

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 health care provider (HCP) will complete the FCC Form 463 and submit it to USAC. The service provider will receive an email directing them to RHC Connect to review the FCC Form 463. The service provider will then review, certify, and submit the form to USAC for review. NOTE: The FCC Form 463 is not considered submitted to USAC until the service provider reviews, certifies, and submits the form to USAC.

If you have trouble accessing RHC Connect, it may be a result of outdated information on the FCC Form 498 (Service Provider and Billed Entity Identification Number and General Contact Information Form).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](https://sam.gov) webpage. For more information, please visit the [Manage Your 498 ID](#) webpage on the USAC website.

My Invoices Tab

- Locate the invoice on the **My Invoices** tab and click **View** icon under **Actions** column. Under the **Status** column, **SP Review** indicates all invoices that are ready for service provider.
- Select the FCC Form 463 to review.

Summary Tab

- Review the **Summary** section for accuracy.
- **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.
- **HCP or Consortium** - The HCP number and HCP or consortium name is pre-populated and displayed on the **Summary** page. It's the unique identifier assigned by USAC to the HCP or consortium seeking funding.
- **FCC Form 462 Selection** - The FCC Form 462 is populated by the applicant and indicates which funding commitment they are submitting an invoice for.
- **Funding Year** is prepopulated with the Funding Year(s) associated with the FCC Form 462 application above. **SPIN/498 ID** is a prepopulated field. This number is the Service Provider Identification Number (SPIN) associated with the FCC Form 462 application entered above.
- **Vendor Name** is prepopulated with the Vendor Name associated with the above SPIN/498 ID.

Invoice Line Items Tab

- **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 selected line item upon the submission of the first invoice for that line item. The applicant typically can find the BAN on the vendor's bill. The HCP should 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.
- **Expense Category** 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.

- **Expense Frequency** 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.
 - **Total Cost Remaining to Invoice** is the total remaining balance on the line item minus amounts already disbursed.
 - **Today's Potential Reimbursement** is the amount the HCP is requesting based on data entered into the FCC Form 463.
 - Review all information entered for line item.
 - **Service Start Date** 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 applicant will 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: The applicant will not be able to invoice for dates before the date entered in this field on future invoices.
 - **Billing Period Start Date** is a required field. The applicant will 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, "N/A" will be entered. 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 applicant will 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, "N/A" will be entered. 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.
 - **Maximum 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.
 - **Total Cost Invoiced (Undiscounted)** is a required field.
 - 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.
- Show Calculations** displays the calculation for the line-item based on applicant entered data.

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) and proof of payment for the line item(s) being submitted on this FCC Form 463.
 - Note: these documents are required and must be produced if requested during the review of the FCC Form 463.
- Click on the hyperlink under the **Upload File** column to review the submitted document. The relevant line item is displayed on the right.

Applicant Certifications Tab

- Applicant certifications are required fields and are displayed on this tab.

Applicant Signature

- **Name, Email, Phone, Employer, Title, and Employer's FCC RN** are all prepopulated fields that are derived from the FCC Form 460 for the person who is submitting the FCC Form 463.

- **Certifier's Full Name** is a prepopulated field based on the individual who is logged in and submitting the FCC Form 463.

Return or Finalize

- Click **Return or Finalize** button at the top of the screen to continue.
- If the FCC Form 463 has incorrect information entered, return the form to the HCP. You must leave comments for the HCP, directing them to the incorrect information. You must leave at least one comment before the **Return Form** button is activated.
- When the HCP logs back into RHC Connect, they will see the comments, make corrections, recertify, and resubmit the FCC Form 463 for service provider review.
- The service provider will log back into RHC Connect and review corrections.
- All comments are recorded and displayed under the **Comment History** section.
- Click **Return or Finalize** button at the top of the screen to continue to submit the form.

Declaration of Assistance

- Service providers are required to disclose any third parties were involved during the competitive bidding process.
- Answer the question about third party involvement.
- If "Yes" is clicked, the service provider will enter information about the third party.
- Once the information is saved, it will be displayed on the **Declaration of Assistance** screen.

Certifications Tab

- Certifications are required fields. All eleven certifications must be checked to move forward.

Signature Tab

- **Name, Email, Phone, SPIN/498 ID, Service Provider Name,** and **Service Provider FCC RN** are all prepopulated fields that are derived from the FCC Form 498
- **Certifier's Full Name** is a prepopulated field based on the individual who is logged in and submitting the FCC Form 463.
- To electronically sign and submit the form, enter the Certifier's full name password in the **Digital Signature** field, and then click **Certify & Submit** to submit the form to USAC.