October 2025 RHC Monthly Newsletter

October 2, 2025

Latest News

Invoice Filing Deadline
The invoice filing deadline for most single-year funding year (FY) 2024 funding commitments is October 28, 2025. Per FCC Order 19-78, the invoice filing deadline is four months (120 days) from the later of the service delivery deadline, the date of a revised funding commitment letter (FCL) approving a post-commitment request, or a successful appeal of a previously denied or reduced funding request. This invoice filing deadline applies to both RHC programs.

A single 120-day extension of the invoice filing deadline is available if the health care provider (HCP) or service provider is unable to meet the invoice filing deadline for any reason. The request for an extension must be submitted prior to the original invoice filing deadline. Thus, the deadline to request an extension of the invoice filing deadline for most single-year FY2024 funding commitments is also October 28, 2025. Please submit invoice filing deadline extensions in RHC Connect. For more information, visit the following Post-Commitment Actions webpages:

- Post-Commitment Actions webpage – HCF Program
- Post-Commitment Actions webpage – Telecom Program

Commitments for FY2025
To deliver funding decisions quicker, the RHC team began reviewing funding requests before the FY2025 filing window closed. To date, RHC's FY2025 processing status is as follows:

- HCF Program: 72.27 percent of FCC Forms 462 are committed (Approved, Denied, or Withdrawn)

- Telecom Program: 90.15 percent of FCC Forms 466 are committed (Approved, Denied, or Withdrawn)

As of September 26, 2025, RHC has processed 74.2 percent of applications received and 53.1 percent of total funds requested for both the Telecom and HCF Programs.

FCC Guidance for FY2026

Telecom Program: Urban and Rural Rates
For FY2026, rural rates should be calculated using Method 1, or, if you cannot satisfy the requirements, then Method 2. If neither of these methods is feasible, then you must use Method 3. For urban rates, the process has been simplified.

Rural Rate
The Telecom Program has three ways to calculate the appropriate rural rate. You should work with your service provider to determine the method suitable for your funding request. Method 1 is the default method for calculating the rural rate. If you cannot satisfy the requirements of Method 1, you must proceed to Method 2 and, finally, if neither Method 1 nor Method 2 is feasible, you must use Method 3.

Reviewers are looking for:

- A clear explanation of why any applicant is <u>not</u> using Method 1. Applicants will receive an Information Request if they use Method 2 or Method 3 and fail to provide this explanation. In some contexts, this explanation will also need to address the non-use of Method 2.
- Detailed math that was used to calculate the rural rate.
- A clear description of how the rural rate was calculated. Applicants should include clear directions on where reviewers can find each element of the calculation in their supporting documentation. Source documentation must be submitted and clearly referred to in the narrative.
- Documents that are marked up clearly to show the reviewer where to find relevant information.
    - Do not submit a 500-page document that lacks explanation – in your email, direct the reviewer to the **exact pages** for the relevant information.

Method 1

The FCC has determined that that "[t]he rural rate shall be the average of the rates actually being charged to commercial customers, other than health care providers, for identical or similar services provided by the telecommunications carrier providing the service in the rural area in which the health care provider is located." (47 CFR § 54.605(a))

- Similar services are those that are functionally equivalent from the perspective of the end user with respect to bandwidth and whether the service is symmetrical or asymmetrical.

When collecting and submitting documents to support the rural rate calculation using Method 1, please keep in mind that the rates used to calculate must be:

- Charged by your telecommunications service provider
- Actually charged to customers
- Charged to commercial customers that are not healthcare providers, and
- For services in the same rural area as the HCP.

Reviewers will look at Census tract data to verify this information. A certified letter from the selected service provider is not sufficient documentation, as it does not show proof of rates charged to customers.

If you cannot use Method 1, proceed to Method 2:

Method 2

If the telecommunications carrier does not provide similar or identical service in the rural area where the HCP is located, "the rural rate shall be the average of the tariffed and other publicly available rates, not including any rates reduced by universal service programs, charged for the same or similar services in that rural area over the same distance as the eligible service by other carriers." (47 CFR § 54.605(b))

To demonstrate compliance with Method 2, the applicant must submit tariff(s) and/or publicly available rate(s) from which to derive an average.
The services listed on each tariff or publicly available rate must be:

- The same or like the service requested and in the same rural area as the HCP.

If using Method 2 for an FCC Form 466 submission:

- The documentation must be dated prior to the submission of the relevant FCC Form 466.
- It must be evident to USAC that any documentation and information supplied was available to the applicant or service provider at the time the applicant submitted its FCC Form 466.
- It must be clear to USAC which rate(s) in the documentation were used to calculate the rural rate. For example, if you are submitting a tariff, please highlight or provide an explanation that clearly indicates where in the tariff document a reviewer can find the rate you used in your calculation.

If it is not possible to use Method 1 or 2, then proceed to Method 3:

Method 3

If there are no such tariffed or publicly available rates in the HCP's rural area, or the service provider "reasonably determines that this method for calculating the rural rate is unfair," the service provider must submit cost-based

rates to the state commission (for intrastate rates) or the FCC (for interstate rates) for approval.

If using Method 3 for an FCC Form 466 submission:

- Supporting documentation submitted with the FCC Form 466 must show that the rates were submitted to the state commission or FCC before the applicant submitted the FCC Form 466.
- The applicant must demonstrate that the rate submitted to the FCC or state commission for approval matches the rural rate listed on its FCC Form 466 or explain any discrepancy.

Please work with your service provider to ensure compliance with the rural rate rule.

Urban Rate

Urban Rate Definition
"If a rural health care provider requests support for an eligible service to be funded from the Telecommunications Program, the 'urban rate' for that service shall be a rate no higher than the highest tariffed or publicly-available rate charged to a commercial customer for a functionally similar service in any city with a population of 50,000 or more in that state, calculated as if it were provided between two points within the city." (47 CFR § 54.604(b))

Acceptable Urban Rate Documentation
Documentation provided must show that the applicant's proposed urban rate conforms to the rule. Examples of rates that may be used to calculate the urban rate include:

- Rates in a current state, federal or NECA tariff for a functionally similar service in a city with a population of 50,000 or more in the state where the HCP is located.
- Publicly available rates charged to a commercial customer.

Elements that reviewers will look for when evaluating the urban rate include, but are not limited to:

- Whether the rate(s) used to calculate the urban rate are for a functionally similar service (for example, whether the rate quoted is a rate for a complete and functional circuit, not simply one component of the circuit), and
- Whether the rate(s) used to calculate the urban rate are charged in a city with a population of 50,000 or more in the HCP's own state.

FY2026 Filing Window Dates Announced
The FY2026 filing window will open on December 1, 2025, and close on April 1, 2026. As a reminder, since July 1, applicants have been able to submit FCC Forms 461 and 465 to request services and begin the competitive bidding process. View the FY2026 Program Calendar**.**

Submit your FY2026 Request for Services Forms!
Beginning on July 1, 2025, applicants could start the competitive bidding process for FY2026. The HCF Program's FCC Form 461 (Request for Services Form) and the Telecommunications (Telecom) Program's FCC Form 465 (Request for Services Form) may be submitted in RHC Connect along with any other competitive bidding documents, such as a Request for Proposal (RFP). Please use the following resources to submit these forms:

HCF Program:

- Prepare for Competitive Bidding & Request Services webpage
- Welcome to RHC Connect – FCC Form 461 webpage
- Competitive Bidding Exemptions webpage
- RHC Connect FCC Form 461 User Guide
- How to File the FCC Form 461 self-guided training video

Telecom Program:

- Prepare for Competitive Bidding & Request Services – webpage
- Welcome to RHC Connect – FCC Form 465 webpage
- Competitive Bidding Exemptions webpage
- RHC Connect FCC Form 465 User Guide
- Telecom Program Request for Services (FCC Form 465) self-guided training video

Search Posted Services Tool HCF and Telecom Program
The [Search Posted Services](#) tool is available on the USAC website. This tool is a streamlined version of the [Rural Health Care Posted Services (FCC Forms 461 and 465)](#) dataset, making it easier to search for posted services and download documents. The dataset contains data from the FCC Forms 461 and 465 (i.e., services requested for current and past funding years). The Open Data portal allows you to filter, sort, and visualize the data in many ways. There are hyperlinks in columns where you can download the PDF version of the FCC Forms 461 and 465, RFP, and any other additional documentation submitted with the FCC Forms 461 and 465.

What To Do When You Receive an Information Request
As part of their review of any eligibility, requests for services, funding requests, and invoicing forms, RHC reviewers may need further information or explanation. If so, RHC staff will contact all account holders (the primary and all secondary and tertiary account holders associated with the HCP) with a request for additional information ("Information Request"). This request will assist with the collection of any missing documentation, address deficiencies, or gather general information required to address questions of FCC form reviewers.

Service Provider Webpage Updates
USAC's Rural Health Care (RHC) and E-Rate programs have updated the [RHC Service Provider Process](#) and [E-Rate Service Provider Process](#) webpages to better support your participation in the Universal Service Fund (USF) programs. These updates:

- Ensure titles and descriptions of the service provider enrollment process reflect the key activities within each process step.
- Simplify page content where process requirements are similar.
- Continue the tradition of incorporating link-accessible resources to reduce page scroll.

Additionally, a new resource for Tribal service providers is now available:

- [Registering for a Service Provider Identification Number (SPIN) Checklist for New Tribal Service Providers](#)

These updates aim to improve ease of participation by aligning the steps that service providers must take to participate in the RHC and E-Rate programs – especially for small and rural service providers who are new to USAC.

RHC Connect Updates

My Portal Decommissioning
The decommissioning of My Portal has been pushed back to the middle of calendar year (CY) 2026. The RHC outreach team previously informed applicants that third-party authorizations (TPAs) will not be migrated to RHC Connect and that **all TPAs must be moved into RHC Connect by November 30, 2025**. The RHC outreach team will continue to provide information about important deadlines and the decommissioning of My Portal.

Submit Third Party Authorizations in RHC Connect!
If you are an HCP participating in the HCF or Telecom Program, and a consultant or other third party (i.e., anyone who is not employed by the HCP) will file forms on behalf of your site, you must file a TPA with USAC. A TPA provides written authorization to USAC, allowing the third party to complete and submit forms on behalf of the HCP or consortium in the HCF or Telecom Program. RHC program participants may now submit third party authorizations in RHC Connect. Please use the following resources to submit your TPAs:

- [Third Party Authorization](#) webpage
- [RHC Connect - Third Party Authorization User Guide](#)
- [Sample TPAs](#)

As a reminder for consortia applicants, Letters of Agency (LOAs) and Letters of Exemption (LOEs) are also submitted in RHC Connect. Please use the following resources to submit LOAs and LOEs:

- [Letter of Agency](#) webpage
- [Letter of Exemption](#) webpage
- [RHC Connect LOA/LOE User Guide](#)
- [Sample LOA](#)

Submit RHC Program Post-Commitment Change Requests in RHC Connect
Telecom Program
The following post-commitment change requests are now available in RHC Connect for Telecom Program applicants.

- SPIN changes (corrective and operational)
- Site and service substitutions
- Invoice filing deadline extensions

For more information, visit the Post-Commitment Actions webpage on the USAC website as well as specific webpages for SPIN Changes and Service Substitutions.

HCF Program
The following post-commitment change requests are available in RHC Connect for HCF Program applicants:

- SPIN changes (corrective and operational)
- Site and service substitutions
- Service delivery deadline extensions for non-recurring charges
- Invoice filing deadline extensions

For more information, visit the Post-Commitment Actions webpage on the USAC website as well as specific webpages for SPIN Changes and Site and Service Substitutions. A step-by-step Post-Commitments Change Request user guide is available to help you submit these requests correctly.

RHC Connect Updates – FCC Forms 460, 465, and 469
The FCC Forms 460, 465, and 469 are now available in RHC Connect. The changes to these forms are as follows:

- Per FCC Order 23-110, the FCC Form 460 will now be used to determine eligibility of HCP sites in the HCF Program and the Telecom Program. In addition, applicants may be granted conditional eligibility, thus allowing them to initiate competitive bidding and request funding before their full eligibility has been established. An HCP must be fully eligible before a funding commitment will be released.

- The FCC Form 465 is used to request services for the Telecom Program, the same way the FCC Form 461 is used in the HCF Program. It is now available for use in RHC Connect.

- The FCC Form 469 is the new Telecom Program invoice. Per FCC Order 23-6, the new Telecom Program invoicing process is similar to the invoicing process in the HCF Program. One key difference is that the service provider submits the FCC Form 469 in RHC Connect, the applicant receives an email alerting them of the submission, and the applicant officially submits the form to USAC by certifying and signing the form.

Note: Beginning in FY2024, the FCC Form 467, the Healthcare Provider Support Schedule (HSS), and the previous Telecom Program Invoice were eliminated in the Telecom Program.

RHC Connect for Service Providers
As you submit the FCC Form 463 and FCC Form 469, please keep in mind that the General Contact on the FCC Form 498 is the only user for the company who can create additional logins for other users in that company. This is done within RHC Connect.

If you have trouble accessing RHC Connect, it may be a result of outdated information on the FCC Form 498 (Service Provider and Billed Entity Identification Number and General Contact Information Form). To correct the issue, please update your FCC Form 498 as soon as possible and, if applicable, your Unique Entity Identifier (UEI) on the SAM.gov webpage. For more information, please visit the Manage Your 498 ID webpage on the USAC website.

A FCC Form 463 user guide as well as a FCC Form 469 user guide, both specifically for service providers, are now available on the Step 5: Invoice USAC webpage in the RHC service provider section of the USAC website.

FCC News
RHC Program Inflation-Based Cap Announced for FY2025
The RHC program funding cap for FY2025 is $723,892,841. The internal cap for upfront payments and multi-year commitments under the HCF Program is $182,780,877. The caps will apply only if RHC program demand exceeds available funding. These new caps represent a 2.4 percent inflation-adjusted increase to the $706,926,603 RHC

program funding cap and the $178,496,951 internal cap on multi-year commitments and upfront payments from FY2024. Read the [announcement.](#)

FCC Released Order FCC 23-110: Continuing Improvements to RHC Program Procedures
On December 14, 2023, the FCC released Third Report and Order, [FCC 23-110](#). This order improves RHC program administration and facilitates participation in the program by allowing HCPs that expect to become eligible during a funding year to complete the processes required to request funding, align program deadlines, simplify rules for calculating urban rates, streamline administrative processes, and free up unused funding for other purposes.

Important Reminders
Information Request Tips for the RHC Program

- For FY2025 FCC Forms 462 and 466, an auto-generated email will be sent directing HCPs to RHC Connect to respond. HCPs should respond through RHC Connect only. Please use the [Information Request Tip Sheet](#) to help you navigate Information Requests sent through RHC Connect.

- Use only Chrome, Firefox, or Microsoft Edge internet browsers when using RHC Connect.

- When uploading a document as a response, the file must be limited to 10MB, and its file name should not contain any special characters – only letters and numbers.

Letter(s) of Agency (LOAs) and Third-Party Authorizations (TPAs)
Please be sure that all authorizations, including LOAs and TPAs, are current and up to date through the end of FY2025 and forward. For more information about LOAs, visit the [Letter of Agency](#) webpage. For more information about TPA requirements, visit the [Third Party Authorization (TPA)](#) webpage.

Reminders for Account Holders
Per RHC program rules, a primary and secondary account holder for an individual HCP must be an officer, director, or authorized employee of the HCP. For consortium applicants in the HCF Program, the Project Coordinator must be an officer, director, or other authorized employee of the Consortium Leader. If you are an HCP participating in the HCF or Telecom Program and a consultant or other third party will file forms on your behalf, you must file a [TPA](#).

Per FCC Order 19-78, if you are a consultant, you must obtain a consultant group registration number when logging into RHC Connect. In My Portal, the system automatically assigned a number however; in RHC Connect, the registration number is only assigned once the simple registration process is complete. Please follow the steps shown in [RHC Connect – Third Party Authorization User Guide](#), starting on page 9, to complete your consultant group registration and obtain the registration number.

Note: The primary account holder is responsible for all activities associated with submitting and certifying forms and for all activities in the RHC program for their HCP site.

Duplicate Funding Prohibited
Please remember: FCC rules prohibit duplicate funding for the same service, for the same location, during the same period, from more than one FCC program. This includes the RHC programs (HCF and Telecom) and the Connected Care Pilot Program (CCPP).

Online Tools
Invoice Filing Deadlines
The [RHC Invoice Filing Deadline Tool](#) allows service providers and HCPs to look up the deadline to submit invoices for funding commitments. The tool allows users to avoid having to set up specific Excel configurations to find their deadlines.

Open Data Platform
As part of USAC's Open Data initiative, RHC program data is open and accessible to the public. Anyone is free to use, re-use, and redistribute the data in our data sets to access all the raw data submitted by Universal Service participants. The following data sets are available on the Open Data platform for the RHC program:

- [Rural Health Care Commitments and Disbursements (FCC Form 462/466/466A)](#) – This dataset contains data about funding decisions, total committed amounts, and total disbursement amounts for the RHC program.

- [RHC Posted Services Tool](#) – This tool allows service providers to view service request information by individual HCPs and consortia applying for funding through the RHC program.

- [Rural Health Care Posted Services (FCC Form 461/465)](#) – This dataset allows service providers to view service request information provided by the RHC program. The data is collected from the FCC Forms 461 and 465, which includes the service request information.

- [SPIN Lookup Tool](#) – This tool can be used to view and export service provider profile data found in RHC Connect. This data includes important information regarding the service provider, such as contact information and details regarding the FCC Forms 498 and 499.

News You Can Use

Certifications Requirements for National Supply Chain

As a reminder, when service providers log in to RHC Connect, two Supply Chain certifications included in the FCC Form 463 and the FCC Form 469 will be displayed. The first certification affirms compliance with the [Section 54.9](#) prohibition on specified transactions with companies deemed to pose a national security threat. The second certification affirms compliance with [Section 54.10](#), which prohibits the use of any federal subsidies on any communications equipment and services on the [Covered List](#).

Note: If you requested services or equipment that provide or contain components of products produced by any company on the [Covered List](#), or any of their parents, affiliates, and subsidiaries, you cannot invoice for these funds. Instead, you should immediately request a [service substitution](#) prior to invoicing to ensure complete program compliance. In addition, as you proceed with competitive bidding, please ensure you are not requesting funding for services or equipment from listed covered companies or any of their parents, affiliates, and subsidiaries. USAC updated the [Supply Chain](#) webpages to include three new subpages: [COVID-19 Broadband Programs](#), [Audits](#), and [FAQs](#).

Need Help? Contact Us!

For questions about the Rural Health Care Program, email RHC-Assist@usac.org or contact the RHC Customer Service Center (CSC) at (800) 453-1546 from 8 a.m. to 8 p.m. ET Monday through Friday for assistance. Use the [RHC CSC Tip Sheet](#) to learn about how the RHC CSC can and cannot help you.