

A healthcare professional is shown in profile, leaning over a patient who is lying in a hospital bed. The professional is holding a tablet or folder and appears to be discussing it with the patient. The room is filled with medical equipment, including a bed with controls, a monitor, and various cables. The entire scene is overlaid with a semi-transparent blue filter.

Health Care Provider (HCP) Eligibility

Submitting the FCC Forms 460 and 465



Universal Service
Administrative Co.

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
- Slides attached to GoToWebinar Panel and posted to the webinars web page

Meet Our Presenters

- **Annabeth Wonch**
Senior Program Manager of Outreach, USAC Rural Health Care Program
- **Nicole Taylor**
Program Manager of Outreach, USAC Rural Health Care Program

Agenda

1. Overview: HCP Eligibility
2. Filing the FCC Form 460
3. Filing the FCC Form 465
4. Account Holders
5. Eligibility Best Practices

Overview

HCP Eligibility

Rural Healthcare Program Application Process



Three Criteria for Eligibility

1. Status

- Not for Profit
- Public

2. HCP Type

3. Rural Location

- Telecom Program: HCP applicants must be located in an FCC-approved rural location to be considered rural.
- HCF Program: Individual HCP applicants must be located in an FCC-approved rural location to be considered rural. Non-rural HCP applicants may apply as part of a majority-rural consortium.
- Use the [rural look-up tool](#) on the USAC website.

Each HCP site or location is considered an individual HCP for purposes of calculating support under the RHC Program. Each site must thus demonstrate that *by itself* it is an eligible entity.

HCP Type

- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools
- Community health centers or health centers providing health care to migrants
- Local health departments or agencies
- Community mental health centers
- Not-for-profit hospitals
- Rural health clinics
- Dedicated emergency departments of rural for-profit hospitals
- Part-time eligible entities
- SNFs
- Consortia of the above entities

Information Collected on the RHC Program Eligibility Forms

FCC Form 460 (HCF Program)

1. Site information
2. Contact information
3. Eligibility information
4. Certifications and signatures

Note: the FCC Forms 460 and 465 must be completed in a single session. You are unable to save a draft form and return to complete at a later time.

FCC Form 465 (Telecom Program)

1. Site information
2. Contact information
3. Eligibility information
4. Certifications and signatures
5. Services requested (Telecom Program only)

My Portal Access

- New applicants will not have access to our online application management system My Portal until your first form is approved.
- Go to usac.org/rhc to begin.

The screenshot shows the USAC Rural Health Care Program website. At the top right, there are links for 'USAC En Español', 'Subscribe', 'Contact USAC', and a search bar. The USAC logo is on the top left. A navigation menu includes 'Tools', 'Forms', 'Payments', and 'My Portal' (highlighted with a red box). Below this is a secondary menu with 'About USAC', 'Schools and Libraries', 'Rural Health Care' (active), 'Lifeline', 'High Cost', 'Contributors', and 'Service Providers'. The main content area has a breadcrumb trail 'USAC Home | Rural Health Care Program'. On the left, there are two program sections: 'TELECOMMUNICATIONS PROGRAM' and 'HEALTHCARE CONNECT FUND PROGRAM', each with links for 'Program Calendar', 'Forms', 'My Portal', 'Trainings & Outreach', and 'Contact Us'. The main heading is 'Welcome To The Rural Health Care Program'. The text explains that the RHC program supports health care facilities in rural areas through increased connectivity, providing up to \$400 million annually. It mentions two subprograms: the Healthcare Connect Fund (HCF) and the Telecommunications (Telecom) Program. A notice states: 'Notice: No Third Filing Window Period for Funding Year 2016; Revised Funding Year 2017 Initial Filing Window Period Dates: March 1 – June 30, 2017'. At the bottom, there are two featured cards: 'Healthcare Connect Fund' with the text 'Receive a flat 65% discount on broadband expenses and network' and 'Telecommunications Program' with the text 'Receive a discount based on the urban-rural price difference in your'.

My Portal

ABOUT THE PROGRAM

- Process Overview
- Appeals & Audits
- Program Calendar
- Funding Information
- Glossary of Terms (PDF)
- FAQs

RESOURCES & TOOLS

- Forms
- My Portal
- Tools
- Latest News
- Sample Documents
- FCC Resources
- Trainings & Outreach
- Contact Us


INDIVIDUAL HCPS

CONSORTIA

SERVICE PROVIDERS

MY PORTAL

HCF Program Applicant Updates Telecom Program Applicant Updates Service Provider Updates



PLEASE NOTE: On January 1, 2017, the RHC Program forms were replaced with new OMB-approved forms. For additional information about specific forms updates for the Telecom and HCF Programs, see the [2017 forms enhancements list](#).

Access My Portal via the E-File system by clicking the "My Portal" button.

[My Portal](#)

More information explaining My Portal is [available here](#). If you [forgot your password](#) you can reset it online. Your user ID is your email address.

My Portal for HCPs

Eligible health care providers may submit all FCC application forms using My Portal.

My Portal

E-FILE SIGN IN

User ID (Email Address): *

Password: *

[Forgot password?](#)

IMPORTANT SYSTEM NOTICE - This system is the property of the Universal Service Administrative Company (USAC) and is to be used to assist individuals with managing their entity's involvement in federal universal service programs. This system may be accessed by authorized users only. By logging in, the user represents himself or herself as an authorized user. This system is monitored, recorded and subject to audit. Any unauthorized use or misuse of this system is strictly prohibited and subject to legal action, including criminal prosecution and civil penalties. Use of this system indicates acceptance of these terms and system monitoring and recording.

Click the box to accept. *

If you experience any issue logging in, please make sure

- Visit <https://forms.universalservice.org> without any suffix.
- If the above doesn't work, please clear your browser cache and try again.

Login

Reset

New users, please select from the options below:

- [New Service Provider](#)
- [Add FCC Form 498 Company Officer](#)
- [New Contributor/Registration In Progress](#)
- [Add FCC Form 499 Company Officer](#)
- [New RHC Applicant](#)

My Portal

- Select the FCC Form you would like to file

To apply for support in the Healthcare Connect Fund or the Telecom/Internet Access Programs, choose the appropriate selection below:

Submit a new [FCC Form 460](#) for eligibility determination in the Healthcare Connect Fund

Submit a new [FCC Form 465](#) for eligibility determination and to submit a request for services in the Telecommunications program

HCF Program: Filing the FCC Form 460

HCP Eligibility

Enter Email Address and Zip Code

RURAL HEALTH CARE

Create FCC Form 460

Enter your email address and the HCP's zip code or HCP Number below.

- If your email is already in the RHC system, it means you are registered and you will be prompted to return to the log in page to access your portal.
- If you enter a zip code or HCP Number that matches an HCP that is registered in the system, the HCP information will be displayed in the search results. If the Status lists the HCP as "available" and it matches your HCP, click on the link to open and complete the form. If no HCP in the list matches your HCP, select the "New HCP" button.
- If no search results are returned, select the "New HCP" button to open a blank FCC Form 460.

Email: *

One of the following is required: *

ZIP Code:

— or —

HCP Number:

Warning: You must complete the FCC Form 460 in a single session. Once the session begins, it will expire after 15 minutes of inactivity (not advancing between screens). You will not be able to save a draft or return later to complete your form. If your session expires before your form has been submitted you will need to start over. A warning will appear after ten minutes of inactivity.

Active vs. Available HCPs

- Check the list to see if any existing HCPs match your site. You may apply on behalf of sites listed as “available.”
- HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is present but “Active”, please reach out to us for the account holder information to prevent duplicate submissions.

SEARCH RESULTS

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as "Available." HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is not listed, select "New HCP" to begin the application process.

New HCP

HCP Number	HCP Name	HCP Address	Status
14184	Valley Community Services Board - Hilltop Center	539 West Main Street, Waynesboro, VA 22980	Available
15029	Waynesboro - Augusta Health Department	211 West 12th Street, Waynesboro, VA 22980	Active
32735	Waynesboro Primary Care	15 Pratt Run, Suite A01, Waynesboro, VA 22980	Available

We recommend you review the [HCF Getting Started web page](#) for helpful information prior to beginning this form. The [FCC Form 460 and instructions](#) are also available to review prior to completing the form. If you have any questions, contact the RHC Help Desk at 1-800-453-1546 between 9:30 a.m and 4:30 p.m Eastern Standard Time Monday Through Friday, or email at rhc-assist@usac.org.

Select New HCP

- If your HCP is not listed, select "New HCP" to begin the application process.

SEARCH RESULTS

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as "Available." HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is not listed, select "New HCP" to begin the application process.

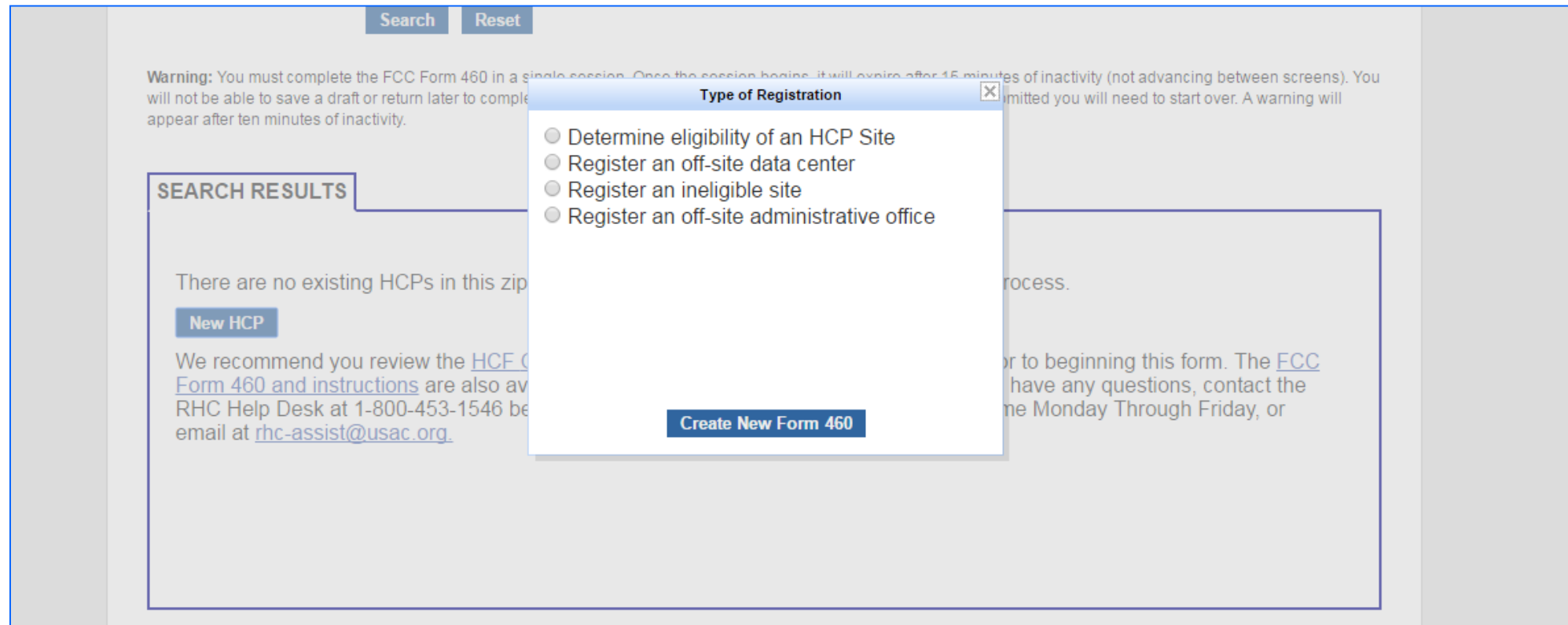
New HCP

HCP Number	HCP Name	HCP Address	Status
14184	Valley Community Services Board - Hilltop Center	539 West Main Street, Waynesboro, VA 22980	Available
15029	Waynesboro - Augusta Health Department	211 West 12th Street, Waynesboro, VA 22980	Active
32735	Waynesboro Primary Care	15 Pratt Run, Suite A01, Waynesboro, VA 22980	Available

We recommend you review the [HCF Getting Started web page](#) for helpful information prior to beginning this form. The [FCC Form 460 and instructions](#) are also available to review prior to completing the form. If you have any questions, contact the RHC Help Desk at 1-800-453-1546 between 9:30 a.m and 4:30 p.m Eastern Standard Time Monday Through Friday, or email at rhc-assist@usac.org.

Select Type of Registration

- In the HCF Program, you have four possible ways to file.



HCF Program – Navigating Through My Portal

- Use tabs at the top to determine what section of the form you are in

The screenshot displays the user interface for the Rural Health Care application. At the top left is the logo for Universal Service Administrative Co. At the top right, the user is identified as 'User: jroggs@uasave.com' with a 'Logout' link. A dark blue header bar contains the text 'RURAL HEALTH CARE'. Below this, a red-bordered box highlights a row of seven radio button tabs: 'SITE INFORMATION' (selected), 'PHYSICAL LOCATION', 'HCP ELIGIBILITY CATEGORY', 'CONTACT INFORMATION', 'ADDITIONAL INFORMATION', 'SUPPORTING DOCUMENTATION', and 'SIGNATURE'. Below the tabs, the 'Site Information' section is visible, featuring a 'Preview PDF' button with a document icon. At the bottom, a text field shows 'FCC Form 460 Application Number: 56062-00001'.

Enter Site Information

- The FCC RN 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 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>.

Site Information Preview PDF

FCC Form 460 Application Number:

Form Nickname:

3 HCP Number:

4 Site Name: *

HCP Website:

5 Name of Legal Entity: *

Legal Entity Website:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: *

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):

7 Site Contact Name: *

First Name:	Middle Initial:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

15 Phone: * Ext.:

16 Email: *

Confirm Email: *

45 Non-Profit Tax ID (EIN): *

Enter Physical Location

- Enter the physical location of your site, if your site does not have a street address, please enter the geo-location.

SITE INFORMATION PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION ADDITIONAL INFORMATION
 SUPPORTING DOCUMENTATION CERTIFICATIONS SIGNATURE

Physical Location [Preview PDF](#)

8 Address Line 1: *

9 Address Line 2:

12 City: *

13 State: *

14 Zip Code: *

10 County: *

11 Geo Location (if no street address):

Select HCP Eligibility Category

- All eligible HCP types are listed in the drop down.

SITE INFORMATION PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION ADDITIONAL INFORMATION
 SUPPORTING DOCUMENTATION CERTIFICATIONS SIGNATURE

HCP Eligibility Category [Preview PDF](#)

43 Select the category that describes the HCP site: *

44 Provide a brief explanation of why this site qualifies as the organization type selected above: *

Select A Category ▼

- Select A Category
- Part-time eligible entity
- Post-secondary educational institution offering health care instruction, teaching hospital or medical school
- Rural health clinic
- Dedicated ER of rural, for-profit hospital
- Community health center or health center providing health care to migrants
- Community mental health center
- Local health department or agency
- Not-for-profit hospital
- Skilled Nursing Facility

Select HCP Eligibility Category

- Provide a brief explanation of why your site qualifies as that category.
- For example, the explanation may include a description of the services provided by the organization or licensing information. If appropriate, supporting documentation (such as a state license) may be uploaded when completing this section.

The screenshot shows a web form titled "HCP Eligibility Category". At the top, there are seven radio button options: "SITE INFORMATION", "PHYSICAL LOCATION", "HCP ELIGIBILITY CATEGORY" (which is selected), "CONTACT INFORMATION", "ADDITIONAL INFORMATION", "SUPPORTING DOCUMENTATION", "CERTIFICATIONS", and "SIGNATURE". Below the options, the form has a header "HCP Eligibility Category" and a "Preview PDF" link. The main content area contains two questions: "43 Select the category that describes the HCP site: *" with a dropdown menu showing "Part-time eligible entity", and "44 Provide a brief explanation of why this site qualifies as the organization type selected above: *" with a large text input area. A red box highlights the text input area for question 44. At the bottom, there are three buttons: "Save and Go Back", "Save and Continue", and "Exit".

Enter Contact Information

- Enter the contact information of the person who will be primarily responsible for this HCPs forms.
- You can also enter secondary account holder information in this tab.
- The primary and secondary account holder must be a director, officer, or authorized employee of the HCP.

Contact Information Preview PDF

25 Primary Account Holder Name: * First Name: Middle Initial: Last Name:

Title/Position: *

26 Employer: *

Employer's FCC RN: *

Employer Website:

Same as Physical Location Address?

27 Address Line 1: *

28 Address Line 2:

29 City: *

30 State: * Select A State ▼

31 Zip Code: *

32 Phone #: * Ext:

33 Email: *

Are there secondary account holders?

[Save and Go Back](#) [Save and Continue](#) [Exit](#)

Enter Additional Information

- National Provider Identifiers and Organization Taxonomy Codes can be found using the lookup links right on the page.
- Using the lookup links, please use the codes that best identify the HCP.

Additional Information

[NPI Registry Search](#) ⁽²⁾

46 National Provider Identifier: *

Explanation if necessary (see instructions)

[Taxonomy Code Lookup](#) ⁽²⁾

47a Organization Taxonomy Code: *

47b Site Taxonomy Code: *

Explanation if necessary (see instructions)

50 Are the site locations (Select at least one option): *

On Tribal Lands

Otherwise Affiliated with a Tribe

Operated by the Indian Health Service

N/A

[Save and Go Back](#) [Save and Continue](#) [Exit](#)

Upload Supporting Documentation


- Supporting documentation is optional for the FCC Form 460, but you may upload any documents that would be necessary to validate the form.

The screenshot shows a web interface for uploading supporting documentation. At the top, there are seven radio button options: SITE INFORMATION, PHYSICAL LOCATION, HCP ELIGIBILITY CATEGORY, CONTACT INFORMATION, ADDITIONAL INFORMATION, SUPPORTING DOCUMENTATION (which is selected), CERTIFICATIONS, and SIGNATURE. Below this is a section titled "Supporting Documentation" with a "Preview PDF" link. The main area contains the instruction: "Upload any supporting documentation necessary to validate form data (address, EIN, etc)." Below the instruction are five buttons: "Previous", "Next", "New Document", "Select All Documents", and "Delete Checked Documents". There is a "Document Type" dropdown menu currently set to "Other", followed by an empty text input field. To the right of the input field is a "Click to Upload" button. Below these elements are three buttons: "Save and Go Back", "Save and Continue", and "Exit". On the far right, under the heading "Actions", there is a small square checkbox.

Required Certifications

- All certifications must be checked. Certifications will populate based on the type of FCC Form 460 completed (i.e. Individual HCP, Consortium).

SITE INFORMATION PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION ADDITIONAL INFORMATION
 SUPPORTING DOCUMENTATION CERTIFICATIONS SIGNATURE

Certifications  [Preview PDF](#)

53. I certify that I am authorized to submit this request on behalf of the site or consortium.

54. I declare 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 in this form and in any attachments is true and correct.

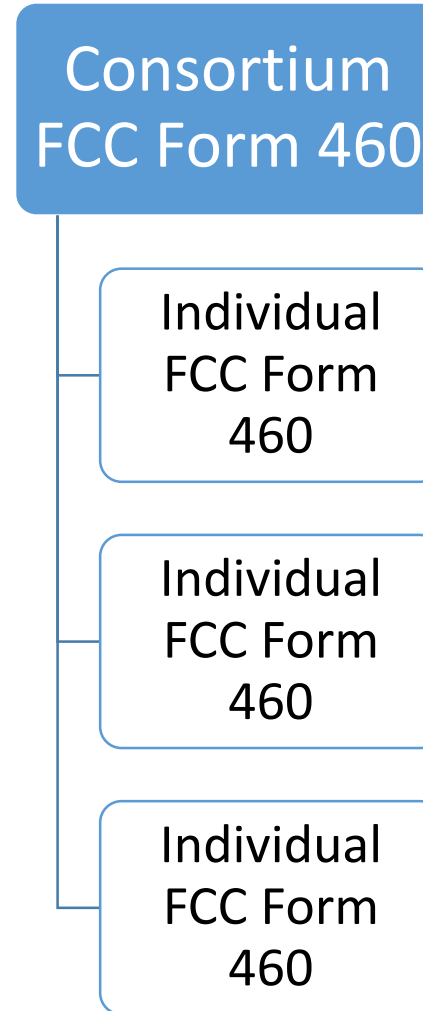
55. If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).

57. I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R Sec. 54.648, or as otherwise prescribed by the Commission's rules.

[Save and Go Back](#) [Save and Continue](#) [Exit](#)

Consortium FCC Form 460

- To apply as a consortium, an FCC Form 460 will need to be submitted for the consortium itself.
- Each participating HCP will also complete an FCC Form 460.
- The consortium will receive its own unique HCP number, separate from the individual sites participating in the consortium.



After Submission

- You will receive an email confirmation that your form was submitted.
- FCC Forms 460 take an average of 30 days to review, you will receive an email after it has been reviewed with an eligibility determination.
- If any additional information or validating documentation is required during the review of the FCC Form 460, you will receive an Information Request email that must be responded to within 14 calendar days.

After Submission

- Once a decision has been made on the form, the only way to make any changes is to file an FCC Form 460 revision via My Portal.

RURAL HEALTH CARE Return to My HCPs

Form 460 | **Form 461** | **Form 462** | **Form 463** | **Documents**

RHC Note: RHC applicants who are not exempt from competitive bidding may file their Form 462 by proceeding to the 'Form 461' tab any time after the Allowable Contract Selection Date (ACSD) has passed. Applicants will see all submitted Form 461s on this page and are able to click the 'Create 462' button after the ACSD period.

New Form 460 Revision

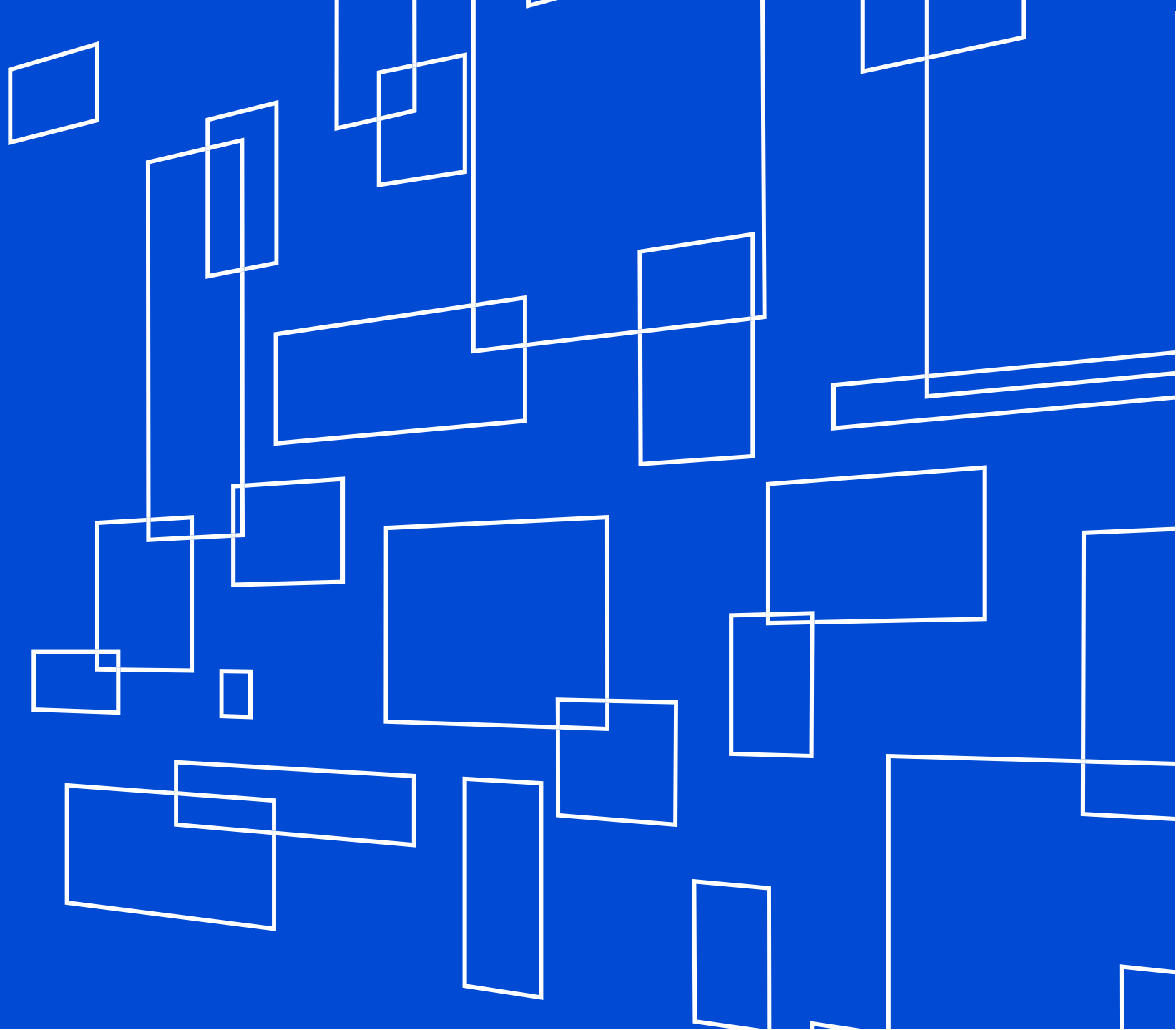
Create Form 461 | **Create 462 Exempt from Competitive Bidding**

Form 460 App #	Last Edited	Status	Download
[Redacted]	[Redacted]	Approved	

After Submission

- The most common reasons for FCC Form 460 revisions are to update the following information:
 - Primary Account Holder
 - Site Name
 - Address
 - Entity Type
 - Hospital bed count

Questions?



Telecom Program: Filing the FCC Form 465

HCP Eligibility

Enter Email Address and Zip Code

Create FCC Form 465

Enter your email address and the HCP's zip code below.

- If your email is already in the RHC system, it means you are registered and you will be prompted to return to the log in page to access your portal.
- If you enter a zip code that matches an HCP that is registered in the system, the HCP information will be displayed in the search results. If the Status lists the HCP as "available" and it matches your HCP, click on the link to open and complete the form. If no HCP in the list matches your HCP, select the "New HCP" button.
- If no search results are returned, select the "New HCP" button to open a blank FCC Form 465.

Email:	<input type="text"/>
ZIP:	<input type="text"/>
<input type="button" value="Search"/>	<input type="button" value="Reset"/>

Warning: You must complete the FCC Form 465 in a single session. Once the session begins, it will expire after 15 minutes of inactivity (not advancing between screens). You will not be able to save a draft or return later to complete your form. If your session expires before your form has been submitted you will need to start over. A warning will appear after ten minutes of inactivity.

Select Available HCP

- Check the list to see if any match your site. You may apply on behalf of sites listed as “available.”
- HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is present but “Active”, please reach out to us for the account holder information to prevent duplicate submissions.

SEARCH RESULTS

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as "Available." HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is not listed, select "New HCP" to begin the application process.

2017 ▼

New HCP

HCP Num	HCP Name	HCP Address	Status
14184	Valley Community Services Board - Hilltop Center	539 West Main Street, Waynesboro, VA 22980	Available
15029	Waynesboro - Augusta Health Department	211 West 12th Street, Waynesboro, VA 22980	Active

We recommend you review [USAC's Getting Started page](#) for helpful information prior to beginning this form. The [FCC Form 465 and instructions](#) are also available to review prior to completing the form. If you have any questions, contact the RHC Help Desk at 1-800-453-1546 or at rhc-assist@usac.org.

Select New HCP

- If your HCP is not listed, select "New HCP" to begin the application process.

SEARCH RESULTS

Review the list of HCPs below to see if any match your HCP. You may apply on behalf of HCPs that are listed as "Available." HCPs listed as "Active" currently have an account holder/user assigned to them. If your HCP is not listed, select "New HCP" to begin the application process.

2017 ▼

New HCP

HCP Num	HCP Name	HCP Address	Status
14184	Valley Community Services Board - Hilltop Center	539 West Main Street, Waynesboro, VA 22980	Available
15029	Waynesboro - Augusta Health Department	211 West 12th Street, Waynesboro, VA 22980	Active

We recommend you review [USAC's Getting Started page](#) for helpful information prior to beginning this form. The [FCC Form 465 and instructions](#) are also available to review prior to completing the form. If you have any questions, contact the RHC Help Desk at 1-800-453-1546 or at rhc-assist@usac.org.

Telecom Program – Navigating Through My Portal

Universal Service Administrative Company

RURAL HEALTH CARE

Contact RHC | Return to My Portal

- HCP LOCATION INFORMATION
- MAILING CONTACT
- ELIGIBILITY
- ADDITIONAL INFORMATION
- REQUEST FOR SERVICES
- BID EVALUATION
- DECLARATION OF ASSISTANCE
- CERTIFICATION

FCC Form 465 (Description of Services Requested & Certification Form)

[Preview form](#) [Instructions](#)

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

Approved by OMB
3060-0804

Read [instructions](#) thoroughly before completing this form. Failure to comply may cause delayed or denied funding.
Click on the instructions [button](#) on each screen for line-by-line instructions.

Block 1: HCP Location Information

Enter HCP Location Information

- The FCC RN 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 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>.

Block 1: HCP Location Information

Funding Year	2017
FCC Form 465 Application Number	43233288
FCC Form 465 Application Friendly Name	<input type="text"/> (optional)

RHC Note: Funding Year is pre-populated, and the FCC Form 465 Application Number is generated automatically by RHC. The 465 Friendly Name is an optional field where an applicant can name the 465 (i.e. Elm Street Hospital) as an additional way of keeping track of forms.

Line 1: HCP Number	<input type="text" value="55506"/>
Line 2: Consortium Name	<input type="text"/> (optional)
Line 3: HCP Name	<input type="text"/> !
Legal Entity Name	<input type="text"/> !
Line 4: HCP FCC Registration Number (FCC RN)	<input type="text"/> !

Enter HCP Location Information

- Enter the physical location of your site.

HCP Note: The physical location contact is not the person who will be contacted if there are questions about the application. This person must be at the physical location of the HCP.

Line 5: Contact Name (First, MI, Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>	!
Contact Employer	<input type="text"/>			!
Title	<input type="text"/>			!
Line 6: Address Line 1	<input type="text"/>			!
Line 7: Address Line 2	<input type="text"/>			(optional)
Line 8: County	First select the state on line 10. ▼			!
Line 9: City	<input type="text"/>			!
Line 10: State	Choose a state ▼			!
Line 11: Zip Code	<input type="text"/>			!
Line 12: Phone #	<input type="text"/>	Ext:	<input type="text"/>	!
Line 13: Fax #	<input type="text"/>			(optional)
Line 14: Email	<input type="text"/>			!
Retype Email	<input type="text"/>			✓

Enter Mailing Contact Information

- Enter the information of the individual who will be the main contact with this HCPs forms.

Block 2: Mailing Contact Information Preview form

Click on the instructions [?](#) button on each screen for line-by-line instructions.

RHC Note: The Mailing Contact should be the primary contact with RHC concerning the HCP's forms, and should be able to answer questions or verify information submitted on this and all ensuing forms in the RHC application process.

If the mailing contact is different than the physical location contact listed in Block 1, check Yes on Line 15 and complete the rest of Block 2.

Line 15: Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?
 Yes, complete Block 2
 No, go to Block 4.

Line 16: Contact Name (First, MI, Last) !

Line 17: Organization !

Line 18: Address Line 1 !

Line 19: Address Line 2 (optional)

Line 20: City !

Line 21: State !

Line 22: Zip Code !

Line 23: Phone # Ext. !

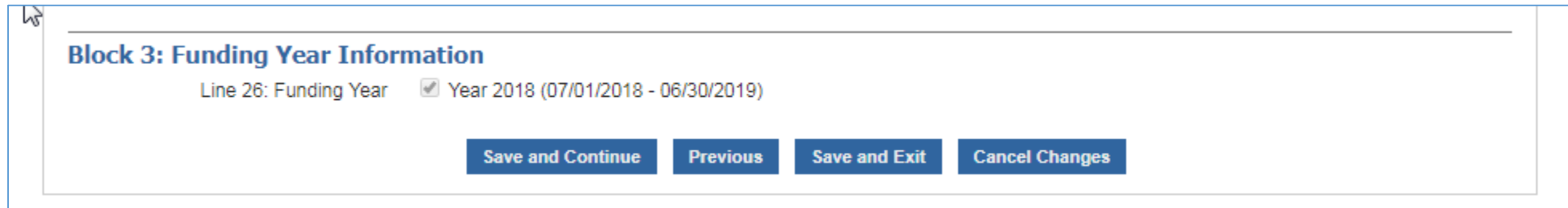
Line 24: Fax # (optional)

Line 25: Email !

Retype Email !

Select Funding Year

- You can only file for funding years that are open.



The screenshot shows a software interface for selecting a funding year. It features a title bar "Block 3: Funding Year Information" and a line item "Line 26: Funding Year" with a checked checkbox and the text "Year 2018 (07/01/2018 - 06/30/2019)". Below the line item are four buttons: "Save and Continue", "Previous", "Save and Exit", and "Cancel Changes".

Block 3: Funding Year Information

Line 26: Funding Year Year 2018 (07/01/2018 - 06/30/2019)

[Save and Continue](#) [Previous](#) [Save and Exit](#) [Cancel Changes](#)

Select HCP Type and Provide Explanation

- All eligible HCP types are listed in the drop down.
- Provide a brief explanation of why your site qualifies as the category you chose.

Block 4: Eligibility [Preview form](#) [Instructions](#)

Approved by OMB
3060-0804

RHC Note: The information on this page will determine whether the HCP is an eligible entity. If your HCP doesn't fit into one of the eligible categories on line 27, contact the RHC team before submitting this form.

Line 27: Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

Choose an HCP Type !

- Choose an HCP Type
- Post-secondary educational institution offering health care instruction, teaching hospital or medical school
- Community health center or health center providing health care to migrants
- Local health department or agency
- Community mental health center
- Not-for-profit hospital
- Rural health clinic
- Skilled Nursing Facility
- Consortium of the above
- Dedicated ER of rural, for-profit hospital
- Part-time eligible entity

Please describe the entity.

Tribal affiliation: ✓

- On Tribal lands
- Operated by the Indian Health Service
- Otherwise affiliated with a Tribe
- N/A

Items with a "!" are required to submit this form

- Line 27: You must select an HCP Type

[Save and Continue](#) [Previous](#) [Save and Exit](#) [Cancel Changes](#)

Enter Additional Information

- National Provider Identifiers and Organization Taxonomy Codes can be found using the lookup links right on the page.
- Using the lookup links, please use the codes that best identify the HCP.

Additional Information Preview f

Employer Identification Number (EIN) !

[NPI Registry Search](#)

National Provider Identifier (NPI)

Explanation if no NPI

[Taxonomy Code Lookup](#)

Organization Taxonomy Code !

Site Taxonomy Code

Explanation if no Site Taxonomy Code

After Submission

- You will receive an email confirmation that your form was submitted.
- FCC Forms 465 take an average of three days to review, you will receive an email after it has been reviewed with an eligibility determination.
- If any additional information or validating documentation is required during the review of the FCC Form 465, you will receive an Information Request email that must be responded to within 14 calendar days.

After Submission

- Once a decision has been made on the form, the only way to make any changes is to file an FCC Form 465 revision via My Portal by selecting “New FCC Form 465”.

The screenshot shows the 'RURAL HEALTH CARE' portal. At the top right, there are links for 'Contact RHC | HCF | About My Portal | My Account Settings'. Below the header, a message states: 'My Forms is where you will find all electronically submitted and drafted (but not submitted) FCC Forms associated with an HCP's account, sorted by funding Year.' Underneath, it says 'In My Forms, you can:' followed by a list of actions: 'Create, store, and manage all required FCC Forms for your HCP', 'Label each FCC Form with a "friendly name" of your choosing (for example, Porter Road Clinic) to help manage your forms. The "friendly name" can be used throughout the funding year application process', 'View when and by whom your HCP's forms were last edited (if there are authorized secondary account holders)', and 'View the current "Form Status"'. Below this is a navigation bar with tabs for 'MY FORMS', 'MY DOCUMENTS', 'MY CONTRACTS', and 'MY HCPS', along with an 'HCP Number:' field. The main content area is titled 'Fund Year 2018' and contains a table with columns: 'Form Type', 'Form 465 App #', 'Friendly Name', 'Last Edited', 'Form Status', 'ACSD', and 'Action Available'. A single row is visible with '465' in the 'Form Type' column and 'Posted' in the 'Form Status' column. The 'Form Status' cell and the 'Action Available' cell (containing a 'Create 466' button) are highlighted with red boxes. At the bottom right of the table area, there is a blue button labeled 'New FCC Form 465', also highlighted with a red box.

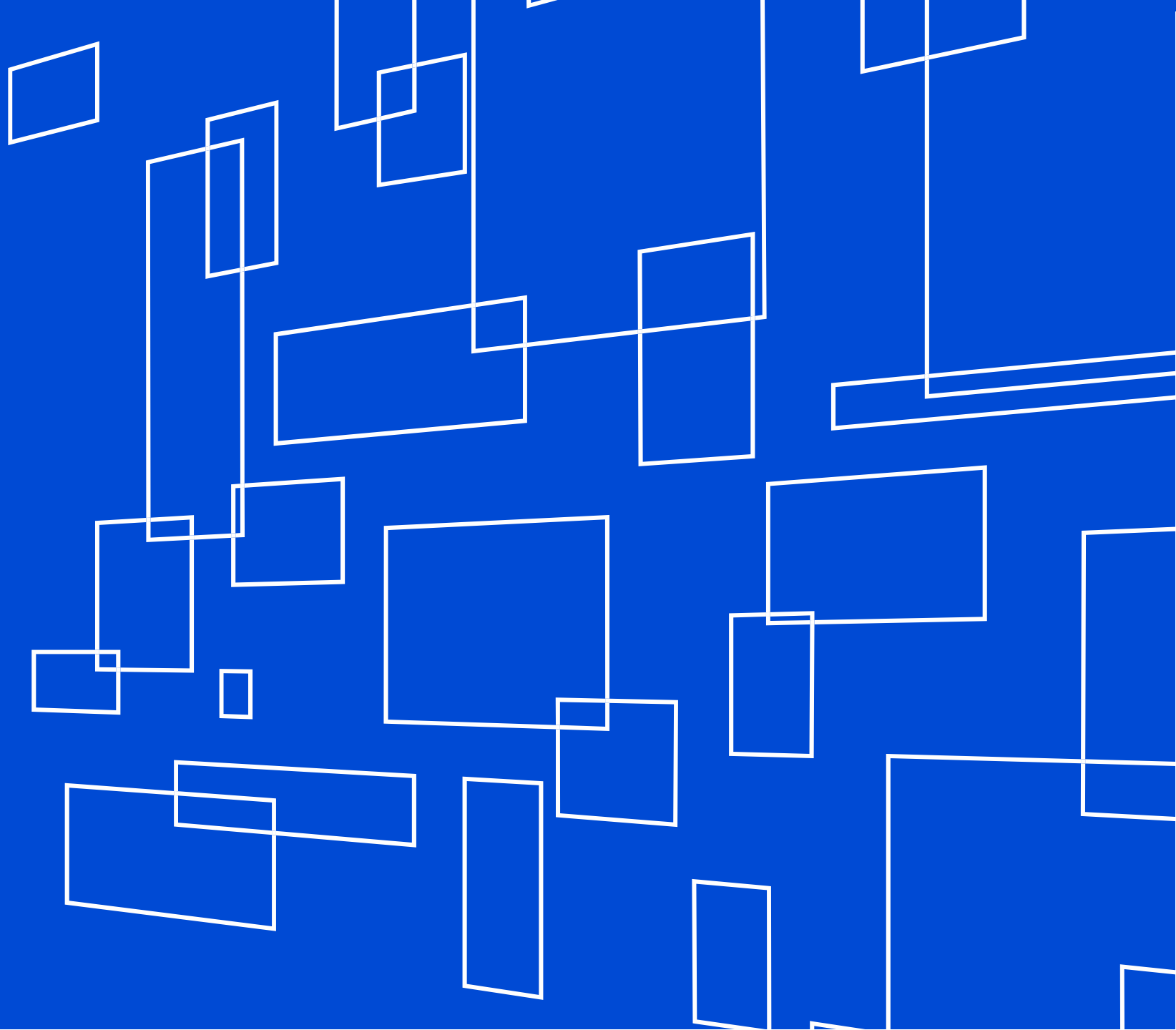
Form Type	Form 465 App #	Friendly Name	Last Edited	Form Status	ACSD	Action Available
465				Posted		Create 466

After Submission

- The most common reasons for FCC Form 465 revisions are to update the following information:
 - Site Name
 - Address
 - Entity type
 - To go out for competitive bidding again*
- FCC Form 465 revisions do not update account holders.

*To be discussed in December 12 webinar

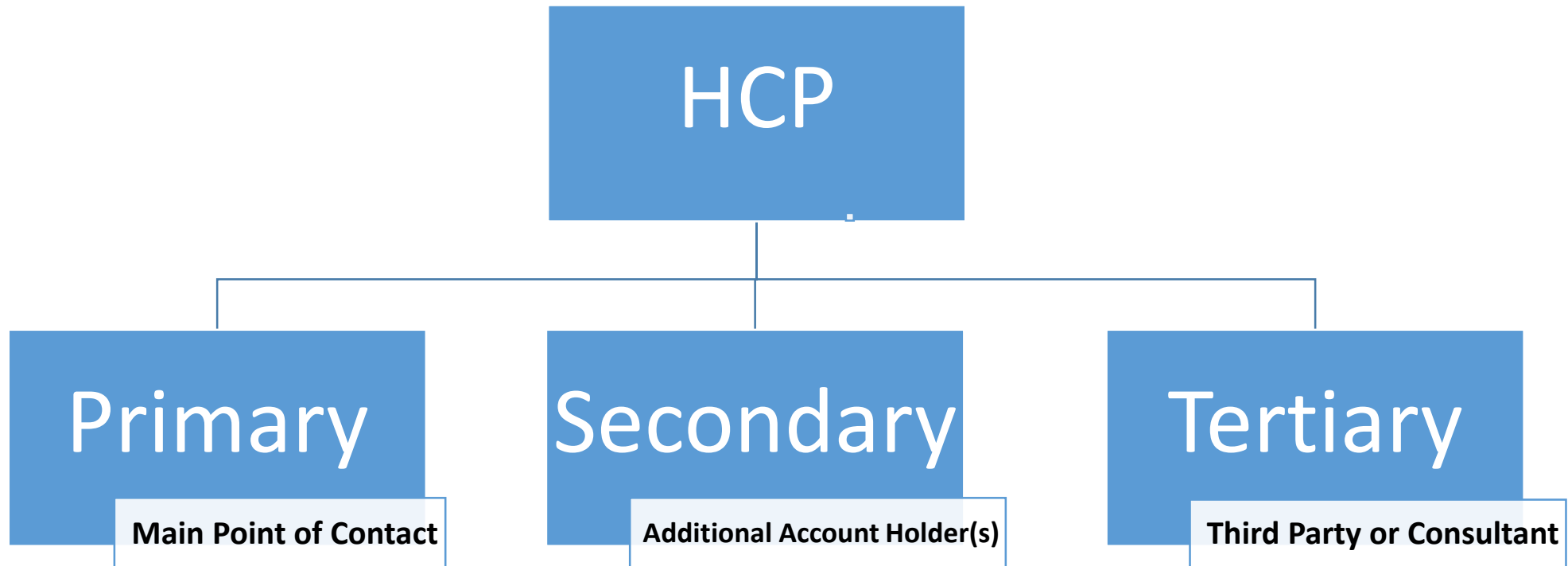
Questions?



Account Holders

HCP Eligibility

Types of Account Holder Rights



Primary Account Holder – HCF Program

- In HCF, the primary account holder has the ability to manage other account holders in the Account Holders tab of My Portal.

[Create New Form 460](#)

My HCPs | **Account Holders**

[Add New Account Holder](#)

Account Holder	Account Holder Name	Status	Action
_____	_____	Active	Remove

Primary Account Holder – HCF Program

Search By (Email):

First Name: * ! Address 1: * !
 Middle Initial : Address 2:
 Last Name: * ! City: * !
 Phone: * ! State: * !
 Ext : County: * !
 Fax : Zip: * !
 Email (Username): * !
 Retype Email (Username): * !

- At least one HCP must be assigned to the new applicant.
- Invalid Zip Code.
- Invalid Phone Number. Valid formats are 1234567890 | (123) 456-7890.

HCPs for this applicant

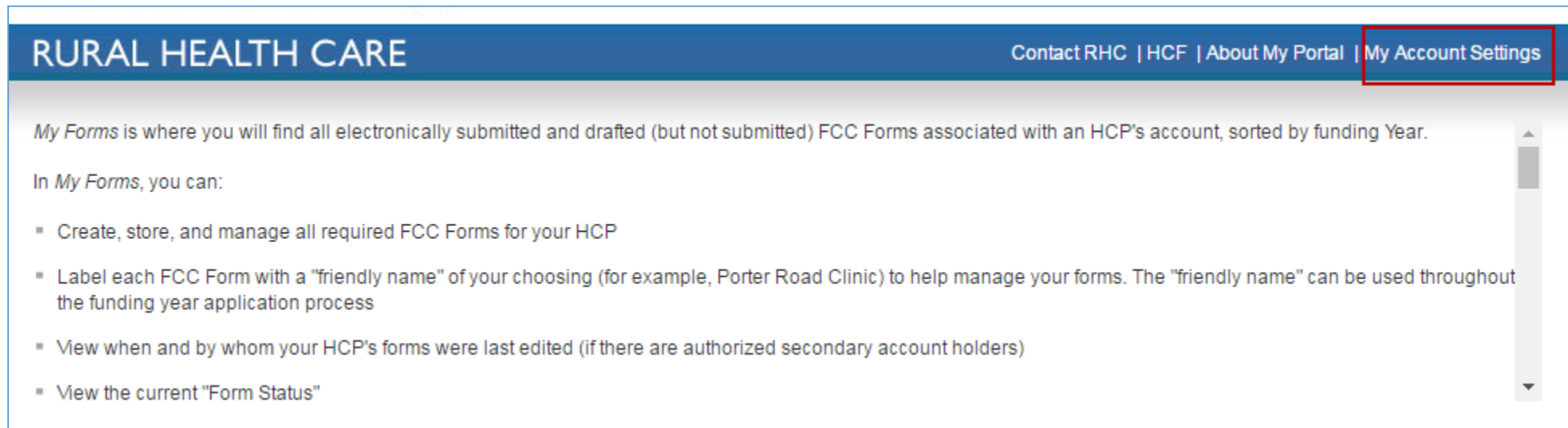
HCP#	HCP Name	Role
10754	Plains Hospital Corporation (Clark Fork Valley / Hospital)	<input type="text" value="No role"/> <input type="checkbox"/> ✓ <input type="text" value="No role"/> <input type="checkbox"/> ✓ <input type="text" value="Secondary"/> <input type="checkbox"/> ✓ <input type="text" value="Tertiary"/> <input type="checkbox"/> ✓ <input type="text" value="Draft"/> <input type="checkbox"/> ✓

Third Party Authorizations (TPAs)

- Provides written authorization to a third party/consultant to complete and submit forms on behalf of the HCP or consortium.
- Download a sample TPA [here](#).

Primary Account Holder – Telecom Program

- In Telecom, the primary account holder has the ability to add/remove other account holders in My Account Settings of My Portal.



The screenshot shows the 'RURAL HEALTH CARE' header with navigation links: 'Contact RHC | HCF | About My Portal | My Account Settings'. The 'My Account Settings' link is highlighted with a red box. Below the header, the text reads: 'My Forms is where you will find all electronically submitted and drafted (but not submitted) FCC Forms associated with an HCP's account, sorted by funding Year. In My Forms, you can:' followed by a bulleted list of actions: 'Create, store, and manage all required FCC Forms for your HCP', 'Label each FCC Form with a "friendly name" of your choosing (for example, Porter Road Clinic) to help manage your forms. The "friendly name" can be used throughout the funding year application process', 'View when and by whom your HCP's forms were last edited (if there are authorized secondary account holders)', and 'View the current "Form Status"'. A vertical scrollbar is visible on the right side of the content area.

Primary Account Holder – Telecom Program

MY HCPS
MY ACCOUNT SETTINGS
INFORMATION REQUESTS

Add Secondary Account Holder

First Name:

Middle Initial:

Last Name:

Title:

Employer:

Phone:

Email (Username):

Retype Email (Username):

Role:

Employer FCCRN:

Address 1:

Address 2: *(optional)*

City:

State:

Zip:

Ext: *(optional)*

Fax: *(optional)*

Unassigned HCPS

Search by HCP #

Search by HCP Name

Address

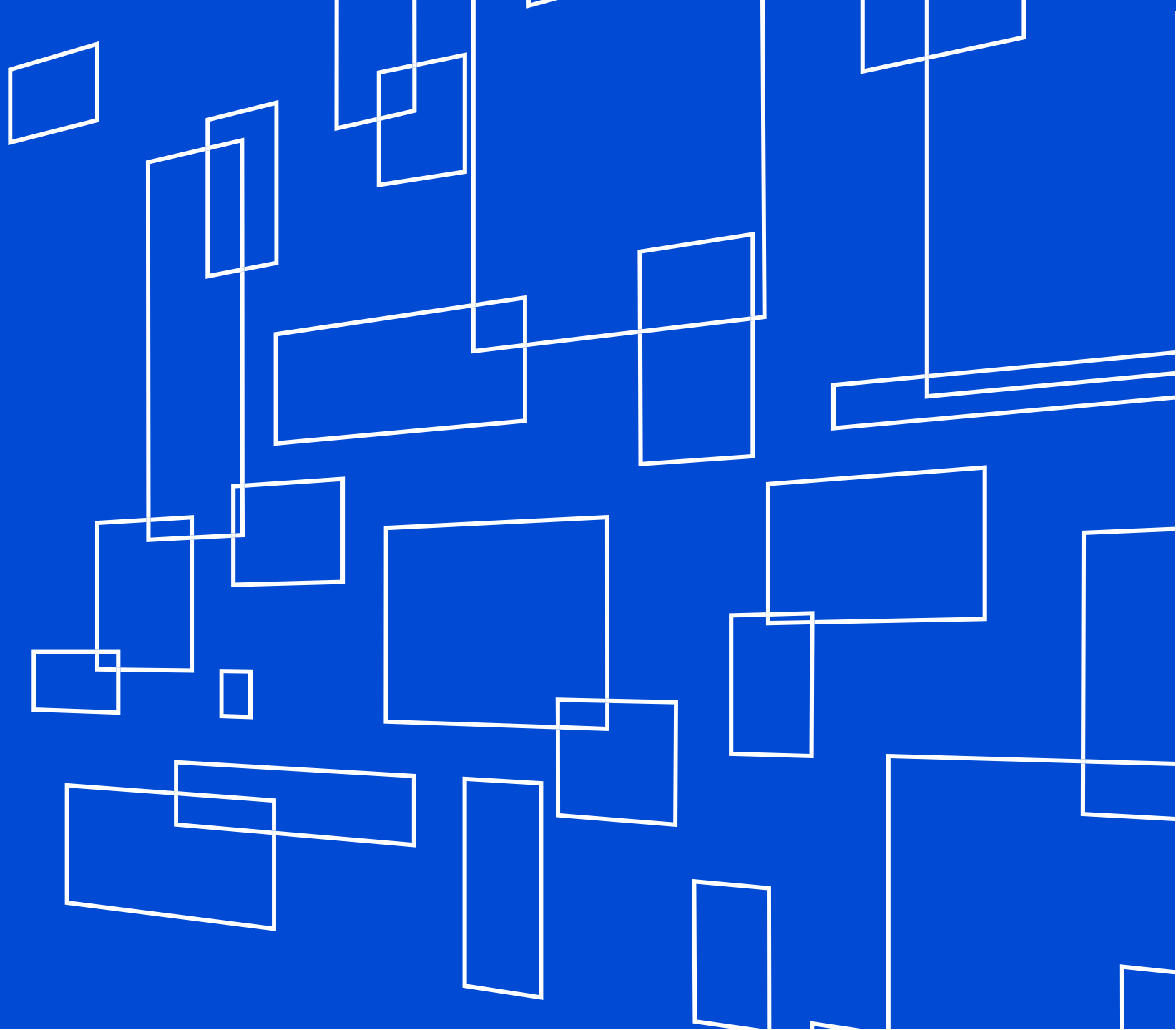
Rights

10294	Pima Hospital Corporation (Clerk: East Valley Hospital)	130 Kruger Road P.O. Box 700, Painesville, OH 49661	<input type="checkbox"/> Full Access <input type="checkbox"/> Partial Access
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Consultant Account Holder Rights

- Consultants must have tertiary rights in the HCF Program.
- Consultants must have secondary rights in the Telecom Program.
- Consultants gain account holder rights through a Third Party Authorization (TPA)
 - The TPA can be uploaded to an FCC Form 460 or 465 before submission, or added by the primary account holder in My Portal.
 - Information and a sample template for the TPA can be found on our [website](#).

Questions?



Eligibility Best Practices

HCP Eligibility

Common Reasons for FCC Form Denials

- Non-responsiveness to Information Requests within 14 calendar days
- Not a valid entity type
- A non-rural site applying in the Telecom Program
- A duplicate filing

RHC Help Desk: RHC-Assist@usac.org

- The Help Desk can:
 - Answer general questions regarding both programs
 - Look up account holder information for an HCP
- The Help Desk cannot:
 - Review your form before you submit for accuracy
 - Determine your eligibility without a form submission

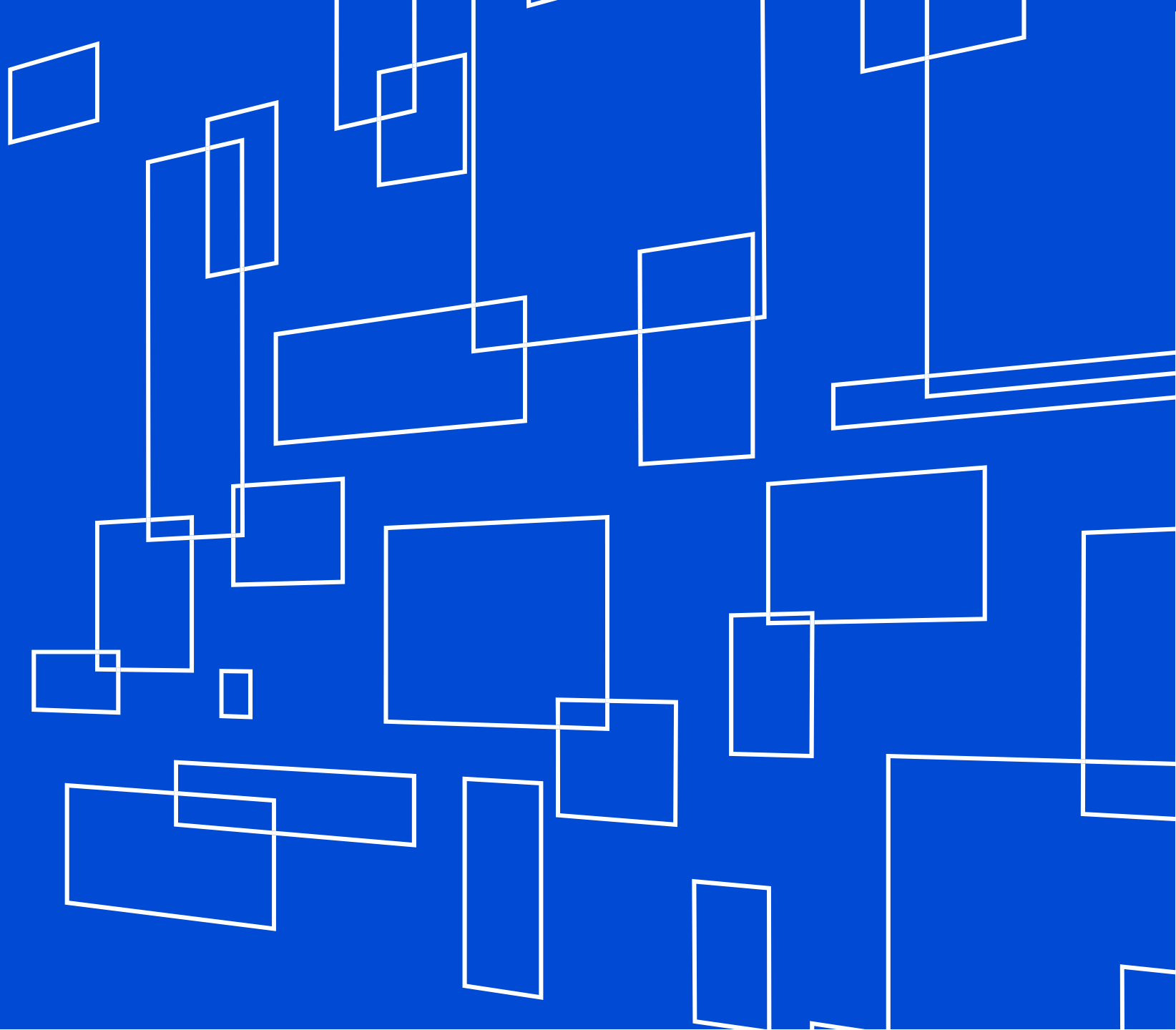
Summary

- Eligibility Forms
 - FCC Form 460 – HCF Program
 - FCC Form 465 – Telecom Program
- Submit your form at any time during the funding year
- Complete your form in one sitting
- My Portal log in information is sent via email upon form approval

Upcoming Webinars

- December 12 - 2:00 p.m. ET – RHC Program Request for Services Best Practices Webinar – [Register here!](#)
- January 16 - 2:00 p.m. ET – RHC Program Funding Request Best Practices Webinar – [Register here!](#)

Questions?



Thank you for joining us today!

- RHC Help Desk
 - Call (800) 453-1546
 - Email RHC-Assist@usac.org



**Universal Service
Administrative Co.**