



# Healthcare Connect Fund Program

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# Monthly Webinar

## Today's Speakers

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RHC Program Outreach
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Manager of Pre- and Post-Commitment



## Housekeeping

- Use the “Audio” section of your control panel to select your audio source and connect to sound
  - Turn on your computer’s speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute
- Submit questions at any time using the “Questions” box
- To raise your hand, use the hand-with-arrow icon



## Welcome to the Monthly Webinar

- Provides program updates, clarification of program rules, outreach, and assistance to HCF Program applicants and service providers
- Second Wednesday of the month
- Agenda provided one day in advance to those subscribed
- Submit questions and suggest agenda topics in advance to [rhc-outreach@usac.org](mailto:rhc-outreach@usac.org)

## Agenda

- Overview of FCC Form 461
- Filing process for FCC Form 461
- Questions and answers

This training is just a general overview and starting point for applicants

- Every applicant's situation is different
- The training does not cover every program requirement
- The training does not cover requirements for service providers and consultants

It is essential to read the following documents carefully as you proceed through the planning and application process:

- Healthcare Connect Fund Order (FCC 12-150), located at <http://www.fcc.gov/encyclopedia/rural-health-care>,
- The Rural Health Care Program rules, 47 C.F.R. Section 54.600-680, located at <http://www.ecfr.gov>, and
- The Healthcare Connect Fund Program forms and instructions (FCC Forms 460-463), located at <http://www.usac.org/rhc/healthcare-connect/tools/forms/default.aspx>.

Consult the FCC and USAC websites for additional resources.

# Overview

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# FCC Form 461

## Four FCC Forms:

- FCC Form 460 – Registering and Determining Eligibility
- **FCC Form 461 – Requesting Services**
- FCC Form 462 – Requesting Funding Commitment
- FCC Form 463 – Submitting Invoice



## What is the FCC Form 461?

### The Request for Services Form

- Initiates the competitive bidding process, and
- Provides information about requested services and network equipment to enable an effective competitive bidding process.

## FCC Form 461

- USAC will post the applicant's request for services on the USAC website.
- The posting includes:
  - The FCC Form 461, and
  - A request for proposals (if applicable).

## When is an RFP required?

- An RFP is required when state, Tribal, or local procurement rules and regulations require it.
- Any applicant can also choose to utilize an RFP in conjunction with their competitive bidding process.

## Fair and Open Process

- **All potential bidders must have access to the same information and must be treated in the same manner.**
  - If an applicant modifies anything on any documents posted by USAC, the applicant must notify all potential bidders at the same time using a uniform method.
  - Applicants are required to immediately notify USAC of the modification. USAC will modify the original posting accordingly.
- **All applicants and service providers must comply with any applicable state or local competitive bidding requirements.**

## Competitive bidding process exemptions include:

- An annual undiscounted cost less than or equal to \$10,000,
- Purchasing from a government-negotiated Master Services Agreement (MSA),
- MSAs approved under the Pilot Program or HCF Program,
- A multi-year contract deemed evergreen by USAC, or
- Contracts negotiated under the E-rate Program (Schools and Libraries Program).

## What is an evergreen contract?

If USAC has designated a multi-year contract as evergreen, then for the life of the contract, HCPs do not need to annually re-bid the service or post an FCC Form 461 (47 CFR, Section 54.642(h)(4)).

## What is an evergreen contract? (cont'd)

- A new contract can be designated as evergreen if it meets all of the following criteria:
  - Signed by the HCP or consortium lead entity
  - Specifies service type, bandwidth, and quantity
  - Specifies term of the contract
  - Specifies cost of services to be provided
  - Includes the physical address or other identifying information of the HCPs purchasing from the contract

## Voluntary Extensions (47 C.F.R. Section 54.642(h)(4)(iii))

- Participants may exercise voluntary contract extensions without undergoing additional competitive bidding if:
  - The voluntary extension is memorialized in the evergreen contract,
  - The decision to extend the contract occurs before the participant files its funding request for the funding year when the contract would otherwise expire, and
  - The voluntary extension(s) do not exceed five years in the aggregate.



## Filing Dates

- Applicants must post for services for a minimum of 28 calendar days.
  - Applicants can choose to post for longer than 28 days.
  - USAC will post for the length of time requested by the applicant if longer than 28 days.
- Allowable Contract Selection Date (ACSD) is the first day that the applicant can choose a service provider.
- Can be submitted starting 180 days before the beginning of the funding year.

## FY2013 Dates

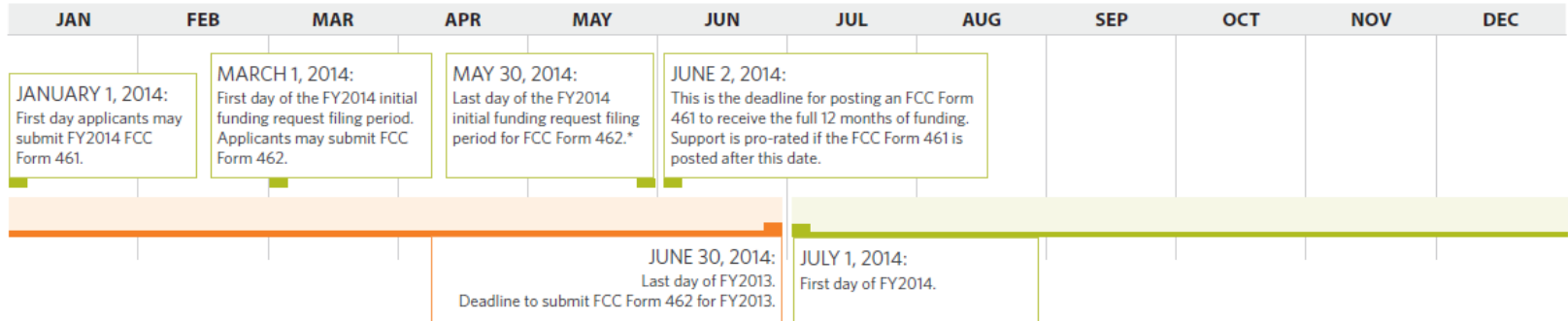
- December 3, 2013: Last day applicants may submit the FCC Form 461 to receive the full six months of funding
- January 1, 2014: First day of the funding year
- June 30, 2014: Last day of the funding year

## FY2014 Dates

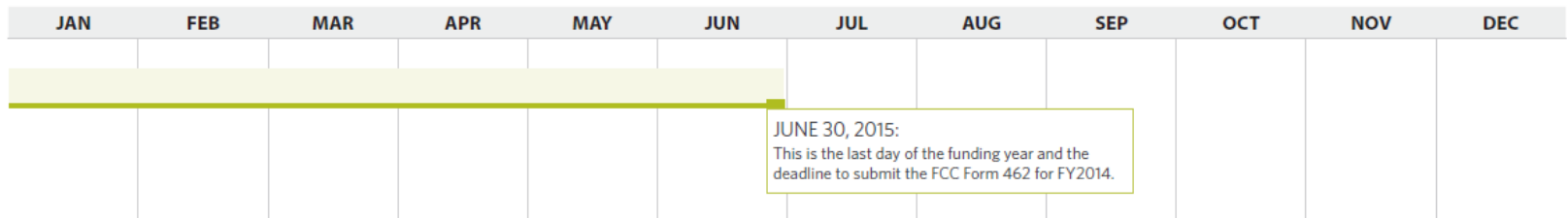
- January 1, 2014: First day applicants may submit the FCC Form 461
- June 2, 2014: Last day applicants may submit the FCC Form 461 to receive the full 12 months of funding
- July 1, 2014: First day of the funding year
- June 30, 2015: Last day of the funding year

## Healthcare Connect Fund (HCF) Program Filing Calendar for FY2013 - FY2014

### Calendar Year 2014



### Calendar Year 2015



\* The FCC Form 462 and supporting documentation will be accepted through the end of the funding year.

**TIMELINE KEY:** — Funding Year 2013 — Funding Year 2014



My Portal

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# FCC Form 461

## There are 7 Blocks of Requested Information

- Block 1: General Information
- Block 2: Individual HCP Site Request for Services
- Block 3: Consortium Request for Services
- Block 4: Declaration of Assistance
- Block 5: Bid Evaluation
- Block 6: Additional Documentation
- Block 7: Certifications (and Signature)

## Block 1: General Information

- Complete Block 1 with site specific information.
- Note: For multi-year funding requests, use the first year for which funding will be requested on Line 1.

1 Funding Year:	2013
2 HCP Number:	34380
3 Site Name/Consortium Name:	XYZ Center
4 Address Line 1:	123 Main Street
5 Address Line 2:	
6 County:	Baltimore
7 City:	Baltimore
8 State:	MD
9 Zip Code:	21202

## Block 2: Individual HCP Site Request for Services

- Line 10: Indicate if a request for proposals (RFP) will be prepared and submitted.
- Line 10a: Enter the expected contract period. This can be month-to-month.
- Line 10b: Enter the expected time period during which the applicant will evaluate bids.

### Individual HCP Site Request for Services

[Preview PDF](#)

10 Indicate whether HCP site plans to utilize an RFP:

Applicant has prepared and is submitting an RFP with this form.

Applicant has not and will not prepare an RFP.

RFP Upload

[Click to Upload](#)

10a Requested contract period:

10b Expected bid evaluation period (days):



## Block 2: Individual HCP Site Request for Services

Line 11: Indicate how long the HCP's FCC Form 461 should be posted on USAC's website.

- May enter number of days or a posting end date
- Either selection must provide for a minimum of 28 days from the date of posting

11 Number of days Posted

Number of days USAC should post:

28

Posting end date:

28 days until posting

Save and Exit

Save and Go Back

Save and Continue

Exit

## Block 2: Individual HCP Site Request for Services

- Select one or both “Category of Expenses.”
- Certain expenses related to network equipment or leased facilities for individual HCP applicants are not eligible for support under the HCF Program (but are eligible for consortium applicants).

### Individual HCP Site Request for Services contd

12 Category of Expense Requested (check all applicable):

- Network Equipment
- Leased/Tariffed Facilities or Services

## Block 2: Individual HCP Site Request for Services

Line 12a: In order to assist potential bidders, HCPs must identify the applications that they anticipate using over the connections for which they are seeking support.

- HCPs can select applications from the following four categories:
  - Interactive, Transactional, Bulk, and Miscellaneous
- Caution: The applications listed are not eligible services, but rather a list of examples of applications that may need a broadband connection.

## Block 2: Individual HCP Site Request for Services

### Line 12a: Interactive applications

- Require service with little to no delay

12a Identify Anticipated Application(s) and Use(s) of the Supported Connection

The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.

**(Select all that apply. Describe usage level and usage period for all selected.)**

**Category: Interactive**

- Distance learning/training
- Real-time remote examination, consultation, and/or monitoring
- Video conferencing
- Voice service
- Other (describe):

## Block 2: Individual HCP Site Request for Services

Line 12a: Transactional applications

- Require service where minor delays are acceptable, but not above two seconds

**Category: Transactional**

- Distance learning/training
- Electronic patient billing
- Exchange of electronic health records
- Internet access
- Transmission of large files (e.g., X-ray images, MRI, etc.)
- Other (describe):

## Block 2: Individual HCP Site Request for Services

### Line 12a: Bulk applications

- Require service usually performed in the background with lower priority, or in off-peak hours

**Category: Bulk**

Electronic patient billing

Exchange of electronic health records

Transmission of large files (e.g., X-ray images, MRI, etc.)

Transmission of store and forward consultations

Other (describe):

## Block 2: Individual HCP Site Request for Services

Line 12a: Miscellaneous applications

- Require service for applications that do not readily fit in the prior three categories

**Category: Miscellaneous**

Backup/redundant connectivity

Other (describe):

## Block 2: Individual HCP Site Request for Services

Line 12a: For each application selected, describe the anticipated usage level and usage period.

12a Identify Anticipated Application(s) and Use(s) of the Supported Connection

The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.

**(Select all that apply. Describe usage level and usage period for all selected.)**

**Category: Interactive**

Distance learning/training

Usage Level

Usage Period



## Block 2: Individual HCP Site Request for Services

Usage level: Describe the expected level of usage for each application selected.

- Example: “X simultaneous video calls” where X is the number of video calls that the connection must support.

12a Identify Anticipated Application(s) and Use(s) of the Supported Connection

The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.

**(Select all that apply. Describe usage level and usage period for all selected.)**

**Category: Interactive**

Distance learning/training

Usage Level

Usage Period

## Block 2: Individual HCP Site Request for Services

Usage period: Describe how and when the selected application will be used.

- Example: 24x7x365, business hours, after hours, or intermittent.

### 12a Identify Anticipated Application(s) and Use(s) of the Supported Connection

The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.

**(Select all that apply. Describe usage level and usage period for all selected.)**

#### Category: Interactive

Distance learning/training

Usage Level

Usage Period

## Block 2: Individual HCP Site Request for Services

Indicate whether support is being sought for services for an off-site data center or administrative office.

- If yes, provide the HCP number of that site.

12b Applicant requesting services for an off-site data center:

Yes  No

If yes, provide HCP Number:

12c Applicant requesting services for an off-site administrative office:

Yes  No

If yes, provide HCP Number:

## Block 2: Individual HCP Site Request for Services

Line 13: Identify a primary point of contact who can provide technical details and answer questions about the requested services for potential service providers.

- The point of contact selection can be the contact person at the physical location, the primary account holder, or someone else.

13 Contact for Request for Services:

Same as HCP  
Physical Location  
Contact

Same as HCP  
Primary Account  
Holder

Other

13a If other, provide full contact information:

Contact First Name:

Contact Middle Initial:

Contact Last Name:




Organization Name:

Contact Name Title:

Phone:

Ext:

Email:

## Block 4: Declaration of Assistance

Indicate if any consultants, service providers, or other outside experts aided in the preparation of the FCC Forms 460, 461, RFP (if applicable), and/or bid evaluation (Line 20).

- If yes, provide their contact information (Line 21).

## Fair and Open Process


Service providers that intend to bid are prohibited from:

- Preparing, signing, or submitting an applicant's FCC Form 461 and supporting documents;
- Serving as point of contact on behalf of applicants;
- Being involved in setting bid evaluation criteria; and
- Participating in the bid evaluation or service provider selection process (except in their role as a potential service provider).

## Fair and Open Process

**Consultants, other third-party experts, or applicant employees who have an ownership interest, sales commissions arrangement, or other financial stake with respect to a bidding service provider are also prohibited from performing any of the four functions previously outlined on behalf of the applicant.**


## Declaration of Assistance

 [Preview PDF](#)

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

Yes  No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

		Previous	Next	New Contact	Select All Rows	Delete Checked Rows		
	<b>a. First Name:</b>			<b>Middle Initial:</b>			<b>Last Name:</b>	<b>Actions</b>
Contact Name	<input type="text" value="Susan"/>			<input type="text"/>			<input type="text" value="Cox"/>	 <input type="checkbox"/>
	<b>b. Organization Type:</b>	<input type="text" value="Consultant"/>						
	<b>c. Title/Role:</b>	<input type="text" value="Senior Consultant"/>						
	<b>d. Employer:</b>	<input type="text" value="XYZ Consulting"/>						
	<b>e. Address Line 1:</b>	<input type="text" value="123 Park Avenue"/>						
	<b>f. Address Line 2:</b>	<input type="text"/>						
	<b>g. City:</b>	<input type="text" value="Baltimore"/>						
	<b>h. State:</b>	<input type="text" value="MD"/>						
	<b>i. Zip Code:</b>	<input type="text" value="21012"/>						
		<b>Save and Exit</b>	<b>Save and Go Back</b>	<b>Save and Continue</b>	<b>Exit</b>			



## Block 5: Bid Evaluation

- List all criteria that will be used to demonstrate how the most cost-effective bid will be selected. Assign a weight to each.

## What does most cost effective mean?

- “[...] The method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the HCP deems relevant to choosing a method of providing the required health care services” (47 C.F.R. Section 54.642(c)).


## Evaluation Criteria

- Applicants are required to establish evaluation criteria.
  - Cost (price) of service must be a primary factor.
  - No criteria can be weighted higher than cost, but it can be weighted equal to cost.
  - Total weight must equal 100 percent.
  - Criteria should include most important criteria needed to provide healthcare, as determined by the applicant.
- Applicants must certify that they have selected the most cost-effective bid on their request for funding (47 C.F.R. Section 54.603 (b)(4d)).

## Sample Evaluation Criteria

- Some HCPs may find the following criteria to be useful in determining the most cost-effective bid:
  - Price
  - Bandwidth
  - Quality of transmission
  - Reliability
  - Prior experience with the service provider
  - Technical support

## Bid Evaluation

 [Preview PDF](#)

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services.

Attach supplemental information (if necessary).

[Click to Upload](#)

[Previous](#)

[Next](#)

[New Criteria](#)

[Select All Rows](#)

[Delete Checked Rows](#)

**Criteria**

Select A Criteria

Select A Criteria

**Weight (%)**



**Actions**



[Save and Exit](#)

[Save and Go Back](#)


[Save and Continue](#)

[Exit](#)

## Block 6: Additional Documentation

- If you are applying as an individual and you are not submitting an RFP, leave Block 6 blank.
- If you are applying as an individual and submitting an RFP, list the RFP in Block 6.

### Additional Documentation

 [Preview PDF](#)

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

[Previous](#)   [Next](#)   [New Document](#)   [Select All Rows](#)   [Delete Checked Rows](#)

**Document Type**

Other

Other

Other

[Click to Upload](#)

[Click to Upload](#)

[Click to Upload](#)

**Actions**

[Save and Exit](#)   [Save and Go Back](#)   [Save and Continue](#)   [Exit](#)

## Using a Request for Proposal


- If you are using an RFP:
  - Do not complete line 12a
  - Upload the RFP in Block 6
- RFP must include the evaluation criteria and assigned weights and must match Block 5



## Block 7: Certifications (and Signature)

Certification should be by an officer or director of the HCP or other authorized employee of the HCP. (Lines 24-30)

## Certifications

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- 24. I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium.
- 25. I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
- 26. I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
- 27. I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the health care provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 28. I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
- 29. I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
- 30. I understand that all documentation associated with this form, including a copy of the signed 461, any bids/ contracts resulting from the 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

Save and Exit

Save and Go Back


Save and Continue

Exit

## **Block 7: Certifications (and Signature)**

Complete Lines 31-38 with the information of the person authorized to submit the form for the HCP.

## Signature

 [Preview PDF](#)

RHC Note: In order to electronically sign and submit the form, you must enter your password in the "Signature" field below (Line 31), then select the "Certify" button to complete the process and submit the FCC Form 461 to RHC.

You are reminded that your electronic signature is the same as your hand written signature on this form. By typing your password in the Signature block below and clicking the "Certify" button, you have electronically signed the form.

31 Signature:  !

33 Printed Name of Authorized Person: First Name:  ! Middle Initial:  Last Name:  !

34 Title/Position of Authorized Person:  !

35 Phone:  ! Ext:

36 Email:  !

37 Employer:  !

38 Employer's FCC RN:  !

Save and Exit

Save and Go Back

Certify

Exit

## Evaluation

- Use of scoring matrix with weights assigned to evaluation criteria
- Selection of most cost effective

## Four FCC Forms:

- FCC Form 460 – Registering and Determining Eligibility
- FCC Form 461 – Requesting Services
- **FCC Form 462 – Requesting Funding Commitment**
- FCC Form 463 – Submitting Invoice

# Questions?

Use the “Questions” box in your user controls.

## Thank You!

- Thanks for joining us at this month's webinar
- Sign up for the monthly webinar in the subscription center
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- Submit suggestions for next month's webinar to [rhc-outreach@usac.org](mailto:rhc-outreach@usac.org)

