

January 16, 2015

VIA ELECTRONIC FILING (ECFS)

Marlene H. Dortch, Esq., Secretary
Federal Communications Commission
445 Twelfth Street, SW
Washington, DC 20554

RE: **EX PARTE PRESENTATION**

Misuse of Internet Protocol (IP) Captioned Telephone Service; Structure and Practice of the Video Relay Service Program; Telecommunications Relay Services and Speech-to-Speech Services for Individuals with Hearing and Speech Disabilities

CG Docket Nos. 13-24, 10-51, 03-123

Dear Ms. Dortch:

On January 14, 2015, the undersigned counsel on behalf of Hamilton Relay, Inc. ("Hamilton") met with Gregory Hlibok, Eliot Greenwald, Robert Alridch, and Darryl Cooper of the Disabilities Rights Office of the Consumer & Governmental Affairs Bureau ("CGB"). Dixie Ziegler of Hamilton participated in the meeting by telephone, along with Scott Freiermuth and Dennis Selznick of Sprint Corporation ("Sprint"), and Kevin Colwell and Tim Engelke of Ultratec, Inc. (collectively with Hamilton and Sprint, the "Parties").

During the meeting, the parties discussed the pending Petition for Limited Waiver ("Petition") filed by Hamilton and Sprint on July 25, 2012.¹ The Parties confirmed that the technical issues which prompted the Petition's filing have not been mitigated by the user

¹ Hamilton Relay, Inc. and Sprint Communications Company, L.P., Petition for Limited Waiver, CG Docket Nos. 10-51, 03-123 (filed July 25, 2012) ("Petition"). The Petition was styled as a request for "limited" waiver in anticipation that the Commission could quickly resolve this matter by issuing an erratum clarifying that, as noted in Paragraph 79 of the *Order*, IP CTS providers need to provide an incoming telephone number in its CDRs only to the extent that the call originates with a telephone number. In light of further discussions with Commission staff, Hamilton and Sprint respectfully withdraw the "limited" nature aspect of the waiver request, and instead are requesting a permanent waiver of the requirement to supply an incoming telephone number in their CDRs, so long as Sprint and Hamilton submit relevant Electronic Serial Number ("ESN") information in their CDRs in lieu of incoming telephone number information.

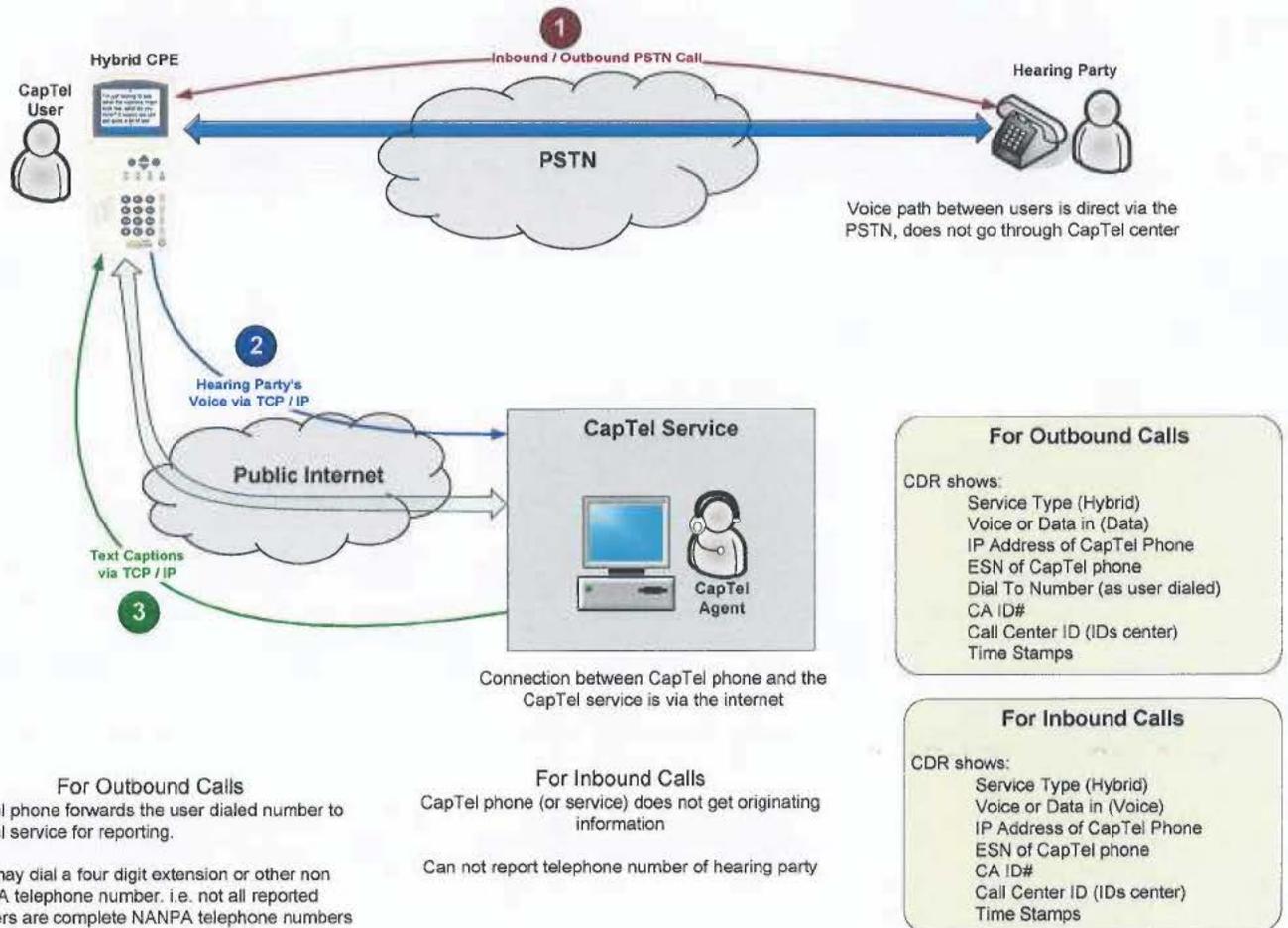
registration requirements adopted in 2013, and that it remains technically infeasible to automatically capture the incoming telephone number in IP CTS call detail records (“CDRs”) as required by Section 64.604(c)(5)(iii)(D)(2)(v) of the Commission’s rules.²

Specifically, the problem arises because the call between the IP CTS user and the hearing party is routed directly between the two parties on the Public Switched Telephone Network and does not go through the captioned telephone center. As a result, the caption telephone center does not receive the Automatic Numbering Information necessary to identify the telephone number of the captioned telephone.

The Parties also shared a flowchart of an IP CTS phone call, as shown on the next page:

² 47 C.F.R. § 64.604(c)(5)(iii)(D)(2)(v) (referred to inadvertently in the Petition as Section 64.604(c)(5)(iii)(C)(2)(v) due to an apparent incorrect cross-reference in that provision of the rules).

IP CapTel Phone Call Flow



For these reasons, the Parties urged the Commission to grant the waiver request, subject to the requirement that Sprint and Hamilton submit relevant Electronic Serial Number (ESN) information in their CDRs in lieu of incoming telephone number information.³

The Parties believe that the substitution of ESNs in lieu of incoming telephone number information would provide comparable, if not better, information to the TRS Fund Administrator and the Commission. ESNs are a unique identifier for each IP CTS phone, and cannot be easily spoofed. In addition, the ESN is directly tied to the IP CTS user registration information required by the Commission and provides a reliable means for auditing CDRs.

³ Given that no other IP CTS provider has filed comments on the Petition in the more than two years that it has been pending, it appears that the requested waiver could be issued to Sprint and Hamilton only, rather than to IP CTS providers generally.

Finally, the Parties note that in the interim since the Petition was filed, the TRS Fund Administrator has taken several steps to ensure the validity of all CDRs. One of those steps was to begin accepting and using ESN information to review call patterns and ensure that the IP CTS phone is being used by a registered user. The TRS Fund Administrator also has completed several audits of IP CTS providers, one of which involved a detailed review of CDR information, including ESNs. In fact, the Administrator's new filing instructions specifically include requests for ESN information (see attached Appendix, at pp. 21, 24-25). Clearly, the TRS Fund Administrator is receiving and verifying CDR information that the industry is providing, including ESNs, and is determining that the information being provided is satisfactory to ensure appropriate payment for these services.⁴

This filing is made in accordance with Section 1.1206(b)(1) of the Commission's rules, 47 C.F.R. § 1.1206(b)(1). In the event that there are any questions concerning this matter, please contact the undersigned.

Respectfully submitted,

WILKINSON BARKER KNAUER, LLP

/s/ David A. O'Connor

Counsel for Hamilton Relay, Inc.

cc (via e-mail): Participants

⁴ Providers have been submitting CDR information to the TRS Fund Administrator since at least October 2012. The TRS Fund Administrator began informally accepting ESN information in lieu of incoming telephone numbers in the first half of 2013.

APPENDIX

**ROLKA LOUBE
INTERSTATE TRS FUND
FILING INSTRUCTIONS
(EFFECTIVE JANUARY 1, 2015)**



Interstate TRS Fund Filing Instructions

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As Administrator of the Interstate TRS Fund, RolkaLoubé oversees the collection and disbursement of funds, which includes reviewing all monthly submissions from TRS providers seeking compensation to ensure that there are no irregularities, discrepancies or violations of the Commission's TRS rules, and that there are no indications of potential fraud.

RolkaLoubé has created a filing schedule, forms and instructions describing how a certified provider in the Interstate TRS business can register and seek reimbursement for services provided according to the FCC regulations, order, rules and public notices regarding support from the Interstate TRS Fund.

Submission Forms Location

All submission forms are located on RolkaLoubé's secure extranet. RolkaLoubé will maintain a table identifying the proper set of instructions and forms to follow for each period located on the public extranet site. Email notification will be provided when changes to the filing instructions and/or forms occurs.

Registration Instructions

Provider Registration Process

TRS service providers are required to register with RolkaLoubé **at least 30 days prior to the first filing for which the provider seeks compensation from the Interstate TRS Fund.**

Providers are required to register with RolkaLoubé to receive an extranet login and password to access the RolkaLoubé secure extranet. Filings for compensation are to be submitted using the RolkaLoubé secure extranet. To obtain a login, FCC certification information must be sent to RolkaLoubé by the provider via email. Once reviewed, the provider will receive an email containing filing instructions and general company information forms. General company information is submitted using the login forms: Intent to Participate (Figure 1), Company Contact (Figure 2) and Eligible Signing Officer (Figure 3). Submit completed login forms to RolkaLoubé by emailing TRS@rolkaloubé.com. See [Filing Submission Instructions](#) section of this document for appropriate file types and naming conventions.

Login Forms

Intent to Participate

The Intent to Participate form is to be submitted at registration time and any time the information appearing on the form changes:

- Provider Certified Name – to be accompanied by the FCC approval of the changed Certified Name
- Address Information
- Services provided – to be accompanied by the FCC service certification when adding a service

The Interstate TRS Fund Administrator, RolkaLoube, is hereby notified that

intends to participate in the interstate TRS Shared Fund beginning

Participating providers may begin reporting minutes for the period covered by the next scheduled reporting month occurring at a minimum, 30 days after the administrator's receipt of this notice.

Types of service(s) to be provided (check all that apply)

Captioned Telephone VCO Captioned Telephone File Speech to Speech Traditional TRS Video File

Provider Name:

Doing Business As:

FCC Registration# (FRN):

Street Address:

City: State: Zip Code:

Officer Name:

Officer Title:

Date Signed:

Officer Signature:

Upload your completed filing or files by logging in to: [RolkaLoube Extranet](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com

Figure 1 Intent to Participate

To complete the form:

1. Enter the company name **as it appears on the certification**. This will populate the Provider Name field below
2. Enter the date (mm/dd/yyyy) on which participation begins
3. Use the checkboxes to designate the types of TRS services the company is certified to provide
4. Enter the following information in the available boxes:
 - a. 'Doing Business As', if the company has one
 - b. FCC Registration#
 - c. Street Address/City/State/Zip Code
5. Enter the name and title of a signing officer and the date for which the officer signed the form

6. Officer signs in the space available

Company Contacts

The Company Contact form is to be submitted at registration time and any time the information appearing on form changes. Each company is allowed up to four contacts. See contact descriptions below.

Contact Types:

Administrative Contact	will receive login credentials, supporting payment information, and be notified of banking information changes
Secondary Administrative Contact	will receive login credentials, supporting payment information and be notified of submission issues and banking information changes
Technical Contact	will NOT receive login credentials or supporting information and will be notified of submission issues ONLY
Secondary Technical Contact	will NOT receive login credentials or supporting information and will be notified of submission issues ONLY

ROLKA LOUBE Interstate TRS Fund Company Contacts

Provider:

Administrative Contact:
 Name: Phone:
 Title: Email:

Secondary Administrative Contact:
 Name: Phone:
 Title: Email:

Technical Contact:
 Name: Phone:
 Title: Email:

Secondary Technical Contact:
 Name: Phone:
 Title: Email:

Office Name:
 Officer Signature: Officer Title:
 Date Signed:

Upload your completed filing or files by logging in to: [RolkaLoube.Extranet](#)

For questions about this form, please call 717-565-6805 or email TRS@rolkaloube.com

Figure 2 Company Contacts

To complete the form:

1. Enter the company name

2. Enter the following information for the administrative, secondary administrative, and technical & secondary technical contacts:
 - a. Name
 - b. Title
 - c. Phone Number
 - d. Email
3. Enter the name and title of a signing officer and the dates for which the officer signed the form.
4. Officer signs in the space available

Eligible Signing Officers

The Eligible Signing Officers form is to be submitted at registration time and any time the information appearing on the form changes. Each company is allowed up to four eligible signing officers. Current and former officers will be notified of form resubmissions.

The form is titled "Interstate TRS Fund Eligible Signing Officers" and features the Rolka Loube logo. It contains a dropdown menu for "Provider" and four identical sections for officer information. Each section includes a signature box, a list of fields (Officer Name, Officer Title, Officer's Email, Date Signed), and a table for dates. The footer includes instructions to upload the completed filing or files by logging in to RolkaLoube Extranet and contact information for questions.

Figure 3 Eligible Signing Officers

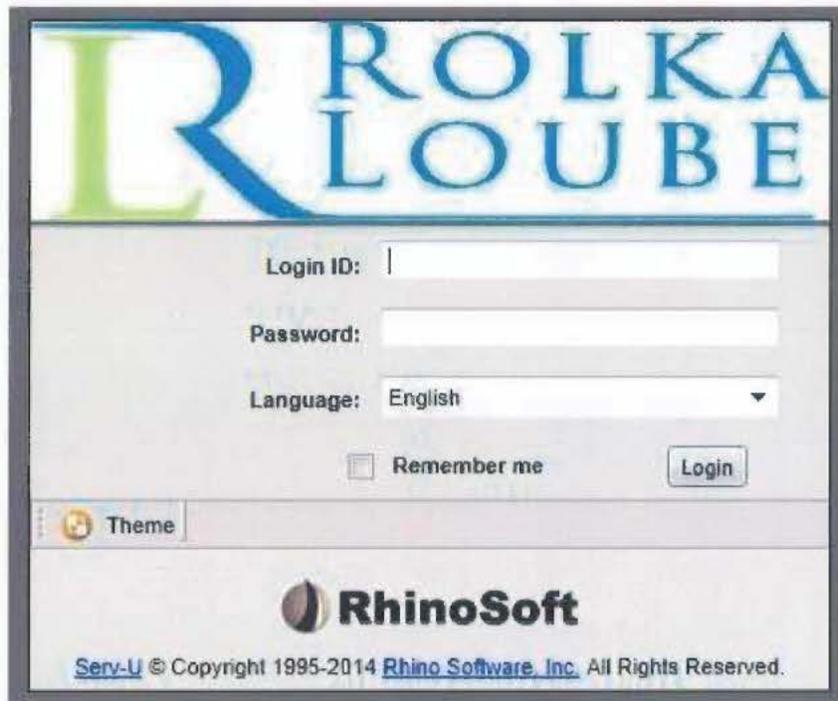
To complete the form:

1. Enter the company name
2. Enter the name, email address, title, and date signed of the eligible signing officers
3. Officer signs in the space available

Extranet Login Issuance

Once the required registration forms are received and reviewed, a provider ID is issued and extranet login information is provided by telephone. One user name and password are provided per company, to an administrative contact appearing on the Company Contacts form.

If the password for your account needs to be changed at any point, please contact RolkaLoube at 717-585-6605 or TRS@rolkaloube.com for assistance. The request must come from an administrative contact identified on the Company Contacts form. Should further distribution of that authentication information be warranted within your company, it is your option and responsibility to provide that authentication information only to those who you authorize to access the system. **RolkaLoube is not responsible for unauthorized distribution or use of the extranet credentials.**



The image shows a web browser window displaying the RolkaLoube Extranet Login page. At the top, there is a large logo with a green 'R' and the text 'ROLKA LOUBE' in blue. Below the logo is a login form with the following elements:

- Login ID: [text input field]
- Password: [password input field]
- Language: English [dropdown menu]
- Remember me
- Login [button]

Below the login form, there is a 'Theme' selector with a small icon and the word 'Theme'. At the bottom of the page, there is the RhinoSoft logo and the text: 'Serv-U © Copyright 1995-2014 Rhino Software, Inc. All Rights Reserved.'

Figure 4 RolkaLoube Extranet Login

Supplemental Registration Forms

The following supplemental forms are required to complete registration.

- Company ACH Information
- Company Call Center List

These forms are available on the RolkaLoubé secure extranet within the Supplemental Forms Workbook. See [Filing Submission Instructions](#) section of this document for appropriate file types and naming conventions.

Supplemental Form Submission Information



Interstate TRS Fund Supplemental Form Submission

The screenshot shows a green background with a white form area. At the top left is the RolkaLoubé logo. To the right is the title 'Interstate TRS Fund Supplemental Form Submission'. Below the logo, there is a 'Provider' dropdown menu. To the right of this are three stacked input fields labeled 'Prepared By', 'Telephone', and 'Email Address'. Below these is a table with five rows, each containing a link to a supplemental form: 'Attestation of Supplemental Forms', 'Company Call Centers', 'Internal Company Telephone Numbers', 'Internal Company IP Addresses', and 'Registered ESNs'. Below the table, it says 'Upload your completed filing or files by logging in to: RolkaLoubé Extranet'. At the bottom, it provides contact information: 'For questions about this form, please call 717-585-6605 or email TRS@rolkaloubé.com'.

Figure 5 Supplemental Submission Information

To complete the form:

1. Select the provider name from the drop down
2. Enter the preparer's name, telephone number and Email address

Attestation of Supplemental Forms

The Attestation of Supplemental Forms form is to be submitted anytime a form that is included within the Supplemental Forms workbook is submitted.



Interstate TRS Fund Attestation of Supplemental Forms

The chief executive officer, chief financial officer, or other senior executive of _____, with first hand knowledge of the accuracy and completeness of the information provided below

Call Center List (CNTR) <input type="text"/>	Company Telephone List (NUMS) <input type="text"/>
Registered ESNs (ESNS) <input type="text"/>	Company IP Address List (IPAS) <input type="text"/>

I swear under penalty of perjury that
(1) I am an officer of the above named reporting entity and that I have examined the foregoing reports and that all requested information has been provided and all statements of fact, are true and accurate, and
(2) the TRS calls for which compensation is sought were handled in compliance with Section 225 of the Communications Act and the Commission's rules and orders, and are not the result of impermissible incentives or payments to generate calls.

<input type="text"/>	Office Name Officer Title Date Signed	<input type="text"/> <input type="text"/> <input type="text"/>
----------------------	---	--

Officer Signature

Upload your completed filing or files by logging in to:
[RolkaLoubé Extranet](#)

Figure 6 Attestation of Supplemental Forms

To complete the form:

1. Provider name will auto-populate when selected on the Supplemental Submission Information form (Figure 5)
2. Enter the file names of the forms to be submitted
3. Enter the officer name, officer title, and date the officer signed.
4. Officer signs in the space available
5. Submit this signed form as a standalone .pdf

Company ACH Information

The Company ACH Information form is to be submitted at registration time and any time the information appearing on the form changes. All reimbursement payments are made electronically to the account information provided on the Company ACH Information form. Any changes to this information will be acknowledged by email to the administrative contacts.



Interstate TRS Fund Company ACH Information

Provider Name:	<input type="text"/>		
*Bank ABA/Routing #:	<input type="text"/>	*Bank Account #:	<input type="text"/>
*Reimbursement/Fund Support payments will be made electronically			
<input type="text"/>	Officer Name	<input type="text"/>	
	Officer Title	<input type="text"/>	
	Date Signed	<input type="text"/>	
Upload your completed filing or files by logging in to: RolkaLoube Extranet			
For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com			

Figure 7 Company ACH Information

To complete the form:

1. Enter the provider name
2. Enter the ABA/Routing number and Account number
3. Enter the name and title of the signing officer and date signed
4. Officer signs in the space available

Company Call Center

The Company Call Center report is to be submitted at registration time and any time a company opens or closes a call center as well as bi-annually on April 1st and October 1st with updated center information. Company call center information can be submitted via the Supplemental Forms Workbook (SFWK) or as a comma separated value (CSV) file with a .txt extension. Openings and closures for call centers must be reported to the Commission and RolkaLoube, with VRS centers being reported 30 days prior to the event. If the scheduled call center open/closure is delayed, confirmation of the actual open/closure date is required by submission of a new call center report. Once a center closure has been reported on a call center report, the center should be removed from any submitted call center reports thereafter.

Manager Email	ManagerEmail	Character string with maximum length of 100	Enter the complete email address the manager can be reached at
Services Provided	TTY	Bit field 1 or 0	CSV file must contain a field for each service. Enter 1 for each service the center provides and 0 for services the center does not provide.
	STS	Bit field 1 or 0	
	CTS	Bit field 1 or 0	
	IP Relay	Bit field 1 or 0	
	IP CTS	Bit field 1 or 0	
VRS	Bit field 1 or 0		
Number of CA Managers on Staff	NumCAManagers	Character string representation of the number	Enter the number of call assistant managers on staff at the time this report is being prepared.
Number of CAs on Staff	NumCAs	Character string representation of the number	Enter the number of call assistants on staff at the time this report is being prepared.
Date Center Opened	CenterOpened	Character string representation of the short date MM/DD/YYYY	Enter the most recent date the center was considered to have been officially opened. Do not report the original opening date if the center was closed and reopened.
Date Center Closed	CenterClosed	Character string representation of the short date MM/DD/YYYY	If the center closed, enter the last date that relay services were provided from the site. Remove the center from any call center list submissions thereafter.

* Pre-populated in workbook, must be a field in CSV file
See [CSV filing instructions](#) below to submit as a .txt file.

Request for Compensation Submission Instructions

Submission & Determination Dispute Schedule

As provided in 47 C.F.R §64.604(c)(5)(iii)(L) regarding procedures for the suspension and withholding of payment, RolkaLoubé will review monthly requests for compensation of TRS minutes of use within two months after they are filed. Requests for compensation are to be filed with RolkaLoubé within 15 days after the close of the month and will not be accepted sooner than 10 days after the close of the month or more than 75 days after the close of the month without a full explanation for the exception and the permission of the Commission. Rolka Loubé will make best efforts to confirm that a submission is complete and consistent with the filing instructions within one business day of submission. RolkaLoubé will notify the provider of the payment amount and that certain minutes may have been withheld from payment, including why payment may have been withheld, within two months of acknowledgment of a successfully processed submission, however effort will be made to process requests within 35 days. TRS providers will be given two months from the date of payment notification to provide additional justification for withheld payment. If the provider does not respond to the RolkaLoubé's determination to withhold minutes from compensation with sufficiently detailed information within two months after notification that payment for minutes of use is being withheld, payment for the minutes of use in dispute will be denied permanently. Submissions must be made through the RolkaLoubé extranet portal at <https://webapp.rolkaloubé.com:447>

Minute Calculations

Reimbursement requests are to contain calls received during a particular month, **determined by the date of the handoff when each incoming call was delivered from the PSTN or Internet to the provider's system** and should include all conversations that result from that handoff, including any conversations that may begin in the following month. Minutes are to be summed and rounded to the 10th of the **minute per conversation (per SessionID-ConversationID combination)**.

Speed of Answer Calculation

Speed of Answer is calculated using compensable and non-compensable calls. Testing, training, and internal calls are not included in daily call counts. Calls are to be **determined by the date of the handoff when each incoming call was delivered from the PSTN or Internet to the provider's system**.

Speed of Answer is calculated as follows:

Daily number of calls unanswered within the service specific benchmark	+	Daily number of calls answered within the service specific benchmark
Number of all calls for the day		

Service	SOA Benchmark
IP Relay	85% answered within 10 seconds daily

IP CTS	85% answered within 10 seconds daily
VRS	80% answered within 120 seconds monthly*

*VRS withholdings for SOA noncompliance are based on monthly performance totals.

Preparing Monthly Request for Compensation Submission

The following forms are required for a request for compensation:

- Signed Request for Compensation stating minute totals
- Call Detail Records for IP based services
- Speed of Answer Reports for IP based services

Provider Workbook

Submission Information

To be completed if submitting reports within the workbook.



**Interstate TRS Fund
Monthly Provider Submission**

Provider

Data Month **Data Year**

Prepared By
Telephone
Email Address

Click to go to:

Request for Compensation (SIGN)
IP Relay Speed Of Answer (SOAP)
IP CTS Speed Of Answer (SOAI)
VRS Speed Of Answer (SOAV)

Upload your completed filing or files by logging in to:
[RolkaLoubé Extranet](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com

Figure 9 Monthly Provider Submission Information

To complete the form:

1. Select the provider name from the drop down
2. Select the data month from the drop down
3. Select the data year from the drop down
4. Enter the name, telephone number and email address of the workbook preparer

Monthly Request for Compensation

The Monthly Request for Compensation report **must be submitted as a standalone .pdf**. Resubmissions of the Monthly Request for Compensation must include a resubmission reason. **Any resubmissions lacking a resubmission reason will be rejected.**

ROLKA LOUBE
Interstate TRS Fund
Monthly Request for Compensation

The chief executive officer, chief financial officer, or other senior executive of _____, with first hand knowledge of the accuracy and completeness of the information provided below, hereby requests compensation from the Interstate TRS Fund based on the reported minutes of translation services provided during _____.

This a replacement to a previous filing

Refiling Reason:

Compensable Minutes for Service	Name of files supporting the request	
	CDR	SOA
CTS	_____	_____
IP CTS	_____	_____
IP Relay	_____	_____
STS	_____	_____
TRS	_____	_____
VRS	_____	_____

I swear under penalty of perjury that
 (1) I am an officer of the above named reporting entity and that I have examined the foregoing reports and that all requested information has been provided and all statements of fact, are true and accurate, and
 (2) the TRS calls for which compensation is sought were handled in compliance with Section 225 of the Communications Act and the Commission's rules and orders, and are not the result of impermissible incentives or payments to generate calls.

 Officer Signature

Office Name
 Officer Title
 Date Signed

Upload your completed filing or files by logging in to:
[RolkaLoube Extranet](#)

Figure 10 Monthly Request for Compensation

To complete the report:

1. Enter the number of compensable minutes for each service
2. Enter the file names for the IP based service's CDR and SOA files. If submitting SOA files as a part of the workbook, enter workbook name. If submitting SOA files as standalone, enter the standalone file's name.
3. Enter the signing officer's name, title, and the date signed.
4. Officer signs in the space available

Speed of Answer for Compensable IP Based Services

Report must be completed for each request for reimbursement for IP Relay, IP CTS, and/or VRS compensable minutes. Reports can be submitted within the workbook or as a standalone .txt file.



**Interstate TRS Fund
IP Relay Speed of Answer Report**

Provider ID	Reporting Date	Number of IP Calls				Compensable Minutes	Daily Call Count	Daily SOA Percentage
		Unanswered		Answered				
		Range for 10.0 seconds or less	Range for more than 10.0 seconds	Range for 10.0 seconds or less	Range for more than 10.0 seconds			
						0	0.00%	
						0	0.00%	
						0	0.00%	
						0	0.00%	
						0	0.00%	
						0	0.00%	
						0	0.00%	
						0	0.00%	

Figure 11 Example of SOA Report

For each day, supply the following information:

Table 2 Speed of Answer Report Fields

Data	CSV Column Name	CSV Column Format	Description
ProviderID*	ProviderID	6 character string EX: 800123	Provider's six digit filer ID
Reporting Date*	ReportingDate	Character representation of short date MM/DD/YYYY	Enter the month, day and year, starting with the first day of the month in the first row and continuing with the second day of the month, third day, etc., through the last day of the month in the following rows. Ex: 7/1/2013
Number of calls unanswered within service specific benchmark	NumUnansweredWithinBenchmark	Character representation of whole number	Whole number of calls unanswered within service specific benchmark excluding test, training, or company related calls

Number of calls unanswered above service specific benchmark	NumUnansweredAboveBenchmark	Character representation of whole number	Whole number of calls unanswered above service specific benchmark excluding test, training, or company related calls
Number of calls answered within service specific benchmark	NumAnsweredWithinBenchmark	Character representation of whole number	Whole number of calls answered within service specific benchmark excluding test, training, or company related calls
Number of calls answered above service specific benchmark	NumAnsweredAboveBenchmark	Character representation of whole number	Whole number of calls answered above service specific benchmark excluding test, training, or company related calls
Number of Compensable minutes for the day	CompensableMintues	Character representation of decimal with rounded to the 10 th of a minute	Round each conversation to the tenth of a minute for the day allocating all compensable conversation minutes to the date when the handoff time of the call occurred
Daily Call Count*	DailyCallCount	Character representation of whole number	Sum of the calls for the day excluding test, training, or company related calls
Daily SOA Percentage*	DailySOAPercentage	Character representation of decimal percentage rounded to the 100 th of a percent	Decimal SOA percentage** Ex: 0.1234

*Pre-populated in workbook, must be field in CSV file

**See SOA Calculation Section

See [CSV filing instructions](#) below to submit as a .txt file.

Call Detail Records (CDR)

CSV File Fields

All requests for reimbursement for the IP based services must be accompanied by a CDR file. All call data should be captured and submitted as a .txt file identifying details of each incoming and outbound call delivered to the provider's network including compensable, non-compensable, and test/training/internal calls.

CDRs are to report:

Table 3 Call Detail Record Fields

Data	CDR Column Name & Format	Description	Requirement				
			All Calls	Non Testing, Training, Internal Calls	Answered Calls	Compensable Calls	Abandoned Calls
Time Incoming Call was Received from the PSTN or Internet	HandOffTime	This is the date and time when the call initially arrived to the provider's system. Every call record for a session should report the same HandOffTime					
	Character representation of long date MM/DD/YYYY HH:MM:SS			Y	Y	Y	Y
Call Center ID	CenterID	The identifier used internally to indicate the center where the call assistant handling the conversation is physically located.					
	Character string with maximum length of 40					Y	Y
Unique Call ID	SessionID	Unique identifier for each call that reaches the provider's system. Each month's CDR must not include a SessionID that was previously assigned in the past.					
	Character string with maximum length of 50			Y	Y	Y	Y
Conversation ID	ConversationID	Value or counter assigned to each outbound call during a call session. A ConversationID is unique for any connection between two parties that takes place during a session. Any CA transfers that may occur within this connection should be reported within a new CDR row and retain the same ConversationID. It is preferred that the ConversationID begin with 1 for each new session and increment by 1 for each new conversation there after within the same session.					
	Character string with maximum length of 50				Y	Y	Y

Call Assistant ID	CAID	The identifier of the call assistant that was assigned to the call or who handled the translation of conversation between the conversation start and end times for the call segment. Report a separate row when the CA changes during a call.					
	Character string with maximum length of 40					Y	
Call Direction	HearingCaller	Enter 1 if the call originated from a hearing caller (audio only) or 0 if the call originates from a deaf/hard-of-hearing caller (video/text/audio).					
	Bit field 1 or 0					Y	Y
TRS User IP Address	TRSUserIP	The IP address of the TRS user. This data should be in IPv4 or IPv6 format. Do not include port numbers after the IP address.					
	Character string with maximum length of 40					Y	Y
TRS User Ten Digit Telephone Number	TRSUserTDN	The digits of the TDN assigned to the TRS user. Do not include dashes, spaces, periods, parentheses or any other symbols. Do not include extensions dialed after the phone number, text, letters or symbols.					
	Character string with maximum length of 10					Y	Y
URL through which the call is initiated	URL	The Uniform Resource Locator of the system through which the call was initiated.					
	Character string with maximum length of 255					Y	Y
Hearing Person's Telephone Number	HearingTN	The digits of the telephone number related to the hearing person, regardless if they initiated the call or received it. Do not include dashes, spaces, periods, parentheses or any other symbols. Do not include text, letters or symbols.					
	Character string with maximum length of 40					Y	Y
Session Start Time	SessionStartTime	For answered calls, the session start time is the time when the incoming call is first answered by a CA. All calls within a session should report the same session start time.					
	Character representation of long date MM/DD/YYYY HH:MM:SS				Y	Y	
Conversation Start Time	ConversationStartTime	For completed calls, the conversation start time is the time when the reported CA has begun translating the call between the caller and the outbound telephone number.					
	Character representation of long date MM/DD/YYYY HH:MM:SS					Y	

Conversation End Time	ConversationEndTime	For completed calls, the conversation end time is the time when translation by the reported CA has discontinued because either the CA got off the call or the caller or the called party disconnects.						
	Character representation of long date MM/DD/YYYY HH:MM:SS						Y	
Incoming Call End Time	IncomingCallEnd	This is the time stamp of the termination of the incoming call by the imitating party.						
	Character representation of long date MM/DD/YYYY HH:MM:SS							Y
Session End Time	SessionEndTime	For answered calls, the session end time is the time when the CA ended all communications.						
	Character representation of long date MM/DD/YYYY HH:MM:SS				Y	Y		
Disposition	Disposition	Report a value of -'C' for a call for which the provider seeks compensation -'D' for all compensable calls that are affected by Daylight Saving Time -'N' for all calls that are non-compensable -'X' for all calls that are test/training/or internal -'Q' for calls for which the compensability is disputed						
	Single character		Y	Y	Y	Y	Y	Y
ESN	ESN	Electronic Serial Number of the device used by the TRS User. For IP CTS Users only.	Voluntary					
	Character string with maximum length of 255							
Technology	Technology	Way in which service was delivered to Provider's system. For all IP based services Ex: Web, Wireless, Traditional	Voluntary					
	Character string with maximum length of 255							

Table 4 Internal Telephone Number Report Fields

Data	CSV Column Name	CSV Column Format	Description
ProviderID*	ProviderID	Six character string EX: 800123	Provider's six digit filer ID
Telephone Number	TelephoneNumber	Character string with maximum length of 10	Single ten digit number. Do not report ranges of telephone numbers. Do not include non-numerical characters
Start Date	StartDate	Character string representation of short date MM/DD/YYYY	Enter the date for which the telephone number was first considered internal. For telephone numbers that have been internal prior to January 2015, enter 01/01/2015
End Date	EndDate	Character string representation of short date MM/DD/YYYY	Enter the first date that the telephone number was no longer considered internal. Leave blank if telephone number is currently considered internal.

*Pre-populated in workbook, must be field in CSV file
See [CSV filing instructions](#) below to submit as a .txt file.

Internal Company IP Addresses

Report must be submitted when changes to internal IP addresses change and can be submitted within the supplemental workbook or as a standalone .txt file. Report can be submitted at any time but **only submitted when changes to internal IP addresses occur**. All submissions will be considered a complete replacement of any previous submission. **Do not report reserved IP addresses**. Internal company IP addresses can be reported as a range, with the range on the last octet of the IP address separating the first value of the range from the last with the word "thru" (1.2.3.4 thru 1.2.3.255). For partial month internal IP addresses, report the first day/last day for which the IP address was internal to the company. For IP addresses that are still considered internal, do not report an end date. Once an internal IP address is no longer internal and an end date for the IP address has been reported, the IP address should be removed from all reports submitted thereafter.

Reimbursement Request Resubmissions & Changing Company Information

Reimbursement Request Resubmissions

When resubmitting:

Table 7 Resubmission Guidelines

If resubmitted for	Resubmit
To change minutes for TTY, STS, or CTS services	Signed Request for Compensation with new minute total for changed service and original totals for unchanged services listing refiling reason
To change minutes for IP Relay, IP CTS, or VRS	-CDR for changed service(s)
	-SOA report for changed service(s)
	-Signed Request for Compensation with new minute total for changed service(s) and original totals for unchanged services listing new files that have been uploaded listing refiling reason
To change format of any reports required for reimbursement	Signed Request for Compensation attesting to new files that have been uploaded listing refiling reason
	Reports being changed
To change information or format of any supplemental reports	Signed Attestation of Supplemental forms attesting to new files that have been uploaded
	Reports being changed

Any resubmissions that are not indicated as a refiling and/or do not list a refiling reason will be rejected and the provider will be asked to resubmit.

Changes to Company Information

To change information

Table 8 Company Information Change Guidelines

To	Resubmit	Notes
Company Name, Address, or Services Provider	Signed Intent to Participate as pdf	A resubmission to change company information is considered a complete resubmission. All unchanged information should remain on the new submission.
Company Contacts	Signed Company Contact Report as pdf	Each company is allowed 4 contacts. A resubmission to change a contact is considered a complete resubmission. Only change the information for the changing contact and leave the information for the remaining

		contacts.
Eligible Signing Officers	Signed Eligible Signing Officers as pdf	Each company is allowed 4 signing officers. A resubmission to change a signing officer is considered a complete resubmission. Only change the information for the changing signing officer and leave the information for the remaining signing officer.
Company ACH Information	Signed Company ACH Information as pdf	An email will be sent to the administrative contacts of the company to confirm the ACH information change.
Company Call Center Information	Notification letter to the FCC of the opening and/or closure	CenterIDs will now be associated with a physical address. When relocating a call center, enter a closure date for the original centerID record and enter a new row with a new centerID for the new address, reporting an open date. Do not remove the center open dates from any additional reports. When closing a center, submit a new company call center report indicating the closure, and remove the center from any additional reports submitted thereafter.
	Signed Attestation of Supplemental Forms as pdf Company Call Center Report as CNTR.txt file or as part of the SFWK.xlsx workbook	
Internal Company Telephone Numbers	Signed Attestation of Supplemental Forms as pdf	
	Internal Company Telephone Numbers as NUMS.txt file or as part of the SFWK.xlsx workbook	
Internal Company IP Addresses	Signed Attestation of Supplemental Forms as pdf	
	Internal Company IP Addresses as IPAS.txt file or as part of the SFWK.xlsx workbook	
Registered ESNs	Signed Attestation of Supplemental Forms as pdf	For IP CTS providers Only
	Registered ESNs as ESNS.txt file or as part of the SFWK.xlsx workbook	

File Submission Instructions

Acceptable Filing Extensions and Naming Conventions

Table 9 Acceptable Filing Extensions and Naming Conventions

File	Naming Convention	File Ext	Submission Type
Pre-registration Forms			
When Pre-registering			
Intent to Participate	CompanyName_PART	.pdf	Email
Company Contacts	CompanyName_CNTC	.pdf	Email
Eligible Signing Officers	CompanyName_OFFS	.pdf	Email
When changing company information			
Intent to Participate	800XXX_PART	.pdf	Extranet Upload
Company Contacts	800XXX_CNTC	.pdf	Extranet Upload
Eligible Signing Officers	800XXX_OFFS	.pdf	Extranet Upload
Supplemental Registration Forms			
Attestation of Supplemental Forms	800XXX_ATSP	.pdf	Extranet Upload
Company ACH Information	800XXX_ACHI	.pdf	Extranet Upload
Company Call Center Information	800XXX_CNTR_N	.txt	Extranet Upload
	OR		
	800XXX_SFWK_N	.xlsx	Extranet Upload
Required Request for Compensation Forms			
Request for Compensation	800XXX_YYMM_SIGN_N	.pdf	Extranet Upload
Call Detail Records	800XXX_YYMM_CDRP_N (IP Relay)	.txt	Extranet Upload
	800XXX_YYMM_CDRI_N (IP CTS)		
	800XXX_YYMM_CDRV_N (VRS)		
Speed of Answer Performance	800XXX_YYMM_RCBK_N	.xlsx	Extranet Upload
	OR		
	800XXX_YYMM_SOAP_N (IP Relay)	.txt	Extranet Upload
	800XXX_YYMM_SOAI_N (IP CTS)		
	800XXX_YYMM_SOAV_N (VRS)		
Supplemental Company Information			
Company Internal Telephone Numbers	800XXX_SFWK_N	.xlsx	Extranet Upload
	OR		
	800XXX_NUMS_N	.txt	Extranet Upload
Company Internal IP Addresses	800XXX_SFWK_N	.xlsx	Extranet Upload
	OR		
	800XXX_IPAS_N	.txt	Extranet Upload
Voluntary Request for Compensation Forms			
Registered ESNS – for IP CTS providers only	800XXX_SFWK_N	.xlsx	Extranet Upload
	OR		
	800XXX_ESNS_N	.txt	Extranet Upload

Where 800XXX is the RolkaLoubé issued Provider ID, YYMM is the year month month (January 2014 = 1401) code for the service period submitting, and N is the submission number starting at 0 and incrementing by 1 for each additional period submission.

CSV (.txt) File Instructions

CSV files should

- include the column names as the first row
 - column names for each report can be found in individual report sections above
- be comma delimited; quote enclosed
- have a row terminator of Char(13) and Char(10)
- not include any commas or quotes within the value of the field
- have 16 field terminating commas for VRS and IP Relay CDRs
- have 17 field terminating commas for IP CTS CDRs

Do not remove any fields from the CDR file.

- IP CTS CDRs should include the ESN field regardless if data is supplied
- All CDRs should include the Technology field regardless if data is supplied

Submitting Files to RolkaLoubé

To submit files to the RolkaLoubé, visit RolkaLoubé's extranet portal at <https://webapp.rolkaloubé.com:447>. There is a secure file upload link on this page; using the credentials given to log in. Once logged in to the secure file upload area, you will have the option to upload files and see previously uploaded documents.

Each provider will have a Provider folder and Processed Submissions subfolder. Upload new files in the Provider folder. Files cannot be uploaded to the Processed Submission subfolder; this folder is read only. Files that have been uploaded cannot be retracted, modified, renamed nor deleted. To make changes to a file, see the Resubmission Guidelines (Table 8) and Company Information Change Guidelines (Table 9) sections of this document.

Once RolkaLoubé has processed a submission uploaded to the Provider folder, the file will be moved to the Processed Submission subfolder and an acknowledgement email will be sent to the administrative contacts.

To upload a file:

1. Click the Upload button in the bottom left
2. Click on the Browse button to locate the file to be uploaded
3. Click Open or Okay on the dialog box

Questions?

For any questions, please contact RolkaLoubé at 717-585-6605 or TRS@rolkaloubé.com.