

NUSF-57 Nebraska Telehealth Program Workshop

July 12, 2023
1:00 PM

Location: Commission Hearing Room 1200 N St, Lincoln NE

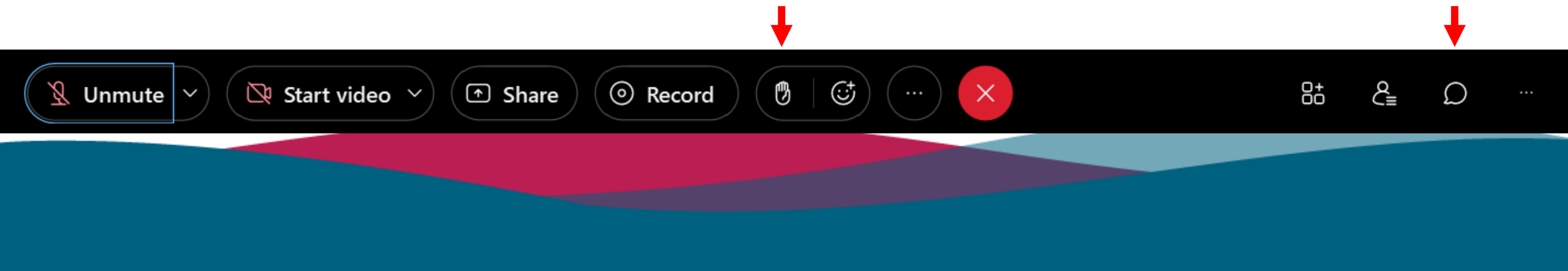
WebEx: <https://psc.nebraska.gov/stream>

Telephone: 408-418-9388, access code: 146 273 5624




Workshop Housekeeping

- Open Meetings Act is posted on the wall in the back of the Commission Hearing Room and is posted on our website.
- Virtual attendees will be muted during the presentation portion of the meeting. Virtual attendees are welcome to “raise your hand” or speak up to participate in the discussion portion of the meeting. Please identify yourself when speaking. Please remain on mute when not talking.
- Please feel free to use the chat box for questions or other input.



Agenda

1. Welcome
 2. Need for Telehealth in Nebraska
 3. Overview of the status of the NUSF-57 Telehealth Program
 4. Eligibility guidelines for participation in the NUSF-57 Telehealth Program
 5. Discussion on current process
 - a. State application process
 - b. Certificated carrier requirements
 - c. Reimbursement process
 - d. Discount amounts
 6. General discussion
 - a. Ideas for program improvement
 - b. Needs for expansion
 - c. Areas for collaboration
 7. Adjourn
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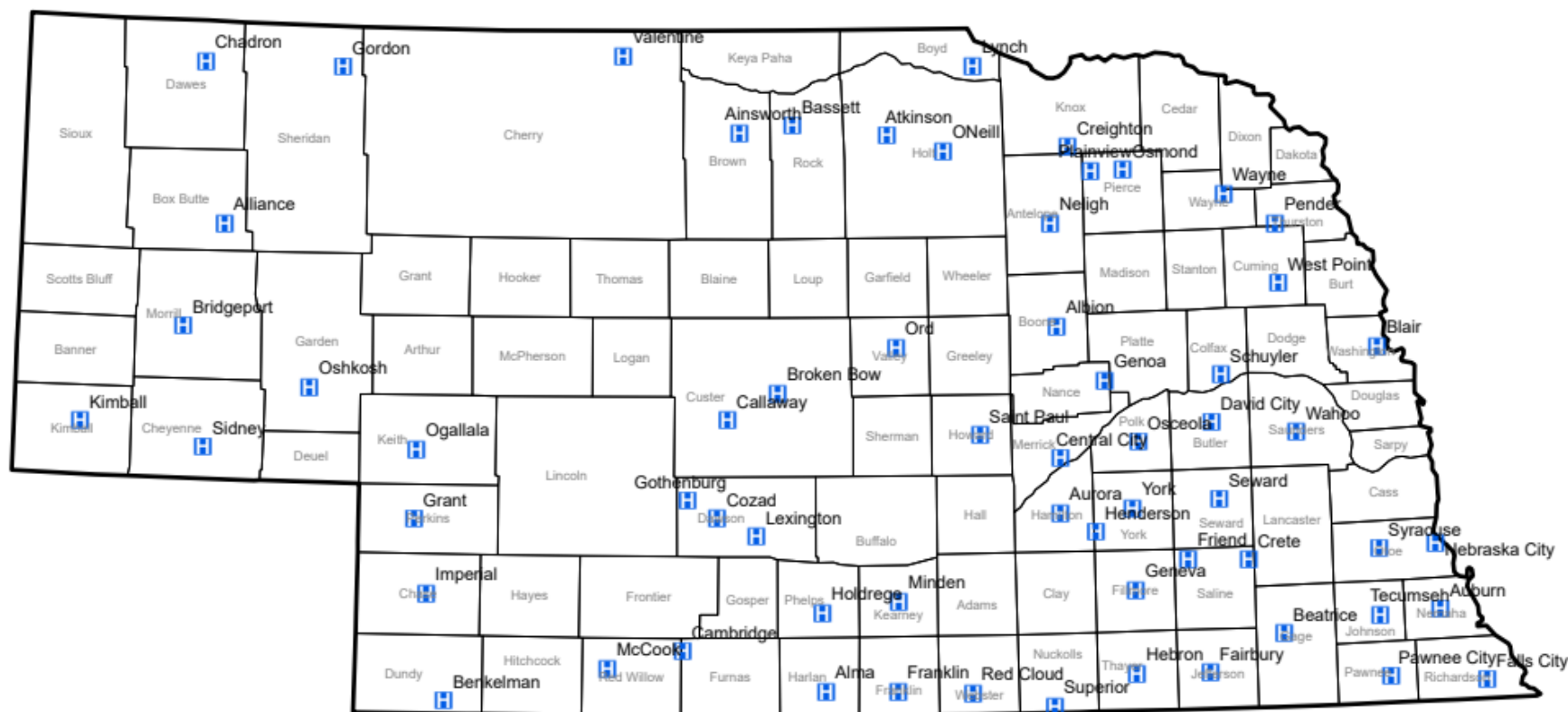
State of Rural Healthcare Nebraska

- Nebraska is reported to be 92% farmland. One of the biggest issues Nebraska faces in our health care system is disparate outcomes for our rural population.
- Eighty-five of Nebraska's rural communities are considered medically underserved areas, and that's just for primary care services.
- Nebraska has a great health information exchange and is well-connected with larger hospitals and health systems in urban areas. However, rural health care organizations have lagged connecting.
- Most counties across Nebraska are unable to provide specialized and acute care, forcing patients to seek it miles away from their homes.

Credit: Justin Birge, M.D., <https://nebraskaexaminer.com/2023/06/07/nebrasikas-vulnerable-rural-populations-need-better-health-care-data/#:~:text=Eighty%2Dfive%20of%20Nebraska's%20rural,and%20poor%2C%20often%20preventable%20outcomes>.

Nebraska Critical Access Hospitals

63 as of December 2022



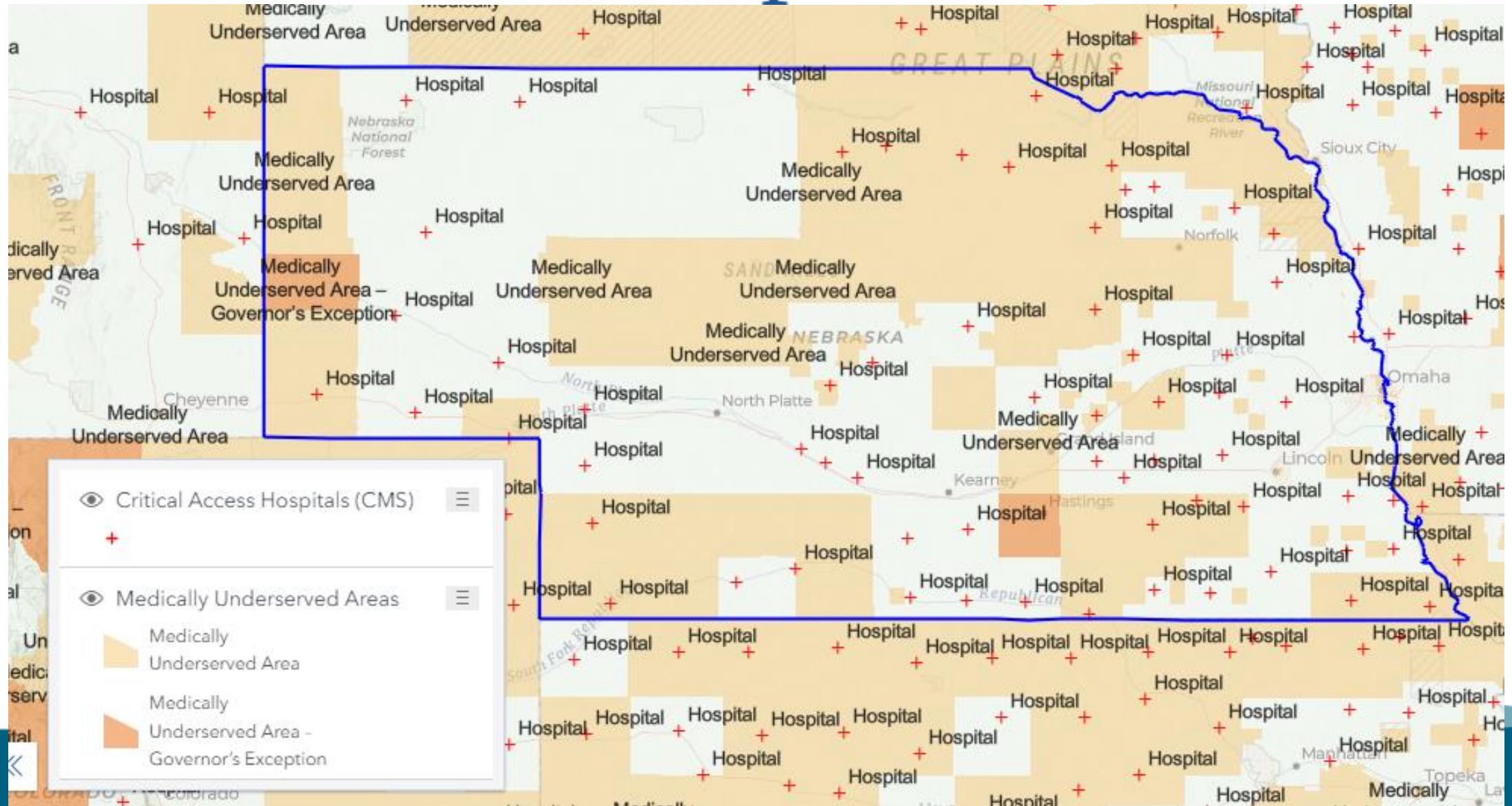
 NE Critical Access Hospitals

Source: Health Professions Tracking Service
| Office of Community and Rural Health |
Acute Care Facilities Section
Date: December 2022
Location: K:\Rural Health Intern\Ruhma Khan\GISFiles\CAH 2021\CriticalAccessHospitals

0 25 50 100
Miles

Cartography: Ruhma Khan | Community and Regional Planning Intern | DHHS
For: Heidi Peirce | Primary Care Office Director
Heidi.Peirce@nebraska.gov | 402-471-0148

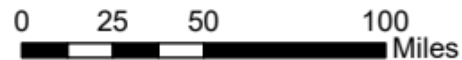
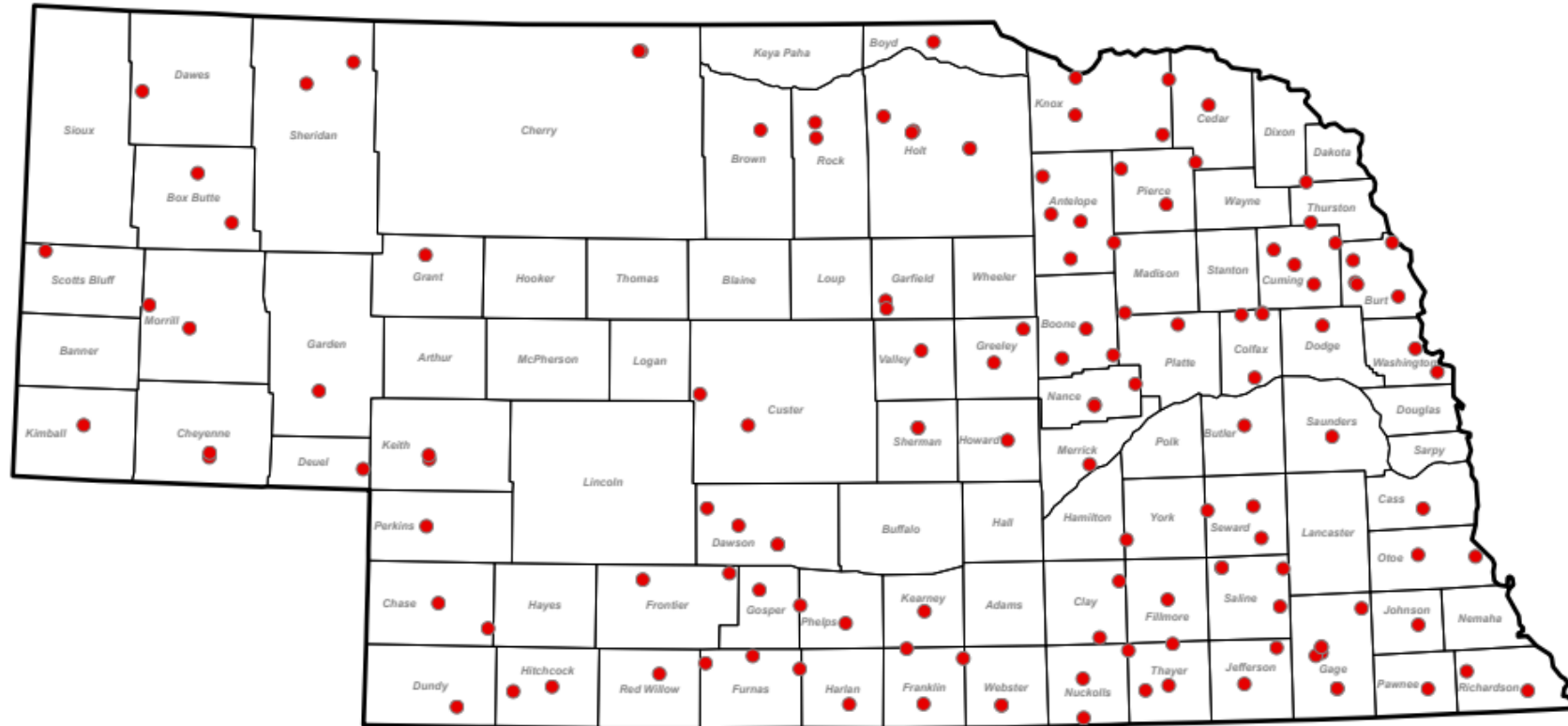
HRSA Map Tool



Source: Health Resources and Services Administration (HRSA) <https://data.hrsa.gov/maps/map-tool/>

Medicare Certified Rural Health Clinics

138 as of December 2022



Source: Health Professions Tracking Service
| Office of Community and Rural Health |
Last Updated: December 2022
Location: K:\Rural Health Intern\Ruhma Khan\GISFiles\RHC

Cartography: Ruhma Khan | Community and Regional Planning Intern | DHHS
For: Heidi Peirce | Primary Care Office Director
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Pediatric Medical and Mental Healthcare

- A 2020-2021 survey found that **25%** of respondents indicated that their child has not had at least one preventative care appointment (well-child checkups).
- The same survey found that of the children needing specialized medical care **24%** of parents reported having difficulty obtaining specialized care.
- The survey also found that **36.2%** of children needing mental health treatment or counseling had difficulty obtaining such care 11.1% of which indicated obtaining care was “very difficult” to “not possible”.

Credit: Data Resource Center for Child & Adolescent Health, 2020-2021 National Survey of Children's Health



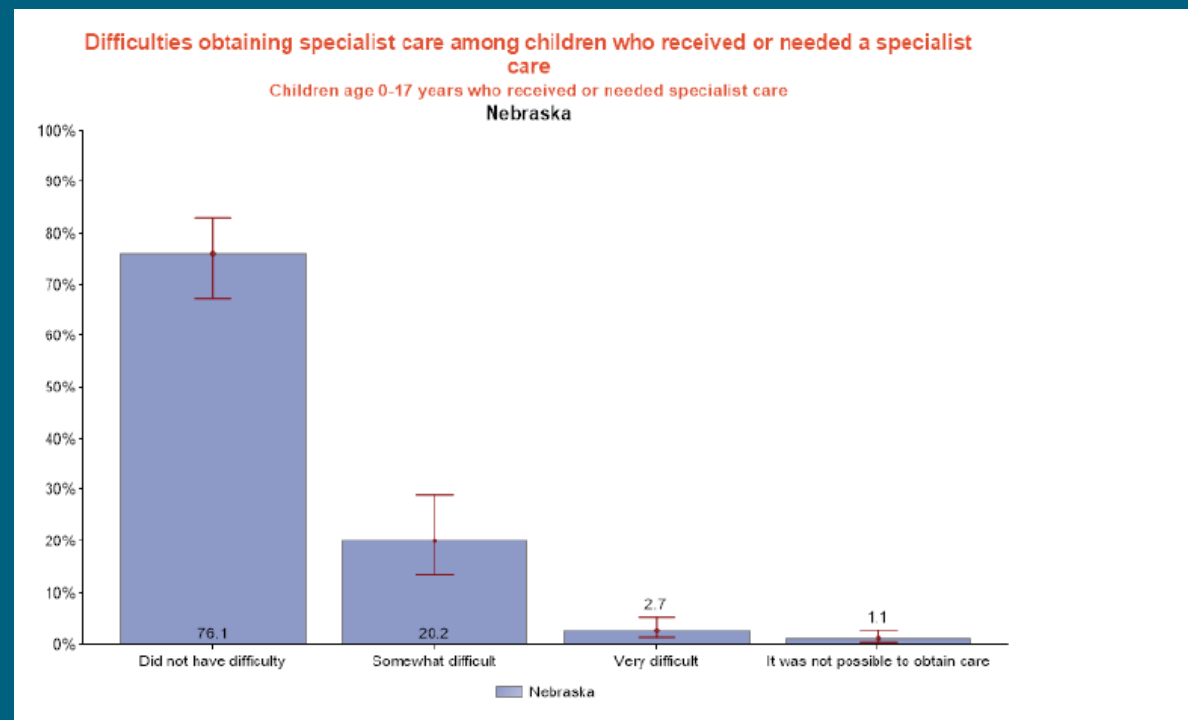
How difficult was it to get the specialist care that the child needed?

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nebraska
Topic: Health Care Access and Quality
Indicator: Difficulties obtaining specialist care

	Did not have difficulty	Somewhat difficult	Very difficult	It was not possible to obtain care	Total %
%	76.1	20.2	2.7	1.1	100.0
C.I.	67.5 - 83.0	13.5 - 29.1	1.3 - 5.3	0.4 - 2.8	
Sample Count	251	46	12	4	
Pop. Est.	41,282	10,975	1,445	573	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.
Please interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable. For more information about the data suppression and display criteria [click here](#).

DATA ALERT: The majority of measures have missing values for less than 2% (unweighted) of cases. This measure has missing values for >=2% of cases. To learn about the impact of the missing values on the population count estimates [click here](#).



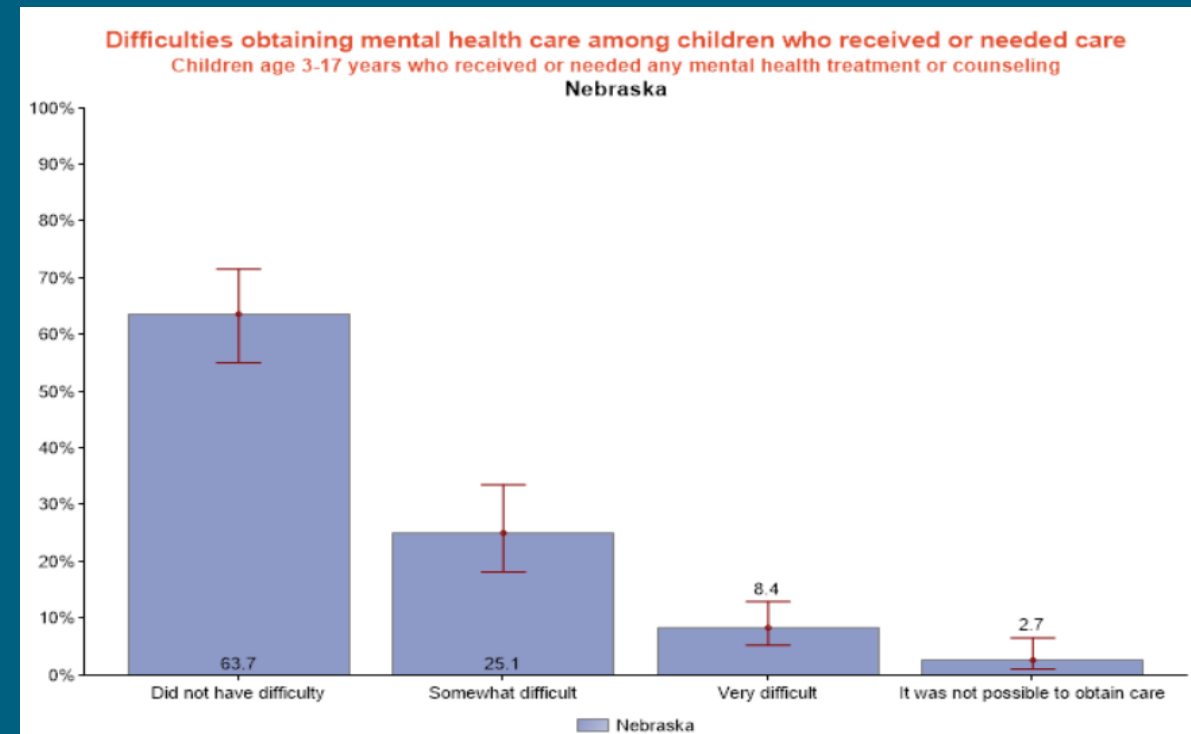
How difficult was it to get the mental health treatment or counseling that the child needed?

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nebraska
Topic: Health Care Access and Quality
Indicator: Difficulties obtaining mental health care, age 3-17 yrs.

	Did not have difficulty	Somewhat difficult	Very difficult	It was not possible to obtain care	Total %
%	63.7	25.1	8.4	2.7	100.0
C.I.	55.1 - 71.6	18.2 - 33.6	5.3 - 13.0	1.1 - 6.6	
Sample Count	158	67	28	7	
Pop. Est.	31,297	12,315	4,137	1,346	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.
Please interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable. For more information about the data suppression and display criteria [click here](#).

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Prenatal Medical Care

- Sen. Deb Fischer has spearheaded efforts to improve medical care and access at the federal level introducing the Data Mapping to Save Moms' Lives Act.
- Maternal mortality rates have been increasing since 2000.
- According to the Perinatal Data Center, many rural counties in our state have low access to obstetric, or childbirth-related, care.
- Over 4,000 babies are born each year to parents who live in counties with no OB-GYN or certified nurse-midwife.
- Mothers living far away from their medical providers may not have the resources necessary to travel miles for routine pregnancy care and as a result healthcare for moms and babies can suffer because of this lack of access to care.

Credit: Sen. Deb Fischer, https://nptelegraph.com/opinion/columnists/us-sen-deb-fischer-solutions-to-maternal-mortality/article_80fb1c12-ccf8-11ed-b3c4-3f4de8e0592f.html



Mental Healthcare for Veterans

- Approximately **40%** of veterans in Nebraska live in rural areas, with many living hours away from a VA health facility.
- According to the Government Accountability Office (GAO) research shows that veterans—especially those living in rural areas—can have trouble getting the mental health care they need.
- Veterans living in rural areas face unique barriers to accessing mental health care, such as staff shortages in rural facilities and transportation issues.

Credit: Sen. Deb Fischer <https://www.fischer.senate.gov/public/index.cfm/2023/4/fischer-leads-delegation-letter-urging-va-to-establish-rural-veteran-referral-program-in-nebraska>



Potential Economic Impact

- UNMC Chancellor Dr. Jeffrey Gold has noted that “Nebraska’s shortage of doctors and nurses is expected to worsen to the point the shortage will undermine the economy in many rural communities,”
- “According to industry research completed by IBISWorld agriculture is Nebraska’s third largest contributor to the States GDP.” (IBISWorld State Economic Profile 2022; www.IBISWorld.com/United-states/economic-profiles/nebraska/#IndustryStatistics)



Federal Rural Health Care (RHC) Program

Purpose: The Federal Rural Health Care Program (RHCP) provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care.

The Rural Health Care program was established in 1997 as part of the Telecommunications Act and is under the jurisdiction of the Federal Communications Commission (FCC). It is administered by the Universal Service Administrative Company (USAC) and consists of two sub-programs:

1. Telecommunications (Telecom) Program – for Voice and Data
2. Healthcare Connect Fund (HCF) Program – for Broadband Services, network equipment, etc. (established in 2012)



RHC Telecommunications Program

- Provides support for voice and other telecommunication services.
- Discount rate: Determined using the urban/rural differential.
 - “The difference between the urban rate, which must be “reasonably comparable to the rates charged for similar services in urban areas in that State,” and “rates for similar services provided to other customers in comparable rural areas,” *i.e.*, the rural rate.”



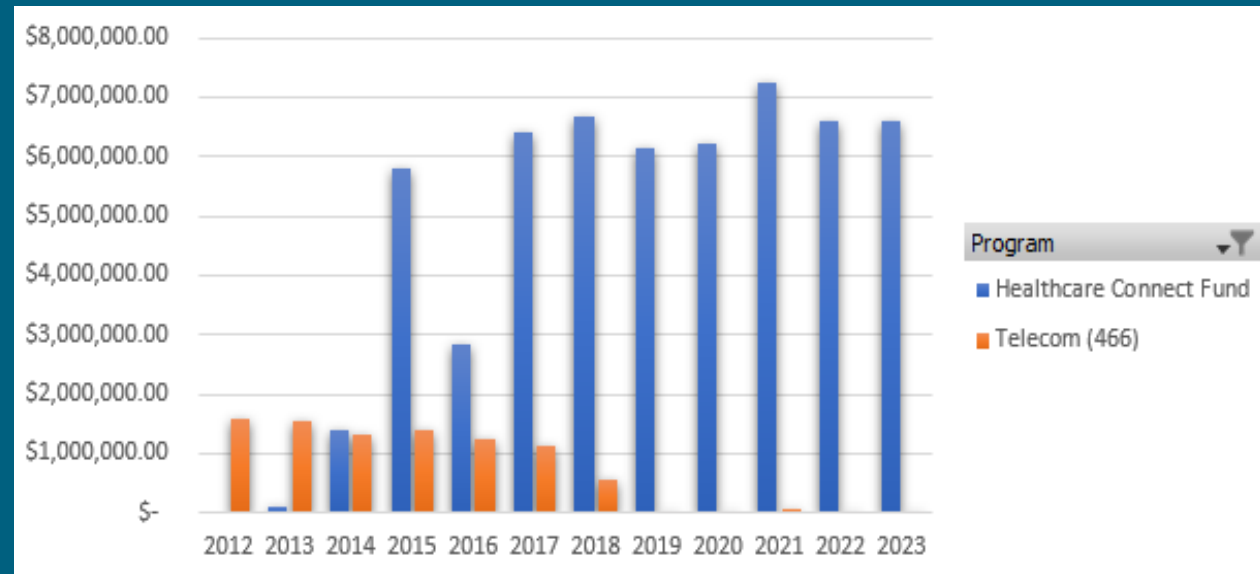
RHC Healthcare Connect Fund (HCF) Program

- Provides a flat **65% discount** on eligible expenses.
- Applicants can be an individual rural health care provider, or a consortium, i.e., a group of HCPs that can be both rural and non-rural. NOTE: To be eligible as a consortium, the members must be majority rural (over 50%).
- FCC adopted three goals of the RHC :
 1. Increase access to broadband for health care providers, particularly those serving rural areas;
 2. Foster development and deployment of broadband health care networks; and
 3. Reduce the burden on the Universal Service Fund (USF) by maximizing the cost-effectiveness of the health care support mechanisms.



Rural Health Care (RHC) Gross Demand By Funding Year in Nebraska

Funding Year	Healthcare Connect Fund	Telecom (466)	Grand Total
2012		\$ 1,586,333.04	\$ 1,586,333.04
2013	\$ 97,662.34	\$ 1,546,173.05	\$ 1,643,835.39
2014	\$ 1,383,029.66	\$ 1,300,584.94	\$ 2,683,614.60
2015	\$ 5,816,377.73	\$ 1,394,627.15	\$ 7,211,004.88
2016	\$ 2,830,359.47	\$ 1,240,173.84	\$ 4,070,533.31
2017	\$ 6,392,957.50	\$ 1,112,336.83	\$ 7,505,294.33
2018	\$ 6,660,801.43	\$ 552,948.56	\$ 7,213,749.99
2019	\$ 6,137,430.87	\$ 32,621.16	\$ 6,170,052.03
2020	\$ 6,217,633.81	\$ 14,458.56	\$ 6,232,092.37
2021	\$ 7,246,154.70	\$ 46,876.20	\$ 7,293,030.90
2022	\$ 6,581,214.50	\$ 12,270.96	\$ 6,593,485.46
2023	\$ 6,607,138.86	\$ 24,041.28	\$ 6,631,180.14
Grand Total	\$ 55,970,760.87	\$ 8,863,445.57	\$ 64,834,206.44



NUSF-57 Telehealth Program Overview

- The Commission has provided funding for telehealth services since 2005.
- In 2021, the Commission modified the Nebraska Telehealth Funding mechanism in response to modifications to the federal Rural Health Care (RHC) funding programs.
- The current NUSF-57 Telehealth program is designed to mirror the federal Healthcare Connect Fund (HCF) program, a subprogram of the Federal Communications Commission's Rural Health Care program.



Nebraska Telehealth (NUSF-57)

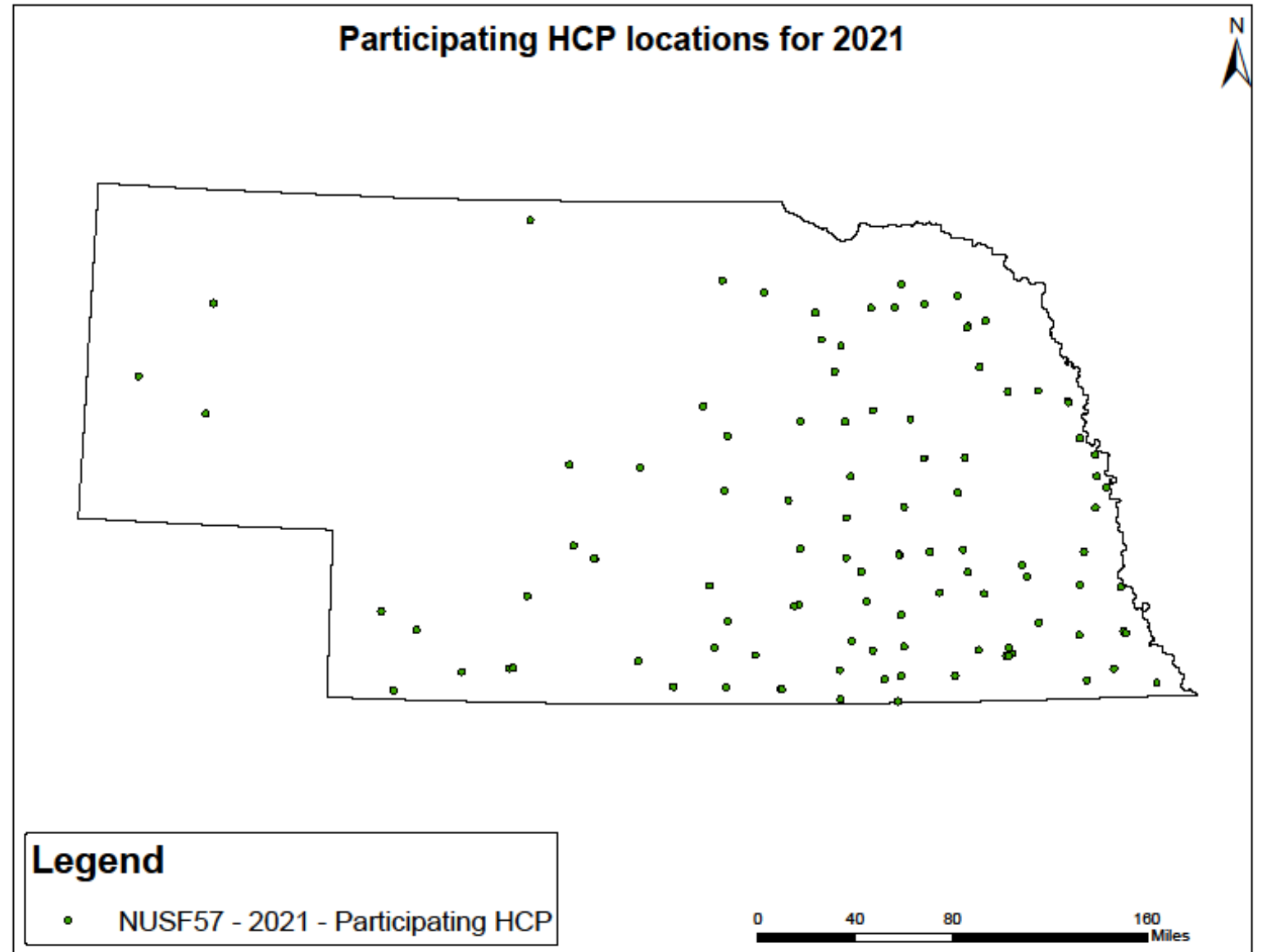
- Support provided through the NUSF-57 is supplemental and secondary to the federal HCF program.
- Applicants for NUSF-57 are required to demonstrate participation in the HCF.
- Under the federal HCF, costs are paid at a rate of **65%** of eligible costs. The NUSF-57 Telehealth Program can provide funding up to a maximum of **25%** of total eligible costs for monthly recurring and non-recurring costs, leaving a **10%** contribution needed by the HCP.



NUSF-57 Telehealth Program Participation

FY 2021

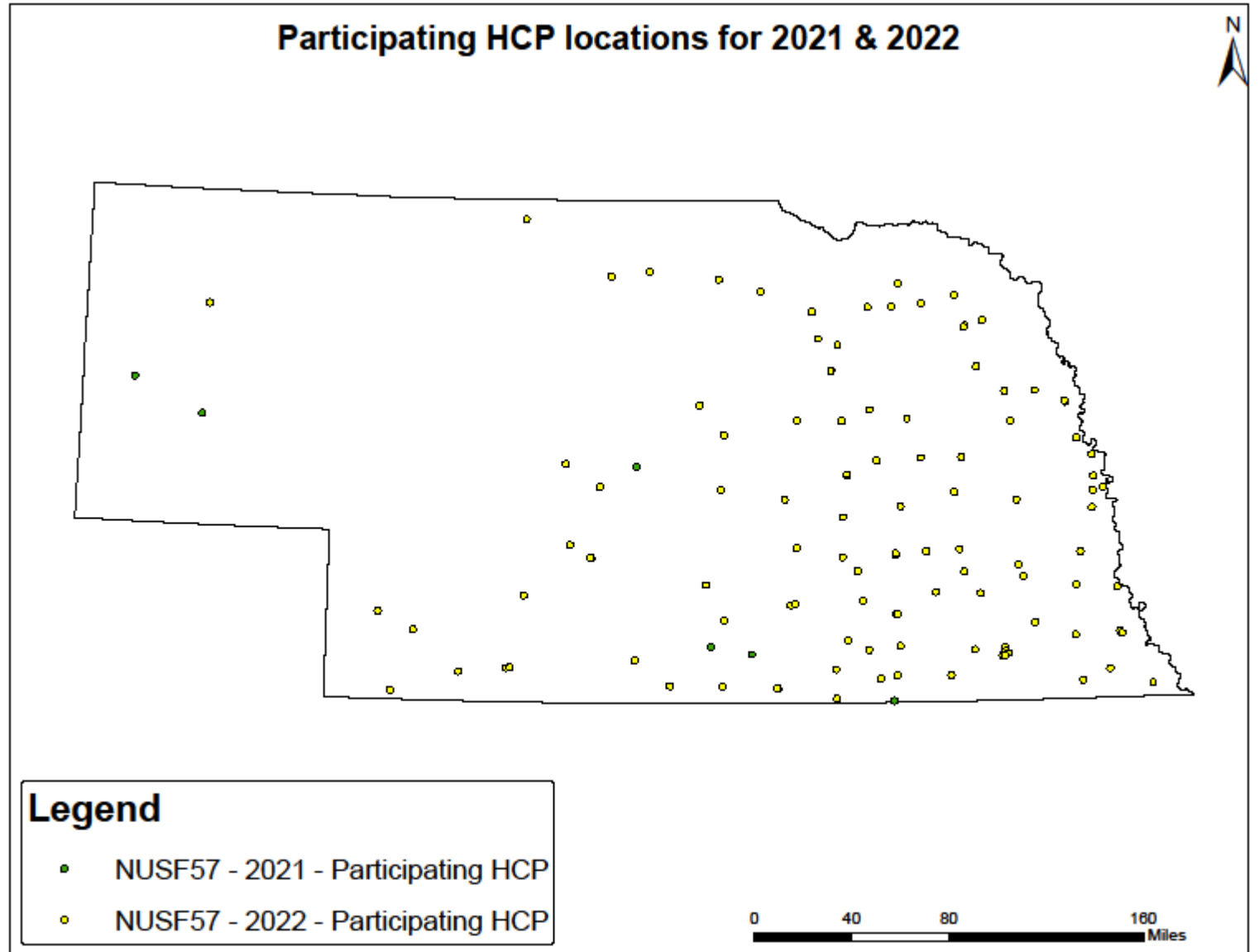
- 153 Applications
- 91 Participating HCPs
- Approx \$415,580 committed NUSF-57 funding



NUSF-57 Telehealth Program Participation

FY 2022

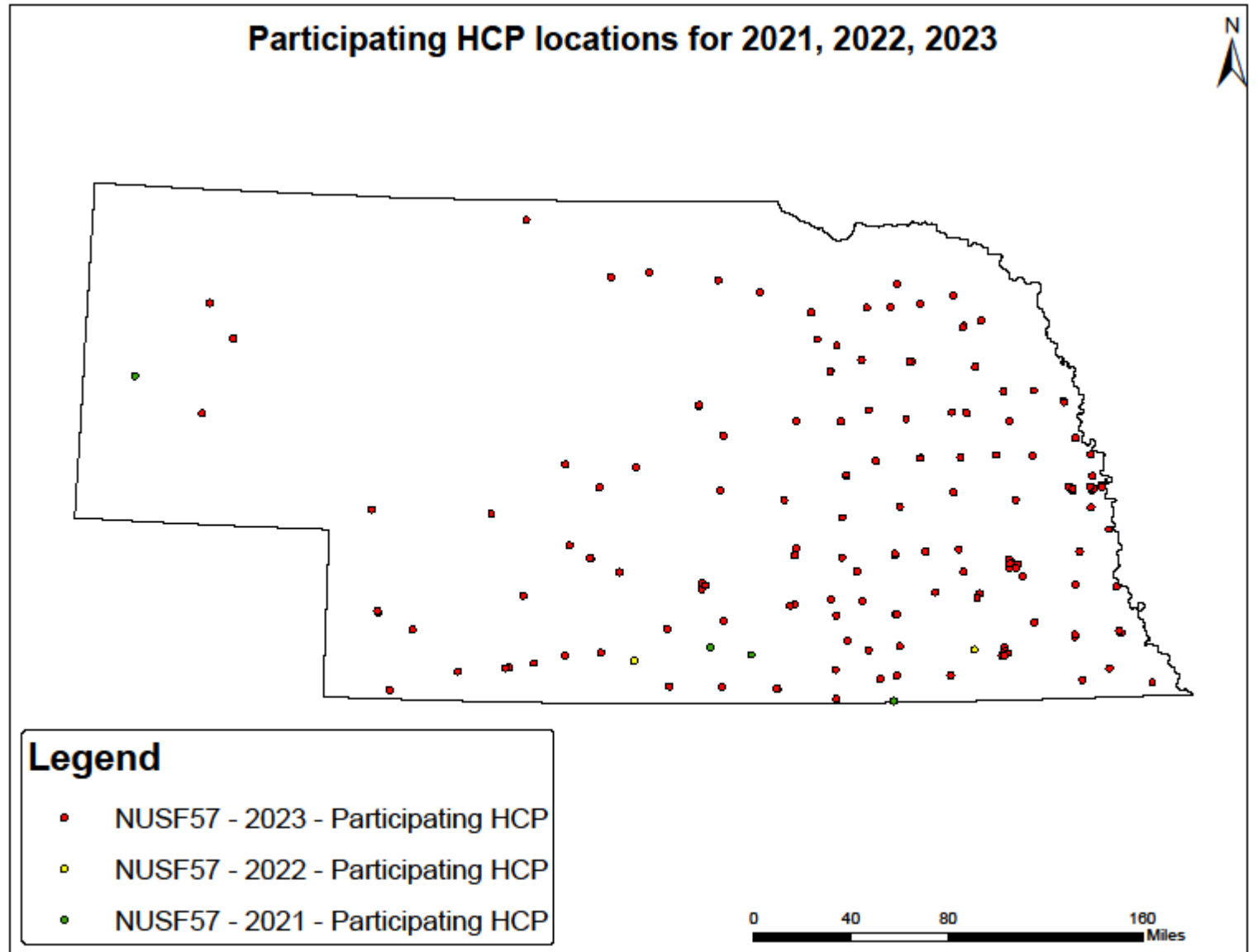
- 228 Applications
- 100 Participating HCPs
- Approx \$557,700 in demand for NUSF-57 funding



NUSF-57 Telehealth Program Participation

FY 2023

- 439 Applications
- 179 Participating HCPs
- Approx \$1.6M in demand for NUSF-57 funding, exceeding the \$1.5M budget.



Eligible Entities

- The state program generally mirrors the federal Health Care Fund (HCF) program regarding site eligibility. To be eligible to receive state funding, sites must be a public or nonprofit entity and be one of the following types of facilities*:
 - (a) Not-for profit hospital,
 - (b) rural health clinic,
 - (c) community health or community mental health center,
 - (d) a local health department,
 - (e) skilled nursing facility, or
 - (f) a consortium of health care providers (HCPs) with sites as noted above.

*Two additional entities are included for support on the federal level: (a) dedicated emergency room for a rural for-profit hospital and (b) post-secondary education institution offering healthcare instruction. The Commission believes these facilities would be more likely able to find matching state support through other means. However, the Commission has indicated that it will consider these entities eligible on a case-by-case basis upon request.



Eligible Entities, cont.

- The participating HCP site must be in a rural location as defined by the FCC.* Both rural and non-rural health care facilities can receive funding as members of a consortium as long as **more than 50%** of the consortium's members are rural sites.
- NUSF-57 funds are focused on participating HCPs located within the state of Nebraska. If a consortium applicant includes member HCPs with eligible sites located outside of Nebraska, only the sites located within the state of Nebraska would be eligible for state funding.

*Rurality Search Tool: <https://www.usac.org/rural-health-care/resources/tools/rurality-tier-search-tool/>



Eligible Expenses and Equipment

The [HCF Order, at Section V, para. 105](#), outlines the eligible services and equipment supported under the Healthcare Connect Fund, for both individual and consortium applicants. The following chart summarizes eligible services and equipment as outlined in the FCC's Healthcare Connect Fund order:

	INDIVIDUAL Applicants	CONSORTIUM Applicants
Eligible Services		
Advanced services without limitation as to technology or provider. This includes any advanced telecommunications or information service that enables HCPs to post their own data, interact with stored data, generate new data, or communicate, by providing connectivity over private dedicated networks or the public Internet for the provision of health information technology. HCPs can use both public and private networks, and different network configurations (including dedicated connections between data centers and administrative offices).	✓	✓
Reasonable & Customary Installation Charges (≤\$5,000 undiscounted cost)	✓	✓
Lit Fiber Lease	✓	✓
Dark Fiber		
Recurring charges (lease of fiber and/or lighting equipment, recurring maintenance charges)	✓	✓
Upfront payments for IRUs, leases, equipment	No	✓
Connections to Research & Education Networks	✓	✓
HCP Connections Between Off-Site Data Centers & Administrative Offices	✓	✓
Upfront Charges for Deployment of New or Upgraded Facilities	No	✓
HCP-Constructed and Owned Facilities	No	✓
Eligible Equipment		
Equipment necessary to make broadband service functional	✓	✓
Equipment necessary to manage, control, or maintain broadband service or dedicated health care broadband network	No	✓

Current NUSF-57 Process

1. State application process
2. Certificated carrier requirements
3. Reimbursement process
4. Discount amounts



NUSF-57 State Application Process

1. The Nebraska State Telehealth filing window generally aligns with the RHC program filing window.
 - a) The start of the state application filing window follows the federal RHC filing window start date.
 - b) The end the filing window for state applications ends 15 business days after the close of the federal RHC filing window.
 - c) In the event the federal filing window is extended, the state filing window is automatically extended to 15 business days after the FCC filing window closes.

NOTE: During FY 2023, the Commission entered an order on 5/16/23 further extending the state filing deadline to July 3, 2023.



NUSF-57 State Application Process, Cont.

2. After an HCP or consortium selects a service provider through the USAC bidding process and submits the Form 462 to USAC, the HCP or consortium should:
 - a) Complete the NUSF-57 application for state funding which is available on the Commission website.
 - b) Submit the completed and signed application along with a copy of the Form 462, the network cost sheet (if applicable), and other relevant supporting documentation via e-mail to psc.nusf@nebraska.gov
3. When the HCP or consortium receives the funding commitment letter from USAC, a copy is to be provided to the Commission to issue a state support schedule.
4. A copy of the state support schedule will be provided to the participating HCP or consortium and the service provider(s).



Nebraska Certificated Carrier Requirements

- Support from the Nebraska Universal Service Fund must be provided through payment to a Nebraska eligible telecommunications carrier (NETC).
- In order to receive Telehealth support and be considered an NETC for Telehealth services only, a service provider wishing to participate in the program would need to obtain a certificate of public convenience and necessity to operate as a telecommunications carrier in the state of Nebraska.
 - If not an NETC, they would need to be either interexchange carrier (IXC) or a competitive local exchange carrier (CLEC) or both.



NUSF-57 Reimbursement Process

1. Support from the Nebraska Universal Service Fund must be provided through payment to a Nebraska eligible telecommunications carrier (NETC).
2. When the HCP or consortium receives the invoice from the service provider(s) and the process for filing and approval of the Form 463 is complete, a copy of the Form 463 and service provider invoice should be provided to the Nebraska Commission to issue a final state support schedule.
3. Once the state support credits have been placed onto the HCP or Consortium's account, a copy of the invoice showing the state credits applied should be provided to the Commission prior to support being paid to the service provider.
4. In cases where the state support amount credit creates a credit balance on an HCP or Consortium's account, the service provider would be required to agree to allow the HCP or Consortium to either utilize the credit for future service or issue a refund check at the HCP or Consortium's request.



NUSF-57 Discount Amounts

- Under the federal HCF, costs are paid at a rate of **65%** of eligible costs. The current NUSF-57 program provides funding up to **25%** of total eligible costs for monthly recurring and non-recurring costs, leaving a **10%** contribution needed by the HCP.
- The following table estimates the FCC, NUSF & HCP contributions based on the NUSF-57 applications filed:

Funding Year	Application Count	Participating HCPs	100% Total Costs (Estimated)	65% Federal (Estimated)	25% NUSF-57 (Estimated)	10% HCP (Estimated)
2021	153	91	\$ 1,662,320.00	\$ 1,080,508.00	\$ 415,580.00	\$ 166,232.00
2022	228	100	\$ 2,230,800.00	\$ 1,450,020.00	\$ 557,700.00	\$ 223,080.00
2023	439	179	\$ 6,405,649.20	\$ 4,163,671.98	\$ 1,601,412.30	\$ 640,564.92

NOTE: The above table does not reflect total participation in the federal program. Total HCF federal demand for Nebraska participating HCPs in FY2023 was approx. \$6.6M, which represents the 65% discount amount. This would indicate total estimated costs for FY2023 of approx \$10M. If there was 100% participation in NUSF-57, the 25% discount at maximum participation would be approx. \$2.5M - \$2.8M per year based on recent federal participation levels.

General discussion

1. Ideas for program improvement
2. Needs for expansion
3. Areas for collaboration



Thank you!