

# Authorizations & User Management in RHC Connect

Third-Party Authorizations and Letters of Agency/Letters of Exemption March 5, 2025



## **DISCLAIMER:**

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

Please be aware that this webinar will be recorded.

# Housekeeping

- Use the "Audio" section of your control panel to select an audio source and connect to sound
  - Turn on your computer's speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute
- Submit questions at any time using the "Questions" box
- Slides attached to GoToWebinar Panel and will be posted with the recording to the <u>Webinars</u> webpage



#### **Meet Our Team**



#### **Simone Andrews**

Senior Communications Specialist RHC Outreach



#### **Blythe Albert**

Advisor of Program Management | RHC Outreach

# Agenda

- Introduction Authorizations
- Submitting Third-Party Authorizations (TPA) in RHC Connect
  - FCC Form 460 and FCC Form 460 Revision
  - Consultant Groups
  - Primary and Secondary Account Holders
- Submitting Letters of Agency (LOA) and Letters of Exemption (LOE) in RHC Connect
- Best Practices and Resources

# Glossary

Acronym	Definition
FCC	Federal Communications Commission
HCF	Healthcare Connect Fund
FY	Funding Year
HCP	Health Care Provider (your site)
HCP Number	Number associated with your site or consortium
PAH	Primary Account Holder
TPA	Third-Party Authorization
LOA	Letter of Agency
LOE	Letter of Exemption

## **Introduction - Authorizations**

Authorizations & User Management in RHC Connect

# **Types of Account Holders**

#### **Primary Account Holder (PAH)**

- Must work for the legal entity of the HCP
- Responsible for the accuracy of information submitted to USAC
- Can only be one individual
- Mandatory for every HCP
- Responsible for keeping all account holder information current

#### Secondary Account Holder

- Must work for the legal entity of the HCP
- Responsible for the accuracy of information submitted to USAC
- Can have multiple secondary account holders

#### **Tertiary Account Holder**

- Must have a valid Third-Party Authorization (TPA)
- TPA are uploaded to the FCC Form 460 upon submission or added by the PAH.



# **Authorizations**

- Letter of Agency (LOA) Provides written authorization for the Project Coordinator to act on behalf of each participating health care provider (HCP) within the consortium.
  - This is mandatory for HCP member sites not owned and operated by the Consortium Leader.
- Letter of Exemption (LOE) Provides written authorization to the Project Coordinator to file forms for sites that are owned and operated by the Consortium Leader.
- Third Party Authorization (TPA) Provides written authorization for a third party/consultant to complete and submit forms on behalf of an HCP.



## Submitting TPAs in RHC Connect -FCC Form 460 or FCC Form 460 Revision

# Authorizations & User Management in RHC Connect

# **My Portal Landing Page**

• Log into My Portal and click **RHC Connect**.

<ul> <li>In accordance with the Supply Chain of and High Cost &amp; Lifeline - FCC Form 48</li> </ul>	rders, new certifications have been added to the following forms: RHC - FCC Form 463 at 1. Service providers are required to submit these annual certifications. For additional inf	nd the Telecom invoice, E-rate - FCC Form 473, formation, visit the USAC Supply Chain page.
Dpcoming Dates	Rural Health Care	Help?
	<b>RHC Connect</b> - 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 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.	

#### **Start a Form**

• On the **Dashboard**, click **Start a Form**.

DASHBOARD START A FORM	tools
1	
-	
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 <b>77</b> days.
	Information Requests
	Include Expired
	Search for Information Requests SEARCH Form Type FCC Form 462

#### **FCC Form 460**

• Click FCC Form 460 then click Next (bottom right on the screen).

RHC Connect	
~	What type of Form would you like to file?
13:51	See if you Qualify to Participate
	FCC Form 460
	<b></b>
	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.

#### **FCC Form 460**

- Click File a New FCC Form 460. Then click Next.
- Same process for File a New FCC Form 460 Revision.



# FCC Form 460 – Supporting Documentation

- Follow all steps for submitting an FCC Form 460.
- On the **Supporting Documentation** tab, click the hyperlink in the yellow **Alert** banner and upload the TPA.

DASHBOARD	and the second s					Linkversal Service
FCC Form 460						
Start	Registration Type Site Information	Physical Location HCP Eligibility C	ategory Contact Information	Additional Information	Supporting Documentation	Certification
Supporting Docun	nentation					
Paperwork Reduction Act (PR/	A)					>
ALERT. A Third Party Agree	ment (TPA) is required for this submission. 🤹 Upload a Thir	d Party Authorization (TPA) Letter				
Uploaded File(s)						
Document Type	Description	File Name			Uploaded On	
		No items ava	ilable			

# **TPA Upload – Third Party Selection**

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

Third Party Agre	ement (TPA) Upload	
> Third Party Selection	Third Party Selection	
Letter Details	Third Party Selection	
Signature	Contact Information	Tile Unland
Review	contact mornation	
		DOCK - 12.75 No     DOCK - 12.75 No     DOCK - 12.75 No
	CANCEL	NEXT

# **TPA Upload – Letter Details**

- Enter the **Expiration Date**.
- Information for the HCP will be prepopulated.
- Click Next.

ter Details 131576 - test authorizes CRN00022 - to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare 461, 462, and 463) and Telecommunications (TELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documents iew 06/30/	Connect Fund (HCF - FCC Forms 46 nentation.
ature Expiration Date lew 06/30/	
06/30/	
HCP(s) to be added to this TPA	
HCPs Selected HC	P(s) to be added to this TPA
HCP Number HCP Name Address	
test	

# **TPA Upload - Signature**

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

Third Party Selection	Signature		
Letter Details	Acknowledgements	anaging 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 documenta	tion in the RHC programs.
Review	<ul> <li>Ap plicant authorizes ob aining funding.</li> </ul>	and its designated employee(s) to access HCP's application information and to complete, certify, sign, and s	ubmit forms on its behalf in connection with applying for and
	Ap plicant understands that USAC will continue regarding forms covered by this TPA.	to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes	to respond to inquiries from the RHC Program
	Ap plicant acknowledges and agrees that it is so HCP(s) and/or	ubject to all Rural Health Care program orders, rules, and FCC requirements as outlined in 47 C.F.R. Part 54, Subparts G and I during the application and funding process.	H. Funding decisions will be based on the information submitted by
	Applicant accepts all potential liability from an	y errors, omissions, or misrepresentations on forms and/or documents submitted by	
	Name	Digital Signature	
	Data	Must match the name in the Name Field	

## **Review**

#### • Review the information, then click **Submit**.

Third Party Selection		
	•	
Contact Information		File Upload
		DOCX - 12.75 KB
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463) and Telecommunications	(TELECOM - FCC Forms 465, 466, and 469) programs. This	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 man	naging all of its account holders.	
Applicant authorizes	and its designated employee(s) to act as account holders with rig	its to submit forms and other documentation in the RHC programs.
Applicant authorizes	and its designated employee(s) to access HCP's application inform	ation 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 covered by this TPA.	to include Primary and Secondary Account holders in all correspondence. Applica	to respond to inquiries from the RHC Program regarding forms
Applicant acknowledges and agrees that it is sub durin	bject to all Rural Health Care program orders, rules, and FCC requirements as out ig the application and funding process.	ined 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 submitted	by nc.
Name	Digital Signature	
Date	Must match the name in the Name Field	

# **Submit FCC Form 460**

• 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 Docu	imentation								
Paperwork Reduction Act (F	PRA)								>
Uploaded File(s)									
Document Type		Description		File Name			Uploaded On		
ТРА		Third Party Authorization		CRN00022 -					۲
Add Document									
BACK EXIT								SAVE & CONT	TINUE

## My Forms Tab

- 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.



## **TPA – Summary Screen**

- To view the system generated TPA, click the hyperlink under the **TPA Document section**.
- If you uploaded a TPA, it would also appear in the **TPA Document** section.
- To return to the **Dashboard**, click **Return to Dashboard**.

RD START A FORM TOOLS	5		
РА			
Summary Submission Sum onsultant Group ame onsultant evistration Number	mary	Submitted By Submitted On	Status Auto-Approved
Attached HCP(s)			
HCP Number	HCP Name	Address	Status
			Approved Approved
			Approved Approved
			Approved Sitems
) TPA Document			
Document Type	Date Uploaded	File	nerated TPA Letter

# **Questions?**

# Submitting TPAs in RHC Connect -Consultant Groups

# Authorizations & User Management in RHC Connect

# **My Portal Landing Page**

• Log into My Portal and click **RHC Connect**.

and High Cost & Lifeline - FCC Form 48	<ol> <li>Service providers are required to submit these annual certifications. For additional info</li> </ol>	rmation, visit the USAC Supply Chain page.
ீ Upcoming Dates	Rural Health Care	Help?
	<b>RHC Connect</b> - 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 Telecommunications (Telecom) Program for the FCC Form 465, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for PY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier.	

### **RHC Connect Dashboard**

• On the **Dashboard**, click **Tools**.

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Information Requests			
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# Manage HCP Access

• Click Consultant Groups.

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RHC Connect		and the second second state and the
	Plane	
	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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# **Consultant Group Registration**

• 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
	Select State 🗸	
Primary Contact Email	Primary Contact Phone	
CANCEL		SUBMIT
©2025 Universal Service Administrative Company. All rights reserved.		PRIVACY POLICIES

# **Consultant Group Registration - Confirmation**

- 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
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# Manage HCP Access

• 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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# **Group Users – Adding Users**

- Click Group Users and enter user information in the Add User(s) to the Group field.
- Added user must have created their user profile using Multi-Factor Authentication.
- To remove users, select the user and click **Remove**.

		200		-	2-13	1.2.2.7
RHC Connect						
MANAGE GROUP(S GROUP USER(S) Group User(s) Consultant Group						
Consultant Group Members			Add User(s) to Group			
Name	Email					
	No items available		Name	Email		
			REMOVE			ADD

# Manage Groups Tab

- 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 delete the consultant group, click **Delete Group**.
- To add a TPA, click **+Add TPA**.

MANAGE GROUP(S) GROUP US Manage Group Consultant Group	ser(s) I <b>p(s)</b>					+ ADD TPA
Group Details						
Consultant Registration Nun CRN00022 Email HCP Information	nber	Address Phone			UPDATE CONSULTANT GRO	UP INFORMATION
HCP Number	HCP Name	Expiration	Submitted By	TPA Status	Action(s)	
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						9 items
						DELETE GROUP

# **TPA Upload – Third Party Selection**

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

Third Party Agre	ement (TPA) Upload	
> Third Party Selection	Third Party Selection	
Letter Details	Third Party Selection	
Signature	Contact Information	Tile Usland
Review	Contact information	
		DOCK - 12.75 No     DOCK - 12.75 No     DOCK - 12.75 No     DOCK - 12.75 No
	CANCEL	NEXT

# **TPA Upload - Letter Details**

- Enter the **Expiration Date**, then select HCPs using the filters.
- Selected HCPs will appear on the right under **Selected HCP(s) to be added to this TPA**.

Third Party Agree	ement (TPA) Upload				
Third Party Selection	Letter Details				
Signature Review	authorizes to prepare and submit Federal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FC Telecommunications - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation.		und (HCF - <b>FCC Forms 460, 461, 462, and 463</b> ) and		
	HCP(s) to be added to this TPA HCP Name		HCP Number	ZIP Code	
	HCPs	t HCP Name	Address		CLEAR FILTER APPLY FILTER Selected HCP(s) to be added to this TPA
					cto e - r gnwonz
				≪ < 1-5 of 43,882 > >>	
	GO BACK CANCEL				NEXT

# **TPA Upload - Signature**

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

Third Party Ag	reement (TPA) Upload		
Third Party Selection	Signature		
Letter Details	Acknowledgements	and 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 documentat	tion in the RHC programs.
Review	<ul> <li>Ap blicant authorizes obtaining funding.</li> </ul>	and its designated employee(s) to access HCP's application information and to complete, certify, sign, and sign	ubmit forms on its behalf in connection with applying for and
	Applicant understands that USAC will corregarding forms covered by this TPA.	ontinue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes	to respond to inquiries from the RHC Program
	Applicant acknowledges and agrees that HCP(s) and/or	t 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 during the application and funding process.	<ol> <li>Funding decisions will be based on the information submitted by</li> </ol>
	Applicant accepts all potential liability fr	rom any errors, omissions, or misrepresentations on forms and/or documents submitted by	
	Name	Digital Signature	
	Date	Must match the name in the Name Field	
	<b>##</b>		
	GO BACK CANCEL		NEXT

## **Review**

• Review the information, then 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 ([ELECOM - FCC Forms 465, 466, and 469) programs. This includes all required supporting documentation.
HCP(s) to be added to this TPA	
0000	Showing 1 - 5 of 5
Acknowledgements Acknowledgements Applicant is responsible for author Applicant authorizes CRN00022 - Applicant authorizes CRN00022 - Applicant authorizes CRN00022 - Applicant schowledges and agric CRN00022 - Washington Comma Applicant ascente all but extential bit	orizing and managing all of its account holders. Washington Commanders Inc and its designated employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs. Washington 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. cwill 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 ees that 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 nders inc during the application and funding process.
Name	Digital Signature
Date	Must match the name in the Name Field
GO BACK CANCEL	SUBMIT
### My Forms Tab

- 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	a Tools							GH REAL Laboration of
RH	C Connect					17-	17.2		
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		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

### **TPA – Summary Screen**

- To view the system generated TPA, click the hyperlink under the **TPA Document section**.
- Uploaded TPA, it will also appear in the **TPA Document** section.
- To return to the **Dashboard**, click **Return to Dashboard**.

ARD START A FORM TOOLS				• •
TPA				
Summary				
E Submission Summ	ary		Status Auto-Approved	
Consultant Group Jame		Submitted By		
Consultant Registration Number		submitted on		
/PA Expiration Date				
Attached HCP(s)				
HCP Number	HCP Name	Address		Status
				Approved
				5 items
🖞 TPA Document				
Document Type	Date Uploaded	File		
TDA Letter			_Generated TPA Letter	
TPA Letter				

# **Update Consultant Group Information**

- Go to the Manage Group(s) section and click Update Consultant Group Information.
- Edit the information, then click **Update**.

anage Gr	oup(s)				
oup Details					
nsultant Registratio N00022 nail	n Number	Address Phone			UPDATE CONSULTANT GROUP INFORMATIO
P Information					
ICP Number	HCP Name	Expiration	Submitted By	TPA Status	Action(s)
					Document(s)   Remove HCP from Group
					Document(s)   Remove HCP from Group
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					Document(s)   Remove HCP from Group
					Document(s)   Remove HCP from Group
					Document(s)   Remove HCP from Group
					Document(s)   Remove HCP from Group

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

### **Delete Consultant Group**

• To delete a consultant group, click **Delete Group**.

lanage Gr	oup(s)				+ ADD
Group Details					
Consultant Registration CRN00022 Email	n Number	Address Phone			UPDATE CONSULTANT GROUP INFORMATION
HCP 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
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Available for Public Use

# **Questions?**

Available for Public Use

### Submitting TPAs in RHC Connect -Primary & Secondary Account Holders

### Authorizations & User Management in RHC Connect

# **My Portal Landing Page**

• Log into My Portal and click **RHC Connect**.



Available for Public Use

#### **RHC Connect Dashboard**

• On the **Dashboard**, click **Tools**.

DASHBOARD START A FORM	TOOLS
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 <b>77</b> days.
	Information Requests
	Include Expired
	Search for Information Requests SEARCH Form Type FCC Form 462 Type Select a Value Type

#### Manage HCP Access

• Click HCP Account Holder(s).

DASHBOARD START A FORM TOOLS	
RHC Connect	and the second of the second
Man	age HCP Access
	HCP ACCOUNT HOLDER(S) Manage third party access for your
©2025 Universal Service Administrative Company. All rights reserved.	PRIVACY POLICIES

### **Manage Groups**

- Select the HCP(s) from the dropdown menu.
- Select the **Consultant Group** from the dropdown menu.
- To remove an HCP, click the hyperlink under the **Action(s)** column.
- Click **Remove All HCPs** to remove all HCPs.
- Click Add TPA.

DASHBOARD START A FORM						ef al unantitation
RHC Connect	10	Sec aller	CHARLE AND THE OWNER	The start	T Jonates and	
MANAGE GROUP(S)						
HCP Name/Number						+ ADD TPA
1		•				
Consultant Group(s)						
Consultant Information		· ]				
Consultant Group Name						
Consultant Registration Nu CRN00019	umber		Address			
Primary Contact Email			Primary Contact Pho	one		
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	
				Approved	Document(s)   Remove HCP from Group	
						REMOVE ALL HCPS
<u></u>						

### **TPA Upload – Third Party Selection**

- Select the consultant group from the **Third-Party Selection** dropdown menu.
- Information about the consultant group will prepopulate.
- Uploading the TPA document is optional for the Primary and Secondary Account Holders.
- Add the document, then click **Next**.

Third Party Agr	Third Party Agreement (TPA) Upload					
Third Party Selection	Third Party Selection					
Letter Details	Third Party Selection					
Signature	Contact Information	▼ File Upload				
Review	contact mormation					
		DOCK - 12.75 KB				
	CANCEL	NEXT				

### **TPA Upload – Letter Details**

- Select the **Expiration Date** using the dropdown calendar.
- To add HCPs to the TPA, click the box beside each HCP or click the box next to **HCP Number** to select all.
- The selected HCPs will appear under **Selected HCP(s)**, then click **Next**.

rd Party Selection	Letter Details			authori
nature iew	CRN00022 - to Telecommunications ; (TELE	prepare and submit Federal Communications Commission (FCC) f ECOM - <b>FCC Forms 465, 466, and 469</b> ) programs. This includes all r	forms for the Healthcare Connect Fund (HCF - <b>FC</b> required supporting documentation.	C Forms 460, 461, 462, and 463) and
	HCP(s) to be added to this TPA			
	HCP Name	HCP Number	ZIP Code	
				CLEAR FILTER APPLY FILTE
	HCPs			Selected HCP(s) to be added to this TPA
	HCP Number 1 HCP Name	Address		0
				0
				0
				Showing 1 - 5 of 5
			< 1-5 of 8 >	

### **TPA Upload - Signature**

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

Third Party Agro	eement (TPA) Upload				
Third Party Selection	Signature				
Letter Details	Acknowledgements Acknowledgements Applicant is responsible for authorizin	ng and 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 document	ation in the RHC programs.		
Review	Applicant authorizes	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.			
	Ap plicant understands that USAC will regarding forms covered by this TPA.	l continue to include Primary and Secondary Account holders in all correspondence. Applicant also authorizes	to respond to inquiries from the RHC Program		
	<ul> <li>Applicant acknowledges and agrees t HC<sup>2</sup>(s) and/or</li> </ul>	that 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 during the application and funding process.	l H. Funding decisions will be based on the information submitted by		
	Applicant accepts all potential liability	y from 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		

#### **Review**

#### • Review the information, then click **Submit**.

	TPA DOCK - 12.75 KB
CRN00022 - to prepare and submit i Telecommunications - ([ELECOM - FCC Forms 46 Expiration Date	ederal Communications Commission (FCC) forms for the Healthcare Connect Fund (HCF - FCC Forms 460, 461, 462, and 463) and 5, 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 TPA	
Showing <b>1 - 5</b> of 5	
Acknowledgements	
Applicant is responsible for authorizing and managing all of its account holders.	
Applicant authorizes CRN00022 - Washington Commanders Inc and its designat	ed employee(s) to act as account holders with rights to submit forms and other documentation in the RHC programs.
Applicant authorizes CRN00022 - Washington Commanders Inc and its designat Applicant understands that USAC will continue to include Primary and Secondar covered by this TPA.	ed 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, y 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 that it is subject to all Rural Health Care pro CRN00022 - Washington Commanders Inc during the application and funding pr	gram 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 ocess.
Applicant accepts all potential liability from any errors, omissions, or misreprese	entations 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

#### My Forms Tab

- 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.

CASHBOARD	START A FORM	tools									GH REAL Advances Service
RHO	C Connect							275	10.3		
		< (	1141) Unrea	ad Notifications							>
				Information Requests		My Forms		My Or	ganizations	Post-Commitme	ent Change Requests
	15:45	5				🕚 The Fu	nding Year 2025 funding requ	est filing window closes in <b>7</b>	<b>7</b> days.		
			My Forms Form Type	•							
			<b>Q</b> Search Ti	PAs	SEARCH	STATUS   Any					<b>T</b> - 2
			ID	Consultant Group Name	Consultant Gr Number	oup Registration	Expiration Date	Submitted By	Submitted On	↓ Status	Actions
			70	•	CRN00022						۲
			69	•	CRN00022						۲

### **TPA – Summary Screen**

- To view the system generated TPA, click the hyperlink under the **TPA Document section**.
- If you uploaded a TPA, it would also appear in the **TPA Document** section.
- To return to the **Dashboard**, click **Return to Dashboard**.

A         Image: Constraint of the second secon				• •
ТРА				
Summary Submission Summ Consultant Group Name Consultant Registration Number	mary	Submitted By Submitted On	Status Auto-Approved	
TPA Expiration Date Attached HCP(s)				
HCP Number	HCP Name	Address		Status
				Approved
				Approved
				Approved
				Approved 5 items
🖺 TPA Document				
Document Type	Date Uploaded	File		
TPA Letter			_Generated TPA Letter	
				RETURN TO DASHBOARD

Available for Public Use

# **Questions?**

Available for Public Use

### **Submitting LOAs and LOEs in RHC Connect**

### Authorizations & User Management in RHC Connect

# **My Portal Landing Page**

• Log into My Portal and click on **RHC Connect**.

Dashboard		
(i) In accordance with the Supply Chain orders, and High Cost & Lifeline - FCC Form 481. Serv	new certifications have been added to the following forms: RHC - FCC Form 463 vice providers are required to submit these annual certifications. For additional	and the informat
💾 Upcoming Dates	Rural Health Care	^
	RHC Connect - Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later.	
	<b>RHC My Portal</b> - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.	
	<b>Connected Care Pilot Program</b> - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.	

### **RHC Connect Dashboard**

- Click **My Organizations** tab.
- All consortia are displayed when toggle beside **Show Only My Consortia** is closed.



### **RHC Connect Dashboard (continued)**

- Open the toggle beside **Show Only My Consortia** to display your consortia.
- Click hyperlink for consortium the LOA is for.

DASHBOARD START & FORM	### TOOLS								. 🔘 🎓 ==
	63								
RHC Connect	C. A.								
<	(86) Unread Notifications			_			_		>
	Information Requests		My Forms		My Organizat	ions		Post-Commitment Cha	nge Requests
15:26			The Funding Year 202	4 funding request filing win	dow closes in <b>20</b> days				
	My Organizations								
	Show Only My Consortia	O SEARCH							τ.
	Site Name	Site Number	1 Street Address	City	State	Zip Code	Forms	Account Holder Type	Actions
	Consortium								Start Form
									Start Form
									Start Form
									Start Form
									Start Form

### **Summary Screen**

• Information is displayed about the Consortium Leader and all Account Holders.

DASHEGARD START & FORM	400 10015					
	0					
	133					
RHC Connect	ON	2 23	-			
Summary View LOA(s)/LOE(s)	Member HCP(s)					
Organization Details						
	Site Name	Consortium			Entity Type Consortium	
	Site Number				HCP Type Consortium of the above	
	FCC Registration Number				Priority Tier 1	
	Physical Address				State	
Account Holders						
Name		T Role	Employer	Email	Telephon	ne

# **View LOA(s)/LOE(s) Screen**

- All LOA(s) and LOE(s) for the consortium are displayed.
- Click on an existing LOA or LOE to view the Details.

2 HEOMD	START A FORM TOOLS							
	5							
Con	sortium	100	120			and the second second		< Return to Organization List
mary [	View LOA(s)/LOB(s) Member HCP(s)							
ew Let	ter(s) of Agency/ Exemption							SUBJET NEW LOA
e.	1 Submission Type	Nickname	Effective Date	Expiration Date	Submitted B	by	Status	Submitted On
0034	Letter of Agency (LDA)		5/30/2024	7/6/2024			Submitted	6/10/2024 E:49 PM EDT
0033	Letter of Exemption (LOE)						Submitted	6/10/2024 8:39 PM 8DT
0032	Letter of Agency (LOA)						Submitted	6/10/2024 8:13 PM EDT
0031	Letter of Agency (LDA)						Submitted	6/6/2024 3:05 PM EDT
0024	Letter of Agency (LOA)						Submitted	5/11/2024 1:49 PM EDT
1017	Letter of Agency (LOA)						Submitted	5/9/2024 12:06 PM EDT
004	Letter of Agency (LOA)						Submitted	5/8/2024 5:03 PM EDT
002	Letter of Exemption (LOE)						Submitted	5/2/2024 4:55 PM EDT
0001	Letter of Agency (LOA)						Submitted	5/2/2024 4:50 PM EDT
								910
Detai LOA/LO 700034	lls H ID		LOA/LOE Uploaded Docum Individual IDO PCI,	nen t		Englanding Data		
Nicknan			Effective Date			Expiration Date		
Attach	ied Inchite							
нср	Number 1 HCP Nam	e			State	Attached On		Status
						6/10/2024 8:49 PM EDT		Submitted
						6/10/2024 P-45 PM EDT		Schwitter

# **View LOA(s)/LOE(s) Screen (continued)**

• Click Submit New LOA/LOE.

DASHEQARD	START A FORM TOOLS						
		3			in the second	12:53	
Co	nsortium	100	121			1000	< Return to Organization Listing
Summary	View LOA(s)/LOE(s) Memb	per HCP(s)					
							SUBMIT NEW LOA/ LOE
View Le	tter(s) of Agency/ E	xemption					
ID#	1 Submission Type	Nickname	Effective Date	Expiration Date	Submitted By	Status	Submitted On
700034						Submitted	6/10/2024 8:49 PM EDT
700033						Submitted	6/10/2024 8:39 PM EDT
700032						Submitted	6/10/2024 8:13 PM EDT
700031						Submitted	6/6/2024 3:05 PM EDT
700024						Submitted	5/11/2024 1:49 PM EDT
700017						Submitted	5/9/2024 12:06 PM EDT
700004						Submitted	5/8/2024 5:03 PM EDT
700002						Submitted	5/2/2024 4:55 PM EDT
700001						Submitted	5/2/2024 4:50 PM EDT
							9 items
©2024 Unive	rsal Service Administrative Comp	pany. All rights reserved.					PRIVACY POLICIES

### **Submit LOA/LOE - Details**

 Click the arrow beside **Definitions** to view a description of **Letter of Agency (LOA)** and Letter of Exemption (LOE).

	Attach HCP(s)	Review
Jubmission Type	Definitions	
Letter of Agency (LOA)		
Letter of Exemption (LOE)	A Letter Of Agency	y (LOA) should be used to add HCPs to your consortiur
Jpload Letter of Agency	that are not owned	, controlled, or operated by the Consortium Leader.
RHC loaded i XLSX – 58.38 KB	A Letter Of Exemp consortium that are	tion (LOE) should be used to add HCPs to your e owned, controlled, or operated by the Consortium
Nickname	Leader.	
-		
Certifications		
Option 1: If there is no existing formal agreement, and t	he consortium leader will assume sole legal and financial r	esponsibility for the activities of the consortium.
Option 2: If the consortium has a formal written agreem	ent, approved by USAC, allocating legal and financial respo	onsibility to the consortium leader.
C abreat and a second		
	Fundantian Data	
ffective Date	Expiration Date	

# **Submit LOA/LOE – Details (continued)**

- Click correct radio button under Submission Type and upload document.
- Enter a nickname and select
   Option 1 or Option 2 under
   Certifications.
- Select the Effective Date and the Expiration Date from the dropdown calendar, then click Save & Continue.

Details	Attach HCP(s)		Review
omission Type		Definitions	~
Letter of Agency (LOA) Letter of Exemption (LOE) RHC loaded XLSX - 58.38 KB		A Letter Of Agency (LOA) should be used that are not owned, controlled, or operate A Letter Of Exemption (LOE) should be u consortium that are owned, controlled, or Leader.	to add HCPs to your consortium d by the Consortium Leader. sed to add HCPs to your operated by the Consortium
rtifications Option 1: If there is no existing formal agreement, and the co Option 2: If the consortium has a formal written agreement, a	onsortium leader will assume sole approved by USAC, allocating leg	e legal and financial responsibility for the act al and financial responsibility to the consort	tivities of the consortium. ium leader.

### Attach HCP(s)

- Search by HCP Number, HCP Name or Zip Code, then click Apply Filter.
- Open the toggle to show sites already in the consortium.

	Details	Attach HCP(s)		Review
CP(s) to be Added	to this LOA/ LOE			
HCP Number	45		Zip Code 5	
HCP Name	a	Only sh	IOW HCPs	
		Co	nsortium	CLEAR FILTER APPLY FILTE
vailable HCPs		Con	Selected HCPs to Add to t	CLEAR FILTER APPLY FILT
vailable HCPs	HCP Name	Con	Selected HCPs to Add to the HCP Number	CLEAR FILTER APPLY FILTE
vailable HCPs	HCP Name	Con	Selected HCPs to Add to the HCP Number	CLEAR FILTER APPLY FILTE his LOA/ LOE t HCP Name o items available

# **Attach HCPs (continued)**

• Select the HCPs to attach, then click **Add Selected**.

	HCP t H	CP Name			HCP Number	T HCP Name
-	101				No	items available
~	101.					
	102					
~	104					
~	104			ADD SELECTED		
~	104					
	104			< REMOVE SELECTED		
~	104			« REMOVE ALL		
~	104					
-	109					
	110		1			

# **Attach HCPs (continued)**

- Selected HCPs will move to column on the right.
- Click Remove Selected or Remove All if the HCP(s) was selected incorrectly.
- Once all HCPs are added, click **Save & Continue**.

1	HCP Number	t	HCP Name		HCP t Number	HCP Name
	102				101	
	104				104	
	110				104	
	110			> ADD SELECTED	104	
1	111			1 1	104	
	114				104	
1	114			< REMOVE SELECTED	 100	
	114			« REMOVE ALL	109	
1	116					7 items
]	119					
1	122					
			\left < 1 - 10 of 27.005 > >			
AN	ICEL					SAVE & CONTINU

#### **Review**

#### • Review information, then click **Submit LOA**.

	Detail	5	Attach HCP(s)			Review	
Submission Type	y (LOA)			Definitions			,
Letter of Exemption (LOE) Jploaded File(s)				A Letter Of Agency (LOA) should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.			
Requirement sheet_050322 Vickname				A Letter Of Exemption (LOE) should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.			
Option 1: If the	re is no existin	ng formal agreement, and the o	consortium leader will assume s	sole legal and financial	responsibility for the	activities of the conso	rtium.
Option 2: If the	consortium h	as a formal written agreement	t. approved by USAC. allocating	legal and financial resp ation Date	onsibility to the cons	ortium leader.	
Option 2: If the Effective Date 06/11/2024 Selected HCPs to	o be added to	o this LOA	t approved by USAC, allocating Expir- 06/2	legal and financial resp ation Date 9/2024	onsibility to the cons	ortium leader.	
Option 2: If the effective Date 06/11/2024 Selected HCPs to HCP #	o be added to	t HCP Name	t approved by USAC, allocating Expire 06/2	legal and financial resp ation Date 9/2024	ionsibility to the cons	ortium leader.	
Option 2: if the Effective Date 06/11/2024 Selected HCPs to HCP # 1000 1000	o be added to	bas a formal written agreement this LOA t HCP Name	t approved by USAC, allocating Expire 06/2	legal and financial resp ation Date 9/2024	ionsibility to the cons	ortium leader.	
Option 2: If the      Effective Date     O6/11/2024      Selected HCPs to      HCP #      1000      1000	o be added to	this LOA HCP Name	t approved by USAC, allocating Expire 06/2	legal and financial resp ation Date 9/2024	ionsibility to the cons	ortium leader.	

### **After Submitting**

• Message in green banner confirms LOA was successfully submitted.

You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached a Letter of Agency to You have successfully attached	to the following Health Care Providers.			
LOA/LOE ID				
700035				
Submission Type	Definitions			
Letter of Agency (LOA)				
Letter of Exemption (LOE)	A Letter Of Agency (LOA) should be used to a	A Letter Of Agency (LOA) should be used to add HCPs to your consortium		
Uploaded File(s)	that are not owned, controlled, or operated by	the Consortium Leader.		
Requirement sheet_050322				
Nickname				
Certifications				
Option 1: If there is no existing formal agreement, an	d the consortium leader will assume sole legal and financial responsibility for the activiti	ies of the consortium.		
Option 2: If the consortium has a formal written agree	ement, approved by USAC, allocating legal and financial responsibility to the consortium	leader.		
Effective Date	Expiration Date			

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#### **Best Practices and Resources**

Authorizations & User Management in RHC Connect

### **Best Practices**

- Keep all authorizations up to date.
- The PAH is responsible for keeping authorizations current.
- If the PAH is leaving the organization, submit an FCC Form 460 revision to update contact information for the new PAH prior to leaving.
- Be sure all uploaded documents are complete and include all required information.
  - Use online templates.
- USAC cannot make any changes on your behalf.

# **Online Resources**

- <u>Authorizations</u> webpage
- <u>Consultants & Third Parties</u> webpage
- <u>Third Party Authorization</u> webpage
- <u>Sample TPA</u>
- <u>RHC Connect User Guide Third-Party Authorization</u>
- <u>Letter of Agency</u> webpage
- <u>Sample LOA</u>
- Letter of Exemption webpage
- <u>RHC Connect LOA/LOE Submission User Guide</u>
- <u>Webinars</u> webpage Consortium Best Practices webinars

# **Upcoming Trainings**

Please join the RHC Outreach team for the following webinars:

- HCF Program Office Hours Webinar:
  - When: Wednesday, March 12, 2025, from 2-3 p.m. ET <u>Register</u>
- Telecom Program Office Hours Webinar:
  - When: Wednesday, March 19, 2025, from 2-3 p.m. ET <u>Register</u>
- FY2025 Service Provider Training:
  - When: Wednesday, March 26, 2025, from 2-3 p.m. ET <u>Register</u>
- For a list of upcoming webinars, check the RHC <u>Upcoming Dates</u> webpage for dates and details.

### **RHC Program Customer Service Center**



- Email: <u>RHC-Assist@usac.org</u>
- Include in your email:
  - HCP Number
  - FRN Number
- Phone: (800) 453-1546
  - Hours are 8 a.m. 8 p.m. ET
  - Monday- Friday
## **The RHC Customer Service Center**

The RHC Customer Service Center CAN	The RHC Customer Service Center CANNOT
Answer general questions regarding both programs	Determine eligibility of a specific site or service before an official form submission
Provide account holder information for an HCP	Review a form or document for accuracy before an official submission
Provide clarity regarding FCC Report and Order 19-78 and other FCC orders	Contact a service provider or other account holder on someone else's behalf
Provide helpful resources and best practices for forms	Provide documents that are not already accessible in My Portal and RHC Connect
Assist with My Portal and RHC Connect	Transfer a call to a specific form reviewer

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## **Questions?**



## **Thank You!**

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