location or other identifying information of the health care provider sites purchasing from the contract.

In order to be eligible to request a “Site and Service Substitution,” the applicant³:

1. Must be a consortium leader or a health care provider, if participating individually;
2. The substitution is provided for in the contract, within the change clause, or constitutes a minor modification;
3. The site is an eligible health care provider and the service is an eligible service under the Healthcare Connect Fund;
4. The substitution does not violate any contract provision or state, Tribal or local procurement laws;
5. The requested change is within the scope of the controlling request for services, including any applicable request for proposal used in the competitive bidding process; and,
6. Support for a qualifying site and service substitution will be provided to the extent the substitution does not cause the total amount of support under the applicable funding commitment to increase.

The FCC rules are very specific about the elements necessary for a contract to be granted “evergreen” status and further the elements necessary in the competitive bidding process and the “evergreen” contract to utilize the site and service substitution process. Most, if not all, contracts have a change clause automatically included in the contract allowing for the applicant to modify service. The fact that the contract *allows* for service upgrades is not in and of itself relevant unless the applicant can actually *use* the change clause to add new sites or modify existing services.

The FCC provides guidance in the Healthcare Connect Fund Order:

Consortia will be permitted to add new HCPs if the possibility of expanding the network was contemplated in the competitive bidding process, and the contract explicitly provides for the same. Similarly, service upgrades will be permitted as part of an evergreen contract if the contemplated upgrades are proposed during the competitive bidding process, and the contract explicitly provides for the possibility of service upgrades.⁴

² 47 C.F.R. § 54.642(h)(4) (2013)

³ 47 C.F.R. § 54.646 (2013)

⁴ *Healthcare Connect Fund Order* ¶ 263

Did the competitive bid process contemplate service upgrades and does the contract allow for the same? How specific the competitive bid process was regarding service upgrades also appears to be a factor – if the applicant was too specific, they may restrict their potential ability to upgrade service. If the applicant was not descriptive enough, the program administrator, USAC, may determine that they did not competitively bid for potential service upgrades and deny a site and/or service substitution request. Ultimately, USAC and potentially the FCC will be the entity making this determination on whether or not the HCP may make a change, not the HCP or its service provider.

The HCF program administrator is already making several determinations pertaining to the contract entered into for service. It follows, therefore, that the HCF program administrator would also approve whether or not a competitive bid process and the contract allow for service upgrades and site and/or service substitution requests.⁵ We propose that USAC make this determination during the review of the contract to determine if it meets the requirements necessary to grant it “evergreen” status. USAC is already informing the applicant via the Funding Commitment Letter (FCL) of the following contract information: Contract number assigned by USAC, RFP associated with the contract, evergreen status, contract term start and end dates, number of voluntary extensions, and total combined length of voluntary extensions.

FIGURE 1: USAC Consortium Contract Information provided on Funding Commitment Letter

Contract Number:	734806
Contract Friendly Name:	[REDACTED]
RFP #:	01
Evergreen Contract Status	Yes
Initial Contract Term Start Date	05/30/2014
Initial Contract Term End Date	5/30/2017
Number of Voluntary Extensions	N/A
Total Combined Length of Voluntary Extensions	N/A

To provide clarity for the HCPs and service providers, we recommend that the funding commitment letter also include the results of the HCF program administrator’s determination as to whether or not the HCP applicant can make site changes or service substitutions based on the administrator’s decision on whether or not the applicant’s competitive bidding process and resulting contract(s) meets the requirements to allow for an applicant to request site and/or service substitutions. The FCL would include two additional items: Site Substitution, yes or no and Service Substitution, yes or no. With this information clearly included in the Funding Commitment Letter, the applicant and

⁵ We note that to date USAC has not released Administrative Guidance on the site and service substitution process for applicants participating in the Healthcare Connect Fund. There is currently no information available on the USAC HCF website even mentioning site and service substitutions. USAC did release similar guidance in the Pilot Program in 2010. <http://www.usac.org/res/documents/rhc-pilot-program/pdf/Site-and-Service-Substitution.pdf> (last visited October 23, 2014). The guidance released for Pilot Program members does not appear to be applicable to Healthcare Connect Fund applicants as it refers to Pilot Program Forms and the SharePoint site.

the service provider will know what changes can be made during the life of the contract. This information would then be available to the FCC as a report provided by the program administrator.

C. The average bandwidth obtained per HCP site and price paid per megabyte, categorized by HCP type:

This information is already being collected on the FCC Forms. Form 460 collects the eligible entity type of the health care provider. Form 462 collects the bandwidth, when applicable, per HCP site. The price paid per megabyte is easily calculable. Because this information is already being provided by applicants on existing FCC Forms, it would be administratively burdensome for applicants to be required to annually provide this information once again. It would also be burdensome to annually be required to “reaffirm” that the information is accurate. The applicants are already required to do so when submitting the FCC Form 463 requesting disbursement of funds for services received.

D. Potential growth of the network categorized by number and type of HCPs:

As stated previously, the nature of health care today is a very fluid environment. Consortium lead entities can provide this type of information, on a quantitative basis only. Providing information in a narrative, qualitative form, would result in consortium leaders providing information that could not easily be analyzed. We request the FCC to ask only quantitative questions pertaining to this data point.

E. The number of outages and duration of time when service is unavailable, to the extent that data is already being collected;

Some applicants may already be collecting this information, but most applicants are not. This is information that the service provider has readily available to it. If this information is important to the FCC to measure the success of the HCF, it may be more appropriate to get this information directly from the service providers.

We would also note that for large consortium applicants, tracking this information on a HCP basis would add greatly to its administrative burden to participate in the program as the sheer volume of data being collected by the consortium leader becomes overwhelmingly burdensome. Consortium applicants that have multi-vendor solutions would experience an additional level of complexity because of volume of service providers in addition to HCPs.

F. The types of technologies consortia use to receive service (e.g., fiber, coaxial cable, copper, wireless or satellite).

Collecting information on the type of technology used to receive service would provide valuable data to the FCC. The FCC Form 462 does not collect this information. It would not be burdensome on applicants to collect an additional data point on the

Network Cost Worksheet so long as this information is being collected at the same time that the applicant is requesting funding for services. We propose that the FCC seek to modify the existing Form 462 to collect technology type (see Figure 2). Technology type could be added between Column K “expense type” and Column L, “explanation of eligible expense”.

FIGURE 2: Network Cost Worksheet, Eligible Expense Information

Eligible Expense Information							
I	J	K	L	M	N	O	P
Billing Account Number	Category of Expense	Expense Type	Explanation of Eligible Expense	Is this Service Symmetrical?	Upload Speed	Download Speed	Expected Broadband Service Start date/Shipping Date/Last Day of Work

As with other data points, USAC could implement this through the use of a drop-down field so that the data is normalized for easy analysis. This approach is the least burdensome option for applicants. Requiring that applicants provide this information annually would be burdensome, as the data would normally not change unless service received or service provider changed.

III. Goal Two: To Foster the Development and Deployment of Broadband Health Care Networks

A. The extent to which eligible HCPs participating in HCF are connected to other HCPs through broadband health care networks; the reach of broadband health care networks support by our programs, including connections to those networks by eligible and non-eligible HCP sites.

This information is already being collected, though likely in a way that is not readily available for data analysis. Figure three shows the official Network Cost Worksheet, circuit information. Figure four shows the My Portal version of the Network Cost Worksheet, circuit information.

FIGURE 3: Network Cost Worksheet, Circuit Information

Circuit Information (if applicable)				
V	W	X	Y	Z
Circuit ID (if available)	Circuit Start Location (if applicable)	Circuit End Location (if applicable)	Total Number of Fiber Strands (if applicable)	Number of Fiber Strands Eligible for Support (if applicable)

FIGURE 4: My Portal, Circuit Information

Circuit Information (if applicable)

V. Circuit ID (if available)

W. Circuit Start Location (if applicable)

Address Line 1

Address Line 2

City

State

Zip Code

[Swap Address Locations](#)

X. Circuit End Location (if applicable)

Address Line 1

Address Line 2

City

State

Zip Code

Y. Total Number of Fiber Strands (if applicable)

Z. Number of Fiber Strands Eligible for Support (if applicable)

The FCC already requires that all entities participating in a consortium, eligible and ineligible, be reported to measure the success of Goal Two.⁶ This is done two ways in the My Portal system; 1) through the Consortium Form 460, Line 24 and 2) the applicant disclosing the participants' services received on the Form 462.

⁶ Healthcare Connect Fund, ¶ 319

We propose a slight modification to the existing My Portal data entry of the Form 462. Figure four provides a screen shot of what currently appears in My Portal. The address for the starting point of the circuit is pre-populated. This address comes from the FCC Form 460 of the HCP Number listed in Column A. The second address for the circuit end point location has to be manually data entered (or “swapped” if appropriate and then the start point would be manually entered). For a consortium applicant, the end point address is likely an address of an entity with an existing HCP number. Because all entities, including off-site data centers, off-site administrative offices and ineligibles have been registered via the Form 460, presumably the address of the end point is already in the USAC database. By adding a field for HCP number, which could then pre-populate the address of the end point using the information in the USAC database, the interconnection between consortium members could be mapped easily and the level of “connectedness” could be determined. In situations where the end point of the circuit does not have an HCP number, the option should continue to be available to manually data enter this information. Because USAC has the entire database of HCP numbers available to it, and applicants do not, USAC should upon processing the Form 462 add the HCP number for the address if there is one in its database but was unknown to the applicant at the time of Form submission.⁷

It should not be incumbent upon the applicant to provide data in an annual report that is already provided on an existing FCC Form. It would be administratively burdensome for the applicant to be required to provide data showing interconnectedness of its participating entities when this data already exists on the FCC Form 462.

B. Program participants use their broadband connections to deliver health care, including whether and to what extent HCPs are engaging in telemedicine, exchanging electronic health records (EHRs), or participating in health information exchanges, remote training, and other telehealth applications.

When considering to what extent the Annual Report should collect data on how the HCPs use their broadband connections we implore the FCC to consider the administrative burden on the HCPs and the consortium leader. The HCF does not pay for administrative expenses incurred by the consortium leader.⁸ In a consortium, the HCPs would need to collect information from its physicians, nurses and administrative staff, send that information to the consortium leader who would need to collate the data to then enter that information into the Annual Report.

A majority of KSLLC consortium applicants already collect information on the telemedicine activities being conducted using the broadband. The breadth of the data

⁷ This scenario is most likely for off-site data centers that have been registered by an entity other than the consortium leader completing the Form 462. In this case, a different consortium or perhaps an individual HCP has registered the off-site data center. To mitigate creation of duplicate numbers that would adversely impact data analysis and integrity, we assume that there is only one number per physical location in all scenarios. *See also* 47 C.F.R. § 54.601(a)(2) (2013).

⁸ 47 C.F.R. § 54.639(c) (2013)

being collected depends on the applicant. In some cases, detailed data is available in other cases only the occurrence of the telemedicine activity is collected.

We would ask particularly concerning this data collection point, that the FCC first identify **exactly** what data points it purposes to collect, and from what entities participating in the network, prior to seeking comment. The question presented is too vague and consortium leaders and its participating HCPs are unaware of exactly what data the FCC purposes to collect. As a result, we cannot provide meaningful comments as to the extent of the applicants' ability to provide the requested data or the level of burden incurred by the applicant to comply. In addition, consortium leaders need time to develop a method by which to collect information from its HCPs that it may not currently be collecting. While the Public Notice seeking comment was filed in June it did not appear in the Federal Registrar until September. As a result, consortium leaders should not be required to ask its HCPs to retroactively collect data to July 1, 2014 as this would be unduly burdensome for the HCPs and the consortium leaders.

In summary, we request that the FCC first provide specific information about exactly what data it purposes to collect concerning the telemedicine and telehealth activities utilizing the broadband connections. Once identified, consortium leaders and its participating HCPs need to be given an opportunity to provide comment to the FCC concerning the feasibility of collecting the data and the burden involved. Once the FCC releases the final version of the data being requested, Consortium leaders and its HCPs will need time to develop a methodology to collect the data. A minimum of six months, but preferably twelve months lead time is necessary prior to the start date of actual data collection.

IV. Goal Three: To Minimize the Burden on the Federal Universal Service Fund by Ensuring the Cost-effectiveness of the Program.

A. The cost of administering the program as compared to funds disbursed to program participants

This particular data point appears to be one that would have to come directly from the program administrator, USAC.⁹ There should be consideration of the extraordinary cost that USAC may be incurring as a result of the need to implement the Healthcare Connect Fund. New Forms and the creation of My Portal likely resulted in the need for USAC to increase expenses in order to meet the short time frame to release Forms, from the release of the Order to Form 460 being available to file. Applicants have experienced numerous difficulties with My Portal as a result of the portal being built

⁹ *Healthcare Connect Fund* ¶ 42 where, "USAC's cost to administer the Telecommunications, Internet Access, and Pilot RHC programs was nine percent of total funds disbursed in calendar year 2011, the highest of all four programs and all four universal service programs. We may measure this also in terms of the percentage of administrative expenses relative to funds committed, to account for the fact that administrative expenses may be higher in years in which USAC processes a large number of applications for multi-year funding."

quickly, with continuous modifications. It would be highly beneficial for all parties to have the IT resources available to USAC, even on a temporary basis, to get My Portal functioning optimally for both the applicants and USAC.

B. The prices and speeds of the broadband connections supported by HCF

Applicants are already providing this information via the FCC Form 462 and 463. Applicants should not be required to provide this information again in an Annual Report as it would be unduly burdensome.

C. The number and nature of all responsive bids received through the competitive bidding process, as well as an explanation of how each winning bid was chosen.

The number of bids received is collected on the FCC Form 462, Block 2, Line 7. FCC rules require that applicants disclose on the FCC Form 461 the cost evaluation criteria that the applicant will use to determine the most cost effective service.¹⁰ FCC rules further require that all bids received, bid evaluation sheets, a list of people who evaluated the bids, and many other documents be provided to USAC upon submission of the FCC Form 462.¹¹ The voluminous types of documents are required to be submitted to USAC to allow it to confirm that the applicant was compliant with the competitive bid requirement.

It is not clear what the FCC means by “nature of all responsive bids”. The rules require that **all** bids, winning, losing and disqualified, be provided to USAC.¹² For purposes of the Annual Report, is the FCC stating that they only want information about “responsive” bids? A bid that is responsive is generally considered to be one that is responsive to the entire RFP, or the mandatory sections of the RFP and the particular section for which the service provider is responding. What does the FCC mean about the “nature” of the bids?

Applicants already have to provide an explanation of the how each winning bid was chosen via the submission of the bid evaluation sheets. The applicant has to evaluate the bids against the criteria on the FCC Form 461. Is the FCC proposing that the applicant, on the Annual Report, provide written narrative as to its bidding process? Will there be specific questions that are asked for which the applicant needs to respond concerning the bidding process?

We would ask that the FCC further develop exactly what data points it purposes to collect prior to making this a requirement in the Annual Report. We cannot provide meaningful comments as we are unclear what the FCC is seeking.

¹⁰ 47 C.F.R. § 54.642(d) (2013)

¹¹ 47 C.F.R. § 54.643(a)(4) (2013)

¹² *Id.*

D. Should we allow filers to request that competitively sensitive information submitted during the competitive bidding process be treated as confidential?

The FCC Form 462, Block 8 already allows for applicants to request that competitively sensitive information to be given confidentiality status. Will the applicants need to also request confidentiality when submitting the Annual Report?

V. Proposal for Consideration

As indicated in our comments, the majority of the information that the FCC proposes to collect via the Annual Report are data points that are currently being collected on the FCC Forms.¹³ There are data points not currently being collected, specifically how the applicant is using the broadband connection funded through the HCF, potential growth of the network, outages, and potentially some competitive bidding information.

It appears that the Annual Report could be divided into two segments – the new data that needs to be collected and the data already collected on the FCC Forms. The entirety of the Annual Report itself would pull from both the new data being provided annually by the consortium leader and the data already submitted via the FCC Forms.

USAC could design an interface in My Portal that would “open” at least 90 days prior to when the report is due to USAC. Upon “submission” of the new data points, the actual entire Annual Report, consisting of the new data just submitted as well as the data already submitted via the FCC Forms, would be available for the applicant to view and would be maintained in the “documents” tab in My Portal. USAC could then directly provide an electronic version of each Consortium’s report as well as a cumulative report of all consortia to the FCC.

We would also propose that the Annual Report provide the following data points, all based on data currently submitted to USAC via the FCC Forms. Because this is data already being collected, these data points would come directly from USACs databases. The additional data points are:

- Total number of eligible entities in the consortium
 - Reported on the 460
 - Reported on the 462
- Total number of ineligible entities in the consortium
 - Reported on the 460
 - Reported on the 462
- Total number of off-site data centers in the consortium
 - Reported on the 460

¹³ The FCC recognizes the same in its Public Notice seeking comments, stating “It is important to note that HCF was designed so that the Forms used to apply and receive services in the program, FCC Forms 460, 461, 462 and 463, also collect data that may be used to evaluate progress towards the program’s goals”.

- Reported on the 462
- Total number of off-site administrative offices in the consortium
 - Reported on the 460
 - Reported on the 462
- Total rural participants (eligible only) participating in the network. Of those, how many are “grandfathered rural”.
- Total urban participants (eligible only).
- Total “other” participants (off-site data center, off-site admin office and registered ineligible entities).
- Total “urban health clinics” that are currently participating in the consortium that are “grandfathered eligible”. Total “grandfathered eligible” that are no longer eligible for said status.
- Total number of competitive bid processes during the life of the consortiums participation in the HCF.
- Total number of competitive bid processes during the prior funding year
- Total number of Form 462’s submitted during the life of the consortiums participation in the HCF.
- Total number of Form 462’s during the prior funding year.
- Total funding committed and/or disbursed by entity type.
- Total funding committed and/or disbursed by “category of expense”.

The above data points are added to allow the FCC a “whole-consortium” view of the consortium filing the Annual Report. These data points are also suggested because they are data points that are useful for the consortium itself to have available for their own use and analysis. USAC does not currently have reporting capabilities that the applicant can utilize in My Portal. These are data points that consortium applicants need in order to meet their own goals to expand broadband service and telehealth and telemedicine programs, as well as to ensure that the consortium is being a good steward of the universal service funds for which it benefits.

We also ask for reconsideration of the September 30th deadline for the Annual Report. The FCC Form 462 can be filed as late as June 30th. If the program administrator has not yet had time to process all consortium submitted Form 462’s for that funding year, the data coming from the submitted, and not processed, Form 462’s may not be meaningful. It is possible that the data on the submitted Form 462’s will be modified during the application review process. Annual Reports with all, or some, data coming from “submitted” Forms instead of “processed” Forms could taint the data analysis performed by the FCC because the data is not in its final Form.

The FCC could choose to resolve this issue in several different ways. It could require that the program administrator process all consortium submitted Form 462s by a date certain, perhaps August 30th. This could potentially cause administrative issues for the program administrator depending on the number of applications submitted in the final weeks and days of the funding year. Alternatively, the FCC could modify the Annual Report requirement to December 31st of each year. This would allow the program administrator six months to process all consortium funding requests for that funding

year and would allow the consortium leader(s) time to collect any new data points from its HCPs and review for accuracy prior to submission.

We also recommend that the cumulative data that the program administrator would provide to the FCC be publicly available data posted on USAC's website to increase transparency of the program. The E-rate program and historically the RHC programs have publicly provided data on funding commitments on their web sites.¹⁴ To date, there is no publicly available information on the USAC RHC website concerning HCF commitments, other than total dollars committed.

VI. Conclusion

We agree with the Commission that the Annual Report should be designed to utilize the information already being collected on the existing FCC Forms. With slight modifications to the existing Forms and USAC's My Portal, some additional data points can be added, such as the technology being used to provide the broadband service and HCP numbers for end points of circuits.

The entities participating on the network, competitive bidding process, the services being received and by whom are all data points currently being collected on the existing Forms. It would be administratively burdensome to require applicants to provide information, annually, that had already been provided on existing Forms.

We propose that the actual data points that will be collected on the Annual Report be clearly identified by the FCC. Once the data collection points have been clearly identified, the report itself should be made available for public comment so that consortium leaders and its participating HCPs can have an opportunity to inform the FCC as to the feasibility and administrative burden of producing the data requested on the Annual Report.

We also propose that the Annual Report utilize the data already being submitted by the applicants on the FCC Forms. The data points that would come directly from the existing data on the FCC Forms should be clearly identified when the FCC submits the Annual Report for public comment. Consortium leaders and its participating HCPs

¹⁴ RHC commitments for funding years 1998 through 2011 can be searched here: <https://www.rhc.universalservice.org/funding/asc/> (last visited October 24, 2014). While the USAC website states "The automated search of commitments (ASC) allows users to search the Rural Health Care (RHC) database for funding commitment information since the inception of the RHC Program. Results by can be filtered by applicant name, city, state, and Funding Commitment Letter (FCL) issue date." The data is actually only available from 1998 through 2011. The data is no longer available for any commitments issued beginning FY2012. The E-rate program provides data from FY1998 through current and can be searched here: <http://www.usac.org/sl/tools/commitments-search/Default.aspx> (last visited October 24, 2014). It is inconsistent that the E-rate program provides funding commitment data, while the RHC program stopped providing any funding commitment data at all beginning in FY2012. The information should be publicly available for all RHC programs and all funding years.

should only be required to annually provide data that is not already collected on existing Forms.

Finally, we ask that the cumulative data submitted by all consortium leaders be made publicly available on USAC's website to increase transparency of the program.

Respectfully submitted by,



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