

Invoicing Best Practices - Connected Care Pilot Program

October 18, 2023

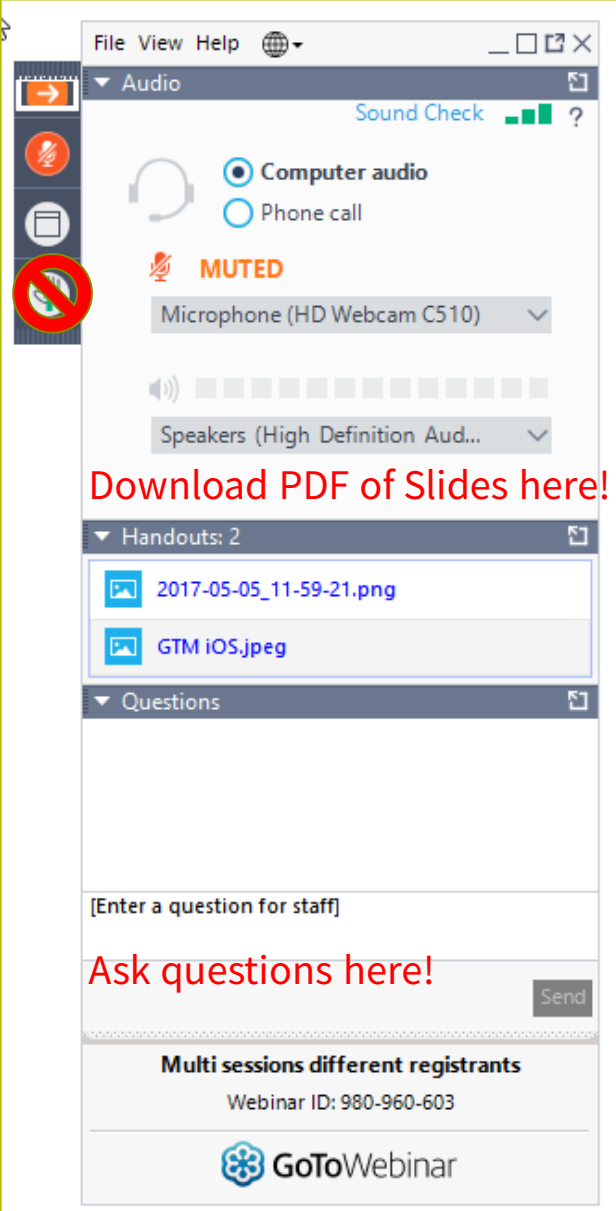


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Handouts: 2

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Questions

[Enter a question for staff]

Ask questions here!

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Multi sessions different registrants

Webinar ID: 980-960-603

GoToWebinar

Download PDF of Slides here!

Meet Our Team



Simone Andrews

Senior Communications
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Advisor of Program
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Agenda

- Invoicing Overview
- Invoicing Process CCPP Program
 - Filing the FCC Form 463 – RHC Account Holders
 - Filing the FCC Form 463 – Service Providers
- Disbursement Process
- 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

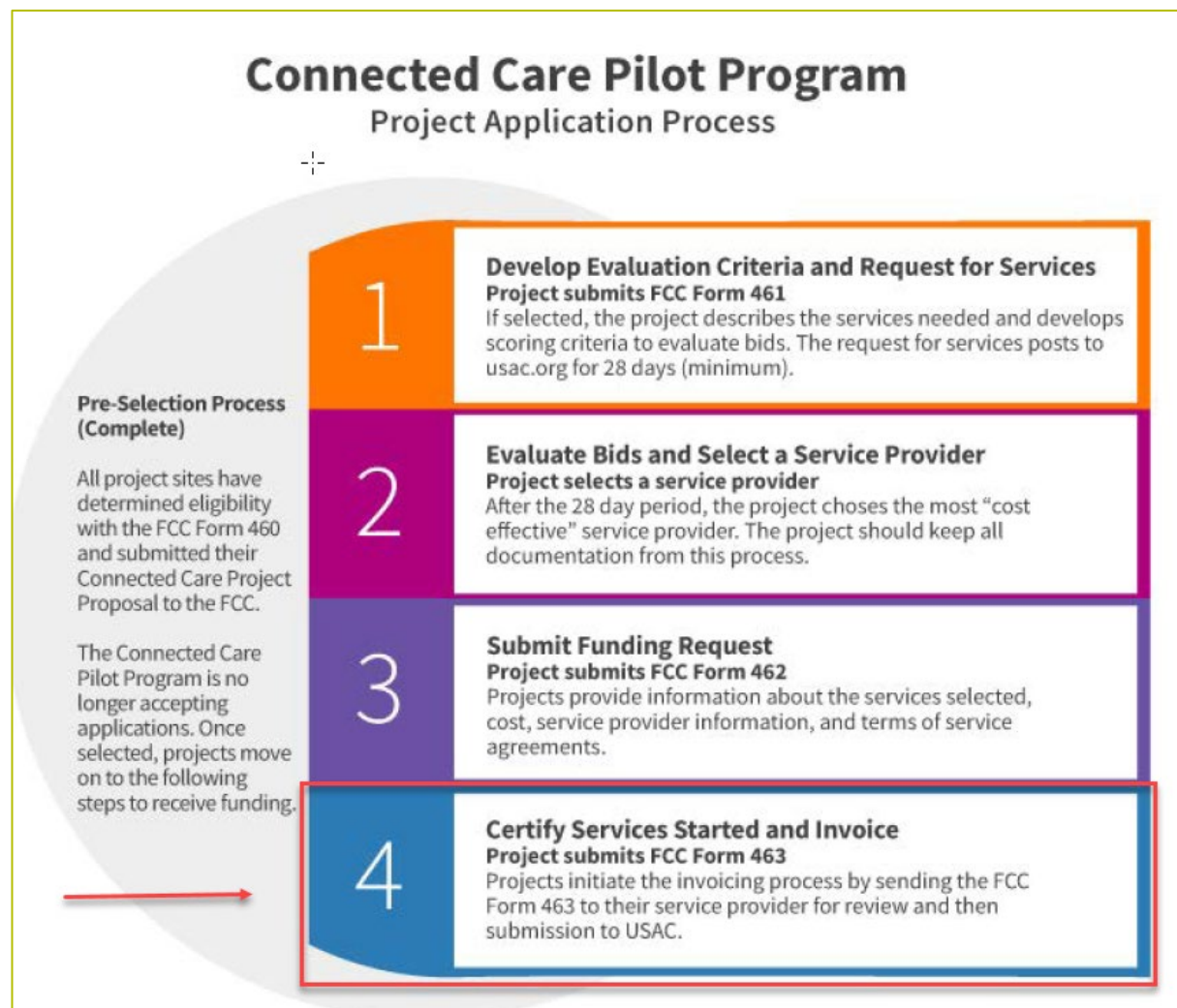
Glossary

Acronym	Definition
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

Invoicing Best Practices – Connected Care Pilot Program

Connected Care Pilot Program (CCPP) Application Process



Reminder: Invoicing Deadlines

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

Funding Commitment Letter (FCL) Date:	08-Dec-2021
Funding Request Number (FRN):	[REDACTED]
Program:	Connected Care Pilot Program
Funding Year (FY):	2021
Service Delivery Deadline:	30-Jun-2024
Invoice Filing Deadline:	28-Oct-2024
Health Care Provider (HCP) Name:	[REDACTED]
HCP Number:	[REDACTED]
HCP Contact Name:	[REDACTED]
HCP Contact Email:	[REDACTED]
HCP Contact Phone:	[REDACTED]
Competitive Bidding Exemption:	[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 14th 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 new [supply chain certifications](#) included in the FCC Form 463 and Telecom program invoice.
- 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](#).
- **FY2022 and FY2023 Applicants:** 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 in FY2023, you cannot invoice for these funds. Instead, you should immediately request a [service substitution](#).
- **FY2024 Applicants:** As you proceed with competitive bidding, please ensure you are not requesting funding for services or equipment from listed covered companies or any of their parents, affiliates and subsidiaries.

Supply Chain Web Page

- [Supply Chain webpage](#)



The screenshot shows the FCC Supply Chain webpage. At the top, there is a navigation bar with links for About, E-rate, Rural Health Care, Lifeline, High Cost, and Service Providers. Below this, a breadcrumb trail reads "USAC | About | Reports & Orders | Supply Chain". On the left side, there is a sidebar menu with "Reports & Orders" as the main heading, and sub-links for "Annual Report", "FCC Filings", "FCC Orders", and "Supply Chain". The "Supply Chain" link is highlighted with a green bar. The main content area features a large blue heading "Supply Chain" followed by a paragraph of text. The text states that since November 2019, the FCC has taken actions to protect national security and the integrity of communications networks. It mentions the "Secure and Trusted Communications Networks Act of 2019" and provides a link to the FCC's actions at www.fcc.gov/supplychain. A second paragraph mentions the "Supply Chain First Report and Order" and its adoption of a rule (47 CFR Section 54.9) prohibiting the use of Universal Service Fund (USF) support for equipment or services from companies posing a national security threat.

Site and Service Substitutions

- Site and service substitutions allow the HCP to reallocate un-invoiced committed funds to substitute the services, modify the services, or provide the requested services to other eligible sites.
- Substitutions allow the flexibility, for an HCP with an approved funding commitment, to spend all of the committed funds, even if the USAC-supported services or the service locations may change over the course of the commitment.
- An HCP may request a site or service substitution if:
 - The substitution is provided for, in the contract, within the change clause, or constitutes a minor modification;
 - The site is an eligible HCP, and the service is an eligible service under the CCPP program;
 - The requested change is within the scope of the controlling Request for Services, including any applicable RFP used in the competitive bidding process; and
 - The substitution does not violate any contract provision or state, Tribal, or local procurement laws.
- HCPs with month-to-month approved funding commitments may not utilize site and service substitutions as they did not apply with a contract.
- Site and service substitutions must be submitted by the service delivery deadline.
- Click here for more information about [site and service substitutions](#).

Questions?

Filing the FCC Form 463 – CCPP Account Holders

Invoicing Best Practices – Connected Care Pilot Program

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		Create 463
					Multiple	Multiple	6/02/2022	06/30/2025	10/28/2025	Approved		Create 463 Extend inv. deadl
							10/06/2022	06/30/2025	10/28/2025	Approved		Create 463 Extend inv. deadl
												Create 463
												Delete
												Create 463
												Create 463

General Information Section

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

The screenshot shows a web form titled "General Information" with a navigation bar at the top containing five radio buttons: "GENERAL INFORMATION" (selected), "FRN SEARCH", "INVOICE LINE ITEMS", "SUPPORTING DOCUMENTATION", and "CERTIFICATIONS". Below the navigation bar, the form has a "Form Guide" link. The main content area contains instructions: "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." and a link for the Paperwork Reduction Act (PRA): "Information about the Paperwork Reduction Act (PRA) is available [here](#)".

The form fields are as follows:

- Line 1: RHC Invoice Number (text input)
- Line 2: FRN (text input)
- Line 3: HCP Number (text input)
- Line 4: Site/Consortium Name (text input)
- Line 5: Funding Year (text input, value: 2022)
- Line 6: Vendor/Applicant Invoice Number (text input)
- Line 7: SPIN/498 ID (text input)
- Line 8: Vendor Name (text input)

At the bottom of the form, there are three buttons: "Save and Exit", "Save and Continue", and "Exit". In the bottom right corner, it says "Approved by OMB 3060-0804".

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](#)

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

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](#)

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

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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
Disconnected Car...	Telehealth solu...	NA /NA	09/28/2023	09/28/2023		\$700.00	1
Disconnected Car...	Telehealth solu...	NA /NA				\$0.00	8
Disconnected Car...	Telehealth solu...	NA /NA				\$0.00	2
Disconnected Car...	Telehealth solu...	NA /NA				\$0.00	5
Disconnected 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
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Invoice Line Items ? Form Guide

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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 \(Excel\)](#)

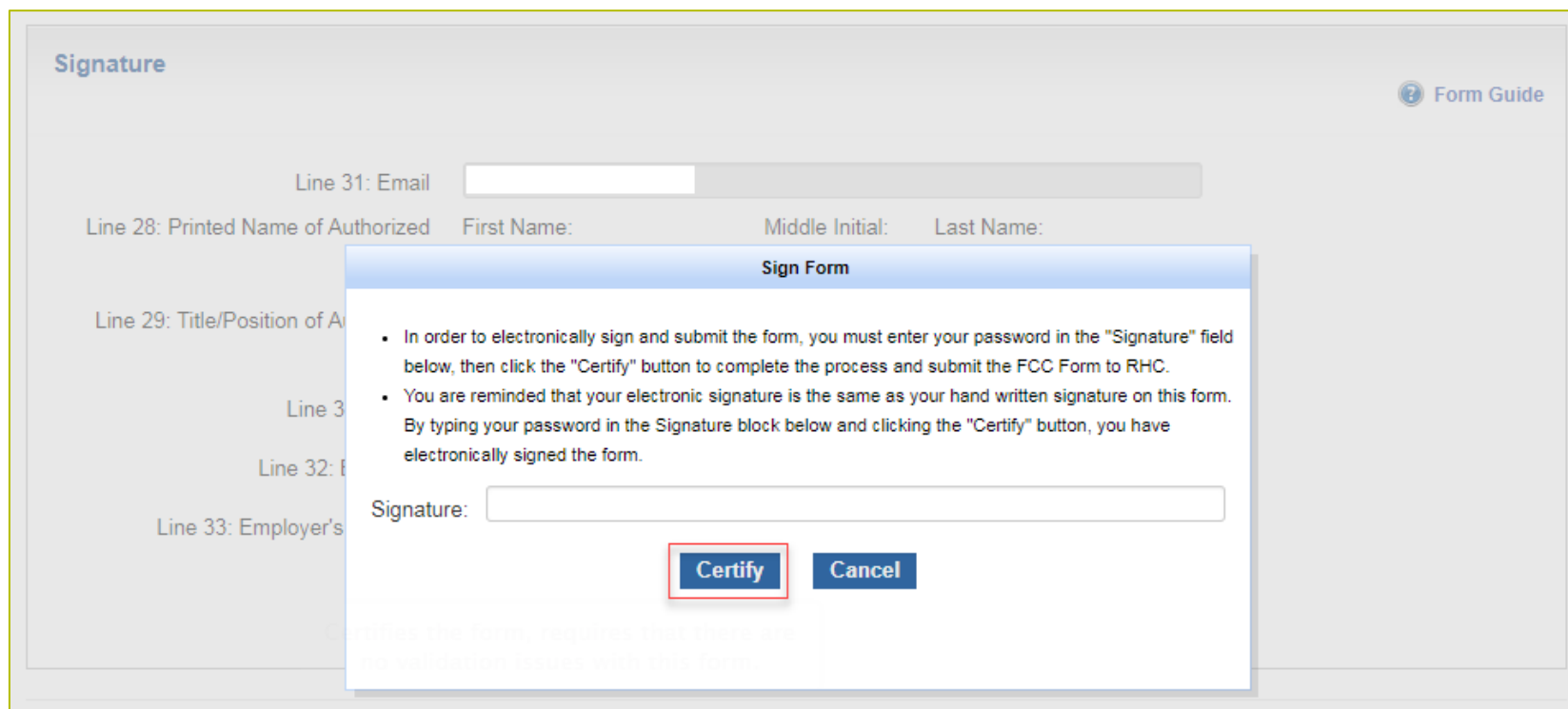
I have reviewed the Form 463 (Excel) and have no changes.

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 32: Employer's", and "Line 33: Employer's". A "Sign Form" dialog box is open, containing the following text:

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**

By clicking the "Certify" button, you certify the form, requires that there are no validation issues with this form.

How do I invoice for one-time install 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

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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

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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 instance, 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 file 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](#)

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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	Eligi fo
		Leased/Tariffed...	Internet	100.0MB /100....	07/01/2019	07/01/2020		\$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.

FRN Search ? Form Guide

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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

Data cannot be modified for this expense while it is included on a substitution or another invoice in process.

Save and Exit Save and Go Back Save and Continue Exit

Commonly Asked Questions (continued)

- Why is USAC requesting supporting documentation for my FCC Form 463?
 - Per [FCC Report and Order 19-78](#), 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, 2021
 Invoice Number: [REDACTED]
 Account Number: [REDACTED] **BAN**
 Security Code: [REDACTED]
 Service At: [REDACTED] **Circuit location**

SPECTRUM BUSINESS NEWS

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Page 2 of 4 June 17, 2021 **HCP name**

[REDACTED] **PHYSICIANS**

Invoice Number: [REDACTED]
 Account Number: [REDACTED] **BAN**
 Security Code: [REDACTED]

Charge Details

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

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	Bandwidth	14.99
High Speed Internet Discount		-20.00
Broadband High Speed Data	12M x 1.5M	189.99
		\$154.94

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	06/18/2021	On Hold	No
Invoice Date	06/17/2021	Default Payment Type	PayMode Direct Deposit	Supplier Document Received	No
Invoice Received Date	07/02/2021	Default Tax Option	Enter Tax Due to Supplier	Supplier's Invoice Number	[REDACTED] Proof of payment matches invoice number
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 **Payment amount**

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

General Operating Account
 CHECK DATE: 06/25/21
 CHECK NO. [REDACTED]
 VENDOR NO. [REDACTED]
 AMOUNT: \$7,626.15
 SEVEN THOUSAND SIX HUNDRED TWENTY-SIX 16/100
 Pay TO THE ORDER OF AT&T [REDACTED]
 HCP PROSPERITY BANK BAY CITY, TEXAS

Proof of payment matches invoice number

INVOICE NO.	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
[REDACTED]	06/11/21	[REDACTED] BAN	4498.80	0.00	4498.80
			3127.35	0.00	3127.35
					Amount paid

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

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?

Filing the FCC Form 463 – Service Providers

Invoicing Best Practices – Connected Care Pilot
Program

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
 - Block 18 must be selected in order to have access to the FCC Form 463

<p>Block 18: Certification to Assist Health Care Providers</p> <p style="text-align: right;"><i>See Instruction Section III.T</i></p> <p>In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund Program must certify, as a condition of receiving support, that they will provide to health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries. USAC may withhold disbursements to the service provider if the service provider, after written notice from USAC, fails to comply with this requirement.</p> <p>95 <input type="checkbox"/> I certify, as a condition of receiving support under the Healthcare Connect Fund Program, that the above-named service provider will provide to health care providers, on a timely basis, all information and documents regarding the supported equipment, facility(ies), or service(s) that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries.</p>
--

- Confirm your account has been assigned a Service Provider Invoicing entitlement
 - If not, you will not be able to view the invoice
- File an [FCC Form 498 revision](#) or contact the Contributor team for help: 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"> Committed \$: Funds approved for estimated support based on an approved FCC Form 462, and issued through a Funding Commitment Letter. Approved Invoiced \$: Funds approved for payment by USAC based on an approved FCC Form 463. 							
FRN	HCP Number	HCP Name	Committed \$	Approved Invoiced \$	Service Delivery Deadline	Invoice Deadline	Download
			\$16,000	\$16,000			
			\$7,900	\$7,900			
			\$24,000	\$24,000			
			\$7,600	\$7,600			
			\$10,000	\$10,000			
			\$11,000	\$11,000			
			\$12,000	\$12,000			

General Information

- General Information:
 - Fields are prepopulated
 - Select “Save and Continue” if correct

The screenshot shows a web-based form titled "General Information". At the top, there is a navigation bar with 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 (PRA). The form contains eight input fields, each with a label and a value:

Line	Field Label	Value
Line 1	RHC Invoice Number	10
Line 2	FRN	20
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, there is a text string: "Approved by OMB 3060-0804".

Excel Review

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

GENERAL INFORMATION EXCEL REVIEW SUPPORTING DOCUMENTATION CERTIFICATIONS

Excel Review [? Form Guide](#)

Download FCC Form 463 (Excel)

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.

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"/> <input type="button" value="Upload"/>

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 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
 - Approval will be held until response is received and reviewed
- Email notification of invoice approval will be sent from rhcadmin@usac.org to account holders after USAC review and approval

Questions?

Disbursement Process

Invoicing Best Practices – Connected Care Pilot
Program

Disbursement Process

- All account holders and service provider will receive email notification from 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."

Important Deadlines and Resources

Invoicing Best Practices – Connected Care Pilot
Program

Important Dates and Deadlines

- 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.
- 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.
- Reports are entered in My Portal.

What	Deadline to submit
First Annual Report - Three years from start date on Funding Commitment Letter (FCL)	Six months after first year ends
Second Annual Report	Six months after second year ends
Third/Final Annual Report	Six months after third year ends

Invoicing Webpage - CCPP

- For more information, visit [Step 5: Invoice USAC](#)

Connected Care Pilot Program ← Step 4

Pre-Selection Process (Complete)

[Step 1: Develop Bid Evaluation Criteria & Select Services](#)

[Step 2: Evaluate Bids and Select Service Provider](#)

[Step 3: Submit Funding Requests](#)

[Step 4: Review FCL](#)

[Step 5: Invoice USAC](#)

[Learn](#)

Step 5: Invoice USAC

Invoicing is a joint process between you and your service provider using the FCC Form 463 (Invoice and Request for Disbursement Form).

Service providers and vendors providing services to Connected Care Pilot Program participants must register by submitting [FCC Form 498](#).

Invoicing Process

Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463. You must certify that the information in the form and attachments is accurate and that you have paid the 15% contribution from an eligible source. Next, you send the FCC Form 463 to the service provider for approval through My Portal. The service provider reviews the FCC Form 463 and certifies its accuracy, and then submits the form to USAC. Once USAC receives the FCC Form 463, it processes the form and, if approved, funds are then distributed to the service provider.

Invoicing Deadline

Once you have received the eligible services and/or equipment, you and your service provider must submit invoicing forms (FCC Forms 463). Please keep in mind an FCC Form 463 is only considered submitted to USAC once it is approved, signed, and certified by both you and the service provider. Invoicing is a two-step process and more information can be found on this Connected Care invoicing tip sheet. The invoice deadline is the same as the invoice deadline for the RHC programs, 120 days after your service delivery deadline.

RHC Program Customer Service Center



Email: 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

The RHC Customer Service Center CAN	The RHC Customer Service Center CANNOT
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?

Thank You!



**Universal Service
Administrative Co.**