



Rural Health Care Committee

Briefing Book

Monday, January 28, 2019

1:00 p.m. - 2:00 p.m. Eastern Time

Universal Service Administrative Company Offices

700 12th Street, N.W., Suite 900

Washington, D.C. 20005

**Universal Service Administrative Company
Rural Health Care Committee Quarterly Meeting Agenda**

<p>Monday, January 28, 2019 1:00 p.m. – 2:00 p.m. Eastern Time USAC Offices 700 12th Street, N.W., Suite 900 Washington, D.C. 20005</p>
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<u>OPEN SESSION</u>		<i>Estimated Duration in Minutes</i>
Chair	<p>a1. Consent Items (each available for discussion upon request):</p> <p style="padding-left: 20px;">A. Approval of Rural Health Care Committee Meeting Minutes of October 29, 2018</p> <p style="padding-left: 20px;">B. Approval of moving all Executive Session items into Executive Session</p>	5
Chair	a2. Recommendation for Election of Committee Chair and Vice Chair	5
Mark	a3. Approval of Rural Health Care Support Mechanism 2nd Quarter 2019 Programmatic Budget and Demand Projection for the January 31, 2019 FCC Filing	10
Latoya Anderson	i1. Information on One USAC Internal Audit Division Rural Health Care Support Mechanism Beneficiary Audit Reports	5
Mark Rehana	<p>i2. Rural Health Care Mechanism Business Update</p> <ul style="list-style-type: none"> • 2018 Accomplishments • 2019 Goals • Lessons Learned, Preparing for 2019 and Beyond. 	15

<u>EXECUTIVE SESSION</u> Confidential – Executive Session Recommended		<i>Estimated Duration in Minutes</i>
Mark	i2. Rural Health Care Business Update (<i>Continued</i>)	10
Mark	a4. Approval of Rural Health Care Support Mechanism 2019 Annual Programmatic Budget	15

Next Scheduled USAC Rural Health Care Committee Meeting

<p>Monday, April 29, 2019 1:00 p.m. – 2:00 p.m. USAC Offices, Washington, D.C.</p>

**Universal Service Administrative Company
Rural Health Care Committee Meeting**

ACTION ITEM

Consent Items

Action Requested

The Rural Health Care Committee (Committee) of the USAC Board of Directors is requested to approve the consent items listed below.

Discussion

The Committee is requested to approve the following items using the consent resolution below:

- A. Committee meeting minutes of October 29, 2018 (*see Attachment A*).
- B. Approval of moving all *Executive Session* items into *Executive Session*:
 - (1) **i2** – Rural Health Care Support Mechanism Business Update (*Continued*). USAC management recommends this item be discussed in *Executive Session* because this matter relates to *specific internal controls and/or confidential company data* that would constitute a discussion of internal rules and procedures.
 - (2) **a4** – Approval of Rural Health Care Support Mechanism 2019 Annual Programmatic Budget. USAC management recommends this item be discussed in *Executive Session* because this matter relates to USAC's *procurement strategy and contract administration*.

Upon request of a Committee member, any one or more of the above items are available for discussion by the Committee.

Recommended USAC Rural Health Care Committee Action

APPROVAL OF THE FOLLOWING RESOLUTION:

RESOLVED, that the USAC Rural Health Care Committee hereby approves: (1) the Committee meeting minutes of October 29, 2018; and (2) discussion in *Executive Session* of the agenda item noted above.

UNIVERSAL SERVICE ADMINISTRATIVE COMPANY
700 12th Street, N.W., Suite 900
Washington, D.C. 20005

RURAL HEALTH CARE COMMITTEE MEETING
Monday, October 28, 2018

(DRAFT) MINUTES¹

The quarterly meeting of the Rural Health Care Committee (Committee) of the USAC Board of Directors (Board) was held at USAC's offices in Washington, D.C. on Monday, October 28, 2018. Dr. Kathy Wibberly, Committee Chair, called the meeting to order at 4:14 p.m. Eastern Time, with all eight Committee members present:

Fontana, Brent	Sekar, Radha – Chief Executive Officer
Freeman, Sarah	Tinic, Atilla
Hernandez, Dr. Mike – Vice Chair	Wein, Olivia
Kinser, Cynthia – <i>by telephone</i>	Wibberly, Dr. Kathy – Chair

Other Board members and officers of the corporation present:

Beckford, Ernesto – Vice President, General Counsel, and Assistant Secretary
Beyerhelm, Chris – Vice President of Enterprise Portfolio Management
Gaither, Victor – Vice President of High Cost
Gerst, Matthew – Member of the Board
Gillan, Joe – Member of the Board
Holstein, Bob – Vice President and Chief Information Officer
Lubin, Joel – Member of the Board
Sweeney, Mark – Vice President of Rural Health Care
Wade, Dr. Joan – Member of the Board
Wein, Olivia – Member of the Board

Others present:

<u>NAME</u>	<u>COMPANY</u>
Albert, Blythe	USAC
Anderson, Latoya	USAC
Bethel, Tameca	USAC
Butler, Stephen	USAC
Carpenter, Nikki-Blair	USAC
Contreras, Jennifer	USAC

¹ Draft resolutions were presented to the Committee prior to the Committee meeting. Where appropriate, non-substantive changes have been made to the resolutions set forth herein to clarify language where necessary or to correct grammatical or spelling errors.

<u>NAME</u>	<u>COMPANY</u>
Hughet, Pamela	USAC
Little, Chris	USAC
McCornac, Carolyn	USAC
Mitchell, Jeff	Lukas, LaFuria, Gutierrez & Sachs, LLP
Mitchell, Tamika	USAC
Mohammed, Rehana	USAC
Numa, Marcel	USAC
Nuzzo, Patsy	USAC
Park, Sang	USAC
Pilgrim, Lisa	USAC
Smith, Chris	USAC
Squire, Matt	USAC
Stauter, Erica	USAC
Tiwari, Tanya	USAC

OPEN SESSION

All materials from Open Session can be found on the [USAC website](#).

- a1. Consent Items.** Dr. Wibberly introduced these items to the Committee for consideration.
- A.** Approval of Rural Health Care Committee Minutes of July 23, 2018.
 - B.** Approval of Moving all *Executive Session* Items to *Executive Session*.
- i2** – Information on the Preliminary 2019 Annual Rural Health Care Support Mechanism Budget. USAC management recommended this item be discussed in *Executive Session* because this matter relates to USAC's *procurement strategy and contract administration*.

On a motion duly made and seconded and after discussion, the Committee adopted the following resolution:

RESOLVED, that the USAC Rural Health Care Committee hereby approves: (1) the Committee meeting minutes of July 23, 2018; and (2) discussion in *Executive Session* of the agenda item noted above.

- a2. Approval of Rural Health Care Support Mechanism 1st Quarter 2019 Programmatic Budget and Demand Projection for the November 2, 2018 FCC Filing.** Mr. Sweeney presented this item for consideration.

On a motion duly made and seconded and after discussion, the Committee adopted the following resolutions:

RESOLVED, that the USAC Rural Health Care Committee approves a 1st Quarter 2019 Rural Health Care Support Mechanism direct program budget of \$2.33 million; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee, having reviewed at its meeting on October 29, 2018 a summary of the 1st Quarter 2019 Rural Health Care Support Mechanism demand estimate, hereby directs USAC staff to proceed with the required November 2, 2018 filing to the FCC on behalf of the Committee. USAC staff may make adjustments if the total variance for the Rural Health Care Support Mechanism is equal to or less than \$1 million, or may seek approval from the Committee Chair to make adjustments if the total variance is greater than \$1 million, but not more than \$2 million.

i1. Rural Health Care Business Update. Mr. Sweeney presented this item to the Committee for discussion:

1. RHC Program: At a Glance
2. Accomplishments
3. Current Topics:
 - a. Resolution of Open Appeals
 - b. 18-Month Plan
 - c. Short Term RHC Systems Enhancements
 - d. Operational Performance Metrics Overview Q3 2018
 - e. Upcoming Milestones

At 4:57 p.m. Eastern Time, on a motion duly made and seconded, the Committee moved into *Executive Session* for the purpose of discussing the confidential item listed above.

EXECUTIVE SESSION

i2. Information on Preliminary 2019 Annual Rural Health Care Support Mechanism Budget. Mr. Sweeney presented this item for discussion.

At 5:15 p.m. Eastern Time, on a motion duly made and seconded, the Board moved out of *Executive Session* and immediately reconvened in *Open Session*, at which time Dr. Wibberly reported that, in *Executive Session*, the Committee discussed item i2.

On a motion duly made and seconded, the Committee adjourned at 5:15 p.m. Eastern Time.

/s/ Ernesto Beckford
Assistant Secretary

**Universal Service Administrative Company
Rural Health Care Committee Meeting**

ACTION ITEM

**Recommendation for Election of
Committee Chair and Vice Chair**

Action Requested

The USAC Rural Health Care Committee (Committee) is taking action to bring its Chair and Vice Chair nominations for consideration by the Board of Directors (Board) at the Board meeting to be held on January 29, 2019.

Discussion

The pertinent resolution related to the election of committee chair and vice chair positions was adopted by the Board of Directors on January 25, 2000 and reads as follows:

RESOLVED, That the USAC Board of Directors accepts the recommendations of the USAC Nominating Committee that: (1) in addition to the annual election of officers, all Committee chairs and vice chairs shall also be elected annually; (2) the first election for Committee chairs and vice chairs shall occur at the election of officers at the January 2001 Board of Directors meeting; (3) there shall be no term limits imposed on officer and Committee chair and vice-chair positions; and (4) there shall be no automatic succession of positions.¹

On January 30, 2018, the Board elected Dr. Kathy Wibberly as Chair and Dr. Mike Hernandez as Vice Chair of the Rural Health Care Committee.

At their January 28, 2019 quarterly meetings, each committee of the Board (including the Audit Committee and the programmatic committees) will nominate Board members to serve as chair and vice chair of their respective committees. Those recommendations will be submitted to the Board at the Board of Directors meeting to be held on January 29, 2019.

Recommended USAC Rural Health Care Committee Action

APPROVAL OF THE FOLLOWING RESOLUTION:

¹ USAC Board of Directors Meeting Minutes, at 4 (Jan. 25, 2000), *available at* <http://usac.org/about/about/leadership/board-minutes/bod.aspx>.

RESOLVED, that the USAC Rural Health Care Committee recommends that the USAC Board of Directors elect _____ as Chair and _____ as Vice Chair of the Committee. The term for each position begins immediately upon the election to such position by the Board and ends at such time as the Chair or Vice Chair (as the case may be): (i) is replaced by a successor selected by the Board, (ii) resigns from the Committee or the Board, (iii) is removed by resolution of the Board, or (iv) is no longer a member of the Board (whichever comes first).

**Universal Service Administrative Company
Rural Health Care Committee Meeting**

ACTION ITEM

**Approval of Rural Health Care Support Mechanism
2nd Quarter 2019 Programmatic Budget and
Demand Projection for the January 31, 2019 FCC Filing**

Action Requested:

The Rural Health Care Committee (Committee) of the USAC Board of Directors (Board) is requested to approve the 2nd Quarter 2019 (2Q2019) programmatic budget and demand projection for the Rural Health Care Support Mechanism for submission to the Federal Communications Commission (FCC) in USAC's January 31, 2019 quarterly filing.

Discussion:

On a quarterly basis, USAC is required to submit to the FCC each program's budget¹ and projected demand for the upcoming quarter.²

Funding Requirement

USAC estimates the 2Q2019 funding requirement for the Rural Health Care Support Mechanism as follows:

Table A. Program Funding Requirement

<i>(in millions)</i>	1Q2019	Increase/ (Decrease)	2Q2019
Steady State:			
Funding Year 2018 (see Note 1)	\$160.43	\$0.00	\$160.43
Additional Requirement:			
Funding Year 2017 (see Note 2)	29.76	(29.76)	0.00
Total Program Demand	\$190.19	(\$29.76)	\$160.43
Prior Period Adjustments (see Note 3)	1.50	(5.99)	(4.49)
USAC Administrative Expenses ³ (see Table B)	0.00	0.00	0.00
Interest Income	(0.48)	0.18	(0.30)
Total Funding Requirement	\$191.21	(\$35.57)	\$155.64

¹ 47 C.F.R. § 54.715(c).

² 47 C.F.R. § 54.709(a)(3).

³ Administrative costs are covered within the funding cap.

Note 1: Generally, demand equals the required annual collection spread evenly over the remaining quarters in the funding year.

Note 2: In the *2018 Rural Health Care Order*, the FCC instructed USAC to collect the additional funds needed to fully fund Funding Year 2017 over two quarters (4Q2018 and 1Q2019).⁴

Note 3: Prior period adjustments reconcile projections to actual results and include adjustments for billings, interest income, and bad debt.

The 2019 annual Rural Health Care Support Mechanism programmatic budget totals \$15.59 million. See aRHC04cf 012819 for details regarding the 2019 annual Rural Health Care Support Mechanism programmatic budget.

The 2Q2019 portion of the 2019 annual Rural Health Care Support Mechanism programmatic budget is \$4.15 million. Note that administrative costs are covered within the funding cap.

Table B. 2Q2019 Quarterly Programmatic Budget

<i>(in millions)</i>	2Q2019 Direct Program Budget	2Q2019 Allocated Common Budget (see Note 4)	2Q2019 Total Budget
Rural Health Care Budget	\$2.65	\$1.50	\$4.15

Note 4: The common budget is allocated to the programs based on the Cost Allocation Methodology on file with the FCC, which allocates costs based 50% on direct program costs in the prior year and 50% on program demand in the prior year.

A comparison of actual expenditures to the budget for the twelve months ending December 31, 2018 is provided in **Attachment A**.

Recommendation:

USAC management recommends that the Committee approve the 2Q2019 budget and projection of demand as proposed.

⁴ *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Report and Order, FCC 18-82, para. 19 (2018) (*2018 Rural Health Care Order*).

Recommended Rural Health Care Committee Actions:

APPROVAL OF THE FOLLOWING RESOLUTIONS:

RESOLVED, that the USAC Rural Health Care Committee approves a 2nd Quarter 2019 Rural Health Care Support Mechanism direct program budget of \$2.65 million; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee, having reviewed at its meeting on January 28, 2019, a summary of the 2nd Quarter 2019 Rural Health Care Support Mechanism demand estimate, hereby directs USAC staff to proceed with the required January 31, 2019 filing to the FCC on behalf of the Committee. USAC staff may make adjustments if the total variance for the Rural Health Care Support Mechanism is equal to or less than \$1 million, or may seek approval from the Committee Chair to make adjustments if the total variance is greater than \$1 million, but not more than \$2 million.

ATTACHMENT A

Rural Health Care Administrative Costs
 Comparison of Actual Expenditures to the Budget for the
 Twelve Months Ending December 31, 2018

<i>(\$ in millions)</i>	2018 YTD FTE Actual (Average)	2018 YTD FTE Budget (Average)	FTE Variance	YTD Actual	YTD Budget	Variance
Direct Program Costs						
Employee Expenses	46	47	1	\$5.33	\$5.82	\$0.49
Professional Services				0.93	1.30	0.37
General & Administrative				0.00	0.09	0.09
Total Direct Program Costs (see Note 5)				\$6.26	\$7.21	\$0.95
Common Allocated Costs (see Note 6)				\$4.12	\$5.22	\$1.10
Total Program Budget				\$10.38	\$12.43	\$2.05

Note 5: Actual direct program costs were lower than the budget due to vacant positions and deployment of IT resources to higher priority, non-Rural Health Care projects.

Note 6: Common costs include costs not directly attributable to a program and are allocated based on the Cost Allocation Methodology, which allocates costs based 50% on direct program costs in the prior year and 50% on program demand in the prior year.

Briefing book excludes all materials discussed in Executive Session.

A photograph of a man and a child standing in a field of tall grass in front of a large, weathered wooden barn. The man is wearing a dark hoodie and a baseball cap, and the child is wearing a plaid shirt. The background shows rolling hills under a clear sky.

Rural Health Care Business Update

Rural Health Care Committee Meeting

January 28, 2019



Universal Service
Administrative Co.

Agenda: Rural Health Care

Topic	Description	Purpose	Presenter	Length
Recap	Review of action items from prior Board meeting	Informational	Mark Sweeney	2 min
2018 Accomplishments	Significant program quantitative & qualitative accomplishments	Informational	Mark Sweeney	5 min
2018 Operational Performance Synopsis	Summary of performance on key metrics for 2018	Informational	Mark Sweeney	3 min
2019 Goals and Objectives	Description of major goals for 2019	Informational	Mark Sweeney	3 min
Discussion Topic	Optimizing RHC administration, based on key lessons learned from FY17 and FY18 administration	Informational	Mark Sweeney Carolyn McCornac Nikoletta Theodoropoulos Rehana Mohammed	15 min
RHC Program at a Glance	Overview of RHC activities for next 12 months	Informational	Mark Sweeney	2 min
Appendix A: Glossary of Acronyms and Projects				
Appendix B: Strategic Initiatives & Objectives				
Appendix C: 2018 FCC Docket Monitoring – Rural Health Care				

October Board Recap

Action items and updates from previous RHC Committee meetings

Activity	Status	Due Date	Owner
Provide more detail on what is RHC doing to engage stakeholders	Discussed in this presentation	1/28/19	Mark Sweeney

2018 Accomplishments

During the past year, the RHC program has made significant progress on the FY2017 and FY2018 reviews, while executing significant program changes.

People

- Added staff to meet new demands of FY2017 and FY2018 processing
- Reorganized division to better define and divide work responsibilities
- Held first feedback session solely focused on service providers
- Sent 12 monthly newsletters to stakeholders to maintain regular cadence of communication

Process

- Improved processes and resourcing to review FCC Form 461 46% faster and FCC Form 465 40% faster when compared with FY17
- Cleared 197 appeals in 2018, over 4 times more than in 2017
- Migrated all calls and emails to external Help Desk

Technology

- Deployed system enhancements to reflect revised commitment amounts in My Portal within 2 months of Order issuance

Outcomes

- Began delivering FY18 commitments in November – 4 months earlier than last year
- Implemented FY17 Funding Cap Order efficiently using combination of manual work and system updates
 - Sent 14,047 revised Funding Commitment Letters (FCLs) within 10 business days
 - Delivered revised payments within 3 weeks
- Initiated knowledge management framework for RHC to improve program documentation and efficiency

2018 Operational Performance Synopsis

	Metric	Target	Q1	Q2	Q3	Q4	Variance to Target (most recent)	
1	Call Ctre A/R	3.0%	9.4%	4.1%	1.4%	1.1%	1.9%	
2	Total Pending RHC Appeals	N/A	243	259	242	132	N/A	
3	Average age of RHC Appeals	90	259.4	294.3	364.9	286.2	-196.2	
4	Number of open appeals over 90 days	0	237	226	228	107	-107	

- RHC is working with OGC to create more robust procedures around frequent appeal topics
- RHC is participating in a cross-Division appeals IPT to standardize processes and timelines to help better utilize resources

Legend



On track



Action Required

2019 Goals and Objectives

The primary programmatic goals and objectives of RHC in 2019 are to optimize program experience through operations and administration efficiencies.

RHC goals for 2019 are the same as 2018 for program integrity, employee engagement, and participant experience.

Optimizing RHC Administration: Key Lessons Learned 2018

People

- We have a strong team – they are knowledgeable, adaptable, engaged and experienced
 - Retaining talent is critical
 - Clearer division of responsibilities and accountability needed
- Need to tailor communication and training to different audiences

Process

- Need to streamline processes and drive consistent adoption
- Inconsistency of documented procedures and level of adoption

Technology

- Lack of robust system environment impacts many aspects of the program
- Reporting and data relies on operational knowledge and desktop records

Outcomes

- The demands of the program are increasing and expectations are elevated
- Higher level of improper payments in 2018 due to manual work
- Inability to offer status information to stakeholders
- Difficulty to trace audit trails

Optimizing RHC Administration: Planned 2019 Activity

Briefing book excludes all materials discussed in Executive Session.

Operations

- Streamline operations by leveraging existing expertise in reorganization
 - Reviewers will not be required to handle multiple portfolios
 - Cross-training between disciplines will foster consistency and enable further agility
- Change procedures based on lessons learned
 - Add more interaction with applicants during information requests
 - Bring in contractors early to improve velocity of reviews and commitments

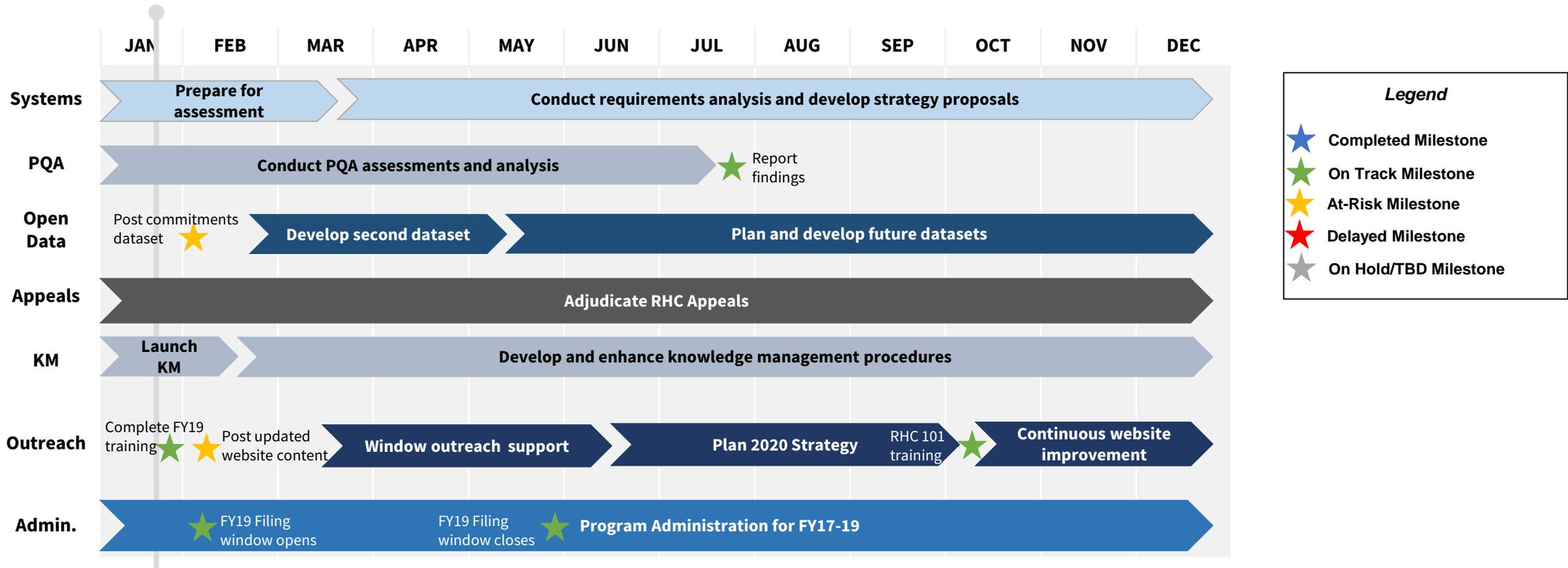
Program Integrity

- Perform additional audits, diving deeper into compliance and integrating findings
- Reorganize to enable a cross-functional look at whistleblower complaints, FOIA requests, and any compliance issues
- Adjudicate appeals more efficiently to reduce processing time
- Develop compliance map to align program rules, procedures and potential risk

Program Development

- Effectively manage change by expanding and standardizing documentation through knowledge management
- Improve usability of online tools by adding RHC datasets to Open Data platform
- Create a long term IT strategy informed by a thorough system assessment and stakeholder feedback
- Increase targeted outreach to specific groups, including service providers and primary account holders
- Address common applicant questions and concerns by creating more detailed, timely tip sheets and best practices

RHC Program at a Glance



Legend

- ★ Completed Milestone
- ★ On Track Milestone
- ★ At-Risk Milestone
- ★ Delayed Milestone
- ★ On Hold/TBD Milestone

Milestones

On track: PQA – Report finding; Outreach – Complete FY19 training and RHC 101 Training; Admin – FY19 Filing window opens and closes

At Risk: Open Data – Post commitments datasets; Outreach – Post updated website content

Appendices

Appendix A: Glossary of Acronyms and Projects

Term	Definition
RHC	Rural Health Care Division. An organization within USAC with the mission to administer the HCF and Telecom programs, as well as any FCC programs or directives impacting rural healthcare.
HCF	Healthcare Connect Fund. A program administered by Rural Health Care Division that provides a 65% discount to eligible healthcare providers for qualifying services.
Telecom	Telecommunications Program. A program administered by Rural Health Care Division that provides a discount to eligible healthcare providers for qualifying services based on the urban/rural differential.
My Portal	Systems used by the Rural Health Care Division to collect FCC forms submitted by program applicants and aggregate this data.
KM	Knowledge Management. USAC-wide initiative to centralize and formalize documentation regarding USAC programs, processes, and procedures.
WCB	Wireline Competition Bureau. WCB is a Bureau within the FCC.
PQA	Payment Quality Assurance. PQA is designed to assess the accuracy of Universal Service Fund (USF) disbursements and determine whether improper payments exist, and assists the FCC in meeting its reporting obligations under the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA).
AUP	Agreed Upon Procedures. An agreed-upon procedure engagement is a standard a company or client outlines when it hires an external party to perform an audit on a specific test or business process.
BCAP	Beneficiary and Contributor Audit Program (BCAP). The BCAP is designed to assess beneficiary and contributor compliance with the FCC rules and requirements (collectively, FCC Rules).
RFP	Request for Proposal. A document that solicits proposal, often made through a bidding process, by a company interested in procurement of a commodity or service to potential suppliers to submit business proposals. It is submitted early in the procurement cycle.

Appendix B: 2019 Rural Health Care Goals & Objectives

Bringing world class medical care to rural areas through increased connectivity

Strategic Initiatives	Objectives / Program Outcomes	How RHC will meet the goal
Execute Mission Critical Performance Goals	Support access to vital telehealth services and help rural communities overcome obstacles to accessing healthcare.	Pursuant to FCC rules & orders, award funding to eligible health care providers and consortia based on qualifying funding requests and disburse funds accordingly.
Implement New FCC Orders and Mandates	Implement new FCC orders and mandates in a timely manner.	Timely and accurate implementation of any new FCC orders impacting FY2018 funding decisions and review of FY2019 requests.
Improve Operational Efficiency and Effectiveness	Increase RHC business productively through increased efficiency and effectiveness of both RHC and USAC operational processes.	Actively support USAC governance initiatives, consistently review RHC business processes to ensure they are aligned with FCC priorities and USAC's business needs. Implement RHC's new knowledge management framework.
Improve Program Participant/FCC Experience	Streamline and simplify program participants' experience to enable successful participation. Provide the FCC with timely awareness of program administration issues, be responsive to FCC information requests, and flag issues in need of FCC guidance.	Implement strategy for improved help desk functionality and RHC program participant outreach. Collaborate with the FCC on goals, outcomes, and strategies and ensure alignment on significant program administration decisions. Expand availability and efficacy of resources by conducting additional webinars, improving website content, and soliciting participant feedback on at least a quarterly basis.
Enhance Program Integrity	Monitor, report, and implement enhanced controls to assess program effectiveness and program business value.	Continuously review RHC data to identify trends that require attention or that may raise new risks to the program. Address significant risks through RHC's program risk management.
Improve Employee Engagement	Enhance individuals through career development and fostering a positive work environment.	Implement action plans, including confirming goals and expectations, delivering regular feedback and conducting routine individual and team level meetings to exchange information and celebrate successes.

Appendix C: 2018 FCC Docket Monitoring

There were 10 items in the RHC docket in 2018. Those with administrative impact are shown below.

FCC Order/ Mandate	Release Date	Description	Impact to RHC
FCC 17-164	December 14, 2017	The WCB sought comments on adopted Notice of Proposed Rulemaking and Order concerning how to strengthen the FCC's Rural Healthcare program by improving access to telehealth in rural America and offering interim relief to individual healthcare providers potentially affected by increase in RHC funding demand in FY 2017.	Internal analysis of potential major impacts
FCC 18-82	June 25, 2018	On June 25, 2018, the FCC issued a Report and Order, which adopts three measures: (1) increases the Rural Health Care Program funding cap to \$571 million per year, beginning with Funding Year (FY) 2017; (2) implements an annual inflation adjustment to the funding cap, beginning with FY 2018; and (3) establishes a process to carry-forward unused funds from year to year. The Order directs USAC to restore approved FY 2017 funding commitments to pre-proration levels, and to collect, over the next two quarters, the additional funds needed to fully fund FY 2017 demand.	Significant impacts requiring work across the Division and USAC
FCC 18-112	August 3, 2018	On July 11, 2018, FCC Commissioner Carr announced that the FCC would seek to establish a new \$100 million "Connected Care Pilot Program" to support telehealth for low-income Americans. On August 3, 2018, the FCC released a Notice of Inquiry seeking comment on how to create a USF pilot to promote the use of telehealth services among low-income Americans. The FCC said it expects to set aside up to \$100 million in funding for a "Connected Care Pilot Program."	Potential future impacts