

Healthcare Connect Fund (HCF) Program

FCC Form 463 Guide

How to submit the FCC Form 463 (Invoice and Request for Disbursement) as a health care provider (HCP).

Please note that invoicing is a joint process between you and your service provider and your invoice is not considered submitted to USAC until it is reviewed, certified, and submitted by your service provider.

General Information Tab

- **RHC Invoice Number** is a prepopulated field. The RHC Invoice Number is the unique identifier for each FCC Form 463. USAC will generate this number.
- **FRN** is prepopulated with the Funding Request Number (FRN) for which this FCC Form 463 is seeking payment. The FRN is a unique identifier assigned by USAC for each funding request submitted by an applicant.
- **HCP Number** is a prepopulated field. The HCP Number is the unique identifier assigned by USAC to the HCP seeking funding.
- **Site/Consortium Name** is prepopulated with the consortium or HCP name associated with the above HCP Number.
- **Funding Year** is prepopulated with the Funding Year(s) associated with the FRN above.
- **Vendor/Applicant Invoice Number** is an optional field. If you wish, you may enter a Vendor or Applicant Invoice Number to more easily track this FCC Form 463 within the billing system of the vendor or applicant.
- **SPIN/498 ID** is a prepopulated field. This number is the Service Provider Identification Number (SPIN) associated with the FRN entered above.
- **Vendor Name** is prepopulated with the Vendor Name associated with the above SPIN/498 ID.

FRN Search Tab

This section allows an applicant to select which line items from their funding request they want included in this FCC Form 463 invoice.

- Use the "**Add**" Button to select the line item(s) for which the applicant is seeking support. Once a line item is added, it will be removed from this page, and will appear on the "Invoice Line Items" page.
 - Note: An "N/A" will appear in place of the "Add" button if:
 - The line item is included on a site and service substitution request or another FCC Form 463 that is in draft status, in service provider review, or under USAC review.
 - The full funding amount for the line item has already been disbursed.

Invoice Line Items Tab

Note: In order to navigate this portion of the form, use the scroll bar on the bottom of the page.

- **FRN ID** is prepopulated and assigned by USAC. The Funding Request ID (FRN ID) is a separate and unique identifier associated with each line item for which the applicant is seeking support. The FRN ID for each line item is found in the Funding Commitment Letter (FCL).
 - Note: This is not to be confused with the FRN (Funding Request Number) found in the General Information section.
- **Billing Account Number (BAN)** is optional. If provided on the FCC Form 462, this field will be automatically prepopulated. If it was not provided on the FCC Form 462, the applicant should enter the BAN associated with the FRN ID upon the submission of the first invoice for that FRN ID. The applicant typically can find the BAN on the vendor's bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.
- **HCP Number** is a prepopulated field. This is the HCP number of the site associated with the selected line item.

- **Site Name** is prepopulated with the name of the site submitted on the FCC Form 460. This name must match the name on record for the HCP Number listed for this line item.
 - Note: The site name is tied to the information on the latest approved FCC Form 460 when the FCC Form 462 was created. If the name has since changed, it will not be reflected here.
- **Category of Expense** is prepopulated based on the information selected on the FCC Form 462.
- **Expense Type** is prepopulated based on the information selected on the FCC Form 462.
- **Bandwidth** is prepopulated based on the information selected on the FCC Form 462.
- **Service Start Date/Shipping Date** or **Last Day of Work** is a required field. The date will pre-populate for health care providers (HCPs) that already have an approved invoice for the FRN. If the information is not prepopulated, use the drop down calendar to enter the actual date the broadband service was started, the network equipment was shipped to the customer, or the last day of work was completed, as applicable.
 - Note: If the date is after the Funding Start Date, as found on the FCL, a pop-up will appear warning the applicant that if the FCC Form 463 is submitted with the date selected, they will not be able to change to an earlier date. This will result in a lower commitment amount. The applicant will not be able to invoice for dates before the date entered in this field, even on future invoices.
- **Billing Period Start Date** is a required field. Use the drop down calendar to enter the first date of the billing period for this invoice, if applicable. If the eligible expense is for a non-recurring expense, enter "N/A." The billing period start date is the first day for which funding is being requested on this FCC Form 463.
 - Note: An applicant may only select dates that are on an approved FCL. Payment cannot be requested for future service dates and should only be selected for services already rendered.
- **Billing Period End Date** is a required field. Use the drop down calendar to enter the last date of the billing period for this invoice, if applicable. If the eligible expense is for a non-recurring expense, enter "N/A." The billing period end date is the last date for which funding is being requested on this FCC Form 463.
 - Note: An applicant may only select dates that are on an approved FCL. Payment cannot be requested for future service dates and should only be selected for services already rendered.
- **Eligible Amount for Chosen Period** is a prepopulated field that is calculated from the billing period start and end date. This is the maximum amount able to be invoiced for the expense item, based on the monthly recurring amount from the FCL and the billing period dates entered.
- **Quantity of Items Invoiced** is a prepopulated field that pulls information directly from the FCC Form 462. If you attempt to change this field, it will revert back to the original pre-populated number.
 - Note: This number does not indicate the number of months being invoiced for, but instead the number of items billed on this invoice.
- **Total Cost Invoiced (Undiscounted)** is a required field. An applicant may enter the amount from "Eligible Amount for Chosen Period" if there are no changes to the commitment.
 - Note: The applicant may enter the actual cost of the service, more or less than the requested amount. If less than the requested amount, the form calculates accordingly. If more than the requested amount, the form caps this amount to the amount requested. If prices from the service provider were lessened during the billing period, the applicant is expected to calculate that and enter this amount into this editable field.
- **Percent of Expense Eligible** is prepopulated with the percentage of the line item expense that is eligible for support and associated with this FRN ID. This is derived from information provided on the FCC Form 462.
- **Percent of Usage Eligible** is prepopulated with the percent of the line item expense that is used by an eligible site and associated with this FRN ID. This is derived from information provided on the FCC Form 462. This field will be blank if invoicing for a single expense commitment that selected 100% usage on the FCC Form 462.
- **Total Eligible Actual Cost (Undiscounted)** is a pre populated field that is calculated from the Total Cost Invoiced (Undiscounted) field. This is the total amount of the line item expense that is eligible for universal service fund (USF) support.

- **Total Cap Pro-Rata** will show any pro-ration factor that is applied to the expense item due to overall demand for RHC exceeding available funds for that expense item's prioritization category. If there is no pro-ration applied, this column may display "N/A."
- **Upfront and Multi-Year Pro-rata** will show any pro-ration factor that is applied to the expense item due to multiyear and upfront demand for RHC exceeding available multiyear and upfront funds for that expense item's prioritization category. If there is no pro-ration applied, or if this expense item is now multi-year or upfront, this column may display "N/A."
- **USF Support Amount** to be paid is a prepopulated field that shows the total amount of the line item expense that USAC will pay the vendor for the line item.

Supporting Documentation Tab

- Uploading **supporting documentation** is optional. Applicants may, if they so choose, upload and submit supporting documentation including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this FCC Form 463.
- To upload supporting documentation, select **New Document**. Once a new document has been uploaded, applicant should fill out the "Description" box explaining what type of document they uploaded. To delete documents, select the "Actions" check box and then select "Delete Checked Documents."

Certifications tab

Certifications

- Certifications are required fields. **All four certifications must be checked.**

Preview Form

- Applicants must **preview** the FCC Form 463 before the form can be submitted. Once the form is reviewed, applicants should:
 1. Make any necessary changes to the information entered; or,
 2. Select the radio-button that they reviewed the form and have no changes, and then click "Save and Continue"
- Note: Selecting "**Download FCC Form 463 (Excel)**" is required to submit the FCC Form 463. Applicants must select this button to download and review the FCC Form 463 prior to submission.

Signature

- **Email, Printed Name of Authorized Person, Title/ Position of Authorized Person, Phone, Employer, and Employer's FCC RN** are all prepopulated fields that are derived from the applicant's My Portal account.
- **Signing on behalf of** is a required field for Tertiary Account Holders that allows them to submit an FCC Form 463 on behalf of the Primary Account Holder and/or Secondary Account Holder.

To electronically sign and submit the form, enter your password in the "**Signature**" field, and then click the "**Certify**" button to submit the form to USAC.