Universal Service Administrative Co.

Rural Health Care Glossary of Terms

Use this Rural Health Care Glossary to find commonly-used terms and definitions.

Terms	Programs	Definitions
498 COMPANY OFFICER	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The officer of a service provider company who is authorized to certify that data set forth in the FCC Form 498 is true, accurate, and complete. The 498 Company Officer has access to certify forms through USAC's E-File system and occupies a position specified in the company's corporate by-laws (or partnership agreement): typically, president, vice president of operations, vice president of finance, CFO, comptroller, treasurer, or a comparable position. If the reporting entity is a sole proprietorship, the owner must serve as the certifier.
498 ID/SERVICE PROVIDER IDENTIFICATION NUMBER (SPIN)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A unique nine-digit number that USAC assigns to a service provider once that service provider has submitted the FCC Form 498 to USAC. Every service provider is required to have a 498 ID/SPIN to participate in any of the four universal service programs and receive payments from USAC. E-Rate program applicants who select the Billed Entity Applicant Reimbursement (BEAR) invoicing process also need to complete an FCC Form 498 and will receive an applicant 498 ID.
ALLOWABLE CONTRACT SELECTION DATE (ACSD)	Rural Health Care	The earliest date on which an RHC applicant may enter into a service agreement with a service provider. This date must fall at least 28 calendar days after the applicant posts the FCC Form 461 or 465 to USAC's website.

Terms	Programs	Definitions
APPEAL	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A request to reconsider a USAC decision. Any party that wishes to appeal must first do so with USAC before filing an appeal with the FCC. Once USAC has made a decision on an appeal, the party may appeal USAC's decision to the FCC. Parties seeking a waiver of FCC rules should file an appeal directly with the FCC because USAC cannot waive FCC rules. For more information, visit USAC's Appeals page.
APPEAL DECISION LETTER (ADL)	Rural Health Care	A formal letter USAC sends to an appellant explaining its appeal decision. If USAC makes a new decision to deny funding following an appeal, the appellant will have 60 days from the date of the decision letter to file an appeal with the FCC. For more information on filing FCC appeals, visit USAC's Appeals page.
APPEAL PACKET OF INFORMATION	Rural Health Care, Lifeline	The appeal and supporting documents submitted to USAC by the appellant.
APPEAL SUMMARY	Rural Health Care, Lifeline	A summary of the facts, logic and recommended decision about an appeal written by an Initial Reviewer at USAC. See also Initial Reviewer.
APPELLANT	Rural Health Care, Lifeline	The individual or entity filing an appeal of a USAC decision. To see where to send an appeal, visit USAC's Appeals page.
APPLICANT	E-Rate, Rural Health Care	The entity applying for universal service support. In the RHC and E-Rate programs, an applicant may be an individual organization or a consortium composed of multiple organizations.
APPROVED	Rural Health Care, Lifeline	The status that USAC designates to an FCC form that has been reviewed and found to be compliant with FCC program rules and/or USAC standards.
APPROVED SUPPORT FILE (ASF)	Rural Health Care	Confirmation of Universal Service (USF) funds to be disbursed to RHC applicants.

Terms	Programs	Definitions
AUDIT	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	An examination of documentation and resources that verify the state of compliance with program rules. USAC conducts audits through the Beneficiary and Contributor Audit (BCAP) and Supply Chain Audit Program (SCAP) programs in accordance with the Generally Accepted Government Auditing Standards.
AUTHORIZED USERS	E-Rate, Rural Health Care, High Cost, Service Providers	The employee(s) of a service provider company, established by the Company Officer or General Contact, authorized to enter and modify company information on FCC Forms 498 and 499 through the E-File application. For more information, visit USAC's Entitlements Guide.
BENEFICIARY AND CONTRIBUTOR AUDIT PROGRAM (BCAP)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	An audit program through which USAC confirms program compliance and the amounts of recoverable funds among universal service beneficiaries and contributors. BCAP audits may be performed by USAC's internal audit staff or a firm under contract to USAC. For more details, visit USAC's BCAP webpage.
BID	E-Rate, Rural Health Care	A response from a service provider (bidder) to a request for services. RHC and E-Rate program applicants request bids from service providers by posting their service needs to USAC's website for a minimum of 28 days.
CODE OF FEDERAL REGULATIONS (CFR)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The general and permanent rules published in the Federal Register by federal government agencies and executive branch departments. Telecommunications rules are located in Title 47 of the CFR. For specific language, see a digital version of the CFR.
COLLECTIONS TEAM	Rural Health Care, Lifeline	The team within USAC's Accounting department responsible for recovering funds.
COMMISSION	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A common abbreviation for the Federal Communications Commission (FCC). See also FCC.
COMMITMENT ADJUSTMENT	E-Rate, Rural Health Care	The process by which a universal service funding commitment is reduced by USAC. See also COMAD Letter.

Terms	Programs	Definitions
COMMITMENT ADJUSTMENT (COMAD) LETTER	E-Rate, Rural Health Care	Letter that USAC sends to a USF applicant whose funding commitment needs to be fully or partially adjusted (de-committed), including recovery of funds, if necessary. The letter explains the adjustment reason and amount and details whether universal service funds must be returned as a result of the adjustment. The letter also provides information on how to appeal the adjustment decision. Appeals must be received within 60 days of the date on the COMAD letter.
COMPETITIVE BIDDING PROCESS	E-Rate, Rural Health Care	The process through which E-Rate and RHC applicants request bids for telecommunications and broadband services and equipment from service provider companies. USAC program rules stipulate that applicants to either program conduct a “fair and open” competitive procurement by posting bid requests to USAC’s online portals for a minimum of 28 days.
CONNECTED CARE PILOT PROGRAM (CCPP)	Rural Health Care	A three-year pilot program established by the FCC that ended on December 31, 2025. It provided up to $100 million of universal service support to help defray eligible HCPs’ costs of providing connected care services and helped assess how USF funds could have been used to support connected care services. In selecting pilot projects from eligible HCPs, the FCC had a strong preference for pilot projects that primarily benefitted low-income Americans or veterans. CCPP provided an 85% subsidy to eligible projects for eligible services.
CONSOLIDATED POST AUDIT TRACKING SYSTEM (CPATS)	Rural Health Care, Lifeline	A central repository used by USAC’s audit teams to administer workflows across divisions.

Terms	Programs	Definitions
CONSORTIUM	E-Rate, Rural Health Care	A group of entities that apply together for universal service funding. In the E-Rate program, consortia can run competitive bid processes and/or apply for discounts on behalf of their members. In the RHC program, non-rural eligible HCPs may join consortia that are majority (50%+) rural but may not receive universal service support against their costs and expenses.
CONSULTANT	E-Rate, Rural Health Care	A company or individual (non-employee of the entity) selected to perform certain activities related to the application process on behalf of the applicant or service provider for a fee. A Letter of Agency (LOA) or consultant agreement must be in place before the consultant undertakes these activities.
CONSULTANT REGISTRATION NUMBER (CRN)	E-Rate, Rural Health Care	A unique eight-digit identification number assigned by USAC to a consulting firm or individual consultant.
CONTRACT REVIEW	Rural Health Care	The process of reviewing a contract obtained through competitive bidding in the current funding year for an “evergreen” endorsement. Evergreen contracts allow HCPs to bypass competitive bidding for the life of the contract and up to five years of voluntary extensions. Applicants may request a contract review when they submit the contract with an FCC Form 462 or 466. Learn more about evergreen status on the RHC program’s Evergreen Contracts page.
CORRECTIVE SPIN CHANGE	E-Rate, Rural Health Care	A change to the SPIN featured on one or more FRNs that corrects a data entry error, reflects a merger or acquisition, or fixes some other type of error. It is not the result of a change to the actual service provider by the applicant.

Terms	Programs	Definitions
COVID-19 TELEHEALTH PROGRAM	Rural Health Care	A program that provided funding to eligible HCPs to support the telecommunications services, information services, and connected devices needed to provide critical connected care during the COVID-19 pandemic. The program, established in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was administered by USAC but was not a USF program. The final deadline for submitting invoices for reimbursement was October 31, 2023.
DE-COMMITMENT AND DE-OBLIGATION	Rural Health Care	Terms referring to USF monies that are recovered from an applicant or redirected. The two terms may be used interchangeably. In the RHC program, funds will be de-obligated 60 days after the invoice filing deadline.
DEMAND PAYMENT LETTER (DPL) [RURAL HEALTH CARE]	Rural Health Care	A request for payment sent to an applicant or responsible party whose COMAD has not been appealed within 60 days of being sent a COMAD letter. The DPL notifies the applicant that the outstanding balance detailed in the COMAD letter must be returned within 30 days of the date of the DPL.
DEMARCATION POINT OR DEMARC	E-Rate, Rural Health Care	The point at which a service provider's network ends and a customer's local area network (LAN) begins.
DENIED	Rural Health Care, Lifeline	The status that USAC designates to an FCC form that has been reviewed and found not to be compliant with FCC program rules and/or USAC standards.
E-CERTIFICATION (E-CERT)	E-Rate, Rural Health Care, High Cost, Service Providers	A process that allows universal service support applicants to certify and submit forms online, eliminating the need for paper copies of forms (and original signatures) and facilitating simpler record-keeping.
E-FILE	E-Rate, Rural Health Care, High Cost, Service Providers	USAC's online forms submission tool. Allows universal service support applicants, contributors, and service providers to register with USAC, submit forms, view invoices, add or remove authorized users, update account information, and more. Accessible at https://forms.universalservice.org/.

Terms	Programs	Definitions
ELIGIBLE HEALTH CARE PROVIDER	Rural Health Care	An HCP that meets the requirements for eligibility to participate in the RHC program. Visit USAC's Determine the Eligibility of Your Site page for more information.
ELIGIBLE SERVICES	E-Rate, Rural Health Care, High Cost, Service Providers	Equipment and services that are eligible for universal service support. In the E-Rate program, eligible services include data transmission services and/or internet access, internal connections, the maintenance of internal connections, and managed internal broadband services. In the High Cost program, eligible services include the costs of deploying rural voice service (legacy funds) or rural broadband service (modernized funds). In the RHC program, eligible services include broadband connectivity and telecommunications services.
ELIGIBLE TELECOMMUNICATIONS CARRIER (ETC)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A designation given to telecommunications service providers by their state public utility commissions or the FCC, enabling them to participate in universal service programs.
EVERGREEN CONTRACT	Rural Health Care	A contract for service that does not need to be re-competed annually and whose only annual requirement is the filing of the FCC Form 462 (in the RHC program's HCF Program) or the FCC Form 466 (in RHC program's Telecom Program). Non-evergreen contracts are considered to have month-to-month status and require the annual posting of the FCC Form 461 or 465 (under the HCF and Telecom Programs, respectively) and the annual selection of the most cost-effective service based on a fair and open competitive bidding process. Learn more about the requirements for evergreen contracts on the RHC program's Evergreen Contracts page.
EVIDENCE FOR RURAL RATE	Rural Health Care	The requirement that service providers or HCPs provide information and supporting documentation for their rural-rate calculations and method used to calculate the rural rate when completing the FCC Form 466. See also Rural Rate.

Terms	Programs	Definitions
FCC FORM 460 (ELIGIBILITY AND REGISTRATION FORM)	Rural Health Care	The form HCPs use to establish their eligibility for the HCF and Telecom Programs. Visit the program's eligibility determination page for information about RHC program requirements.
FCC FORM 461 (REQUEST FOR SERVICES FORM)	Rural Health Care	The form HCF Program applicants use to provide information about requested services to enable a fair and open competitive bidding process. The FCC Form 461 must be posted to USAC's website for a minimum of 28 days before the applicant can select a service provider.
FCC FORM 462 (FUNDING REQUEST FORM)	Rural Health Care	The form HCF Program applicants use to identify key information about services or equipment for which they are seeking universal service support. Each individual or consortium applicant must submit a single FCC Form 462 for each service provider detailing their requested service(s), equipment, facilities, rates, service provider name, and date(s) of service provider selection.
FCC FORM 463 (INVOICE AND REQUEST FOR DISBURSEMENT FORM)	Rural Health Care	The form used to invoice committed funds that are on an approved FCC Form 462. The FCC Form 463 serves as a request to USAC for the disbursement of funding under the HCF Program for the services, equipment, and/or facilities set forth in an applicant's FCL. The filing of the FCC Form 463 is a joint process between the applicant and the vendor (service provider). The applicant initiates the filing of the FCC Form 463, and the vendor reviews and, if needed, revises it before it is submitted to USAC for processing and payment.
FCC FORM 465 (DESCRIPTION OF SERVICES REQUESTED AND CERTIFICATION FORM)	Rural Health Care	The form Telecom Program applicants use to provide information about requested services to enable a fair and open competitive bidding process. The FCC Form 465 must be posted to USAC's website for a minimum of 28 days before the applicant can select a service provider.

Terms	Programs	Definitions
FCC FORM 466 (FUNDING REQUEST AND CERTIFICATION FORM)	Rural Health Care	The form Telecom Program applicants use to identify their requested service(s), rates, service provider, and date(s) of service provider selection. Each individual applicant must submit a single form for each service requested.
FCC FORM 469 (INVOICE AND REQUEST FOR DISBURSEMENT FORM)	Rural Health Care	The form used to invoice committed funds that are on an approved FCC Form 466. The FCC Form 469 serves as a request to USAC for the disbursement of funding under the Telecom Program for the services, set forth in an applicant's FCL. The filing of the FCC Form 469 is a joint process between the applicant and the vendor (service provider). The service provider initiates the filing of the FCC Form 469, and the applicant reviews and, if needed, revises it before it is submitted to USAC for processing and payment.
FCC FORM 498	E-Rate, Rural Health Care, High Cost, Service Providers	The FCC form that telecommunications service providers must submit to participate in any of the universal service programs. The form collects contact, remittance, and payment information. Upon completion, the service provider is assigned a nine-digit unique identifier referred to as a 498 ID/Service Provider Identification Number (SPIN). Note: Applicants to the E-Rate program who choose the FCC Form 472 (Billed Entity Applicant Reimbursement (BEAR) Form) payment method must also have filed the FCC Form 498.
FCC FORM 498 COMPANY OFFICER	E-Rate, Rural Health Care, High Cost, Service Providers	See 498 Company Officer.
FCC FORM 498 DELEGATED USERS	E-Rate, Rural Health Care, High Cost, Service Providers	See Authorized Users.
FCC FORM 498 GENERAL CONTACT	E-Rate, Rural Health Care, High Cost, Service Providers	See General Contact.

Terms	Programs	Definitions
FCC REGISTRATION NUMBER (FCC RN)	E-Rate, Rural Health Care, High Cost, Service Providers	A 10-digit number assigned by the FCC to a business or individual that registers with the commission. It is associated with an entity's Taxpayer Identification Number (TIN) and is required before filing FCC Forms 499-A/Q. Originally called CORES ID.
FEDERAL COMMUNICATIONS COMMISSION (FCC)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	An independent agency of the U.S. government established in 1934. The FCC is charged with regulating interstate and international communications by radio, television, wire, satellite, and cable in all U.S. states and territories. In 1997, the FCC designated USAC to be the independent not-for-profit corporation to administer the universal service fund, in accordance with its rules. The Commission oversees USAC's administration of the USF.
FINAL REVIEWER (FR)	Rural Health Care	The RHC staffer who conducts a second review of RHC program applications to confirm that the initial review complies with all program requirements. The FR checks each step of the initial review process to verify that the initial reviewer followed the correct procedures, asked the appropriate questions, and received complete answers. If the FR has any concerns, they will return the application to the initial reviewer for follow-up. See also Initial Reviewer.
FUNDING COMMITMENT LETTER (FCL)	Rural Health Care	A letter USAC sends to RHC program applicants and service providers estimating the USF support amount for the funding year based all of the information in an approved FCC Form 462 or 466.
FUNDING REQUEST NUMBER (FRN)	E-Rate, Rural Health Care	A unique identifier that USAC assigns to funding requests in completed FCC Form 462 (RHC program), FCC Form 466 (RHC program), and FCC Form 471 (E-Rate program) applications.
FUNDING YEAR (FY)	E-Rate, Rural Health Care	The time period during which universal service program support is provided. At USAC, funding years begin on July 1 and end on June 30 of the following calendar year: e.g., FY2026 begins July 1, 2026 and ends June 30, 2027.

Terms	Programs	Definitions
GOVERNMENT MASTER SERVICE AGREEMENT (MSA)	Rural Health Care	An agreement that eligible HCPs use when they are seeking universal service support for services or equipment purchased from MSAs negotiated by federal, state, Tribal, or local government entities.
HEALTH CARE PROVIDER (HCP)	Rural Health Care	Entity seeking support for telecommunications services under the RHC program. To see what kinds of HCPs are eligible for RHC support, visit USAC's HCF Program Eligibility page and Telecom Program Eligibility page.
IMPROPER PAYMENT	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	Any payment that should not have been made, or that was made in an incorrect amount under statutory, contractual, administrative, or other legally applicable requirements. Improper payments are subject to IPIA and IPERA rules. USAC calculates estimates of improper payment rates via the PQA program and provides this information to the FCC.
INFORMATION REQUEST	Rural Health Care	An RHC program request sent to RHC applicants that seeks information, clarification, or missing documentation. RHC applicants have 14 calendar days to respond from the date USAC sent the request; applicants may also request a 7-day extension deadline during this period. If the applicant does not respond by the deadline, USAC will render a decision based on original submitted documentation or the form may be denied.
INITIAL REVIEWER (IR)	Rural Health Care	The RHC staffer responsible for confirming that the FCC form and supporting documentation submitted by the applicant is compliant with program rules. IRs are required to follow FCC approved procedures when reviewing a form.
INTERNET SERVICE PROVIDER (ISP)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	An organization that provides services for connecting to the public internet. For the purposes of universal service support, ISPs may be referred to as service providers. See also Service Provider.

Terms	Programs	Definitions
LETTER OF AGENCY (LOA)	E-Rate, Rural Health Care	A document authorizing the project coordinator of a consortium leader to apply for universal service support on behalf of other members of the consortium. A LOA may also authorize a consultant to act on behalf of an applicant or service provider.
LETTER OF EXEMPTION (LOE)	Rural Health Care	A document providing written authorization to the project coordinator of a consortium to file forms and otherwise act on behalf of sites owned and operated by the consortium leader. For additional information about what's required in an LOE, visit the RHC program's Letter of Exemption page.
MINISTERIAL AND CLERICAL (M&C) ERRORS	E-Rate, Rural Health Care	Also known as M&C errors, these are data entry mistakes: e.g., mistyping a number or incorrectly calculating arithmetic. M&C errors on FCC forms may be corrected after the forms are certified by USAC.
MULTIPLE BILL (MULTI-BILL) CIRCUIT	Rural Health Care	A data or voice network connection between two locations ("circuit") that involves more than one telecommunications carrier. Customers served by a multi-bill circuit receive a bill from each participating carrier.
MY PORTAL	Rural Health Care	USAC's legacy online forms submission tool for the RHC program. Applicants created accounts in My Portal by submitting an FCC Form 460 (HCF Program) or FCC Form 465 (Telecom Program). My Portal has been replaced by RHC Connect for FY2022 and future funding years for the HCF Program and FY2024 and future funding years for the Telecom Program. My Portal will continue to be used for CCPP projects.
NETWORK COST WORKSHEET (NCW)	Rural Health Care	A breakdown of costs associated with the network for which support is being sought under the HCF Program. It is a Microsoft Excel version of the expense items page of the FCC Form 462. The NCW can be exported from or imported into My Portal and RHC Connect. See also FCC Form 462.

Terms	Programs	Definitions
NETWORK PLAN	Rural Health Care	A narrative detailing how a consortium of HCPs plans to create, deploy, and manage a proposed broadband network. All consortia applicants in the HCF Program are required to submit a network plan with the FCC Form 461. See the RHC program's Network Plan page for additional information about what a plan must include.
NON-AUDIT RECOVERY	Rural Health Care	A recovery of funds that is not identified through an audit.
NON-RECURRING CHARGES (NRC)	Rural Health Care	RHC program support for any one-time cost, including installation of service, equipment, etc. Also known as non-recurring support.
NON-STANDARD IMPROPER PAYMENT	Rural Health Care	An improper payment not identified through an audit, review, or investigation. See also Improper Payment.
NOTICE OF PROPOSED RULEMAKING (NPRM)	E-Rate, Rural Health Care, High Cost, Service Providers	An FCC proposal for new rules or changes to existing rules. Following the issuance of an NPRM, the FCC will seek public comments on the proposal.
NOTICE OF RESOLVED ISSUE (NORI)	Rural Health Care, Lifeline	A sub-category of ADL that is issued if USAC's Appeals team identifies that the USAC decision made during operational review was not compliant with FCC rules and requirements.
ONE PORTAL	USAC General, E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	USAC's single sign-on online dashboard for accessing systems such as EPC, the National Verifier, NLAD, LCS, and RAD, as well as the E-File forms submission tool and many invoicing functions. Certain payment processes are also handled through One Portal. Accessible at https://forms.universalservice.org/portal/login.
OPEN DATA	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A web portal with datasets and tools available for universal service program data. Users can view, search, filter, and manipulate the data in each dataset and extract that data in a variety of formats. Users can also extract data via API calls. Accessible at https://opendata.usac.org/.

Terms	Programs	Definitions
PAST DUE LETTER (PDL)	Rural Health Care, Lifeline	A letter USAC sends to a universal service support applicant who has received a DPL but has not returned the funds owed within the stipulated 30 days. The PDL notifies the applicant that they are past due and that failure to pay the outstanding funds will be reported to Treasury if payment is not made within 30 days of the date on the PDL.
PAYMENT QUALITY ASSURANCE (PQA) PROGRAM	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A USAC program that assesses payments made to universal service support recipients to determine if the payments were made in accordance with FCC rules. Following these assessments, USAC estimates improper payment rates and provides this information to the FCC.
RED LIGHT RULE	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A requirement that the FCC withhold action on a universal service support application, payment, and/or other requests for benefits when the universal service program participant is delinquent in non-tax debts owed to the FCC or other federal agencies. This rule requires that USAC suspend support to any entity that shares a Tax Identification Number with a company that has a delinquent debt. See also Red Light Status.
RED LIGHT STATUS	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The status of an entity deemed to have violated the Red Light Rule. USAC will not make any disbursements until the entity’s delinquency is satisfied, payment arrangements are made, or the Red Light Status is otherwise resolved. See also Red Light Rule.
REQUEST FOR ADDITIONAL INFORMATION	Rural Health Care	A notification USAC sends to an RHC applicant if their response to a USAC Information Request is insufficient or incomplete. Through the Request for Additional Information, USAC seeks further clarification or documentation. See also Information Request.

Terms	Programs	Definitions
REQUEST FOR PROPOSAL (RFP)	E-Rate, Rural Health Care	A formal bidding document describing a project and/or requested services in sufficient detail so that potential bidders understand the scope, location, and any other requirements. In the E-Rate and RHC programs, applicants are required to submit an RFP with their universal service support applications under certain conditions. Visit the E-Rate program's Competitive Bidding page for additional detail.
RHC CONNECT	Rural Health Care	The web-based system that hosts RHC forms in the RHC program. Post-commitment change requests (e.g., SPIN changes) also take place in RHC Connect. All RHC activities will eventually migrate to RHC Connect, at which time the legacy web-based system My Portal will be phased out.
RURAL HEALTH CARE PROGRAM	Rural Health Care	One of the four universal service programs administered by USAC. RHC includes two programs: the Telecommunications (Telecom) Program and the Healthcare Connect Fund (HCF) Program. These programs provide reduced rates for telecommunications services and broadband services to eligible health care providers (HCPs).
RURAL RATE	Rural Health Care	The rate charged by a telecommunications carrier for services in the rural area where an HCP is located. The rural rate, used to calculate RHC program support, is established using one of three methods. For an overview of those methods and the rate-calculation process for FY2026, browse RHC's Urban and Rural Rates Tip Sheet.
SERVICE END DATE	E-Rate, Rural Health Care	The date that services will end for an FRN. Also referred to as Service Delivery Deadline, this date aligns with the end of the funding year (June 30) for which support is sought. USAC may adjust this date if it identifies a program violation or a missed deadline.
SERVICE INSTALLATION DATE	Rural Health Care	The date that services were or will be installed for an FRN in the RHC program. USAC may adjust this date if a program violation is identified, or a deadline is missed.

Terms	Programs	Definitions
SERVICE LEVEL AGREEMENT (SLA)	Rural Health Care	Minimum criteria for telecommunications service as indicated in a contract submitted with an RHC program funding request form (FCC Form 462 or 466). Contracts may include SLAs for service elements like latency and reliability but are not required to for the receipt of RHC program support.
SERVICE PROVIDER	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A telecommunications company that participates in at least one of the four universal service programs and provides voice or internet services, equipment, hardware, or software. Types of companies include but are not limited to: competitive access/competitive local exchange carriers (cellular, personal communications, or specialized mobile radio providers), incumbent local exchange carriers, interexchange carriers, internet service providers, interconnected VoIP providers, local resellers (coaxial cable, non-traditional, operator, paging, messaging, payphone, prepaid card, private, and satellite service providers), shared-tenant service providers or building local exchange carriers, SMR (dispatch), toll resellers, or wireless data providers.
SERVICE PROVIDER IDENTIFICATION NUMBER (SPIN)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	See 498 ID/Service Provider Identification Number (SPIN).
SERVICE START DATE	E-Rate, Rural Health Care	The date that services will commence for an FRN. USAC may adjust this date if it identifies a program violation or a missed deadline.
SERVICE SUBSTITUTION	E-Rate, Rural Health Care	A change in the equipment or services originally requested for an FRN. For additional detail on service substitutions in E-Rate, visit the program’s Service Substitutions page.
STANDARD IMPROPER PAYMENT	Rural Health Care	Any improper payment in the RHC program identified through a BCAP or OIG audit or PQA review.

Terms	Programs	Definitions
TELECOMMUNICATIONS	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The transmission, between or among points specified by the user, of information of the user's choosing, without change in the form or content of the information as sent and received.
TELECOMMUNICATIONS CARRIER	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	See Common Carrier.
UNIVERSAL SERVICE	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The principle that all people in the United States should have access to telecommunications (voice and internet) services at reasonable rates. The USF, and later USAC, were established by the FCC to achieve this objective.
UNIVERSAL SERVICE ADMINISTRATIVE COMPANY (USAC)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	The independent not-for-profit organization designated by the FCC as the neutral, third-party administrator of the USF and its four programs. Collectively, the fund disbursed more than $8.5 billion in universal service support in 2024.
UNIVERSAL SERVICE FUND (USF)	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	Money collected from telecommunications companies and allocated to the objective of achieving universal service, per the 1996 Telecommunications Act. All interstate and international voice carriers operating in the U.S. must make contributions to the USF equal to a percentage of their interstate end-user revenues. The FCC updates this percentage, known as the contribution factor, quarterly. USAC's role is to collect and disburse the USF.
UPFRONT PAYMENTS	Rural Health Care	All non-recurring costs, other than reasonable and customary installation charges, that exceed $5,000. Upfront payments are only eligible for consortium applicants in HCF. (See 47 CFR§ 54.638 Upfront payments).

Terms	Programs	Definitions
URBAN RATE	Rural Health Care	The urban rate shall be a rate no higher than the highest tariffed or publicly available rate charged to a commercial customer for a functionally similar service provided within any city with a population of 50,0000 or more in that state. For an overview of the urban and rural rate-calculation process for FY2026, use RHC's Urban and Rural Rates Tip Sheet.
VENDOR SELECTION DATE	Rural Health Care	The date on which an agreement is awarded to a service provider, or the service provider is selected by the RHC applicant. RHC program rules state that an applicant must wait a minimum of 28 days after posting the FCC Forms 461 or 465 on USAC's website before selecting a service provider.
WHISTLEBLOWER ALERT	E-Rate, Rural Health Care, Lifeline, High Cost, Service Providers	A hotline allowing members of the public to anonymously report suspected violations of universal service program rules to USAC. These reports can be made anonymously via the USAC Whistleblower Alert Form, by emailing WhistleblowerReports@usac.org, by calling (888) 203-8100, or by U.S. mail to: Attn: Fraud Risk GroupUniversal Service Administrative Co.700 12th Street, NW, Suite 900 Washington, DC 20005
WITHDRAWN	Rural Health Care, Lifeline	The status that USAC designates to an FCC form that has been removed or pulled out of the review queue at the request of the applicant.