

Healthcare Connect Fund (HCF) Program and Telecommunications (Telecom) Program FCC Form 460 Guide

Per FCC Order [FCC 23-110](#), the FCC Form 460 will now be used to determine eligibility in both the HCF and the Telecom Programs. This eliminates the need for Telecom Program participants to seek an eligibility determination every time they engage in competitive bidding.

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

Start Tab

- **HCP or Consortium 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.
- **Legal Entity Name** is a required field. Enter the name of the legal entity that owns and/or operates the site.
- **FCC Registration Number (FCC RN)** is a required field. If the legal entity named above has an FCC RN, you must enter the legal entity's FCC RN.
 - All applicants must obtain an FCC RN, if they do not already have one. 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>.
- **Nickname** is an optional field. If you wish, you may enter a name to easily identify this form in the future.
- **FCC Form 460 Application Number** is a prepopulated field generated by the system.

Registration Type Tab

- **What type of registration do you require?** Select one of the eligible entity types. Click “Save & Continue” to advance to the next section. This forms guide focuses on “Determine eligibility of an HCP site”.

Site Information Tab

- **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.
- Answer “Yes” or “No” to the question “Is this a government entity?”
- **On Site Contact Representative** is someone located at the physical site. Enter information about that contact including the person's first and last name, a phone number, and email address. Optional fields include the HCP or legal entity's website.
- **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.

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.



Rural Health Care (RHC) Program

- **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.
- **Verify My Address** must be clicked to confirm the data entered in the fields.

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 RHC program support.
- **Note:** If "Non-profit hospital" is selected, you must upload the state hospital license for the site and answer "Yes" or "No" to "Is this a critical access hospital?"
 - This question only appears when "not-for-profit hospital" is selected as an eligibility category. 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.
 - "How many licensed patient beds are at the site?" is a required field 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.
- **Note:** If "Community mental health center" is selected, you must upload the State License and CMHC Checklist will appear in RHC Connect. Select all boxes that apply.
- **Note:** If "Rural health clinic" is selected, answer "Yes" or "No" to "Is this a mobile rural health care provider and the required logs with information about the locations the mobile clinic serves must be uploaded.
- "Describe the medical services provided at the location" 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.
- Answer "Yes" or "No" to "Would you like to seek a conditional approval of eligibility?" FCC Order [FCC 23-110](#) 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. If you select "Yes", enter the estimated date that you expect to meet all eligibility requirements using the dropdown menu.

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.
 - 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 (FCC RN)** is a required field. All applicants must obtain an FCC RN, if they do not already have one. Obtaining an FCC RN is a simple process that can typically be completed within minutes through the



Rural Health Care (RHC) Program

FCC's website at <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. 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.

- **Employer Website** is an optional field. Enter the web address for the legal entity for which the Primary Account Holder is employed.
- **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, Zip Code, and County**.
- **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. Select "Yes" to "Are there secondary account holders?" to add a Secondary Account Holder. Enter the information about the Secondary Account Holder.
 - Though optional, USAC recommends having at least one Secondary Account Holder, but you may enter as many as you'd like.
 - A Secondary Account Holder must be an officer, director, or authorized employee of the HCP and may not be a consultant.
 - 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). For more information about TPAs, visit the [Third-Party Authorization](#) webpage.

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. To search the Taxonomy database, use the [Taxonomy Code Lookup](#) hyperlink.
- **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.
- **Tribal Affiliation** information is a required field. 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 "Add 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:
 - A recent bill or lease, with the address clearly posted, to verify the HCP address provided on the FCC Form 460.



Rural Health Care (RHC) Program

- 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.
 - If you are a consultant, you will be prompted to upload a Third-Party Authorization (TPA). Ensure that the TPA start and end dates entered on the FCC Form 460 match the authorization dates in the TPA.
- Certifications are required fields. All certifications must be checked before the form can be submitted.
- Sign the form using the certifier's full name as it appears in RHC Connect.
- A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the FCC Form forms, unless USAC receives, prior to the submission of the form, a written, dated, and signed [third party authorization \(TPA\)](#) from the relevant officer, director, or other authorized employee stating that the HCP accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party.
- Continue the submission of the FCC Form 460 by selecting "Certify & Submit".