



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

- Must join before filing your 462
- "First Year's MiCTA Membership fee is waived"
- MiCTA provides assistance with Forms filings at no cost to member
- 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.viewage&pageid=1554>



Who Is Eligible to Participate

- Non-Profit/Public: 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, dedicated emergency departments of rural for-profit-hospitals, (K-12 Nurse's Stations/EMT Stations at Fire Departments as part of a Consortia Constructed Network) and Urban Hospitals with less than 400 beds in a consortium consisting of one more Rural site than Urban

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.)

- Consortia
 - 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

Eligible Services Applicants	Telecom - Individual Applicants	HCF - Consortium
Reasonable & Customary Installation Chargers (\$5,000 undiscounted cost)	Yes	Yes
Lit Fiber	Yes	Yes
Dark Fiber Recurring charges (Lease of fiber /lighting equipment Maintenance	Yes	Yes
Up front Payments for IRUs, Leases, equipment	No	Yes
Connections to Research Centers Education Networks	Yes	Yes
Connections Between Off-Site Data Centers & Admin Offices	Yes	Yes
Upfront Charges for Deployment Of New or Upgraded Facilities	No	Yes
Constructed and Owned Facilities	No	Yes
Eligible Equipment 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
 - 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 231-881-6612
- <http://www.usac.org/rhc/healthcare-connect/default.aspx>
- USAC/Health Care Connect Fund Help Desk
800-453-1546