

USAC Rural Health Care

Conference Call with Applicants and Service Providers

Thursday, January 14, 2010

The discussion for today's call centered on multi-bill circuits; FCC Form 465, line 29; and an update on Outreach for the Rural Health Care Division:

1. Multi-bill circuits: The monthly call clarified the procedures that applicants must follow when one portion of a multi-billed circuit is changed.
 - a. Circuits that contain multiple connections provided by different service providers are referred to as "multi-bill circuits." The FCC Form 466 can accommodate up to four service providers on one form. Carrier A is the service provider which provides the segment of the circuit connecting directly to the HCP.
 - b. When changes are made to one segment of the multi-billed circuit (i.e., contract changes or termination), the entire circuit will need to be re-bid. In order for an applicant to continue to receive funding for a multi-billed circuit once one portion of the circuit has changed, the applicant would need to post a FCC Form 465 and competitively bid the entire circuit. For instance, if the contract with Service Provider C ends during the funding year, the applicant will need to post a FCC Form 465, competitively bid the service for 28 days, and select the most cost effective service provider(s). A new FCC Form 466 will then need to be filed for the new circuit. Funding will stop once any changes are made to any portion of the circuit.
 - c. A question was raised during the call of how applicants should deal with the delay in one service provider installing their portion of the circuit. RHC will not fund any portion of the circuit unless the entire circuit is connected. Since the circuit must be used for the provision of health care, it is assumed that it is not being used for this purpose if the circuit is not fully installed. It is the applicant's responsibility to coordinate the installation date(s) with all service providers involved.
2. FCC Form 465, Line 29: The monthly call clarified what information should be entered into Line 29 of the Form 465.
 - a. Line 29 of the Form 465 is where applicants enter a description of how the applicant will use the supported services. The Form 465 instructions read: *"This description will allow service providers to learn what the health care provider wants to do, so they can propose services to meet the health care provider's needs. Some examples are transmission of data and medical images or X-rays; provider-to-provider consultation between health care professionals in a rural facility and professionals in other locations, provider-to-patient consultation, examination, or counseling; medical research, access to the health care provider's website, offsite storage of medical records, or other uses."*
 - b. RHC recommends that applicants do not post for specific services (T-1, DS3, MPLS, etc.) since doing so locks the applicant in to receiving that service type. As an example, if an

applicant posts on its Form 465, Line 29, “seeking T-1 service to connect hospital A to clinic B,” the applicant must only sign a contract for T-1 service.

- c. If an FCC Form 465 is posted with a specific service type (T-1, DS3, MPLS) and the applicant wishes to change the service type requested within the funding year, an update needs to be made to the Form 465. The applicant should email rhc-admin@universalservice.org and specify what changes should be made. Once the Form is updated and posted on the RHC website, the applicant must wait another 28 days prior to signing a contract with a service provider.
3. Outreach: RHC is expanding its outreach efforts and will conduct several training sessions in 2010. In addition, the RHC Division will also have booths at several conferences.
- a. HIMSS (Health Information and Management Systems Society) – March 1-4, Atlanta, GA
 - i. RHC will have a booth at this conference and will also accept one-on-one appointments with interested parties to discuss the RHC program
 - b. RHC On-Site Training – April 6, USAC Headquarters, Washington, DC
 - i. RHC will host a free, one-day training on the RHC program in Washington, DC. Applicants will receive an email with registration information shortly.
 - c. Alaska Rural Health Conference (April 28-30, Anchorage, AK)
 - i. RHC will have a booth at this conference. In addition, RHC will contact all AK applicants in order to visit RHC funded sites. AK applicants should receive an email with more information in a few weeks
 - d. ATA (American Telemedicine Association) – May 15-18, San Antonio, TX
 - i. RHC will have a booth at this conference. Additionally, several staff members will be presenting at the conference
 - ii. RHC will also conduct a free, one-day training on May 15th at the Convention Center where the ATA meeting is being held. Preliminary information was sent to applicants via email on Monday, January 18th. Additional information will be emailed in a few weeks
 - e. NRHA (National Rural Health Association) – May 18-21, Savannah, GA
 - i. RHC will have a booth at this meeting
 - f. RHC Midwest Training (TBD)
 - i. Depending on the outcome of the Washington, DC training, RHC will conduct a free, one-day training in the Midwest. Details will be sent to applicants as they become available