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USAC Rural Health Care Program
Universal Service Administrative Company
2000 L Street NW, Suite 200
Washington, DC 20036

RE: USAC and the FCC seek feedback on the Rural Health Care Program, including the Healthcare Connect Fund (HCF) program

Submitted electronically via rho-assist@usac.org

To Whom It May Concern:

UnityPoint Health and *HealthNet connect* appreciate the opportunity to provide comments on the Healthcare Connect Fund program. *HealthNet connect* ("HNc") is a Healthcare Connect Fund (HCF) consortium serving healthcare providers across five states (IA, NE, IL, WI, MO) connected to a shared private fiber optic network and data center infrastructure. This infrastructure enables instantaneous communication, exchange of medical information and technology-enabled health care. HNc has obtained and is seeking HCF funding to expand the HNc fiber network to additional sites in Iowa, Missouri, Nebraska, Illinois and Wisconsin as well as to provide network redundancies and offer broadband service discounts.

As background, UnityPoint Health is a nonprofit regional integrated healthcare system serving a geographically dispersed rural population in the upper Midwest. HNc was established in 2007 by UnityPoint Health (under its legal name, Iowa Health System) as a direct result of a $7.8 million award from the FCC's Rural Health Care Pilot Program (RHCPP). RHCPP funding was used to create first-mile access connections to the existing core backbone fiber network by a broad range of health care providers (eligible and non-eligible).

We appreciate USAC's proactive outreach to stakeholders as it seeks to further understand stakeholder needs and our served communities and to ultimately improve this program. We respectfully offer the following comments:

Rural Health Care Pilot Program (RHCPP) Transition: As referenced, HNc is a consortium that participated in the RHCPP. All consortium members must submit a Letter of Agency to participate in the program. Under the RHCPP, consortium members also had to demonstrate eligibility for program funds,

similar to the HNc project. While RHCPP consortiums were able to transition to the HCP six months before new applicants, USAC required RHCPP consortiums to submit new LOAs and Form 460s (eligibility) for each member, including members previously eligible under the RHCPP.

Comments: The inclusion of a second LOA and eligibility process for a RHCPP consortium is redundant, time consuming and administratively burdensome, and has created confusion for consortia members. If additional documentation is required, HNc requests that USAC recognize an expedited process, whereby prior LOAs and eligibility forms could be recertified or grandfathered into the program.

Letter of Agency (LOA) Submission: USAC hosts an online Portal for the purpose of submitting and processing HCF Program documents. Within the Portal, authorized consortia personnel may develop, submit, and evaluate required credentials that must accompany the eligibility determination portion of program participation. The status quo process requires the submission of the Standard Form 460 (SF460) as well as the LOA. Upon submission of these "accurately completed" documents, a Health Care Provider (HCP) number is assigned to enable program participation.

Comments: HNc agrees that HCP numbers are unique identifiers needed to administer the program. Also, HNc agrees that it is preferable to list the HCP number on the LOA. HNc respectfully disagrees with USAC's HCP number assignment process. Under present USAC interpretation, an HCP number is assigned upon submission of a complete SF460 and LOA; however, the process does not allow for the HCP number to be assigned without the LOA containing the assigned HCP number. Therefore, when the SF460 and LOA are concurrently submitted, the LOA is rejected and must be re-signed and resubmitted in order to be considered accurate (e.g. containing the newly assigned HCP number). To avoid re-submission, HNc suggests the following alternatives:

Step	Current	Alternative 1	Alternative 2
1	Applicant completes SF460 within the USAC Portal	Applicant completes SF460 within the USAC Portal	Applicant completes SF460 within the USAC Portal
2	Applicant submits executed LOA as attachment within the USAC Portal	USAC assigns HCP number	Applicant submits executed LOA as attachment within the USAC Portal
3	USAC assigns HCP number	Applicant submits executed LOA with HCP number as attachment within the USAC Portal	USAC assigns HCP number
4	USAC rejects LOA	Site eligibility determined	USAC records HCP on executed LOA
5	Applicant resubmits executed LOA with HCP number as attachment within the USAC Portal		Site eligibility determined
6	Site eligibility determined		

HNc believes that either alternative will save time and reduce burden as the Applicant will only need to submit the executed agreement once within the USAC Portal.

Definition of Rural: For purposes of the FCC's rural health care programs, an eligible HCP must be located in an FCC-approved rural location to be considered "rural." USAC requires use of the Texas A&M GeoServices Non-Parsed Postal Address Geocoding tool. This rural look-up tool is based on Core Based Statistical Areas defined by the Office of Management and Budget (OMB) and "Urban Areas" and "Places" as identified by the Census Bureau. Specifically, "rural area" is defined as an "area that is entirely outside of a Core Based Statistical Area; is within a Core Based Statistical Area that does not have any Urban Area with a population of 25,000 or greater; or is in a Core Based Statistical Area that contains an Urban Area with a population of 25,000 or greater, but is within a specific census tract that itself does not contain any part of a Place or Urban Area with a population of greater than 25,000."

Comments: HNc strongly disagrees with the current FCC definition of rural area. Instead, HNc urges FCC to use the Census definition of "rural" consistent with the Rural Health Clinics (RHC) program administered by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid. Under this program, RHCs must be located within non-urban rural areas that have health care shortage designations. Specifically, a federally-designated RHC must be located in 1) a non-urbanized area, as determined by the U.S. Census Bureau, and 2) an area designated or certified as a shortage area (e.g. Geographic Primary Care HPSA; Population-group Primary Care HPSA; MUA; or Governor-Designated and Secretary-Certified Shortage Area). The Census defines an urbanized area (UA) as 50,000 or more people. Any area that is not in a UA is considered a non-urbanized area. Federally designated RHCs and other eligible HCPs within a non-urbanized area should be considered "rural" for HCF purposes. Since the list of eligible categories of HCPs includes "rural health centers," it would seem inconsistent to use a definition of rural that would exclude federally-designated Rural Health Clinics. The USAC lookup tool has excluded four RHCs in Iowa and Illinois as being urban and therefore ineligible for HCF funding. We urge your reconsideration of rural definition to be consistent with RHC rules.

Eligible Categories of Health Care Providers (HCPs): Eligible HCPs are statutorily defined to include the following categories (47 USC § 254(h)(7)):

- Post-secondary educational institution offering health care instruction, teaching hospital, or medical school;
- Community health center or health center providing health care to migrants;
- Local health department or agency;
- Community mental health center;
- Not-for-profit hospital; or
- Rural health clinic.

We note that many of the above categories represent safety net providers and primary care providers. In addition, these providers are often community anchor institutions.

Comments: While HNc supports the retention of all categories with the statutory list, we would appreciate any further clarification that the agency may provide to further define these categories, including statutory references when possible. This clarification will assist applicants to determine

eligibility prior to submitting the 460 Forms. For instance, are "community health centers" limited to Federally Qualified Health Centers (FQHC)? Does this term also include FQHC look-alikes? Is the term more expansive to include free clinics, or even beyond this to include any community agency providing healthcare services?

HNc also advocates that the eligible categories be expanded to post-acute care settings that target community-based care, such as home health agencies and long-term care facilities. These health care providers often represent the only health care professionals in a rural community and are a de facto safety net to maintain residents within their communities. HNc requests the expansion of the existing HCP categories to include these providers within rural communities. When determining the location of a home health agency, the agency should examine the majority of its geographic service area to determine rural.

Conclusion

UnityPoint Health and *HealthNet connect* support the continuation of the Rural Health Care Pilot Program goals in the form of the Healthcare Connect Fund program. This program is instrumental to assure broadband service to underserved areas in the Midwest. We request that USAC and the FCC consider implementing the above provisions to the HCF program to enable Health Care Providers within predominately rural areas to strengthen broadband access within and across our communities. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President and Government Relations Officer, Public Policy and Government Payors at Sabra.Rosener@unitypoint.org or 515-205-1206.

Sincerely,

Rodney Brown
Memorandum Executive Director & CEO
HealthNet connect & BHC, LC

Sabra Rosener
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UnityPoint Health