

RHC Connect User Guide – FCC Form 469

Updated as of October 2024

Contents

About RHC Connect for the FCC Form 469	2
RHC Connect Walkthrough for Service Providers	3
RHC Connect Walkthrough for Health Care Providers.....	15
Frequently Asked Questions	22
Resources	22

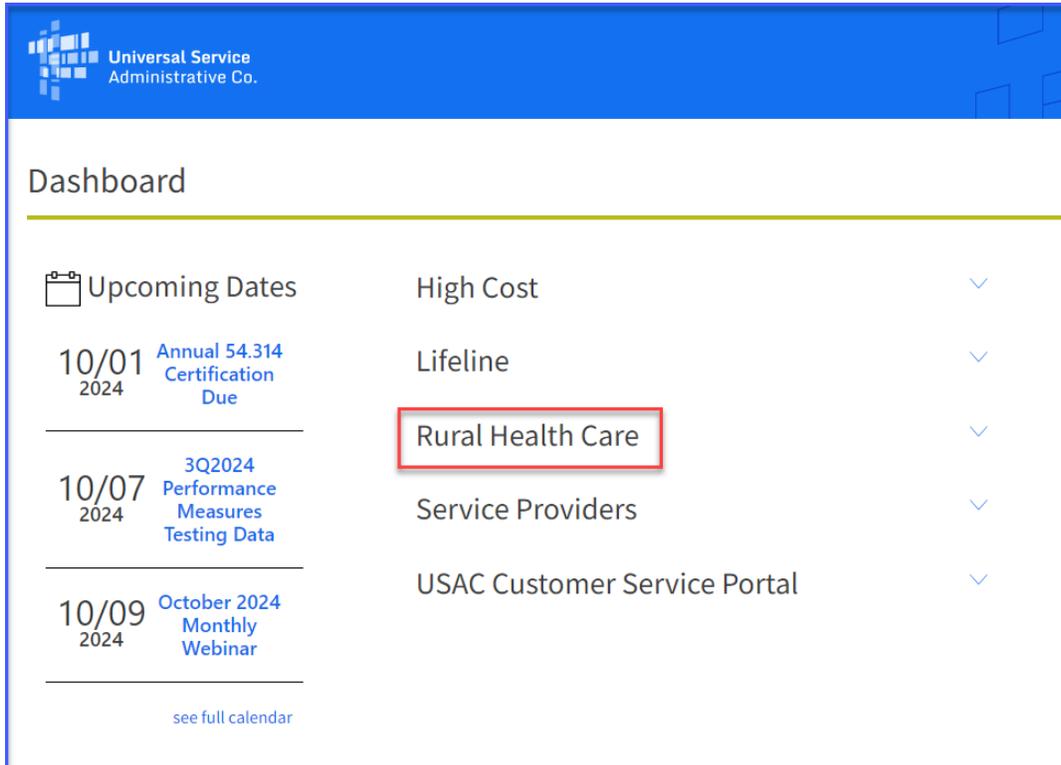
About RHC Connect for the FCC Form 469

RHC Connect is the web-based system that will host the FCC Form 469 beginning in funding year (FY) 2024. The FCC Form 469 is the new invoicing form for the Telecommunication (Telecom) Program. Per [FCC Order 23-6](#), it's aligned with the [FCC Form 463](#), the invoicing form used for the Healthcare Connect Fund (HCF) Program. One key difference is that the service provider will submit the FCC Form 469 in RHC Connect, the applicant will receive an email alerting them of the submission, and the applicant will officially submit the form to USAC by certifying and signing the form. For Funding Year (FY) 2024, the FCC Form 467, the Healthcare Provider Support Schedule (HSS), and the Telecom invoice will be eliminated in the Telecom Program. For information and resources about the FCC Form 469, visit the [Welcome to RHC Connect – FCC Form 469](#) webpage.

Please Note: The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.

RHC Connect Walkthrough for Service Providers

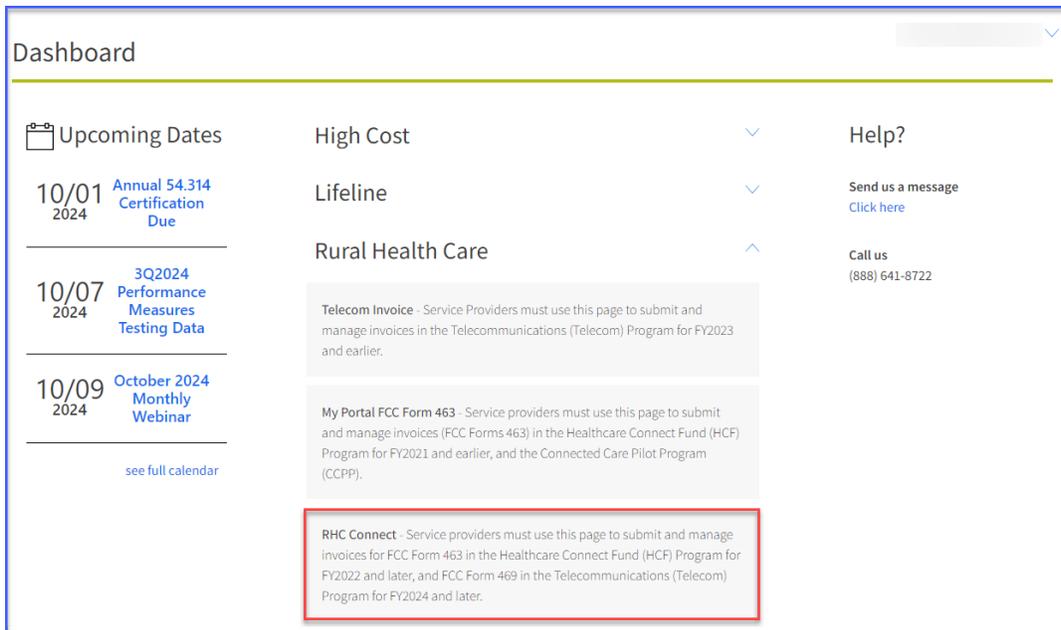
Step 1: Log in to My Portal and click **Rural Health Care**.



The screenshot shows the dashboard with the following elements:

- Header:** Universal Service Administrative Co. logo and name.
- Section:** Dashboard
- Upcoming Dates:**
 - 10/01 2024: Annual 54,314 Certification Due
 - 10/07 2024: 3Q2024 Performance Measures Testing Data
 - 10/09 2024: October 2024 Monthly Webinar
- Navigation Menu:**
 - High Cost
 - Lifeline
 - Rural Health Care** (highlighted with a red box)
 - Service Providers
 - USAC Customer Service Portal
- [see full calendar](#)

Step 2: Click **RHC Connect**.

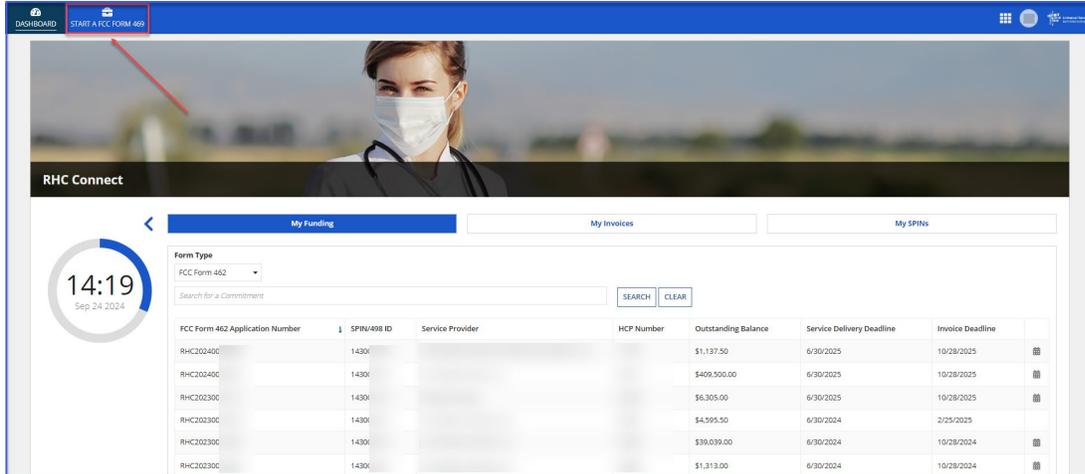


The screenshot shows the dashboard with the following elements:

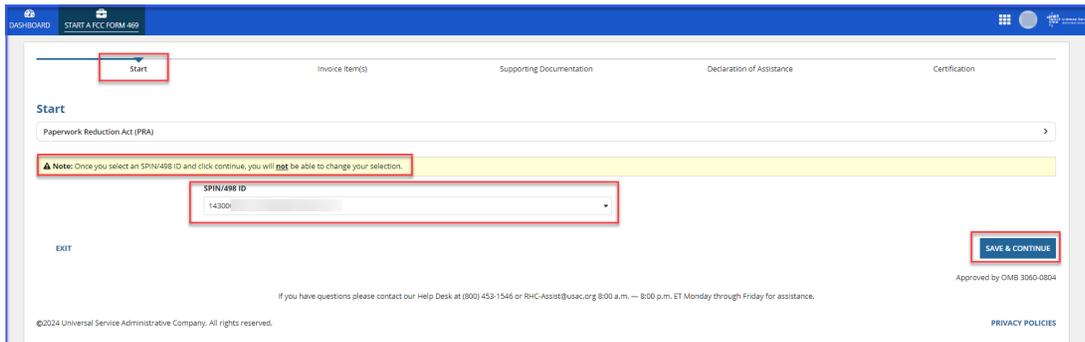
- Header:** Dashboard
- Upcoming Dates:**
 - 10/01 2024: Annual 54,314 Certification Due
 - 10/07 2024: 3Q2024 Performance Measures Testing Data
 - 10/09 2024: October 2024 Monthly Webinar
- Navigation Menu:**
 - High Cost
 - Lifeline
 - Rural Health Care** (expanded, highlighted with a red box)
- Help?**
 - [Send us a message](#) [Click here](#)
 - Call us** (888) 641-8722
- RHC Connect Description (highlighted with a red box):**

RHC Connect - Service providers must use this page to submit and manage invoices for FCC Form 463 in the Healthcare Connect Fund (HCF) Program for FY2022 and later, and FCC Form 469 in the Telecommunications (Telecom) Program for FY2024 and later.
- [see full calendar](#)

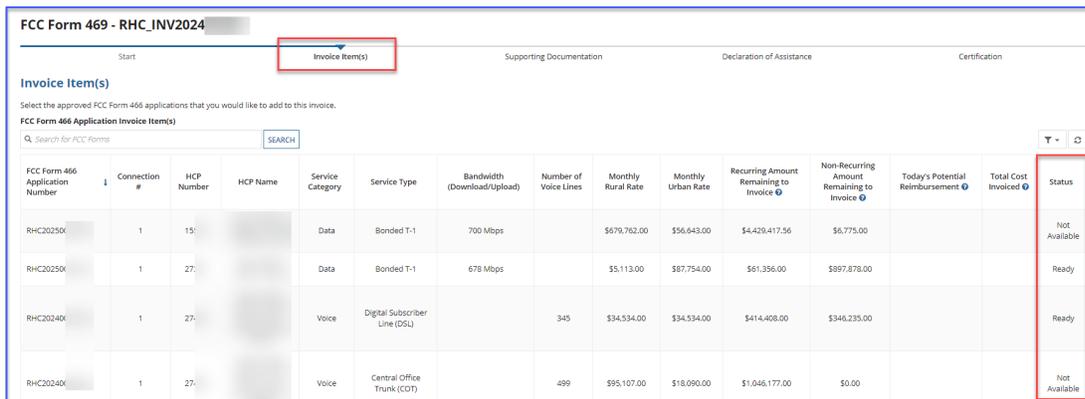
Step 3: Click START AN FCC Form 469.



Step 4: Select the SPIN/498 ID from the dropdown menu. Note: Once you select a SPIN and click Save & Continue you will be unable to change your selection. Click Save & Continue.



Step 5: Under the Status column, Not Available means either the FCC Form 466 is on another submitted FCC Form 469, the FCC Form 466 is on a draft FCC Form 469, or all funds have been invoiced and disbursed. Warning message will be displayed citing reason. Ready means the FCC Form 466 may be added to the invoice.



DASHBOARD START A FCC FORM 469

RHC202400C	1,2	320		Voice	Direct Inward Dialing (DID)		499	\$111,187.00	\$23,453.69	\$0.00	\$0.00		Not Available
RHC202400	1	320		Data	Dataphone or Digital Data Service (DDS)	654 Mbps							Not Available

This FCC Form 466 application is Not Available to be added to the FCC Form 469 due to Connection is already billed on a pending invoice: RHC_INV202400396_32097

RHC2024C | Connection Number 1

Bandwidth
654 Mbps

Recurring Expense Type
Invoice for Recurring Expense Type has already been submitted and is pending decision RHC_INV20...

Non-Recurring Expense Type
Non-recurring cost has previously been invoiced on invoice #RHC_INV202400396_32097 for amount

Total Cost Remaining to Invoice
\$0.00

Step 6: Enter information in the fields shown.

Invoice Item(s)

Select the approved FCC Form 466 applications that you would like to add to this invoice.

FCC Form 466 Application Invoice Item(s)

Search for FCC Forms

FCC Form 466 Application Number	Connection #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth (Download/Upload)	Number of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Today's Potential Reimbursement	Total Cost Invoiced	Status
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00			Ready
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC20240C	1			Voice	Voice Grade Business (Line)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC20240C	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready

RHC2024000211 | Connection Number 1

Bandwidth
100 Mbps

Recurring Expense Type
Total Cost Remaining to Invoice
\$12,000.00

Service Start Date
mm/dd/yyyy

Billing Period Start Date
mm/dd/yyyy

Billing Period End Date
mm/dd/yyyy

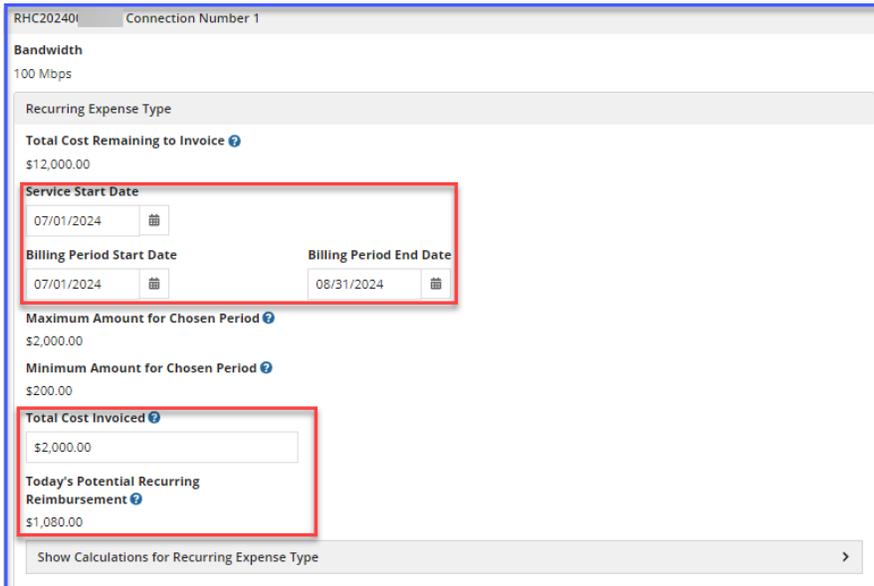
Non-Recurring Expense Type
Total Cost Remaining to Invoice
\$500.00

Service Installation Date
mm/dd/yyyy

Billing Date
mm/dd/yyyy

Total Cost Invoiced

Step 7: Enter information about the Recurring Expense Type including Service Start Date, Billing Period Start Date, Billing Period End Date, and Total Cost Invoiced.



RHC202400 | Connection Number 1

Bandwidth
100 Mbps

Recurring Expense Type

Total Cost Remaining to Invoice ?
\$12,000.00

Service Start Date
07/01/2024

Billing Period Start Date
07/01/2024

Billing Period End Date
08/31/2024

Maximum Amount for Chosen Period ?
\$2,000.00

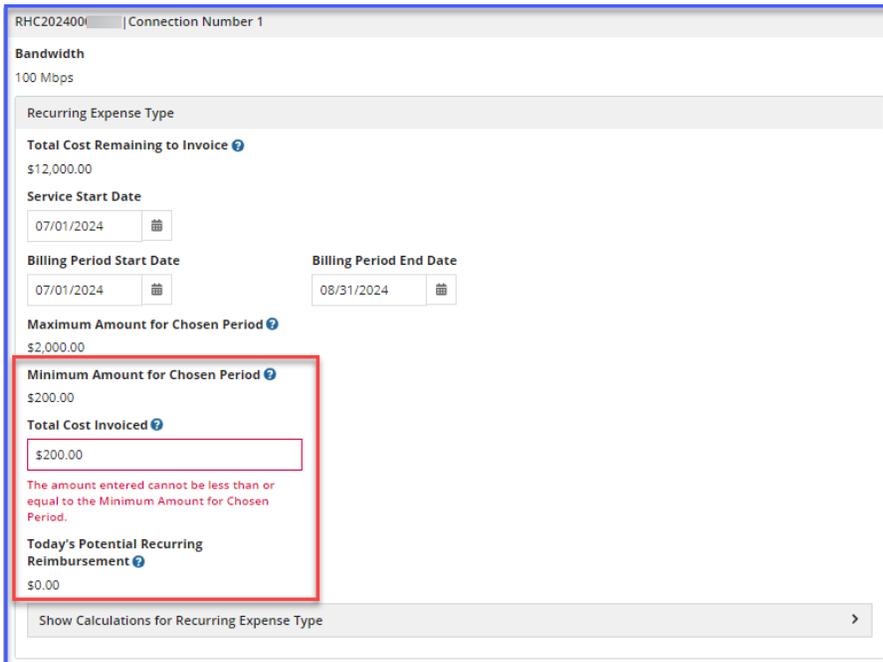
Minimum Amount for Chosen Period ?
\$200.00

Total Cost Invoiced ?
\$2,000.00

Today's Potential Recurring Reimbursement ?
\$1,080.00

Show Calculations for Recurring Expense Type >

A warning message will be displayed if the amount entered is less than or equal to the **Minimum Amount for Chosen Period**.



RHC202400 | Connection Number 1

Bandwidth
100 Mbps

Recurring Expense Type

Total Cost Remaining to Invoice ?
\$12,000.00

Service Start Date
07/01/2024

Billing Period Start Date
07/01/2024

Billing Period End Date
08/31/2024

Maximum Amount for Chosen Period ?
\$2,000.00

Minimum Amount for Chosen Period ?
\$200.00

Total Cost Invoiced ?
\$200.00

The amount entered cannot be less than or equal to the Minimum Amount for Chosen Period.

Today's Potential Recurring Reimbursement ?
\$0.00

Show Calculations for Recurring Expense Type >

Step 8: Click the down arrow beside **Show Calculations** to view the calculation based on entered information.

Show Calculations for Recurring Expense Type ▼

Total Approved Monthly Rural Cost from Approved FCC Form 466 **\$1,000.00**

Total Approved Monthly Urban Cost from Approved FCC Form 466 **\$100.00**

Approved Length of Commitment (Months) **12.00**

Percent Eligible for Use **60 %**

Pro-rata Percentage **100 %**

Total Recurring Commitment from Approved FCC Form 466 **\$12,000.00**

The total recurring commitment from your approved FCC Form 466 includes all reduction factors, including the percent eligible for support and proration.

Total Cost Invoiced \$2,000.00

Today's Potential Recurring Reimbursement \$1,080.00

Today's Potential Recurring Reimbursement (\$1,080.00) is the lower of Maximum Reimbursable Amount and Total Cost Invoiced (User Entered Amount).

Maximum Reimbursable Amount is calculated as:

- (Rural Rate for the Billing Period (\$2,000.00) - Urban Rate for the Billing Period (\$200.00)) x Percent Eligible for Use (60%) x Proration Factor (100%)

Total Cost Invoiced (User Entered Amount) is calculated as:

- Total Cost Invoiced (\$2,000.00) - Urban Rate for the Billing Period (\$100.00) x Percent Eligible for Use (60%)

Step 9: Enter information about the **Non-Recurring Expense Type** including **Service Installation Date**, **Billing Date**, and **Total Cost Invoiced**.

Non-Recurring Expense Type ←

Total Cost Remaining to Invoice ⓘ
\$500.00

Service Installation Date	Billing Date
07/01/2024 <input type="text"/>	07/08/2024 <input type="text"/>

Total Cost Invoiced ⓘ
\$500.00

Today's Potential Non-Recurring Reimbursement ⓘ
\$150.00

Show Calculations for Non-Recurring Expense Type >

A warning message will be displayed if the amount entered is less or equal to the **Approved One-Time Urban Rate Charge** (as it appears on the FCC Form 466). In addition, a message in the yellow banner will appear reminding service providers may only submit one FCC Form 469 for the total non-recurring cost.

Non-Recurring Expense Type

!The amount entered is less than the approved one-time rural rate on the FCC Form 466. Please note: You can only invoice once for the total non-recurring cost.

Total Cost Remaining to Invoice ⓘ
\$500.00

Service Installation Date **Billing Date**

07/01/2024 07/08/2024

Total Cost Invoiced ⓘ

\$100.00

The amount entered cannot be less than or equal to the Approved One-Time Urban Rate Charge on the FCC Form 466.

Today's Potential Non-Recurring Reimbursement ⓘ
\$0.00

Show Calculations for Non-Recurring Expense Type >

Step 10: Click the down arrow beside **Show Calculations** to view the calculation based on entered information.

Show Calculations for Non-Recurring Expense Type ▾

Total Approved One-time Rural Rate Charge from Approved FCC Form 466 **\$500.00**

Total Approved One-time Urban Rate Charge from Approved FCC Form 466 **\$250.00**

Percent Eligible for Use **60 %**

Pro-rata Percentage **100 %**

Total Non-Recurring Commitment from Approved FCC Form 466 **\$500.00**

The total non-recurring commitment from your approved FCC Form 466 includes all reduction factors, including the percent eligible for support and proration.

Total Cost Invoiced \$500.00

Today's Potential Non-Recurring Reimbursement \$150.00

Today's Potential Non-Recurring Reimbursement (\$150.00) is the lower of Maximum Reimbursable Amount and Total Cost Invoiced (User Entered Amount).

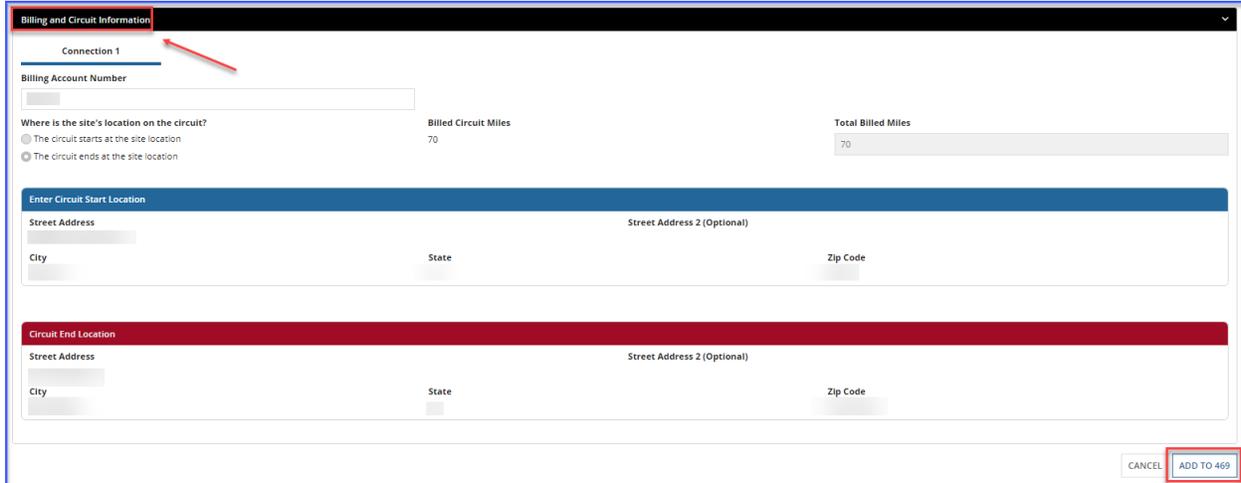
Maximum Reimbursable Amount is calculated as:

- (One-time Rural Rate (\$500.00) - One-time Urban Rate (\$250.00)) x Percent Eligible for Use (60%) x Proration Factor (100%)

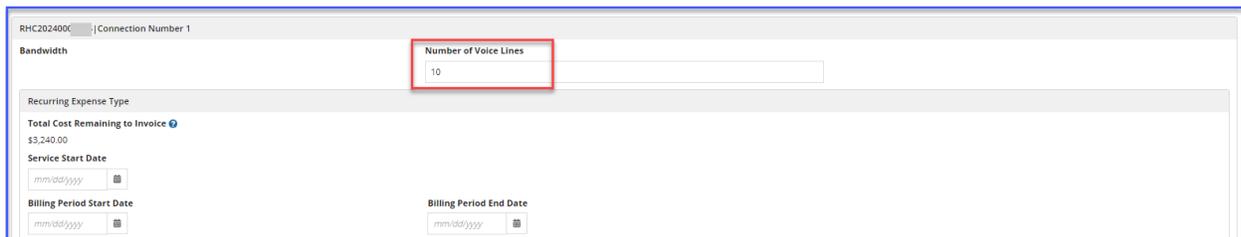
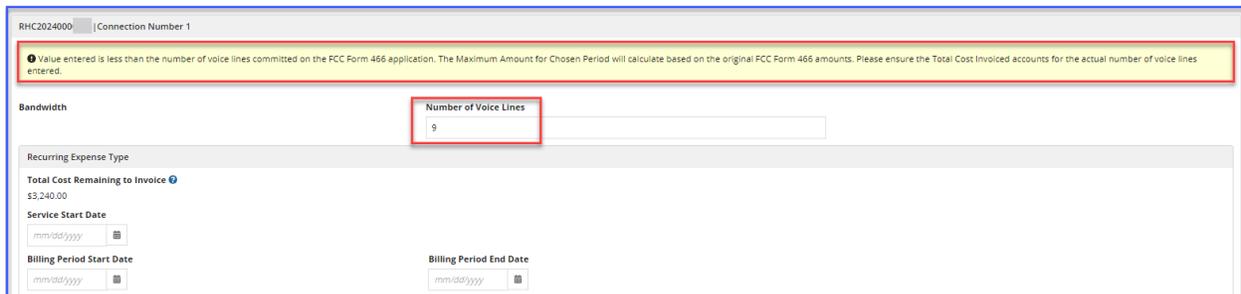
Total Cost Invoiced (User Entered Amount) is calculated as:

- Total Cost Invoiced (\$500.00) - One-time Urban Rate (\$250.00) x Percent Eligible for Use (60%)

Step 11: Billing and Circuit information is pre-populated based on information in the approved FCC Form 466. If information is correct, click **Add to 469**.



Step 12: If the number of approved voice lines has changed, enter the corrected number in the editable field titled **Number of Voice Lines**. The message in the yellow banner will appear if the value entered is less than the number of voice lines on the approved FCC Form 469. Note: the system will not recalculate the cost so please ensure that the total cost invoiced is correct based on the number of voice lines.

Step 13: Follow steps 6-11 above to add all invoice items. Multiple FCC Forms 466 for multiple HCPs may be added to an FCC Form 469. Once all invoice items have been added, click **Save & Continue**.

Invoice Item(s)
Select the approved FCC Form 466 applications that you would like to add to this invoice.
FCC Form 466 Application Invoice Item(s)

Q Search for FCC Forms

FCC Form 466 Application Number	Connection #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth (Download/Upload)	Number of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Today's Potential Reimbursement	Total Cost Invoiced	Status
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$1,230.00	\$2,500.00	Added
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC20240	1			Voice	Voice Grade Business Line(s)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready

< 11 - 15 of 15 >

Step 14: On the **Supporting Documentation**, page Click **Upload** to upload the first document, then click the plus sign (+) to add each additional document. Click **Confirm Document Uploads**.

FCC Form 469 - [Redacted]

Start Invoice Item(s) **Supporting Documentation** Declaration of Assistance Certification

Supporting Documentation

Uploaded File(s)

Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
No items available				

Upload Document(s)

Invoice PDF - 32.81 KB
 Proof of Payment PDF - 33.67 KB
 Drop files here

Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select save and continue.

Step 15: Use the dropdown menu to select **Document Type**. Select **Invoice**, **Proof of Payment**, or **Other** and enter a description. Select the **FCC Form 466 Application** that the document is associated with. Click the red **x** to remove a document, if necessary, then click **Save & Continue**.

FCC Form 469 - [Redacted]

Start Invoice Item(s) **Supporting Documentation** Declaration of Assistance Certification

Supporting Documentation

Uploaded File(s)

Document Type	Description	FCC Form 466 Application Number	File Name	Uploaded On
Invoice	Required only for "Other" Document Type	Select a document type	Invoice PDF - 32.81 KB	9/26/2024 12:02 PM EDT
Proof of Payment	Required only for "Other" Document Type	Select a document type	Proof of Payment PDF - 33.67 KB	9/26/2024 12:02 PM EDT

Upload Document(s)

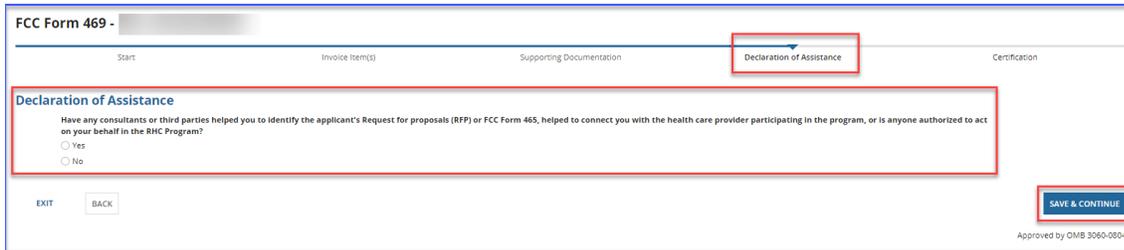
Drop files here

Up to ten (10) documents at a time.

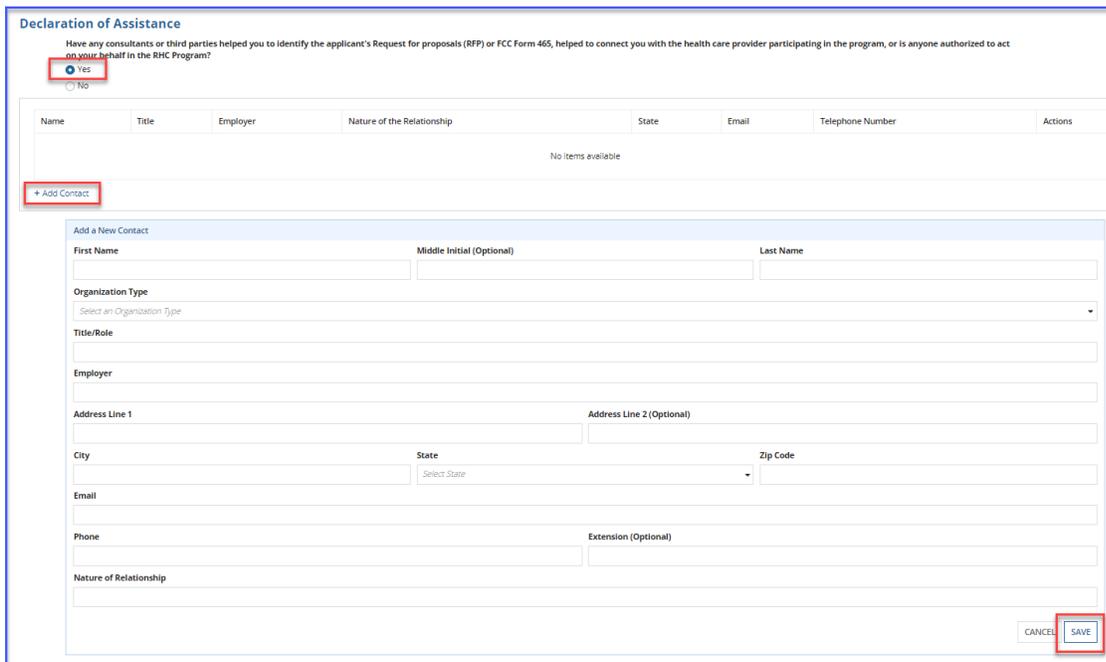
Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select save and continue.

<< < Showing 1 - 2 of 2 > >>

Step 16: On the **Declaration of Assistance** page, select **Yes** or **No** to indicate whether any third parties were involved in the competitive bidding process. If **No** is selected, click **Save & Continue**.

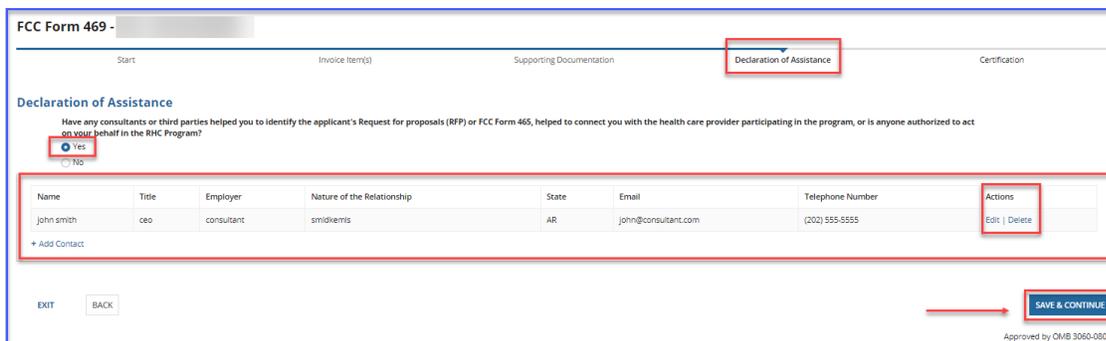


If **Yes** is selected, click on the **Add Contact** hyperlink, and complete all of the information in the fields shown. Then click **Save**.



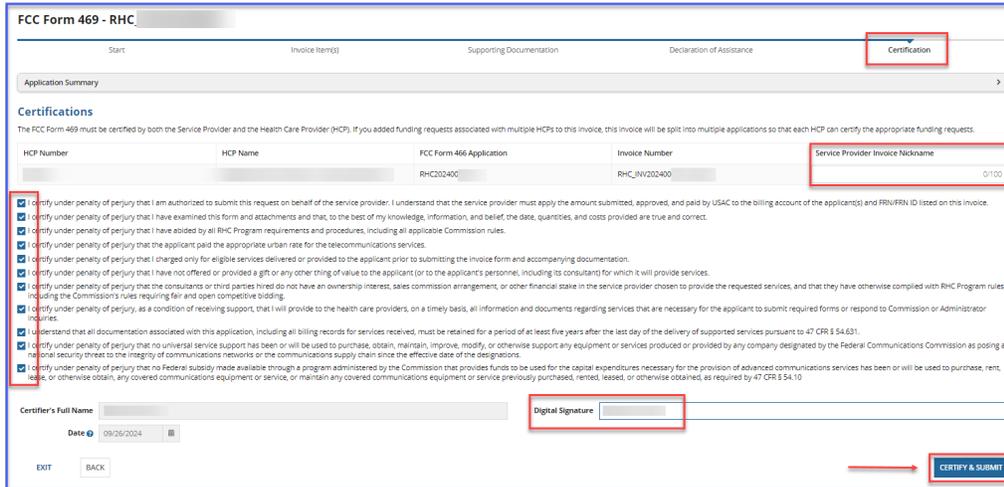
Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Actions
No items available							

You can edit or delete the contact by clicking **Edit** or **Delete** under the **Actions** column. Then click **Save & Continue**.



Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Actions
John Smith	CEO	Consultant	SMIDKEMIS	AR	john@consultant.com	(202) 555-5555	Edit Delete

Step 16: Read and click all certifications. All certifications must be clicked to continue. **Service Provider Invoice Nickname** is an optional field that may be used to help identify the invoice. Type your full name as it appears in RHC Connect in the **Digital Signature** field, then click **Certify & Submit**.



FCC Form 469 - RHC

Start Invoice (HCP) Supporting Documentation Declaration of Assurance **Certification**

Application Summary

Certifications

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC202400	RHC_INV202400	0100

I certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider. 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/FRN ID listed on this invoice.

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 the applicant paid the appropriate urban rate for the telecommunications services.

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 services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.

I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last day of the delivery of supported services pursuant to 47 CFR § 54.631.

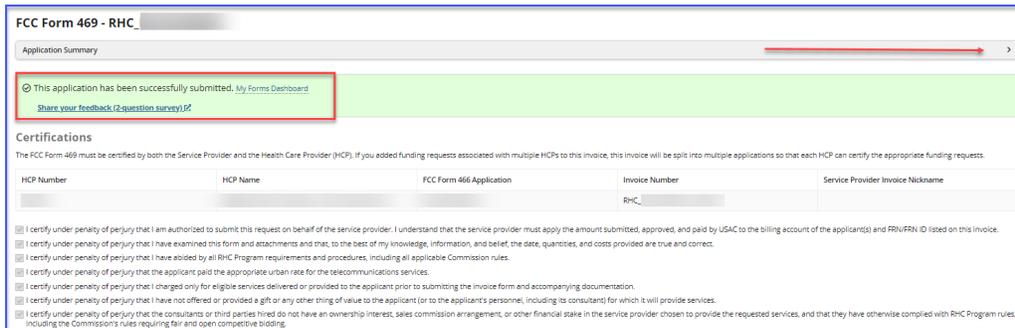
I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security 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, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 CFR § 54.10

Certifier's Full Name _____ Date 09/25/2024 _____ **Digital Signature** _____

EXIT BACK **CERTIFY & SUBMIT**

Step 17: Once you click **Certify & Submit**, a confirmation message will appear. Click the arrow at the far right to view the **Application Summary**. If there are multiple FCC Forms 466 for multiple HCPs, the system will generate unique invoice numbers based on each unique HCP.



FCC Form 469 - RHC

Application Summary

Ⓞ This application has been successfully submitted. [My Forms Dashboard](#)
[Share your feedback \(2-question survey\)](#)

Certifications

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
			RHC	

I certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider. 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/FRN ID listed on this invoice.

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 the applicant paid the appropriate urban rate for the telecommunications services.

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.

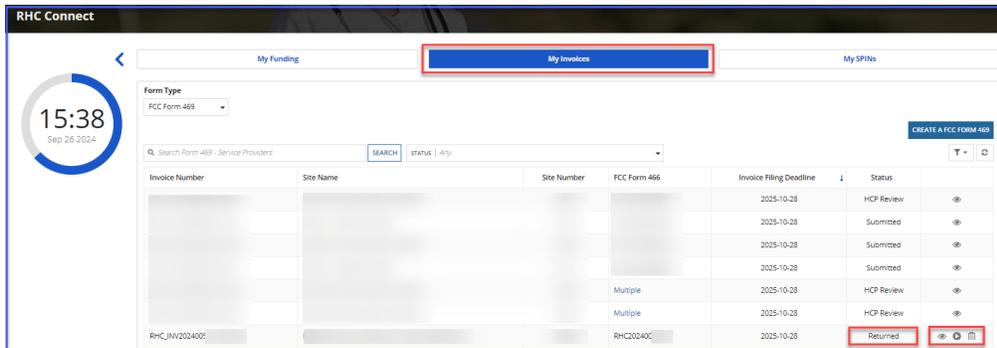
I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

Return to Service Provider – Summary

- If the HCP has found incorrect information in the FCC Form 469 during their review, the form will be returned to the service provider for corrections.
- Authorized users for the service provider will receive an email alerting them that the form has been returned.
- Service providers should log into RHC Connect to review the form and work with the HCP on the correction requests.
- Once everything is corrected, the service provider will re-certify the form and submit it for another HCP review.
- If the HCP agrees with the corrections, they will certify and submit the FCC Form 469 to USAC.

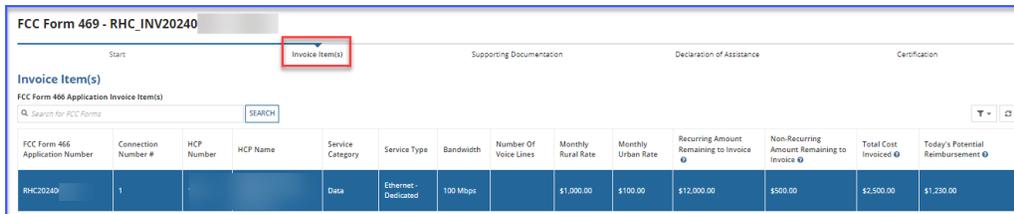
- Only after both parties certify and submit the FCC Form 469, is it considered submitted to USAC.

Step 1: After receiving an email that the FCC Form 469 was returned, navigate to the **My Invoices** tab on the RHC Connect **Dashboard**. **Returned** will appear in the **Status** column. Click an icon to view, resume or delete the FCC Form 469. Click the forward arrow to resume the form.



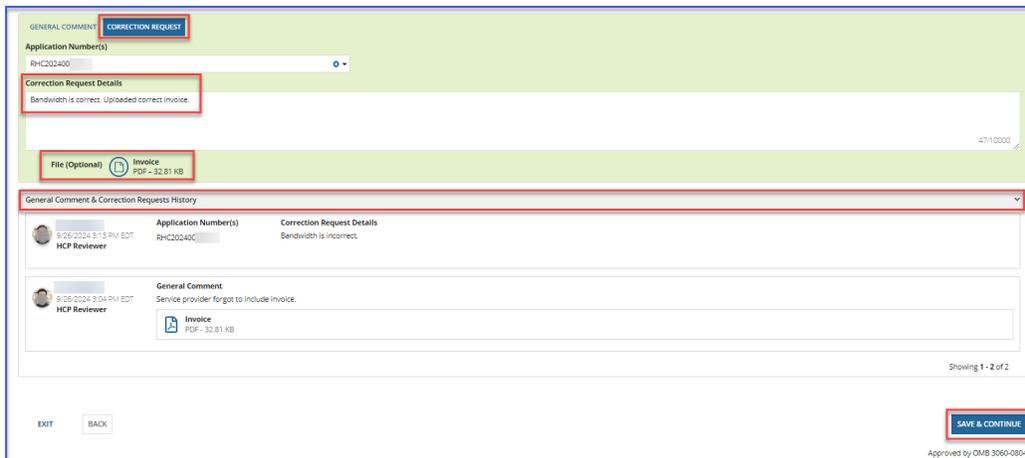
Invoice Number	Site Name	Site Number	FCC Form 466	Invoice Filing Deadline	Status
				2025-10-28	HCP Review
				2025-10-28	Submitted
				2025-10-28	Submitted
				2025-10-28	Submitted
			Multiple	2025-10-28	HCP Review
			Multiple	2025-10-28	HCP Review
RHC_INV202400			RHC202400	2025-10-28	Returned

Step 2: Navigate to the Invoice Item(s) page and select **Correction Request**. Select **Application Number** from the dropdown menu.



FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Total Cost Invoiced	Today's Potential Reimbursement
RHC20240	1			Data	Ethernet-Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

Step 3: Click the down arrow to view the **General Comment & Correction Requests History** section. Leave a comment and, if necessary, upload a file. Then click **Save & Continue**.



GENERAL COMMENT **CORRECTION REQUEST**

Application Number(s)
RHC202400

Correction Request Details
Bandwidth is correct. Uploaded correct invoice.

File (Optional) **Invoice** PDF - 32.81 KB

General Comment & Correction Requests History

Application Number(s)	Correction Request Details
RHC202400 HCP Reviewer 9/26/2024 3:13 PM EDT	Bandwidth is incorrect.
RHC202400 HCP Reviewer 9/26/2024 3:04 PM EDT	General Comment Service provider forgot to include invoice. Invoice PDF - 32.81 KB

Showing 1 - 2 of 2

EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

Step 4: Navigate through all tabs correcting information as needed. Click all **Certifications** to recertify corrected information and type your full name in the **Digital Signature** field. Click **Certify & Submit** to return the form to the HCP.

FCC Form 469 - RHC_INV20240

Start Invoice Item(s) Supporting Documentation Declaration of Assistance Certification

Application Summary >

Certifications

The FCC Form 469 must be certified by both the Service Provider and the Health Care Provider (HCP). If you added funding requests associated with multiple HCPs to this invoice, this invoice will be split into multiple applications so that each HCP can certify the appropriate funding requests.

HCP Number	HCP Name	FCC Form 466 Application	Invoice Number	Service Provider Invoice Nickname
		RHC202400C	RHC_INV202400	

- certify under penalty of perjury that I am authorized to submit this request on behalf of the service provider. 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/FRN ID listed on this invoice.
- 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.
- certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.
- certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.
- 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.
- 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.
- 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.
- 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 services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.
- understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last day of the delivery of supported services pursuant to 47 CFR § 54.631.
- 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.
- 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, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 CFR § 54.10.

Certifier's Full Name

Date

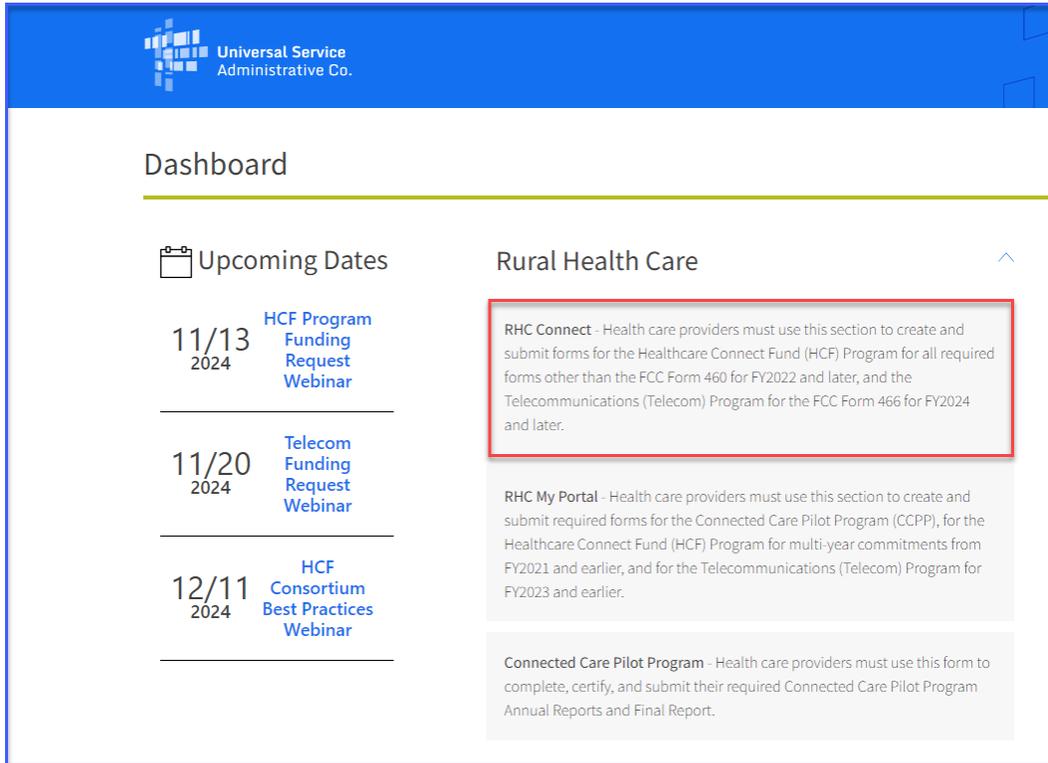
Digital Signature

 CERTIFY & SUBMIT

Approved by OMB 3060-0804

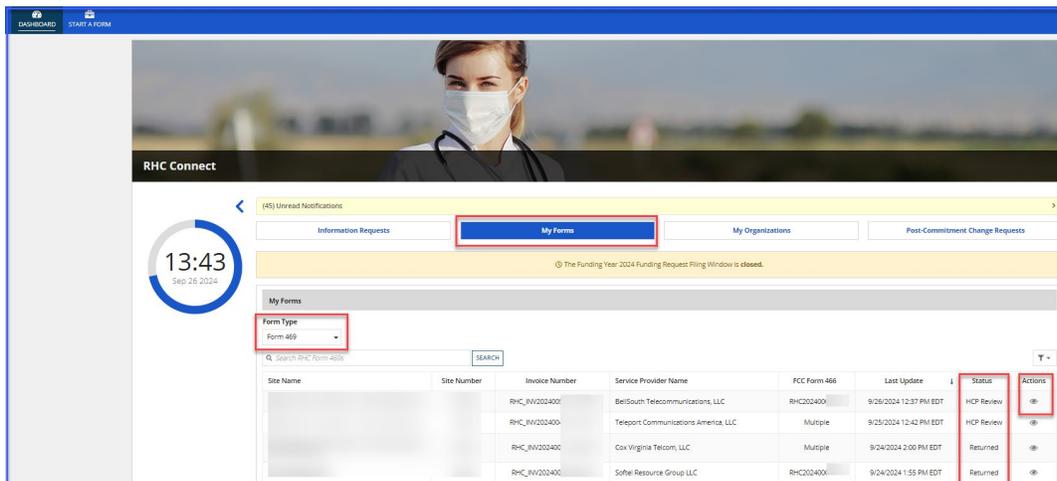
RHC Connect Walkthrough for Health Care Providers

Step 1: Log in to My Portal and click **RHC Connect**.



The dashboard features a blue header with the Universal Service Administrative Co. logo. Below the header, the main content area is titled "Dashboard". On the left, there is a section for "Upcoming Dates" with three entries: "11/13 2024 HCF Program Funding Request Webinar", "11/20 2024 Telecom Funding Request Webinar", and "12/11 2024 HCF Consortium Best Practices Webinar". On the right, there is a section for "Rural Health Care" with three informational boxes. The top box, titled "RHC Connect", is highlighted with a red border and contains the text: "RHC Connect - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later." The middle box, titled "RHC My Portal", contains text about the Connected Care Pilot Program (CCPP) and HCF Program. The bottom box, titled "Connected Care Pilot Program", contains text about submitting annual reports and final reports.

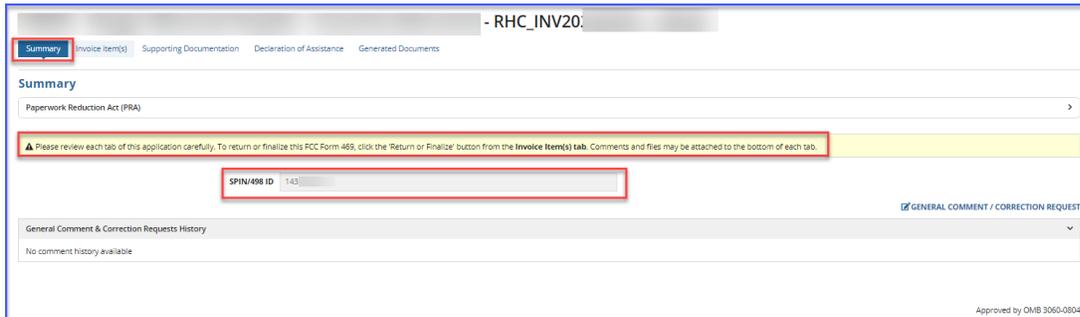
Step 2: On the **My Forms** tab of the RHC **Dashboard**, select **FCC Form 469** from the dropdown menu under **Form Type**. **HCP Review** will appear in the **Status** column for all FCC Forms 469 submitted by the service provider and awaiting your review. Click the view icon to continue.



The screenshot shows the "My Forms" tab selected in the RHC Connect dashboard. A navigation bar at the top includes "Information Requests", "My Forms" (highlighted with a red box), "My Organizations", and "Post-Commitment Change Requests". Below the navigation bar, there is a "My Forms" section with a "Form Type" dropdown menu set to "Form 469" (highlighted with a red box). A search bar is present above a table of forms. The table has columns for "Site Name", "Site Number", "Invoice Number", "Service Provider Name", "FCC Form 466", "Last Update", "Status", and "Actions". The "Status" column for the first two rows is highlighted with a red box and shows "HCP Review". The "Actions" column for the first two rows is also highlighted with a red box and shows a magnifying glass icon.

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV2024001	BeSouth Telecommunications, LLC	RHC2024001	9/26/2024 12:37 PM EDT	HCP Review	🔍
		RHC_INV2024001	Teleport Communications America, LLC	Multiple	9/25/2024 12:42 PM EDT	HCP Review	🔍
		RHC_INV2024001	Cox Virginia Telcom, LLC	Multiple	9/24/2024 2:00 PM EDT	Returned	🔍
		RHC_INV2024001	Softel Resource Group LLC	RHC2024001	9/24/2024 1:55 PM EDT	Returned	🔍

Step 3: On the **Summary** page, the message in the yellow box instructs the HCP to review each tab carefully and make comments or upload files where appropriate. The SPIN used on the FCC Form 466 is displayed in the **SPIN/498 ID** field.



Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents

Summary

Paperwork Reduction Act (PRA)

Please review each tab of this application carefully. To return or finalize this FCC Form 466, click the 'Return or Finalize' button from the **Invoice Item(s)** tab. Comments and files may be attached to the bottom of each tab.

SPIN/498 ID: 143

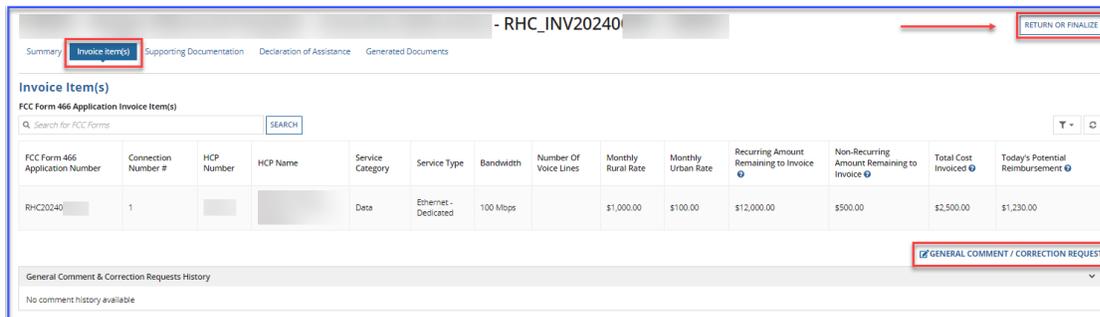
General Comment & Correction Requests History

No comment history available

GENERAL COMMENT / CORRECTION REQUEST

Approved by OMB 3060-0804

Step 4: On the **Invoice Item(s)** page, click **Return or Finalize** after all information is reviewed to return the FCC Form 469 to the service provider for corrections or to finalize and submit the form to USAC. All data is read-only for the HCP, so the FCC Form 469 must be returned to the service provider to make corrections. Leave a comment or a correction request by clicking the hyperlink titled **General Comment/Correction Request**.



Summary Invoice Item(s) Supporting Documentation Declaration of Assistance Generated Documents

Invoice Item(s)

FCC Form 466 Application Invoice Item(s)

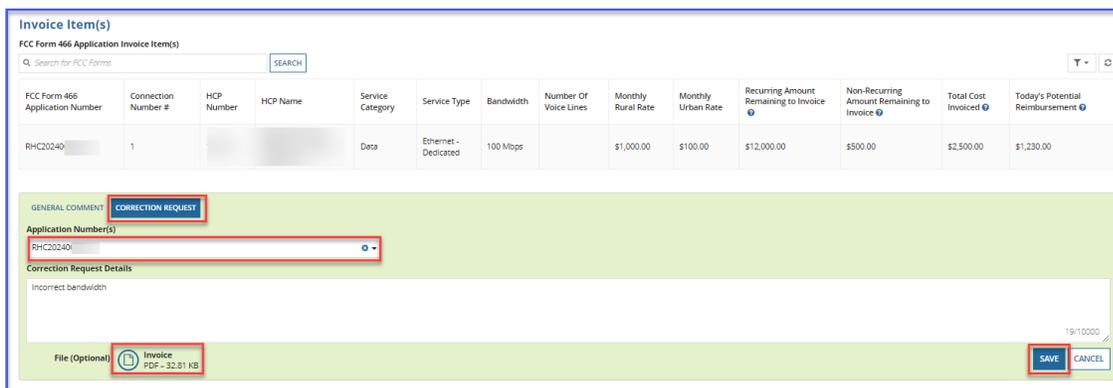
FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Total Cost Invoiced	Today's Potential Reimbursement
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

GENERAL COMMENT / CORRECTION REQUEST

General Comment & Correction Requests History

No comment history available

Step 5: To enter a correction request, click **Correction Request**. Select the **Application Number** from the dropdown menu. Enter the details of the correction request in the field and, if necessary, upload a supporting document.



Invoice Item(s)

FCC Form 466 Application Invoice Item(s)

FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Total Cost Invoiced	Today's Potential Reimbursement
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

GENERAL COMMENT CORRECTION REQUEST

Application Number(s)

RHC20240

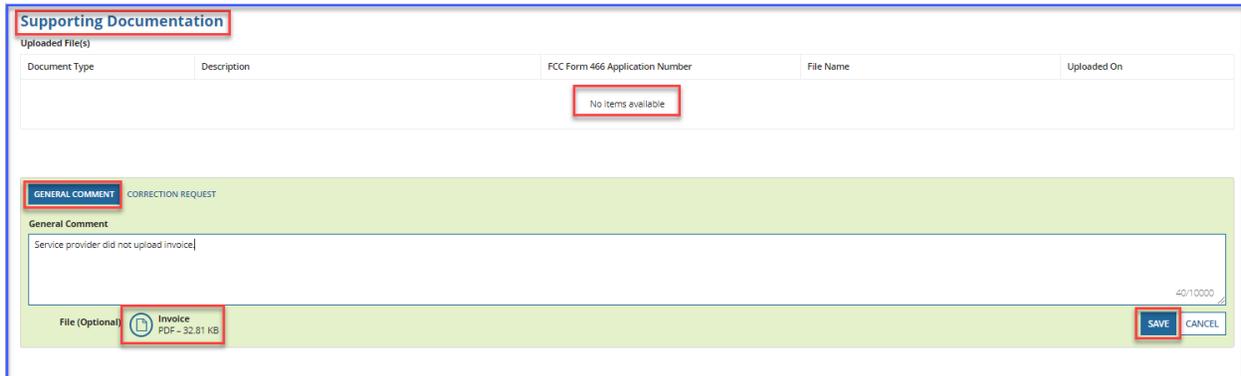
Correction Request Details

Incorrect bandwidth

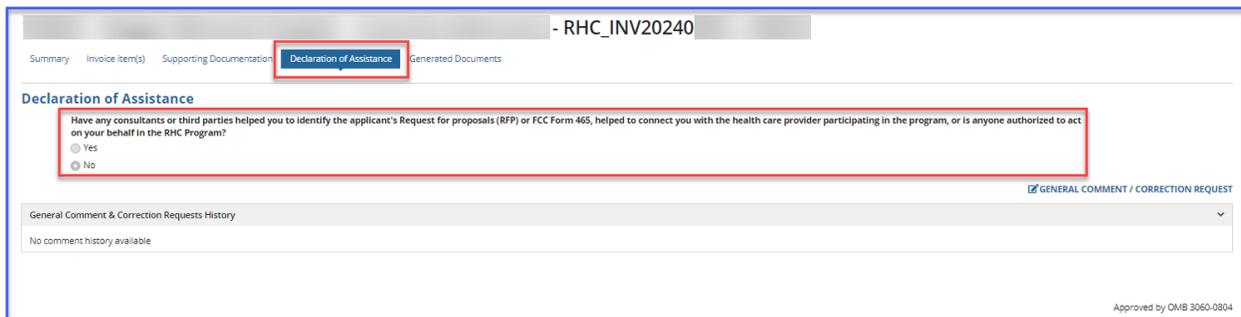
File (Optional) Invoice PDF - 32.81 KB

SAVE CANCEL

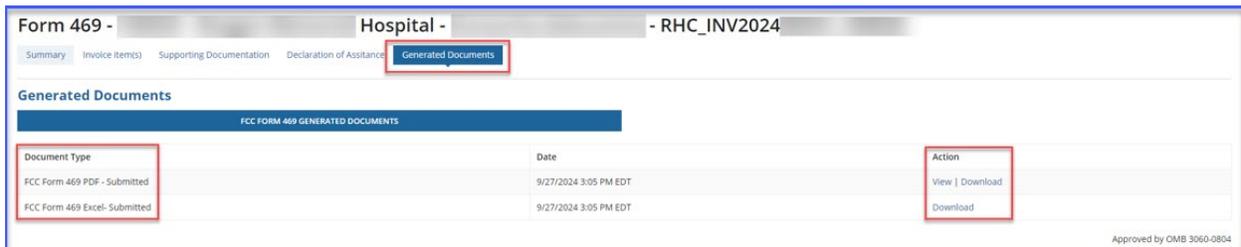
Step 6: If the service provider uploaded documents, they will be visible to download and review on the **Supporting Documentation** page. To upload additional supporting documents, click **General Comment/Correction Request**, select either **General Comment** or **Correction Request**, leave an explanation and upload the supporting document(s) such as proof of payment. Click **Save**.



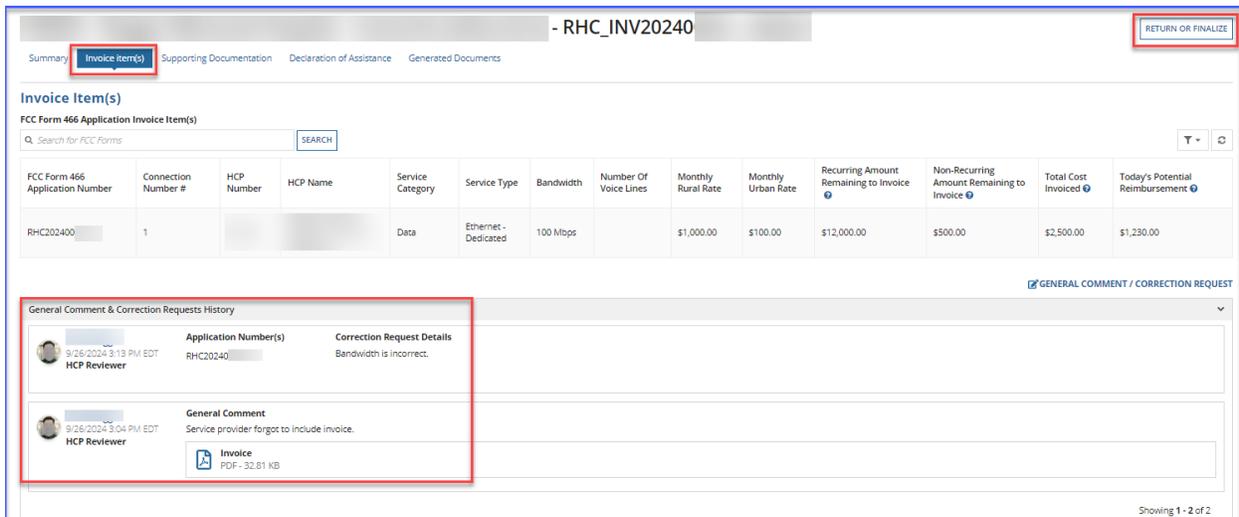
Step 7: The **Declaration of Assistance** question on the FCC Form 469 is answered by the service provider, so the response cannot be edited by the HCP. The HCP can view any information entered by the service provider if they answered **Yes** to the question about outside assistance.



Step 8: The next tab is the **Generated Documents** tab. Once the FCC Form 469 is submitted, a PDF version of the form is generated and can be accessed on the **Generated Documents** tab. The **Generated Documents** tab is the same for both the applicant and the service provider.



Step 9: Navigate back to the **Invoice Item(s)** page. All comments and correction requests are displayed. Click **Return or Finalize**.



- RHC_INV20240

Summary **Invoice Item(s)** Supporting Documentation Declaration of Assistance Generated Documents

RETURN OR FINALIZE

Invoice Item(s)

FCC Form 466 Application Invoice Item(s)

SEARCH

FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Total Cost Invoiced	Today's Potential Reimbursement
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

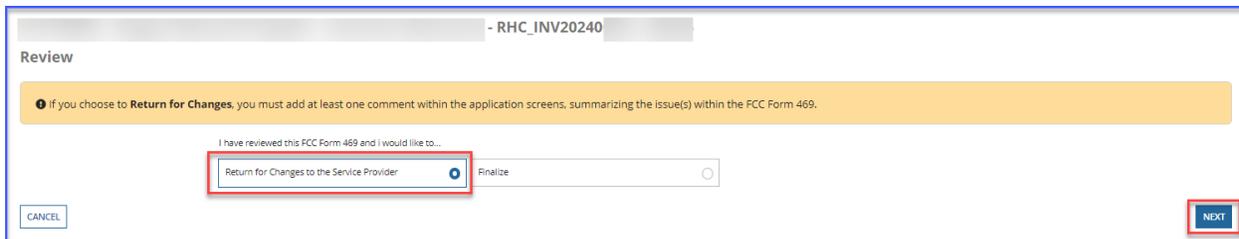
GENERAL COMMENT / CORRECTION REQUEST

General Comment & Correction Requests History

Application Number(s)	Correction Request Details
9/26/2024 3:13 PM EDT HCP Reviewer RHC20240	Bandwidth is incorrect.
9/26/2024 3:04 PM EDT HCP Reviewer	Service provider forgot to include invoice. Invoice PDF - 32.81 KB

Showing 1 - 2 of 2

Step 10: If corrections are needed, select **Return for Changes to the Service Provider**. You must add at least one comment, then click **Next**. A warning states if **Yes** is selected, this action cannot be reversed. Click **Yes** to continue.



- RHC_INV20240

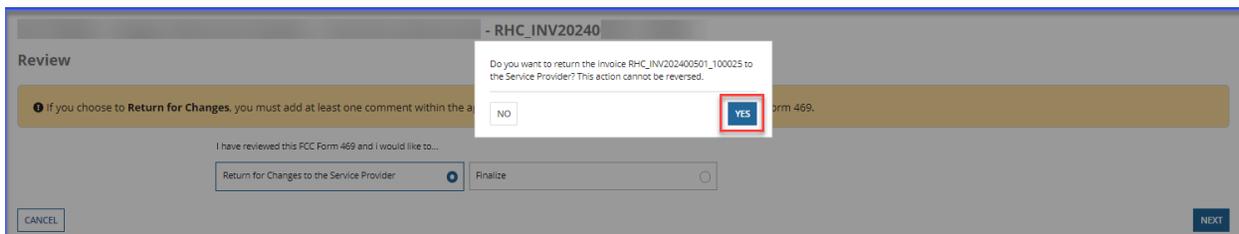
Review

If you choose to **Return for Changes**, you must add at least one comment within the application screens, summarizing the issue(s) within the FCC Form 469.

I have reviewed this FCC Form 469 and I would like to...

Return for Changes to the Service Provider Finalize

CANCEL **NEXT**



- RHC_INV20240

Review

If you choose to **Return for Changes**, you must add at least one comment within the application screens, summarizing the issue(s) within the FCC Form 469.

I have reviewed this FCC Form 469 and I would like to...

Return for Changes to the Service Provider Finalize

CANCEL **NEXT**

Do you want to return the invoice RHC_INV202400501_100025 to the Service Provider? This action cannot be reversed.

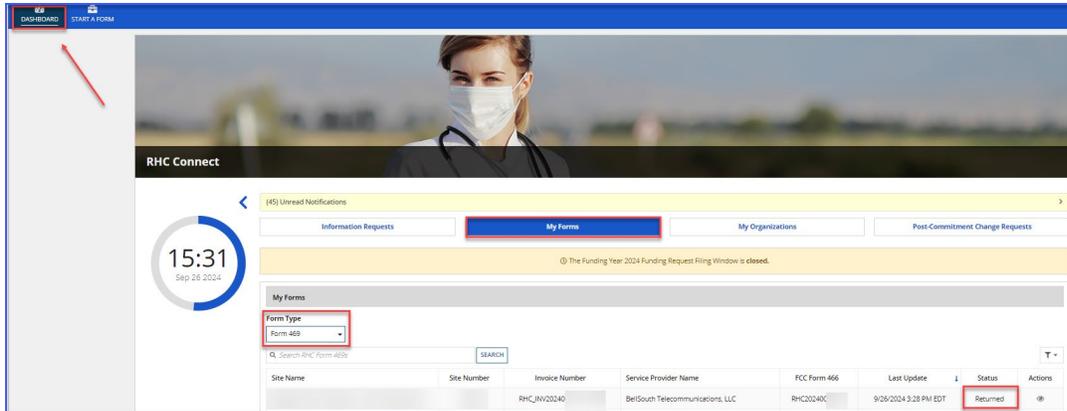
Step 11: The message in the green banner is a confirmation that the invoice has been returned.



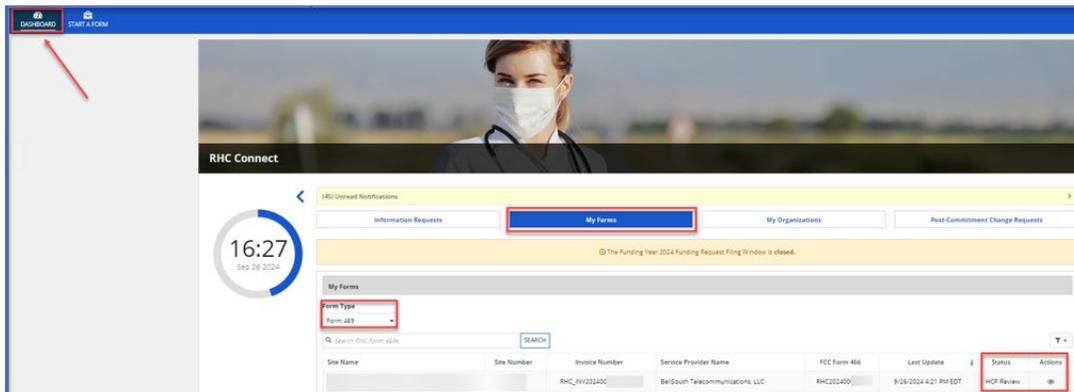
This invoice has been returned. Please go to **My Forms Dashboard** to see latest updates.

CLOSE

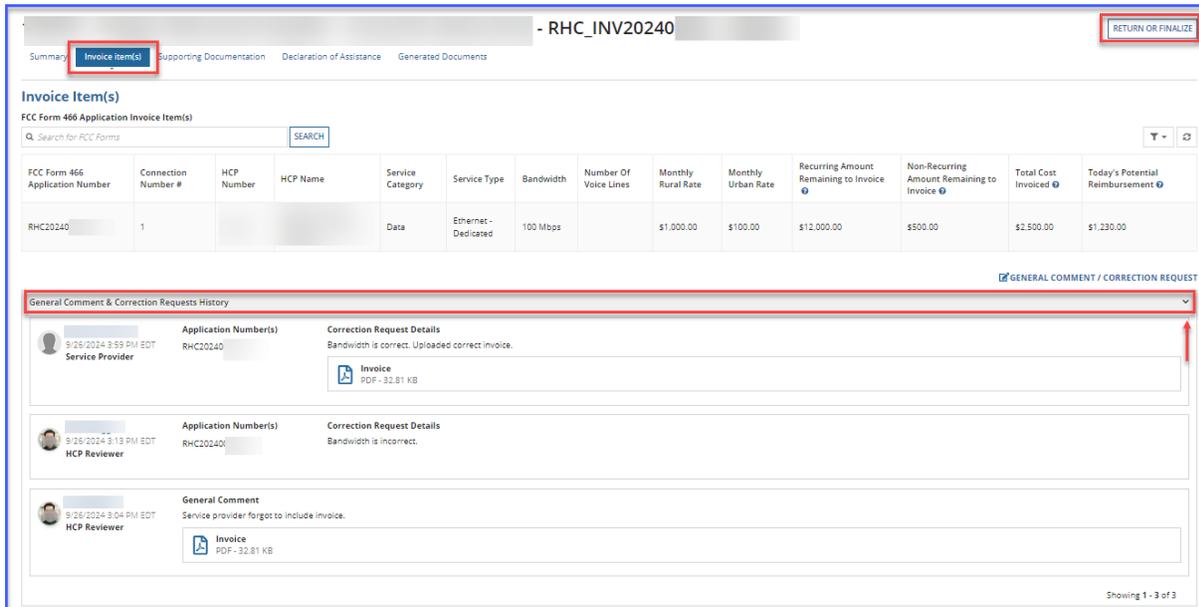
The status of the invoice appears on the **My Forms** tab of the **Dashboard**.



Step 12: Once the service provider addresses the correction request and returns it to the HCP for review, the HCP account holder(s) will receive an email alerting them that there's an FCC Form 469 awaiting their review. Navigate to the **My Forms** tab on the **Dashboard**, select **FCC Form 469** under **Form Type**. The status of the form in the **Status** column will display as **HCP Review**.



Step 13: To resume the review, navigate to **Invoice Item(s)** and click the down arrow to the right of **General Comment & Request History** to view comments and correction requests. Navigate through all sections to confirm all information is correct. On the **Invoice Item(s)** page, click **Return or Finalize**.



- RHC_INV20240 RETURN OR FINALIZE

Summary **Invoice Item(s)** Supporting Documentation Declaration of Assistance Generated Documents

Invoice Item(s)
FCC Form 466 Application Invoice Item(s)

Search for FCC Forms SEARCH

FCC Form 466 Application Number	Connection Number #	HCP Number	HCP Name	Service Category	Service Type	Bandwidth	Number Of Voice Lines	Monthly Rural Rate	Monthly Urban Rate	Recurring Amount Remaining to Invoice	Non-Recurring Amount Remaining to Invoice	Total Cost Invoiced	Today's Potential Reimbursement
RHC20240	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00	\$2,500.00	\$1,230.00

GENERAL COMMENT / CORRECTION REQUEST

General Comment & Correction Requests History

- 9/26/2024 3:59 PM EDT
Service Provider

Application Number(s): RHC20240

Correction Request Details: Bandwidth is correct. Uploaded correct invoice.

Invoice PDF - 32.81 KB
- 9/26/2024 3:13 PM EDT
HCP Reviewer

Application Number(s): RHC20240

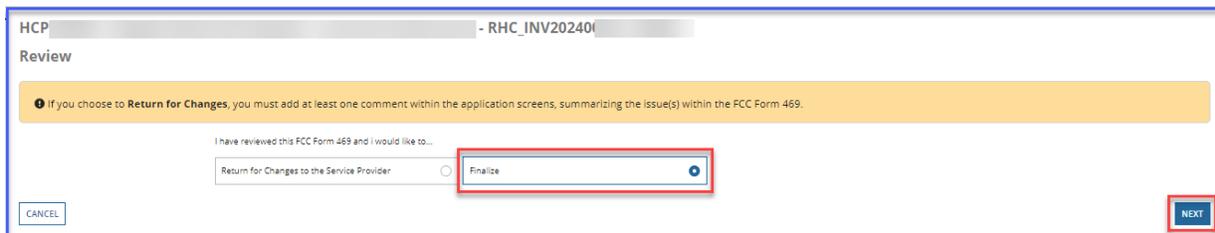
Correction Request Details: Bandwidth is incorrect.
- 9/26/2024 3:04 PM EDT
HCP Reviewer

General Comment: Service provider forgot to include invoice.

Invoice PDF - 32.81 KB

Showing 1 - 3 of 3

Step 14: If everything is correct, click **Finalize**, then click **Next**.



HCP - RHC_INV20240

Review

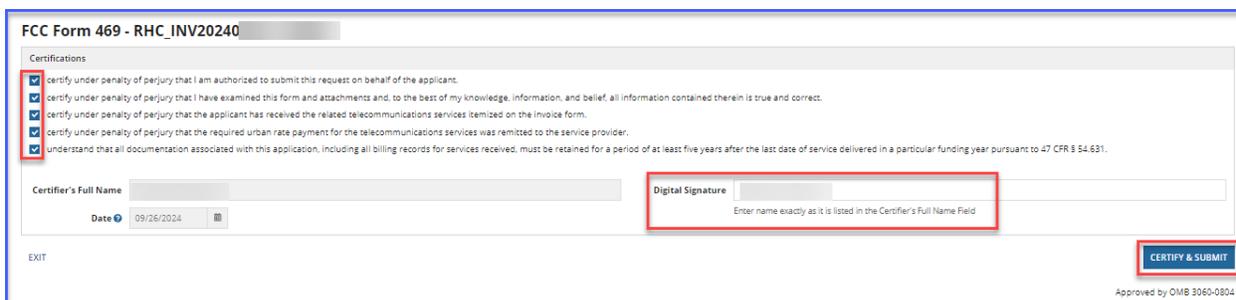
If you choose to **Return for Changes**, you must add at least one comment within the application screens, summarizing the issue(s) within the FCC Form 469.

I have reviewed this FCC Form 469 and I would like to...

Return for Changes to the Service Provider **Finalize**

CANCEL NEXT

Step 15: Read and click all **Certifications**. You are unable to move forward until all certifications are clicked. Type your full name as it appears in RHC Connect in the **Digital Signature** field. Click **Certify & Submit**.



FCC Form 469 - RHC_INV20240

Certifications

- certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.
- 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.
- certify under penalty of perjury that the applicant has received the related telecommunications services itemized on the invoice form.
- certify under penalty of perjury that the required urban rate payment for the telecommunications services was remitted to the service provider.
- understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

Certifier's Full Name

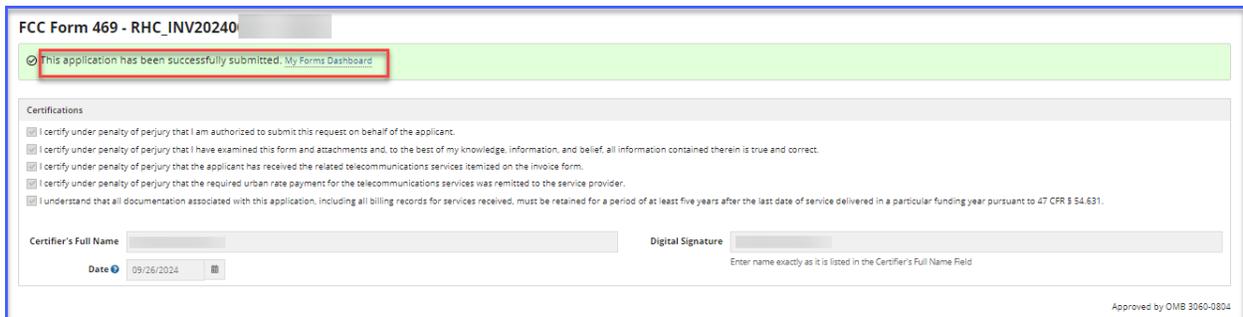
Date 09/26/2024

Digital Signature
Enter name exactly as it is listed in the Certifier's Full Name Field

EXIT CERTIFY & SUBMIT

Approved by OMB 3060-0804

Step 16: Once you click **Certify & Submit**, a message indicating that the application was successfully submitted will be displayed.



FCC Form 469 - RHC_INV20240

This application has been successfully submitted. [My Forms Dashboard](#)

Certifications

- I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.
- 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.
- I certify under penalty of perjury that the applicant has received the related telecommunications services itemized on the invoice form.
- I certify under penalty of perjury that the required urban rate payment for the telecommunications services was remitted to the service provider.
- I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

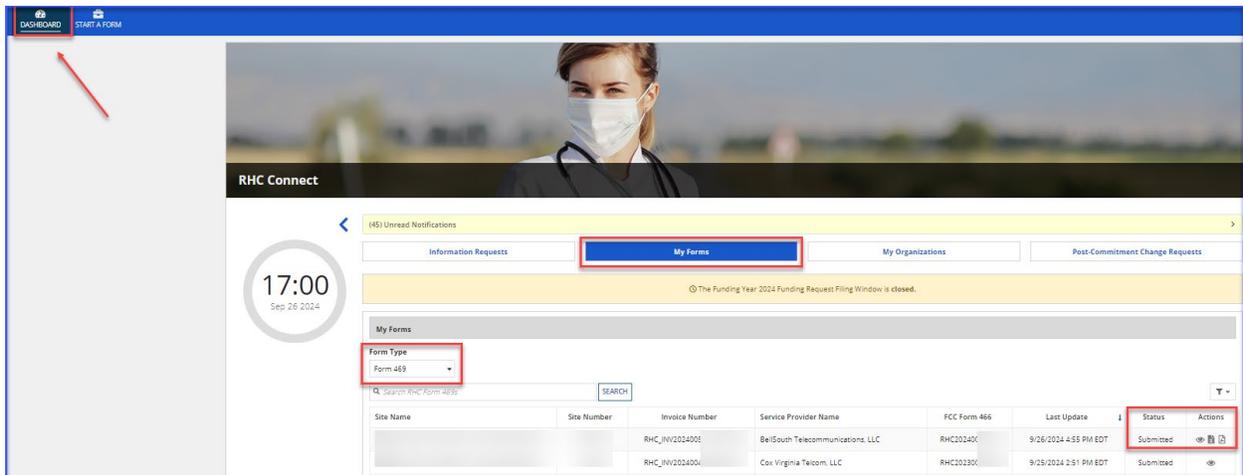
Certifier's Full Name: Digital Signature:

Date: 09/26/2024

Enter name exactly as it is listed in the Certifier's Full Name Field

Approved by OMB 3060-0804

Navigate to the **My Forms** tab on the **Dashboard** and select **Form 469** from the dropdown menu under **Form Type**. Under the **Status** column, the FCC Form 469 should be displayed as **Submitted**. Click the icons under the **Actions** column to view, download an Excel spreadsheet, or download a PDF version of the FCC Form 469.



RHC Connect

17:00 Sep 26, 2024

(45) Unread Notifications

Information Requests | **My Forms** | My Organizations | Post-Commitment Change Requests

The Funding Year 2024 Funding Request Filing Window is closed.

My Forms

Form Type: Form 469

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV2024005	BelSouth Telecommunications, LLC	RHC202405	9/26/2024 4:55 PM EDT	Submitted	
		RHC_INV2024006	Cox Virginia Telecom, LLC	RHC202306	9/25/2024 2:51 PM EDT	Submitted	

Frequently Asked Questions

What happened to the FCC Form 467, Healthcare Provider Support Schedule (HSS), and the Telecom invoice?

Per [FCC Order 23-6](#), for Funding Year (FY) 2024 and forward, the FCC Form 467, the HSS, and the Telecom invoice will be eliminated in the Telecom Program. The FCC Form 469 is the new form that is used for invoicing in the Telecom program. It's aligned with the [FCC Form 463](#), the invoicing form used for the Healthcare Connect Fund (HCF) Program. One key difference is that the service provider will submit the FCC Form 469 in RHC Connect, the applicant will receive an email alerting them of the submission, and the applicant will officially submit the form to USAC by certifying and signing the form.

Who is impacted by this change?

RHC Connect is used for FY2024 and forward in the Telecom Program and for FY2022 and forward for the HCF Program. Connected Care Pilot Program (CCPP) projects are not impacted unless they also participate in the HCF or Telecom Program.

Resources

For more information, visit the [Welcome to RHC Connect – FCC Form 469](#) webpage.

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