

# Best Practices - Invoicing and Reporting

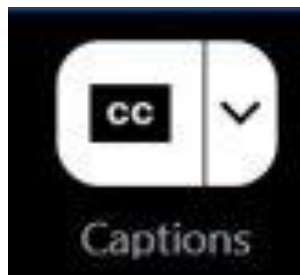
Connected Care Pilot Program Best Practices  
June 3, 2026

# Housekeeping – Closed Captioning (CC)

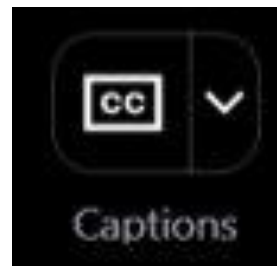
- Attendees control their own captioning.



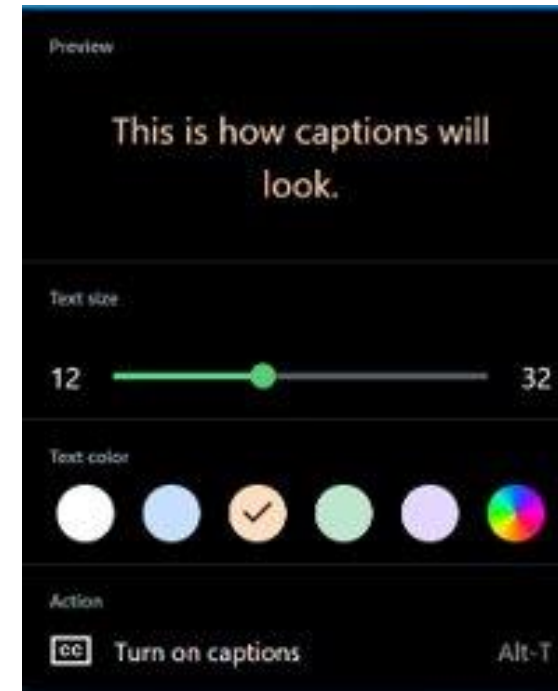
- You control the caption font size and color.
- Toggle CC off and on at your preference.



Captions ON

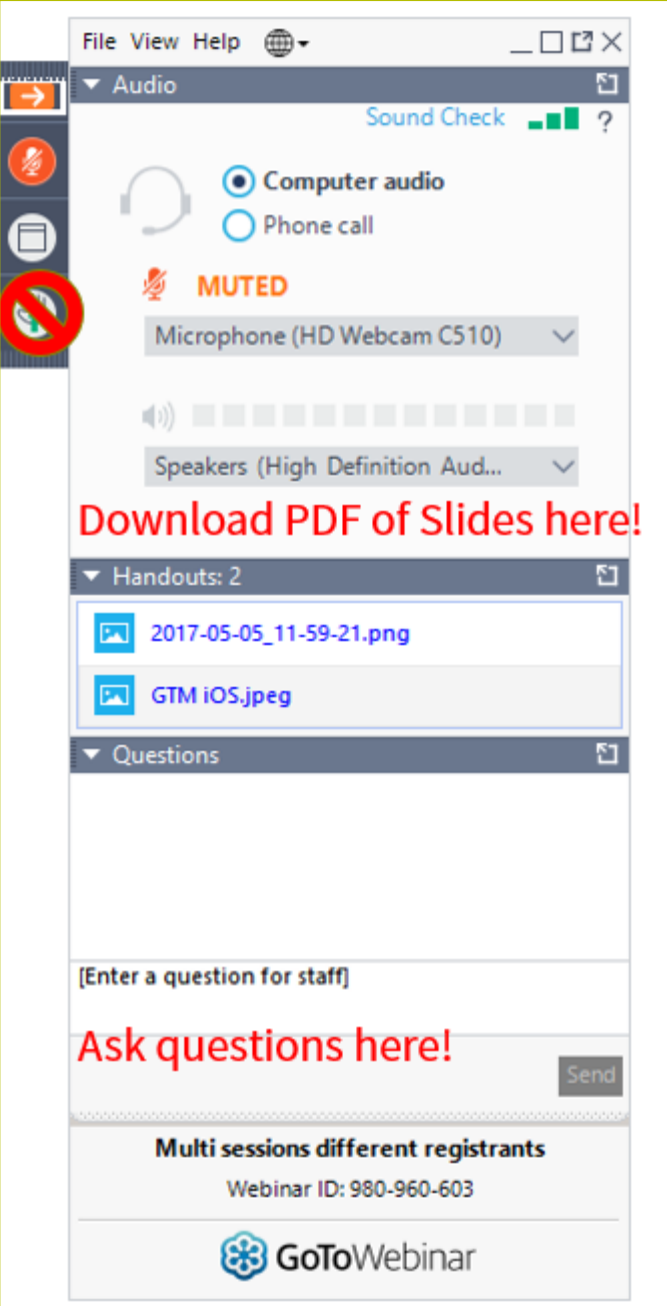


Captions OFF



# Housekeeping

- Use the “Audio” section of your control panel to select an audio source and connect to sound.
  - Turn on your computer’s speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute.
- Submit questions at any time using the “Questions” box.



The screenshot shows a GoToWebinar control panel window. The title bar includes 'File View Help' and window control icons. The 'Audio' section is expanded, showing 'Sound Check' with a green indicator and a help icon. Below this, there are radio buttons for 'Computer audio' (selected) and 'Phone call'. A red microphone icon with a slash through it and the word 'MUTED' in orange are prominently displayed. Below the mute indicator, there are dropdown menus for 'Microphone (HD Webcam C510)' and 'Speakers (High Definition Aud...'. A volume slider is visible between the microphone and speaker dropdowns. The 'Handouts: 2' section is expanded, showing two files: '2017-05-05\_11-59-21.png' and 'GTM iOS.jpeg'. The 'Questions' section is expanded, showing a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. A red text overlay 'Ask questions here!' is positioned above the 'Send' button. At the bottom of the panel, it says 'Multi sessions different registrants' and 'Webinar ID: 980-960-603'. The GoToWebinar logo is at the very bottom.

Download PDF of Slides here!

Ask questions here!

# Meet Our Team



**Blythe Albert**

Advisor of Program Management |  
RHC Outreach



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Manager of Communications |  
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# Agenda

- Invoicing Overview & Program Updates
- Invoicing Process CCPP Program
  - Filing the FCC Form 463 – RHC Account Holders
  - Filing the FCC Form 463 – Service Providers
- Disbursement Process
- Required Reports
- Important Deadlines and Resources

# By the end of the webinar, you will be able to...

- Understand the Connected Care Pilot Program (CCPP) invoicing process and deadlines
- Identify which steps are needed for your CCPP FCC Form 463 invoice to be submitted to USAC for review
- Identify resources to help you submit your CCPP FCC Form 463 invoice
- For service providers, understand how to approve the FCC Form 463
- Understand the disbursement process
- Understand reporting requirements

# Glossary

<b>Acronym</b>	<b>Definition</b>
FCC	Federal Communications Commission
CCPP	Connected Care Pilot Program
FY	Funding Year
HCP	Health Care Provider (your site)
HCP Number	Number associated with your site
PAH	Primary Account Holder
FRN	Funding Request Number
FCL	Funding Commitment Letter
BAN	Billing Account Number
SPIN/498 ID	Service Provider Identification Number
FCCRN	FCC Registration Number (Referred to as FRN on FCC website)

# **Invoicing Overview & Program Updates**

Connected Care Pilot Program Best Practices

# FCC Order DA 24-1110 – Project Deadline Extension

- On October 28, 2024, the FCC released order [DA 24-1110](#) established a uniform completion deadline of December 31, 2025, for all projects.
- This waiver permitted projects to continue using their pre-approved program budgets through the end of 2025 at the latest.
- All projects were able to continue to submit forms and receive funding for services rendered through December 31, 2025, rather than being bound by the original project end date.
- Projects remain subject to all other CCPP rules including competitive bidding rules, funding request and commitment procedures, data reporting requirements, and document retention requirements.

# Reminder: Invoice Filing Deadlines

- The invoice filing deadline is four months (120 days) from the service delivery deadline for the Connected Care Pilot program.
  - Service delivery deadlines and invoice filing deadlines can be found on your Funding Commitment Letter (FCL).
  - For more information, please see the [Step 5: Invoice USAC](#) page in the CCPP section of the USAC website.
- All invoices must be submitted by June 29, 2026.

<b>Funding Commitment Letter (FCL) Date:</b>	08-Dec-2021
<b>Funding Request Number (FRN):</b>	[REDACTED]
<b>Program:</b>	Connected Care Pilot Program
<b>Funding Year (FY):</b>	2021
<b>Service Delivery Deadline:</b>	30-Jun-2024
<b>Invoice Filing Deadline:</b>	28-Oct-2024
<b>Health Care Provider (HCP) Name:</b>	[REDACTED]
<b>HCP Number:</b>	[REDACTED]
<b>HCP Contact Name:</b>	[REDACTED]
<b>HCP Contact Email:</b>	[REDACTED]
<b>HCP Contact Phone:</b>	[REDACTED]
<b>Competitive Bidding Exemption:</b>	[REDACTED]

# Information Request Reminders

- Forms with missing or incomplete information or documentation cannot be processed.
- If USAC requires information that cannot be located on the submitted supporting documentation, this will result in an **Information Request**.
- All account holders will receive all Information Requests.
- Account holders are given 14 calendar days to provide a response to the Information Request.
  - 11:59 p.m. ET on the 14<sup>th</sup> day would be the last time to respond to the Information Request.
- Information Requests not responded to within 14 calendar days **will result in a denial** of that form.

# Supply Chain Order

- As a reminder, when service providers login to [My Portal](#) they will see two [supply chain certifications](#) included in the FCC Form 463.
- The first certification affirms compliance with the [Section 54.9 prohibition](#) on USF for 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](#).
- If you requested services or equipment provided or that contain components of products produced by any of the listed covered companies or any of their parents, affiliates and subsidiaries, you cannot invoice for these funds. Instead, you should immediately request a [service substitution](#).
- Please ensure you are not requesting funding for services or equipment from listed covered companies or any of their parents, affiliates and subsidiaries.
- For more information, visit the [Supply Chain webpage](#).

**Questions?**

# **Submitting the FCC Form 463 – CCPP Account Holders**

Connected Care Pilot Program Best Practices

# Select HCP and FRN to Invoice

- Log in to My Portal:
  - Select the **Form 462** tab.
  - Select the blue **Create 463** button to begin invoicing.

RURAL HEALTH CARE Return to My HCPs

Form 460 Form 461 **Form 462** Form 463 Documents

HCF Program Applicants: BE ADVISED, all required FCC forms (461, 462 and 463) for FY2022 and later other than the FCC Form 460 must be submitted in RHC Connect. Any FY2021 and earlier forms must be submitted in My Portal.  
 Connected Care Pilot Program Applicants: Please continue to submit FCC Forms in My Portal.

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

**Substitution**

461 App #	FRN	Split Original FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Service Delivery Deadline	Invoice Deadline	Status	Download	Actions Available
					Multiple	Multiple	9/07/2023	06/30/2023	05/04/2024	Approved		<b>Create 463</b>
					Multiple	Multiple	6/02/2022	06/30/2025	10/28/2025	Approved		<b>Create 463</b> <b>Extend inv. deadl</b>
							10/06/2022	06/30/2025	10/28/2025	Approved		<b>Create 463</b> <b>Extend inv. deadl</b>
												<b>Create 463</b>
												<b>Delete</b>
												<b>Create 463</b>
												<b>Create 463</b>

# General Information Section

- General Information includes:
  - Pre-populated information from approved FCC Form 462
  - Assigned RHC Invoice Number

The screenshot displays the 'General Information' section of a web-based form. At the top, there is a navigation bar with five radio buttons: 'GENERAL INFORMATION' (selected), 'FRN SEARCH', 'INVOICE LINE ITEMS', 'SUPPORTING DOCUMENTATION', and 'CERTIFICATIONS'. Below this, the section title 'General Information' is followed by a 'Form Guide' link. A paragraph of instructions reads: 'Read the complete [Form Guide](#) before you begin. Click the [?](#) button on each screen for guidance about completing each section of the form. Failure to comply with the Federal Communications Commission (FCC) rules and orders may result in denial of the request. Information about the Paperwork Reduction Act (PRA) is available [here](#).' The form contains eight input fields, each with a label and a text box: 'Line 1: RHC Invoice Number', 'Line 2: FRN', 'Line 3: HCP Number', 'Line 4: Site/Consortium Name', 'Line 5: Funding Year' (with '2022' entered), 'Line 6: Vendor/Applicant Invoice Number', 'Line 7: SPIN/498 ID', and 'Line 8: Vendor Name'. At the bottom, there are three buttons: 'Save and Exit', 'Save and Continue', and 'Exit'. In the bottom right corner, the text 'Approved by OMB 3060-0804' is visible.

# FRN Search

- **FRN Search Tab:**
  - Line item(s) detail.
  - Select which line item(s) to be included on submitted FCC Form 463 invoice.

RURAL HEALTH CARE Return to My HCP

GENERAL INFORMATION 
  FRN SEARCH 
  INVOICE LINE ITEMS 
  SUPPORTING DOCUMENTATION 
  CERTIFICATIONS

FRN Search Form Guide

First Previous Page: 1 of 1 Next Last

↓

	FRN ID	Billing Account Number	HCP Number	Site Name	LOA Expiry	Category of Expense	Expense Type	Bandwidth (Download/Upload)
<a href="#">Add</a>	1					Connected Care Infor...	Telehealth solutions/...	NA /NA
<a href="#">Add</a>	2					Connected Care Infor...	Telehealth solutions/...	NA /NA
<a href="#">Add</a>	3					Connected Care Infor...	Telehealth solutions/...	NA /NA
<a href="#">Add</a>	4					Connected Care Infor...	Telehealth solutions/...	NA /NA
<a href="#">Add</a>	5					Connected Care Infor...	Telehealth solutions/...	NA /NA

Save and Exit Save and Go Back Save and Continue Exit

# Invoice Line Items

- Information Includes:
  - Line items (FRN IDs) to be invoiced
  - Billing Account Number - to be saved after first approved submission for FRN
  - Service start date (first submission)
  - Billing start and end dates
  - Total cost for billing period selected

GENERAL INFORMATION FRN SEARCH **INVOICE LINE ITEMS** SUPPORTING DOCUMENTATION CERTIFICATIONS

Invoice Line Items [Form Guide](#)

First Previous Page: 1 of 1 1 Next Last

Row #	A. FRN ID	B. Billing Account Number	C. HCP Number	D. Site Name	E. Category of Expense	F. Expense Type	G. Bandwidth
1	<a href="#">Remove</a> 1				Connected Car...	Telehealth solu...	NA/NA
2	<a href="#">Remove</a> 3				Connected Car...	Telehealth solu...	NA/NA
3	<a href="#">Remove</a> 2				Connected Car...	Telehealth solu...	NA/NA
4	<a href="#">Remove</a> 4				Connected Car...	Telehealth solu...	NA/NA
5	<a href="#">Remove</a> 5				Connected Car...	Telehealth solu...	NA/NA

[Save and Exit](#) [Save and Go Back](#) [Save and Continue](#) [Exit](#)

# Invoice Line Items (continued)

- Information includes:
  - Service start date (saved after first submission)
  - Billing start and end dates
  - Total cost for billing period selected

GENERAL INFORMATION
  FRN SEARCH
  INVOICE LINE ITEMS
  SUPPORTING DOCUMENTATION
  CERTIFICATIONS

Invoice Line Items ? Form Guide

Page: 1 of 1

I. Category of Expense	F. Expense Type	G. Bandwidth	H. Service Start Date/Shipping Date or Last Day of Work	I. Billing Period Start Date	J. Billing Period End Date	Eligible Amount for Chosen Period	K. Quantity of Items Invoiced
nnected Car...	Telehealth solu...	NA /NA	09/28/2023	09/28/2023		\$700.00	1
nnected Car...	Telehealth solu...	NA /NA				\$0.00	8
nnected Car...	Telehealth solu...	NA /NA				\$0.00	2
nnected Car...	Telehealth solu...	NA /NA				\$0.00	5
nnected Car...	Telehealth solu...	NA /NA				\$0.00	4

# Invoice Line Items (continued)

- Information for total cost for billing period selected:
  - Column L: Total Cost Invoiced (Undiscounted)
    - Based on billing start and end dates
  - Column P: USF Support Amount to be Paid
    - Based on 85% discount, amount disbursed

GENERAL INFORMATION
  FRN SEARCH
  INVOICE LINE ITEMS
  SUPPORTING DOCUMENTATION
  CERTIFICATIONS

Invoice Line Items ? Form Guide

Page: 1 of 1

Billing Period End Date	Eligible Amount for Chosen Period	K. Quantity of Items Invoiced	L. Total Cost Invoiced (Undiscounted)	M. Percent of Expense Eligible	N. Percent of Usage Eligible	O. Total Eligible Actual Cost (Undiscounted)	P. USF Support Amount to be Paid
	\$700.00	1	\$700.00	100.00	100.00	\$700.00	\$595.00
	\$0.00	8		100.00	100.00	\$0.00	\$0.00
	\$0.00	2		100.00	100.00	\$0.00	\$0.00
	\$0.00	5		50.00	100.00	\$0.00	\$0.00
	\$0.00	4		33.33	100.00	\$0.00	\$0.00

# Supporting Documentation

GENERAL INFORMATION  FRN SEARCH  INVOICE LINE ITEMS  SUPPORTING DOCUMENTATION  CERTIFICATIONS

**Supporting Documentation** [Form Guide](#)

Line 10: Applicants and/or vendors may, if they so choose, attach supporting documentation, including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this Form 463. By providing copies of the bills and/or supporting documentation, the applicant and vendor will ensure that USAC has such documentation available for any future audit. See 47 C.F.R. Sec 54.648

Description	Upload	Actions
		<input type="button" value="Save and Exit"/> <input type="button" value="Save and Go Back"/> <input type="button" value="Save and Continue"/> <input type="button" value="Exit"/>

# Certify, Preview, Sign

● GENERAL INFORMATION ● FRN SEARCH ● INVOICE LINE ITEMS ● SUPPORTING DOCUMENTATION ● CERTIFICATIONS

## Certifications

[Form Guide](#)

### Applicant Certifications

- Line 22: I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.
- Line 23: I certify under penalty of perjury that I have examined this form and attachments and, to the best of my knowledge, information, and belief, all information contained therein is true and correct.
- Line 24: I certify under penalty of perjury that the applicant or consortium members have received the related services, network equipment, and/or facilities itemized on the invoice form.
- I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from eligible sources, and all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
- I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws.
- I certify and acknowledge, under penalty of perjury, that all documentation associated with this application must be retained for a period of at least five years after the conclusion of the participating pilot project to demonstrate compliance with the Connected Care Pilot Program rules, requirements and procedures, subject to audit.
- I certify, under penalty of perjury, to the best of my knowledge, that the applicant or consortium is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program.
- I certify and acknowledge, under penalty of perjury, that all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.

[Save and Exit](#) [Save and Go Back](#) [Preview FCC Form 463](#) [Exit](#)

# Preview Form

**Preview Form** [Form Guide](#)

RHC Note: Review all the information entered on this FCC Form 463. If changes need to be made, select the "Save and Go Back" button to go back and edit your Form 463. If no changes need to be made and you are ready to submit the Form 463 for the Service Provider's review, click on the radio button, "I have reviewed the Form 463 and have no changes" at the bottom of the invoice, and then select the "Save and Continue" button, which will take you to the page where you will sign and submit this form to the Service Provider.

[Download FCC Form 463 \(Excel\)](#)

I have reviewed the Form 463 (Excel) and have no changes.

I have not reviewed the Form 463 (Excel) or I have reviewed the invoice and have changes.

[Save and Go Back](#) [Save And Continue](#)

# Submit

- The signature is your My Portal password.
- Remember: Invoicing is a joint process between the HCP and the service provider!

The screenshot shows a web form titled "Signature" with a "Form Guide" link. The form includes fields for "Line 31: Email", "Line 28: Printed Name of Authorized" (with sub-fields for First Name, Middle Initial, and Last Name), "Line 29: Title/Position of Authorized", "Line 30: Signature", "Line 32: Employer's", and "Line 33: Employer's". A modal dialog box titled "Sign Form" is overlaid on the form. The modal contains the following text:

- In order to electronically sign and submit the form, you must enter your password in the "Signature" field below, then click the "Certify" button to complete the process and submit the FCC Form to RHC.
- You are reminded that your electronic signature is the same as your hand written signature on this form. By typing your password in the Signature block below and clicking the "Certify" button, you have electronically signed the form.

Below the text is a "Signature:" label and a text input field. At the bottom of the modal are two buttons: "Certify" (highlighted with a red box) and "Cancel".

# How do I invoice for one-time installation costs?

- Click **ADD** on the line item on the **FRN Search** tab
- Then increase the **Total Cost Invoiced (Undiscounted)** or column L on the **Invoice Line Items** tab of the FCC Form 463 by the full **Undiscounted Non-Recurring Expense** amount (found on the FCL)

Invoice Line Items ? Form Guide

First Previous Page: 1 of 1 Next Last

th	H. Service Start Date/Shipping Date or Last Day of Work	I. Billing Period Start Date	J. Billing Period End Date	Eligible Amount for Chosen Period	K. Quantity of Items Invoiced	L. Total Cost Invoiced (Undiscounted)	M. Percent of Expense Eligible	N. Perc Usage E
	09/28/2022	09/28/2022	10/29/2022	\$200.00	1	\$700.00	100.00	100.00

# One-Time Cost Example

- Invoicing for one month (November 1 – 30).
  - One-time cost = \$500
  - Monthly recurring cost = \$200
- Enter \$700 (sum of \$500 and \$200) into Column L to get funding for the entire installation cost and one month of recurring cost.
- Multiple months can also be billed with the installation cost added.

**Invoice Line Items** ? Form Guide

First Previous Page: 1 of 1 Next Last  
1

th	H. Service Start Date/Shipping Date or Last Day of Work	I. Billing Period Start Date	J. Billing Period End Date	Eligible Amount for Chosen Period	K. Quantity of Items Invoiced	L. Total Cost Invoiced (Undiscounted)	M. Percent of Expense Eligible	N. Perc Usage E
	09/28/2022	09/28/2022	10/29/2022	\$200.00	1	\$700.00	100.00	100.00

# Best Practices for Creating the FCC Form 463

- Consolidate invoices
- Use calendar drop down for billing start and end dates
- Identify eligible amount for chosen period
- Common issues
  - N/A Line Items
  - Greyed out “Create 463” button
  - \$0.00 in the USF Support Amount to be Paid column
  - Error Messages

# Commonly Asked Questions

- The total amount of funds invoiced is less than what is listed on the FCL. I divided the total amount by 12 months, which is one year of funding. How do I invoice for the full amount?
  - USAC calculates the monthly recurring rate based on full months as they vary in the numbers of days, as opposed to the 365/366 days in a year.
  - For example, January has 31 days and April has 30 days.
  - As long as you invoice for all committed funding dates consecutively, then you will receive the full committed funding amount as listed on your FCL.

# USAC Monthly Recurring Cost Calculation Example

- Entered billing dates of (September 24, 2022 - October 23, 2022)
  - Individual day calculations are different for September and October.
- Line item 1 = \$100.00 monthly
- September (30 days):  $100 / 30 = \mathbf{\$3.33 \text{ per day}}$ 
  - $\$3.33 \times 7 \text{ days (September 24 - 30)} = \$23.31$
- October (31 days):  $100 / 31 = \mathbf{\$3.23 \text{ per day}}$ 
  - $\$3.23 \times 23 \text{ days (October 1 - 23)} = \$74.29$
- Total amount for billing period = **\$97.60** not \$100.00

# Commonly Asked Questions (continued)

- Why is the service start date in Column H greyed out?
  - When you submit the first FCC Form 463 for an FRN, My Portal prompts you to enter a date into Column H.
  - Once USAC approves an FCC Form 463 with a service start date in Column H, neither USAC nor the account holder can modify that date at a later time.

GENERAL INFORMATION FRN SEARCH INVOICE LINE ITEMS SUPPORTING DOCUMENTATION CERTIFICATIONS

Invoice Line Items [Form Guide](#)

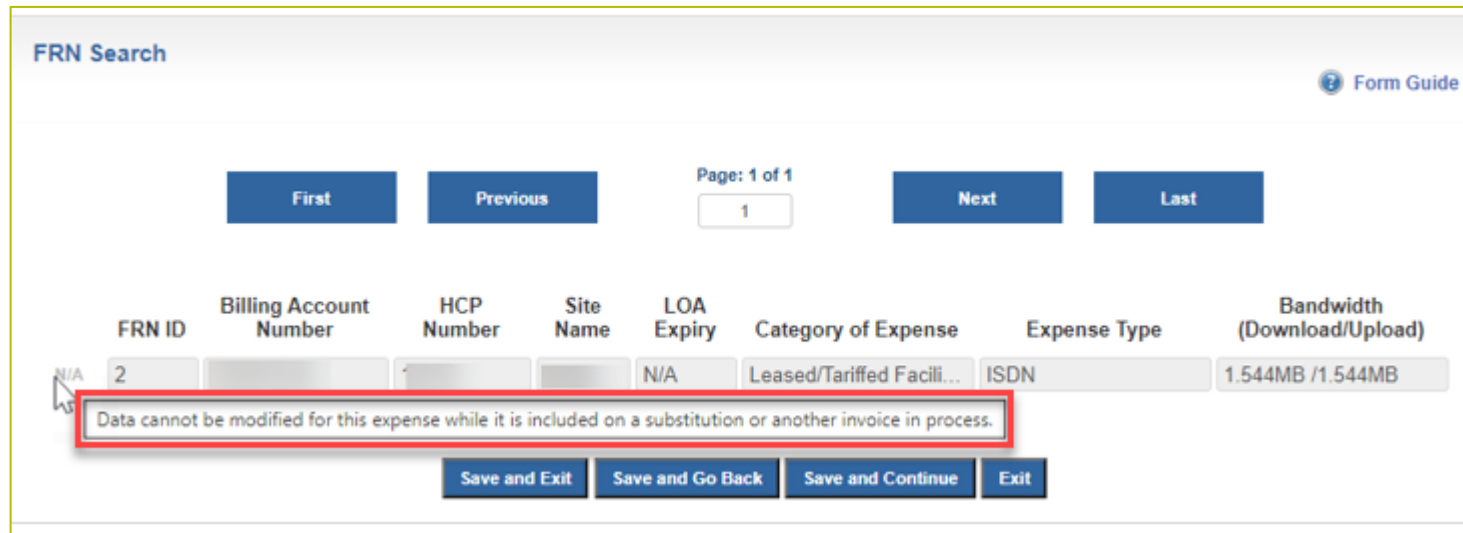
Page: 1 of 1

Number	D. Site Name	E. Category of Expense	F. Expense Type	G. Bandwidth	H. Service Start Date/Shipping Date or Last Day of Work	I. Billing Period Start Date	J. Billing Period End Date	Eligibility
		Leased/Tariffed...	Internet	100.0MB /100....	07/01/20	07/01/202		\$0.00

Save and Exit Save and Go Back Save and Continue Exit

# Commonly Asked Questions (continued)

- Why is N/A showing next to some of my line items?
  - This may occur for several reasons. If you hover over the “N/A”, My Portal displays a message letting you know why that particular line item is unavailable for invoicing.
  - Contact the RHC Customer Service Center with your FRN and Invoice numbers if you need additional clarification.



The screenshot shows the 'FRN Search' interface. At the top right, there is a 'Form Guide' link. Below it are navigation buttons: 'First', 'Previous', 'Page: 1 of 1' (with a dropdown showing '1'), 'Next', and 'Last'. A table with the following columns is displayed: 'FRN ID', 'Billing Account Number', 'HCP Number', 'Site Name', 'LOA Expiry', 'Category of Expense', 'Expense Type', and 'Bandwidth (Download/Upload)'. The first row contains the values: 'N/A', '2', a greyed-out field, a greyed-out field, 'N/A', 'Leased/Tariffed Facili...', 'ISDN', and '1.544MB /1.544MB'. A tooltip message is displayed over the 'N/A' value, stating: 'Data cannot be modified for this expense while it is included on a substitution or another invoice in process.' At the bottom of the interface are four buttons: 'Save and Exit', 'Save and Go Back', 'Save and Continue', and 'Exit'.

FRN ID	Billing Account Number	HCP Number	Site Name	LOA Expiry	Category of Expense	Expense Type	Bandwidth (Download/Upload)
N/A	2			N/A	Leased/Tariffed Facili...	ISDN	1.544MB /1.544MB

## Commonly Asked Questions (continued)

- Why is USAC requesting supporting documentation for my FCC Form 463?
  - USAC must ensure that an invoice accurately reflects the services an HCP is receiving and the support due to the service provider.
  - RHC is requesting supporting documentation to verify the services that were submitted on the FCC Form 463 and confirm eligibility for payment for the requested billing period.
  - This validation ensures that HCPs receive accurate funding for approved services and eliminates the risk of fraud, waste, and abuse of program funds.

# Supporting Documentation – Best Practices

When responding to Information Requests, please submit the following documentation:

- **Copies of billing documentation** for the referenced billing period with the following information highlighted:
  - HCP Name
  - Circuit Location(s)
  - Billing Account Number (BAN)
  - Bandwidth
  - Circuit ID
  - Service Type
  - Monthly Recurring Charges (MRC)

## Supporting Documentation – Best Practices (continued)

- **Proof of payment** for the requested billing period, e.g., check, bank statement, or a printout from the accounts payable system. Proof of payment must show 15% of the MRC has been paid.
  - In the absence of payment or if no payment was made as a result of **credits** on an account, please provide an explanation of what action resulted from the credits.
- If these details can't be identified on an invoice or proof of payment document, please provide the contract or service agreement.
- Supporting documents must be submitted by the deadline on the Information Request.
- Requests for deadline extensions must be submitted **prior to the original deadline**.

# Supporting Documentation - Examples

- Marked up invoice that clearly reflects HCP, Billing Account Number (BAN) Circuit Location(s), Bandwidth, Service Type, and Monthly Recurring Charge (MRC)

**Spectrum BUSINESS**

June 17,  
 Invoice Number: [REDACTED]  
 Account Number: [REDACTED] **BAN**  
 Security Code: [REDACTED]  
 Service At: [REDACTED] **Circuit location**

**SPECTRUM BUSINESS NEWS**

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 Or, call us at 1-877-283-8091

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Page 2 of 4      June 17, :      **HCP name**

Invoice Number: [REDACTED] **PHYSICIANS**

Account Number: [REDACTED] **BAN**

Security Code: [REDACTED]

---

**Charge Details**

Previous Balance		69.91
Payment Received	06/02	-69.91
<b>Remaining Balance</b>		<b>\$0.00</b>

Payments received after 06/17/21 will appear on your next bill.

**Referenced billing period**

Services from 06/16/21 through 07/15/21

**Spectrum Business™ Internet**

Broadband Internet Promo		-30.04
Static IP Address	<b>Bandwidth</b>	14.99
High Speed Internet Discount		-20.00
Broadband High Speed Data	<b>12M x 1.5M</b>	189.99
		<b>\$154.94</b>

**Service type**

Spectrum **Business™ Internet** Total      **MRC** **\$154.94**

# Supporting Documentation – Examples (continued)

- Proof of payment using an accounts payable statement.

**Accounts Payable Statement**

Company	[REDACTED]	Payment Terms	Net 1	Ship-To Address	(empty)
Supplier	[REDACTED]	Discount Date	(empty)	Settlement Runs	[REDACTED]
Currency	USD	Due Date		On Hold	No
Invoice Date		Default Payment Type	PayMode Direct Deposit	Supplier Document Received	No
Invoice Received Date		Default Tax Option	Enter Tax Due to Supplier	Supplier's Invoice Number	[REDACTED] <b>Proof of payment matches invoice number</b>
Total Invoice Amount	154.94			External PO Number	(empty)
Amount Due	0.00			Referenced Invoices	(empty)
				Statutory Invoice Type	[REDACTED] United States of America

Invoice Lines    **Activity**    Process History

Turn on the new tables view

Payments 1 item

Supplier Payment	Payment Date	Status	Reconciliation Status	Company	Transaction Reference	Payment Amount	Discount Taken
[REDACTED]	07/02/2021	Complete	Reconciled	[REDACTED]	[REDACTED]	154.94	0.00

# Supporting Documentation – Examples (continued)

- Proof of payment by check.

**VOID**

General Operating Account  
 HCP  
 PROPERTY BANK  
 BAY CITY, TEXAS

CHECK NO. [REDACTED]  
 VENDOR NO. [REDACTED]

CHECK DATE [REDACTED]

AMOUNT  
 \*\*\*\*\*7626.15

SEVEN THOUSAND SIX HUNDRED TWENTY-SIX 16/100

Pay TO THE ORDER OF AT&T [REDACTED]

NEAT SENSITIVE  
 USE AREA TO VERIFY

**Proof of payment matches invoice number**

CHECK DATE 06/25/21  
 CHECK NO. [REDACTED]

INVOICE NO.	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
[REDACTED]	[REDACTED]	BAN	4498.80	0.00	4498.80
			3127.35	0.00	3127.35
					<b>Amount paid</b>

# Supporting Documentation

- If supporting documentation is found to be insufficient or does not confirm approved services, a reviewer will send an Information Request.
- If a discrepancy is discovered, the invoice may be returned for corrections or denied.
  - Discrepancies can occur when the service approved on the FCC Form 462 is not the same service as what is in use and being billed by the service provider.
    - Example: The bandwidth for an expense increased from 25 Mbps to 50 Mbps, **even if there is no change to the monthly recurring charge.**
- Any pending issues about services must be resolved prior to submitting an invoice to USAC.
  - If an HCP is in dispute with its service provider, an invoice **should not** be submitted to USAC until the dispute has been resolved.

**Questions?**

# **Submitting the FCC Form 463 – Service Providers**

Connected Care Pilot Program Best Practices

# Service Provider Review

- An email notification will be sent stating that there's an invoice available for review, log in to My Portal.
  - Begin by selecting the SPIN.
- Carefully review form for accuracy.
  - Confirm billing period and invoiced amount.
  - If inaccurate, return invoice to HCP.
- Certifying and signing the FCC Form 463
  - FCCRN can be found in Block 3 of the FCC Form 498 or <https://apps.fcc.gov/coresWeb/simpleSearch.do>.
  - Signature is your My Portal password.

# Service Provider Review (continued)

- RHC Certification – Check the FCC Form 498
  - SPIN/498ID must be authorized for the RHC program.
  - Blocks 10, 11, and 18 must be selected to have access to the FCC Form 463.
  - Confirm your account has been assigned a Service Provider Invoicing entitlement .
    - If not, you will not be able to view the invoice.
  - Submit an [FCC Form 498 revision](#) or contact the Contributor team for help: [customersupport@usac.org](mailto:customersupport@usac.org) or (800) 453-7546 ext. 2 and ext. 1.

# Service Provider Review (continued)

- Log in to My Portal:
  - Select the SPIN/498 ID you would like to work under.
  - Select the blue **RHC Invoice Number** of the FCC Form 463 you would like to review .

**Service Provider Review** USAC Review HCP Review My \$ My SPINs/498 IDs








Note: All Forms in this section have been submitted by the HCP for Service Provider Review.

Invoices in Service Provider Review: 175

RHC Invoice Number	FRN	Fund Year	Vendor/Applicant Invoice Number	HCP Name	Invoice Deadline	Last Updated	Download
10							
10							
10							
10							
10							
10							
10							

# My \$ Tab

- **My \$** shows the financial lifecycle for all FRNs associated with a SPIN/498 ID from funding commitment through invoice disbursement.

Service Provider Review	USAC Review	HCP Review	My \$	My SPINs/498 IDs			
<p>My \$ shows the financial lifecycle for all FRNs associated with a SPIN/498 ID from funding commitment through to invoice disbursement.</p> <p>Use the column headings to sort or filter information by FRN, HCP Number, HCP Name, service delivery deadline, or invoice deadline. The Funding Commitment Letter (FCL) or Network Cost Worksheet are available in the "Download" column.</p> <ul style="list-style-type: none"> <li>• Committed \$: Funds approved for estimated support based on an approved FCC Form 462, and issued through a Funding Commitment Letter.</li> <li>• Approved Invoiced \$: Funds approved for payment by USAC based on an approved FCC Form 463.</li> </ul>							
FRN	HCP Number	HCP Name	Committed \$	Approved Invoiced \$	Service Delivery Deadline	Invoice Deadline	Download
			\$10,000,000	\$16,000,000			
			\$7,000,000	\$7,900,000			
			\$24,000,000	\$24,000,000			
			\$7,000,000	\$7,600,000			
			\$10,000,000	\$10,000,000			
			\$11,000,000	\$11,000,000			
			\$12,000,000	\$12,000,000			

# General Information

- General Information:
  - Fields are prepopulated .
  - Select **Save and Continue** if correct.

The screenshot shows a web form titled "General Information" with a navigation bar at the top containing five tabs: "GENERAL INFORMATION", "FRN SEARCH", "INVOICE LINE ITEMS", "SUPPORTING DOCUMENTATION", and "CERTIFICATIONS". The "GENERAL INFORMATION" tab is selected and highlighted with a red box. Below the navigation bar, the form content includes a "Form Guide" link, a paragraph of instructions, and a link for the Paperwork Reduction Act. The form fields are as follows:

Field Label	Value
Line 1: RHC Invoice Number	100
Line 2: FRN	200
Line 3: HCP Number	
Line 4: Site/Consortium Name	
Line 5: Funding Year	2022
Line 6: Vendor/Applicant Invoice Number	
Line 7: SPIN/498 ID	14
Line 8: Vendor Name	

At the bottom of the form, there are three buttons: "Save and Exit", "Save and Continue", and "Exit". The "Save and Continue" button is highlighted with a red box. In the bottom right corner, the text "Approved by OMB 3080-0804" is visible.

# Excel Review

- You **must** download the FCC Form 463 (Excel document).

The screenshot shows a web interface for reviewing the FCC Form 463. At the top, there are four tabs: GENERAL INFORMATION, EXCEL REVIEW (selected), SUPPORTING DOCUMENTATION, and CERTIFICATIONS. Below the tabs, the page title is "Excel Review" and there is a "Form Guide" link. A red box highlights a button labeled "Download FCC Form 463 (Excel)". Below this button are three radio button options:

- I have not reviewed the Form 463 (Excel).
- I have reviewed the Form 463 (Excel) and have no changes.
- I have reviewed the Form 463 (Excel). Send the Form to the HCP/Consortium for modifications.

At the bottom of the form, there are four buttons: "Save and Exit", "Save and Go Back", "Save and Continue", and "Exit".

# Supporting Documentation

GENERAL INFORMATION  EXCEL REVIEW  SUPPORTING DOCUMENTATION  CERTIFICATIONS

### Supporting Documentation [Form Guide](#)

Line 10: Applicants and/or vendors may, if they so choose, attach supporting documentation, including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this Form 463. By providing copies of the bills and/or supporting documentation, the applicant and vendor will ensure that USAC has such documentation available for any future audit. See 47 C.F.R. Sec 54.648

#### Applicant Documentation

Description	Upload
<input type="text" value="June-19"/>	<input type="button" value="Download"/>

#### Vendor Documentation

Description	Upload	Actions
		<input type="button" value="Save and Exit"/> <input type="button" value="Save and Go Back"/> <input type="button" value="Save and Continue"/> <input type="button" value="Exit"/>

# Certifications

## Block Six: Vendor Certifications and Signatures

- ✓ Line 11: I certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider.
- ✓ Line 12: I understand that the service provider must apply the amount submitted, approved, and paid by USAC to the billing account of the applicant(s) and FRN/FFRN ID listed on this invoice.
- ✓ Line 13: I certify under penalty of perjury that I have examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.
- ✓ I certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.
- ✓ I certify under penalty of perjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice form and accompanying documentation.
- ✓ I certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultant) for which it will provide services.
- ✓ I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.
- ✓ I certify under penalty of perjury, as a condition of receiving support, that I will provide to the health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.
- ✓ I certify and acknowledge, under penalty of perjury, that all documentation associated with this application must be retained for a period of at least five years after the conclusion of the participating pilot project to demonstrate compliance with the Connected Care Pilot Program rules, requirements and procedures, subject to audit.
- ✓ I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.
- ✓ I certify under penalty of perjury that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase,

# Submit

- Signature is your My Portal password.

**Signature** [Form Guide](#)

Line 31: Email

Line 28: Printed Name of Authorized First Name: Middle Initial: Last Name:

Line 29: Title/Position of Authorized Person

Line 30: Title/Position of Authorized Person

Line 31: Email

Line 32: Email

Line 33: Employer's Name

**Sign Form**

- In order to electronically sign and submit the form, you must enter your password in the "Signature" field below, then click the "Certify" button to complete the process and submit the FCC Form to RHC.
- You are reminded that your electronic signature is the same as your hand written signature on this form. By typing your password in the Signature block below and clicking the "Certify" button, you have electronically signed the form.

Signature:

**Certify** **Cancel**

Clicking the "Certify" button certifies the form, requires that there are no validation issues with this form.

# What to Expect After Submitting to USAC

- An invoice is not considered submitted until it has been approved by the service provider and received by USAC.
- Review Time:
  - Review generally takes less than 10 days, barring any Information Requests.
- If an Information Request is sent, it will come from [rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org).
  - Approval will be held until response is received and reviewed.
- Email notification of invoice approval will be sent from [rhcadmin@usac.org](mailto:rhcadmin@usac.org) to account holders after USAC review and approval.

**Questions?**

# **Disbursement Process**

## Connected Care Pilot Program Best Practices

# Disbursement Process

- All account holders and service providers will receive email notification from [rhcadmin@usac.org](mailto:rhcadmin@usac.org) once the FCC Form 463 is approved.
- Funds for CCPP are disbursed to the service provider on the sixth of each month, barring weekends and holidays.
  - For clerical errors, please notify USAC **before** the disbursement date.
- Record-keeping
  - HCPs and service providers are required to maintain records of billing and invoices for at least five years.

# Red Light Status and Voluntary Netting

- Red Light status
  - Contact Customer Support: (888) 641-8722.
- Voluntary Netting

**Block 17: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Rural Healthcare Participants**

*See Instruction Section III.O*

The following information pertains only to telecommunications companies participating in the Rural Health Care Program. In accordance with FCC rule section 54.679 regarding Rural Health Care payments, a telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Rural Health Care Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

94  Yes, I want my Rural Health Care Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

# Required Reports

Connected Care Pilot Program Best Practices

# Reporting

- All projects are required to submit anonymized, aggregated data to the FCC regarding their project.
  - Each project must submit three reports: one at the end of the project's first year of funding, a report after the second year of funding, and a final report six months after the end of the pilot project.
- Specific goals for the Pilot Program:
  - Improve health outcomes through connected care;
  - Reduce health care costs for patients, facilities, and the health care system; and
  - Support the trend towards connected care everywhere.
- Failure to provide the required data may result in either the elimination of the participant from CCPP, loss or reduction of support, or recovery of prior distributed funds.
- Projects will enter this information in My Portal.

# Reporting (continued)

- Log into My Portal and click **Connected Care Pilot Program Annual Reports and Final Report**.

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## Dashboard

**Information** In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecommunications (Telecom) Program and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit [this link](#).

### Upcoming Dates

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### Rural Health Care

**RHC My Portal** - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.

**Connected Care Pilot Program Annual Reports and Final Report** - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

# Reporting (continued)

- Click **Start New Report**.

Welcome to the Connected Care Pilot Program (CCPP) Dashboard. The window for CCPP applications closed on 12/07/2020. If you were selected to participate in CCPP, you are required to complete two annual reports and a final report per CCPP program rules. To start a report, please click on the "Start New Report" button in the navigation bar above.

Search Reports SEARCH

Report Number	HCP Name	HCP Number	Report Year	Last Updated On	Report Status	Actions
No items available						

# Reporting (continued)

- Click hyperlink titled **Connected Care Information Collection Reporting Instructions** to download the instructions.
- Select the HCP from the drop-down menu and select the year the report is for.
- Please refer to the [CCPP Annual Reports and Final Reports user guide](#).

The screenshot shows a web interface for starting a report. At the top, there is a navigation bar with 'DASHBOARD' and 'START NEW REPORT'. Below this is a progress bar with five steps: 'START', 'General Project Summary', 'Provider Focused Questions', 'Patient Experience Questions', and 'Certification'. The 'START' step is currently active and highlighted with a red box. Below the progress bar, the 'Start' section contains a blue checkmark icon, a paragraph of text explaining the reporting requirements, and a link to 'Connected Care Information Collection Reporting Instructions' which is also highlighted with a red box. Below the link is a form with three fields: '\* Applicant' (a dropdown menu), 'Project Coordinator Name' (a text input field), and '\* Reporting period' (a dropdown menu set to 'Year 1'). A red box highlights the entire form area. At the bottom right of the form is a blue button labeled 'SAVE & CONTINUE'. At the very bottom of the page, there is a small line of text: 'If you have questions please contact our RHC Customer Service Center at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. - 8:00 p.m. ET Monday through Friday for assistance.'

# Document Retention, Audits, and Protection

- Documents must be retained for at least five years after the conclusion of their project.
  - Supporting documentation must be available upon request from FCC and/or USAC.
- Projects will be subject to random compliance audits.
- FCC will aggressively pursue instances of waste, fraud, or abuse under their own procedures and in cooperation with law enforcement agencies.
- Duplicative funding is strictly prohibited:
  - Includes RHC programs and the COVID-19 Telehealth Program.
  - Participants shall notify USAC immediately upon discovery of duplicate funding under COVID-19 Telehealth Program or RHC program and USAC will compare funding to ensure participants do not receive duplicative funding.

# **Important Deadlines and Resources**

Invoicing Best Practices – Connected Care Pilot  
Program

# Important Dates and Deadlines

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<b>What</b>	<b>Date</b>
Deadline to submit final FCC Form 462	November 1, 2025
Project end date (all projects FCC Order <a href="#">DA 24-1110</a> )	December 31, 2025
<b>Final invoice filing deadline and project wrap up</b>	<b>June 29, 2026</b>
First Annual Report	Six months after first year ends
Second Annual Report	Six months after second year ends
<b>Third/Final Annual Report</b>	<b>June 29, 2026</b>

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# CCPP Resources

- [Connected Care Pilot Program](#) webpage
- [Step 5: Invoice USAC](#) webpage
- [Step 6: Required Reports](#) webpage
- [CCPP Annual and Final Reports – User Guide](#)
- [CCPP Learn](#) webpage

# RHC Program Customer Service Center



Email: [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org)

- Include in your email
  - HCP Number
  - FRN Number



- Phone: **(800) 453-1546**
  - Hours are 8 a.m. – 8 p.m. ET
  - Monday- Friday

# RHC Customer Service Center

<b>The RHC Customer Service Center CAN</b>	<b>The RHC Customer Service Center CANNOT</b>
Answer general questions regarding the RHC Programs and CCPP	Determine eligibility of a specific site or service before an official form submission
Provide account holder information for an HCP	Review a form or document for accuracy before an official submission
Provide clarity regarding FCC Orders	Contact a service provider or other account holder on someone else's behalf
Provide helpful resources and best practices for forms	Provide documents that are not already accessible in My Portal
Assist with My Portal	Transfer a call to a specific form reviewer

**Questions?**



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