

RHC Connect User Guide – Letter of Agency (LOA) and Letter of Exemption (LOE)

Updated as of September 2024

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General Information

Letter of Agency

A <u>Letter of Agency (LOA)</u> is required for health care providers (HCP) that are not owned or controlled by the consortium leader. The LOA authorizes the consortium leader to file forms and act on behalf of the participating site(s) in matters related to the Healthcare Connect Fund (HCF) Program. The LOA is written by the participating HCP and is addressed to the consortium leader (also called "lead entity").

Requirements

The LOA must include the following:

- Name of the entity filing the application (i.e., lead entity or consortium leader).
- Name of HCP/consortium member authorizing the lead entity to file the application on its behalf.
- Physical location or address of the HCP/consortium member site(s).
- Specific timeframe the LOA covers (i.e., the start date and end date).
- Signature, title, and contact information (including mailing address, phone number, and email address) of an official authorized to act on behalf of the HCP/consortium member.
 - For HCPs on Tribal lands: If the health care facility is a contract facility run solely by a Tribal nation, the appropriate Tribal leader, such as a Tribal chairperson, president, governor, or chief, must also sign the LOA, unless health care responsibilities have been delegated to another Tribal government representative.
- Date of signature.
- Type of services covered by the LOA; and
- Relationship of each HCP seeking support to the lead entity filing the application on their behalf.

Recommendations

USAC recommends that the LOA:

- Is submitted on the letterhead of the participating health system or consortium member.
- Include a statement authorizing the consortium leader to submit the FCC Form 460 (Eligibility and Registration Form), submit the FCC Form 461 (Request for Services Form), prepare and post the request for proposal (RFP), submit the FCC Form 462



(Funding Request Form), and manage invoicing and payments on behalf of the consortium member.

• Include the HCP number(s) with the physical location or address of the HCP/consortium member site(s).

Tips for Including a Third-Party Authorization (TPA)

An LOA can also serve as a <u>third-party authorization (TPA)</u> between consortium members and third parties by including the following language:

- "[HCP Name] hereby authorizes [Consortium Leader Name] and its agents to act on its behalf..."
- "[HCP Name] authorizes [Consortium Leader Name] and its agents to: [HCP Name] authorizes [Consortium Leader Name] and its agents to submit the FCC Form 461..."
- "By this Letter of Agency, [HCP Name] authorizes [Consortium Leader Name] and its agents to make the certifications included in the FCC Form 461..."

Letter of Exemption (LOE)

For health care providers (HCP) that are owned or controlled by the consortium leader, a current (i.e., through the funding year for which funding is requested) Letter of Exemption (LOE) must be filed. The LOE authorizes the consortium leader to file forms and act on behalf of the participating site(s) in matters related to the HCF Program. The LOE is written by the participating HCP and should be addressed to "USAC review staff" or "to whom it may concern."

Requirements

The LOE should include:

- Name of the entity authorized to submit forms on behalf of the HCP/consortium member.
- Physical location or address of the HCP/consortium member site(s).
- Signature, title, and contact information (including mailing address, phone number, and email address) of the officer, director, or other employee of the consortium member submitting the LOE.
- Date of signature.
- A statement from the consortium leader verifying that the consortium leader owns and operates the member HCPs listed on the LOE document and/or that the member HCPs listed on the LOE document are ineligible sites.



RHC Connect Walkthrough

Step 1:

Log into My Portal and click on **RHC Connect**.

Dashboard () In accordance with the Supply Chain of and High Cost & Lifeline - FCC Form 48	vrders, new certifications have been added to the following forms: RHC - FCC Form 463 and the 1. Service providers are required to submit these annual certifications. For additional informa	e Telecom invoice, E-rate - FCC Form 473, X tion, visit the USAC Supply Chain page.
🖰 Upcoming Dates	Rural Health Care	Help?
CCPP Program 10/18 Invoicing Best 2023 Practices Webinar	RHC Connect - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later.	Send us a message Click here Call us (888) 641-8722
	RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 465, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FV2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FV2023 and earlier.	
	Connected Care Pilot Program - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.	

Step 2:

Navigate to the **My Organizations** tab on the **RHC Connect Dashboard**. All active consortia will display if the toggle beside **Show Only My Consortia** is in the closed position. To view your consortia, click on the toggle to open it.

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<	(86) Unread Notifications	My Forms	_	My Organizations	Past-Commitment Chan	>
15:27	My Organizations	() The Funding Year 2024 fu	nding request filing window d	ioses in 20 days.		
	C Show Only My Consortia	SEARCH Site Number Street Address	City	State Zip Code	Forms Account Holder Type	T -
						Start Form Start Form Start Form
						Start Form



Step 3:

Select the consortium you're submitting the LOA for by clicking the hyperlink on the **Site Name**.



Step 4:

Once the hyperlink for the consortium is clicked, the **Summary** screen is displayed with all of the information about the selected consortium.

DASHBOARD START A FORM							
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Consortium		111	XI			1 - A	< Return to Organization Listing
Summary View LOA(s)/LOE(s) 1	Member HCP(s)						
Organization Details							
	Site Name	Consortium				Entity Type Consortium	
	Site Number					HCP Type Consortium of the above	e
	FCC Registration Number					Priority Tier 1	
	Physical Address					State	
Account Holders							
HCF Account Holders							
Name		† Role	Employer		Email		Telephone



Step 5:

On the **View LOAs/LOEs** section, click on the existing LOA to view information about the LOA in the **Details** section.

lew Let	ter(s) of Agency/ Exemptic	n						SUBMIT NEW LOA/ LOE
ID#	Submission Type	Nickname	Effective Date	Expiration Date	Submit	ted By	Status	Submitted On
700034	Letter of Agency (LOA)		5/30/2024	7/6/2024			Submitted	6/10/2024 8:49 PM EDT
700033	Letter of Exemption (LOE)						Submitted	6/10/2024 8:39 PM EDT
700032	Letter of Agency (LOA)						Submitted	6/10/2024 8:13 PM EDT
700031	Letter of Agency (LOA)						Submitted	6/6/2024 3:05 PM EDT
00024	Letter of Agency (LOA)						Submitted	5/11/2024 1:49 PM EDT
00017	Letter of Agency (LOA)						Submitted	5/9/2024 12:06 PM EDT
00004	Letter of Agency (LOA)						Submitted	5/8/2024 5:03 PM EDT
00002	Letter of Exemption (LOE)						Submitted	5/2/2024 4:55 PM EDT
00001	Letter of Agency (LOA)						Submitted	5/2/2024 4:50 PM EDT
Detai LOA/LO 700034 Nicknan	IS E ID		LOA/LOE Uploaded Docum Individual IDD FCL Effective Date 5/30/2024	ent		Expiration Date 7/6/2024		9 xens
Attach	ed HCP(s)							
HCP	Number † HCF	Name			State	Attached On		Status
						6/10/2024 8:49 PM EDT		Submitted
						6/10/2024 8:49 PM EDT		Submitted

Step 6:

To submit a new LOA or LOE, click the **Submit New LOA/LOE** button.

DASHBOARD	START A FORM						III O III MARKATAN
-	-1-1	-		-	-	Ø	
Co	onsortium		150				< Return to Organization Listing
summary	View LOA(s)/LOE(s) Member HCP	(s)					
ID#	Submission Type	Nickname	Effective Date	Expiration Date	Submitted By	Status	Submitted On
700034						Submitted	6/10/2024 8:49 PM EDT
700033						Submitted	6/10/2024 8:39 PM EDT
700032						Submitted	6/10/2024 8:13 PM EDT
700031						Submitted	6/6/2024 3:05 PM EDT
700024						Submitted	5/11/2024 1:49 PM EDT
700017						Submitted	5/9/2024 12:06 PM EDT
700004						Submitted	5/8/2024 5:03 PM EDT
700002						Submitted	5/2/2024 4:55 PM EDT
700001						Submitted	5/2/2024 4:50 PM EDT
							9 items
©2024 Univ	ersal Service Administrative Company. All	rights reserved.					PRIVACY POLICIES



Step 7:

When the **Submit New LOA/LOE** button is clicked, this pop-up screen will appear. Read the definitions of the LOA and LOE by clicking the dropdown arrow beside **Definitions** on the **Details** screen.

Details	Attach HCP(s)	Review
Submission Type	Definitions	
Letter of Agency (LOA)		
) Letter of Exemption (LOE)	A Letter Of Agen	cy (LOA) should be used to add HCPs to your consortium
Jpload Letter of Agency	that are not owned	d, controlled, or operated by the Consortium Leader.
RHC loaded i XLSX – 58.38 KB	A Letter Of Exem consortium that a	<pre>ption (LOE) should be used to add HCPs to your re owned, controlled, or operated by the Consortium</pre>
Vickname	Leader.	
Certifications		
Certifications Option 1: If there is no existing formal agreement.	and the consortium leader will assume sole legal and financial	responsibility for the activities of the consortium.
Certifications Option 1: If there is no existing formal agreement. Option 2: If the consortium has a formal written ag	and the consortium leader will assume sole legal and financial greement, approved by USAC. allocating legal and financial res	responsibility for the activities of the consortium. ponsibility to the consortium leader.
Certifications Option 1: If there is no existing formal agreement. Option 2: If the consortium has a formal written ag Effective Date	and the consortium leader will assume sole legal and financial greement. approved by USAC, allocating legal and financial responses Expiration Date	responsibility for the activities of the consortium. consibility to the consortium leader.

Step 8:

On the **Details** screen, click the correct radio button under **Submission Type** and upload the document. Enter a nickname and select **Option 1** or **Option 2** under **Certifications**. Select the **Effective Date** and the **Expiration Date** from the dropdown calendar, then click **Save & Continue**.

Submit LOA/LOE			
Details	Attach HCP(s)	(s) Review	
Submission Type		Definitions	
Letter of Agency Uploc Letter of Agency RHC Ioaded Index Nickname		A Letter Of Agency (LOA) should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader. A Letter Of Exemption (LOE) should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.	
Certifications Option 1: if there is no existing formal agreement, and the consortium leader v Option 2: if the consortium has a formal written agreement, approved by USAC Effective Date	will assume sole C, allocating leg	sole legal and financial responsibility for the activities of the consortium. legal and financial responsibility to the consortium leader.	
CANCEL	06/29	SAVE & CONTINU	ε



Step 9:

On the **Attach HCP(s)** screen, search for the HCPs to be added to the LOA/LOE by using the HCP number, the HCP name, or the zip code of the HCP site. Then click **Apply Filter**. A partial search may be entered. To view HCPs that are already members of the consortium, open the toggle button shown below.

Submit LO	A/LOE		_
	Details	Attach HCP(s)	Review
HCP(s) to be Added	to this LOA/ LOE		
HCP Number	45		Zip Code 5
HCP Name	a	On	nly show HCPs o
Available HCPs			Selected HCPs to Add to this LOA/ LOE
HCP t Number t	HCP Name		HCP Number 1 HCP Name
			No items available
		> ADD SELECTED	

Step 10:

Select the HCPs to attach, then click **Add Selected**.

vail	able HCPs				Selected HCPs to Add to th	is LOA/ LOE
	HCP † H Number † H	CP Name			HCP Number	1 HCP Name
~	101				No i	tems available
	102					
~	104					
~	104			ADD SELECTED		
~	104					
	104			< REMOVE SELECTED		
~	104			« REMOVE ALL		
~	104					
	109					
	110		1			
		< 1 - 10 of 1.172	> >>			



Step 11:

Selected HCPs will move to the column on the right. Click **Remove Selected** or **Remove All** if the HCP(s) was selected incorrectly. Once all HCPs are added, click **Save & Continue**.

v cl li	able fiers				select	tea ner 3 to Adu	
	HCP Number	t	HCP Name			HCP 1 Number	HCP Name
	102					101	
	104					104	
	110					104	
	110			> ADD SELECTED		104	
	111			1 1		104	
	114					104	
	114			< REMOVE SELECTED		109	
	114			« REMOVE ALL			
	116						7 ite
	119						
	122						
			< 1-10 of 1.165 > >>				

Step 12:

On the **Review** screen, review all of the information entered, then click **Submit LOA**.

	Deta	ills		Attach HCP(s)		Review	
Submission Type				Defin	itions	_	- ~
Letter of Agenc	cy (LOA)			Alet	ter Of Agency (LOA)	hould be used to add HCP	s to your consortium
Jelesded Elleter	poon (LOE)			that a	re not owned, control	led, or operated by the Cor	nsortium Leader.
Requirement	t sheet_050;	322		A Let conso Leade	ter Of Exemption (LO ortium that are owned, er.	E) should be used to add E controlled, or operated by	HCPs to your / the Consortium
						Þ	
Certifications							
Option 1: If the	ere is no exis	ting formal agreement, and t	the consortium leade	r will assume sole legal	and financial respons	ibility for the activities of th	ne consortium.
Option 1: If the Option 2: If the	ere is no exis consortium	ting formal agreement, and t has a formal written agreem	the consortium leade nent, approved by US	r will assume sole legal AC, allocating legal and	and financial respons financial responsibilit	ibility for the activities of the y to the consortium leader	ne consortium.
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Option 1: If the Option 2: If the Effective Date 06/11/2024 Selected HCPs t	ere is no exis e consortium	ting formal agreement, and t has a formal written agreem to this LOA	the consortium leade	r will assume sole legal AC, allocating legal and Expiration Da 06/29/2024	and financial respons financial responsibilit te	ibility for the activities of th	e consortium.
Option 1: If the Option 2: If the Effective Date 06/11/2024 Selected HCPs t HCP #	ere is no exis e consortium	ting formal agreement, and t has a formal written agreem to this LOA T HCP Name	the consortium leade	r will assume sole legal and AC, allocating legal and Expiration Da	and financial respons financial responsibilit te	ibility for the activities of th y to the consortium leader	ie consortium.
Option 1: If the Option 2: If the Option 2: If the Option 2: If the Option 2: If the Selected Date Option 2: If the HCP # 1000	ere is no exis e consortium	ting formal agreement, and t has a formal written agreem to this LOA T HCP Name	the consortium leade	r will assume sole legal AC. allocating legal and Expiration Da 06/29/2024	and financial responsi I financial responsibilit te	ibility for the activities of the y to the consortium leader	ie consortium.
Option 1: If the Option 2: If the Effective Date 06/11/2024 Selected HCPs t HCP # 1000 1000	ere is no exis e consortium	ting formal agreement, and t has a formal written agreen to this LOA 1 HCP Name	the consortium leade	r will assume sole legal AC, allocating legal and Expiration Da 06/29/2024	and financial respons financial responsibilit te	ibility for the activities of th	ie consortium.
Option 1: If the Option 2: If the Option 2: If the Of/11/2024 Selected HCPs t HCP # 100 100 100	ere is no exist e consortium	ting formal agreement, and t i has a formal written agreem to this LOA T HCP Name	the consortium leade	r will assume sole legal and AC, allocating legal and Expiration Da 06/29/2024	and financial responsibilit financial responsibilit te	ibility for the activities of th y to the consortium leader	ie consortium.



Step 13:

After submitting, you will be directed to the confirmation page. The message in the green banner confirms that the LOA/LOE was successfully submitted.

Submit LOA/LOE ID: 70003	5	
⊘ You have successfully attached a Letter of Agency to the	following Health Care Providers.	
LOA/LOE ID		
700035		
Submission Type	Definitions	~
Letter of Agency (LOA)	A Latter of Araper (LOA) should be used to add HCPs to your conser	tium
Unloaded Electron	that are not owned, controlled, or operated by the Consortium Leader	
Dequirement sheet 050322		
Nickname		
Certifications		
Option 1: If there is no existing formal agreement, and the	consortium leader will assume sole legal and financial responsibility for the activities of the consortium.	
Option 2: If the consortium has a formal written agreemen	, approved by USAC, allocating legal and financial responsibility to the consortium leader.	
Effective Date	Expiration Date	
06/11/2024 🗰	06/29/2024	
Attached HCP(s)		



Frequently Asked Questions

What changes were made from My Portal to the RHC Connect?

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to approve funding requests.

Did the requirements for Letters of Agency (LOA) or Letters of Exemption (LOE) change?

No, the requirements for Letters of Agency (LOA) or Letters of Exemption (LOE) did not change – only the platform changed.

Who is impacted by this change?

RHC Connect is used for FY2022 and future funding years for the HCF Program and FY2024 and forward for the Telecom Program. Connected Care Pilot Project (CCPP) projects are not impacted unless they also participate in the HCF or Telecom Program.

Resources

For more information, visit the following webpages on the USAC website:

- Letter of Agency
- Letter of Exemption
- What is a Consortium?

For questions about the Rural Health Care program, contact <u>RHC-Assist@usac.org</u> or the RHC Customer Service Center at (800) 453-1546 from 8 a.m. - 8 p.m. ET Monday through Friday for assistance. Use the <u>RHC Customer Service Center Tip Sheet</u> to learn about what the RHC Customer Service Center can and cannot help you with.