## Healthcare Connect Fund (HCF) Program

# FCC Form 460 Guide

How to file an FCC Form 460 (Eligibility and Registration Form) as an individual health care provider (HCP). The FCC Form 460 can be submitted at any time during a funding year.

## Site Information Tab

- **Program Type** is a required field. Select the program(s) for which you'd like your site to be reviewed. It is important to select ALL programs that your site would like to determine eligibility for.
- **FCC Form 460 Application Number** is a prepopulated field.
- **Form Nickname** is an optional field. If you wish, you may enter a name to easily identify this form in the future.
- **HCP Number** is a prepopulated field. The HCP Number is a unique identifier assigned by USAC to all sites, eligible and ineligible.
- **Site Name** is a required field that will be prepopulated for health care providers (HCPs) that have previously submitted an FCC Form 460. Enter the name of the site. This name will be automatically populated on all forms associated with the HCP number.
- **HCP Website** is an optional field. Enter the web address for the health care provider.
- **Name of Legal Entity** is a required field. Enter the name of the legal entity that owns and/or operates the site.
- **Legal Entity Website** is an optional field. Enter the web address for the legal entity that owns and/or operates the site.
- **FCC Registration Number (FCCRN)** is a required field. If the legal entity named above has an FCCRN, you must enter the legal entity's FCCRN.
  - All applicants must obtain an FCCRN, if they do not already have one. The FCCRN is a ten digit number that is assigned to a business or individual registering with the FCC, and is used to uniquely identify the business or individual in all of its transactions with the FCC. Obtaining an FCCRN is a simple process that can typically be completed within minutes through the FCC's website at https://fjallfoss.fcc.gov/coresWeb/publicHome.do.
- **FCCRN for the Consortium** is an optional field. Enter the Consortium's FCCRN if the legal entity named above does not have an FCCRN and plans only to apply as part of a consortium.
- **Site Contact Name** is a required field. Enter the name of a contact person located at the physical site. The site contact person is not necessarily the same person who will be contacted if there are questions about the application. In the case of an off-site data center, the site contact person is not required to be physically located at the site.
- **Phone and Email** are required fields. Enter the Site Contact's phone number and email address, and re-enter email address to confirm.
- **Non-Profit Tax ID (EIN)** is a required field. Enter the Employer Identification Number (EIN) for the legal entity listed in the HCP Location Information tab.

## Physical Location Tab

- **Address** is required, unless a geo location is entered. Enter the site's physical address (do not enter a P.O. Box or a rural route address).
- **City, State, Zip Code** and **County** are required fields.
- **Geo Location** is required only if the site does not have a street address. Enter geo location information (i.e., latitude and longitude). Geo location information can be found using the instructions below:
  1. Go to https://maps.google.com/

2. Type the site (HCP)'s intersection, city/town, or the nearest landmark. Drag the map or use the zoom feature to navigate to its precise location.
3. Click to drop a pin to mark the location.
4. Right click on the pin and select "What's Here." A box will appear and the geo-coordinates will be displayed below the address.

## HCP Eligibility Category Tab

- **Select the category that describes the HCP site** is a required field. Select the category that describes the type of health care provider requesting an eligibility determination. Only public or non-profit health care providers that qualify under one of the categories listed in the drop down menu are eligible for HCF Program support.
- Note: If "Community mental health center" is selected, you must upload the State License and CMHC Checklist. The CMHC Checklist can be found [here](here).
- Note: If "Rural health clinic" is selected, **Mobile Rural Health Care Provider** is a required field.
- **Provide a brief explanation of why this site qualifies as the organization type selected above** is a required field. Provide a brief explanation of why the HCP site qualifies as the HCP type selected. This information will be used to determine the eligibility status of the site. For example, the explanation may include a description of the services provided by the organization or licensing information.

## Contact Information Tab

- **Primary Account Holder Name** is a required field. Enter the Primary Account Holder name. The Primary Account Holder is the person responsible for granting access to and managing the HCP's online account information. The Primary Account Holder has the ability to view, create, and enter data in forms, and electronically certify, sign and submit forms, on behalf of the HCP. The Primary Account Holder must be an officer, director, or authorized employee of the HCP and may not be a consultant.
  - o The Primary Account Holder may designate one or more Secondary Account Holders.
- **Title/Position** is a required field. Enter the Primary Account Holder's title.
- **Employer** is a required field. Enter the name of the legal entity for which the Primary Account Holder works.
- **Employer's FCC Registration Number (FCCRN)** is a required field. All applicants must obtain an FCCRN, if they do not already have one. Obtaining an FCC RN is a simple process that can typically be completed within minutes through the FCC's website at [https://fjallfoss.fcc.gov/coresWeb/publicHome.do](https://fjallfoss.fcc.gov/coresWeb/publicHome.do). The FCCRN is a ten digit number that is assigned to a business or individual registering with the FCC, and is used to uniquely identify the business or individual in all of its transactions with the FCC.
- **Employer Website** is an optional field. Enter the web address for the legal entity for which the Primary Account Holder is employed.
- **Contact Address** is a required field. If the Primary Account Holder's address is the same as the physical location contact, check the box and this information will auto-populate. If the Primary Account Holder's address is different from the physical location contact, complete **Address**, **City**, **State**, and **Zip Code**.
- **Phone #** is a required field. Enter the Primary Account Holder's phone number.
- **Email** is a required field. Enter the Primary Account Holder's email address.
- **Are there secondary account holders?** is optional. Check the box next to "Are there secondary account holders?" and then click on the "New Secondary Account Holder" button to add a Secondary Account Holder.
  - o Though optional, USAC recommends having at least one Secondary Account Holder, but you may enter as many as you'd like.
  - o Download the HCF Program Account Holder Guide.

- **Secondary Account Holder Name, Title/Position, Employer, and Employer's FCC RN** are required fields if a Secondary Account Holder is added. Employee website is an optional field if a Secondary Account Holder is added. If the Secondary Account Holder's address is the same as Primary Account Holder's address, check the box and this information will auto-populate. Phone # and Email are required fields. If the Secondary Account Holder's address is different from the Primary Account Holder's address, complete the remainder of the information on this tab.
  - The Secondary Account Holder will have access to forms and the ability to answer specific questions about the applications associated with a funding request. In addition, a Secondary Account Holder has full access, including the ability to sign, certify, and submit forms on behalf of the applicant, if the Secondary Account Holder is a director, officer, or authorized employee of the HCP.
  - The Primary Account Holder may also choose to engage a third-party (e.g., consultant) and can assign Tertiary Account Holder rights to that third-party using a third party authorization (TPA). More information about TPAs.

## Additional Information Tab

- **National Provider Identifier** is a required field. Enter the HCP's ten-digit National Provider Identifier (NPI) used on Medicare and Medicaid claims.
  - IMPORTANT: This should be the organizational NPI, not an individual practitioner NPI. Look up your HCP's NPI code by name and address at "NPI Registry Search."
- **NPI Explanation** is required only if a NPI is not provided. If there is no NPI associated with this site or the NPI Organization or DBA (Doing Business As) Name or Business Practice Location do not match the name and address on this application, provide a brief explanation.
- Organization Taxonomy Code and **Site Taxonomy Code** are required fields. Enter the ten-digit taxonomy codes associated with the NPI above.
- **Explanation for No Taxonomy Code** is required if a taxonomy code is not provided or the code is not one associated with the NPI. If there is no taxonomy code associated with this site, briefly explain why a site taxonomy code is not listed.
- **Critical Access Hospital** appears only when "not-for-profit hospital" is selected as an eligibility category. It is an optional field. Select "yes" if the HCP has been designated as a Critical Access Hospital by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.
- **If a Non-Profit Hospital, how many licensed patient beds are at the site** is required when "not-for-profit hospital" is selected as the eligibility category. Enter the number of licensed patient beds. Licensed patient beds are the maximum number of beds the hospital is licensed to operate.
- **Tribal Affiliation** information is a required. Indicate whether the site is located on Tribal lands, operated by the Indian Health Service, and/or otherwise affiliated with a Tribe. If not applicable, check "N/A".

## Supporting Documentation Tab

- **Supporting Documentation** is optional. Click "New Document" to upload any additional documentation necessary to validate information on your FCC Form 460. Some examples of supporting documentation that could be uploaded here are:
  - **Hospital licenses, with the address clearly posted, to verify a non-profit hospital**
  - **A recent bill or lease, with the address clearly posted, to verify the HCP address provided on the FCC Form 460**
  - **Public tax documents to verify the Non-Profit Tax ID (EIN)**
  - **Health Resources and Services Administration (HRSA) accreditation to verify a community health center**

## Certifications Tab

- The Primary Account Holder or an authorized designee must provide the certifications on the FCC Form 460. All applicable certifications must be checked.

## Signature Tab

- **Email, Printed Name of Authorized Person, Title/Position of Authorized Person, Phone, Employer, and Employer's FCC RN, Address, City, State**, and **Zip Code** are pre-populated from the FCC Form 460 or the applicant's My Portal account.
  - If you are a consultant, you will be prompted to upload a Third Party Authorization (TPA) after completing the signature block. Ensure that the TPA start and end dates entered on the FCC Form 460 match the authorization dates in the TPA.
- Continue the submission of the FCC Form 460 by selecting "**Certify**".
- **Signature** is a required field if you already have a My Portal account. Enter your My Portal password, and click "Certify".