



# **FY2024 Telecommunications (Telecom) Program Invoicing**

Submitting the FCC Form 469 in RHC Connect  
October 30, 2024

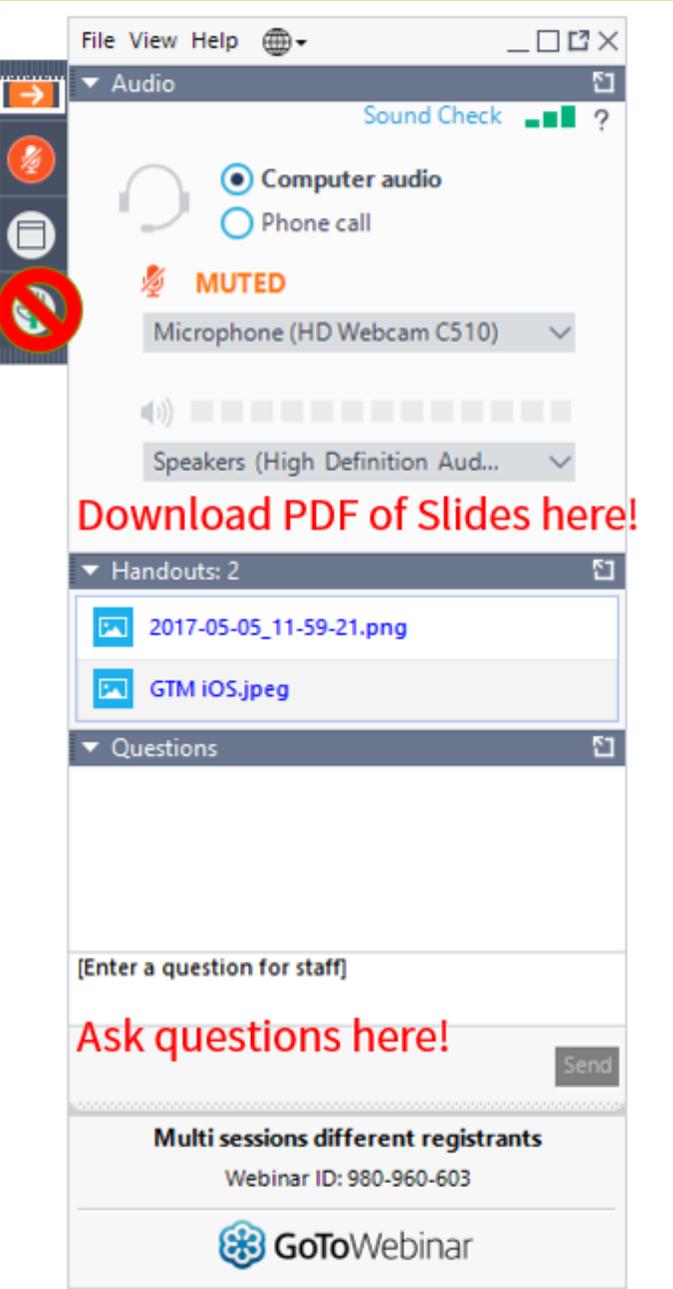
## **DISCLAIMER:**

To accommodate all attendees, real-time closed captions will be present during this presentation. We apologize in advance for any transcription errors or distractions. Thank you for your support.

Please be aware that this webinar will be recorded.

# Housekeeping

- Use the “Audio” section of your control panel to select an audio source and connect to sound.
  - Turn on your computer’s speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute.
- Submit questions at any time using the “Questions” box.



The screenshot shows a GoToWebinar control panel window. The title bar includes 'File View Help' and window control icons. The 'Audio' section is expanded, showing 'Sound Check' with a green indicator and a help icon. Below this, there are radio buttons for 'Computer audio' (selected) and 'Phone call'. A red 'MUTED' indicator is visible next to a microphone icon. The microphone dropdown menu is set to 'Microphone (HD Webcam C510)'. Below the microphone, there is a volume slider and a speaker icon, with the speaker dropdown menu set to 'Speakers (High Definition Aud...)'. A red circle with a slash is drawn over the microphone icon. The 'Handouts: 2' section is expanded, showing two files: '2017-05-05\_11-59-21.png' and 'GTM iOS.jpeg'. The 'Questions' section is expanded, showing a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. A red text overlay 'Ask questions here!' is positioned above the 'Send' button. At the bottom of the control panel, there is a section for 'Multi sessions different registrants' with the 'Webinar ID: 980-960-603' and the GoToWebinar logo.

Download PDF of Slides here!

Ask questions here!

Multi sessions different registrants  
Webinar ID: 980-960-603

GoToWebinar

# Meet Our Team



**Simone Andrews**

Senior Communications  
Specialist | RHC Outreach



**Blythe Albert**

Advisor of Program  
Management | RHC Outreach

# Agenda

- Invoicing Overview and Program Updates
- Invoicing Process Telecom Program
  - Filing the FCC Form 469 – Service Providers
  - Filing the FCC Form 469 – Health Care Providers (HCPs)
- Disbursement Process
- Resources

# By the end of the webinar, you will be able to...

- *Understand the Telecommunications (Telecom) Program invoicing process and deadlines*
- *Mark your calendars with upcoming invoice filing deadlines*
- *Identify the steps to submit the FCC Form 469 invoice for USAC review*
- *Identify resources to help you submit the FCC Form 469 invoice*
- *Understand the disbursement process*

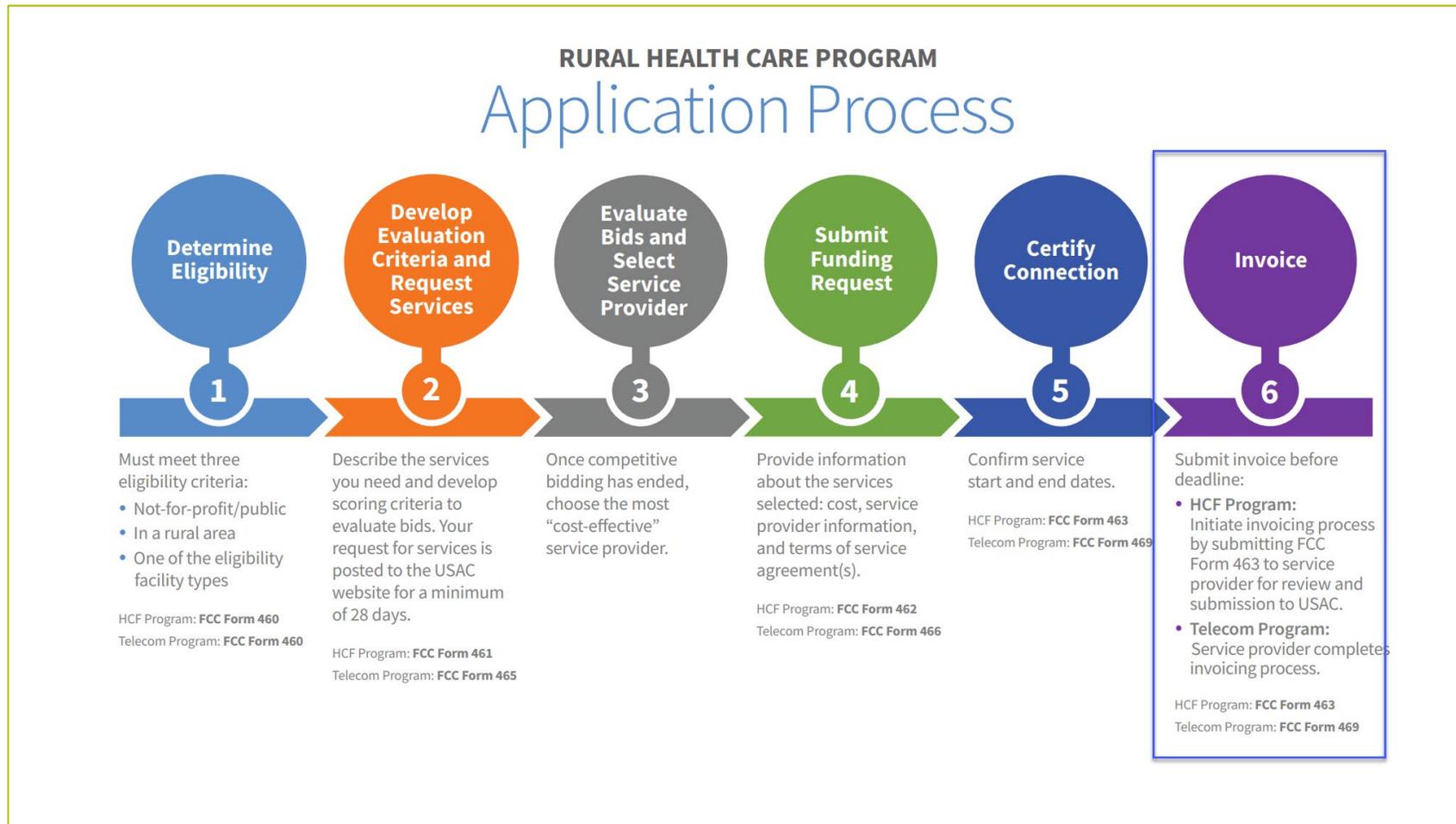
# Glossary

<b>Acronym</b>	<b>Definition</b>
FCC	Federal Communications Commission
HCF	Healthcare Connect Fund
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 and Program Updates

Submitting the FCC Form 469 in RHC Connect

# Application Process



## RHC Connect – FCC Form 469

- FCC Form 469 for approved FY2024 FRNs will be submitted in RHC Connect.
- FCC Forms 467 and the Telecom invoice should be submitted in My Portal to close out FY2023 by the invoice filing deadline for all approved FCC Forms 466.
- All Connected Care Pilot Program (CCPP) forms will remain in My Portal.

# Invoice Filing Deadlines

- The invoice filing deadline, per FCC [Report and Order 19-78](#), is four months (120 days) from the service delivery deadline in both the HCF and Telecom Programs.
  - For more information, please see the [HCF invoice page](#) and [Telecom invoice page](#).
  - Invoice filing deadlines can be found on our website by going to the Open Data platform and clicking on the [Rural Health Care Commitments and Disbursements \(FCC Form 462/466/466A\)](#) webpage.
    - The invoice filing deadline can be found in the last column of the searchable table when viewing data or in Column BE of the Excel spreadsheet.

# FCC 23-110 Third Report and Order

- On December 14, 2023, the FCC released [Order FCC 23-110](#). This is a summary of the changes to RHC program rules as follows:
  - Permits health care providers to be granted conditional eligibility, thus allowing them to initiate competitive bidding and request funding while awaiting a final eligibility determination.
  - Provides health care providers more time to complete Service Provider Identification Number (SPIN) changes by moving the SPIN change deadline to align with the invoice filing deadline (Beginning in FY2023).
  - Simplifies urban rate calculations by eliminating the seldom-used “standard urban distance” component of the rule for determining urban rates in the Telecommunications (Telecom) Program (Beginning in FY2025).
  - Allows health care providers to request changes to the dates covered by an evergreen contract post-commitment (Beginning in FY2024).
  - Adopts the FCC Form 460 for eligibility determinations in the Telecom Program, which will eliminate the need for Telecom Program participants to seek an eligibility determination every time they engage in competitive bidding.

# Supply Chain Order

- As a reminder, when service providers login to [My Portal](#) and RHC Connect, they will see two new [supply chain certifications](#) included in the FCC Form 463, the Telecom Program invoice, and the FCC Form 469.
- 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](#).
- **FY2024 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](#).
- **FY2025 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](#)

About ▾ E-rate ▾ Rural Health Care ▾ Lifeline ▾ High Cost ▾ Service Providers ▾

USAC | About | Reports & Orders | **Supply Chain**

**Reports & Orders**

- Annual Report
- FCC Filings
- FCC Orders
- Supply Chain**

## Supply Chain

Since November 2019, the FCC has taken a number of actions to protect the national security of the United States, the security and safety of United States persons, and the integrity of communications networks or the communications supply chain. The FCC has also implemented the [Secure and Trusted Communications Networks Act of 2019](#) . The FCC's actions can be found at [www.fcc.gov/supplychain](http://www.fcc.gov/supplychain) .

In November 2019, the FCC released the [Supply Chain First Report and Order](#) adopting a rule (47 CFR Section 54.9) which prohibits the use of Universal Service Fund (USF) support to purchase, obtain, maintain, improve, modify, operate, manage, or otherwise support equipment or services produced or provided by companies found to pose a national security threat to the integrity of communications networks or the communications supply chain.

**Questions?**

# Submitting the FCC Form 469 – Service Providers

Submitting the FCC Form 469 in RHC Connect

# FCC Form 469 – Telecom Program

- The FCC Form 469 is the new form for the Telecom Program.
- Per [FCC Order 23-6](#), it's aligned with the FCC Form 463.
- 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 FY2024, the FCC Form 467, the Healthcare Provider Support Schedule (HSS), and the Telecom invoice will be eliminated in the Telecom Program.

# My Portal Landing Page

- Log in to My Portal and click **Rural Health Care**.

The screenshot shows the 'My Portal' landing page for Universal Service Administrative Co. The page features a blue header with the company logo and name. Below the header is a 'Dashboard' section. On the left, there is a calendar view with three upcoming dates: 10/01/2024 for 'Annual 54.314 Certification Due', 10/07/2024 for '3Q2024 Performance Measures Testing Data', and 10/09/2024 for 'October 2024 Monthly Webinar'. A link to 'see full calendar' is located below the calendar. On the right, there is a vertical menu with five items: 'High Cost', 'Lifeline', 'Rural Health Care' (highlighted with a red box), 'Service Providers', and 'USAC Customer Service Portal'. Each menu item has a downward-pointing chevron icon to its right.

Universal Service Administrative Co.	
Dashboard	
Upcoming Dates	High Cost
10/01 2024 Annual 54.314 Certification Due	Lifeline
10/07 2024 3Q2024 Performance Measures Testing Data	<b>Rural Health Care</b>
10/09 2024 October 2024 Monthly Webinar	Service Providers
<a href="#">see full calendar</a>	USAC Customer Service Portal

# My Portal Landing Page (continued)

- Click **RHC Connect**.

## Dashboard

 Upcoming Dates

10/01 2024 **Annual 54.314 Certification Due**

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10/07 2024 **3Q2024 Performance Measures Testing Data**

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10/09 2024 **October 2024 Monthly Webinar**

[see full calendar](#)

High Cost 

Lifeline 

Rural Health Care 

**Telecom Invoice** - Service Providers must use this page to submit and manage invoices in the Telecommunications (Telecom) Program for FY2023 and earlier.

**My Portal FCC Form 463** - Service providers must use this page to submit and manage invoices (FCC Forms 463) in the Healthcare Connect Fund (HCF) Program for FY2021 and earlier, and the Connected Care Pilot Program (CCPP).

**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.

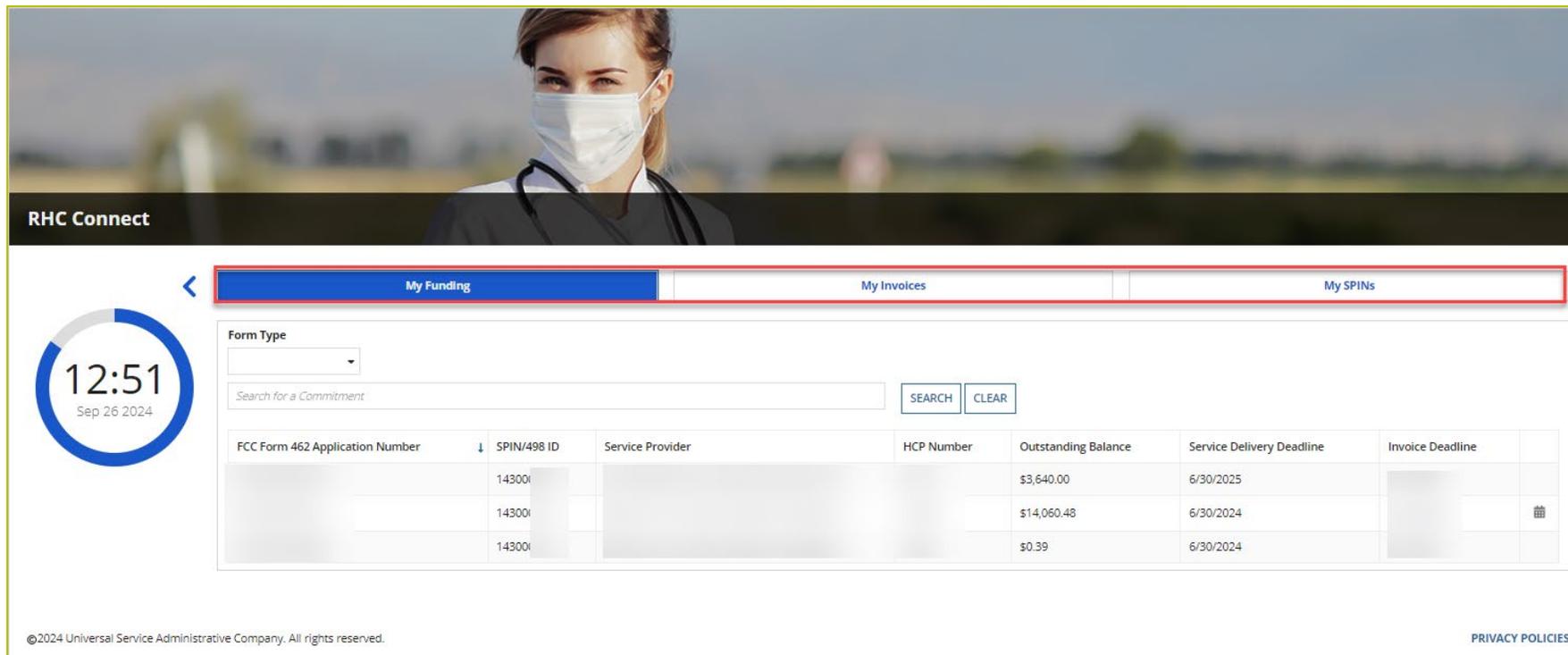
### Help?

[Send us a message](#)  
[Click here](#)

**Call us**  
(888) 641-8722

# Dashboard

- The **My Funding** tab is a summary of all commitments associated with your SPIN.
- The **My Invoices** tab displays the status of all invoices associated with your SPIN.
- The **My SPINs** tab displays all of the SPINs you have entitlements for.



**RHC Connect**

12:51  
Sep 26, 2024

My Funding | My Invoices | My SPINs

Form Type

Search for a Commitment

FCC Form 462 Application Number	SPIN/498 ID	Service Provider	HCP Number	Outstanding Balance	Service Delivery Deadline	Invoice Deadline
	143001			\$3,640.00	6/30/2025	
	143001			\$14,060.48	6/30/2024	
	143001			\$0.39	6/30/2024	

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# Dashboard

- Click **START AN FCC FORM 469**.

**DASHBOARD** **START A FCC FORM 469**

RHC Connect

14:19  
Sep 24 2024

My Funding My Invoices My SPINs

Form Type  
FCC Form 462

Search for a Commitment SEARCH CLEAR

FCC Form 462 Application Number	SPIN/498 ID	Service Provider	HCP Number	Outstanding Balance	Service Delivery Deadline	Invoice Deadline
RHC202400	14300			\$1,137.50	6/30/2025	10/28/2025
RHC202400	14300			\$409,500.00	6/30/2025	10/28/2025
RHC202300	14300			\$6,305.00	6/30/2025	10/28/2025
RHC202300	14300			\$4,595.50	6/30/2024	2/25/2025
RHC202300	14300			\$39,039.00	6/30/2024	10/28/2024
RHC202300	14300			\$1,313.00	6/30/2024	10/28/2024

# Start Page

- 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**.

DASHBOARD START A FCC FORM 469

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

Start

Paperwork Reduction Act (PRA)

⚠ Note: Once you select an SPIN/498 ID and click continue, you will **not** be able to change your selection.

SPIN/498 ID  
14300

EXIT

SAVE & CONTINUE

Approved by OMB 3060-0804

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

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# Invoice Items – Status Column

## Not Available

- If the FRN is on submitted FCC Form 469, you must wait until the submitted FCC Form 469 is processed and disbursed.
- If the FRN is on a draft FCC Form 469, delete the draft before creating a new form.
- All funds have been invoiced and disbursed.

## Ready

- FRN is available for filing an FCC Form 469

FCC Form 469 - [REDACTED]

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

**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
RHC2024000221	1	[REDACTED]	[REDACTED]	Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC2024000211	1	[REDACTED]	[REDACTED]	Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00			Ready
RHC2024000210	1	[REDACTED]	[REDACTED]	Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready

# Invoice Items

- Select FRN and complete information in the fields.
- Use the search bar to select multiple FRNs.
- Service providers can add multiple FRNs to a single invoice.

**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
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$1,100.00	\$500.00	\$0.00	\$0.00			Not Available
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$1,000.00	\$100.00	\$12,000.00	\$500.00			Ready
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$5,050.00	\$512.00	\$60,600.00	\$200.00			Ready
RHC202400	1			Voice	Voice Grade Business Line(s)		10	\$270.00	\$82.00	\$3,240.00	\$0.00			Ready
RHC202400	1			Data	Ethernet - Dedicated	100 Mbps		\$2,000.00	\$200.00	\$24,000.00	\$0.00			Ready

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RHC20240000211 | 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**

# Recurring Expense Type

- Enter the following information:
  - Service Start Date
  - Billing Period Start Date
  - Billing Period End Date
  - Total Cost Invoiced

RHC20240000211 | 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**      **Billing Period End Date**  
07/01/2024       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 >

# Recurring Expense Type (continued)

- Click the arrow beside **Show Calculations for Recurring Expense Type** to understand how the system is calculating the potential reimbursement.

Show Calculations for Recurring Expense Type ▶

Total Approved Monthly Rural Cost from Approved FCC Form 466	<b>\$1,000.00</b>
Total Approved Monthly Urban Cost from Approved FCC Form 466	<b>\$100.00</b>

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	<b>\$2,000.00</b>
Today's Potential Recurring Reimbursement	<b>\$1,080.00</b>

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%)

# Recurring Expense Type (continued)

- If the amount entered is equal to or less than the **Minimum Amount for the Chosen Period**, a warning message will be displayed.

RHC20240000211 | 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**      **Billing Period End Date**  
07/01/2024 ⓘ      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 >

# Non - Recurring Expense Type

- Enter the following information:
  - Service Installation Date
  - Billing Date
  - Total Cost Invoiced
- For non-recurring expense types, only one FCC Form 469 may be submitted.
  - Please wait to submit until you're ready to submit an invoice for the entire charge.

The screenshot shows a web form titled "Non-Recurring Expense Type". The form contains the following fields and values:

- Total Cost Remaining to Invoice**: \$500.00
- Service Installation Date**: 07/01/2024
- Billing Date**: 07/08/2024
- Total Cost Invoiced**: \$500.00
- Today's Potential Non-Recurring Reimbursement**: \$150.00

A red rectangular box highlights the "Service Installation Date", "Billing Date", "Total Cost Invoiced", and "Today's Potential Non-Recurring Reimbursement" fields. At the bottom of the form, there is a button labeled "Show Calculations for Non-Recurring Expense Type" with a right-pointing arrow.

# Non-Recurring Expense Type (continued)

- Click the arrow beside **Show Calculations for Non-Recurring Expense Type** to understand how the system is calculating the potential reimbursement.

**Show Calculations for Non-Recurring Expense Type** ↗

Total Approved One-time Rural Rate Charge from Approved FCC Form 466	<b>\$500.00</b>
Total Approved One-time Urban Rate Charge from Approved FCC Form 466	<b>\$250.00</b>
Percent Eligible for Use	<b>60 %</b>
Pro-rata Percentage	<b>100 %</b>
Total Non-Recurring Commitment from Approved FCC Form 466	<b>\$500.00</b>

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	<b>\$500.00</b>
Today's Potential Non-Recurring Reimbursement	<b>\$150.00</b>

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%)

# Non-Recurring Expense Type (continued)

- If the amount entered is equal to or less than the **Total Cost Remaining to Invoice**, a warning message will be displayed since non-recurring costs may only be invoiced once.
- If the amount entered is equal to or less than the **One-Time Urban Rate Charge** on the FCC Form 466, a warning message will be displayed.

### 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**  ⓘ

**Total Cost Invoiced** ⓘ

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 >

# Billing and Circuit Information

- Information is pre-populated based on information in the approved FCC Form 466.
- If information is correct, click **Add to 469**.

**Billing and Circuit Information**

Connection 1

Billing Account Number

Where is the site's location on the circuit?

The circuit starts at the site location

The circuit ends at the site location

Billed Circuit Miles: 70

Total Billed Miles: 70

**Enter Circuit Start Location**

Street Address

Street Address 2 (Optional)

City

State

Zip Code

**Circuit End Location**

Street Address

Street Address 2 (Optional)

City

State

Zip Code

CANCEL ADD TO 469

# Voice Lines

- If the number of approved voice lines has changed, enter the corrected number in the editable field titled **Number of Voice Lines**.
- Warning message will appear if the value entered is less than the number of voice lines on the committed FCC Form 466.
- Note: the system will not recalculate the cost so the service provider and HCP must ensure the total cost invoiced is correct based the reduced number of lines.

RHC20240000204 | Connection Number 1

Bandwidth

Number of Voice Lines

10

Recurring Expense Type

Total Cost Remaining to Invoice ⓘ

\$3,240.00

Service Start Date

mm/dd/yyyy

Billing Period Start Date

mm/dd/yyyy

Billing Period End Date

mm/dd/yyyy

RHC20240000204 | Connection Number 1

ⓘ Value entered is less than the number of voice lines committed on the FCC Form 466 application. The Maximum Amount for Chosen Period will calculate based on the original FCC Form 466 amounts. Please ensure the Total Cost Invoiced accounts for the actual number of voice lines entered.

Bandwidth

Number of Voice Lines

9

Recurring Expense Type

Total Cost Remaining to Invoice ⓘ

\$3,240.00

Service Start Date

mm/dd/yyyy

Billing Period Start Date

mm/dd/yyyy

Billing Period End Date

mm/dd/yyyy

# Invoice Item(s)

- Once all invoice items have been added, click **Save & Continue**.
- Note, multiple FRNs for multiple HCPs may be added to an FCC Form 469.

**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
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 >

EXIT

# Supporting Documentation

- Click **Upload** to upload 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**

Up to ten (10) documents at a time.

**CONFIRM DOCUMENT UPLOAD(S)**

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

EXIT BACK **SAVE & CONTINUE**

# Supporting Documentation (continued)

- Use the dropdown menu for **Document Type** to select **Invoice** or **Proof of Payment** or select **Other** and enter a description of the document.
- Select the **FCC Form 466 Application Number**.
- Click the red **x** to remove a document, 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)

UPLOAD Drop files here

Up to ten (10) documents at a time.

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

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

EXIT BACK **SAVE & CONTINUE**

# Declaration of Assistance

- Click the correct radio button to indicate whether any third parties were involved during the competitive bidding process.
- If **No** is selected, click **Save & Continue**.

FCC Form 469 - [REDACTED]

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

### Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program?

Yes

No

EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

# Declaration of Assistance (continued)

- If **Yes** is selected, click the **Add Contact** hyperlink and enter information about the third-party assistance.
- Once all fields are complete, click **Save** to continue.

**Declaration of Assistance**

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program?

Yes  
 No

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

[+ Add Contact](#)

**Add a New Contact**

First Name  Middle Initial (Optional)  Last Name

Organization Type

Title/Role

Employer

Address Line 1  Address Line 2 (Optional)

City  State  Zip Code

Email

Phone  Extension (Optional)

Nature of Relationship

# Declaration of Assistance (continued)

- Once the information is saved, it will be displayed on the screen.
- Click **Edit** or **Delete** to remove or make changes, then click **Save & Continue**.

FCC Form 469 - [REDACTED]

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

### Declaration of Assistance

Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program?

Yes  
 No

Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Actions
john smith	ceo	consultant	smldkemls	AR	john@consultant.com	(202) 555-5555	Edit   Delete

+ Add Contact

EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

# Certifications

- Read and click all certifications.
- All certifications must be clicked to continue.
- **Service Provider Invoice Nickname** is an optional field 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** [Redacted]

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
[Redacted]	[Redacted]	RHC202400	RHC_INV202400	[Redacted] 0/100

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 [Redacted] Digital Signature [Redacted]

Date 09/26/2024

EXIT BACK **CERTIFY & SUBMIT**

# After Submitting

- Once you click **Certify & Submit**, this message will appear.
- Click the arrow at the far right. to see the **Application Summary**.
- If there are multiple FCC Forms 466 for multiple HCPs on a single FCC Form 469, the system will generate unique invoice numbers based on each unique HCP.

FCC Form 469 - RHC\_ [REDACTED]

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
[REDACTED]	[REDACTED]	[REDACTED]	RHC_ [REDACTED]	[REDACTED]

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.

# Returned 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, it's considered submitted to USAC.

# Returned to Service Provider

- Navigate to the **Dashboard**.
- Navigate to the **My Invoices** tab and the invoice will appear as **Returned** under the **Status** column.
- Click the icon to view, resume or delete the FCC Form 469.
- Click the forward arrow to resume the form.

The screenshot shows the RHC Connect interface. At the top, there are three tabs: 'My Funding', 'My Invoices' (highlighted with a red box), and 'My SPINs'. On the left, a circular clock displays '15:38 Sep 26 2024'. Below the clock is a 'Form Type' dropdown menu set to 'FCC Form 469'. A search bar contains the text 'Search Form 469 - Service Providers' and a 'SEARCH' button. To the right of the search bar is a 'STATUS' dropdown menu set to 'Any'. A 'CREATE A FCC FORM 469' button is located in the top right corner. The main content is a table with the following columns: Invoice Number, Site Name, Site Number, FCC Form 466, Invoice Filing Deadline, Status, and an action column with icons for view, resume, and delete. The last row of the table has the status 'Returned' highlighted with a red box, and its action icons are also highlighted with a red box.

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_INV2024001			RHC2024001	2025-10-28	Returned	👁️ ⏪ 🗑️

# Returned to Service Provider (continued)

- Navigate to the **Invoice Item(s)** page.
- Select **Correction Request** and select the **Application Number**.
- Click the down arrow to view **General Comment & Correction Requests History**.
- Leave a comment and upload a file, if necessary, then click **Save & Continue**.

FCC Form 469 - RHC\_INV20240

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

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

Q 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**

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
9/26/2024 3:13 PM EDT HCP Reviewer	RHC202400	Bandwidth is incorrect.
9/26/2024 3:04 PM EDT HCP Reviewer		General Comment Service provider forgot to include invoice. <b>Invoice</b> PDF - 32.81 KB

Showing 1 - 2 of 2

EXIT BACK **SAVE & CONTINUE**

Approved by OMB 3060-0804

# Returned to Service Provider (continued)

- 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 09/26/2024

Digital Signature

EXIT BACK **CERTIFY & SUBMIT**

Approved by OMB 3060-0804

# After Submitting

- Once you click **Certify & Submit**, this message will appear.
- Click the arrow at the far right. to see the **Application Summary**.

FCC Form 469 - RHC\_ [redacted]

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
[redacted]	[redacted]	[redacted]	RHC_ [redacted]	

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.

# What to Expect After Submitting to USAC

- An invoice is not considered submitted until approved by the HCP and received by USAC.
- With no Information Requests, the review generally takes about 30 days.
- If an Information Request is sent, it will come from [rhcadmin@usac.org](mailto:rhcadmin@usac.org).
  - Respond to the Information Request in RHC Connect.
  - Email notifications sent from RHC Connect are from an unattended mailbox.
  - Use the [Information Request tip sheet](#) on the USAC website as a resource.
- Approval will be held until response is received and reviewed.
- Email notification of invoice approval will be sent from [rhcadmin@usac.org](mailto:rhcadmin@usac.org) to all account holders.

# Filing the FCC Form 469 – Applicants

Submitting the FCC Form 469 in RHC Connect

# HCP Review

- An email notification will be sent to account holders stating that there's an invoice available for review.
- Log in to RHC Connect.
- Carefully review form for accuracy.
  - Confirm billing period and invoiced amount.
  - If inaccurate, return invoice to the service provider.
- Certify and sign the FCC Form 469.

# My Portal Landing Page

- Log in to My Portal and click **RHC Connect**.

The screenshot shows the 'My Portal' landing page for Universal Service Administrative Co. The page has a blue header with the company logo and name. Below the header is a 'Dashboard' section. On the left, there is a 'Upcoming Dates' section with a calendar icon, listing three events: '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 'Rural Health Care' section with an upward arrow icon. This section contains three informational boxes: 'RHC Connect' (highlighted with a red border), 'RHC My Portal', and 'Connected Care Pilot Program'. The 'RHC Connect' box explains that health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program and the Telecommunications (Telecom) Program. The 'RHC My Portal' box explains that health care providers must use this section to create and submit required forms for the Connected Care Pilot Program (CCPP), the HCF Program for multi-year commitments, and the Telecom Program. The 'Connected Care Pilot Program' box explains that health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

Universal Service Administrative Co.

## Dashboard

### Upcoming Dates

11/13 2024 HCF Program Funding Request Webinar

11/20 2024 Telecom Funding Request Webinar

12/11 2024 HCF Consortium Best Practices Webinar

### Rural Health Care

**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.

**RHC My Portal** - Health care providers must use this section to create and submit required forms for the Connected Care Pilot Program (CCPP), for the Healthcare Connect Fund (HCF) Program for multi-year commitments from FY2021 and earlier, and for the Telecommunications (Telecom) Program for FY2023 and earlier.

**Connected Care Pilot Program** - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

# Dashboard

- On the **My Forms** tab, you can view the status of all forms.
- Select **FCC Form 469** from the dropdown menu under **Form Type**.
- Invoices waiting for HCP review will have **HCP Review** in the **Status** column.
- Click the “eye” icon to continue.

The screenshot shows the RHC Connect dashboard. At the top, there is a navigation bar with 'DASHBOARD' and 'START A FORM'. Below this is a header image of a healthcare worker wearing a mask. The main content area features a navigation menu with 'Information Requests', 'My Forms' (highlighted with a red box), 'My Organizations', and 'Post-Commitment Change Requests'. A notification banner states 'The Funding Year 2024 Funding Request Filing Window is closed.' Below the navigation, 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 with the text 'Search RHC Form 469s'. The main table displays the following data:

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV2024001	BellSouth Telecommunications, LLC	RHC2024001	9/26/2024 12:37 PM EDT	HCP Review	
		RHC_INV2024002	Teleport Communications America, LLC	Multiple	9/25/2024 12:42 PM EDT	HCP Review	
		RHC_INV2024003	Cox Virginia Telcom, LLC	Multiple	9/24/2024 2:00 PM EDT	Returned	
		RHC_INV2024004	Softel Resource Group LLC	RHC2024004	9/24/2024 1:55 PM EDT	Returned	

# Summary Page

- Message in the yellow box instructs HCP to review each tab carefully and make comments or upload files where appropriate.
- SPIN used on the FCC Form 466 for this FRN is displayed.

- RHC\_INV20:

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 469, 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 REQUEST](#)

General Comment & Correction Requests History ▾

No comment history available

Approved by OMB 3060-0804

# Invoice Item(s)

- 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**.

- 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
⌵
🔄

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

# Invoice Item(s) (continued)

- 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)

Search for FCC Forms

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

Application Number(s)

Correction Request Details

File (Optional)

19/10000

# Invoice Item(s) (continued)

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

### Supporting Documentation

Uploaded File(s)

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

**GENERAL COMMENT** CORRECTION REQUEST

General Comment

Service provider did not upload invoice

40/10000

File (Optional)  Invoice PDF - 32.81 KB

**SAVE** CANCEL

# Declaration of Assistance

- 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 screenshot shows the 'Declaration of Assistance' section of the FCC Form 469. At the top, the invoice number '- RHC\_INV20240' is displayed. Below it, a navigation bar includes 'Summary', 'Invoice Item(s)', 'Supporting Documentation', 'Declaration of Assistance' (highlighted with a red box), and 'Generated Documents'. The main section is titled 'Declaration of Assistance' and contains the question: 'Have any consultants or third parties helped you to identify the applicant's Request for proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, or is anyone authorized to act on your behalf in the RHC Program?'. Two radio buttons are provided: 'Yes' and 'No', with 'No' selected. A red box highlights the question and the radio buttons. To the right of the question is a link for 'GENERAL COMMENT / CORRECTION REQUEST'. Below this is a 'General Comment & Correction Requests History' section, which currently shows 'No comment history available'. At the bottom right, the text 'Approved by OMB 3060-0804' is visible.

# Generated Documents

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

Form 469 - [REDACTED] Hospital - [REDACTED] - RHC\_INV2024 [REDACTED]

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

### Generated Documents

FCC FORM 469 GENERATED DOCUMENTS

Document Type	Date	Action
FCC Form 469 PDF - Submitted	9/27/2024 3:05 PM EDT	View   Download
FCC Form 469 Excel- Submitted	9/27/2024 3:05 PM EDT	Download

Approved by OMB 3060-0804

# Invoice Item(s) – Return or Finalize

- Navigate back to the **Invoice Item(s)** page.
- All comments and correction requests are displayed.
- 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
▼
↺

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

	<p><b>Application Number(s)</b></p> <p>9/26/2024 3:13 PM EDT HCP Reviewer</p>	<p><b>Correction Request Details</b></p> <p>RHC20240</p> <p>Bandwidth is incorrect.</p>	
	<p><b>General Comment</b></p> <p>9/26/2024 3:04 PM EDT HCP Reviewer</p> <p>Service provider forgot to include invoice.</p>		<div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p> <b>Invoice</b></p> <p>PDF - 32.81 KB</p> </div>

Showing 1 - 2 of 2

# Invoice Line Items – Return for Changes

- Select **Return for Changes to the Service Provider**.
- You must add at least one comment, then click **Next**.
- 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

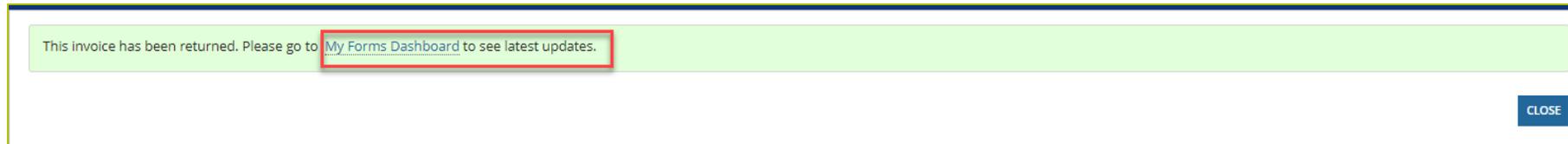
CANCEL NEXT

Do you want to return the invoice RHC\_INV202400501\_100025 to the Service Provider? This action cannot be reversed.

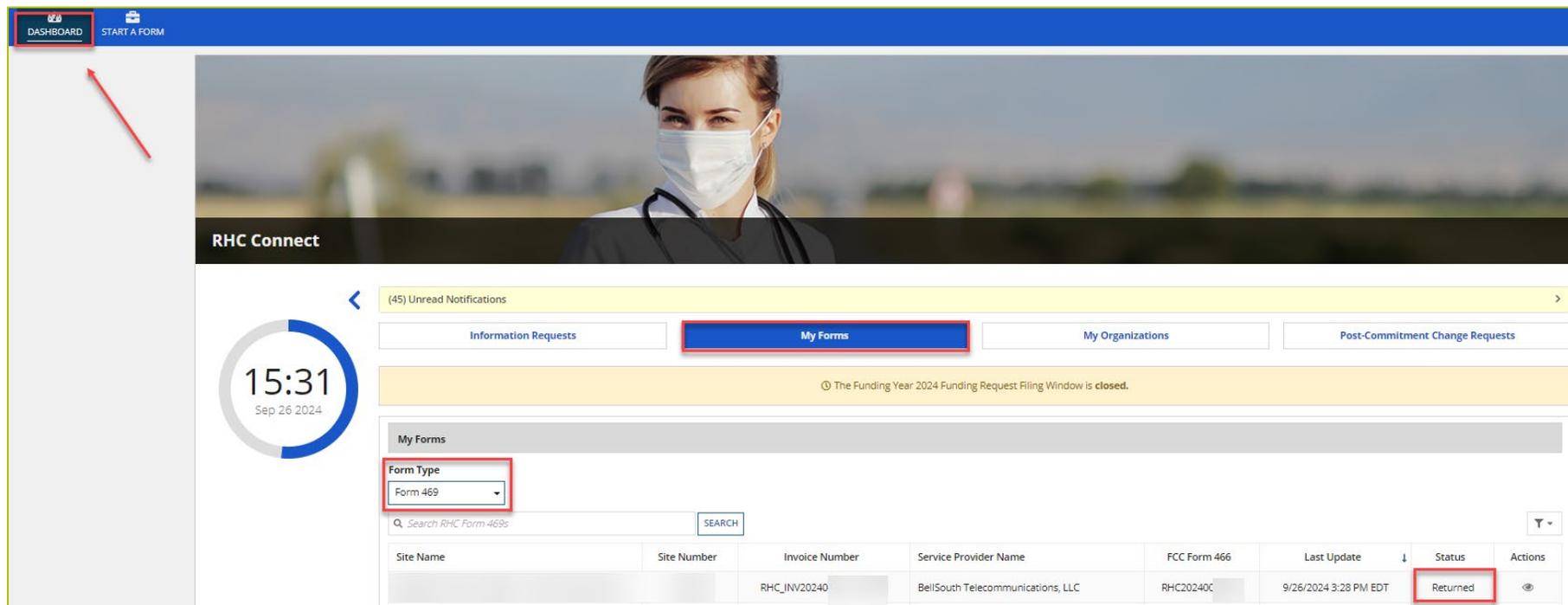
NO YES

# Invoice Returned

- Confirmation that invoice has been returned.



- Status of invoice appears on the **My Forms** tab of the **Dashboard**.

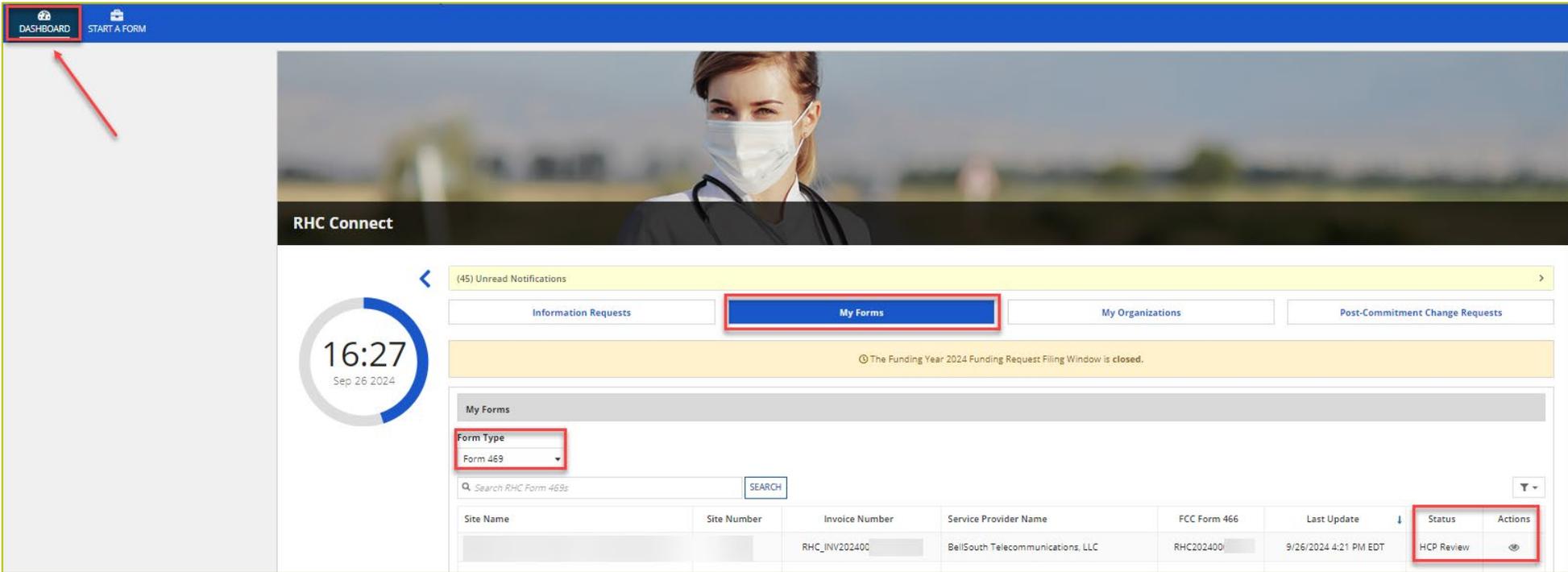


The screenshot shows the RHC Connect dashboard. The 'DASHBOARD' tab is selected in the top navigation bar. The 'My Forms' tab is highlighted in the main navigation area. A notification banner at the top indicates that an invoice has been returned. Below the navigation, a clock shows the time as 15:31 on Sep 26, 2024. A notification indicates that the funding year 2024 funding request filing window is closed. The 'My Forms' section includes a search bar and 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 of the invoice is 'Returned'.

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV20240	BeiSouth Telecommunications, LLC	RHC20240C	9/26/2024 3:28 PM EDT	Returned	

# Return to HCP

- The HCP account holders will receive an email once the service provider addresses the correction request and returns it to the HCP for review.
- Navigate to the **My Forms** tab on the **Dashboard**, select **FCC Form 469** under **Form Type**, and click the view icon under the **Actions** column of the invoice to be reviewed.



The screenshot displays the RHC Connect dashboard interface. At the top, there are navigation tabs for 'DASHBOARD' and 'START A FORM'. A red arrow points to the 'DASHBOARD' tab. Below the navigation, there is a header for 'RHC Connect' with a background image of a healthcare professional wearing a mask. The main content area features a navigation bar with tabs for 'Information Requests', 'My Forms', 'My Organizations', and 'Post-Commitment Change Requests'. The 'My Forms' tab is highlighted with a red box. Below this, a notification states 'The Funding Year 2024 Funding Request Filing Window is closed.' The 'My Forms' section includes a 'Form Type' dropdown menu with 'Form 469' selected, highlighted with a red box. Below the dropdown is a search bar with the text 'Search RHC Form 469s' and a 'SEARCH' button. A table lists the forms, with the following data row highlighted:

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV202400	BellSouth Telecommunications, LLC	RHC202400	9/26/2024 4:21 PM EDT	HCP Review	

The 'Status' and 'Actions' columns of the table are highlighted with a red box.

# HCP Review After Return

- 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 **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)

Q 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	<b>Application Number(s)</b> RHC20240	<b>Correction Request Details</b> Bandwidth is correct. Uploaded correct invoice. <div style="text-align: center;">             Invoice            PDF - 32.81 KB         </div>
 9/26/2024 3:13 PM EDT HCP Reviewer	<b>Application Number(s)</b> RHC20240	<b>Correction Request Details</b> Bandwidth is incorrect.
 9/26/2024 3:04 PM EDT HCP Reviewer	<b>General Comment</b> Service provider forgot to include invoice.	<div style="text-align: center;">             Invoice            PDF - 32.81 KB         </div>

Showing 1 - 3 of 3

# Finalizing the FCC Form 469

- If everything is correct, click **Finalize**, then click **Next**.

HCP [REDACTED] - RHC\_INV20240 [REDACTED]

**Review**

**i** 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

# HCP Certifications

- 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 [REDACTED]

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 [REDACTED]

Date ⓘ 09/26/2024 [REDACTED]

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

EXIT

**CERTIFY & SUBMIT**

Approved by OMB 3060-0804

# After Submitting

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

FCC Form 469 - RHC\_INV20240 [REDACTED]

✔ 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** [REDACTED] **Digital Signature** [REDACTED]

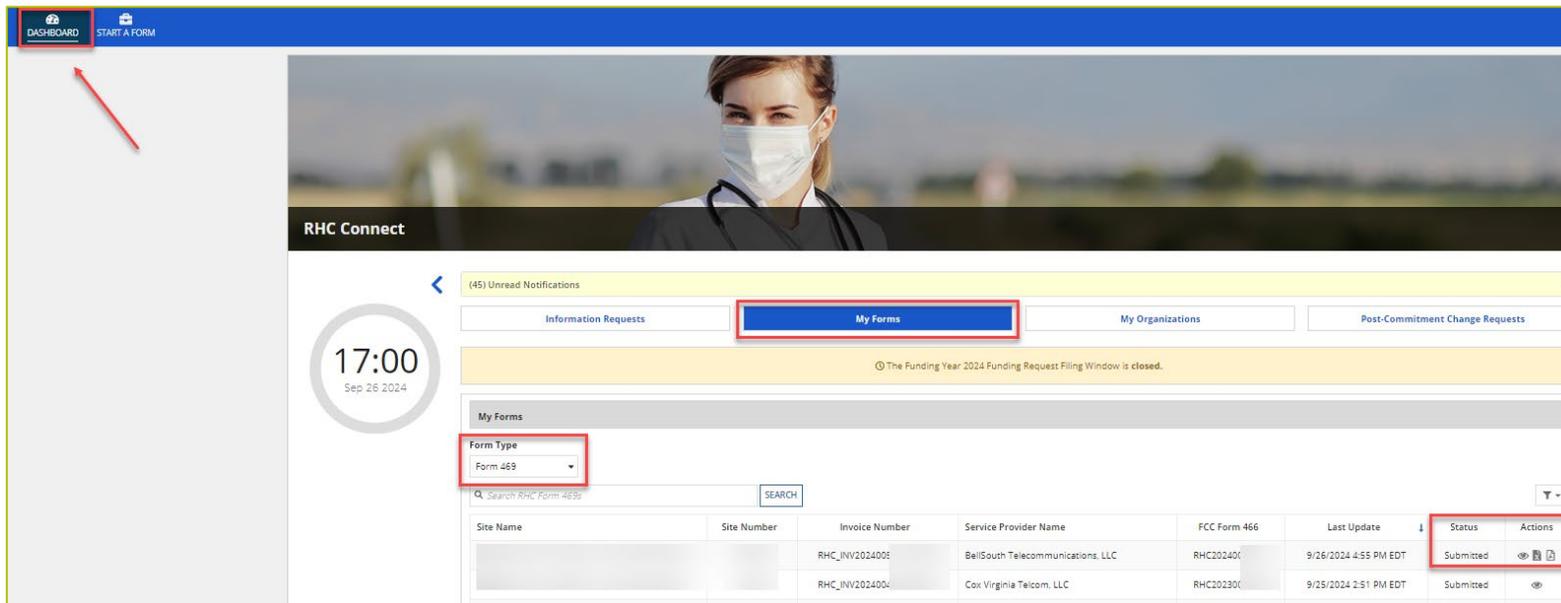
**Date** ⓘ 09/26/2024 [REDACTED]

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

Approved by OMB 3060-0804

# After Submitting (continued)

- 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.



The screenshot displays the RHC Connect dashboard. At the top, there are navigation tabs for 'DASHBOARD' and 'START A FORM'. A red arrow points to the 'DASHBOARD' tab. Below the navigation, there is a header for 'RHC Connect' and a notification bar indicating '(45) Unread Notifications'. The main content area shows a 'My Forms' tab selected, with a dropdown menu for 'Form Type' set to 'Form 469'. Below this, there is a search bar and 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. Two entries are visible, both with a status of 'Submitted'.

Site Name	Site Number	Invoice Number	Service Provider Name	FCC Form 466	Last Update	Status	Actions
		RHC_INV2024000	BellSouth Telecommunications, LLC	RHC202400	9/26/2024 4:55 PM EDT	Submitted	  
		RHC_INV2024000	Cox Virginia Telecom, LLC	RHC202300	9/25/2024 2:51 PM EDT	Submitted	

# Best Practices for Creating the FCC Form 469

- Consolidate invoices.
- Use calendar drop down for billing start and end dates.
- Identify eligible amount for chosen period.
- Common issues:
  - Expense items unavailable to invoice
  - \$0.00 in the USF Support Amount to be Paid column
  - Error Messages

## Commonly Asked Questions (continued)

- *Why is the service start date greyed out?*
  - When you file the first FCC Form 469 for an FRN, you are prompted you to enter a date into the service start date field.
  - Once USAC approves an FCC Form 469 with a service start date, neither USAC nor the account holder or service provider can modify that date at a later time.

## Commonly Asked Questions (continued)

- *Why is USAC requesting supporting documentation for my FCC Form 469?*
  - 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 469 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 (if applicable)
  - 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 that the HCP has paid the urban rate.
  - 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).

<b>Account Number</b> 9001	<b>Billing Account Number</b>	<b>Invoice Number</b>
<b>Service Details</b> Expense Type/Circuit ID		
Ethernet Network Service : 62.		
Location A: Community Hospital,		
<b>Summary of Charges</b>		
<b>Service Charges</b>		
Recurring Charges	HCP name and service location	1,896.04
<b>Total Service Charges</b>		<b>1,896.04</b>
<b>Total Charges</b>		<b>1,896.04</b>
<b>Recurring Charges</b>	<b>Bandwidth</b>	<b>Billing Period</b>
<b>Description</b>		<b>Date Range</b>
Port - . - Gig E		Aug 1, 23 to Aug 31, 23
Regional Bandwidth - - 1000 Mbps - Basic CoS		Aug 1, 23 to Aug 31, 23
<b>Total Recurring Charges</b>		<b>1,896.04</b> MRC

# 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] <b>Proof of payment matches invoice number</b>
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

Supplier Payment	Payment Date <b>Payment date</b>	Status	Reconciliation Status	Company	Transaction Reference	<b>Payment amount</b> Payment Amount	Discount Taken
...	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  
 06/25/11  
 CHECK NO.  
 VENDOR NO.  
 AMOUNT  
 \*\*\*\*\*7626.25  
 SEVEN THOUSAND SIX HUNDRED TWENTY-SIX 16/100  
 Pay TO THE ORDER OF AT&T  
 HCP  
 PROSPERITY BANK  
 BAY CITY, TEXAS  
 NEAT SENSITIVE  
 VOID

Proof of payment matches invoice number

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

# 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 466 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 a service provider is in dispute with their customer, an invoice **should not** be submitted to USAC until the dispute has been resolved.

# 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, you will receive an Information Request.
- All account holders will receive all Information Requests.
- Account holders have 14 calendar days to answer the Information Request.
  - 11:59 p.m. ET on the 14<sup>th</sup> day would be the last time to respond to the Information Request.
- Forms are denied if Information Requests are not answered within 14 calendar days.

**Questions?**

# **Invoicing and Disbursement Process**

Submitting the FCC Form 469 in RHC Connect

# Telecom Program Invoicing

- 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 FCC Form 469 may be denied.
- USAC pays invoices in batches on the sixth and the 21st day of each month.
  - If the payment batch falls on a weekend or a holiday, the payment batch will be completed on the next business day.
- Service providers can expect payment of the approved invoice to arrive in their bank accounts three business days after the payment batch date.
- The online invoice status report is sent to the service provider point of contact (POC) on the payment batch date.
- The report explains which invoiced line items were accepted and denied (if any).

# Disbursement Process

- All account holders and service provider will receive email notification from [rhcadmin@usac.org](mailto:rhcadmin@usac.org) once the FCC Form 463 or Telecom invoice is approved.
- Funds are disbursed to the service provider on the sixth and 21st 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."

## **Resources**

Submitting the FCC Form 469 in RHC Connect

# Resources

## Service Providers

- [Step 5: Invoice USAC](#) webpage for service providers
  - [Healthcare Connect Fund \(HCF\) Program](#) webpage
  - [Telecommunications \(Telecom Program\)](#) webpage
- [FCC Form 469 User Guide](#) for service providers

## HCPs

- [Step 6: Invoice USAC](#) webpage for HCPs
- [Welcome to RHC Connect – FCC Form 469](#) webpage for HCPs
- [FCC Form 469 User Guide](#) for HCPs

# RHC Program Customer Service Center



Email: [RHC-Assist@usac.org](mailto: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

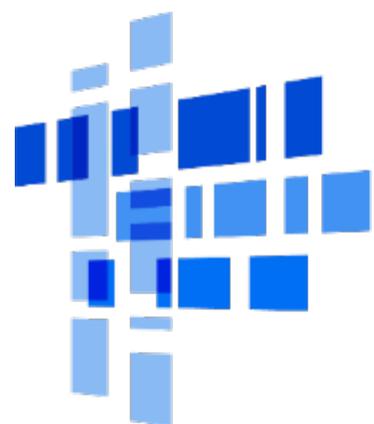
# RHC Customer Service Center

<b>The RHC Customer Service Center CAN</b>	<b>The RHC Customer Service Center CANNOT</b>
Answer general questions regarding both programs	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 Report and Order 19-78 and other 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 and RHC Connect	Transfer a call to a specific form reviewer

**Questions?**

**Thank You!**





**Universal Service**  
Administrative Co.