COVID-19 Telehealth Program

Healthcare Provider Application Training

Housekeeping

- Audio is available through your computer's speakers
- The audience will remain on mute
- **Enter questions at any time using the "Questions" box**
- If your audio or slides freeze, restart the webinar
- **A copy of the slide deck is in the "Handouts" section of webinar panel**

Objectives

At the end of the session, you will

…be able to:

- Navigate the COVID-19 Telehealth Program application portal
- Collect the information needed to begin your application
- Begin your application process

…understand:

- What actions must be completed in advance of beginning your application
- What information is needed to complete your application
- What happens to your application after submitting

Agenda

1. **Overview of the Telehealth Program**
2. **Preparing for Application Submission**
   - Eligibility
   - Assembling Submission Materials
   - Understanding Prioritization Metrics
   - Registering with the System for Award Management
3. **Submitting Your Application**
   - Completing the Application
4. **Next Steps**

COVID-19 Telehealth Program Overview

Acronym List [1 of 2]

- **CAH:** Critical Access Hospital
- **CORES:** [Federal Communications] Commission Registration System
- **DATA Act:** Digital Accountability and Transparency Act of 2014
- **DSH:** Disproportionate Share Hospital
- **DUNS:** Data Universal Numbering System
- **EIN:** Employer Identification Number
- **FQHC:** Federally-Qualified Health Center

COVID-19 Telehealth Program Overview

Acronym List [2 of 2]

- **FRN:** Federal Communications Commission Registration Number
- **HCP:** Health Care Provider
- **HPSA:** Healthcare Provider Shortage Area
- **NPI:** National Provider Identifier
- **SAM:** System for Award Management

Overview of the Telehealth Program

Purpose

Overview of the Telehealth Program

Background

The COVID-19 Telehealth Program supports eligible health care providers responding to the pandemic by **fully funding their telecommunications services, information services, and connected devices necessary to provide telehealth and connected care services.**

Established to **help health care providers provide telehealth services to patients** during the COVID-19 pandemic

Round 1: $200M
funding as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act

Round 2: $249.95M
additional funding as part of the Consolidated Appropriations Act

COVID-19 Telehealth Program Workflow

Health Care Provider Application Process

	1. Determine Eligibility	2. Funding Requests	3. Verify Do Not Pay List and SAM Registration	4. Obligate Funds	5. Invoice	6. Disburse
Process	HCPs complete and submit **FCC Form 460.**	**HCPs submit Funding Requests in the application platform with information on services, cost, and service providers.**	**HCPs submit information enabling participation** in Federal Appropriated Program.	Applicants that do not receive funding in the first round **may supplement their applications** before the final commitment phase.	HCPs **submit requests for reimbursement, letters of authorization, and** supporting documentation about the services and connected devices purchased.	HCP **receives disbursement.**
System(s)	FCC Form 460 via MyPortal (USAC)	COVID-19 Telehealth ServiceNow Portal (FCC)	Do Not Pay Portal (Treasury)	COVID-19 Telehealth ServiceNow Portal (FCC), Genesis (FCC)	Genesis (FCC) , Invoice Processing Platform (Treasury)	Genesis (FCC) , Invoice Processing Platform (Treasury)

Application Process

Purpose

The COVID-19 Telehealth Program application is designed to obtain information that will be used to **evaluate and select applications** to receive funding.

The information is necessary to **confirm eligibility**, **prioritize applications** using objective and transparent evaluation metrics to identify HCPs that are most in need of telehealth funding, and **determine funding** award amounts.

Application Window

Key Dates

April 29, 2021 – Application Window Opens

12 PM ET

May 6, 2021 – Application Window Closes

12 PM ET

Application Logistics

When and Where to Apply

- Apply at https://www.usac.org/about/covid-19-telehealth-program/
- The application will be live for **the duration of the application window**, from April 29, 2021 at 12pm ET to May 6, 2021 at 12pm ET. Applications will not be reviewed nor will application decisions be made until after the window closes.

Preparing for Application
Eligibility

Who Can Apply

Eligibility Criteria

Health care providers must meet the following criteria in order to be eligible for funding:

- Nonprofit and public eligible health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Telecommunications Act:
  - Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
  - Community health centers or health centers providing health care to migrants;
  - Local health departments or agencies;
  - Community mental health centers;
  - Not-for-profit hospitals;
  - Rural health clinics;
  - Skilled nursing facilities; or
  - Consortia of health care providers consisting of one or more entities falling into the first seven categories.
- Both rural and non-rural health clinics are eligible to receive funding

Who Cannot Apply

Ineligible HCP Types

- The following are **ineligible** to receive funding:
  - Private providers
  - For-profit providers
  - Vendors of eligible services and/or devices

Who Can Apply

Requirements

In order to apply to the COVID-19 Telehealth Program, you will need to:

1. Request an **eligibility determination** from USAC by filing an FCC Form 460
2. Obtain an **FCC Registration Number (FRN)** and an FCC Commission Registration System (CORES) ID
3. Register with the federal **System for Awards Management (SAM)**

Who Can Apply

Eligibility Determination

- The **Lead Health Care Provider** for each application must **request an eligibility determination** from USAC by filing an FCC Form 460.
  - The applicant will certify that the other sites for which it is seeking funding for on its application are eligible for the COVID-19 Telehealth program.
- Health care providers who have an active Form 460 eligibility determination approved by USAC **do not need to file another FCC Form 460.**
- File the FCC Form 460 through **My Portal on USAC's website**.
- USAC will assign the health care provider **an HCP number** that must be included in funding application.

You may still begin and file an application while the eligibility determination is pending.

Eligible Medical Services to be Provided with COVID-19 Telehealth Program Funding

Applicants must include detailed information about services/connected devices for which they are applying for funding, and will need to submit supporting documentation for their requests; eligible services include:

Telecommunications Services and Broadband Connectivity Services:

Voice services and Internet connectivity services for health care providers or their patients. Recurring expenses are eligible for up to 12 months of funding.

Information Services:

Internet connectivity services for HCPs or their patients; remote patient monitoring platforms and services; patient reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation. Recurring expenses are eligible for up to 12 months of funding.

Connected Devices:

Tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox; etc.) for patient or HCP use; telemedicine kiosks/carts for HCP site.

General guidance regarding eligible services and/or connected devices can be found on the FAQs for the COVID-19 Telehealth Program.

Eligible Reimbursements

Existing Services and/or Connected Devices

- Eligible HCPs may apply to receive funding through the COVID-19 Telehealth Program for eligible services and connected devices **purchased on or after March 13, 2020.**
- Invoices that include costs for existing services that were **not purchased in response to COVID-19 must be removed** from your request.
- If existing services were **upgraded on or after March 13, 2020** to respond to COVID-19, the costs of the upgrade may be included.

General guidance regarding eligible services and/or connected devices can be found on the FAQs for the COVID-19 Telehealth Program.

Ineligible Reimbursements

Services and/or Connected Devices

Below are examples of items ineligible for COVID-19 Telehealth Program support:

Ineligible Items

- **Administrative costs**, e.g., personnel expenses, consultant fees, payroll, training, customer service, project management, records management, and doctor's costs, etc.
- **Back-up power equipment**, e.g., back-up batteries, redundant power cords, Uninterruptible Power Supply (UPS), and surge protectors, etc.
- **Separate costs for non-connected items**, e.g., cases, mouse pads, cable clips, laptop bags, tablet stands, and charging stations, etc.
- **Non-connected medical devices or supplies**, e.g., non-connected digital thermometers, testing strips, lancets, disposable covers, and personal protective equipment, etc.
- **Smart watches and fitness trackers.**
- **Non-telehealth items**, e.g., office furniture and supplies, security systems, incidental expenses, etc.
- **Construction costs**, e.g., fiber, ethernet, cable network build out, facility alterations, and temporary site location structures, etc.
- **Technical support, maintenance costs, warranties, support services, and protection plans.**

General guidance regarding eligible services and/or connected devices can be found on the FAQs for the COVID-19 Telehealth Program.

Preparing for Application
Submission Materials

Application Submission

General Requirements

- The following slides contain a list of information required to complete the COVID-19 Telehealth Program application.
  - You will need to compile supporting documentation for key items, including evaluation criteria and funding request details.
  - If you have a particularly long or detailed response, you may attach an additional document to the application and include a note in the response field with the name of the attachment.
- Confidential information should **not** be included on the application form itself. Any confidential information for an application should be submitted as an attachment.

General Information

Applicant Information and Contact Information

Applicant Information

- **Applicant Name**: Name of the Lead HCP
- **FCC Registration Number (FRN):** FRN of the Lead HCP.
- **National Provider Identifier (NPI):** The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique 10-digit identification number for covered HCPs.
- **Federal Employer Identification Number (EIN/Tax ID)**
- **DATA Act Business Type:** See types on slide 24-25
- **Service Area:** Applicants must enter the name of the applicable state, District of Columbia, territory, or "nationwide"

General Information

DATA Act Business Types [1 of 2]

Code	Business Type
A	State Government
B	County Government
C	City or Township Government
D	Special District Government
E	Regional Organization
F	US Territory or Possession
G	Independent School District
H	Public/State Controlled Institution of Higher Education
I	Indian/Native American Tribal Government (Federally-Recognized)

Code	Business Type
J	Indian/Native American Tribal Government (Other than Federally-Recognized)
K	Indian/Native American Tribal Designated Organization
L	Public/Indian Housing Authority
M	Nonprofit with 501(c)(3) IRS Status (Other than an Institution of Higher Education)
N	Nonprofit without 501(c)(3) IRS Status (Other than an Institution of Higher Education)

General Information

DATA Act Business Types [2 of 2]

Code	Business Type
O	Private Institution of Higher Education
P	Individual
Q	For-Profit Organization (Other than Small Business)
R	Small Business
S	Hispanic-Serving Institution
T	Historically Black College or University (HBCU)
U	Tribally Controlled College or University (TCCU)
V	Alaska Native and Native Hawaiian Serving Institutions

Code	Business Type
W	Non-domestic (non-US) Entity
X	Other

General Information

Applicant Information and Contact Information

Contact Information

- Contact information for individual responsible for the application at the Lead HCP, as well as a project manager:
  - **Name**
  - **Position Title**
  - **Company Name**
  - **Phone Number**
  - **Mailing Address**
  - **Email Address**
  - **Project Manager Name**
  - **Project Manager Phone Number**
  - **Project Manager Email Address**
- Note: These individuals should be prepared to field requests for additional information regarding the application.

General Information

HCP Information [1 of 2]

For each HCP affiliated with the application, you may provide, but are not required to, the following information in the HCP Tab of Application:

- **Health care provider name**
- **Facility name**
- **If the facility is a hospital**
- **Street address, city, state, and county**
- **FCC Registration Number (FRN)**
- **HCP Number**
- **Eligibility type**

General Information

HCP Information [2 of 2]

For each HCP affiliated with the application:

- **National Provider Identifier (NPI)**
- **Total patient population**
- **Estimated number of patients to be served by the funding request** (and supporting documentation)

Evaluation Metrics

Supporting Information

For the HCP that meets each criterion:

- **Round 1 Application Number** (GRA00XXXX) for previous applicants or documentation demonstrating submission, e.g., an e-mailed confirmation
- **Full Site Name and Physical Address, including county information,** for rural, low-income, Critical Access Hospital (CAH), and Tribal area providers and for "hardest hit" providers
  - Supporting documentation is needed for certain "Other" Tribal affiliations
- **Healthcare Provider Shortage Area (HPSA) ID or Score** for HPSA providers
- **Federally-Qualified Health Center (FQHC) ID, Bureau of Primary Health Care Health Center Management Information System ID (BHCMISID)**, or **Uniform Data System (UDS) number** for FHQCs, FQHC Look-Alikes, and Disproportionate Share Hospitals

Purpose and Intent

Supporting Information

- Whether the applicant will treat COVID-19 patients directly
- Whether the applicant will treat patients without COVID-19 symptoms

Funding Request

Required Details and Supporting Documentation

For all requested funding items:

- **Category** (see Slide 101)
- **Description**
- **Quantity**, if applicable
- **Cost** on applicable basis
  - One-Time
  - Monthly
  - Per Unit

Applicants must provide supporting cost documentation (e.g., an invoice or a vendor quote) for all eligible services and devices for which funding is requested.

Available for Public Use

Preparing for Application
Understanding the Evaluation Metrics

Evaluation Metrics

Metric Purpose

- These objective metrics will allow USAC **to award funding to the providers that need it most**. Each metric is assigned an amount of prioritization points based on insights from Round 1, public comment, and extensive consideration from the FCC.
  - Each application will receive a score based on their evaluation metric submission from 0 to 95.
- Metrics will be evaluated **based on the information provided in your application**, which will be **independently validated by the application review team**.
- The metrics will dictate allocation of available funds for the Initial Commitment Phase.

Evaluation Metrics

Geographic Prioritization Criteria

Awards will be allocated according to the following geographical approach up to the $150MM initial commitment limit. Any applications with the same score as the last application to receive a funding commitment will also receive a funding commitment. After the initial commitment window, all remaining funds will be awarded to the highest-scoring remaining applications, regardless of location.

1. **Highest-Scoring Applications from States without Round 1 Funding Recipients**
2. **Highest-Scoring Applications from States with Round 1 Funding Recipients**
3. **Second-Highest-Scoring Applications from States without Round 1 Funding Recipients**
4. **Remaining Applications, regardless of state, in descending order of score, until funds are exhausted**

This will result in funding for at least two applications with lead health care providers in each state, territory, or the District of Columbia across both rounds of the Program, if such applications exist.

Evaluation Metrics

Metric Summary [1 of 9]

Hardest Hit Area

Low Income Area

Unfunded in Round 1

Tribal Community

Critical Access Hospital (CAH)

Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)

Healthcare Provider Shortage Area (HPSA)

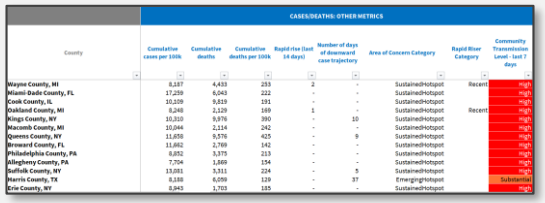
Round 2 New Applicant

Rural Area

Description: The applicant health care provider is located in a county designated as a COVID-19 "hotspot" or "sustained hotspot" by the Centers for Disease Control and Prevention (CDC).

Resources: CDC *Community Profile Report Area of Concern Continuum by County*, county tab

Submission: Physical address and county



County	CASES/DEATHS: OTHER METRICS								
	Cumulative cases per 100k	Cumulative deaths	Cumulative deaths per 100k	Rapid rise (last 14 days)	Number of days of downward case trajectory	Area of Concern Category	Rapid River Category	Community Transmission Level - last 7 days
Wayne County, MI	8,187	4,433	253	2	-	SustainedHotspot	Recent	High
Miami-Dade County, FL	17,259	6,043	222	-	-	SustainedHotspot		High
Cook County, IL	10,339	9,819	191	-	-	SustainedHotspot		High
Oakland County, MI	8,248	2,129	169	1	-	SustainedHotspot	Recent	High
Kings County, NY	10,310	9,976	390	-	10	SustainedHotspot		High
Macomb County, MI	10,044	2,114	242	-	-	SustainedHotspot		High
Queens County, NY	11,658	9,576	425	-	9	SustainedHotspot		High
Broward County, FL	11,662	2,769	142	-	-	SustainedHotspot		High
Philadelphia County, PA	8,852	3,375	213	-	-	SustainedHotspot		High
Allegheny County, PA	7,704	1,869	154	-	-	SustainedHotspot		High
Suffolk County, NY	13,081	3,311	224	-	5	SustainedHotspot		High
Harris County, TX	8,188	6,059	129	-	37	EmergingHotspot		Substantial
Erie County, NY	8,943	1,703	135	-	-	SustainedHotspot		High

15 points: Sustained Hotspot | **7 points:** Designated Hotspot

Available for Public Use

Evaluation Metrics

Metric Summary [2 of 9]

- Hardest Hit Area
- **Low Income Area**
- Unfunded in Round 1
- Tribal Community
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider is located in a county or census tract with a poverty rate that is at or above the 50th percentile (median), whichever merits more points.

Resources: U.S. Census Bureau, Small Area Income and Poverty Estimates and American Community Survey: Poverty Status in the Past Twelve Months

Submission: Physical address and county

COUNTY: 15 points: > 17.4% | **7 points:** 13.4% to 17.4%

CENSUS TRACT: 15 points: > 19.7% | **7 points:** 11.5% to 19.7%

Evaluation Metrics

Metric Summary [3 of 9]

- Hardest Hit Area
- Low Income Area
- **Unfunded in Round 1**
- Tribal Community
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider applied for, but did not receive, COVID-19 Telehealth Program funding in Round 1.

Resources: USAC Round 1 Application Number and Funding Decision

Submission: Application Number (GRA00XXXX) or documentation demonstrating submission

15 points: Applied for, but did not receive, Round 1 funding

Evaluation Metrics

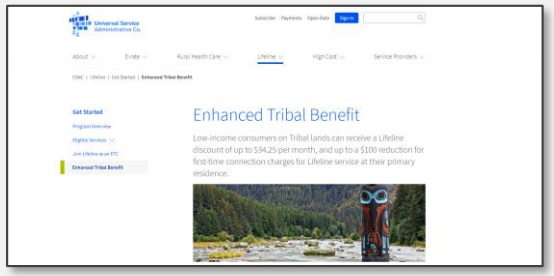
Metric Summary [4 of 9]

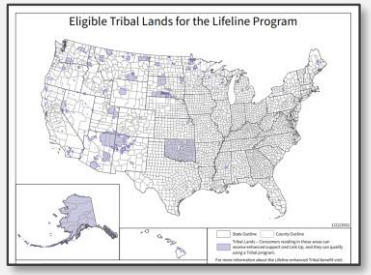
- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- **Tribal Community**
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider is located on Tribal lands, operated by the Indian Health Service, or is otherwise affiliated with a Tribe.

Resources: USAC *Enhanced Tribal Benefit, Eligible Tribal Lands Map and Shapefile*

Submission: Physical address or supporting Tribal documentation





15 points: Located on tribal lands, operated by IHS, or affiliated with a Tribe

Evaluation Metrics

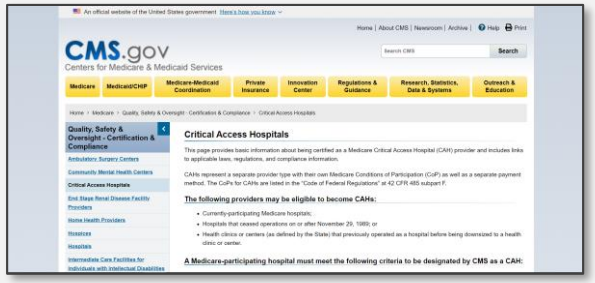
Metric Summary [5 of 9]

- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- Tribal Community
- **Critical Access Hospital (CAH)**
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider is a Critical Access Hospital as designated by the Centers for Medicare and Medicaid Services (CMS)

Resources: CMS *Critical Access Hospitals* and state-specific reference materials where available

Submission: CAH site name and physical address



10 points: Qualifies as a Critical Access Hospital

Evaluation Metrics

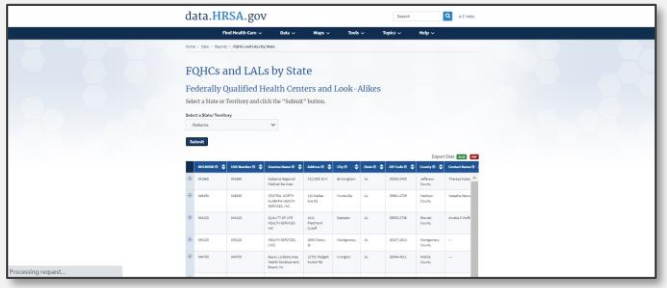
Metric Summary [6 of 9]

- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- Tribal Community
- Critical Access Hospital (CAH)
- **Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)**
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider is a FQHC, FQHC Look-Alike (LAL), or DSH as designated by HRSA or CMS.

Resources: HRSA *FQHSs and LALs by State: Federally Qualified Health Centers and Look-Alikes*

Submission: FQHC, BHCMSID, or DSH Number



10 points: Qualifies as an FQHC, FQHC Look-Alike, or a DSH

Evaluation Metrics

Metric Summary [7 of 9]

- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- Tribal Community
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- **Healthcare Provider Shortage Area (HPSA)**
- Round 2 New Applicant
- Rural Area

Description: The applicant health care provider is located within a Primary Care Healthcare Provider Shortage Area as designated by HRSA or is designated as an HSPA facility.

Resources: HRSA *Find Shortage Area* by Primary Care HPSA ID, physical address and county

10 points: HPSA Score is 13-25 | **5 points:** HPSA Score is 1-12

Evaluation Metrics

Metric Summary [8 of 9]

- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- Tribal Community
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- **Round 2 New Applicant**
- Rural Area

Description: The applicant health care provider did not apply for COVID-19 Telehealth Program funding in Round 1 and is a new applicant in Round 2.

Resources: FCC-provided Round 1 Applicant list

5 points: Did not apply for Round 1 funding

Evaluation Metrics

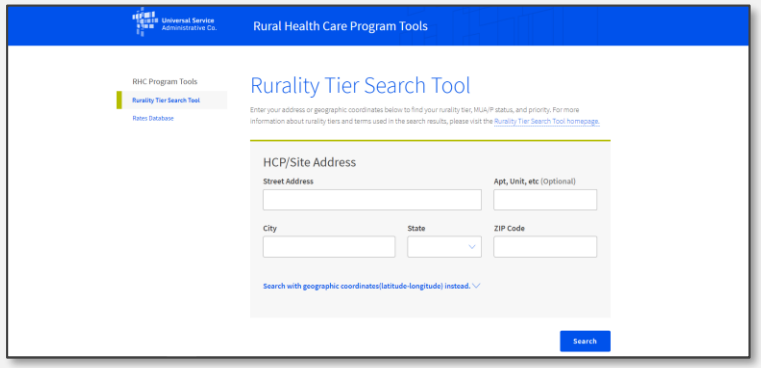
Metric Summary [9 of 9]

- Hardest Hit Area
- Low Income Area
- Unfunded in Round 1
- Tribal Community
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC), Look-Alike, or Disproportionate Share Hospital (DSH)
- Healthcare Provider Shortage Area (HPSA)
- Round 2 New Applicant
- **Rural Area**

Description: The applicant health care provider is in a rural area as defined by the USAC Rural Healthcare Program.

Resources: USAC *Eligible Rural Areas Search*

Submission: Physical address and county



5 points: Located in a rural area

Evaluation Metrics

HCP Selection

- The applicant may list additional health care providers in the evaluation metrics section, the applicant **certifies to,** by penalty of perjury, the eligibility of all health care providers that will receive the funding requested on the application.
- Prioritization points may be assessed on **any of the health care providers on behalf of which the application is filed**.
  - **Multiple providers may be listed on the application, but applicants should only list one provider for each evaluation metric.**
  - The applicant may list a different eligible health care provider site for each evaluation metric, but the **application will only be awarded prioritization points for a specific metric once** (e.g., an application that lists three health care provider sites that are located in rural areas will still only be provided five points).

Evaluation Metrics

HCP Selection Example [1 of 2]

One (1) Application

Provider 1
Lead HCP

Urban, High-Income

Provider 2
--

Rural Area
Healthcare Provider
Shortage Area

Provider 3
--

Rural Area
Tribal Area

Provider 4
--

Low-Income Area

Evaluation Metrics

HCP Selection Example [2 of 2]

Evaluation Metrics

Rural Area

Provider 2 — **5 points**

Low-Income Area

Provider 4 — **15 points**

Healthcare Provider Shortage Area

Provider 2 — **10 points**

Tribal Area

Provider 3 — **15 points**

Provider 1 isn't listed here—that's okay, even though it is the Lead HCP.

Either Provider 2 or 3 fits this criteria, but points are only awarded once.

Provider 2 can be listed as many times as needed if it fits multiple criteria.

45 points

Illustrative figures only. Low-income and HPSA points would depend on the relative poverty rates and HPSA scores.

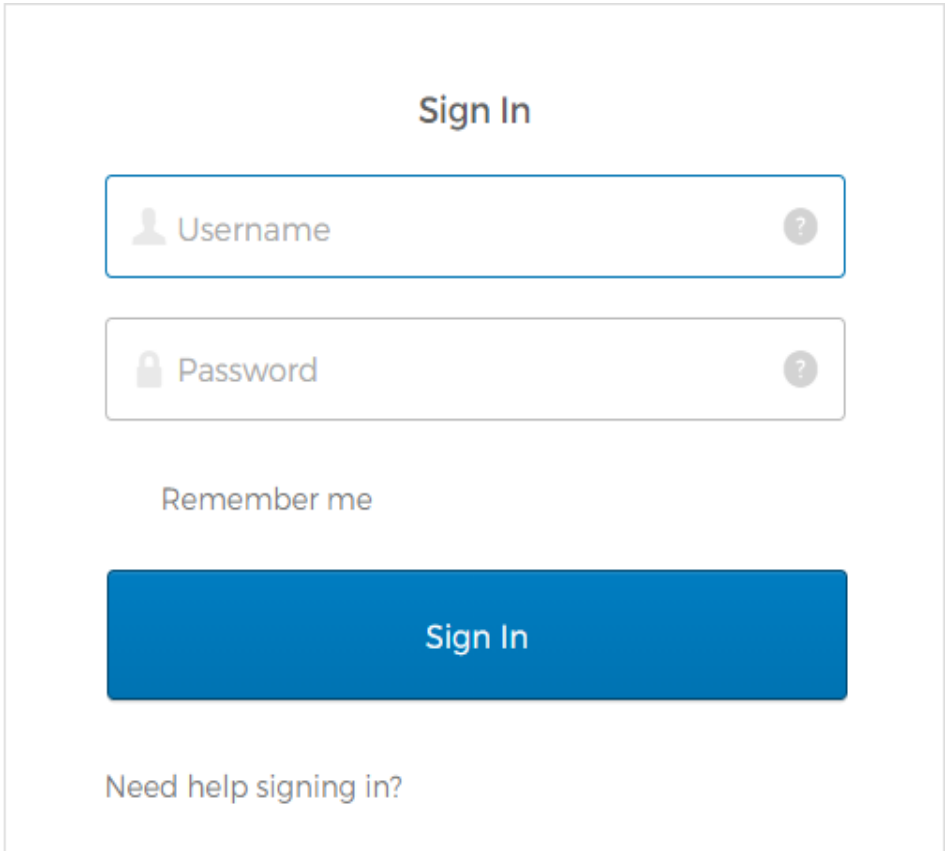
Questions?

Submitting Your Application
Program Application Portal

Starting an Application

Logging On

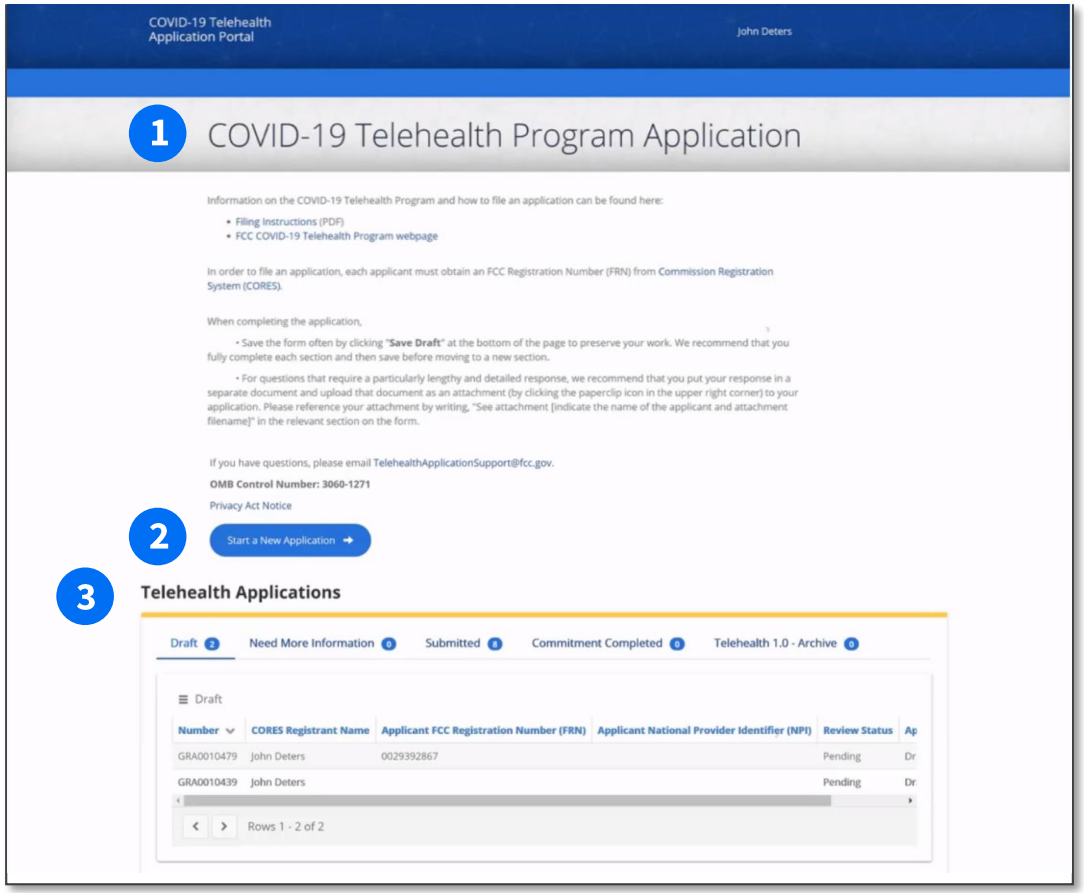
1. Navigate to the application link and select **Submit an Application Online**. You will be directed to the log-in screen.
2. Log into the system using your CORES username and password.



Starting an Application

Logging On

1. You will be directed to the Program Application Landing Page.
2. Click **Start a New Application** to begin a new application.
3. You can see your open applications in the table below, divided by status:
    1. **Draft:** Saved, but not yet submitted
    2. **Need More Information:** The reviewer needs more information to complete review, as requested by reviewer after initial submission.
    3. **Submitted:** Certified and submitted
    4. **Commitment Completed**: Approved with funds committed



Applicant Information

Tips for Applicants [1 of 2]

- **Fully and accurately complete all fields on the form marked with an asterisk (*).** These fields are required and you must answer them for your application to be complete.
- **Save the form often to preserve your work.** We recommend that you fully complete each section and then save that section by clicking “Save” at the bottom of the page before moving to a new section.
- To answer questions that require a more detailed response**, consider drafting your response in a separate document**, and then copying and pasting that response into your application.

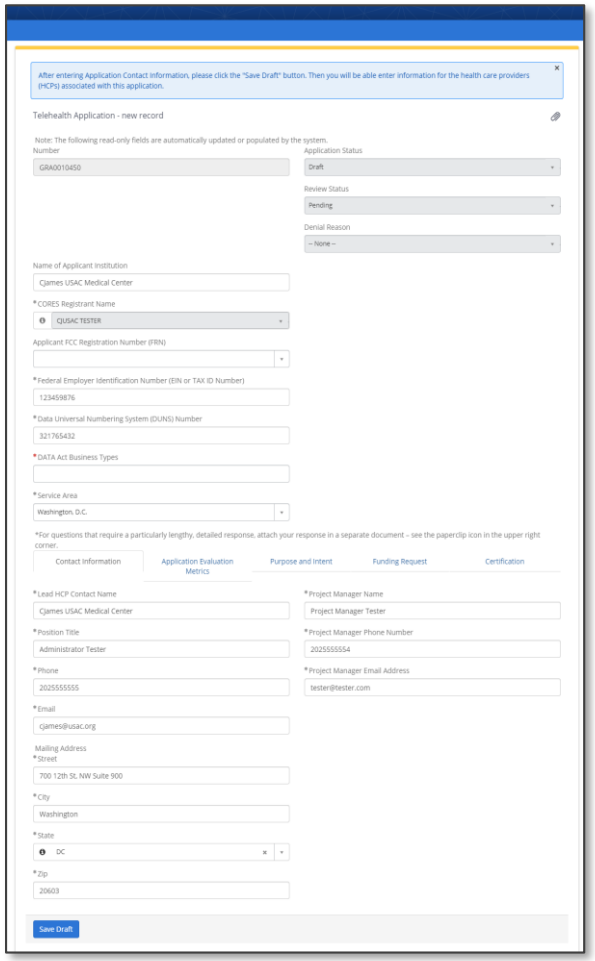
Applicant Information

Tips for Applicants [2 of 2]

- Alternatively, you **may upload a document containing a detailed response** using the paperclip icon and write “See attachment [filename]” in the corresponding response field.

Applicant Information

Orienting to the Application Page [1 of 3]



The top section contains general applicant information, as well as auto-populated status updates which are contained in grey fields.

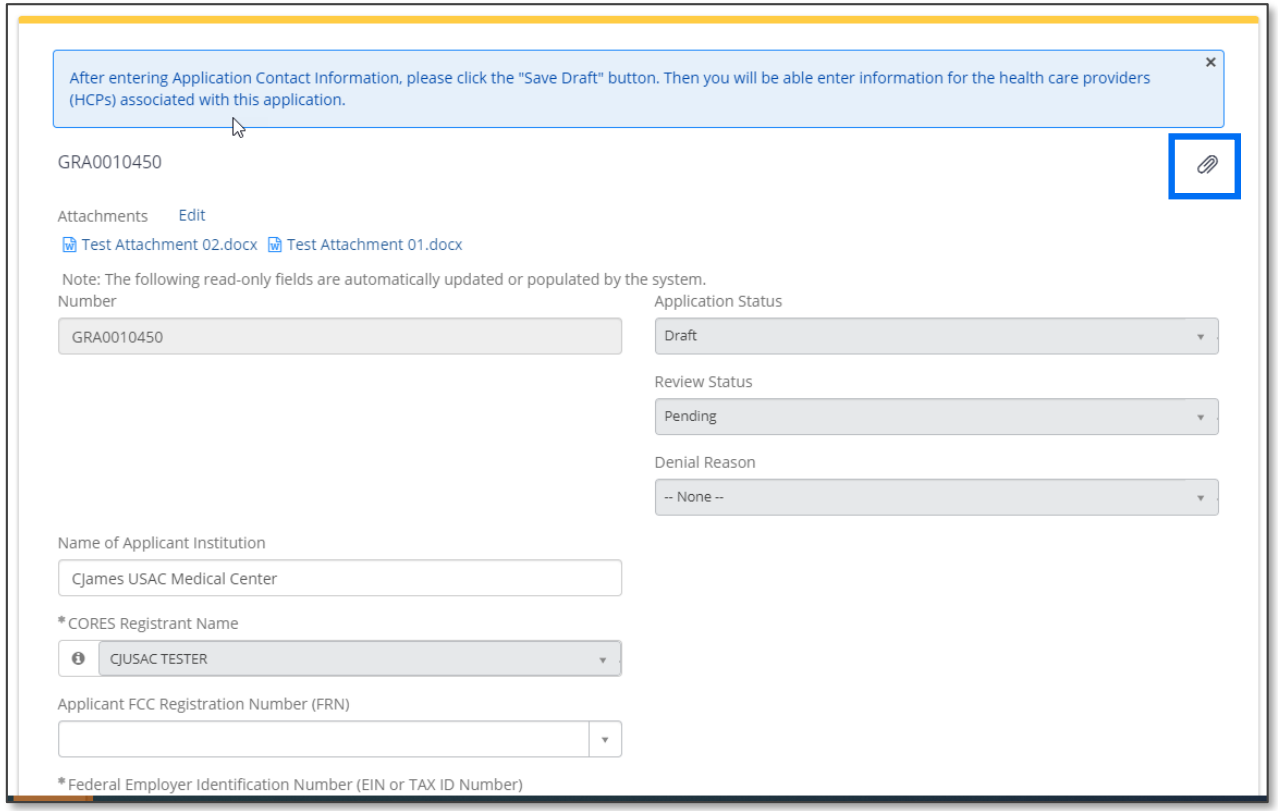
Below, you will find five tabs. You will need to navigate to each of these tabs to input and save information.

Each tab has its own **Save Draft** button. Use this button to update the application while navigating.

Supporting Documentation

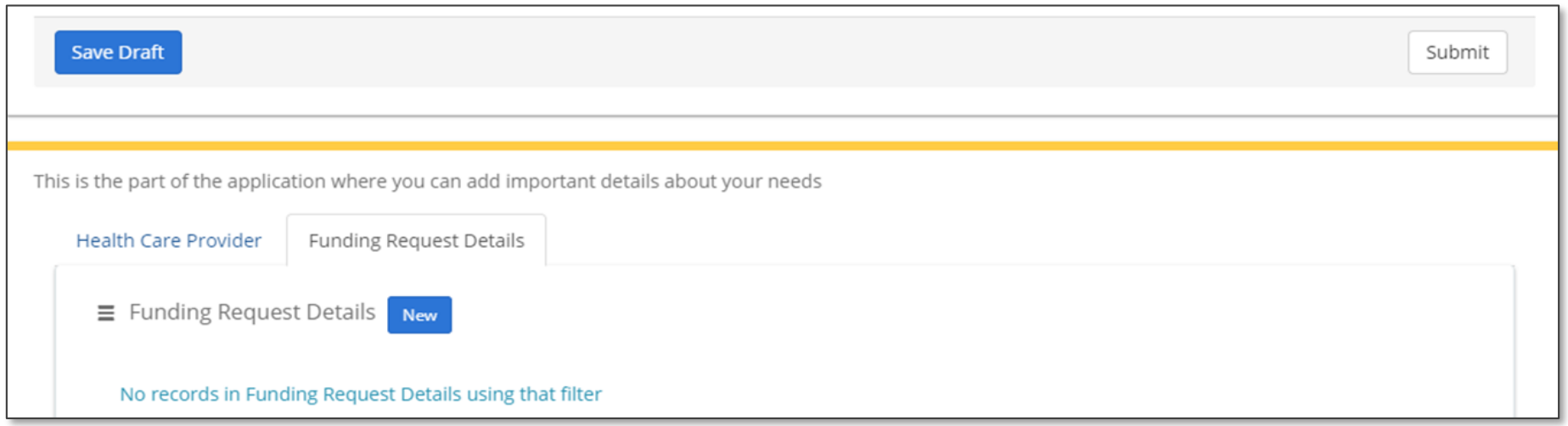
Content and Completion

- Use the paperclip button at the top of the application to attach any supporting documentation that is **unrelated to funding requests**.
  - This includes supporting documentation for evaluation criteria.
  - Include supporting documentation for funding requests in the Funding Request Detail window.



Applicant Information

Orienting to the Application Page [2 of 3]



Once you input general Lead HCP information and save the application, two tabs will appear at the bottom of the page: **Health Care Provider** and **Funding Request Details.**

These tabs will contain at least the lead HCP and all funding requests associated with the application.

Applicant Information

Orienting to the Application Page [3 of 3]

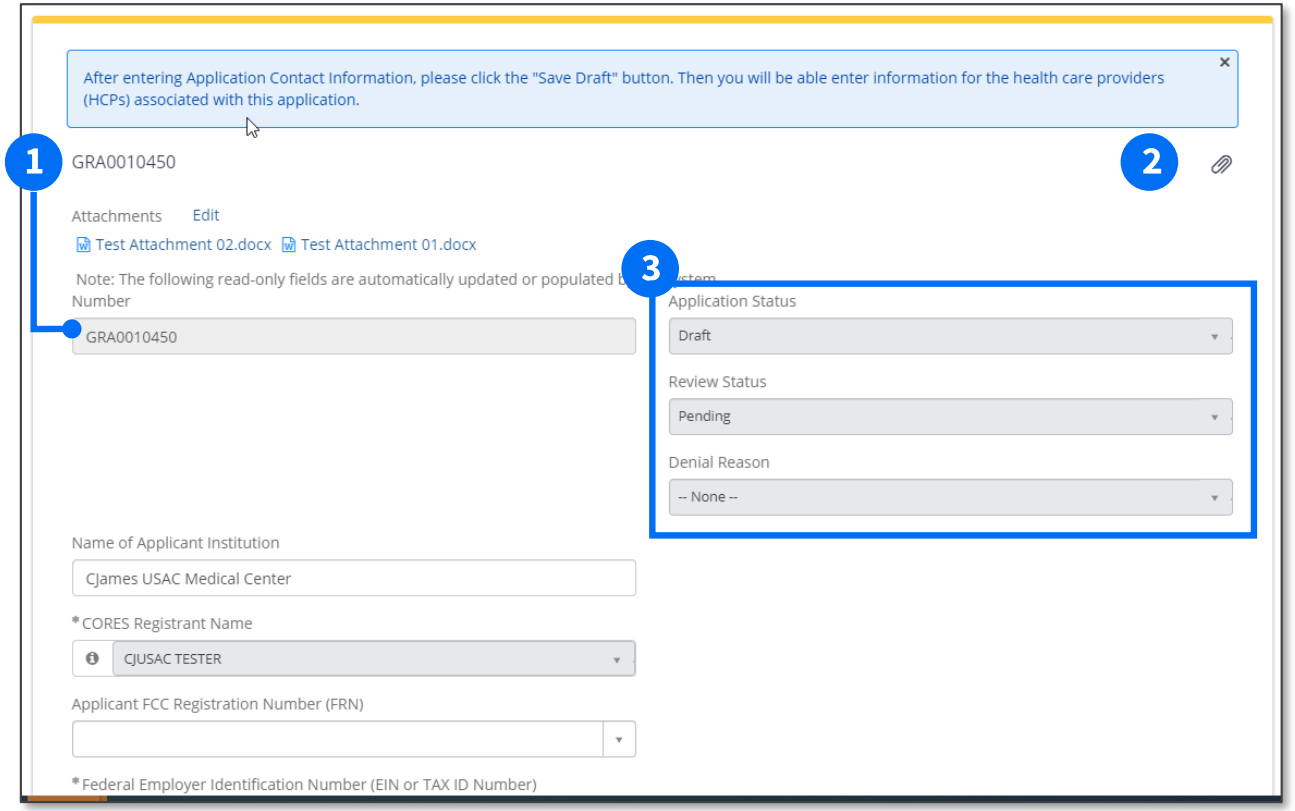
You must complete each of the identified sections or tabs in order to submit the application. The table below summarizes the requirements of each section.

Section	Contents
General Information	Contains identifying information for the application and Lead HCP
Contact Information	Contains contact information for POCs at the Lead HCP
Application Evaluation Metrics	Contains drop down responses to award points based on the evaluation metrics outlined in the Report and Order
Purpose and Intent	Contains free response questions describing the intended use of the COVID-19 Telehealth Program funding
Funding Request	Summarizes the total funding requested in the application
Certification	Provides for certification and submission of all information entered
Health Care Provider	Contains an entry for at least the lead HCP and, if the applicant chooses, other HCPs affiliated with the application
Funding Request	Contains an entry for each item or service requested for funding

General Information

Content and Completion [1 of 3]

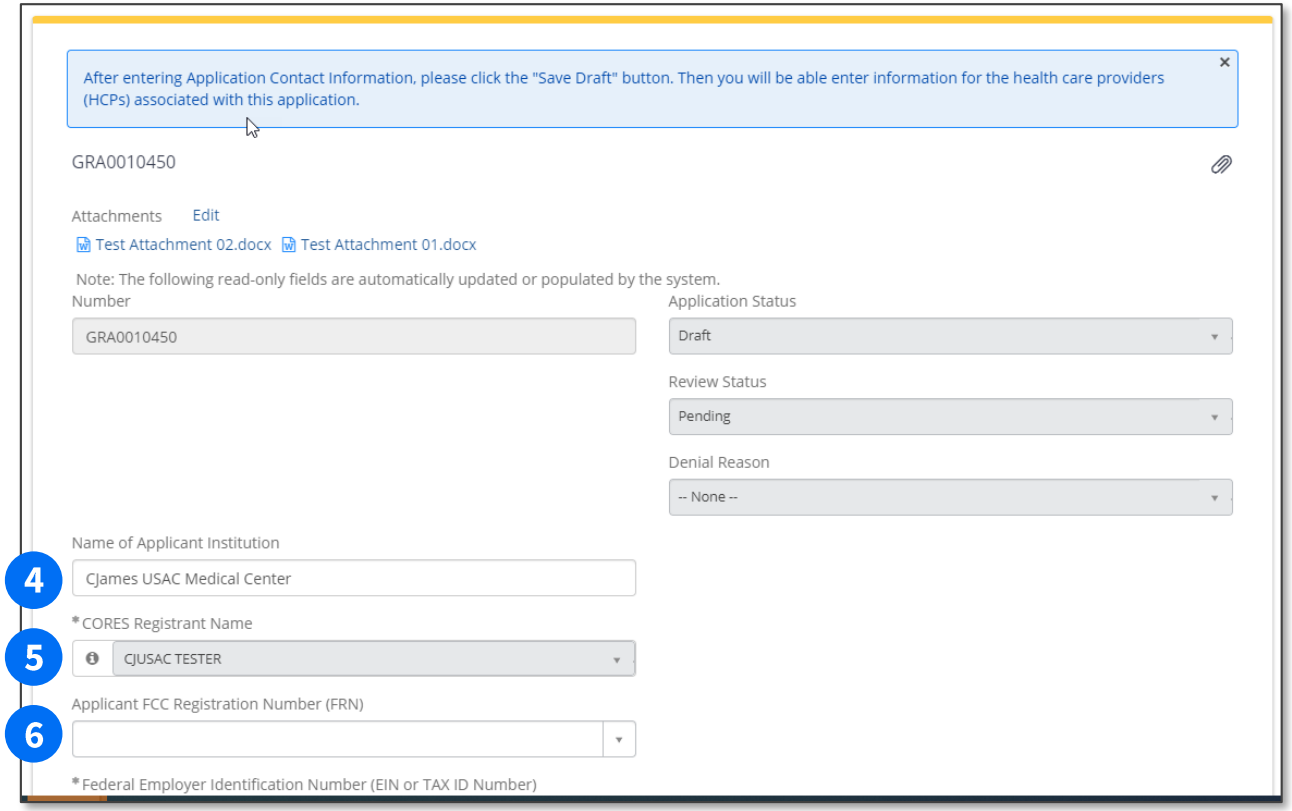
1. Your application number is automatically assigned in the format GRA00XXXXX.
2. Use the form attachment button to attach supporting documentation unrelated to funding requests. For example, supporting documentation for evaluation metrics.
3. This section displays the **Application Status**, **Review Status**, and **Denial Reason**, if applicable.



General Information

Content and Completion [2 of 3]

4. Input the **Name of Applicant Institution.**
5. Your CORES Registrant Name will populate automatically.
6. Select your **FCC Registration Number (FRN)** from the drop-down menu. It should populate automatically based on your CORES user account.



General Information

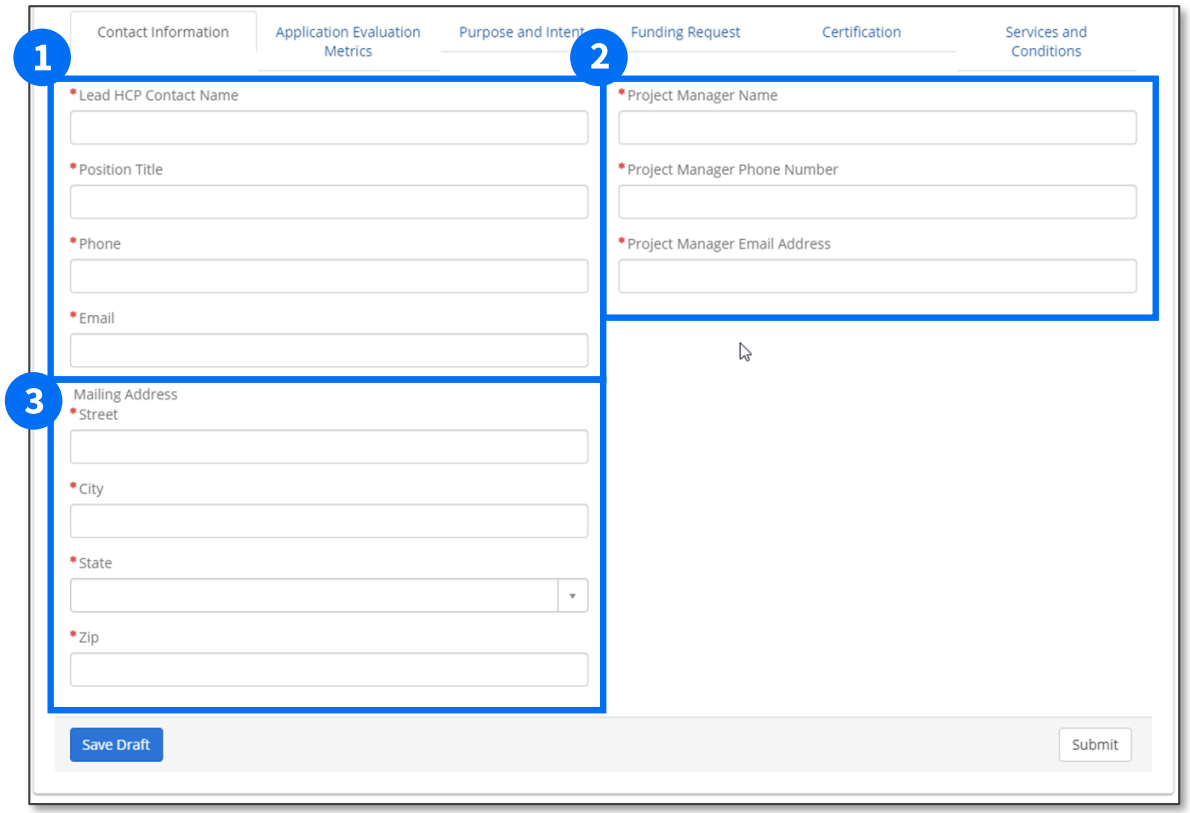
Content and Completion [3 of 3]

7. Input the nine-character Lead HCP **Employer Identification (EIN) or TAX ID Number.**
8. Enter the nine-character **Data Universal Numbering System (DUNS) Number**.
9. Enter up to three (3) **DATA Act Business Types.**
10. Enter the **Service Area** where the Lead HCP is located.
    1. If the Lead HCP provides nationwide service, select that option.

Contact Information

Content and Completion [1 of 2]

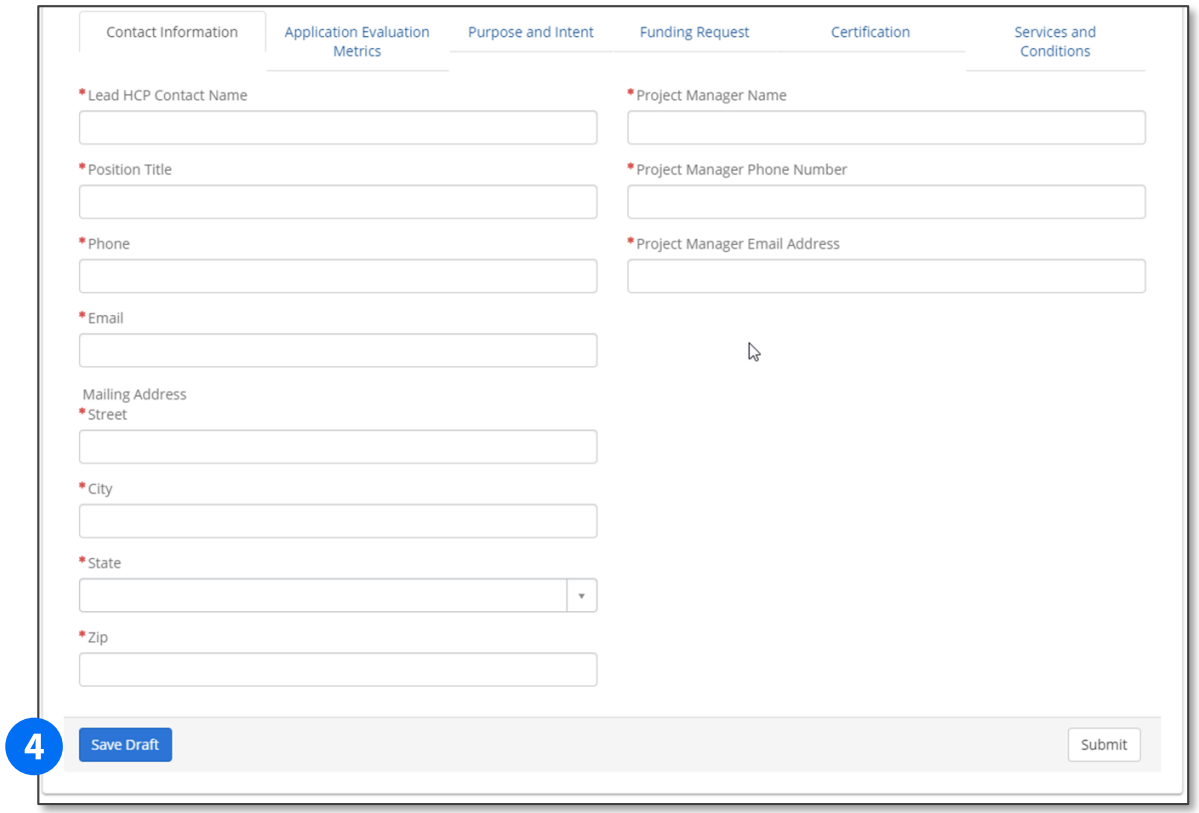
1. Enter the **Name, Position Title, Phone Number,** and **Email** for the Lead HCP primary point of contact.
2. Enter the **Name, Phone Number,** and **Email** for the Lead HCP Project Manager.
    1. These individuals should be prepared to promptly provide responses with clarification and additional information if contacted about the application.
3. Input the **Mailing Address** of the Lead HCP.



Contact Information

Content and Completion [2 of 2]

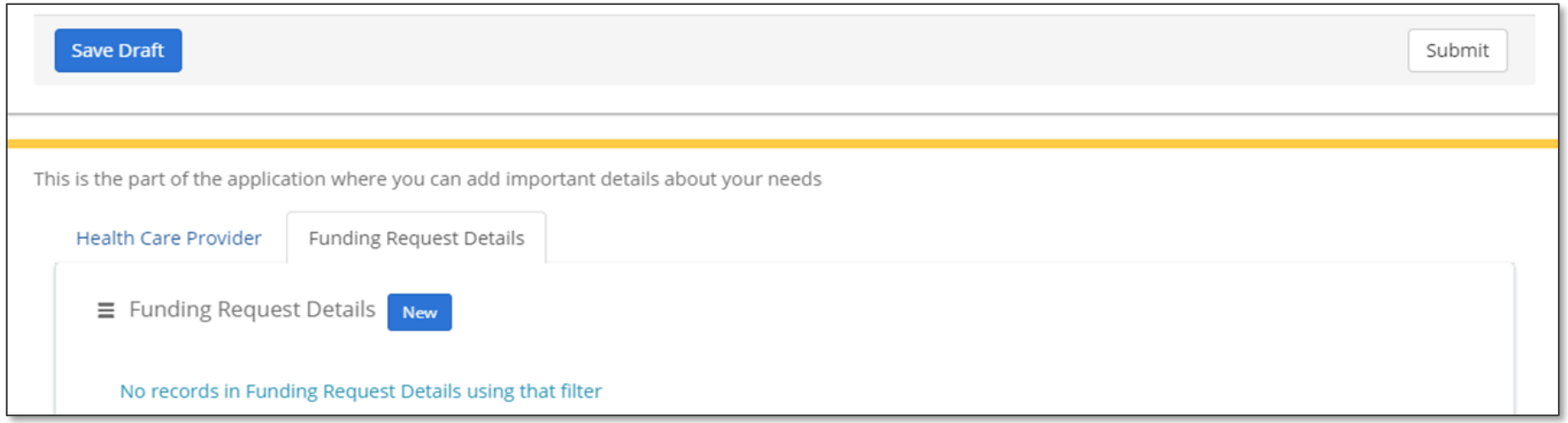
4. Be sure to **Save Draft** after inputting this information in order for the form to update and show the **Health Care Provider** tab.



Navigating the Form

HCP and Funding Request Tabs

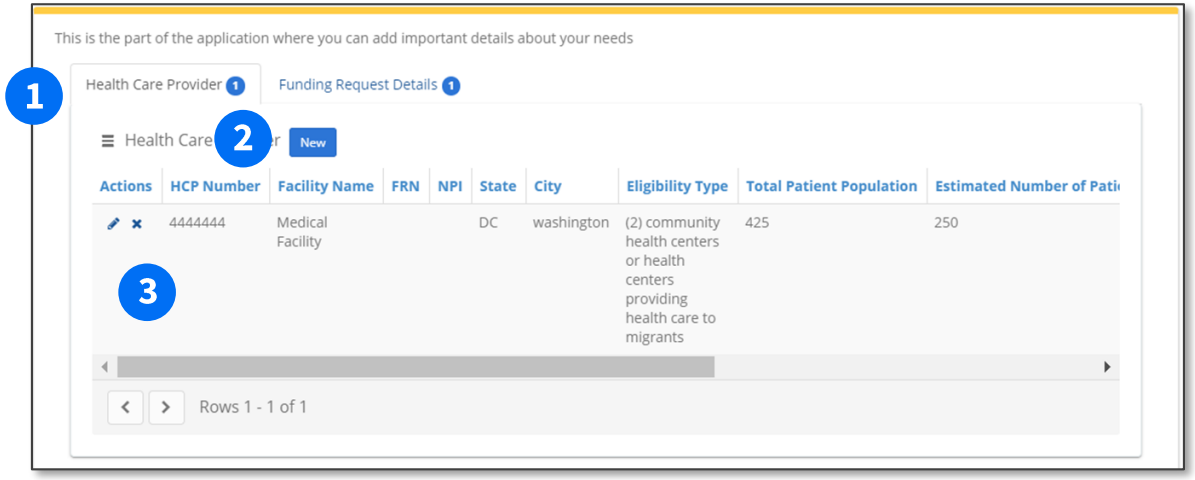
- Once you **Save Draft** on the **Contact Information** section, the **Health Care Provider** and **Funding Request Details** tabs will appear.
- Completion of these tabs is mandatory.



Health Care Provider

Content and Completion [1 of 4]

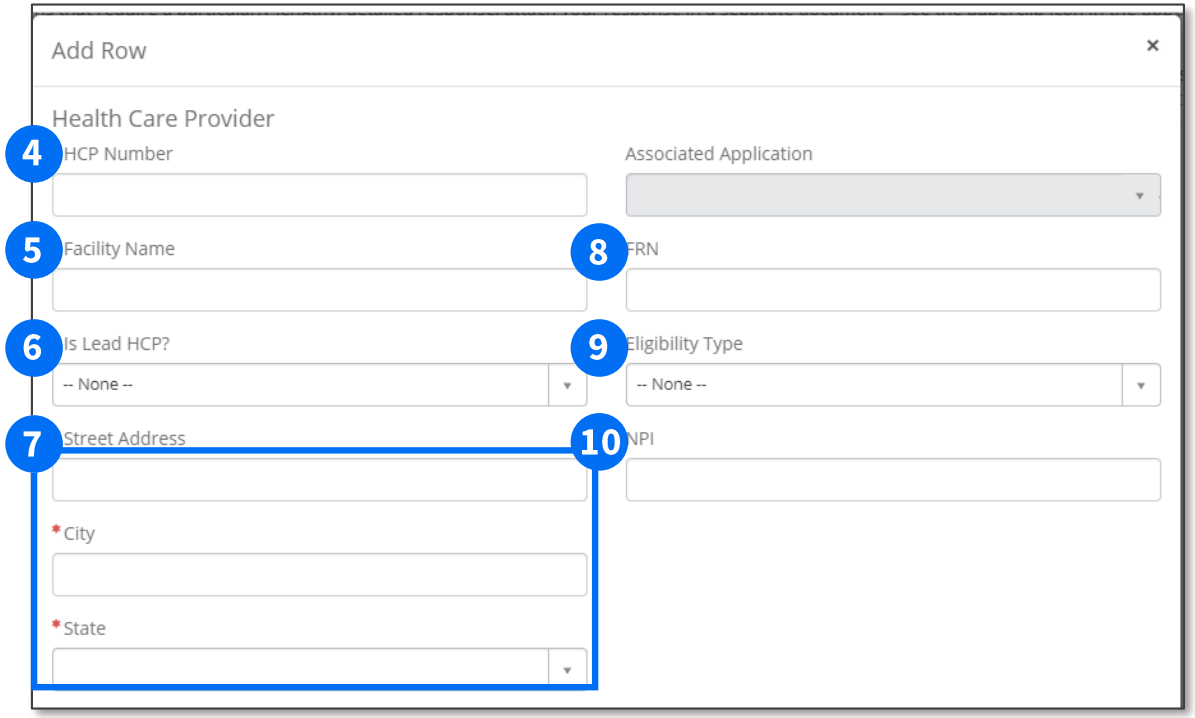
1. Click the **Health Care Provider** tab to toggle to that view.
2. Click **New** to input a new HCP.
3. All entered HCPs will appear in the table displayed. You can scroll across and down the table to view all details. If you have not submitted any HCPs, this will be blank as on the previous slide.



Health Care Provider

Content and Completion [2 of 4]

4. Enter the Provider's **HCP Number.**
5. Enter the **Facility Name.**
6. Identify if the Provider is the **Lead HCP**.
7. Enter the HCP **Street Address.**
8. Enter the Provider's FCC Registration Number (FRN).
9. Select the Provider's **Eligibility Type** from the drop-down.
10. Enter the Provider's ten-digit **National Provider Identifier.**

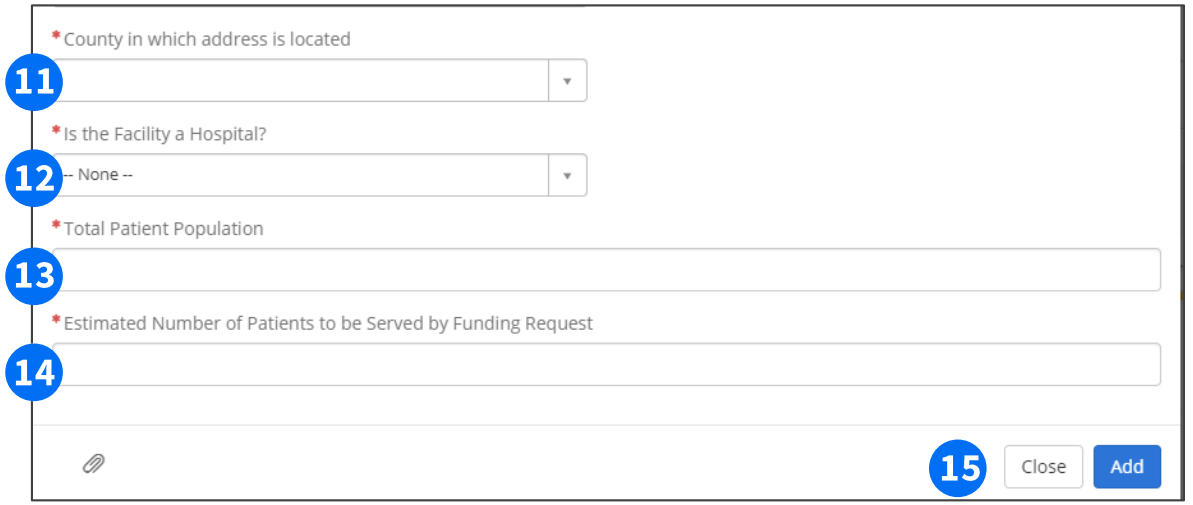


Reminder: Only the Lead HCP is required to have a USAC Eligibility Determination.

Health Care Provider

Content and Completion [3 of 4]

11. Enter the **County** in which the HCP is located.
12. Indicate if the HCP is a **Hospital**.
13. Enter the **Total Patient Population** treated by the HCP site each year.
14. Estimate the **total number of patients to be served by the funding request.**
15. Click **Add** to include the HCP in the application.

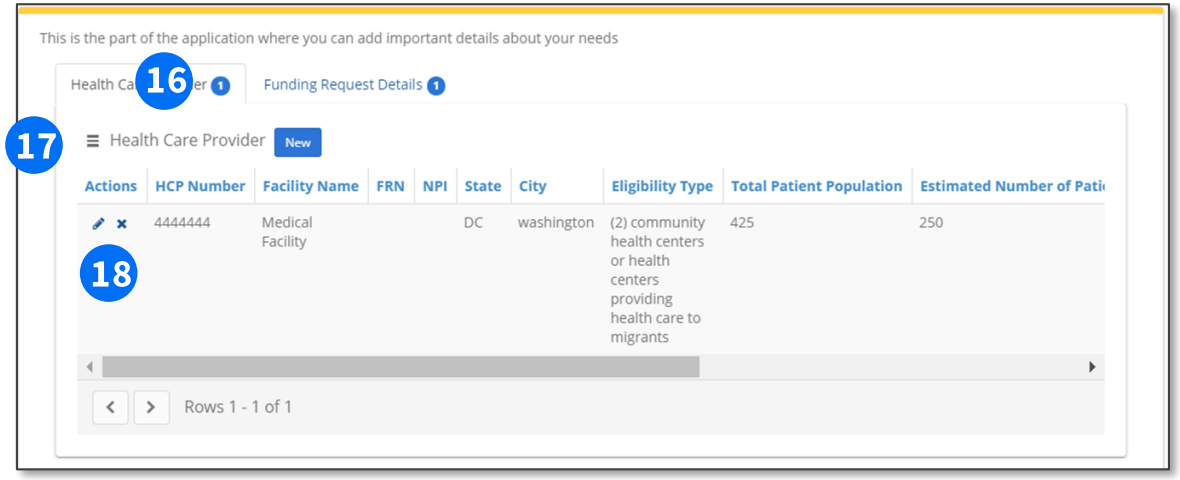


Reminder: You can use the paperclip icon to submit supporting documentation for each HCP.

Health Care Provider

Content and Completion [4 of 4]

16. The total number of entered HCPs appears at the top of the tab.
17. Use the hamburger menu (three horizontal lines, above the **Actions** column) to see additional table options (e.g., export to Excel).
18. Use **Actions** to make table updates, including:
    1. If you wish to edit an HCP entry, click the pencil icon to return to the HCP details screen.
    2. If you wish to delete the HCP entry, click the 'X' icon.



Application Tip: Be sure to click **Save** after completing the HCP tab.

Health Care Provider

Disclosure Notice

DATA Act Disclosure

The Name, Address, DUNS Number and Business Type will be disclosed in accordance with Federal Funding Accountability and Transparency Act of 2006 (FFATA)/DATA Act reporting requirements.

Evaluation Metrics

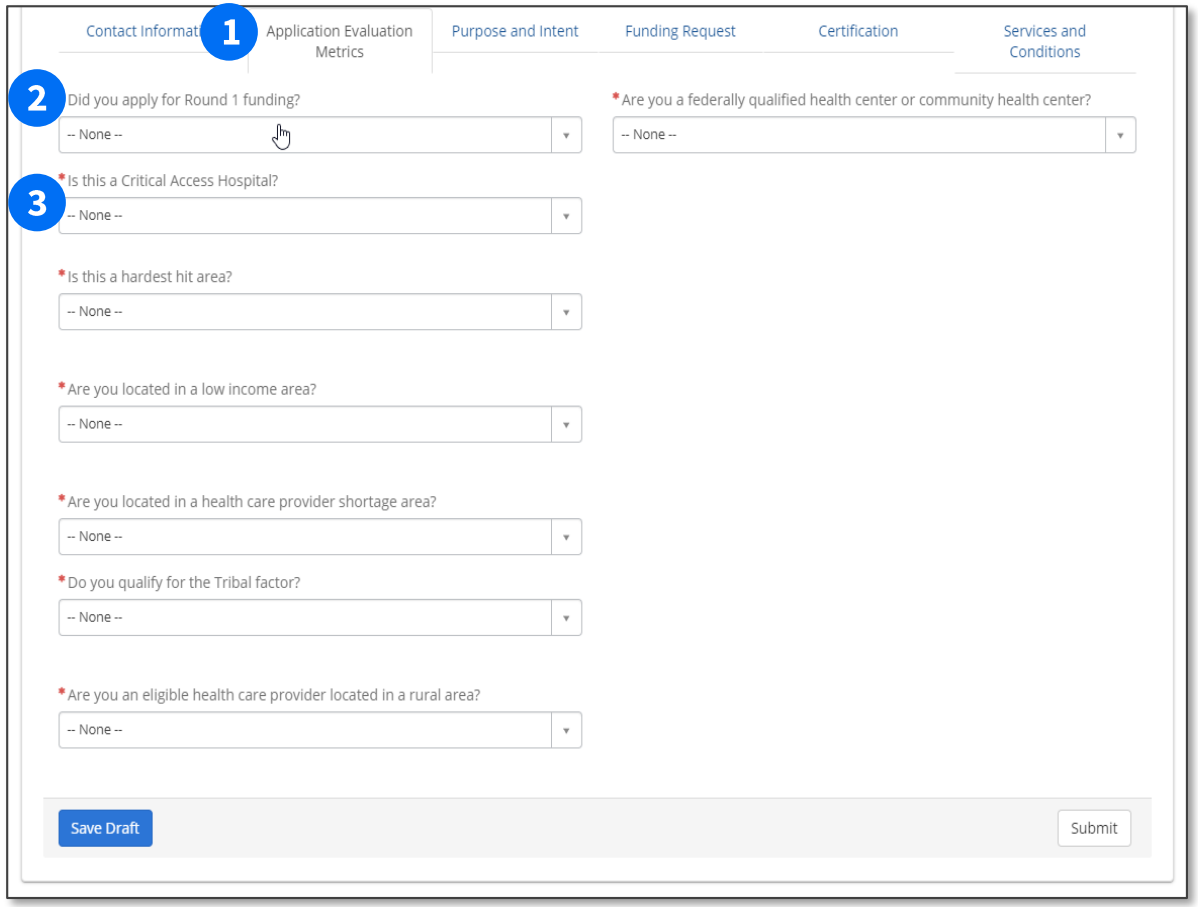
General Notes

- Your responses in this section will result in the allocation of prioritization points towards your application based on the guidelines outlined in this slide deck and the FCC Telehealth Round 2 Report and Order. **Responses to these questions are required to receive points. Funds are awarded to the highest scoring applications first.**
- You may use applicable metrics from **any HCP associated with your application** to receive points towards your application.

Evaluation Metrics

Content and Completion [1 of 7]

1. Navigate to the Application Evaluation Metrics Tab.
2. Identify if the applicant or any affiliated HCP applied for Round 1 funding. If so, you will be prompted to enter whether any funding was awarded, along with the Round 1 **Application Number** (GRA00XXXX).
    1. If you applied for Round 1 funding via PDF, upload the application using the paperclip icon at the top of the screen and provide a note of explanation in the **Additional Round 1 Information** field.

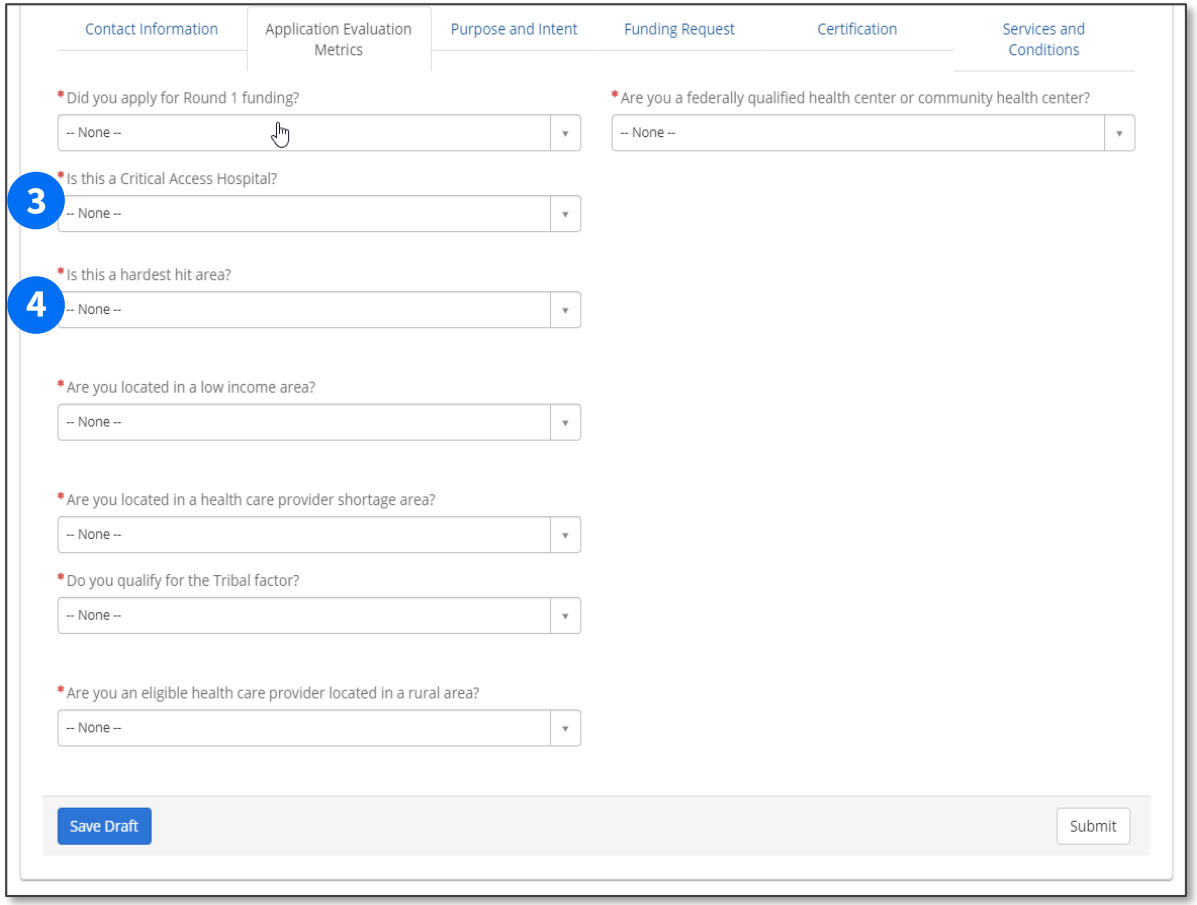


Evaluation Metrics

Content and Completion [2 of 7]

3. Identify if the applicant or any affiliated HCP is a Critical Access Hospital (CAH). If so, you will be prompted to enter **the CAH Certification Number or other proof of CAH certification, e.g., site name, physical address, and county**.

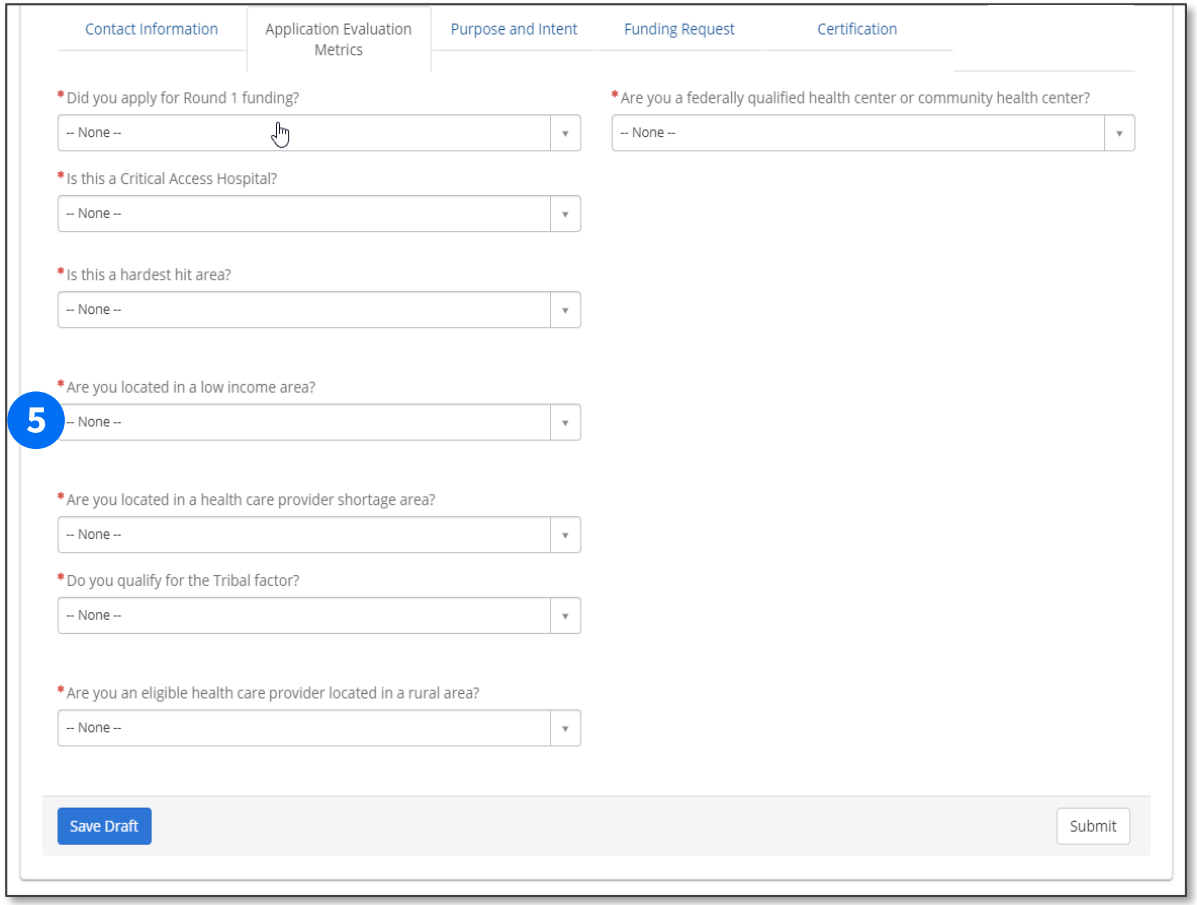
4. Identify if the applicant or any affiliated HCP is located in a "**hardest hit area**", designated as a COVID-19 hotspot, or sustained hotspot. If so, you will be prompted to enter the full address and name of the eligible HCP provider site.



Evaluation Metrics

Content and Completion [3 of 7]

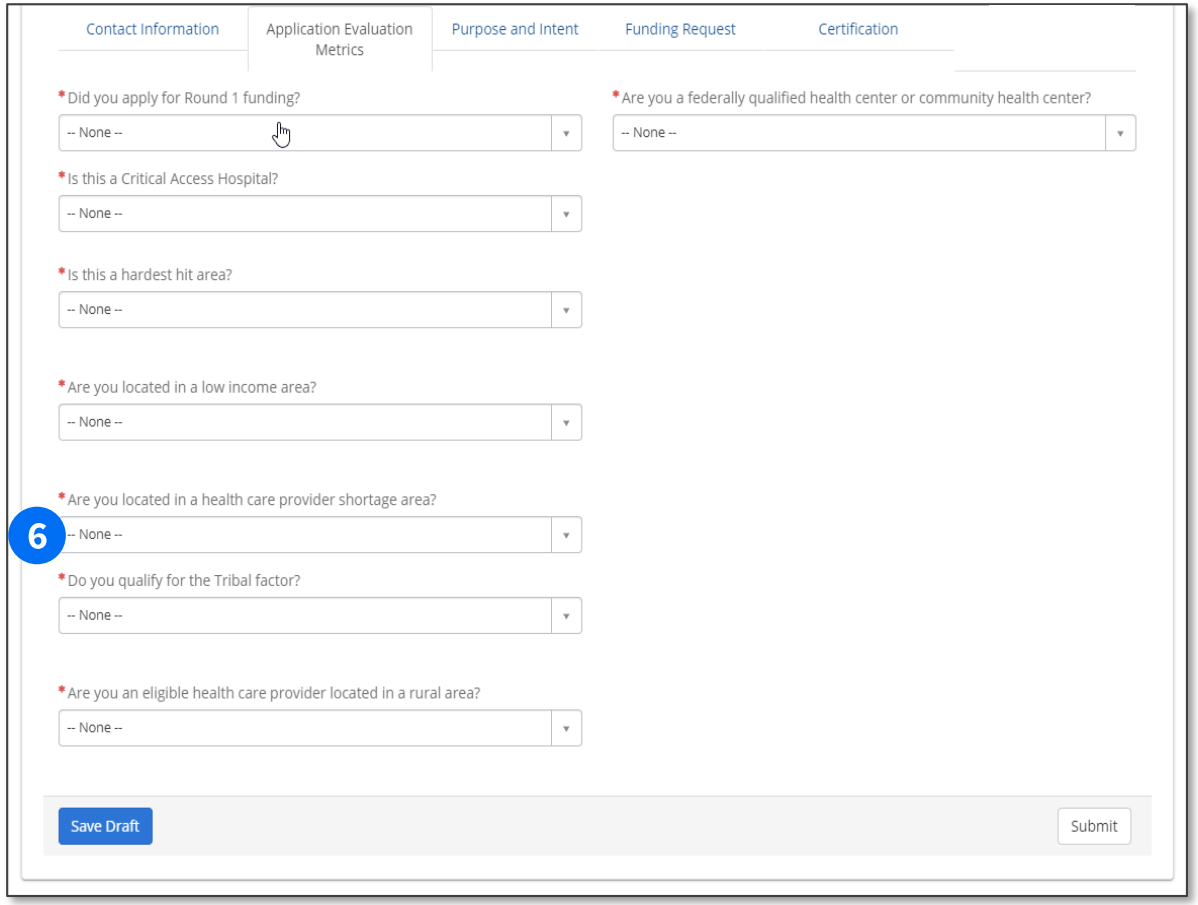
5. Identify if the applicant or any affiliated HCP is located in a **low-income area**. If so, you will be prompted to enter the physical address, county, and name of the eligible HCP provider site.
    1. You will not be assessed points on this metric until after submission and review. Up to 15 points may be awarded.



Evaluation Metrics

Content and Completion [4 of 7]

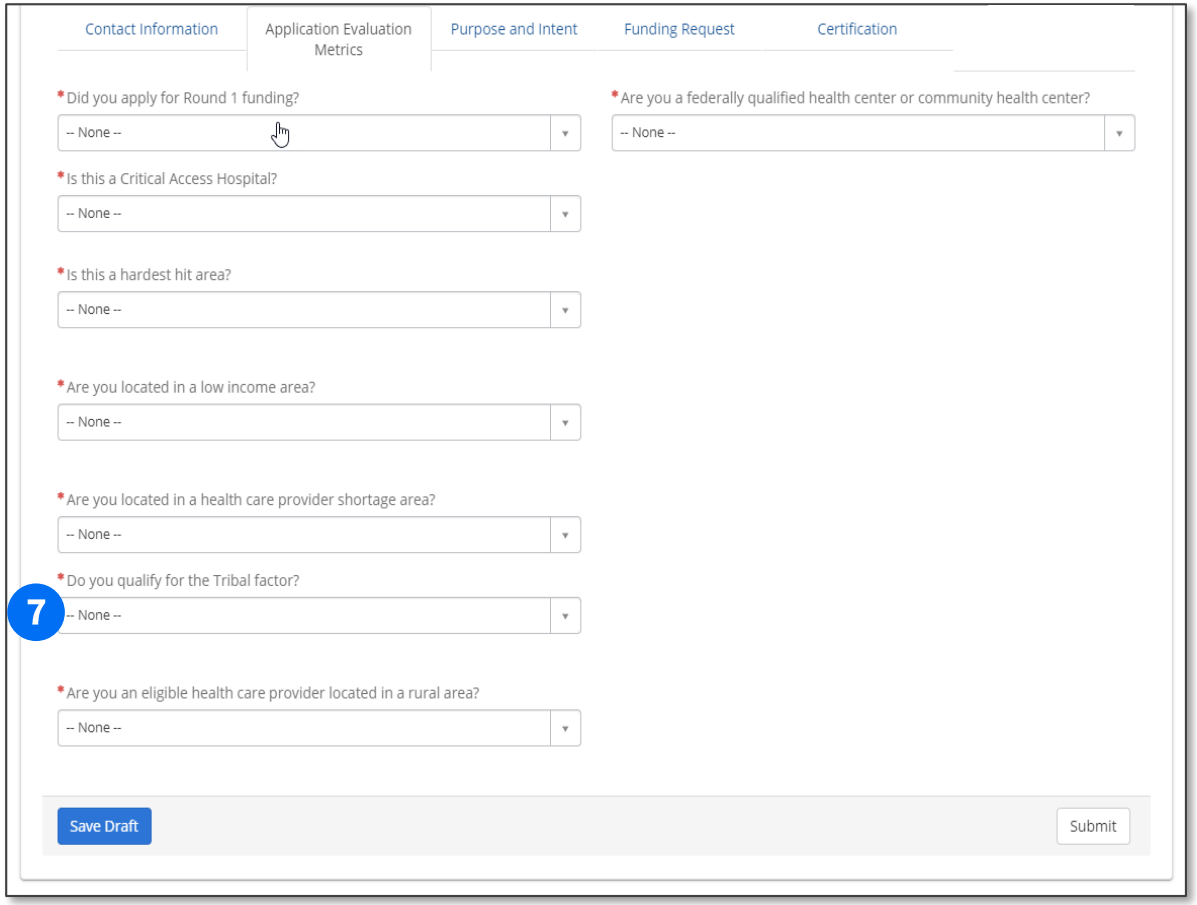
6. Identify if the applicant or any affiliated HCP is located in a **Healthcare Provider Shortage Area (HPSA)**. If so, you will be prompted to enter the Primary Care HPSA ID for the institution or the geographic location and the Primary Care HPSA score for the institution or geographic location. You will also be prompted to enter the physical address and name of the eligible HCP provider site.



Evaluation Metrics

Content and Completion [5 of 7]

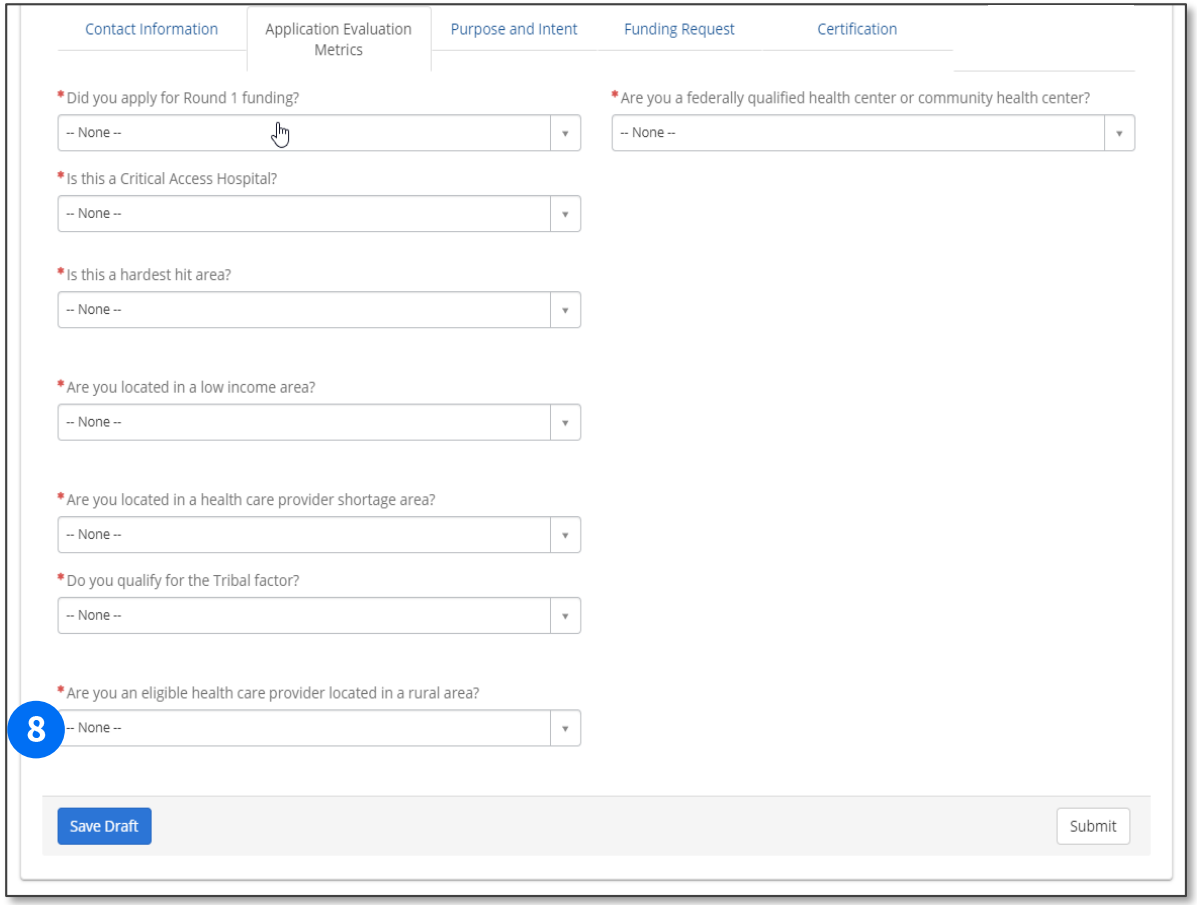
7. Identify if the applicant or any affiliated HCP qualifies for the Tribal factor. If so, you will be prompted to provide the name and full address of the Tribal-eligible provider site.
    1. Remember that Tribal eligibility consists of 1) location on Tribal lands, 2) operation by the Indian Health Service, or 3) other affiliation with a Tribe. Additional documentation must be submitted to support Option 3.



Evaluation Metrics

Content and Completion [6 of 7]

8. Identify if the applicant or any affiliated HCP is located in a rural area. If so, you will be prompted to provide the name, physical address, and county information of the rural provider site.

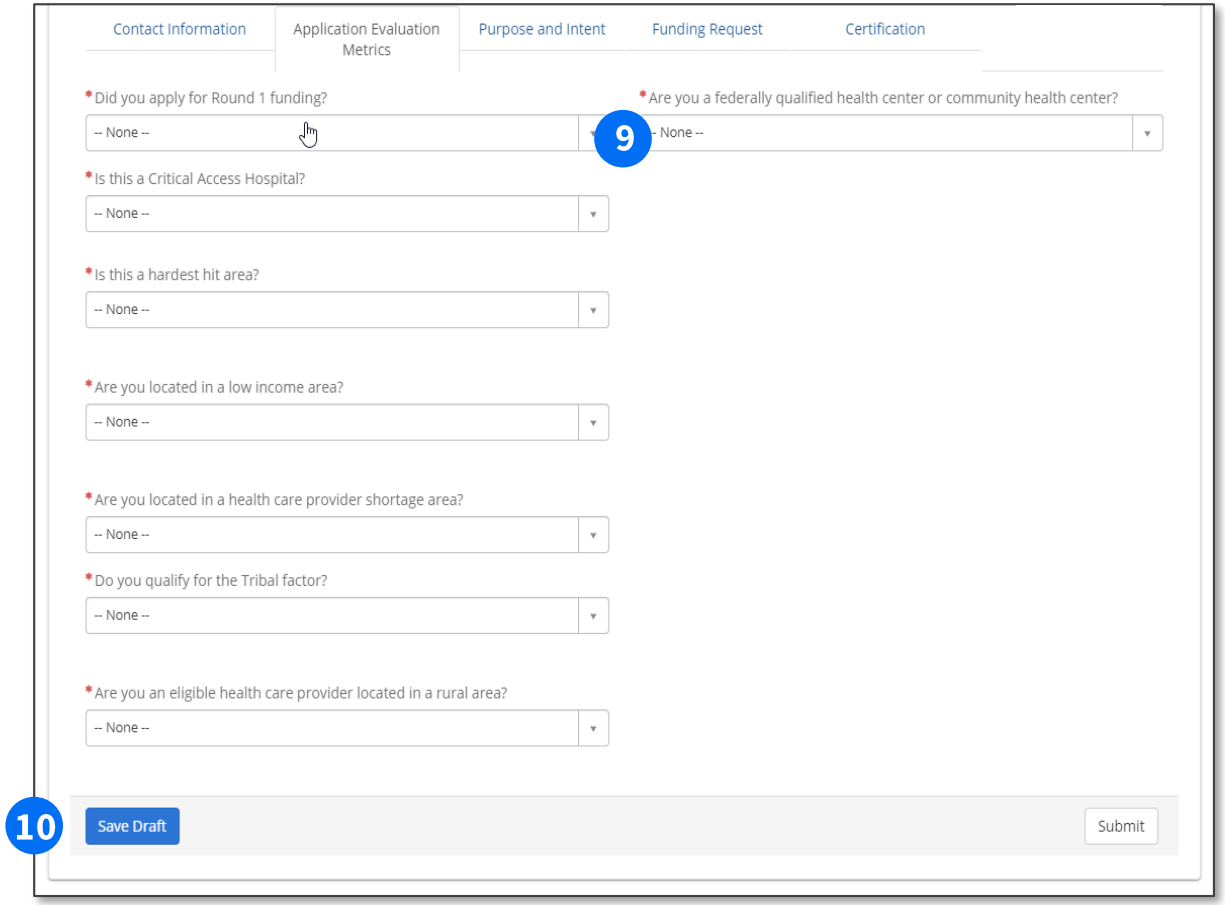


Evaluation Metrics

Content and Completion [7 of 7]

9. Identify if the applicant or any affiliated HCP is a Federally-Qualified Health Center (FQHC), FQHC Look-Alike, or Disproportionate Share Hospital (DSH). If so, you will be prompted to provide the FQHC, BHCMISID, UDS Number, or the CCN Number (for DSH certification), and attach any additional documentation.

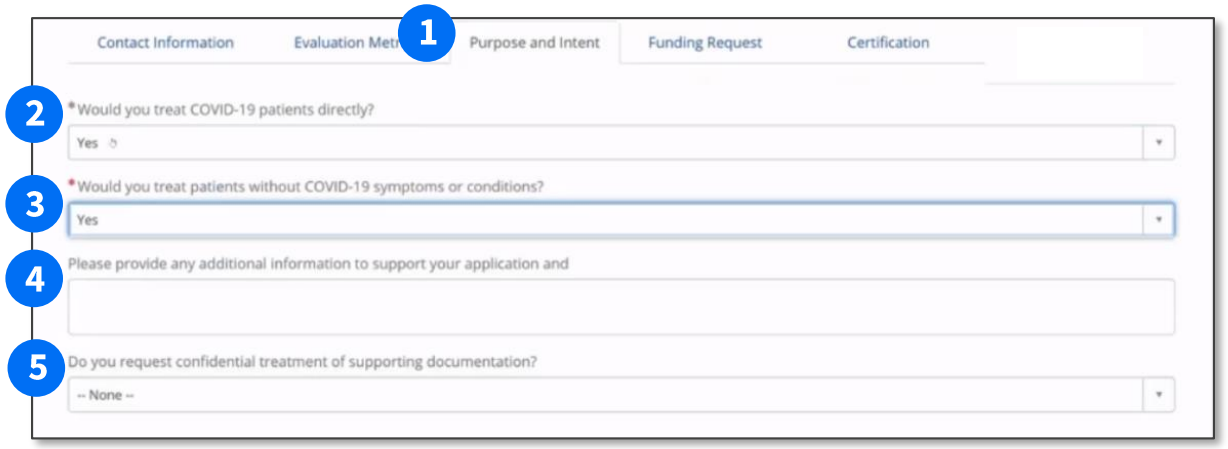
10. Click **Save Draft** to update your application.



Purpose and Intent

Content and Completion

1. Navigate to the Purpose and Intent Tab.
2. Indicate whether you intend to treat COVID-19 patients directly.
3. Indicate whether you intend to treat patients without COVID-19 symptoms or conditions
4. Provide any additional information to support your application (optional)
5. Indicate if you would like to request **confidential treatment** of supporting documentation (see next slide).



Purpose and Intent

Disclosure Notice

Confidentiality Requests

By designating supporting documents and information as “Confidential,” the applicant is deemed to have submitted a request that the material be withheld from public inspection pursuant to 47 CFR § 0.459. **Applicants designating documents as “Confidential” should not submit those documents in the FCC’s Electronic Comment Filing System.**

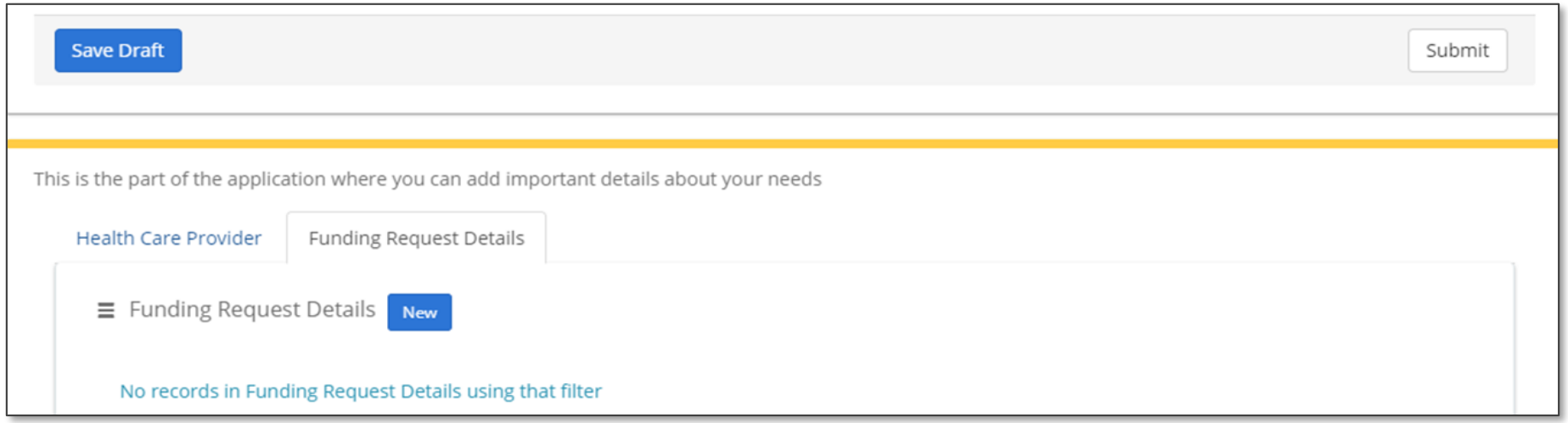
To request confidential treatment of supporting documentation, answer “Yes” to the question on the bottom of the Purposes and Intent tab. Confidential information should not be included on the application form itself. Any confidential information should be submitted as an attachment.

Questions?

Funding Request Details

HCP and Funding Request Tabs

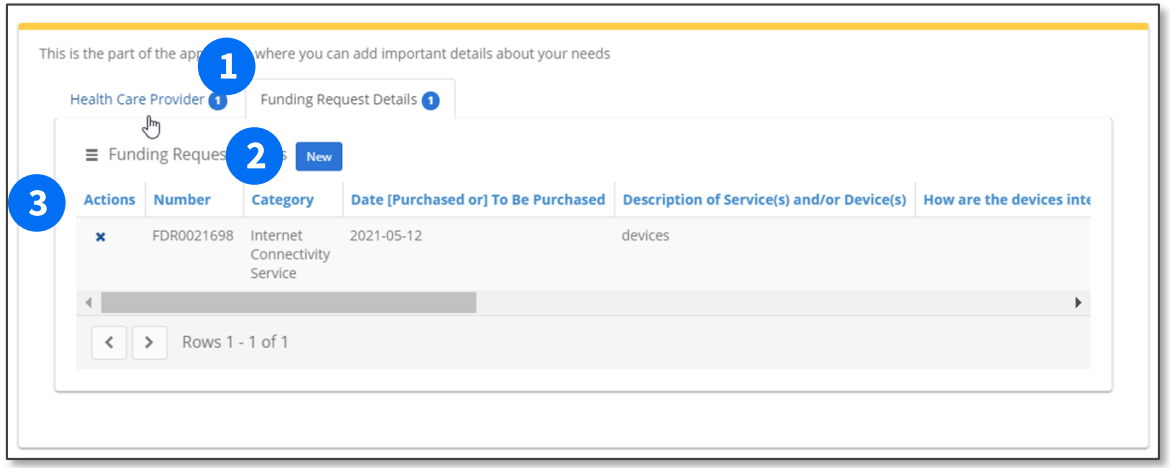
- Once you **Save Draft** on the **Contact Information** section, the **Health Care Provider** and **Funding Request Details** tabs will appear.
- Completion of these tabs is mandatory.



Funding Request Details

Content and Completion [1 of 6]

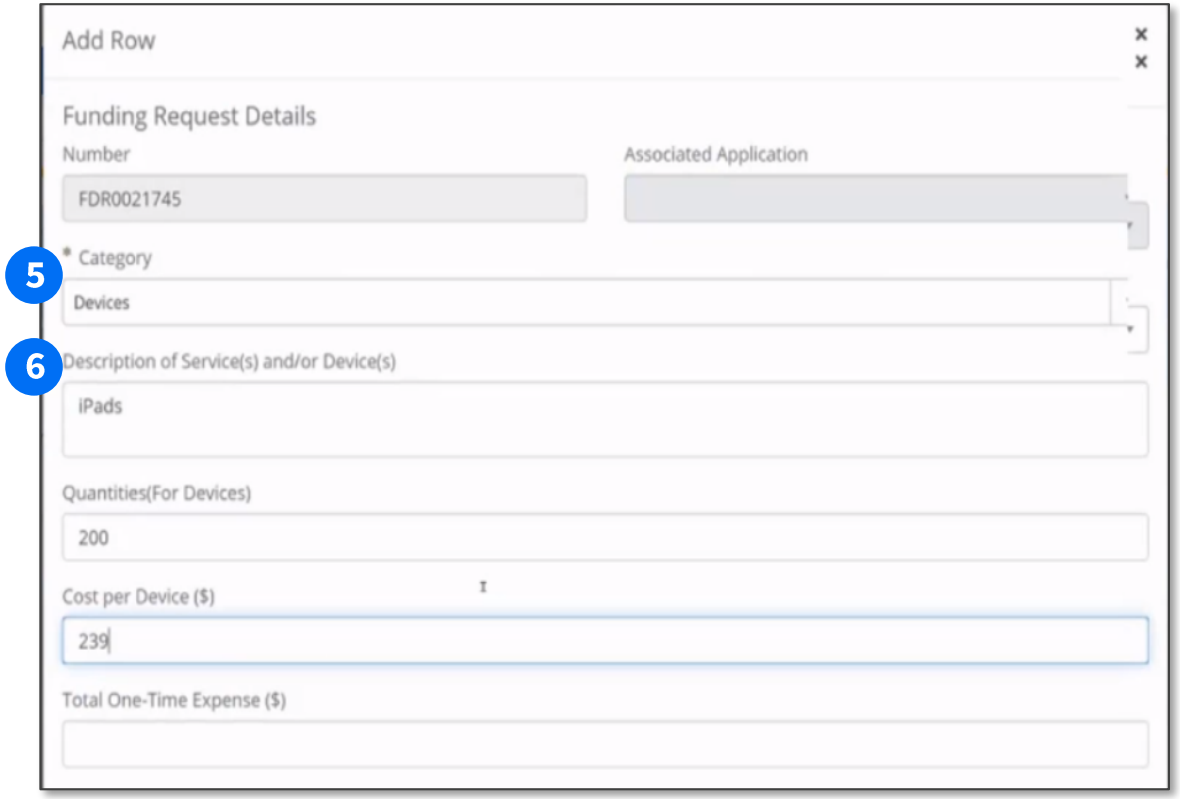
1. Click the **Funding Request Details** tab to toggle to that view.
2. Click **New** to input a new funding request.
3. All entered funding requests will appear in the table displayed. You can scroll across and down the table to view all details. If you have not submitted any funding requests, this will be blank as on the previous slide.



Funding Request Details

Content and Completion [2 of 6]

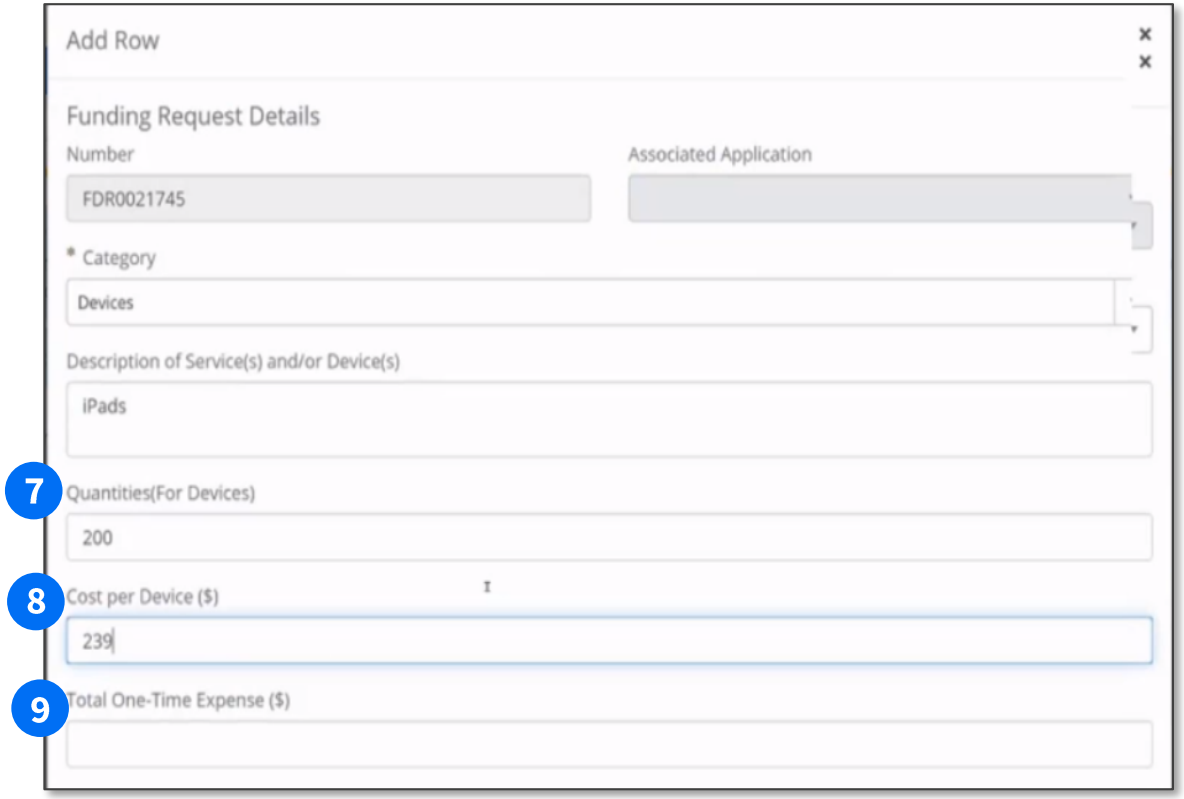
4. The Funding Request Details window will appear.
5. Enter the **Category** for you funding request. As a reminder, the categories are:
    1. Telecommunications and Voice Services,
    2. Information Services, and
    3. Internet Connected Devices/Equipment
6. Enter a **Description** of the services and/or connected devices.



Funding Request Details

Content and Completion [3 of 6]

7. If you are purchasing Devices, enter the **Quantity of Devices.**
8. If you are purchasing Devices, enter the **Cost per Device**.
9. If you are purchasing services with a **One-Time Expense**, e.g., an annual license fee, enter the cost into the corresponding field.



Funding Request Details

Content and Completion [4 of 6]

10. If you are purchasing services that incur monthly expenses, enter the **Total Monthly Expenses** into the corresponding field.
    1. **Note:** If you incur costs on a per-user basis (e.g., software licenses), you must enter the total cost for all users into this field.
11. If you are purchasing services that incur monthly expenses, enter the **Total Number of Months** into the corresponding field. Note: only twelve months of monthly expenses are eligible.
12. Enter the **Date [Purchased or] To Be Purchased.**

Reminder: For Round 2, you may receive up to 12 months of reimbursement for eligible recurring services or annual license agreements.

Funding Request Details

Content and Completion [5 of 6]

13. Provide all supporting documentation for a funding request items using the Funding Request Detail attachment button at the bottom of the window (see image at right).
    1. Please do not attach these using the button at the top of the form.
    2. Documentation should support the funding amount requested.
14. Click **Add** to add the funding request to your application. The application will automatically perform all calculations necessary to sum funding requests.

Application Tip: Use the paperclip button within each funding request to attach supporting documentation.

Note: Applicants should provide supporting cost documentation (e.g., an invoice or a vendor quote) for all eligible services and devices for which funding is requested. If you are uncertain whether a service or connected device is eligible, submit an explanation how you will use the item/service.

Funding Request Details

Content and Completion [6 of 6]

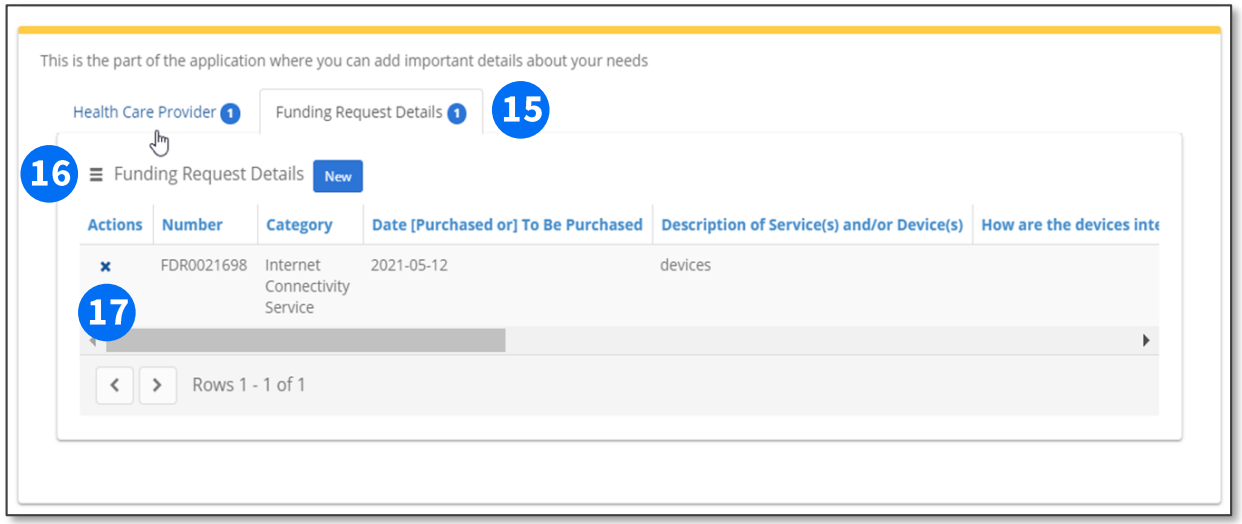
15. The total number of entered funding requests appears at the top of the tab.

16. Use the hamburger menu (three horizontal lines, above the Funding Request Detail **Actions** column) to see additional table options (e.g., export to Excel).

17. Use **Actions** to make table updates, including:

    1. If you wish to edit the funding request detail line item, select the pencil icon to reenter the task.

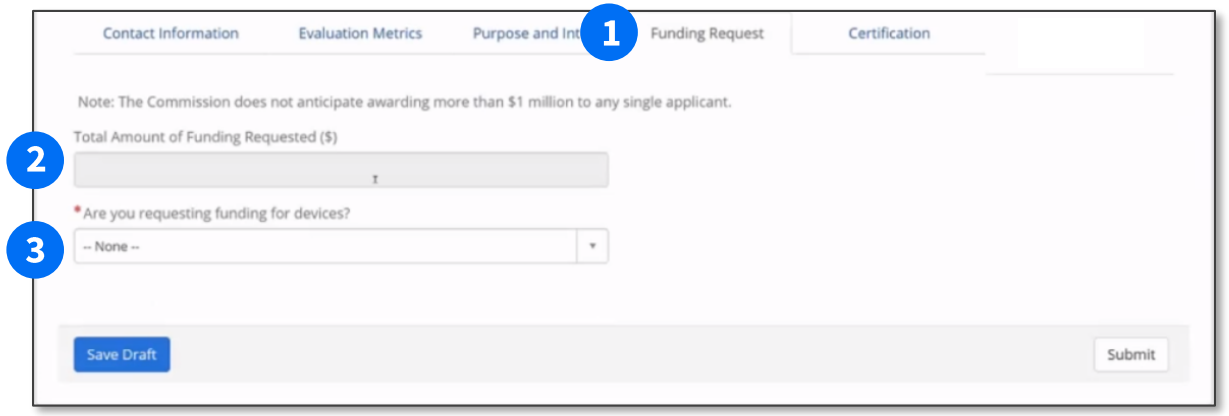
    2. If you wish to delete the funding request entry, click the 'X' icon.



Funding Request

Content and Completion

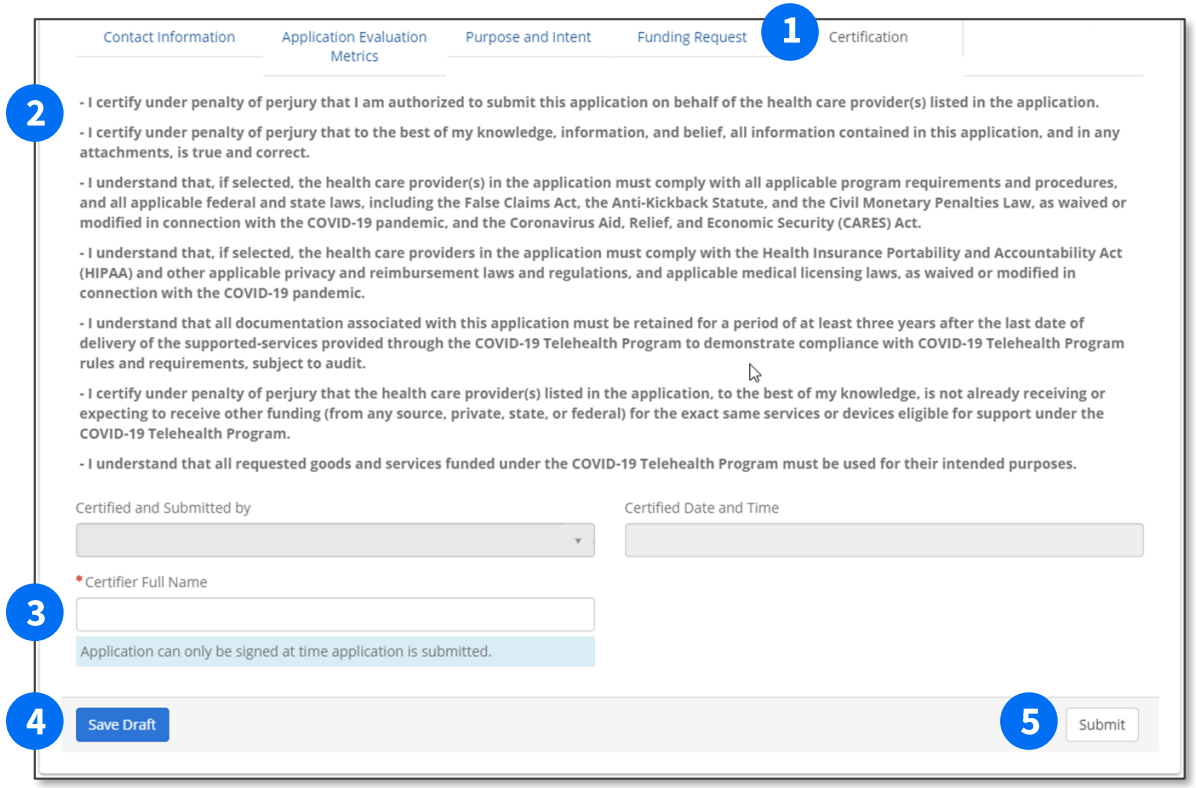
1. Navigate to the Funding Request Tab.
2. The **Total Amount of Funding Requested** will automatically sum all funding request details entered into the application.
3. Indicate whether you are requesting funding for devices. If so, you will be prompted to indicate if these devices are for patient or provider use.



Certification

Content and Completion [1 of 2]

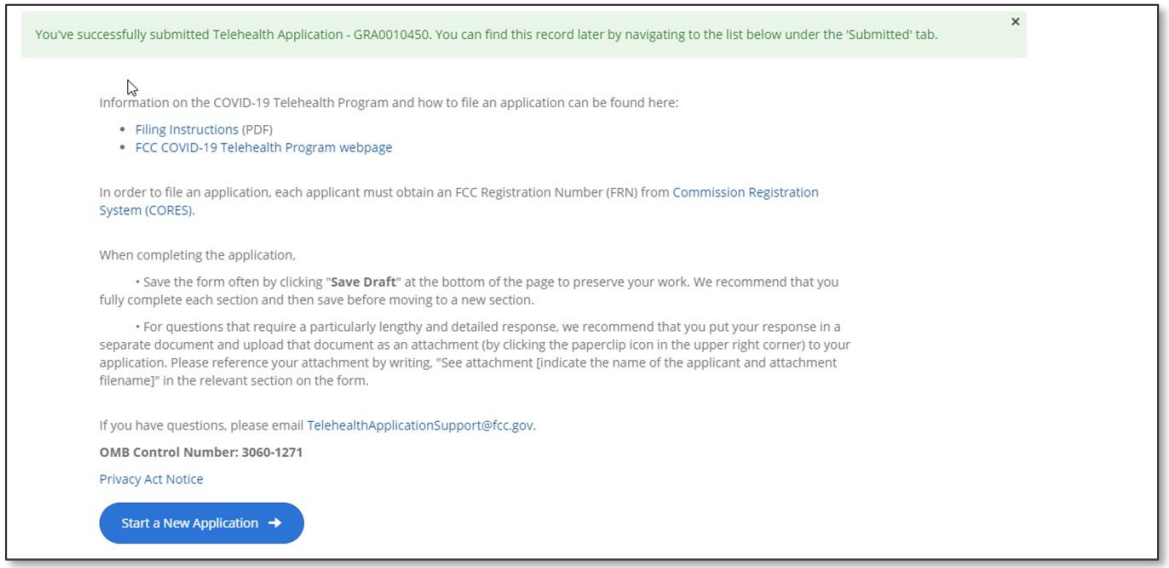
1. Navigate to the **Certification** tab.
2. Review the acknowledgement.
3. Enter the certifier's **Full Name.** This must be the same as the **Applicant Name.**
4. If the application is not yet complete, you may **Save Draft** and continue working.
5. If the application is complete, click **Submit**.



Certification

Content and Completion [2 of 2]

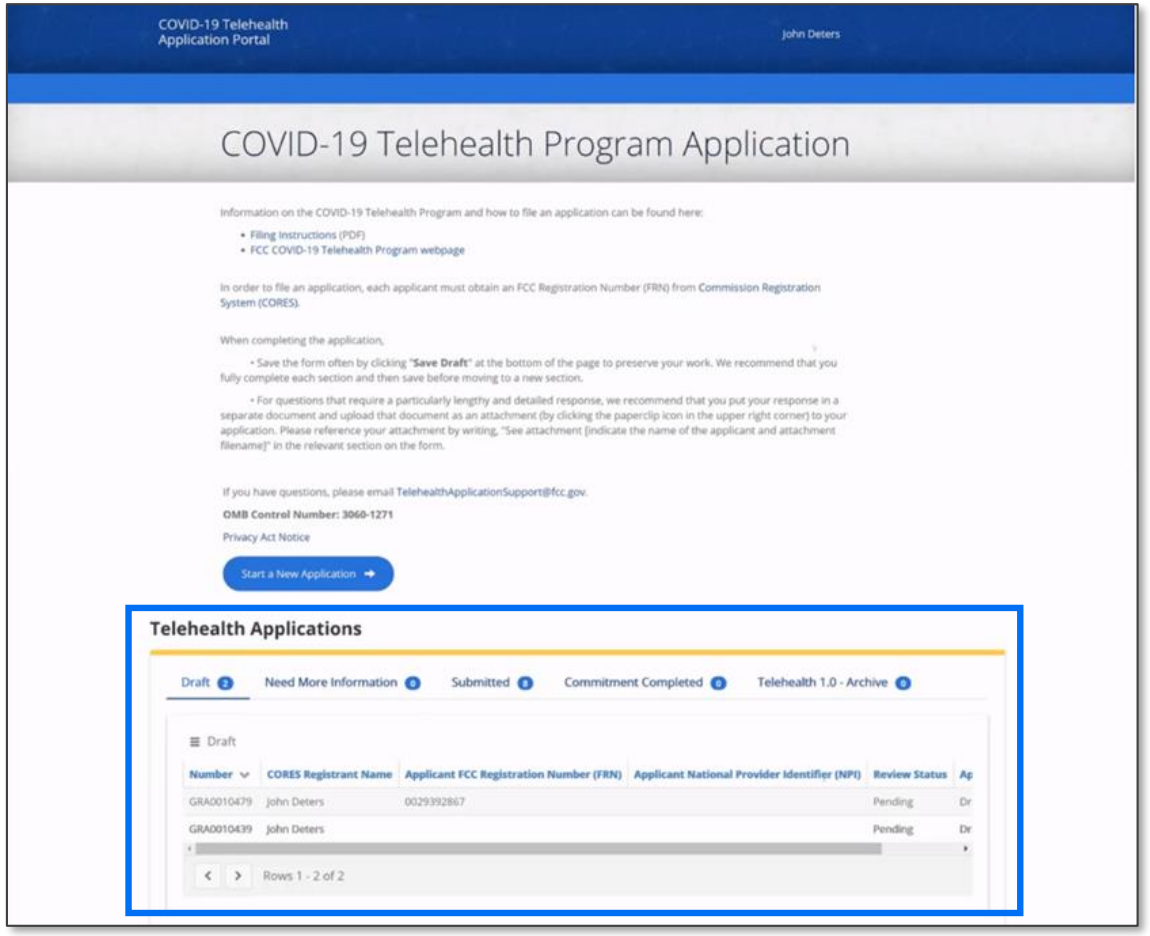
6. Take a screenshot of the green confirmation notification after submission and save it for your records. You should also be sure to record your application ID (GRA00XXXX).



After Submission

Managing Your Applications

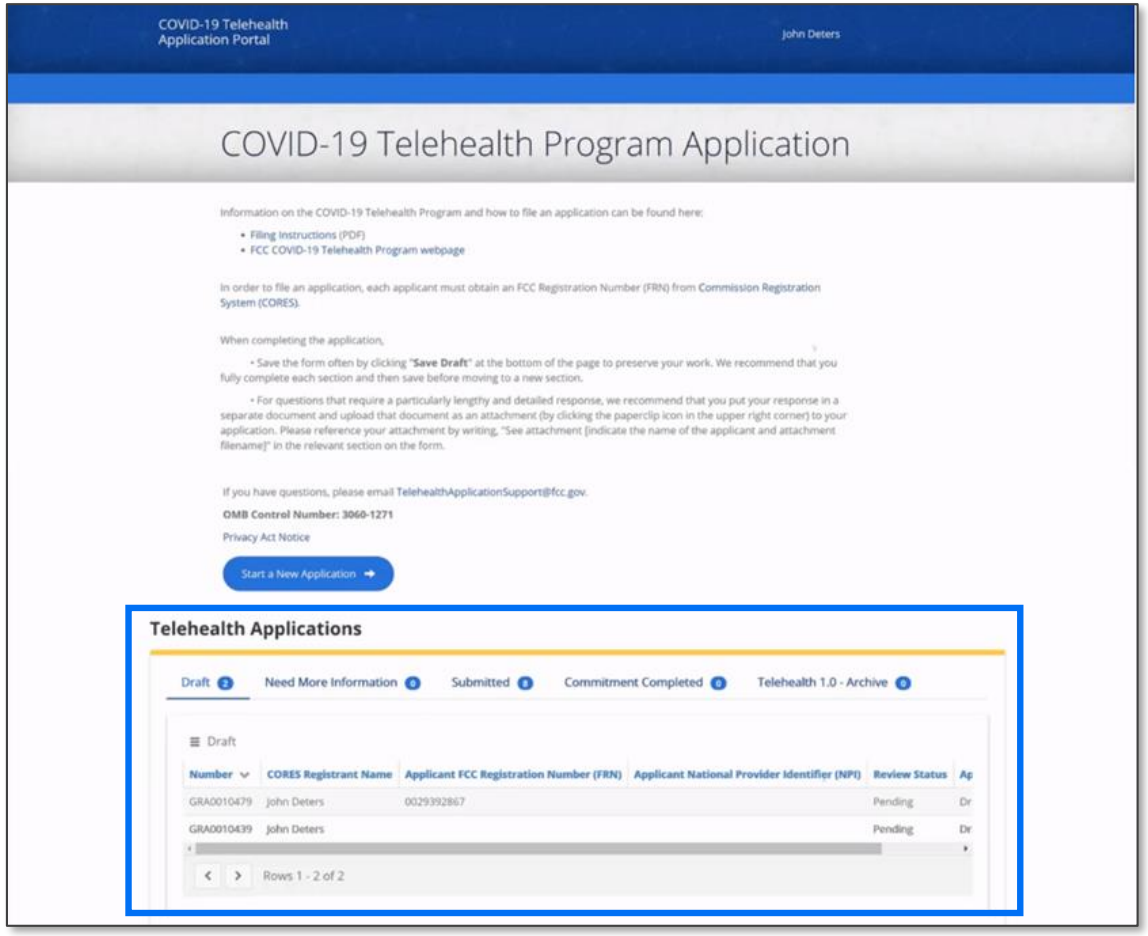
1. Your applications will appear on the COVID-19 Telehealth Program Application Landing Page, organized by status.
    1. **Draft Status:** Applications that have been saved but not submitted will be have a Status of “Draft,” and still in progress. If you click on the application listed in the table, you can return to the submission form to add to or change the information entered, and then click Save or Certify & Submit



After Submission

Managing Your Applications

2. **Submitted Status:** Applications that have been certified and submitted will have a Status of "Submitted" in the Telehealth Applications table. If you click on the link to a Submitted filing, you will be able to view the information you submitted for that filing.
3. **Needs More Information Status:** If your application needs additional information, application reviewers will contact you. You will be able to view and open your application under this tab, then have the opportunity to revise your application and provide additional supporting documentation.



After Submission

Updating a Submitted Application

1. To update a submitted application, **email** Round2TelehealthApplicationSupport@usac.org.
    1. Include the application ID number in the subject line.
2. If responding to a **Need More Information** request, please make the necessary changes within the application portal.

After Submission

Need More Information Request

- If a reviewer reaches out with a **Needs More Information** request, the applicant has **two (2) days** to respond to the request and provide the additional information.
  - They may request a two-day extension to this window if necessary.

Questions?

Available for Public Use

Next Steps

What to Expect After Submission

Application Process

Final Outcomes and Next Steps

- Once funds have been obligated during for Initial Commitment Phase, successful applicants will receive a **Funding Commitment Notice**.
  - Once this process is complete, you will receive further instructions on how to invoice against the award.
- Applications deficient in any area (provider eligibility, funding eligibility, or insufficient prioritization points) will receive an Intent to Deny notice.
  - Applicants will have ten (10) days to supplement their application with any corrected or amended information for reconsideration.
  - If information is not corrected, the application will be denied.
- **Additional Funding Commitments will be made** using supplemented information until funds are exhausted.

Application Process

Funding Commitment Phases

Funding from Round 2 will be awarded in two phases to satisfy the statutory requirement that applicants be given an opportunity to provide additional information if their application is going to be denied.

Initial Commitments

At least $150M will be awarded to the **highest-scoring applicants via commitment letters across all states, territories, and the District of Columbia**. The initial commitments will be made in two steps:

- Equitable distribution, to ensure that applications with lead HCPs in every state, territory, and the District of Columbia are awarded funding
- Highest-scoring applications regardless of location

Applications outside this group will be provided a **ten-day period to supplement** their application.

Final Commitments

After the end of the ten-day period, USAC, with oversight from the Bureau and OMD, will **review and re-rank the remaining applications** and award the remaining funding.

Stay Informed

Useful Links

- Visit 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 trainings
- Visit the COVID-19 Telehealth Program Frequently Asked Questions Page for information about the provider application process
- See the FCC COVID-19 Telehealth Round 2 Report and Order
- Contact USAC with questions at Round2TelehealthApplicationSupport@usac.org

Questions?

Support During the Application Window

- Email USAC at Round2TelehealthApplicationSupport@usac.org
- Call the support center at 1-833-832-7086
- Get live support during office hours:
  - April 30 @ 12:30 p.m. ET: Register
  - Tribal Applicants – May 3 @ 12:00 ET: Register
  - May 5 @ 4 p.m. ET: Register

Available for Public Use

Universal Service
Administrative Co.