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Application Assistance Workplan
Federally Qualified Health Centers in Maine

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B D M P

Phase Two Deliverable
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1.0 Workplan Summary

In this phase of our project, BDMP was tasked with providing an Application Assistance Workplan that describes how all eligible FQHCs can apply for the maximum amount of federal funding available for the next available funding year. This document presents our workplan to help Maine Federally Qualified Health Centers (FQHCs) apply for federal funding from the Rural Health Care (RHC) program, which is administered by the Universal Service Administrative Company (USAC). It establishes the need for a coordinated consortium approach to the application process, and it provides a cost estimate for implementing the worklplan.

The RHC Funding Mechanism

The RHC program of the Universal Service Fund (USF) is a national reimbursement program authorized by Congress and designed by the Federal Communications Commission (FCC) to provide reduced rates to rural health care providers for telecommunications services and Internet access charges related to the use of telemedicine and telehealth. The program was created as part of the U.S. Congress 1996 Telecommunications Act and is intended to ensure that rural health care providers do not pay more for telecommunications in providing health care services than their urban counterparts.

The Rural Health Care Division (RHCD) manages approximately $45 million annually. Universal Service Administrative Company (USAC) serves as the administrator of the USF at the direction of the FCC and requires each physical location of a health care practice to submit an annual application for assistance. Currently the program will reimburse 100% of the eligible urban/rural differential for telecommunication services and 25% of the eligible urban/rural differential for Internet services, including but not limited to, Internet access. Newer technologies, such as Voice over Internet Protocol (VoIP), are currently not supported under the RHC funding mechanism. The RHC program has been underutilized by the rural health care community.[1]

Application Overview

Drawing upon the findings from the needs assessment conducted in December 2006, this workplan anticipates a coordinated approach to the application process. This type of coordinated approach has been applied successfully by other states.[2] Research identified that, where efforts were made to better utilize this funding resource, a dedicated application coordinator improved the state's ability to secure support.

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[1] This program, and other relevant considerations, are more fully described and referenced in our Telecommunications Needs Assessment Report, presented under separate cover.

[2] The State of Kentucky, for example, saw a significant rise in support during the 2002-03 time period when a dedicated employee was put in place to coordinate the USAC application process.

Accordingly, the workplan described herein anticipates an Application Process Manager (APM) will coordinate and oversee the process of submitting applications.

The USAC application process entails the following five major components:

- Coordination of the application process and reviewing program eligibility;
- Determining specific needs of each applicant and submitting the appropriate forms;
- Obtaining bids from service providers (providers are given 28 days to bid upon submitted applications);
- Determining the most cost-effective solution from bids provided and securing a contract; and
- Receiving funding from the program.

The Application Assistance Workplan described on the following pages addresses these five components and provides a guide through the process of applying for and obtaining federal funding. A detailed 21-step guide is provided, which builds upon the information provided on the USAC website and other sources and is tailored specifically for Maine FQHCs.

Each step is fully described including reference to applicable forms and instructions. Where appropriate, we have referenced specific web sites and other resources. A glossary, sample forms, and additional information have been provided as appendices to this workplan.

Participants FQHCs

This Application Assistance Workplan is intended to be used by participants below in applying for USF funding. The eligibility for each physical location for each FQHC should be verified prior to applying (see step 1 for detail):

- Bucksport Regional Health Center
- Community Clinical Services
- DFD Russell Medical Center
- East Grand Health Center
- Eastport Health Care
- Fish River Rural Health
- Harrington Family Health Center
- Health Access Network
- Health Care for Portland's Homeless
- HealthReach Community Health Centers
- Indian Township
- Islands Community Medical Services
- Isleboro Health Center
- Katahdin Valley Health Center
- Penobscot Community Health Center
- Pines Health Services
- Pleasant Point
- Regional Medical Center at Lubec
- Sacopee Valley Health Center
- St. Croix Regional Family Health Center
- Sebasticook Family Doctors
- York County Community Health Center

2.0 Application Assistance Workplan for the FQHC's

This section provides a detailed, step-by-step workplan to assist eligible FQHCs in applying for the maximum amount of federal funding. The 21-step Application Assistance Workplan builds on USAC's required forms, timeframes, and processes. These steps are summarized below in checklist form and are followed by detailed explanations of the tasks involved with each step.

Step #	Required Action(s)	Step Complete
1	Determine all Health Care Providers (HCP) who are eligible and wish to participate in the consortium.	
2	Appoint an Application Process Manager and organization to coordinate the application efforts.	
3	Establish a point of contact for each participating HCP.	
4	Determine the needed telecommunications and Internet service technologies for each HCP physical location.	
5	Complete a draft Form 465 for each HCP physical location.	
6	Obtain most competitive "Urban Rate."	
7	Complete and submit Form 465 to the RHCD for all HCP physical locations.	
8	Obtain USAC eligibility approval.	
9	Obtain competitive bids from communication providers (CP).	
10	Criteria for "Most Cost-Effective" Bids	
11	Submit bids to Application Process Manager for review and evaluation.	
12	Select bid(s) that best meet each organization's needs.	
13	Complete and submit Form 466 for telecommunication services or 466-A for Internet Services for each HCP physical location.	
14	RHCD reviews Form 466/466-A	
15	Obtain approval (or denial) of support for funding	
16	Receive Funding Commitment Letter and Connection Certification Form (Form 467) from USAC.	
17	Initiate communication with service provider to begin service of the requested technology.	
18	Complete and submit Connection Certification Form (Form 467) for all HCP physical locations to the RHCD.	
19	Obtain a HCP Support Schedule (HSS) from USAC.	
20	Begin receipt of reduced rate services.	
21	Monitor service bill for credit.	

Table 1: Application Assistance Workplan - Checklist

3.0 Explanation of Steps in the Application Process

The following is an explanation of the specific steps in the application process:

STEP 1: Determine all Health Care Providers (HCP) who are eligible and wish to participate in the consortium.[3]

A critical first step in the application process is to determine which HCPs plan to apply for funding. Our research has shown that states with increased participation in the application process often obtain greater levels of success in receiving funding.

Based upon USAC's eligibility list, 21 of the 22 community health centers considered to be part of this project can meet the necessary eligibility requirements (based on rurality) for at least a portion of their locations. In a few cases, some FQHC sites may not be eligible for the RHC program. In our estimation, ineligible sites include but are not limited to, Portland Public Health, Penobscot Community Health Center in Bangor, and the Spruce Street Health Center in Sanford.

The USAC website provides a search tool to determine whether an HCP qualifies as rural by their standards[4]. The website displays a table, which is broken down by state, county, and rural eligibility. To determine eligibility, select the county in which the HCP resides and review the contents of the rural eligibility column. There are three possible responses listed in the rural eligibility field:

- Rural – all HCPs within the specific county are considered rural by the FCC and USAC.
- Urban – none of the HCPs in the specific county are considered rural by the FCC and USAC.
- Rural only in… – the county contains both rural and urban locations. An HCP must take additional steps in obtaining its rural-urban categorization. The HCP must first determine its Census Track Number from the FFEIC website[5]. Once the HCP has found its Census Track Number, the HCP should review the USAC rural eligibility table, find the specific county, and determine whether its Census Track Number is listed as rural. If the Census Track Number is not listed in the table, the HCP is considered urban by USAC and the FCC.

In addition to determining the rural-urban status of the HCP for eligibility, the RHC program is only available to specific types of health care providers. According to the USAC website, the following HCPs are eligible to participate in this program:

- Post-secondary educational institutions offering health care instruction, teaching hospitals, or medical schools;

[3] http://www.usac.org/rhc/tools/fequently-asked-questions.aspx#3 – Understanding HCP eligibility.
[4] http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp
[5] http://www.ffiec.gov/Geocode/default.aspx

- Community health centers or health centers providing health care to migrants;
- Local health departments or agencies, including dedicated emergency departments of rural for-profit hospitals;
- Community mental health centers;
- Not-for-profit hospitals;
- Rural health clinics including mobile clinics;
- Consortia of HCPs consisting of one or more of the above entities; and
- Part-time eligible entities located in otherwise ineligible facilities.

STEP 2: Appoint an Application Process Manager and organization to coordinate the application efforts.

Through the course of our work it became evident that a coordinated, structured and effectively managed application process increased the level of success. An Application Process Manager (APM) should be appointed to manage the entire application process. The APM will be responsible for:

- Organizing all of the participating HCPs;
- Understanding critical RHC deadlines;
- Understanding all required USAC application forms and required information;
- Creating a specific project plan for the application process;
- Monitoring project progress;
- Communicating with the HCPs on the progress of the application process; and
- Serving as a central point of contact for USAC, the FCC, participating HCPs and other project stakeholders.

STEP 3: Establish the point of contact for each participating HCP.

Each HCP should appoint a representative who will serve as the dedicated point of contact for the HCP. The HCP representative will work directly with the Application Process Manager through the application process and will be responsible for communication, data gathering, and decision support tasks throughout the project. The HCP representative will be responsible for gathering all of the required information and providing it to the APM.

STEP 4: Determine the needed telecommunications and Internet service technologies for each HCP physical location.

Through the course of our work, we have established overall telecommunication requirements to support Electronic Medical Record (EMR) and Enterprise Practice Management (EPM). Those requirements are described in our report and include the following:

- Must have a data connection with dedicated bandwidth;
- Must develop quality of service parameters for communications services procured, including a Service Level Agreement (SLA) from the telecommunications provider;
- Should have redundant (backup) telecommunication services in place to ensure the reliability of "uptime" (e.g., a common backup for a full T1 as the primary data connection is a DSL line for a secondary/backup data connection); and
- Must meet the minimum access bandwidth of 1.544 mbps as outlined by the FCC to support telemedicine.[6]

Based on these recommendations, each HCP should review the following and determine the specific technologies needed for each of the HCP's physical locations:

- Current telecommunication services;
- Current use of EMR, EPM, and telehealth;
- Planned future use of EMR, EPM, and telehealth; and
- The available telecommunications infrastructure.

In addition, each HCP should consider the impact of selecting telecommunication services, Internet services, and bundled services as the desired communication technology on receiving funding from the RHC program. The RHC program will fund 100% of the eligible urban/rural differential for telecommunication services and 25% of the eligible urban/rural differential for Internet services, including but not limited to Internet access. Bundled services (technology that handles both voice and video/data) are considered an Internet service by the FCC and USAC.

Below are eligible technologies as listed on the USAC website.[7]

Eligible telecommunications services and charges include, but are not limited to:

- Mileage related charges;
- T3 or DS3;
- T1;
- Fractional T1;
- ISDN (Integrated Services Digital Network);
- Frame relay;
- ATM (Asynchronous Transfer Mode);
- Off-premise extension;

[6] http://www.fcc.gov/Reports/telemed3.txt
[7] (http://www.usac.org/rhc/health-care-providers/step01/eligible-services.aspx)

- Satellite service;
- Centrex;
- Dedicated private line;
- Foreign exchange line; and
- Network reconfiguration service.

Eligible Internet services are limited to the following:

- Monthly Internet access charges;
- Email; and
- Web hosting.

STEP 5: Complete a draft Form 465 for each HCP physical location.

The first step in the USAC application process for RHC funding begins with the completion and submission of Form 465 (see Appendix B for an actual example form). This form must be completed for each physical location for each participating HCP. For example, if a clinic has five locations, Form 465 must be completed for each location for a total of five forms. In order to successfully obtain funding from the RHC program, the HCP must complete forms for all physical locations.

The HCP representative will be responsible for organizing the information needed for its locations and for completing a draft Form 465. The Application Process Manager will support the HCP representative during this process and answer any questions that HCP representatives may have during the process. The APM is responsible for tracking the completion of Form 465 for all participating sites and ensuring that all forms are completed by project deadlines.

Form 465 has many details that need to be completed. Following are areas of particular importance:

- **Block 1: HCP Location Information** is information about the physical location of the HCP applicant. It is very important that a person who works at that location is designated on the form because of potential USAC/FCC audits that may occur after funding has been received.
- **Block 2: HCP Mailing Contact Information** is the contact information for the person managing the application process. This contact does not have to be located at the HCP location. Based on our proposed work plan, this contact should be completed with the APM's contact information. This provides a central point of contact for USAC for all of the applicants.

- **Block 3: Funding Year Information** designates the funding year for which the applicant is applying. The funding years run from July to June. The application process is handled in a continuous manner, so that applications can be received up until the deadline. Applications are being accepted for Funding Year 2006 through June 31st, 2007. We recommended the Maine FQHCs submit applications for funding year 2006 soon.
- **Block 4: Eligibility** requests information on applicant eligibility (as defined in Step 1 of the Workplan). In addition, Question 29 of this block requests the applicant to explain the telecommunication services that the HCP is looking to implement or is currently using today. We encourage detailed responses here for both the communication services needed (e.g. T1, 1.544 mbps, ISDN PRI, etc.) and the medical technologies being used (e.g., electronic medical record, telemedicine, transmission of x-rays, video conferencing, etc.).
- **Block 5: Request for Services** offers three choices: both telecommunication and Internet services, telecommunication services only, and Internet services only. USAC recommends that "both telecommunication services and Internet services" be selected by all applicants. This selection provides applicants with the most flexibility and will not limit applicants from potential funding opportunities in the process.
- **Block 6: Certification** is an agreement that the information provided in the application is true, the appropriate procedures have been followed, and other requirements have been met.

STEP 6: Obtain the most competitive "Urban Rate."

There are two methods that may be used when applying for RHC funding: mileage based[8] or a comparison of rural and urban rates[9]. Our recommendation is to use the rural-urban comparison method. It is a much easier method for calculating support amounts because the HCP does not need to determine the "total billed miles" which may be difficult to determine.

In order to use the rural-urban comparison method, a HCP must establish an urban rate to use in the application process. The urban rate is the rate that the HCP would pay if located in a city with a population of 50,000 or more. Urban rates are only applicable within the same state (e.g., an urban rate for New Hampshire cannot be applied for Maine-based HCPs). According to USAC, the urban rates "must resemble the rural rate as closely as possible in terms of length of service agreement, circuit type, bandwidth, and rate elements associated with the circuit."

USAC has provided some information on its website regarding urban rates by state.[10] We recommend that the Application Process Manager should establish the lowest urban rate for the State of Maine. In order to accomplish this, the APM should inquire

[8] http://www.usac.org/rhc/health-care-providers/step05/mileage-based-charge-discount-request.aspx
[9] http://www.usac.org/rhc/health-care-providers/step05/comprehensive-rate-comparison-request.aspx
[10] http://www.usac.org/rhc/tools/rhcdb/UrbanRates/search.asp

with multiple providers and ask for their current urban rate for both non-recurring (commonly installation costs) and recurring fees. For a listing of the carriers in the State of Maine, see the Ratewatcher Telecom Guide provided by the Maine State Government's Office of the Public Advocate.[11]

When obtaining urban rates, contract based rates will likely be lower than month-to-month rates; however to use these rates, an HCP must be willing to enter a contract with a provider. It would be helpful for the APM to establish the urban rate for month-to-month and contract based rates (12-, 24-, 36-, and 48-month terms, if possible). This will supply the applicants with the best information and most options when applying for funding.

USAC requires evidence of the urban rate and will inquire with the communications provider regarding the basis of the rate if they believe it is necessary. The evidence that may be used for the urban rate may include invoices, tariff pages, a letter from the urban provider, rate pricing information on the provider's website, or a bill. For more detail refer to the "Evidence for Urban Rate" in the USAC website's glossary of terms.[12]

STEP 7: Complete and submit Form 465 to the RHCD for all HCP physical locations. (To be completed by the Application Process Manager.)

The Application Process Manager should review all draft Form 465s that were completed by the HCP representative and make any corrections that are warranted. Once these forms have been finalized the APM should submit all the forms to USAC. For first time applicants the forms should be signed and mailed to:

Universal Service Administration Company
Rural Health Care Program
80 S. Jefferson Road
Whippany, NJ 07981

Applicants who have successfully posted a Form 465 in the past are eligible to use the e-certification process to electronically sign and submit Form 465. Using the e-certification process is much faster and the 28 day bidding process can begin sooner. For complete details on the e-certification process, please refer the E-Certification Section of the USAC website.[13]

STEP 8: Obtain USAC eligibility approval.

USAC will review the submitted Form 465s and determine each applicant's eligibility. If USAC determines that the applicant is ineligible to receive funding, the process ends for the applicant. If USAC determines that the applicant is eligible, the process will continue for the applicant.

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[11] http://www maine.gov/meopa/ratewatcher/index htm
[12] http://www.usac.org/rhc/tools/glossary-terms.aspx
[13] http://www.usac.org/rhc/health-care-providers/step02/e-certification.aspx

When USAC determines that the applicant is eligible for the Rural Health Care Program, they will post the applicant's Form 465 on the USAC website and send the HCP a "Receipt Acknowledgement Letter" notifying them of the posted Form 465. Applicants who have used the e-certification process will be notified via email of the posted Form 465. The information on Form 465 is then available to the general public for review. The main purpose of posting the Form 465 on the website is to open the "28-Day Competitive Bidding Process" and allow communication providers to review the needs and requested services of the applicants.

The Application Process Manager should monitor the USAC website for posted Form 465 and review incoming mail and email so that he/she is aware of when the 28-day competitive bidding process begins.

STEP 9: Obtain competitive bids from communication providers.

The 28-day competitive bidding process begins for each applicant when their Form 465 is posted on the USAC website. The communication providers will use this information to propose bids for the needed services. HCPs are not allowed to enter into any agreements with communication providers during the 28-day competitive bidding process. On the 29th day, the HCP may enter into agreement with the provider. The date of the 29th day will be defined in the "Receipt Acknowledgement Letter" received from USAC. The APM should organize and manage all of these dates.

The applicants are responsible for negotiating with communication providers as they are contacted during the bidding process. Applicants are allow to seek out their own proposals from communication providers but this will not release them from the obligation of posting a Form 465, receiving competitive bids, selecting the "most cost-effective method" and waiting till the 29th day until entering into agreements.

Step 10: Criteria for "Most Cost-Effective" Bids.

USAC requires that applicants review all bids received and select the "most cost-effective method" to meet their needs. According to the FCC (as noted on the USAC website), the "most cost-effective method" is defined as "the method of least cost after consideration of the features, quality of transmission, reliability, and other factors relevant to choosing a method of providing the required services."[14] The "most cost-effective method" does not imply the absolute "cheapest" service; it is important to consider all of the factors listed above when selecting the bid of choice. It will be critical for the APM, in conjunction with each HCP, to determine the best level of fit for the telecommunication needs at each location.

[14] http://www.usac.org/rhc/health-care-providers/step03/selecting-most-cost-effective-service-provider.aspx

STEP 11: Submit bids to Application Process Manager for review and evaluation.

The Application Process Manager should review all bids received from communication providers and make initial decisions on which bids can be removed from consideration, which should be considered semi-finalists, and, if possible, which bids can definitively be considered the "most cost-effective method." The APM should then pass on his/her recommended bid(s) to the individual HCP.

STEP 12: Select bid(s) that best meet each organization's needs.

Each HCP should review the recommended bid(s) that have come from the APM and ensure that the services will meet the unique needs of its organization. The HCP should also compare the services to its current uses of electronic medical record, electronic practice management, and telehealth services. If the bid is for a multi-year agreement of services, the HCP should review its future plans of technology use and expected practice growth and make sure the specific bid will meet those future needs. Once the HCP has reviewed the bid(s), it should make a selection and proceed with the process. The HCP representative should notify the APM of the selected bid.

Additionally, the HCP and the APM should notify the communications provider of the selection and enter into an agreement (month-to-month or contractual) for services.

STEP 13: Complete and submit Form 466 for telecommunication services or 466-A for Internet services for each HCP physical location. (To be completed by the Application Process Manager.)

RHCD must be notified by the HCPs of their selected bids. This is accomplished through submitting a Form 466 or Form 466-A (see Appendix B for examples). Form 466 is used for telecommunication services and Form 466-A is used for Internet services. A form 466 and/or 466-A must be completed for each physical location for each HCP.

When completing the forms, the APM should work with the communications provider to obtain needed information regarding the selected service. Examples of information needed to complete the forms are; the urban rate, rural rate, type of service and amount of bandwidth, and contact information for the communications provider.

In addition to the information needed to complete Form 466/466-A, supporting documentation is required. The USAC website describes the minimum needed supporting documentation.[15]

Forms 466 and 466-A can be submitted in paper copy by mail or electronically through the e-certification process (if eligible, see Step 7). The supporting documents explained above must still be sent through the mail, even if using the e-certification process.

[15] http://www.usac.org/rhc/health-care-providers/step05/other-documentation-needed.aspx

Forms 466 and/or 466-A will not continue in the approval process if not supported with complete documentation.

STEP 14: RHCD reviews Form 466/466-A

The RHCD will review the form(s) and supporting documentation, which they refer to as a "packet," for accuracy. If RHCD has questions about the packet, they will contact the HCP or service provider directly. HCP and service provider representatives are strongly encouraged to respond to USAC inquiries in a timely manner to expedite processing of the application.

STEP 15: Obtain approval (or denial) of support for funding.

The RHCD will notify each HCP as to whether they have been approved or denied funding. Reasons for denial and/or reductions in support may occur because:

- The HCP violated the 28-day competitive bidding requirement by selecting a service provider during the 28-day posting period or by signing a *Funding Request and Certification Form* (Form 466) and/or an *Internet Service Funding Request and Certification Form* (Form 466-A) during that period.
- The HCP requested support for service from a telecommunications carrier that is not a common carrier.
- The HCP did not submit the *Description of Services Requested & Certification Form* (Form 465*)* to USAC, and therefore, did not meet the 28-day posting requirement.
- Information supplied by the HCP, such as the certification of eligible health care provider type, was determined to be incorrect during packet processing.
- The HCP did not complete the required 28-day posting by July 1st to qualify for full-year support.
- The HCP does not have a USAC Service Provider Identification Number (SPIN) and is not approved to participate in the Rural Health Care Program.

While these are the most common situations involving non-compliance with program rules and denial of support, it is not a comprehensive list.

STEP 16: Receive Funding Commitment Letter and Connection Certification Form (Form 467) from USAC.

Upon approval of an application, USAC will mail the HCP a Funding Commitment Letter (known as an FCL) and the *Connection Certification Form* (Form 467*)*. A copy of the FCL is also sent to the service provider. If the HCP is depending on Rural Health Care support to reduce the cost of its services to maintain an adequate cash flow, the HCP and the service provider(s) may want to wait for the FCL before commencing services to ensure that support is as requested.

In addition, the service provider will receive a copy of the Funding Commitment Letter, which indicates that the HCP is eligible for the support specified in the letter contingent upon submitting the *Connection Certification Form* (Form 467).

STEP 17: Initiate communication with service provider to begin service of the requested technology.

Once the HCP has received notification from RHCD that the application has been approved and a Funding Commitment Letter has been received, the HCP should notify the communications provider to begin service of the requested technology. If there are no changes being made to the services, the HCP should notify the communications provider that the service should be continued.

STEP 18: Complete and submit Connection Certification Form (Form 467) for all HCP physical locations to the RHCD. (To be completed by the Applications Process Manager.)

As the process nears completion, the final documentation must be submitted by the APM to ensure that the HCP receives its discounted service.

After the HCP begins to receive service from a service provider, the *Connection Confirmation Form* (Form 467) must be submitted to RHCD (see Appendix B for an example). The APM must submit Form 467 in order to receive discounted services for the HCPs. Form 467 cannot be submitted prior to receiving the Funding Commitment Letter (see Step 16). A Form 467 must be completed for each physical location for each HCP.

Form 467 can be submitted either by mail or through the e-certification process (if eligible, see Step 7). The information contained on Form 467 is similar to that of Form 465, 466, and 466-A. The particular area of interest on Form 467 occurs in Block 4: Action Taken. Form 467 is used for three purposes:

- Confirmation of the connection requested and the accuracy of the information;
- Notification of service discontinuation,;and
- Communication to USAC that the requested service will not be activated during the funding year.

For the purposes of this Application Assistance Workplan, the applicants will be selecting the first choice to confirm the connection and ensure the accuracy of the information.

STEP 19: Obtain a HCP Support Schedule (HSS) from USAC.

After Form 467 is received, reviewed, and approved, USAC will send the HCP and its service provider(s) a HCP Support Schedule (HSS). The HSS provides a detailed report of the approved service(s) and support information for each HCP and service provider.

At this point, the service provider can begin crediting the HCP's bill with the monthly recurring support amount or issue a check for the discount. As soon as the service provider has issued a credit or check to the health care provider, the service provider invoices USAC.

STEP 20: Begin receipt of reduced rate services.

The service provider submits invoices to USAC for the support amounts credited to the billed entity for each health care provider location. See Appendix B for an example of the RHC service provide invoice template.

STEP 21: Monitor service bill for credit.

After crediting the HCP, the telecom service provider will invoice USAC to receive support. Service providers invoice USAC after they have credited the HCP. The HCP will notice the difference on its bill at this point in the process. For telecommunications providers, USAC will credit or reimburse the provider's Universal Service Fund account. For Internet service providers that have a USF account, a credit will be given. The HCP will notice a change on its bill from its service provider.

4.0 Estimated Price to Implement the Workplan

Based on the Application Assistance Workplan described in Section 2.0, we estimate the cost for implementing this plan for Maine's FQHCs to be $1,200 to $2,500 per location.

Many variables impact the estimate of costs, including:

- The number of FQHC sites that will participate;
- The level of assistance that each FQHC desires;
- The number of additional applicants who could also be eligible and may choose to participate;
- Changes in the Rural Health Care program; and
- Existence of the FCC Pilot Program.

Telecommunications Needs Assessment for Federally Qualified Health Centers (FQHCs) in Maine

Appendix Overview

- **Appendix A (Glossary of Terms) –** This is a glossary of the terms and acronyms used throughout the workplan and includes terms used in the telecommunications needs assessment report.
- **Appendix B (USAC Forms) –** This appendix contains the forms that will be required by each location for application to USAC's Rural Health Care Program for reimbursement of telecommunication and/or Internet services.

Appendix A
Glossary of Terms

28-day Posting Period
Competitive bidding period when the Description of Services Requested & Certification Form (Form 465) is posted on the USAC website, for service providers to contact health care providers (HCPs) to discuss service needs and to submit proposals for those needs. However, HCPs may not sign a contract or enter into an agreement for services before the end of the 28-day posting period -- they must wait until day 29. HCPs that enter into an agreement before completion of the 28-day posting requirement are in violation of the FCC's competitive bidding rules for this program and may not receive support. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

APM – Application Process Manager

Asymmetrical
For the purposes of broadband technologies, it means that the download speed and upload speed are not the same. The download speed is higher than the upload speed. A common configuration would be 1.544 mbps download speed and 256 kbps upload speed.

ASP
(Application Service Provider) An organization that hosts software applications on its own servers within its own facilities. Customers rent the use of the application and access it over the Internet or via a private line connection. Also called a "commercial service provider." The Web browser, acting as a universal client interface, has fueled this "on-demand software" market. See Web application and service bureau.

ATM
(Asynchronous Transfer Mode) A network technology for both local and wide area networks (LANs and WANs) that supports real-time voice and video as well as data. The topology uses switches that establish a logical circuit from end to end, which guarantees quality of service (QoS). However, unlike telephone switches that dedicate circuits end to end, unused bandwidth in ATM's logical circuits can be appropriated when needed. For example, idle bandwidth in a videoconference circuit can be used to transfer data.

ATM is widely used as a backbone technology in carrier networks and large enterprises, but never became popular as a local network (LAN) topology. ATM is highly scalable and supports transmission speeds of 1.5, 25, 100, 155, 622, 2488 and 9953 Mbps (see OC). ATM is also running as slow as 9.6 Kbps between ships at sea. An ATM switch can be added into the middle of a switch fabric to enhance total capacity, and the new switch is automatically updated using ATM's PNNI routing protocol.

Bandwidth
The transmission capacity of an electronic pathway such as a communications line, computer bus or computer channel. In a digital line, it is measured in bits per second or bytes per second (see Mb/sec). In an analog channel or in a digital channel that is wrapped in a carrier frequency, bandwidth is the difference between the highest and lowest frequencies and is measured in Hertz (kHz, MHz, GHz).

Berry, Dunn, McNeil & Parker (BDMP)
Berry, Dunn, McNeil & Parker is a management consulting and accounting firm headquartered in Portland, Maine. BDMP is one of the largest management consulting and certified public accounting firms in New England, serving clients regionally and nationally.

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Billed Entity
Entity that receives the bill and pays for the supported service. The billed entity may be different from the health care provider location being supported. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Billing Account Number
Telephone number or customer account code associated with the service supported by USAC. Each Billing Account Number is attached to a customer (billed entity). (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Cable modem
A modem used to connect a computer to a cable TV service that provides Internet access. Cable modems can dramatically increase the bandwidth between the user's computer and the Internet service provider. Download speeds have reached 6 Mbps and beyond, but the connection is asynchronous. In order to prevent users with lower-cost cable access from hosting high-traffic Web servers, the upload speed is considerably slower, from 10 to 20 times slower. Cable operators also routinely change IP addresses assigned to users to prevent Web hosting (see DDNS).

Channel
The physical connecting medium in a network, which could be twisted wire pairs, coaxial cable or optical fiber between clients, servers and other devices.

Co-Location
A building that is constructed or rebuilt for datacenters. Also known as a carrier hotel, co-location center or Internet datacenter, telecom hotels typically house hundreds and thousands of Web servers for Web hosting organizations, large enterprises and other service organizations.

CONNECT
The Maine Primary Care Association (MEPCA) has undertaken a project, partially funded through a four-year grant from the U.S. Health and Resources Services Administration, the Collaborative Network for Northern New England's Integration of Information and Communication Technology (CONNECT). Its mission is to ensure access for the medically underserved, including the uninsured and underinsured through the development and application of shared critical decision support tools integrated with the Collaborative Model. CONNECT is tasked with developing, implementing and operating an integrated electronic health record system to support clinicians in providing quality patient care and administrative staff in operating efficient, viable facilities.

Disaster Recovery Plan
A plan for duplicating computer operations after a catastrophe occurs, such as a fire or earthquake. It includes routine off-site backup as well as a procedure for activating vital information systems in a new location.

DSL
(Digital Subscriber Line) A technology that dramatically increases the digital capacity of ordinary telephone lines (the local loops) into the home or office. DSL speeds are based on the distance between the customer and Telco central office. There are two main categories. Asymmetric DSL (ADSL) is for Internet access, where fast downstream is required, but slow upstream is acceptable. Symmetric DSL (SDSL, HDSL, etc.) is designed for connections that require high speed in both directions.

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E-Certification (E-Cert)
Process that allows applicants to certify and submit forms online, eliminating the need for a paper form with an original signature. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Eligible Health Care Provider
As explained by the FCC's Rural Health Care Order adopted November 13, 2003, health care provider's eligible for this program include:

- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools.
- Community health centers or health centers providing health care to migrants.
- Local health departments or agencies.
- Community mental health centers.
- Not-for-profit hospitals.
- Rural health clinics.
- Consortia of health care providers consisting of rural for-profit hospitals.
- Dedicated emergency departments of rural for-profit hospitals.
- Part-time eligible entities located in facilities that are ineligible.

(http://www.usac.org/rhc/tools/glossary-terms.aspx)

EMR
(Electronic Medical Records) Computerized medical records that bring patient care into the digital age and save time, money and lives. The push to adopt comprehensive electronic documentation between doctors' offices and hospital settings intensified after the RAND corporation published a study in 2005. The research stated that America's healthcare industry is expected to save over $80 billion annually and improve the quality of care when EMR becomes reality.

EPM
(Enterprise Practice Management) Software used to run a health care facility. This software suite will commonly include accounts receivable, billing and scheduling software. It will usually contain functionality to process claims electronically via electronic data interchange (EDI), check insurance eligibility, and manage authorizations.

Evergreen Contracts
Most applicants to the Rural Health Care Program have contracts. For an applicant to be considered under contract, the contract must identify both parties to the contract, be signed and dated by both parties to the contract, specify the type and terms of service, have a specific duration, and be reviewed and verified as to these details by USAC. Applicants that present such contracts will be considered to have "evergreen status" meaning that for the life of the contract (without any optional extension), they need not re-compete the service or post Form 465, and may annually apply for support of the contracted service by filing the Funding Request and Certification Form (Form 466) and/or the Internet Service Funding Request and Certification Form (Form 466-A). USAC reviews all submitted contracts, determines if they qualify for evergreen status, and logs the contract end date into the applicant's file.

If a health care provider submits a contract that does not meet these FCC requirements for a contract, it is considered to have month-to-month, tariffed service and must post Form 465 and select the most cost-effective service and service provider each year. Support for a month-to-month service cannot start before this selection and the cost of a service termination should not be a consideration in determining the most cost-effective service. The contract status of applicants is

indicated in their Funding Commitment Letter, which shows "contract" for applicants with evergreen contract status or "tariff" for applicants not considered to be under contract.

Applicants whose contracts have evergreen status are reminded to post Form 465 and re-compete and select a service provider before the life of the contract ends. An optional contract renewal counts as a new contract and must be selected through posting Form 465. Evergreen contract applicants that post a Form 465 should advise any bidders of their contract end date and if it is after the end of the fund year should indicate that in their Form 465 service needs description. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Evidence for Rural Rate
For Form 466, the telecommunications carrier or the health care provider (HCP) must provide supporting evidence for the rural rate (see definition below). Evidence may include telephone bills, signed and dated statements on letterhead from an eligible telecommunications carrier, invoices, or contracts that show services and charges for the rural rate. Include summary pages, where possible, and textual explanations as necessary for USAC to substantiate the claimed rural rate. Always included the HCP Number and name. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Evidence for Urban Rate
For Form 466, the telecommunications carrier or the health care provider (HCP) must provide supporting evidence for the urban rate (see definition below). As a service to applicants, USAC has obtained the urban rates for the most common services in large cities across the country, calculated using tariffs filed by telecommunications carriers. Taxes are not included. Evidence may include (but is not limited to) telephone bills, invoices, tariff pages, a letter from the urban telecommunications carrier, or rate pricing information provided on the urban carrier's website that show services and charges for the urban rate. Include summary pages, where possible, and textual explanations as necessary for USAC to verify the claimed urban rate. Always include the HCP Number and name. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Fat Client
A user's computer that contains its own applications that are run in the machine. New programs are installed on the local hard disk. This is the typical way people use their computers.

FCC
The Federal Communications Commission (FCC) is an independent United States government agency, directly responsible to Congress. The FCC was established by the Communications Act of 1934 and is charged with regulating interstate and international communications by radio, television, wire, satellite and cable. The FCC's jurisdiction covers the 50 states, the District of Columbia, and U.S. possessions (http://www.fcc.gov/aboutus.html)

FCC Registration Number (FCC RN)
Number issued by the FCC for participation in the Rural Health Care Program. Information on how to get an FCC RN is available on the FCC website (www.fcc.gov) under the "FCC Registration Number (FRN) Commission Registration System (CORES)" link on the left side. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

FCC Rural Healthcare Pilot Project
The pilot program is an enhanced funding initiative intended to help public and non-profit health care providers construct state- and region-wide broadband networks to provide telehealth and telemedicine services throughout the nation. The program will fund up to 85% of the costs of constructing those networks, as well as the costs of advanced telecommunications and information services that will ride over these networks. If selected, up to 85% of the cost of connecting to

Internet2, a dedicated nationwide backbone, may also be funded by the pilot program. Connection to Internet 2 is not required, but may be requested by the applicants. (http://www.fcc.gov/cgb/rural/rhcp.html)

Firewall
The primary method for keeping a computer secure from intruders. A firewall allows or blocks traffic into and out of a private network or the user's computer. Firewalls are widely used to give users secure access to the Internet as well as to separate a company's public Web server from its internal network. Firewalls are also used to keep internal network segments secure; for example, the accounting network might be vulnerable to snooping from within the enterprise.

In the organization, a firewall can be a stand-alone machine (see firewall appliance) or software in a router or server. It can be as simple as a single router that filters out unwanted packets, or it may comprise a combination of routers and servers each performing some type of firewall processing.

Federally Qualified Health Center (FQHC)
The term "Federally Qualified Health Center," or FQHC, refers to three different types of clinics: Health Centers (HCs) funded under Section 330 of the Public Health Service (PHS) Act, including Community Health Centers (CHCs), Migrant Health Centers (MHCs), Health Care for the Homeless Health Centers (HCHs), and Public Housing Primary Care Centers (PHPCs); FQHC "Look-Alikes," or FQHCLAs, that have been identified by HRSA and certified by CMS as meeting the definition of "Health Center" under Section 330 of the PHS Act, although they do not receive grant funding under Section 330; and Congress created the FQHC program to allow special Medicare and Medicaid payments for CHCs and MHCs thereby ensuring that grant dollars intended for the uninsured were available for that purpose. In order to extend the CHC/MHC concept, Congress also authorized the special Medicare and Medicaid payments for clinics that operate in compliance with the requirements of the FQHC program, but that do not receive grant funding under Section 330 of the PHS Act. These clinics are commonly known as "Look-Alikes". (The following is taken from: Comparison of the Rural Health Clinic and Federally Qualified Health Center Programs, Revised June 2006, issued by the U.S. Health Resources and Services Administration (HRSA))

Form 465 – Description of Services Requested & Certification Form
Form completed by the health care provider to request services and establish eligibility. After the form is processed by USAC, it is posted on the USAC website for bidders to review. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Form 466 – Funding Request and Certification Form
Form completed by the health care provider identifying the service and telecommunications carrier. The applicant must send this form and billing documentation to USAC after they have selected a service provider. The applicant must submit one Form 466 for each service for which support is sought. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Form 466-A –Internet Service Funding Request and Certification Form
Form used by health care provider (HCP) and their authorized representatives to request support for reduced Internet service rates. The applicant must submit one Form 466-A for each Internet service provider. The FCC, in its Order adopted December 15, 2004, determined that entirely rural insular areas (currently identified as American Samoa, U.S. Virgin Islands, the Commonwealth of the Northern Marianas Islands, and Guam) must request support for both telecommunications and Internet services using Form 466-A. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

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Form 467 – Connection Certification Form
Form completed by health care provider after the service starts. It allows the applicant to identify and/or modify the actual service start and actual end of service dates for the supported service. Form 467 must be completed prior to receiving support. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Frame Relay
A high-speed packet switching protocol used in wide area networks (WANs). Providing a granular service of up to DS3 speed (45 Mbps), it has become popular for LAN to LAN connections across remote distances, and services are offered by most major carriers.

FTP
(File Transfer Protocol) A protocol used to transfer files over a TCP/IP network (Internet, UNIX, etc.). For example, after developing the HTML pages for a Web site on a local machine, they are typically uploaded to the Web server using FTP.

FTP includes functions to log onto the network, list directories and copy files. It can also convert between the ASCII and EBCDIC character codes. FTP operations can be performed by typing commands at a command prompt or via an FTP utility running under a graphical interface such as Windows. FTP transfers can also be initiated from within a Web browser by entering the URL preceded with ftp://.

Funding Commitment Letter
Letter sent to health care provider (HCP) (copy to service provider) after USAC approves a packet (Form 466 and/or 466-A and applicable attachments). The letter notifies the HCP the service will be supported contingent upon the completion of Form 467. The letter also estimates the support amount for the funding year based on the number of months the service is expected to be in place. Once an HCP receives the Funding Commitment Letter, Form 467 must be completed and returned to USAC before support begins. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Funding Request Number (FRN) (formerly Work Order Number)
Number assigned by USAC for unique combination of health care provider (HCP), service provider, and service. The FRN is listed on the Funding Commitment Letter and HCP support schedule. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Funding Year
The first funding year for the Rural Health Care Program started on January 1, 1998 and ended June 30, 1999 (18 months). All subsequent Funding Years begin July 1 and end June 30 of the following year. For example, FY2003 began July 1, 2003 and ended June 30, 2004. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Health Care Provider (HCP)
Entity seeking support for telecommunications and/or Internet services under the Rural Health Care Program. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

HCP Support Schedule
Schedule of support by month for the Funding Year provided by USAC to service providers and health care providers (HCP) after Form 467 is approved. Once a service provider receives the HCP support schedule, the service provider begins providing support. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

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Internet2
The second generation of the Internet, developed by a consortium of more than 200 universities, private companies and the U.S. government. It was not developed for commercial use or to replace the Internet, but is the reincarnation of it, intended primarily for research. Whereas the Internet was first designed to exchange text, Internet2 is designed for full-motion video and 3D animations. Originally named UCAID (University Corporation for Advanced Internet Development), Internet2 spawned the high-speed Abilene backbone. See Abilene, UCAID and vBNS.

Internet Service Provider (ISP)
Company that provides Internet access service. Also referred to as a service provider. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

ISDN
(Integrated Services Digital Network) An international standard for switched, digital dial-up telephone service for voice and data. Analog telephones and fax machines are used over ISDN lines, but their signals are converted into digital by the ISDN terminal adapter (see below). Although announced in the early 1980s, it took more than a decade before ISDN became widely available. It enjoyed a surge of growth in the early days of the Internet, because it provided the only higher-speed alternative to analog modems in many areas. Still working in many behind-the-scenes applications, ISDN is rarely used for Internet access.

Invoice
Statement that the service provider sends after it provides support to the health care provider. Invoices must follow formatting and content guidelines provided by USAC. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Invoice Status Report
Report generated by USAC and sent to service providers indicating whether each invoice line item was approved or denied. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Kbps
One thousand bits per second. Kbps is used as a rating of relatively slow transmission speed compared to the common Mbps or Gbps ratings.

Key System
An inhouse telephone system that is not centrally connected to a PBX. Also known as a "key system," each telephone has buttons for outside lines that can be dialed directly without having to "dial 9."

LAN
(Local Area Network) A communications network that serves users within a confined geographical area. The "clients" are the user's workstations typically running Windows, although Mac and Linux clients are also used. The "servers" hold programs and data that are shared by the clients. Servers come in a wide range of sizes from Intel-based servers to mainframes. Printers can also be connected to the network and shared

Largest City
The largest city in the same state as the health care provider is used to determine the urban rate and maximum allowable distance (MAD) (see definition below) for a given service. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

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Last Mile
The connection between the customer and the telephone company, cable company or ISP. The last mile has traditionally used copper-based telephone wire or coaxial cable, but wireless technologies offer alternative options in some locations. Also called "first mile."

Maine HealthInfoNet
In early 2006, HealthInfoNet was formed as a prospective regional health information organization with the goal to develop the statewide electronic clinical information sharing network. HealthInfoNet is governed by a Board of Directors made up of 19 physicians, health care executives, consumers, employers and government and public health officials.

Maximum Allowable Distance (MAD)
The distance from the health care provider (HCP), in whole miles, to the far side of the largest city in the HCP's state. The MAD is the maximum distance for which USAC will support a telecommunications service. The MAD is listed on the Form 465 posted on the USAC website. (See Quick Links or Service Provider Area - Search Postings to review posted Form 465s.)
(http://www.usac.org/rhc/tools/glossary-terms.aspx)

Mbps
Mbps means megabits per second and is used for transmission speeds in a network or in internal circuits.

MeHAF
The Maine Health Access Foundation (MeHAF) is the state's largest private nonprofit health care foundation. The Foundation was legally incorporated in April 2000 following the sale of Blue Cross and Blue Shield of Maine to Anthem Insurance Companies. MeHAF's mission is to promote affordable and timely access to comprehensive, quality health care, and improve the health of every Maine resident.

MPCA
Is the membership organization for the **primary care safety net** in Maine. These include the state's Federally Qualified Health Centers, Indian Health Centers, and allied providers of care for all Maine residents regardless of insurance coverage or the ability to pay. (www.mepca.org)

Mileage-Based Charges (Also called distance-sensitive charges or monthly mileage charges)
Charges for a telecommunications service that are based on the circuit distance. Mileage-based charges typically exist for interoffice channels, and in some cases, for local channels. If there are no mileage-based charges (such as for ISDN), this number is zero. Mileage-based charges should include any taxes that are applied as a percentage of the per-mile charge, but should not include taxes, surcharges, non-recurring (set-up) charges, or other fixed charges such as channel terminations, that are not mileage sensitive. If carriers use banded mileage rates (where the rate varies by circuit length, for example $50 for the first half mile and $20 for subsequent miles), the entire mileage-based charge should be recorded on Form 466 Block 5, and divided by the circuit mileage, to yield the average per-mile rate. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Monthly Recurring Support (MRS)
Monthly support for telecommunications service and Internet access under the Rural Health Care Program. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

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MPLS
Short for ***Multiprotocol Label Switching***, an IETF initiative that integrates Layer 2 information about network links (bandwidth, latency, utilization) into Layer 3 (IP) within a particular autonomous system--or ISP--in order to simplify and improve IP-packet exchange.

MPLS gives network operators a great deal of flexibility to divert and route traffic around link failures, congestion, and bottlenecks. (http://www.webopedia.com/TERM/M/MPLS.html)

MPUC
The Maine Legislature created the Public Utilities Commission in 1913 and the Commission began operation on December 1, 1914. The Commission has broad powers to regulate more than 645 electric, telephone, water, and gas utility companies. The Commission also responds to customer questions and complaints, grants utility operating authority regulates utility service standards and monitors utility operations for safety and reliability. (www.maine.gov/mpuc/)

Multiple-Bill Circuit
If more than one telecommunications carrier is required to complete a health care provider's circuit, and each bills separately for their share of the circuit, it is a multiple-bill (multi-bill) circuit. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Network
A system that transmits any combination of voice, video and/or data between users. The network includes the network operating system in the client and server machines, the cables connecting them and all supporting hardware in between, such as bridges, routers and switches. In wireless systems, antennas and towers are also part of the network.

Non-Recurring Support (NRS)
One-time support for installation of service under the Rural Health Care Program. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

P2P
Point to Point refers to a communications line that provides a path from one location to another (point A to point B). A private communications channel leased from a common carrier. Commonly called a leased line or private line.

PBX
(Private Branch eXchange) An inhouse telephone switching system that interconnects telephone extensions to each other as well as to the outside telephone network (PSTN). A PBX enables a single-line telephone set to gain access to one of a group of pooled (shared) trunks by dialing an 8 or 9 prefix. PBXs also include functions such as least cost routing for outside calls, call forwarding, conference calling and call accounting. Modern PBXs use all-digital methods for switching, but may support both analog and digital telephones and telephone lines.

PRI
(Primary Rate Interface) An ISDN service that provides 23 64 Kbps B (Bearer) channels and one 64 Kbps D (Data) channel (23B+D), which is equivalent to the 24 channels of a T1 line. The advantage of the D channel is that it sends control signals that can dynamically allocate any number of B channels for different applications. For example, one channel can be used for voice, while another can be used for data, while six more can be used for a videoconferencing channel and so on. PRI lines typically use four wire pairs. PRI lines are often designated as PRI/T1 or T1/PRI lines, but they are dial-up PRI lines, not T1 lines, which are point-to-point.

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QoS
(Quality of Service) A defined level of performance in a data communications system. For example, to ensure that real-time voice and video are delivered without annoying blips, a guarantee of bandwidth is required. The plain old telephone system (POTS) has delivered the highest quality of service for years, because there is a dedicated channel between parties.

However, when data is broken into packets that travel through the same routers in the LAN or WAN with all other data, QoS mechanisms are one way to guarantee quality by giving real-time data priority over non-real-time data (see packet switching). The only other way is to overbuild the network so there is always sufficient bandwidth.

Rate Case
When a health care provider (HCP) seeks support for the actual charge difference between the rural and urban rates for a telecommunications service, it is called a rate case. Generally, this would be used for a non-mileage sensitive service such as Frame Relay or ISDN, if the rural rate for the service exceeds the comparable urban rate. If an HCP is seeking support for a service such as Frame Relay or ISDN, where the urban rate is not mileage sensitive, but a rural HCP must pay for a mileage sensitive interoffice channel (link extension) to complete the connection, then a rate case may be made. A rate case may also yield more support for a multiple bill mileage sensitive circuit, such as T1, if each carrier has fixed charges and an urban HCP would only pay such charges once, rather than multiple times. Note that an HCP making a rate case must provide evidence of urban and rural rates that are comparable in terms such as length and type of service, or USAC will be unable to process a rate case request. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Redundancy
Having a secondary peripheral, computer system or network device that takes over when the primary unit fails.

Remote access
The ability to log on to a computer or network within an organization from an external location. Remote access is typically accomplished by directly dialing up analog or ISDN modems or via a connection to the Internet.

Router
A network device that forwards packets from one network to another. Based on internal routing tables, routers read each incoming packet and decide how to forward it. The destination address in the packets determines which interface on the router outgoing packets are directed to. In large-scale enterprise routers, the current traffic load, congestion, line costs and other factors determine which outgoing line to forward to.

Rural Rate
The rate charged by a telecommunications carrier for services in the rural area where the health care provider is located. Applicants must provide supporting evidence for the rural rate as described under definition above for "evidence for rural rate." For a rural rate that includes a link extension, the supporting evidence must clearly distinguish between the charge for the requested service (e.g., Frame Relay) and the link extension. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Rural Health Care Program
Universal Service Fund program established for rural health care providers. Formerly called the Rural Health Care Division at USAC and before that the Rural Health Care Corporation (RHCC).

On January 1, 1999, RHCC and the School and Libraries Corporation (SLC) were combined with USAC. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Satellite Broadband
Just as satellites orbiting the earth provide necessary links for telephone and television service, they can also provide links for broadband. Satellite broadband is another form of wireless broadband, also useful for serving remote or sparsely populated areas.

Downstream and upstream speeds for satellite broadband depend on several factors, including the provider and service package purchased, the consumer's line of sight to the orbiting satellite, and the weather. Typically a consumer can expect to receive (download) at a speed of about 500 Kbps and send (upload) at a speed of about 80 Kbps. These speeds may be slower than DSL and cable modem, but download speed is about 10 times faster than download speed with dial-up Internet access. Service can be disrupted in extreme weather conditions.
(http://www.fcc.gov/cgb/broadband.html)

Server
A computer system in a network that is shared by multiple users. Servers come in all sizes from x86-based PCs to IBM mainframes. A server may have a keyboard, monitor and mouse directly attached, or one keyboard, monitor and mouse may connect to any number of servers via a switch. In large companies, servers often reside in racks in the datacenter, and all access is via their network connections.

Service Provider
Telecommunications carrier or Internet service provider providing the supported service to an eligible health care provider. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Service Provider Identification Number (SPIN)
A unique number assigned to each service provider by USAC. USAC is responsible for collecting and distributing universal service support in connection with the administration of the various universal service support mechanisms, including the Rural Health Care Program.
(http://www.usac.org/rhc/tools/glossary-terms.aspx)

SLA
(Service Level Agreement) A contract between the provider and the user who specifies the level of service that is expected during its term. SLAs are used by vendors and customers as well as internally by IT shops and their end users. They can specify bandwidth availability, response times for routine and ad hoc queries, response time for problem resolution (network down, machine failure, etc.) as well as attitudes and consideration of the technical staff.

Standard Urban Distance (SUD)
The average diameter, in whole miles, of all large cities (of at least 50,000 people) in a state. There is a single SUD for each state. USAC supports mileage charges beyond the SUD up to the maximum allowable distance (MAD). The SUD for each state is listed on the USAC website under Applicant Area - Standard Urban Distance. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Support Months
Number of months the service is supported during the funding year. Support during the first and last month is calculated by prorating the amount of support based on the number of days the service was in place during the month (e.g., 5 days of service in a month with 31 days will be equal to 5/31 or 0.16 months). Service months are rounded to two decimal places.
(http://www.usac.org/rhc/tools/glossary-terms.aspx)

Switch
A mechanical or electronic device that directs the flow of electrical or optical signals from one side to the other. Switches with more than two ports, such as a LAN switch or PBX, are able to route traffic.

Switched Ethernet
An Ethernet network that is controlled by a switch instead of a shared hub. The switch cross connects all clients, servers and network devices, giving each sending-receiving pair the full rated transmission speed. Half-duplex speed between nodes is 10 Mbps for Ethernet (10BaseT) and 100 Mbps for Fast Ethernet (100BaseT). Full-duplex is 20 and 200 Mbps. For more connections, a switch port can be wired to another switch or hub.

Symmetrical
For the purposes of broadband technologies, it means that the download speed and upload speed are the same.

T1
A 1.544 Mbps point-to-point dedicated, digital circuit provided by the telephone companies. The monthly cost is typically based on distance. T1 lines are widely used for private networks as well as interconnections between an organization's PBX or LAN and the Telco. The first T1 line was tariffed by AT&T in January 1983. However, starting in the early 1960s, T1 was deployed in intercity trunks by AT&T to improve signal quality and make more efficient use of the network.

TCP/IP
(Transmission Control Protocol/Internet Protocol) A communications protocol developed under contract from the U.S. Department of Defense to internetwork dissimilar systems. Invented by Vinton Cerf and Bob Kahn, this de facto UNIX standard is the protocol of the Internet and the global standard for communications.

Telecommunications Carrier
Common carrier, as defined by the FCC, providing telecommunications service including interexchange carriers, wireless carriers, and competitive local exchange carriers. Also referred to as a service provider. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Telemedicine
("long distance" medicine) Using a videoconferencing link to a large medical center in order that rural health care facilities can perform diagnosis and treatment. A specialist can monitor the patient remotely taking cues from the general practitioner or nurse who is actually examining the patient.

Telecommuting
Working at home and communicating with the office by phone, fax and computer. In the U.S., at the beginning of the 21st century, more than 30 million Americans were telecommuting at least one day a week. Also called "teleworking."

Thin Client
A user's computer that performs no application processing. It functions like an input/output terminal, processing only keyboard and mouse input and screen output, and all application processing is done in the server. This is a "thin processing" client and is accomplished using Windows Terminal Server, Citrix Presentation Server and X Window.

Appendix A
Glossary of Terms

Third Party
A separate individual or organization other than the two principals involved. It typically refers to an alternate source. For example, a third party is often a company that provides an auxiliary product not supplied by the primary manufacturer to the end user (the two principals). Countless third-party add-on and plug-in products keep the computer industry advancing at a rapid pace. It is the third-party vendor that is often the most inventive and innovative.

Universal Service Administrative Company (USAC)
A not-for-profit corporation that administers the Universal Service Fund's four programs - High Cost, Low Income, Rural Health Care, and Schools and Libraries. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Universal Service Fund (USF)
Fund established by Congress and implemented by the Federal Communications Commission (FCC). The USF is administered by USAC to provide affordable telecommunications services to rural health care providers, schools and libraries, low incomes consumers, and telecommunications carriers that serve high cost areas. (http://www.usac.org/rhc/tools/glossary-terms.aspx)

Video Conferencing
A real-time video session between two or more users or between two or more locations. Although the first videoconferencing was done with traditional analog TV and satellites, inhouse room systems became popular in the early 1980s after Compression Labs pioneered digitized video systems that were highly compressed. While videoconferencing may comprise any number of end points communicating, the term "video chat" typically means between two end points only.

VoIP
(Voice Over IP) A telephone service that uses the Internet as a global telephone network. Many companies, including Vonage, 8x8 and AT&T (CallVantage), typically offer calling within the country for a fixed fee and a low per-minute charge for international. Broadband Internet access (cable or DSL) is required, and regular house phones plug into an analog telephone adapter (ATA) provided by the company or purchased from a third party.

VPN
(Virtual Private Network) A private network that is configured within a public network (a carrier's network or the Internet) in order to take advantage of the economies of scale and management facilities of large networks. VPNs are widely used by enterprises to create wide area networks (WANs) that span large geographic areas, to provide site-to-site connections to branch offices and to allow mobile users to dial up their company LANs.

WAN
(Wide Area Network) A long-distance communications network that covers a wide geographic area, such as a state or country. The telephone companies and cellular carriers deploy WANs to service large regional areas or the entire nation. Large enterprises have their own private WANs to link remote offices, or they use the Internet for connectivity. Of course, the Internet is the world's largest WAN.

WebEx
An application sharing and conferencing service that is widely used for presentations, demos, training and support from WebEx Communications, Inc., San Jose, CA (www.webex.com). Everything that the presenters see and manipulate on their computers can be viewed by everyone in the conference.

Appendix A
Glossary of Terms

WebEx uses either an ActiveX control or Java applet in the computer at each end of the conference, and installation for new attendees is automatic. Meetings can be set up instantly or scheduled, and voice is handled by voice over IP (VoIP) or traditional PSTN conference calling.

FCC Form **465**

Health Care Providers Universal Service

Description of Services Requested & Certification Form

Approval by OMB 3060—0804

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD)

Block 1: HCP Location Information

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number	2 Consortium Name	
3 HCP Name	4 HCP FCC Registration Number (FCC RN)	
5 Contact Name		
6 Address Line 1		
7 Address Line 2	8 County	
9 City	10 State	11 ZIP Code
12 Phone #	13 Fax #	14 E-mail

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?

- [ ] Yes, complete Block 2
- [ ] No, go to Block 3.

16 Contact Name	17 Organization	
18 Address Line 1		
19 Address Line 2		
20 City	21 State	22 ZIP Code
23 Phone #	24 Fax #	25 E-mail

Block 3: Funding Year Information

26 Funding Year (Check only one box)

- [ ] Year 2005 (7/1/2005-6/30/2006)
- [x] Year 2006 (7/1/2006-6/30/2007)
- [ ] Year 2007 (7/1/2007-6/30/2008)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

- [ ] Post-secondary educational institution offering health care instruction, teaching hospital or medical school
- [ ] Community health center or health center providing health care to migrants
- [ ] Local health department or agency
- [ ] Community mental health center
- [ ] Not-for-profit hospital
- [ ] Rural health clinic
- [ ] Consortium of the above
- [ ] Dedicated ER of rural, for-profit hospital
- [ ] Part-time eligible entity

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

____

____

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

____

____

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

- [ ] Both Telecommunications & Internet Services
- [ ] Telecommunications Service ONLY
- [ ] Internet Service ONLY

Block 6: Certification

31 ☐	I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
32 ☐	I certify that the health care provider has followed any applicable State or local procurement rules.
33 ☐	I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.
34 ☐	I certify that the health care provider is a non-profit or public entity.
35 ☐	I certify that the health care provider is located in a rural area. Visit the RHCD website: (www.rhc.universalservice.org/eligibility/ruralareas.asp) or contact RHCD at 1-800-229-5476 for a listing of rural areas.
36 ☐	Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature	38 Date
39 Printed name of authorized person	40 Title or position of authorized person
41 Employer of authorized person	42 Employer's FCC RN

Please remember:
- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to:

Rural Health Care Division
80 S. Jefferson Rd.
Whippany, NJ 07981

FCC Form **466**

Health Care Providers Universal Service

Funding Request and Certification Form

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

1 HCP Name **ABC Health Care**	2 HCP Number **12345**
3 Form 465 Application #	4 Consortium Name (If any) **RHC East**

5 Billed Entity Name **RHC East**	6 Billed Entity FCC RN **2345678912**
7 Contact Name **John Doe**	
8 Address Line 1 **9 College Avenue**	
9 Address Line 2	
10 City **Phoenix**	11 State **AZ** / 12 Zip **85086**
13 Contact Phone **(888)888-8888** / 14 Fax # **(888)888-8888**	15 E-Mail **JohnDoe@net.com**

16 Funding Year - Check only one box

[XXX] Year 2005 (7/1/2005-6/30/2006) [ ] Year 2006 (7/1/2006-6/30/2007) [ ] Year 2007 (7/1/2007-6/30/2008)

17 Type of Service & Circuit Bandwidth (Enclose documentation.) **T-1, 1.544**

18 Total Billed Miles **50** 19 Maximum Allowable Distance (From Form 465) **100**

20 Percentage of HCP's service used for the provision of health care. **100%** ____ (If less than 100%, please explain.)

If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Smith Telco			
22 Service Provider Identification Number (SPIN)	143004567			
23 Service Provider Contact Person Name	Joe Green			
24 Service Provider Contact Person's Phone #	(888)888-8888			
25 Service Provider Contact Person Email	Joe@net.com			
26 Circuit Start Location	Window Rock, AZ			
27 Circuit Termination Location	Tucson, AZ			
28 Billing Account Number	589764			
29 Tariff, Contract, or other document reference number	Tariff			
30 Date Contract Signed or Date HCP Selected Carrier	7/1/2005			
31 Contract Expiration Date (mm/dd/yyyy or "T")	T			
32 Service Installation Date	7/1/2005			
33 Actual Rural Rate per Month (Enclose Documentation)	$ 450.00			

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: [XX] Yes [ ] No

35 Are you a mobile rural health care provider? [ ] Yes [XX] No If yes, see instructions and attach a list of all sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this informa

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD web site: [X] or Other rate documentation attached: [ ]	$240.00			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? [ ] Yes [X] No

If you checked yes, copies of the bids MUST be mailed to RHCD.

46 [XXX] I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 [XXX] Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 [XXX] I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 [XXX] I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature	51 Date 7/30/2005
52 Printed name of authorized person John Smith	53 Title or position of authorized person Director
54 Employer of authorized person RHC East	55 Employer's FCC RN 1234567891

FCC Form
466 - A

Health Care Providers Universal Service
Internet Service Funding Request and Certification Form
(And Advanced Services Funding Request and Certification for Entirely Rural States)

Approval by OMB
3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.
Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

1 HCP Name	**ABC Health Care**	2 HCP Number	**12345**
3 Form 465 Application #		4 Consortium Name (If any)	**RHC East**

5 Billed Entity Name	**RHC East**			6 Billed Entity's FCC RN	**2345678912**
7 Contact Name	John Doe				
8 Address Line 1	9 College Avenue				
9 Address Line 2					
10 City	Phoenix	11 State	AZ	12 Zip	85086
13 Contact Phone #	**(888) 888-8888**	14 Fax #	**(888) 888-8888**	15 E-Mail	JohnDoe@net.com

16 Funding Year - Check only one box
[xxx] Year 2005 (7/1/2005-6/30/2006)　[ ] Year 2006 (7/1/2006-6/30/2007)　[ ] Year 2007 (7/1/2007-6/30/2008)

17 Give a brief description of the service for which support is requested:
Internet Access for the provision of health care

18 Percentage of HCP's service used for the provision of health care. (If less than 100%, please explain.) 100%

19 Location where service is provided:	**123 South Bend Street, Window Rock AZ**		
20 Service Provider Name	**Smith Internet**		
21 Service Provider Identification Number (SPIN)	**143004567**	22 Billing Account Number	**589764**
23 Contract Number (NA if no contract)	**NA**	24 Date contract signed or service selected	**7/1/2005**
25 Contract Expiration Date (NA if no contract)		26 Expected Service Start Date	**7/1/2005**

27 Were bids received in response to Form 465? [ ] Yes [xxx] No If yes, submit copies.

28 Installation Charge (If applicable)		29 Monthly rate charge (Enclose documentation)	**100.00**

30 [xxx] I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

31 [xxx] Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

32 [xxx] I hereby certify that the billed entity requesting reduced rates will maintain complete records for the service for five years.

33 [xxx] I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature		35 Date	**7/30/2005**
36 Printed name of authorized person	**Joe Smith**	37 Title or position of authorized person	**Director**
38 Employer of authorized person	**RHC East**	39 Employer's FCC RN	**1234567891**

For your convenience, here are a few hints for using the RHCD Invoice template:

1. Save this file on a drive that you access on a regular basis (so you have a clean invoice template for next month's invoice).

2. Using the "Save As" feature, save this file again with a name of your choice that is appropriate for the invoice you are about to complete.

3. Enter information in the shaded areas only. The information required is found on the Support Schedule received from RHCD (with the exception of Service Prodiver Invoice Number - you assign this number).

4. If entering more than 20 line items, find additional invoice pages below page 1.

5. After all line items have been entered, verify the Total Invoice Amount located in the top section of the invoice.

6. To avoid printing blank invoice pages, specify the pages you have used in the Print Pages fields.

7. After printing, date, sign, print your name and phone number on the bottom of page 1.

8. Send the invoice to:

   RHCD
   80 South Jefferson Road
   Whippany, NJ 07981

9. If you have any questions, please contact Karen Mogensen at 973-581-6756 (e-mail: kmogens@neca.org).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is #3060-0804.

FCC Form **467**

Health Care Providers Universal Service
Connection Certification

OMB Approval 3060-0804

Estimated Average Burden Hours Per Response: 0.5 hours

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding.

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name ABC Health Care | 2 Consortium Name RHC East

3 HCP Number 12345

Block 2: Bill Payer Information

4 Billed Entity Name RHC East

5 Contact Person's Name John Doe | 6 Contact Person's Phone Number (888)888-8888

Block 3: Funding Year Information

7 Funding Year - Check only one box

[ ] Year 2004 (7/1/2004-6/30/2005) [XXX] Year 2005 (7/1/2005-6/30/2006) [ ] Year 2006 (7/1/2006-6/30/2007)

Block 4: Action Taken

8 By filing this form, the HCP or its authorized representative is (check one):

[XXX] Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or

[ ] Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy)__________________

[ ] Informing RHCD that service was not (or will not be) turned on during the funding year

Block 5: Connection Information	Carrier A	Carrier B	Carrier C
9 Funding Request Number	12300		
10 Service Provider Name	Smith Telco		
11 Service Provider Identification Number (SPIN)	143004567		
12 Billing Account Number	589764		
13 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.	T-1, 1.544		
14 Actual Service Start Date (date service began)	7/1/2005		
15 End of Service Date (date service was or will be turned off)	6/30/2006		

Block 6: Certification

16 [XXX] I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

17 [XXX] Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

18 Signature | 19 Date **9/30/2005**

20 Printed name **John Smith** | 21 Title or position **Director**

RHCD SERVICE PROVIDER INVOICE

Service Provider Name ____
SPIN ____
Service Provider Invoice Number ____
Invoice Date to RHCD (mm/dd/yy) ____
Total Invoice Amount $0.00

FOR RHCD USE ONLY

Header Verification		
____	RHCD Processed Date	____
____	Number of Records	____
____	Number of Records Approved	____
____	RHCD Approved Total Amount	____
____		

	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	Code
1								____
2								____
3								____
4								____
5								____
6								____
7								____
8								____
9								____
10								____
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19								____
20								____

I certify that the information contained in this invoice is correct and that the health care providers and Billing Account Numbers listed above have been credited with the amount shown under "Support Amount to be Paid by USAC".

Signature: ____ Date: ____

Print Name: ____ Telephone # : ____

Updated 3-8-04

RHCD SERVICE PROVIDER INVOICE

Service Provider Name 0

SPIN 0

Service Provider Invoice Number 0

Invoice Date to RHCD (mm/dd/yy) 01/00/00

Total Invoice Amount $0.00

	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	For RHCD Use Only-Code
21								____
22								____
23								____
24								____
25								____
26								____
27								____
28								____
29								____
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45								

RHCD SERVICE PROVIDER INVOICE

Service Provider Name 0
SPIN 0
Service Provider Invoice Number 0
Invoice Date to RHCD (mm/dd/yy) 01/00/00
Total Invoice Amount $0.00

	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	For RHCD Use Only-Code
46								____
47								____
48								____
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53								____
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68								____
69								____
70								

RHCD SERVICE PROVIDER INVOICE

Service Provider Name 0
SPIN 0
Service Provider Invoice Number 0
Invoice Date to RHCD (mm/dd/yy) 01/00/00
Total Invoice Amount $0.00

	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	For RHCD Use Only-Code
71								____
72								____
73								____
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94								____
95								

RHCD SERVICE PROVIDER INVOICE

Service Provider Name: 0
SPIN: 0
Service Provider Invoice Number: 0
Invoice Date to RHCD (mm/dd/yy): 01/00/00
Total Invoice Amount: $0.00

	Funding Year (yyyy)	HCP #	Funding Request #	Billing Account #	Multiple Months (Y or N)	Support Date (mmyyyy)	Support Amount to be Paid by USAC	For RHCD Use Only-Code
96								____
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