

Rural Health Care Committee Briefing Book

Monday, April 28, 2025

11:45 a.m. – 12:15 p.m. Eastern Time
Available for Public Use

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

Monday, April 28, 2025 11:45 a.m. – 12:15 p.m. Eastern Time USAC Offices 700 12th Street, N.W., Suite 900 Washington, D.C. 20005

		OPEN SESSION Available for Public Use	Estimated Duration in Minutes
Chair	a1.	 Consent Items (each available for discussion upon request): A. Approval of Rural Health Care Committee Meeting Minutes of January 27, 2025 B. Approval of moving all <i>Executive Session</i> items into <i>Executive Session</i> 	5
Mark	a2.	Approval of Rural Health Care Support Mechanism 3rd Quarter 2025 Programmatic Budget and Demand Projection for the May 2, 2025, FCC Filing	5
Mark	i1.	Rural Health Care Business Update Q1 2025 Accomplishments Q2 2025 Plans 	15

		INFORMATION ONLY Available for Public Use	Estimated Duration in Minutes
Mark	i2.	 Rural Health Care Business Update (continued). Roadmap Appendix A: Rural Health Care Metrics 	
Teleshia	i3.	Information on Three USAC Internal Audit Division Rural Health Care Support Mechanism Beneficiary Audit Report	_

		<u>EXECUTIVE SESSION</u> Confidential – <i>Executive Session Recommended</i>	Estimated Duration in Minutes
Mark	i4.	Rural Health Care Business Update (continued, if needed).	_

Next Scheduled USAC Rural Health Care Committee Meeting

Monday, July 28, 2025 USAC Offices, Washington, D.C.

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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 (Board) 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 January 27, 2025 (see Attachment A)
- **B.** Approval of moving the following item into *Executive Session*:
 - (1) **i4.** Rural Health Care Business Update (Continued, if needed). USAC management recommends that this item be discussed in **Executive Session** because it may involve discussion of **specific internal controls and/or confidential company data** that would constitute a discussion of **internal rules and procedures**.

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 RESOLUTIONS:

RESOLVED, that the Rural Health Care Committee of the USAC Board of Directors hereby approves: (1) the Committee meeting minutes of January 27, 2025; and (2) discussion in *Executive Session* of the item noted above.

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

RURAL HEALTH CARE COMMITTEE MEETING Monday, January 27, 2025

(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, January 27, 2025. Dr. Kathy Wibberly called the meeting to order at 11:55 a.m. Eastern Time, with a quorum of seven of the eight committee members present (there was one vacancy):

Freeman, Sarah Kettwich, Dan Sekar, Radha – Chief Executive Officer Semmler, Kara – by telephone Thompson. Mona Waller, Jeff – *by telephone* Wibberly, Dr. Kathy – Chair

Other Board members and officers of the corporation present:

Beyerhelm, Chris – Vice President and Chief Administrative Officer

Chacko, Sheba – Member of the Board

Chalk, Indra - Member of the Board

Dalhover, Brian - Member of the Board

Davis, Craig – Vice President of Schools and Libraries

Delmar, Teleshia – Vice President of Audit and Assurance

Gaither, Victor – Vice President of High Cost

Garber, Michelle – Vice President of Finance, Chief Financial Officer, and Assistant

Treasurer

Green, Anisa – Member of the Board

Gregory, Amber – Member of the Board

Hutchinson, Kyle – Vice President of IT and Chief Information Officer

Mason, Ken – Member of the Board

O'Brien, Tim – Vice President of Lifeline

Sanguist, Christine – Member of the Board

Schell, Julie Tritt - 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

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, or to correct grammatical or spelling errors.

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Williams, Erin – Vice President, General Counsel, and Assistant Secretary

Others present:

<u>NAME</u>	COMPANY
Albert, Blythe	USAC
Bailey, Macey	USAC
Braxton, Carolyn	USAC
Bui, Brandon	USAC
Calhoun, Mitch	USAC
Chu, Josey	USAC
Estrella, Giulianna	USAC
Faunce, Donna – by telephone	USAC
Francisco, Dale	USAC
Goode, Vernell	USAC
Green, Kevin	USAC
James, Christine	USAC
King, Ryan	USAC
Little, Chris	USAC
Lloyd, Pamela – <i>by telephone</i>	USAC
Mitchell, Katherine	USAC
Morgan, Meredith	USAC
Nuzzo, Patsy	USAC
Powell, Shantell	ESPY Services
Robinson, Jen	USAC
Sadirkhanova, Sabina – <i>by telephone</i>	USAC
Santana-Gonzalez, Jeanette	USAC
Schrader, Theresa – <i>by telephone</i>	Broadband Legal Strategies
Smith, Chris	USAC
Smith, Zack – by telephone	USAC
Staurulakis, Chresanthe	USAC
Walsh, Colleen – by telephone	USAC
Walsh, Jeff	USAC

OPEN SESSION

All materials from *Open Session* can be found on the <u>USAC website</u>.

- **a1. Consent Items.** Dr. Wibberly presented this item to the Committee.
 - **A.** Approval of the Rural Health Care Committee meeting minutes of October 28, 2024.
 - **B.** Approval of moving one *Executive Session* item into *Executive Session*:

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- (1) **i4.** Rural Health Care Business Update (Continued). USAC management recommends that this item be discussed in Executive Session because it may involve discussion of specific internal controls or confidential company data or internal rules and procedures concerning the administration of the universal service support mechanisms, where discussion of the matter in open session would result in disclosure of confidential techniques and procedures that would compromise program integrity.
- (2) **a4.** Approval of Rural Health Care Support Mechanism 2025 Annual Programmatic Budget. USAC management recommends that this item be discussed in *Executive Session* because it relates to USAC's *procurement strategy and contract administration*, as well *as internal rules and procedures* concerning the administration of the universal service support mechanisms where discussion of the matter in open session would result in *disclosure of confidential techniques and procedures* that would compromise program integrity. In addition, this includes *pre-decisional matters pending before the FCC*.

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

RESOLVED, that the Rural Health Care Committee of the USAC Board of Directors hereby approves: (1) the Committee meeting minutes of October 28, 2024; and (2) discussion in *Executive Session* of the items noted above.

a2. Recommendation for Election of Committee Chair and Vice Chair. Mr. Mason introduced this item to the Board requesting that Ms. Freeman, Chair of the Nominating Committee, report on the Nominating Committee's recommendations for the election of the Rural Health Care Committee Chair and Vice Chair.

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

RESOLVED, that the USAC Rural Health Care Committee recommends that the USAC Board of Directors elect **Dr. Kathy**Wibberly as Chair and **Dan Kettwich** 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).

a3. Approval of Rural Health Care Support Mechanism 2nd Quarter 2025
Programmatic Budget and Demand Projection for the January 31, 2025 FCC
Filing. Mr. Sweeney presented this item for consideration. The presentation

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included a written report on USAC management's recommendations for the Rural Health Care Mechanism 2nd Quarter 2025 programmatic budget and demand projection for the January 31, 2025 quarterly FCC Filing.

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 2nd Quarter 2025 Rural Health Care Support Mechanism direct program budget of \$4.50 million; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee directs USAC staff to submit a collection requirement of \$4.50 million for Rural Health Care Support Mechanism administrative costs in the required January 31, 2025, filing to the Federal Communications Commission on behalf of the Committee; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee, having reviewed at its meeting on January 27, 2025, the 2nd Quarter 2025 Rural Health Care Support Mechanism demand estimate of \$176.10 million, hereby directs USAC staff to proceed with the required January 31, 2025 filing to the Federal Communications Commission 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 PowerPoint slides to the Committee providing and update on the following:
 - 2024 Year in Review
 - 2025 Program Plans
- **i2. Rural Health Care Business Update** (*Continued*). This item was provided for *information purposes only*. No discussion was held. Dr. Wibberly noted that the Rural Health Care materials listed below would be made public and posted to the USAC website.
 - Q4 2024 Accomplishments
 - Q1 2025 Plans
 - Roadmap
 - Appendix A: Rural Health Care Metrics
- i3. Information on Four USAC Internal Audit Division Rural Health Care Support Mechanism Beneficiary Audit Reports. This item was provided for *information purposes only*. No discussion was held. Dr. Wibberly noted that the Rural Health Care Audit Briefing Book would be made public and posted to the

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USAC website.

At 12:28 p.m. Eastern Time, on a motion duly made and seconded, the Committee moved into *Executive Session* for the purpose of discussing confidential items. Only members of the Board and USAC staff were present. The Committee immediately recessed and returned to *Executive Session* at 12:42 p.m. Eastern Time.

EXECUTIVE SESSION

- **i4.** Rural Health Care Business Update (Continued). Ms. Chu presented PowerPoint slides to the Committed the Committee on the Rural Health Care Legacy My Portal Data Conversion.
- **a4.** Approval of Rural Health Care Support Mechanism 2025 Annual Programmatic Budget. Mr. Sweeney presented this item for consideration. The presentation included a written report on USAC management's recommendations for the Rural Health Care Support Mechanism 2025 Annual Programmatic Budget.

On a motion duly made and seconded, the Board adopted the following resolution:

RESOLVED, that the Rural Health Care Committee approves a 2025 annual programmatic budget for the Rural Health Care Support Mechanism of \$17.41 million.

OPEN SESSION

At 12:55 p.m. Eastern Time, the Committee 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 i4 and acted on item a4.

On a motion duly made and seconded, the Committee adjourned at 12:56 p.m. Eastern Time.

/s/ Erin Williams
Assistant Secretary



Rural Health Care (RHC) Committee

RHC Business Update

Open Session

April 28, 2025

Agenda

- Q1 2025 Accomplishments
- Q2 2025 Program Plans

Q1 2025 Accomplishments

- Operational
 - Closed out FY2024 applications and began work on FY2025 applications.
 - FY2025 application window moved by FCC from April 1, 2025 to June 2, 2025.
 - For 30 days after window close, applicants may submit applications accompanied by a waiver request to the FCC.
- Training and Outreach
 - Conducted 10 webinars for both applicants and service providers on topics including new third party authorizations (TPA) process, invoicing best practices (around February extended deadline), and application filing window close campaign.

Q1 2025 Accomplishments (Continued)

- Modernization
 - Introduced system and process changes for Third Party Authorizations (TPA) in RHC Connect to resolve MyPortal data and security issues.
 - Launched subsequent communications campaign to refresh and renew all TPAs in RHC Connect by October 31, 2025.
 - Developed enhancements to the eligibility process in RHC Connect to reduce manual workarounds and access to third party tools to speed up Form processing.
- Invoicing & Appeals
 - Current appeal backlog grew in Q1 due to increased appeal submissions (total received 73, total completed 32), recovery plan is underway.
- Program Integrity
 - Developing corrective action plans based on the recent Fraud Risk Assessment.

Q2 2025 Program Plans

- Operations
 - Begin commitments for FY2025
- Outreach and Training
 - Six scheduled webinars including placeholders for an appeals webinar, post-commitment change deadline campaign, and Connected Care Pilot Program (CCPP) support sessions.
- Modernization
 - Complete initial release of Telecom post-commitment activity in RHC Connect.
 - Begin work on building appeals module in RHC Connect.
 - Begin work on decommission of MyPortal, migrating data to RHC Connect or to accessible archives to resolve outstanding security issues and challenges with the old system.
- Program Integrity
 - Implementation of corrective action plans for Fraud Risk Assessment.



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Universal Service Administrative Company Rural Health Care Committee Meeting

ACTION ITEM

Approval of Rural Health Care Support Mechanism
3rd Quarter 2025 Programmatic Budget and Demand Projection for the
May 2, 2025 FCC Filing

Action Requested

The Rural Health Care Committee (Committee) of the USAC Board of Directors (Board) is requested to approve a 3rd Quarter 2025 (Q3 2025) programmatic budget and demand projection for the Rural Health Care Support Mechanism for submission to the Federal Communications Commission (FCC) in USAC's May 2, 2025, 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 Q3 2025 funding requirement for the Rural Health Care Support Mechanism as follows:

[Remainder of page is intentionally blank.]

¹ 47 C.F.R. § 54.715(c).

² 47 C.F.R. § 54.709(a)(3).

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Table A. Program Funding Requirement

(in millions)	Q2 2025	Increase/ (Decrease)	Q3 2025	Notes
Steady State:		,		
Program Funding Requirement	\$167.75	\$4.61	\$172.36	See Note 1
				and Table B
Adjustments	(72.00)	72.00	0.00	See Note 2
New Requirements:				
N/A	0.00	0.00	0.00	
Total Program Funding	\$95.75	\$76.61	\$172.36	
Requirement				
Prior Period Adjustments (difference b	etween proje	ctions and act	uals):	
Billings	\$1.36	(\$1.91)	(\$0.55)	
Interest Income	0.00	0.13	0.13	
Bad Debt Expense	(1.99)	0.47	(1.52)	
Total Prior Period Adjustments	(\$0.63)	(\$1.31)	(\$1.94)	
USAC Administrative Expenses ³	\$8.98	(\$0.37)	\$8.61	See Table D
Total Funding Requirement	\$104.10	\$74.93	\$179.03	

- **Note 1:** On March 7, 2025, the FCC announced a funding cap for Funding Year 2025 of \$723.89 million.⁴ The Program Funding Requirement represents one quarter of the Funding Year 2025 cap, less USAC administrative costs. See Table B below for additional details.
- **Note 2:** On March 14, 2025, the FCC instructed USAC to apply \$72 million of funds available as of January 31, 2025 to reduce required collections for Funding Year 2024 in Q2 2025.

Table B. Funding Year 2025 Program Funding Requirement

	Fund Year	Notes
(in millions)	2025	
Funding Year 2025 Cap	\$723.89	See Note 1
Quarterly Funding Requirement for Funding Year 2025	180.97	
Less USAC Administrative Costs, which are covered within the	(8.61)	
Funding Cap	, ,	
Q3 2025 Program Funding Requirement	\$172.36	

Note 3: The FCC has extended the filing window for Funding Year 2025 until June 2, 2025. USAC will rely on guidance from the FCC concerning the funds to be used to offset demand or reduce collections after demand for the funding year is

³ Administrative costs are covered within the funding cap.

⁴ See Wireline Competition Bureau Announces E-Rate and RHC Programs' Inflation-Based Caps for Funding Year 2024, CC Docket No. 02-6, WC Docket No. 02-60, Public Notice, 39 FCC Rcd 2206 (Mar. 8, 2024).

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known.

Note 4: Table C represents the change in available funding since the last roll forward. The Funding Year 2025 filing window will close on June 2, 2025. USAC anticipates the Commission will provide guidance after the window close regarding the amount to carry-forward to cover Funding Year 2025 Rural Health Care Program demand (to the extent necessary).

Table C. Funding Year 2025 Available Roll Forward

_	Net
(in millions)	Change
Unused Funds	
Remaining Available Funds from Prior Fund Year	(\$107.35)
Reserved Funds	
a. Pending Applications to Process	55.47
b. Unliquidated Obligations (ULOs)	69.40
c. Appeals Reserve - USAC Appeals	3.62
d. Appeals Reserve - FCC Appeals	(0.67)
Total Unused Funds	\$20.47

Based on the projected burn rate, USAC estimates the following Q3 2025 programmatic budget:

Table D. Quarterly Programmatic Budget

	Q2 2025	Increase/	Q3 2025	Notes
(in millions)	Budget	(Decrease)	Budget	
Direct Program Costs				
Employee Expenses	\$1.89	(\$0.04)	\$1.85	
Professional Services	0.50	0.49	0.99	
General & Administrative	0.00	0.00	0.00	See Note 4
Total Direct Program Costs	\$2.39	\$0.45	\$2.84	
Direct Assigned Costs				
Employee Expenses	\$0.41	\$0.00	\$0.41	
Professional Services	1.53	(0.72)	0.81	
General & Administrative	0.17	0.03	0.20	See Note 4
Total Direct Assigned Costs	\$2.11	(\$0.69)	\$1.42	
Total Direct Program & Direct Assigned Costs	\$4.50	(\$0.24)	\$4.26	
Common Allocated Costs	\$4.48	(\$0.13)	\$4.35	
Total Programmatic Budget	\$8.98	(\$0.37)	\$8.61	

Note 4: General & Administrative expenses include meetings and conferences and software licenses.

A comparison of actual expenditures to the budget for the three months ending March 31, 2025 is provided in **Attachment 1**.

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Recommendation

USAC management recommends that the Committee approve the Q3 2025 budget and projection of demand as proposed.

Recommended Rural Health Care Committee Actions

APPROVAL OF THE FOLLOWING RESOLUTIONS:

RESOLVED, that the USAC Rural Health Care Committee approves a 3rd Quarter 2025 Rural Health Care Support Mechanism direct program budget of \$4.26 million; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee directs USAC staff to submit a collection requirement of \$4.26 million for Rural Health Care Support Mechanism administrative costs in the required May 2, 2025, filing to the Federal Communications Commission on behalf of the Committee; and

RESOLVED FURTHER, that the USAC Rural Health Care Committee, having reviewed at its meeting on April 28, 2025, the 3rd Quarter 2025 Rural Health Care Support Mechanism demand estimate of \$179.03 million, hereby directs USAC staff to proceed with the required May 2, 2025 filing to the Federal Communications Commission 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.

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ATTACHMENT 1

Rural Health Care Administrative Costs and Headcount

Comparison of Actual Expenditures and Headcount to the Budget for the Three Months Ending March 31, 2025

	FTE	FTE	FTE	YTD	YTD	
(\$ in millions)	Actual	Budget	Variance	Actual	Budget	Variance
Direct Program Costs						
Employee Expenses	50	51	1	\$1.82	\$1.81	(\$0.01)
Professional Services (Note 5)				0.70	0.48	(0.22)
General & Administrative (Note 6)				0.00	0.00	0.00
Total Direct Program Costs				\$2.52	\$2.29	(\$0.23)
Direct Assigned Costs						
Employee Expenses	8	8	0	\$0.42	\$0.40	(\$0.02)
Professional Services (Note 5)				1.26	1.28	0.02
General & Administrative (Note 6)				0.36	0.17	(0.19)
Total Direct Assigned Costs				\$2.04	\$1.85	(\$0.19)
Total Direct Program & Direct Assigned Costs	58	59	1	\$4.56	\$4.14	(\$0.42)
Common Allocated Costs (Note 7)				\$4.19	\$4.14	(\$0.05)
Total Programmatic Budget				\$8.75	\$8.28	(\$0.47)

- **Note 5:** Direct Program Professional Services include business process outsourcing (BPO). Direct Assigned Professional Services include beneficiary & contribution audit program audits, and IT contract labor.
- Note 6: General & Administrative expenses include reference materials and software licenses.
- **Note 7:** 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. Actual common allocated costs reflect a reduction for costs allocated to the appropriated programs.



Rural Health Care (RHC) Committee

RHC Business Update

Open Session - Information Only

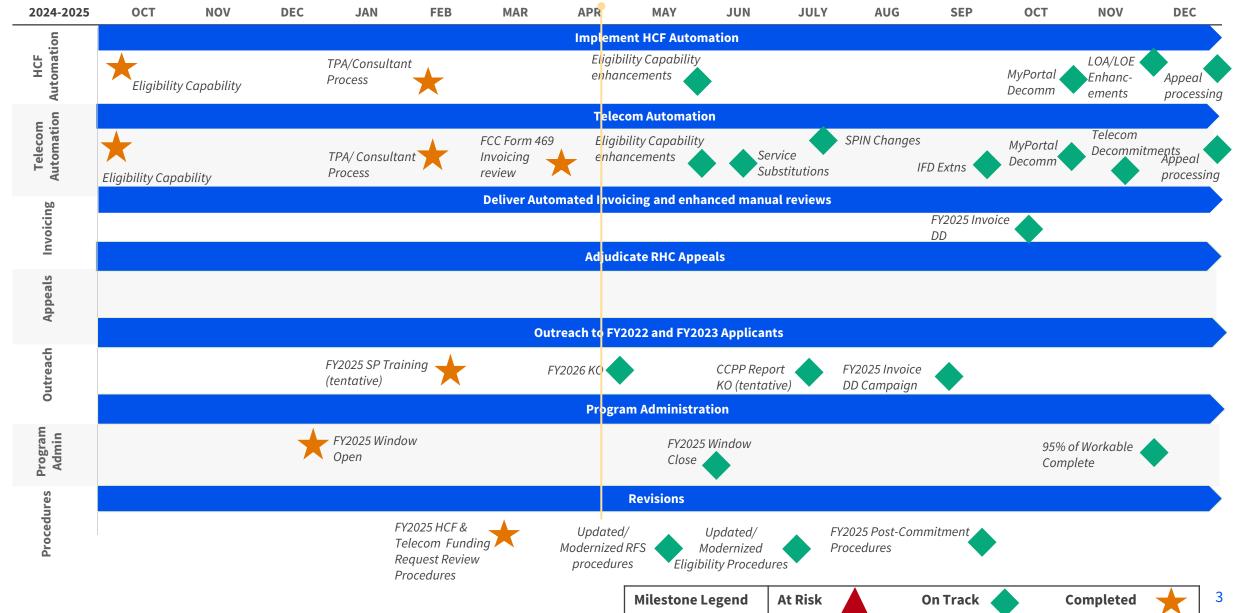
April 28, 2025

Agenda

- Roadmap
- Appendix A: Rural Health Care Metrics

Roadmap

Post Commitments releases



Appendix A: RHC Program Metrics

HCF Pre-Commitment (Data as of March 31, 2025)

Funding Year		Q1	Q2	Q3	Q4	Total	
	2025	Demand	6,827				6,827
		Requested Dollars	\$151,444,125				\$151,444,125
		Avg. Days Outstanding	43				43
70	2024	Demand	8,399	4,110	5	2	12,516
Requested		Requested Dollars	\$209,113,746	\$282,298,256	\$855,223	\$2,786,922	\$495,054,146
Red		Avg. Days Outstanding	391	339	243	111	
	2025	Reviewed Apps.	3				3
		Reviewed Dollars	\$24,657				\$24,657
Reviewed	2024	Reviewed Apps.		3,242	7,325	1,967	12,534
Revi		Reviewed Dollars		\$31,043,495	\$145,175,995	\$110,943,715	\$287,163,204

Appendix A: RHC Program Metrics (Continued)

HCF Post-Commitment (Data as of March 31, 2025)

Calend	dar Year		Q1	Q2	Q3	Q4	Total
	2025	Invoice Counts	4,290				4,290
tted		Invoice Dollars	\$91,181,473				\$91,181,473
Submitted	2024	Invoice Counts	4,043	2,247	8,489	3,592	18,371
		Invoice Dollars	\$70,303,920	\$33,733,407	\$102,278,718	\$54,974,767	\$261,290,812
	2025	Invoice Counts	3,872				3,872
		Invoice Dollars	\$59,305,199				\$59,305,199
Disbursed	2024	Invoice Counts	3,985	2,205	8,390	3,536	18,116
Disbu		Invoice Dollars	\$62,078,257	\$24,352,370	\$96,104,346	\$47,684,826	\$230,219,799

Dollar values displayed have been rounded. Totals are calculated based on the original (not rounded) figures.

Appendix A: RHC Program Metrics (Continued)

Telecom Pre-Commitment (Data as of March 31, 2025)

Fun	Fund Year		Q1	Q2	Q3	Q4	Total
	2025	Demand	432				432
		Requested Dollars	\$81,855,991				\$81,855,991
		Avg. Days Outstanding					
	2024	Demand	662	1,118			1,780
Requested		Requested Dollars	\$135,038,131	\$114,048,940			\$249,087,070
Redn							
	2024	Reviewed Applications	2	106	609	608	1,325
		Reviewed Dollars	\$0	\$35,906,727	\$146,438,924	\$28,147,367	\$210,493,018
Reviewed	2023	Reviewed Applications		835	744	433	2,012
Revi		Reviewed Dollars		\$8,204,968	\$163,283,855	\$81,553,597	\$253,042,420

Appendix A: RHC Program Metrics (Continued)

Telecom Post-Commitment (Data as of March 31, 2025)

Calendar Year		Q1	Q2	Q3	Q4	Total	
Disbursed Submitted	2025	Invoice Counts	71				71
		Invoice Dollars	\$3,141,048				\$3,141,048
	2024	Invoice Counts	217	202	311	186	916
		Invoice Dollars	\$235,427,482	\$226,366,616	\$248,586,145	\$4,921,430	\$715,301,672
	2025	Invoice Counts	71				71
		Invoice Dollars	\$3,141,048				\$3,141,048
	2024	Invoice Counts	217	201	311	185	914
		Invoice Dollars	\$235,172,944	\$225,448,670	\$247,249,495	\$4,917,678	\$712,788,787

Dollar values displayed have been rounded. Totals are calculated based on the original (not rounded) figures.

