



COVID-19 Telehealth Program Eligibility

Submitting the FCC Form 460



Universal Service
Administrative Co.

Learning Objectives

1. *Learn the eligibility criteria for the COVID-19 Telehealth Program*
2. *Complete the FCC Form 460 Eligibility Form*
3. *Understand the post-submission process and common denial reasons*

Agenda

1. Overview: COVID-19 Telehealth Eligibility
2. Filing the FCC Form 460
3. After Submission

Overview

COVID-19 Telehealth Program Eligibility



Determining Eligibility in the COVID-19 Telehealth Program

- To be eligible in the COVID-19 Telehealth Program, your site must be a non-profit or public facility
- Use the FCC Form 460 to determine eligibility and receive an HCP number
- Find the FCC Form 460 at usac.org/rural-health-care
- COVID-19 Telehealth applicants must have filed an FCC Form 460 before submitting an application for the Telehealth Program
 - Applicants can find their HCP number on their confirmation email
 - HCPs can submit COVID-19 telehealth applications while their Form 460s are being processed
- Only the application's lead health care provider must file an FCC Form 460
 - This is a change between the first and second round of COVID-19 Telehealth funding
 - The lead applicant must certify to the eligibility of other entities included in the application
- **Applicants with an approved Form 460 eligibility determination do not need to re-file**

Criteria for Eligibility

1. Status
 - Not for Profit
 - Public
2. Facility Type
 - Must be a facility type listed in Block 5 of the FCC Form 460
3. Rurality Determination (rural or non-rural)
 - Facilities do not have to be rural to qualify for the COVID-19 Telehealth program

Entities must submit documentation that substantiates eligibility

Eligible Facilities

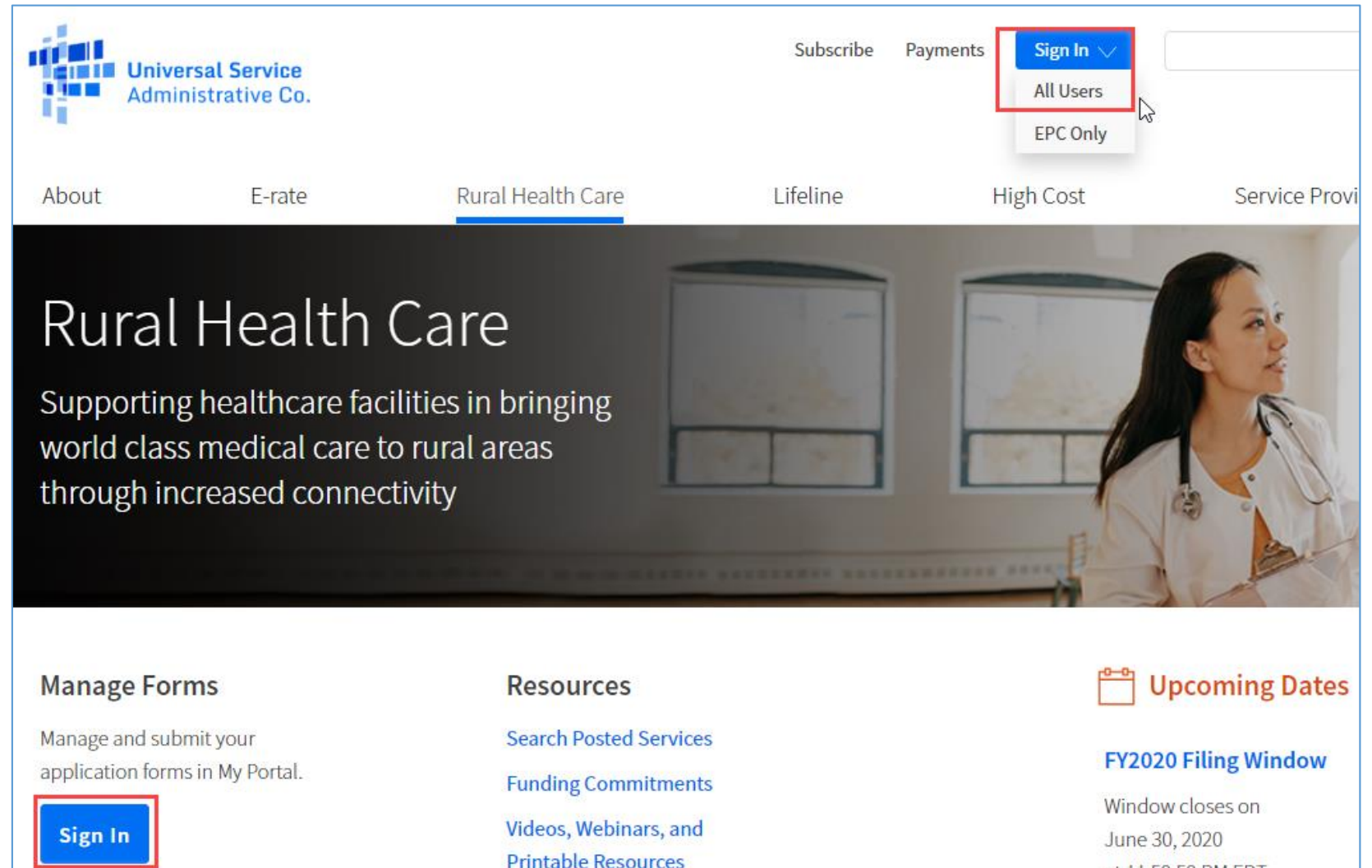
- Local health department or agency
- Not for profit hospital
- Rural health clinic
- Skilled nursing facility
- Post secondary education institution
- Health care center providing care to migrants
- Community mental health centers
- Consortia of eligible health care providers listed above

Information Collected on the FCC Form 460

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

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/rural-health-care to begin



Universal Service Administrative Co.

Subscribe Payments **Sign In**

All Users
EPC Only

About E-rate Rural Health Care Lifeline High Cost Service Provi

Rural Health Care


Supporting healthcare facilities in bringing world class medical care to rural areas through increased connectivity

Manage Forms
Manage and submit your application forms in My Portal.
Sign In

Resources
[Search Posted Services](#)
[Funding Commitments](#)
[Videos, Webinars, and Printable Resources](#)

Upcoming Dates
FY2020 Filing Window
Window closes on June 30, 2020
ALL EPC FORMS

Getting Started in My Portal



Username

Password

[Forgot password?](#)

You are accessing a portal to Universal Service Administrative Company (USAC) systems used to administer participation in the federal Universal Service programs in compliance with 47 C.F.R. Part 54. Access to the systems is provided solely to USAC-authorized users for USAC-authorized business purposes. By logging in, you represent that you are an authorized user. Use of this system indicates acceptance of the terms and conditions governing the USAC systems. USAC monitors user access and content for compliance with applicable laws and policies. Use of the system may be recorded, read, searched, copied and/or captured and is also subject to audit. Unauthorized use or misuse of this system is strictly prohibited and subject to disciplinary and/or legal action.

☐ Click the box to accept

By signing in, I accept the terms and conditions of the USAC system.

Sign In

Don't have an account?

Create an account



Who am I?

I am a..

Service Provider - 498 ID

Service Provider - 499 ID

Rural Health Care Applicant

If you are new applicant to the Rural Health Care (RHC) program, determine if your health care facility is eligible for Rural Health Care (RHC) Program funding through the Healthcare Connect Fund and/or Telecommunications Program by completing an FCC Form 460 or FCC Form 465.

Get Started

E-rate Participant

498 Company Officer

499 Company Officer

Select “FCC Form 460” to Begin Filing

 Universal Service
Administrative Co.

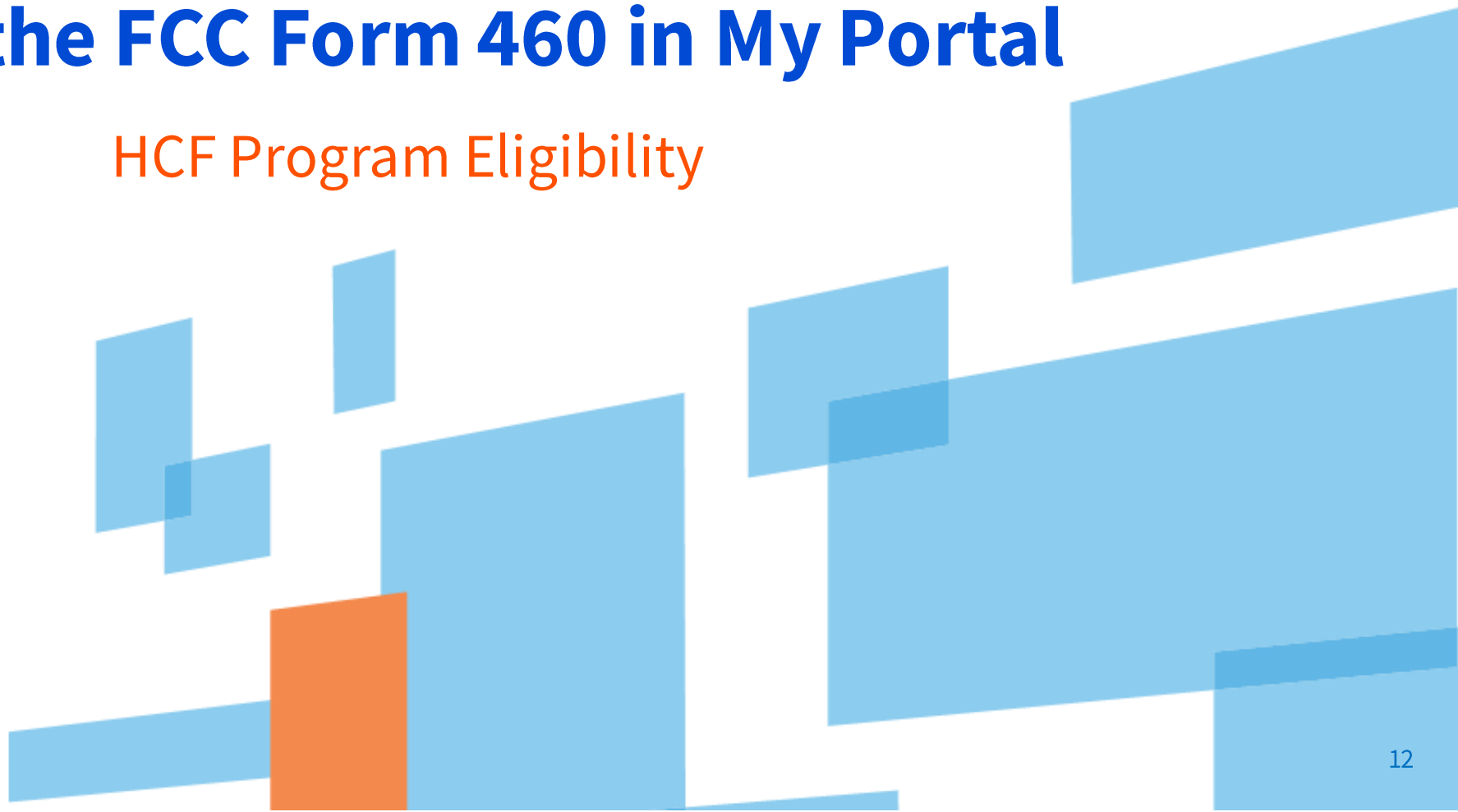
RURAL HEALTH CARE

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

Filing the FCC Form 460 in My Portal

HCF Program 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
- Entities with an active valid eligibility decision do not need to file another Form 460

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
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Select Type of Registration

- Select “Determine Eligibility of an HCP site” – any other type of registration will result in denial or withdrawal

The screenshot shows the FCC Form 460 registration interface. At the top, there are 'Search' and 'Reset' buttons. A warning message states: '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 the form. If you are dismissed you will need to start over. A warning will appear after ten minutes of inactivity.' Below this, a 'SEARCH RESULTS' section shows 'There are no existing HCPs in this zip' and a 'New HCP' button. A modal dialog titled 'Type of Registration' is open, displaying four radio button options: 'Determine eligibility of an HCP Site', 'Register an off-site data center', 'Register an ineligible site', and 'Register an off-site administrative office'. At the bottom of the modal is a 'Create New Form 460' button. The background interface also includes a link to 'HCF Form 460 and instructions' and contact information for the RHC Help Desk.

Search Reset

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 the form. If you are dismissed you will need to start over. A warning will appear after ten minutes of inactivity.

SEARCH RESULTS

There are no existing HCPs in this zip

New HCP

We recommend you review the [HCF Form 460 and instructions](#) are also available. For more information, contact the RHC Help Desk at 1-800-453-1546 or email at rhc-assist@usac.org.

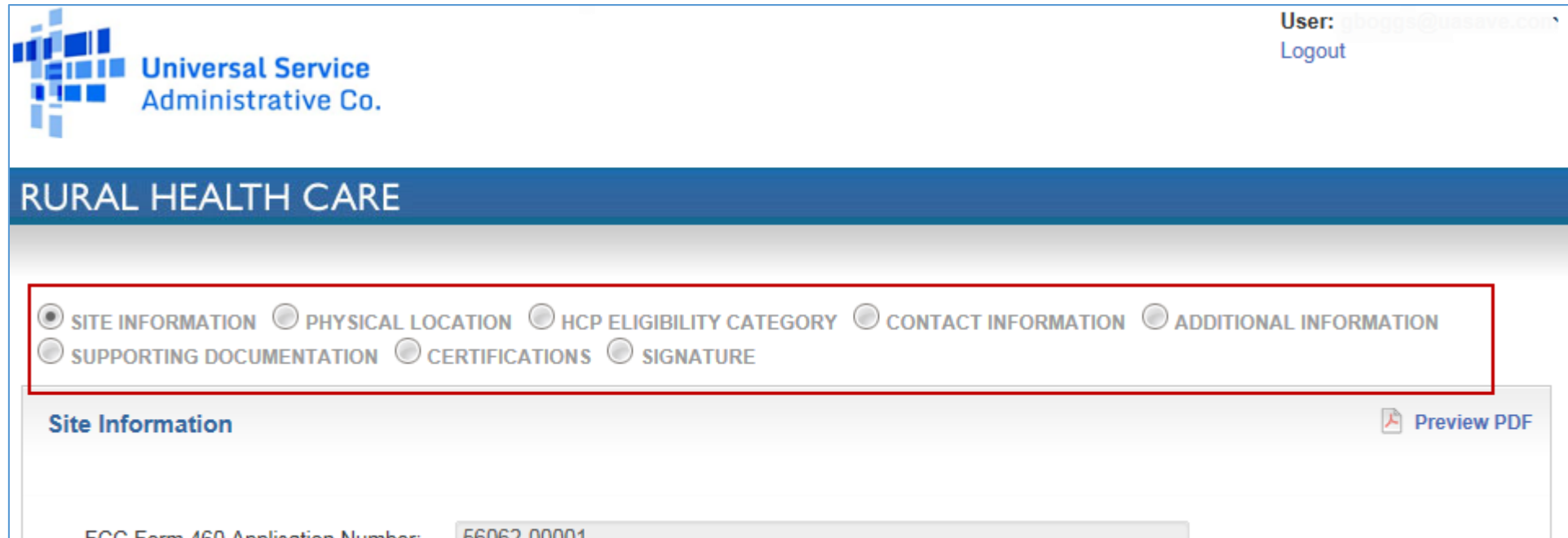
Type of Registration

- ☐ Determine eligibility of an HCP Site
- ☐ Register an off-site data center
- ☐ Register an ineligible site
- ☐ Register an off-site administrative office

Create New Form 460

Navigating Through My Portal

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



The screenshot displays the Universal Service Administrative Co. portal for Rural Health Care. The header includes the company logo and name on the left, and the user's email address (gboggs@ussave.com) and a Logout link on the right. A dark blue banner with the text "RURAL HEALTH CARE" is positioned below the header. A red rectangular box highlights a row of seven radio button tabs: "SITE INFORMATION", "PHYSICAL LOCATION", "HCP ELIGIBILITY CATEGORY", "CONTACT INFORMATION", "ADDITIONAL INFORMATION", "SUPPORTING DOCUMENTATION", and "CERTIFICATIONS", with "SIGNATURE" listed below the others. The "SITE INFORMATION" tab is selected. Below the tabs, the "Site Information" section is visible, featuring a "Preview PDF" button with a document icon. At the bottom, the "ECC Form 460 Application Number" is displayed as "56062-00001".

Universal Service Administrative Co.

User: gboggs@ussave.com
Logout

RURAL HEALTH CARE

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

Site Information [Preview PDF](#)

ECC Form 460 Application Number: 56062-00001

Enter Site Information



RURAL HEALTH CARE

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

Site Information

 [Preview PDF](#)

Program Type (select all that apply):

- ☐ Healthcare Connect Fund (HCF) Program
☐ Connected Care Pilot Program
☒ COVID-19 Telehealth Program

FCC Form 460 Application Number:

Form Nickname:

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://apps.fcc.gov/cores/userLogin.do>

Site Information

Preview PDF

FCC Form 460 Application Number:

55504-00001

Form Nickname:

3 HCP Number:

55504

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:

15 Phone: *

Ext.:

16 Email: *

Confirm Email: *

45 Non-Profit Tax ID (EIN): *

Save and Continue

Exit

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: *

Select A State

14 Zip Code: *

10 County: *

11 Geo Location (if no street address):

Save and Go Back

Save and Continue

Exit

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 buttons for navigation: "SITE INFORMATION", "PHYSICAL LOCATION", "HCP ELIGIBILITY CATEGORY" (which is selected), "CONTACT INFORMATION", "ADDITIONAL INFORMATION", "SUPPORTING DOCUMENTATION", and "CERTIFICATIONS". Below these is a "SIGNATURE" label. The main section is titled "HCP Eligibility Category" and includes a "Preview PDF" link. It contains two numbered 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 rectangle highlights the text input area for question 44. At the bottom, there are three buttons: "Save and Go Back", "Save and Continue", and "Exit".

☐ 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: *

Enter Contact Information

- Enter the contact information of the person who will be primarily responsible for this entity's 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 entity applying

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 entity applying

Additional Information

[NPI Registry Search](#)

46 National Provider Identifier: *

Explanation if necessary (see instructions)

[Taxonomy Code Lookup](#)

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.

☐ SITE INFORMATION

☐ PHYSICAL LOCATION

☐ HCP ELIGIBILITY CATEGORY

☐ CONTACT INFORMATION


☐ ADDITIONAL INFORMATION

☒ SUPPORTING DOCUMENTATION

☐ CERTIFICATIONS

☐ SIGNATURE

Supporting Documentation

 [Preview PDF](#)

Upload any supporting documentation necessary to validate form data (address, EIN, etc).

Previous

Next

New Document

Select All Documents

Delete Checked Documents

Document Type

Other ▼

Click to Upload

Actions

☐

Save and Go Back

Save and Continue

Exit

Required Certifications

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

RURAL HEALTH CARE

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

Certifications

[Preview PDF](#)

If applying to the HCF Program, all certifications are required. If applying to the COVID-19 Telehealth Program, certifications 53, 54, and 55(a) are required. If applying to the Connected Care Pilot Program, certifications 53, 54, 55(a), and 57 are required.

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

☒ 54. I certify under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request, and in any attachments, is true and correct.

☒ 55a. If applying as an individual Health Care Provider site, I certify under penalty of perjury that the Health Care Provider is either a non-profit, public entity or a dedicated ER of a rural for-profit hospital.

☒ 55b. If applying as an individual Health care Provider site, I certify under penalty of perjury that the site is located in a designated rural area, or was previously grandfathered as rural.

☒ 57. I understand that all documentation associated with this request or demonstrating compliance with the rules must be retained for a period of at least five years after the last day of service delivered in a particular funding year pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.

Save and Go Back

Save and Continue

Exit

Signature

Signature

Preview PDF
 Form Guide

64 Email:

61 Printed Name of Authorization * First Name: Middle Initial: Last Name:

62 Title/Position of Authorized Person: *

63 Phone: * Ext.:

65 Employer: *

66 Employer's FCC RN: *

Address Line 1: *

Address Line 2:

City: *

State: *

Zip Code: *

Third Party Authorization(TPA) Upload *

RHC Note: Consultants are required to upload a Third Party Authorization. USAC recommends a period of three years or less for the authorization, and suggests the end date coincides with the end of a funding year (funding years run July 1 through June 30).

I will upload a TPA applying to this Form 460 within the next 15 days: ☐

[Click to Upload](#)

Effective Start Date:

Effective End Date:

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

After Submission

COVID-19 Telehealth Program Eligibility



After Submission

- You will receive an email confirmation that your form was submitted
- FCC Forms 460 take an average of 30 days to review
 - COVID-19 Telehealth applications will be prioritized upon submission
- If any additional information or validating documentation is required during the review of the FCC Form 460, you will receive an Information Request
 - HCPs have a two business days to respond to information requests and can request a one-time extension for an additional two business days.
 - USAC will deny FCC Forms 460 if USAC does not receive a timely response; HCPs must file another FCC Form 460 if they receive a denial
- You will receive an email with an eligibility determination after your application has been reviewed

Form Revisions

- 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
		Approved	

Form Revisions

- 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
 - Change in rurality

Common Reasons for FCC Form Denials

- Non-responsiveness to Information Requests
- Not a valid entity type
- A duplicate filing
- Entity is for-profit

Resources

- [Blank FCC Form 460](#)
- [How to Check for an Existing HCP](#)

Timeline

March	March 30	FCC released COVID-19 Telehealth Program Order
	April 15	Application filing window announced
April	April 22	Get Started Training
	April 26	Eligibility Training
	April 28	Application Training
	April 29	Application filing window opens at 12:00pm ET
	April 30	Telehealth Office Hours
May	May 4	Telehealth Office Hours
	May 6	Application filing window closes at 12:00 PM ET

Stay Informed

- Visit [USAC.org](https://www.usac.org) to follow Telehealth Program updates
- Sign up for the [COVID-19 Telehealth email list](#) to:
 - Receive Telehealth Program email updates
 - Learn about Telehealth Program training
- Visit the [COVID-19 Telehealth Program Frequently Asked Questions Page](#) for information about the provider application process
- For questions, email: Round2TelehealthApplicationSupport@fcc.gov



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