

RHC Connect User Guide – Third Party Authorization (TPA)

Updated as of February 2025

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General Information

Third Party Authorization (TPA)

A TPA is required if a consultant or other third party, i.e., anyone who is not employed by the health care provider (HCP), will file forms on behalf of a site. A TPA provides written authorization to the third party to complete and submit forms on behalf of the HCP or consortium in the Healthcare Connect Fund (HCF) Program or Telecommunications (Telecom) Program. <u>Download a sample TPA</u>.

Requirements:

A TPA must include:

- The name and contact information of the third party(ies) authorized to submit forms on behalf of the HCP.
- A statement by the third party that the HCP or Consortium Leader accepts any and all potential liability for applicable RHC program rule violations and any errors, omissions, or misrepresentations on the forms or documents submitted by the third party.
- Specific timeframe the TPA covers (start date and end date)
- Signed by an officer, director, or authorized employee of the HCP or the Consortium Leader
- The signature date.
- A list of HCP sites the TPA covers, including the HCP number, name, and address for each site.

Recommendations

- The duration of the authorization is at the discretion of the HCP and the third party, however USAC recommends that the TPA cover a minimum of twelve months or a period long enough to include the invoice filing deadline.
- Identify, if applicable, which FCC forms the TPA covers.

Things to Know

- A third party is defined as any individual who is not an officer, director, or authorized employee of the HCP or Consortium Leader, and may include a consultant, contractor, or attorney.
- If a third-party submits the FCC Form 460 (Eligibility and Registration Form), they must upload the TPA at the time of the filing.
- **Consortia only**: Separate TPAs are not required between consortium members and third parties, as long as the letter of agency (<u>LOA</u>) between the consortium members



and consortium leader contains language that specifies that the consortium leader **and its agents** are authorized to act on behalf of the consortium members to submit their forms.

Please Note: The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.



Submitting a TPA – Primary and Secondary Account Holders

Step 1: Log into My Portal and click **RHC Connect**.

) In accordance with the Supply Chain o and High Cost & Lifeline - FCC Form 48	rders, new certifications have been added to the following forms: RHC - FCC Form 4 1. Service providers are required to submit these annual certifications. For addition	63 and the 1 al informati	Telecom invoice, E-rate - FCC Form 473, >
Upcoming Dates	Rural Health Care	^	Help?
	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 FV2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FV2024 and later.		Send us a message Click here Call us (888) 641-8722
	RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 466, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 466 and all required forms for Pr2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for Pr2023 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.		

Step 2: On the Dashboard, click Tools.

ASHBOARD START A FORM TOOLS			e titer terrer t
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		1700	
RHC Connect	Contraction of the second		the second of a
(1141) Unread Notifications			>
Information Requests	My Forms	My Organizations	Post-Commitment Change Requests
13:46	() The Funding Year 2025 funding request f	iling window closes in 77 days.	
Information Requests			
Include Expired			
Search for Information Requests	SEARCH Form Type FCC Form 462	- Ту	pe Select a Value 👻



Step 3: Click HCP Account Holder(s).

RHC Connect	
M	anage HCP Access
	Image third party access for your HCP(s) by adding TPA(s)
@2025 Universal Service Administrative Company. All rights reserved.	

Step 4: Select the HCP(s) you want to add from the dropdown menu. All HCPs that you have access to as a primary or secondary account holder will be available to select. Select the **Consultant Group** from the dropdown menu. Information will be prepopulated with information in the system about that consultant group. Once added, all members of the consultant group will have authorization. To remove an HCP, click the hyperlink under the **Action(s)** column. Click **Remove All HCPs** to remove all HCPs. Click **Add TPA**.

MANAGE GROUP(5) Manage Grou HCP Name/Number Consultant Group(5)	up(s)						+ ASO 17A
Consultant Information							
Consultant Group Name							
Consultant Registration Nu	imber			Address			
Primary Contact Email				Primary Contact Phone			
HCP Information							
HCP Number	HCP Name	Expiration	Submitted By		TPA Status	Action(s)	
					Approved	Document(s) Remove HCP from Group	
					Approved	Document(s) Remove HCP from Group	
					Approved	Document(s) Remove HCP from Group	
							REMOVE ALL HCPS

A message will appear to confirm that you want to remove the HCP(s).

Are you sure you want to remove this consultant group to all of your HCP(s)?)'s access
ΝΟ	YES



Step 5: Select the consultant group from the **Third-Party Selection** dropdown menu. Information about the consultant group will prepopulate. It's optional to upload the actual document for primary and secondary account holders **only**. Add the document, if desired, under **File Upload (Optional)**. Then click **Next**.

Third Party Agree	ement (TPA) Upload	
Third Party Selection	Third Party Selection	
Signature Review	Contact Information	File Uplead (Optional) TPA DOCK-12.75 KB Chap Files here
	CANCEL	NEXT

Step 6: Select the **Expiration Date** using the dropdown calendar. Click the box beside each HCP you want to add or click the box next to **HCP Number** to select all. The selected HCPs will appear under **Selected HCP(s) to be added to this TPA**. Then click **Next**.

Third Party Agree	ment (TPA) Upload		
Third Party Selection	Letter Details		
Letter Details		and a shark Tadaval Canana indiana Canana indiana (
Signature	Telecommunications - FCC	Forms 465, 466, and 469) programs. This includes all require	red supporting documentation.
Review	Expiration Date		
	HCP(s) to be added to this TPA		
	HCP Name	HCP Number	ZIP Code
	HCPs		CLEAR FILTER APPLY FILTER Selected HCP(s) to be added to this TPA
	HCP Number the HCP Name	Address	0
			0
			O Christian & off
			510Wing 1-5 013
			≪ < 1-50143.882 > ≫
	GO BACK CANCEL		NEX

Step 7: Click all of the **Acknowledgements** and type your full name as it appears in RHC Connect in the **Digital Signature** field. Then click **Next**.

Third Party Agre	eement (TPA) Upload									
Third Party Selection	Signature									
Letter Details	Acknowledgements	Acknowledgements								
Signature	Applicant authorizes	and its designated employee(s) to act as account holders with rights to submit forms and other documentation	n in the RHC programs.							
Review	Applicant authorizes objaining funding.	and its designated employee(s) to access HCP's application information and to complete, certify, sign, and sub-	mit forms on its behalf in connection with applying for and							
	Applicant understands that USAC will continue to inclu regarding forms covered by this TPA.	ude Primary and Secondary Account holders in all correspondence. Applicant also authorizes	to respond to inquiries from the RHC Program							
	Applicant acknowledges and agrees that it is subject t HCP(s) and/or	to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. F during the application and funding process.	unding decisions will be based on the information submitted by							
	Applicant accepts all potential liability from any errors	s, omissions, or misrepresentations on forms and/or documents submitted by								
	Name	Digital Signature								
	Date	Must match the name in the Name Field								
	#									
	GO BACK CANCEL		NEXT							



Step 8: Review all of the information, if correct, click **Submit**.

	DOCK - 12.75 KB
CRN00022 - Telecommunications - Expiration Date	to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 461, 462, and 463) and (LELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation.
HCP(s) to be added to this TPA	
Selected HCP(s) to be added to this Ti	PA
0	
Sh	lowing 1-5 of 5
Acknowledgements	and mission starting starting second billion
Applicant is responsible for authorizing	g and managing and it as account notees. Initiation Commanders in card its a desinated enologies and a second holders with rights to submit forms and other documentation in the RHC programs.
Applicant authorizes CRN00022 - Wash	ington Commanders inc and its designated employee(s) to access HCP's application information and to complete. certify, sign, and submit forms on its behalf in connection with applying for and obtaining funding,
Applicant understands that USAC will o covered by this TPA.	ontinue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes CRN00022 - Washington Commanders Inc to respond to inquiries from the RHC Program regarding forms
Applicant acknowledges and agrees th CRN00022 - Washington Commanders	at it is subject to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. Funding decisions will be based on the information submitted by HCP(s) and/or inc during the application and funding process.
Applicant accepts all potential liability	from any errors, omissions, or misrepresentations on forms and/or documents submitted by CRN00022 - Washington Commanders Inc.
Name	Digital Signature
Date	Must match the name in the Name Field
GO BACK CANCEL	SUBMIT

Step 9: To view TPAs, navigate to the **My Forms** tab on the **Dashboard** and select TPA from the **Form Type** dropdown menu. Click on the "eye" icon under the **Action(s)** column.

DASHBOARD START A FORM	tools						GH Martine Concernent
RHC Connect		300		375	17.2	100	
	(1141) Unread Notifications						>
	Information Requests	My Forms		My Org	anizations	Post-Commitment Chang	e Requests
15:45		() The Fu	unding Year 2025 funding requ	est filing window closes in 77	days.		
	My Forms Form Type TPA						
	Q Search TPAs	SEARCH STATUS Any		•			T- 2
	ID Consultant Group Name	Consultant Group Registration Number	Expiration Date	Submitted By	Submitted On	1 Status	Actions
	70	CRN00022				Auto-Approved	۲
	69	CRN00022				Auto-Approved	۲



Step 10: To view the system generated TPA, click the hyperlink under the **TPA Document section**. If you uploaded a TPA, that document will also appear in the **TPA Document** section. To return to the **Dashboard**, click **Return to Dashboard**.

BOARD	START A FORM TOOLS					GH	# 200
TPA	mary						
Consult Name Consult Registra TPA Exp	ubmission Summary tant Group tant ration Number piration Date	,	si S	ubmitted By ubmitted On	Status Auto-Approved		
Attac	hed HCP(s)						
F	HCP Number	HCP Name		Address		Status	
						Approved	
						Approved	
						Approved	
						Approved	
						Approved	
						5 items	
Docur	PA Document	Date Uploaded	RI	le			
TPA Le	etter				Generated TPA Letter	RETURN TO DASHBOARI	D



Submitting a TPA – Consultant Group

Step 1: Log into My Portal and click **RHC Connect**.

and High Cost & Lifeline - FCC Form 481	isers, new certainations have been able to the nonoving forms. And - roc rorm voa 1. Service providers are required to submit these annual certifications. For additional in	formation, visit the USAC Supply Chain page.
ງ Upcoming Dates	Rural Health Care	Help?
	RHC Connect - Health care providers must use this section to create and submit forms for the Health care Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FV2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FV2024 and later.	Send us a message Click here Call us (888) 641-8722
	RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 465, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCP) Program for the FCC Form 460 and all required forms for FY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier.	

Step 2: On the Dashboard, click Tools.

ASHBOARD START A FORM TOOLS			International Action of the Ac
10			
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RHC Connect	NOT THE OWNER OF THE		
(1141) Unread Notifications			>
Information Reque	sts My Forms	My Organizations	Post-Commitment Change Requests
13:46	() The Funding Year 2025 funding	request filing window closes in 77 days.	
Information Requests			
Include Expired			
Search for Information Requests	SEARCH Form Type FCC	Form 462 • Tyr	pe Select a Value 👻



Step 3: Click Consultant Groups.

RHC Connect		
	Manage HCP Access	
	CONSULTANT GROUPS Create and manage the consultant group, add authorized users, and upload TPAs to add HCPs to your consultant group	
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Step 4: When using this feature for the first time, you must register your consultant group. Enter information about the consultant group in the fields, then click **Submit**.

Consultant Group Registration		
Consultant Group Name	FCC Registration Number	
Address 1	Address 2 (Optional)	
City	State	ZIP Code
	-	
Primary Contact Email	Primary Contact Phone	
CANCEL		SUBMIT
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Step 5: Once you click **Submit**, this confirmation page will be displayed. Each consultant group is assigned a **Consultant Group Registration Number**. Click **Close** to continue.

Consultant Group Registration		
⊘ This new Consultant Group has been created.		
FCC Registration Number		
Consultant Group Name		Consultant Group Registration Number
Address 1	Address 2 (Optional)	
City	State	ZIP Code
Primary Contact Email	Primary Contact Phone	
jvanhorn@pcmhmo.org		
		CLOSE
©2025 Universal Service Administrative Company. All rights reserved.		PRIVACY POLICIES



Step 6: Click Consultant Groups.

RHC Connect	and the second	
	Manage	HCP Access
	CONSULTANT BROUPS Create and manage the consultant group, add authorized users, and upload TPAs to add HCPs to your consultant group	
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Step 7: To add users, click **Group Users**. Add user information in the **Add User(s) to the Group** field. Please keep in mind that the added user must have created their user profile using <u>Multi-Factor</u> <u>Authentication</u> to be available to select. To remove users, select the user and click **Remove**.

35					
RHC Connect					A CONTRACT
Consultant Group					
Consultant Group Members		A	dd User(s) to Group		
Name	Email				
		L	-		
	No items available		Name	Email	
		REMOVE			ADD



Step 8: Once you have access, all HCPs will be displayed. To view a document or remove an HCP from the group, click the hyperlinks under the **Action(s)** column. To select the consultant group, click **Delete Group**. To add a TPA, click **+Add TPA**.

MANAGE GROUP(S) GROU Manage Gro Consultant Group	oup(s)				+ ADD TP
Group Details					
Consultant Registration CRN00022 Email	Number	Address Phone		UPDATE CONSULTAN	IT GROUP INFORMATION
HCP Number	HCP Name	Expiration Submitted By	TPA Status	Action(s)	
				Doument() Remove HCP from Group Doument() Remove HCP from Group	
					9 items

Step 9: Information is prepopulated based on information about the consultant group in the system. Third-parties are required to upload the TPA document. Click upload under **File Upload**. Then click **Next**.

Third Party Agree Third Pary Selection Letter Details Signature Review	ement (TPA) Upload Third Party ² Selection Third Party Solection Contact Information	File Uplead ① TPA DOC - 12.75 KB ● 1 A Chep Rise here
©2025 Universal Service Admir	nistrative Company. All rights reserved.	PRIVACY POLICIES

Step 10: Enter the **Expiration Date** using the dropdown calendar, then select HCPs using the filters. Selected HCPs will appear on the right under **Selected HCP(s) to be added to this TPA**. Click **Next**.

Third Party Agre	ement (TPA) Upload			
Third Party Selection	Letter Details			
Letter Details Signature	authorizes Telecommunications	to prepare and submit Federal Communications Commission	(FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 46	i 1, 462, and 463) and
Review	Expiration Date	rectoring too, too, and too, programs this includes an requ	n a supporting documentation.	
	HCP(s) to be added to this TPA			
	HCP Name	HCP Number	ZIP Code	
			CLE	AR FILTER APPLY FILTER
	HCPs		Selected HCP(s) to be adde	d to this TPA
	4CP Number † HCP Name	Address	0	100 million (1990)
			0	Showing 1 - 5 of 5
				-
			< 1 - 5 of 43.882 > >>	
	GO BACK CANCEL			NEXT



Step 11: Check the box beside all of the **Acknowledgements**, then type your full name as it appears in RHC Connect in the **Digital Signature** field. Click **Next**.

Third Party Agr	eement (TPA) Upload	
Third Party Selection	Signature	
Letter Details	Acknowledgements	
	Applicant is responsible for authorizing a	i managing all of its account holders.
Signature	Applicant authorizes	and its designated employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs.
Poviou	Applicant authorizes	and its designated employee(s) to access HCP's application information and to complete, certify, sign, and submit forms on its behalf in connection with applying for and obtaining funding.
Neview	Applicant understands that USAC will con covered by this TPA.	nue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes to respond to inquiries from the RHC Program regarding forms
	Applicant acknowledges and agrees that	is subject to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. Funding decisions will be based on the information submitted by HCP(s) and/or Juring the application and funding process.
	Applicant accepts all potential liability fro	any errors, omissions, or misrepresentations on forms and/or documents submitted by
	Name	Digital Signature
	Date	Must match the name in the Name Field
	±	
	GO BACK CANCEL	NEXT

Step 12: To view TPAs, navigate to the **My Forms** tab on the **Dashboard** and select TPA from the **Form Type** dropdown menu. All TPAs are displayed. Click on the "eye" icon under the **Action(s)** column.

DASHBOARD START A FORM	+80 TOOLS							GH CHARGE Statement Strategy
RHC Connect	R	300		174			1	
	(1141) Unread Notifications							>
	Information Requests	My Forms		My Org	anizations		Post-Commitment Cha	inge Requests
15:45	5	() The Fu	inding Year 2025 funding reque	st filing window closes in 77	days.			
	My Forms							
	Form Type							
	Q. Search TPAs	SEARCH STATUS Any		•				T- 3
	ID Consultant Group Name	Consultant Group Registration Number	Expiration Date	Submitted By	Submitted On	1	Status	Actions
	70	CRN00022					Auto-Approved	۲
	69	CRN00022				3	Auto-Approved	۲



Step 13: To view the system generated TPA, click the hyperlink under the **TPA Document section**. If you uploaded a TPA, that document will also appear in the **TPA Document** section. To return to the **Dashboard**, click **Return to Dashboard**.

BOARD START A FORM TO	ක 00LS		GH 👬 📾
TPA Summary			
Submission Su Consultant Group Name Consultant Registration Number TRA Expiration Date	immary	Status Auto-Appn Submitted By Submitted On	oved
Attached HCP(s)			
HCP Number	HCP Name	Address	Status
			Approved
			5 items
🖺 TPA Document	t		
Document Type	Date Uploaded	File	
TPA Letter		_Generated TPA Letter	
			RETURN TO DASHBOARD

Step 14: To update information about the consultant group, navigate to the **Manage Group(s)** section and click **Update Consultant Group Information**.

MANAGE GROUP(5) GROUP Manage Grou Consultant Group	users) up(s)				+ ADD TPA
Group Details					
Consultant Registration No	umber	Address			UPDATE CONSULTANT GROUP INFORMATION
Email		Phone			
HCP Number	HCP Name	Expiration	Submitted By	TPA Status	Action(s)
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
				Denied	Document(s)
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
				Approved	Document(s) Remove HCP from Group
					9 items
					DELETE GROUP



Step 15: Edit the information, then click **Update**.

Update Consultant Group Information		
Consultant Group Name	FCC Registration Number	
Address 1	Address 2 (Optional)	
City	State	ZIP Code
	-	
Primary Contact Email	Primary Contact Phone	
CANCEL		UPDATE

Step 13: To delete a consultant group, click **Delete Group**.

MANAGE GROUP(S) GROUP Manage Grou Consultant Group	useres) up(s)				400 A+
Group Details Consultant Registration Nu CRN00022 Email HCP Information	mber	Address Phone			UPDATE CONSULTANT GROUP INFORMATION
HCP Number	HCP Name	Expiration	Submitted By	TPA Status	Action(s)
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					Document(s)
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					Document(s) Remove HCP from Group
					9 items
					DELETE GROUP

Submitting a TPA Through an FCC Form 460/460 Revision

Please note: If this is the first TPA you're submitting, submit it with the instructions in the section above. Once you are a member of a registered consultant group, you may submit the TPA directly in the FCC Form 460.

Step 1: Log into My Portal and click **RHC Connect**.

Dashboard			
(i) In accordance with the Supply Chain o and High Cost & Lifeline - FCC Form 48	rders, new certifications have been added to the following forms: RHC - FCC Form 44 1. Service providers are required to submit these annual certifications. For additiona	63 and the T al informatic	elecom invoice, E-rate - FCC Form 473, X m, visit the USAC Supply Chain page.
💾 Upcoming Dates	Rural Health Care	^	Help?
	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.		Send us a message Click here Call us (888) 641-8722
	RHC My Portal - Health care providers must use this section to create and submit required forms for the Telescommunications (Telecom) Program for the FCC Form 466, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 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.		

Step 2: On the Dashboard, click Start a Form.

DASHBOARD START A FORM TOOLS			
	and the second second	and the second	and the second
RHC Connect			
(1141) Unread Notifications			>
Information Requests	My Forms	My Organizations	Post-Commitment Change Requests
13:46	() The Funding Year 2025 funding request	filing window closes in 77 days.	
Information Requests			
Include Expired			
Search for Information Requests	SEARCH Form Type FCC Form 46	· · · · · ·	Type Select a Value •



Step 3: Click FCC Form 460 then click Next (bottom right on the screen).

RHC Connect	
Ś	What type of Form would you like to file?
13:51	See if you Qualify to Participate FCC Form 460 Eligibility and FCC Form 460 Revisions
	Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications (Telecom) Program by submitting an FCC Form 460.

Step 4: Click File a New FCC Form 460. Then click Next.





Step 5: Follow all steps for submitting an FCC Form 460 (see <u>Welcome to RHC Connect - FCC Form 460</u> User Guides). On the **Supporting Documentation** tab, click the hyperlink in the yellow **Alert** banner and upload the TPA.

DASHBOARD START A FORM	tools							Contract Contract Contract Contract
FCC Form 460								
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification
Supporting Docu	mentation							
Paperwork Reduction Act (P	RA)							>
A ALERT. A Third Party Agre	eement (TPA) is required for this su	ibmission. 🏦 Upload a Third	Party Authorization (TPA) Letter					
Uploaded File(s)				_				
Document Type	l.	Description		File Name			Uploaded On	
				No items available				

Step 6: Select the **Third Party Selection** from the dropdown menu. Information for the consultant group will be prepopulated. Upload the TPA. Then click **Next**.

Third Party Agre	Third Party Agreement (TPA) Upload							
Third Party Selection	Third Party Selection							
Letter Details	Third Party Selection							
Signature	Contact Information	•						
Review	contact mormation							
		OCCA - 12/5 NB Drop files here						
	CANCEL	NEXT						

Step 7: Enter the **Expiration Date** using the dropdown calendar. Information for the HCP will be prepopulated. Click **Next**.

1	Third Party Agreem	nent (TPA) Upload						
	Third Party Selection	Letter Details	Letter Details					
	Letter Details Signature Review	131576 - test authorizes CRN00022 - Washington Commanders Inc to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 461, 462, and 463) and Telecommunications (TELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation. Expiration Date O6/30/						
		HCP(s) to be added to this TPA						
		HCPs			Selected HCP(s) to be added to this TPA			
		HCP Number	HCP Name	Address	•			
			test					
		GO BACK CANCEL			NEXT			



Step 8: Click all of the **Acknowledgements** and type your full name as it appears in RHC Connect in the **Digital Signature** field. Then click **Next**.

Third Party Agreement (TPA) Upload								
Third Party Selection	Signature							
Letter Details	Acknowledgements	Action/wiedgements						
Signature	 Applicant is responsible for duringing and managing an on Applicant authorizes CRN00022 - Washington Commanders I 	nc and its designated employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs.						
Review	 Applicant authorizes CRN00022 - Washington Commanders I obtaining funding. 	nc and its designated employee(s) to access HCP's application information and to complete, certify, sign, and submit forms on its behalf in connection with applying for and						
	Applicant understands that USAC will continue to include Print regarding forms covered by this TPA.	Applicant understands that USAC will continue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes CRN00022 - Washington Commanders Inc to respond to inquiries from the RHC Program regarding forms covered by this TPA.						
	Applicant acknowledges and agrees that it is subject to all Ru HCP(s) and/or CRN00022 - Washington Commanders Inc duri	ral Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and H. Funding decisions will be based on the information submitted by ing the application and funding process.						
	Applicant accepts all potential liability from any errors, omiss	ions, or misrepresentations on forms and/or documents submitted by CRN00022 - Washington Commanders Inc.						
	Name	Digital Signature						
	Date	Must match the name in the Name Field						
	GO BACK CANCEL	NEXT						

Step 9: Review the information, then click Submit.

Third Party Selection			
mird Party Selection			
	÷		
Contact Information		File Upload	
		(D) TPA DOCK = 12.75 KB	
		O BOOK NEIDING	
authorizes	to prepare and submit Federal Com	nunications Commission (ECC) form	s for the Healthcare Connect Fund (HCE - FCC Forms 460, 461, 462, and
463) and Telecommunications	FCC Forms 465, 466, and 469) programs. T	his includes all required supporting	documentation.
Expiration Date			
HCP(s) to be added to this TPA			
Selected HCP(s) to be added to this TPA			
0			
Acknowledgements			
Applicant is responsible for authorizing and managing all of its account of the second sec	count holders.		
Applicant authorizes an	id its designated employee(s) to act as account holders with	rights to submit forms and other documenta	ation in the RHC programs.
Applicant authorizes an	d its designated employee(s) to access HCP's application inf	ormation and to complete, certify, sign, and	submit forms on its behalf in connection with applying for and obtaining funding.
Applicant understands that USAC will continue to include Primary covered by this TPA.	and Secondary Account holders in all correspondence. App	icant also authorizes	to respond to inquiries from the RHC Program regarding forms
Applicant acknowledges and agrees that it is subject to all Rural Hi during the application a	ealth Care program orders, rules, and FCC requirements as and funding process.	outlined in 47 C.F.R. Part 54, Subparts G and	H. Funding decisions will be based on the information submitted by HCP(s) and/or
P Applicant accepts all potential liability from any errors, omissions,	or misrepresentations on forms and/or documents submitt	ed by	nc.
Name	Digital Signature		
Date	Must match the name in the Name Field		
*			

Step 10: Continue with steps to submit the FCC Form 460.

FCC Form 460									
Start	Registration Type	Site Information	Physical Location	HCP Eligibility Category	Contact Information	Additional Information	Supporting Documentation	Certification	
Supporting Documentation									
Paperwork Reduction Act (P	PRA)								>
Uploaded File(s)									
Document Type		Description		File Name			Uploaded On		
ТРА		Third Party Authorization		CRN00022 -					۲
Add Document									
BACK EXIT								SAVE & CON	TINUE



Step 10: To view TPAs, navigate to the **My Forms** tab on the **Dashboard** and select TPA from **Form Type** dropdown menu. All TPAs are displayed.

DASHBOARD START A FORM TOOLS							GH 👘 Soldward Barter			
RHC Connect										
<	(1141) Unread Notlifications									
	Information Requests	My Forms		My Orga	nizations	Post-Commitment Change	Post-Commitment Change Requests			
15:45	The Funding Year 2025 funding request filing window closes in 77 days.									
	My Forms									
	Form Type TPA									
	Q. Search TPAs SEARCH STATUS Any •					T- 0				
	ID Consultant Group Name	Consultant Group Registration Number	Expiration Date	Submitted By	Submitted On	1 Status	Actions			
	70 '	CRN00022				Auto-Approved	۲			
	69	CRN00022				Auto-Approved	•			

Step 11: To view the system generated TPA, click the hyperlink under the **TPA Document section**. If you uploaded a TPA, that document will also appear in the **TPA Document** section. To return to the **Dashboard**, click **Return to Dashboard**.

DASHBOARD START A	FORM TOOLS						GH) 👘 interior
TPA Summary								
Consultant Gro Name	ission Summary			Submit	ted By	Status Auto-Approved		
Consultant Registration N TPA Expiration	umber I Date							
Attached HCF	P(s)							
HCP Nun	nber	HCP Name			Address		Status	
							Approved	
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TPA Letter						_Generated TPA Letter		
							RETURN TO DASHBOA	RD



Frequently Asked Questions

What changes were made from My Portal to the RHC Connect?

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to approve funding requests.

Did the requirements for Third-Party Authorizations (TPA) change?

No, the requirements for Third-Party Authorizations (TPA) did not change – only the platform changed.

Who is impacted by this change?

RHC Connect is used for FY2022 and future funding years for the HCF Program and FY2024 and forward for the Telecom Program. Connected Care Pilot Project (CCPP) projects are not impacted unless they also participate in the HCF or Telecom Program.

Resources

For more information, visit the following webpages on the USAC website:

- <u>Authorizations</u> webpage
- <u>Consultants and Third Parties</u> webpage
- <u>Third-Party Authorization</u> webpage

For questions about the Rural Health Care program, contact <u>RHC-Assist@usac.org</u> or the RHC Customer Service Center at (800) 453-1546 from 8 a.m. - 8 p.m. ET Monday through Friday for assistance. Use the <u>RHC Customer Service Center Tip Sheet</u> to learn about what the RHC Customer Service Center can and cannot help you with.