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October 1, 2011

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th St. SW
Washington, DC 20554

“Re: WC Docket 02-60, Rural Health Care Support Mechanism”

Dear Ms. Dortch,

This letter represents further suggestions relative to the continuing effort by MiCTA in its attempt to assist and encourage the FCC Commission in enhancing the current USF Rural Health Care Rules by creating a more positive outcome relative to the delivery of health care in our nation's rural communities and ultimately extending this program to all areas of the country by including all non-profit public and private hospitals and clinics.

By moving to a more comprehensive program reflecting what already exist in the USF E-Rate Program, a Program the Commission is already very familiar with, we believe that expeditious changes to the Rural Health Care Program can be accomplished in time for the 2012 funding year.

Unlike what some believe is the case, the use of technology by today's health care professionals is not any different when telecommunications access is concerned than any other profession in this country. The difference occurs at the end point relative to device software, applications, and ultimately the use of diagnostic devices.

Therefore, please accept the following suggestions below as our way of encouraging you and other FCC Staff in effecting a positive outcome to the USF Rural Health Care Program:

1. Change the current funding structure to a discount format by using the E-Rate Discount Matrix substituting the “Regular” (FMPA) Federal Medical Assistance Percentage for non-profit health care in each state as found on pages 13/14 of this document <http://aging.senate.gov/crs/medicaid6.pdf> which is a governmental program whose funding percentage reflects the same “income derived” funding mechanism as the (NSLP) National School Lunch Program used in the E-Rate Discount Percentage Matrix.

2. E-Rate forms reflect documents the Commission is already familiar with and we believe once a discount matrix has been adopted these forms can easily be modified to be substituted for the current Rural Health Care forms retaining the segment in block 5 of the 471 to include the use of 3rd party MSA's as another alternative to individual bidding avoiding associated costs.
3. Enhance the Rural Health Care Eligible Services List to align with the existing E-Rate Eligible Services List
4. Direct the USF Rural Health Care Administration to expedite their upgrade of all systems used in the function and processing of the Program by issuing a directive for them to do so.
5. Create an "Outcomes" based department within the Rural Health Care division to monitor, acquire and create documentation demonstrating and publishing the success of the program so that ultimately the FCC or appropriate governing body may justify including all of this country's non-profit public and private health care providers, both hospitals and clinics, in the new "USF Health Care Assistance Program."

Respectively submitted on behalf of MiCTA,

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