



# MiCTA National Healthcare Connect Fund Program

# The HCF Program

- HCF is one of two sub-programs under the Rural Healthcare Program (RHC) The RHC Program was enacted into law by Congress in 1996 with the passage of the revised Federal Telecommunications ACT
- HCF was Created by the FCC in 2012 providing a comprehensive Broadband/Consortium Solution to the RHC Program

# MiCTA HCP Member Advantages

- MiCTA HCP Members do not have to Bid (file a form 461) By FCC Law they can use existing MiCTA HCF eligible Contracts under the “Government Master Services Agreement” competitive bidding exemption on their Request for Services Form 462

[http://www.mictatech.org/data/n0002/images/FCC-12-150A1\\_MiCTA\\_Highlight.pdf](http://www.mictatech.org/data/n0002/images/FCC-12-150A1_MiCTA_Highlight.pdf)

- Must join before filing your 462
- “First Year’s MiCTA Membership fee is waived”
- MiCTA Provides Assistance with Forms Filings
- During your 462 filing process MiCTA HCP members will need to provide 1. Proof of membership (if you didn’t keep your official membership email/call the MiCTA office) and 2. You are using an eligible MiCTA MSA
- All eligible HCF vendors can be found here:

<http://www.mictatech.org/index.cfm?fuseaction=page.viewwpage&pageid=1554>



# Who Is Eligible to Participate

- Non-Profit: Rural Hospitals (with less than 400 beds), Rural Health Clinics, Community Health Centers, Health Centers Serving Migrants, Community Mental Health Centers, Local Health Departments or Agencies, Post-Secondary Educational Institutions Offering Health Care Instruction/Teaching Hospitals/Medical Schools, Skilled Nursing Facilities, (K-12 Nurse's Stations/EMT Stations at Fire Departments as part of a Consortia Constructed Network) or a Consortia of the above

# HCF Overview

- Program Encourages HCP Consortia
- Funding is a flat 65% for eligible broadband services/network electronics and (Consortium) HCP-Constructed and Owned facilities
- One application for funding request (462) for all Consortium members **Note: as long as all services/equipment are being provided by the same vendor**
- Consortium May Include Non-Rural/Ineligible HCPs
  - (consortium must be at least a majority rural HCPs)
  - Non-Rural HCPs receive the 65% funding also
  - Ineligible HCPs can participate do not receive 65% funding Can receive the discounted pricing on services and equipment – Must pay their fair share of cost for services/equipment as determined by the Consortium Lead

# HCF Overview (cont.)

- Consortium Leader
  - A consortium leader is the legal entity – lead for the consortium
  - Can be:
    - Eligible HCP – part of the consortium
    - Ineligible State organization
    - Ineligible Public Sector (government) entity, including tribal governments
    - Ineligible Non-Profit entity
- Project Coordinator
  - Point of contact with Commission/USAC
  - Authorized employee of consortium leader

# HCF Overview (cont.)

- Consortiums
  - Can be made up of HCPs from anywhere in the country
  - Lowers admin costs
  - Provides collaboration of medical –technical – administrative expertise though higher bandwidth at lower cost via MiCTA contract discounts before the 65% HCF discount
  - Enables telemedicine collaboration
  - Lowers cost of health care
  - Encourages remote training

# What is Supported

- Wireline Broadband Services
  - No maximum bandwidth limitation (Must be 1.5 Mbps or above)
  - Internet Access
- Reasonable And Customary Installation Charges Capped at \$5,000 per location
- Network Electronics Necessary to Make Your Service Functional **Note: must currently be receiving funding for Broadband service or filing for access at the same time**
- Connections to Your Off-Site Admin Offices/Data Centers
- Connections to Research/Education Networks
- Last Mile, middle mile, backbone services and leased equipment
- Solutions specific to your networks
- Consortium Constructed Networks (if only Option)



# Funding

- Eligible Participants (Rural HCPs) will be determined by Form 460)
  - 65% discount on all eligible services/network equipment and customary installation costs for eligible participants (Rural Hospitals with beds of 400 or more are considered Non-Rural)
- Up-Front Payments
  - A Consortium can initially request up to 3 years of pre-approved funding. Can request that contract be considered “evergreen” if contact is multi-year. Contracts can only be for 5 years.
- 462's New Process:
  - Must be submitted according to funding windows established by USAC)

# HCF Program Comparison

<b>Eligible Services Applicants</b>	<b>Telecom - Individual Applicants</b>	<b>HCF - Consortium</b>
Reasonable & Customary Installation Chargers (\$5,000 undiscounted cost)	Yes	Yes
<b>Lit Fiber</b>	Yes	Yes
<b>Dark Fiber</b> Recurring charges (Lease of fiber /lighting equipment Maintenance	Yes	Yes
Up front Payments for IRUs, Leases, equipment	No	Yes
<b>Connections to Research Centers Education Networks</b>	Yes	Yes
<b>Connections Between Off-Site Data Centers &amp; Admin Offices</b>	Yes	Yes
<b>Upfront Charges for Deployment Of New or Upgraded Facilities</b>	No	Yes
<b>Constructed and Owned Facilities</b>	No	Yes
<b>Eligible Equipment</b> Necessary for functional broadband	No	Yes
Necessary to manage, control, or maintain broadband service or dedicated HCP Network	No	Yes
Internet Access	No	Yes

# HCF Forms

Note: All Forms are filed on-line using the RHC Portal

Form 460 – Eligibility and Registration Form

Note: Before you begin the 460 Form filing process you must obtain an FCC Registration Number Consortium Lead obtains on behalf of all participants Go to This Site:

<https://apps.fcc.gov/coresWeb/publicHome.do>

Consortium:

During the 460 filing process an LOA for each Consortium member must also be provided with the 460 Filings – If all Consortium participants are owned and operated by a Single HCP a Letter of Exception (LOE) on corporate letterhead must be sent providing a short statement listing all HCPs and signed by a Corporate Administrator

- Site Information
- Contact Information
- Eligibility Information
- Certification and Signatures

Form 461- Request for Services Form

- Initiates the competitive bidding process (Not required by MiCTA HCP members)

Form 462 - Funding Request Form

- Information necessary to evaluate an applicant's funding request
- Must be submitted according to schedule provided by USAC
- Applicants can seek a multi-year funding commitment
- Applicants can file for multiple services on a single form (must be same vendor)

Form 463 – Invoice and Request for Disbursement Form

- Serves as request to USAC for disbursement of funding from the HCF (Consortium) for services and equipment
- Filing the FCC Form 463 is a joint process between applicant and vendor/service provider
- Must be filed within six months after the end date of the funding commitment

# New Changes to HCF Program

## Improved Process for Adding Member HCPs to a Consortium

- Consortium applicants can now submit Letters of Agency (LOAs) and Letters of Exemption (LOEs) to add member HCPs to a consortium without updating the consortium FCC Form 460 by using “My LOA” tab once the LOA/LOE one the LOA/LOE has been approved by USAC

## New Site and Service Substitution Functionality

- Applicants can now perform site and service substitutions within My Portal by clicking the “Substitution” button under the “Form 462” tab
- Allows applicants to reallocate un-invoiced funds within comments

# MiCTA Membership

- Any Non-Profit/Public HCP In The Country Can Join MiCTA
- Join MiCTA at [www.mictatech.org](http://www.mictatech.org)
  - Click Over to Membership Box On Left
  - Click on "Join MiCTA"
  - Indicate You Are a New Health Care Member
  - Receive Email Confirmation
  - Save membership email confirmation for HCF filing HCF 462 filing

# Contact Information

- MiCTA Office – Help Desk 888-964-2227
- Gary Green – MiCTA HCP Consultant  
[gary.green@mictatech.org](mailto:gary.green@mictatech.org) 231-881-6612
- <http://www.usac.org/rhc/healthcare-connect/default.aspx>
- USAC/Health Care Connect Fund Help Desk  
800-453-1546