

Healthcare Connect Fund (HCF) Program

FCC Form 463 Guide

How to submit the FCC Form 463 (Invoice and Request for Disbursement) as a service provider

Please note that invoicing is a joint process between the health care provider (HCP) and service provider. The HCP will complete the FCC Form 463 and submit to the service provider, who then reviews, certifies, and submits the form to USAC for approval.

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.

Excel Review Tab

- Click the "**Download FCC Form 463 (Excel)**" button to download and review the contents of the FCC Form 463. Below are descriptions of Blocks 2-4 of the FCC Form 463, which must be reviewed by the service provider.
- **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** 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.
 - Note: The applicant should contact the service provider 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, the HCP uses a 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. The HCP uses a 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, the HCP enters "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. The HCP uses a 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, the HCP enters "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.
- **Quantity of Items Invoiced** is a prepopulated field that pulls information directly from the FCC Form 462.
 - 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. This amount is calculated based on the Billing Period Start Date and Billing Period End Date. This is the total amount before the 65% discount is applied.
 - Note: If prices from the service provider decrease during the billing period, the applicant is expected to calculate that and enter this amount into this editable field.
 - Upload supplemental information, if necessary.
- **Percent of Expense Eligible** is prepopulated with the percentage of the line item expense eligible 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 prepopulated 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.
- Once the service provider has reviewed the FCC Form 463 (Excel) they should select one of three options to move forward.

- Selecting "**I have not reviewed the Form 463 (Excel),**" allows the service provider to move forward to the next section in order to view supporting documentation, before deciding to submit this for USAC review, or sending it back to the HCP.
- Selecting "**I have reviewed the Form 463 (Excel) and have no changes**" allows the service provider to verify the accuracy of the FCC Form 463 and to certify and submit it to USAC by following the subsequent steps in the review process.
- Selecting "**I have reviewed the Form 463 (Excel). Send the Form to the HCP/Consortium for modifications**" allows the service provider to send the invoice back to the HCP for necessary changes to the form. A pop-up box will appear that prompts the service provider to select the reason for this invoice rejection from a drop down selection. A required text field must be filled out in order to send this invoice back to the HCP for modification. If this selection is made, the service provider will be redirected back to their homepage. The HCP will be notified that the invoice has been returned to them. They will need to resubmit it again for service provider review once changes have been made in order to move forward with the invoice process.

Supporting Documentation Tab

- Uploading **supporting documentation** is optional. Service providers 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. Once supporting documentation is viewed, select "**save and continue**" to move forward with the review process.

Certifications Tab

Certifications

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

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.
- 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.