

# **COVID-19 Telehealth Program**

## Healthcare Provider Application Training



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# 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

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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**

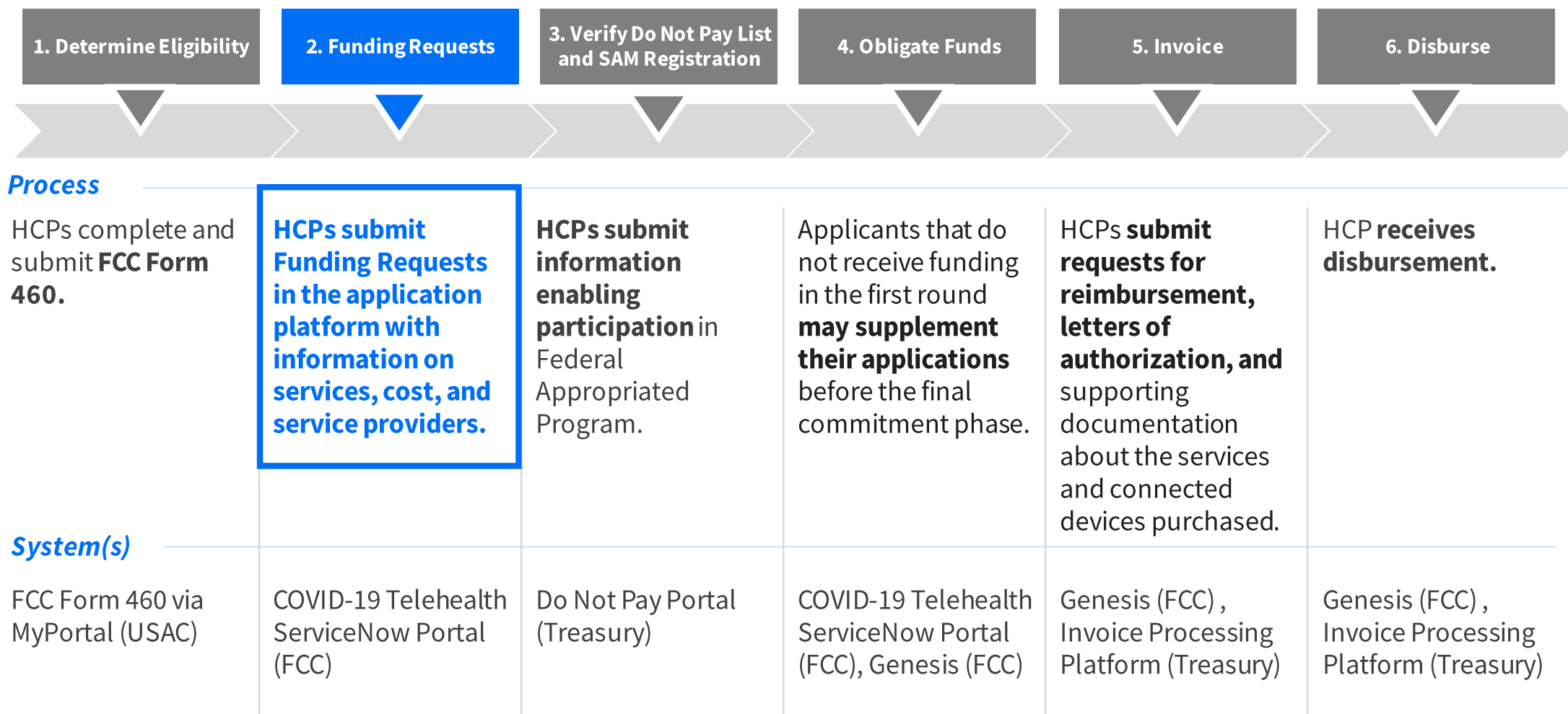
funding as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act

### **Round 2: \$249.95M**

additional funding as part of the Consolidated Appropriations Act

# COVID-19 Telehealth Program Workflow

## Health Care Provider Application Process



# 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 (BHC MISID), 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.**

# **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.

*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.*

**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**

# 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	Cumulative cases per 100k	Cumulative Deaths	Cumulative Deaths per 100k	Rapid rise (last 14 days)	Number of days of sustained case trajectory	Area of Concern Category	Rapid Rise Category	Community Transmission Level (last 7 days)
Wayne County, MI	8,287	4,433	253	2	-	Sustained hotspot	Recent	High
Miami Dade County, FL	17,239	6,043	222	-	-	Sustained hotspot	-	High
Cook County, IL	15,239	5,833	215	-	-	Sustained hotspot	-	High
Oakland County, MI	9,240	2,329	189	1	-	Sustained hotspot	Recent	High
Wingo County, NY	10,330	9,976	393	-	10	Sustained hotspot	-	High
Macomb County, MI	10,044	2,214	242	-	-	Sustained hotspot	-	High
Queens County, NY	11,880	9,976	423	-	9	Sustained hotspot	-	High
Wayne County, FL	11,862	2,789	142	-	-	Sustained hotspot	-	High
Philadelphia County, PA	8,802	5,375	213	-	-	Sustained hotspot	-	High
Allegheny County, PA	7,704	1,880	114	-	-	Sustained hotspot	-	High
Buffalo County, NY	13,081	3,311	224	-	5	Sustained hotspot	-	High
Maricopa County, AZ	6,638	6,050	128	-	37	Emerging hotspot	-	High
Orin County, NY	8,043	3,703	155	-	-	Sustained hotspot	-	High

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

# 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 50<sup>th</sup> 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)

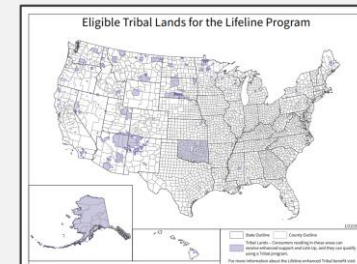
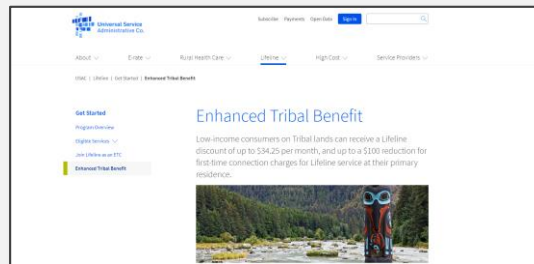
Round 2 New Applicant

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)

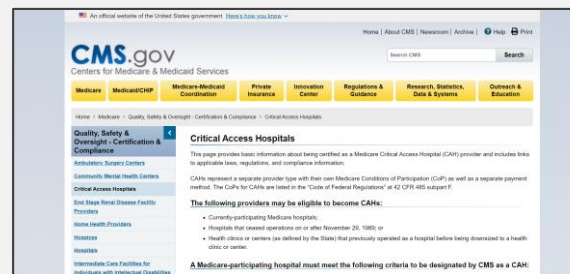
Round 2 New Applicant

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 [FQHCs and LALs by State: Federally Qualified Health Centers and Look-Alikes](#)

**Submission:** FQHC, BHCMSID, or DSH Number

The screenshot shows the 'FQHCs and LALs by State' page on data.HRSA.gov. It includes a search bar and a table with columns for State, FQHC Name, FQHC ID, and FQHC Type. The table lists several FQHCs across different states, including Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

**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

The screenshot shows the HRSA Find Shortage Area tool interface. It includes a search bar, a list of filters (State, County, etc.), and a table of results. The table columns are: HPSA ID, HPSA Name, Designation Type, Primary Care, County Name, HPSA ID, HPSA Name, Status, Rural, Designation Date, and Update Date. The table lists several HPSAs in Alabama, including Autaugaма County, Baldwin County, Blount County, Cherokee County, Clay County, and Cullman County.

HPSA ID	HPSA Name	Designation Type	Primary Care	County Name	HPSA ID	HPSA Name	Status	Rural	Designation Date	Update Date
101012318	Autauga County	Designated HPSA	Alabama	Autauga County, AL	3.90	12	Designated	Non-Rural	10/11/2016	10/26/2017
101014142	Baldwin County	Designated HPSA	Alabama	Baldwin County, AL	2.75	16	Designated	Non-Rural	10/11/2016	04/13/2017
101015383	Blount County	Designated HPSA	Alabama	Blount County, AL	7.21	15	Designated	Partially Rural	10/11/2016	10/26/2017
101015819	Cherokee County	Designated HPSA	Alabama	Cherokee County, AL	3.75	15	Designated	Rural	09/30/2016	09/30/2016
101017	Clay County	Designated HPSA	Alabama	Clay County, AL	0.18	13	Designated	Rural	09/30/2016	09/30/2016
101012348	Cullman County	Designated HPSA	Alabama	Cullman County, AL	3.24	16	Designated	Rural	04/06/2016	10/26/2017

**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)

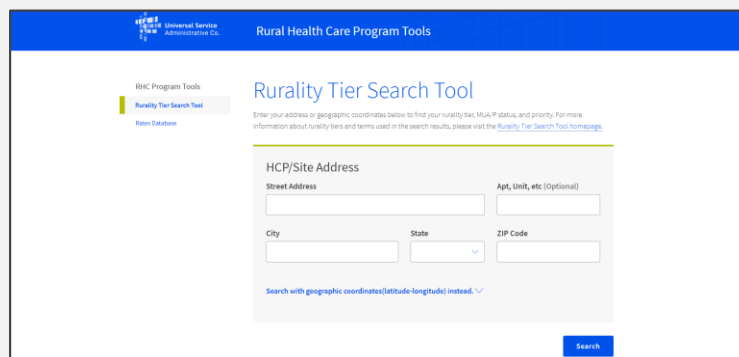
Round 2 New Applicant

**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

The screenshot shows the 'Rurality Tier Search Tool' interface. At the top, there's a blue header with the USAC logo and the text 'Rural Health Care Program Tools'. Below the header, on the left, is a sidebar with 'RHC Program Tools' and 'Rurality Tier Search Tool' (which is highlighted). The main content area has the title 'Rurality Tier Search Tool' and a brief instruction: 'Enter your address or geographic coordinates below to find your rurality tier, MUA/P status, and priority. For more information about rurality tiers and terms used in the search results, please visit the Rurality Tier Search Tool homepage.' Below this is a form titled 'HCP/Site Address' with fields for 'Street Address', 'Apt, Unit, etc (Optional)', 'City', 'State' (a dropdown menu), and 'ZIP Code'. There is also a link that says 'Search with geographic coordinates (latitude/longitude) instead.' and a 'Search' button at the bottom right.

**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

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.

Low-Income Area

**Provider 4**

**15**  
points

Healthcare Provider  
Shortage Area

**Provider 2**

**10**  
points

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

Tribal Area

**Provider 3**

**15**  
points

**45**  
points

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



**Questions?**

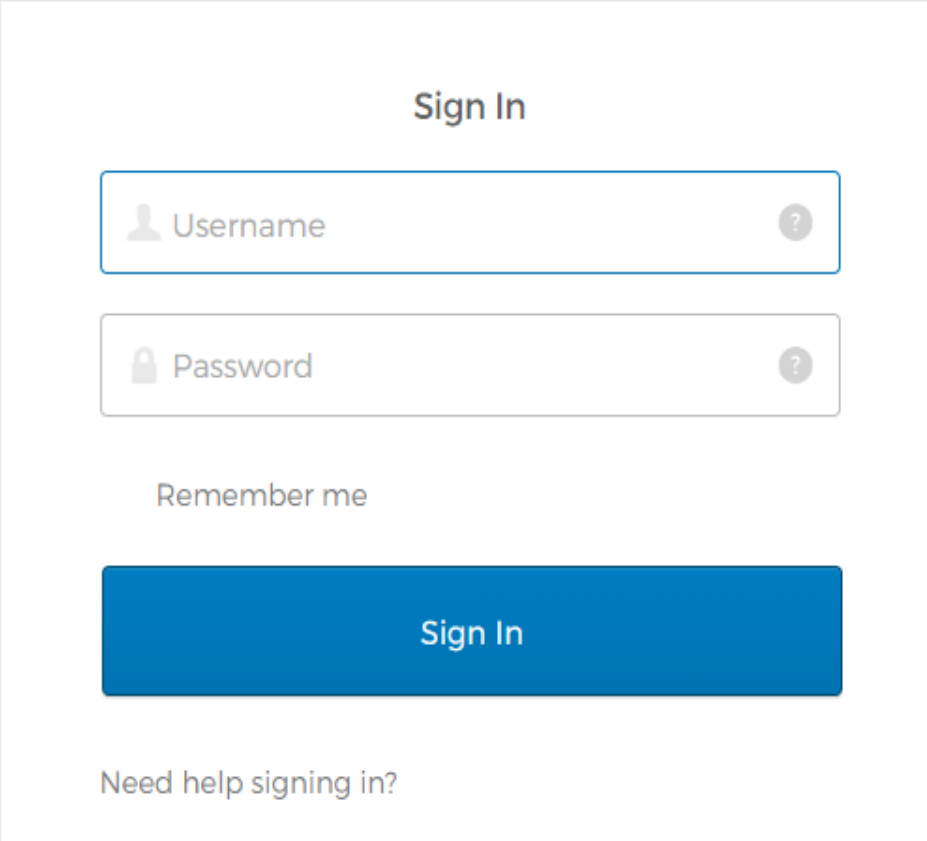
# **Submitting Your Application**

## 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.

A screenshot of a web-based sign-in form. At the top, the text "Sign In" is centered. Below it are two input fields: the first is labeled "Username" with a person icon on the left and a question mark icon on the right; the second is labeled "Password" with a lock icon on the left and a question mark icon on the right. Below these fields is a checkbox labeled "Remember me". A large blue button with the text "Sign In" is positioned below the checkbox. At the bottom of the form, the text "Need help signing in?" is displayed.

Sign In

Username ?

Password ?

Remember me

Sign In

Need help signing in?

# 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

COVID-19 Telehealth Application Portal John Deters

### 1 COVID-19 Telehealth Program Application

Information on the COVID-19 Telehealth Program and how to file an application can be found here:

- Filing Instructions (PDF)
- FCC COVID-19 Telehealth Program webpage

In order to file an application, each applicant must obtain an FCC Registration Number (FRN) from Commission Registration System (CORES).

When completing the application,

- Save the form often by clicking "Save Draft" at the bottom of the page to preserve your work. We recommend that you fully complete each section and then save before moving to a new section.
- For questions that require a particularly lengthy and detailed response, we recommend that you put your response in a separate document and upload that document as an attachment (by clicking the paperclip icon in the upper right corner) to your application. Please reference your attachment by writing, "See attachment [indicate the name of the applicant and attachment filename]" in the relevant section on the form.

If you have questions, please email [TelehealthApplicationSupport@fcc.gov](mailto:TelehealthApplicationSupport@fcc.gov).

OMB Control Number: 3060-1271  
Privacy Act Notice

2 Start a New Application →

### 3 Telehealth Applications

Draft 3 Need More Information 3 Submitted 3 Commitment Completed 3 Telehealth 1.0 - Archive 3

≡ Draft

Number	CORES Registrant Name	Applicant FCC Registration Number (FRN)	Applicant National Provider Identifier (NPI)	Review Status	Ap
GRA0010479	John Deters	0029392867		Pending	Dr
GRA0010439	John Deters			Pending	Dr

< > Rows 1 - 2 of 2

# 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]

After entering Application Contact Information, please click the "Save Draft" button. Then you will be able enter information for the health care providers (HCPs) associated with this application.

Telehealth Application - new record

Note: The following read-only fields are automatically updated or populated by the system.

Number: GRA0015450

Application Status: Draft

Review Status: Pending

Denial Reason: -- None --

Name of Applicant Institution: James USAC Medical Center

\*CORES Registrant Name: JUSAC785TER

Applicant FCC Registration Number (FRN):

\*Federal Employer Identification Number (EIN) or TAX ID Number: 123456789

\*Data Universal Numbering System (DUNS) Number: 321765432

\*DATA Act Business Types:

\*Service Area: Washington, D.C.

\*For questions that require a particularly lengthy, detailed response, attach your response in a separate document - see the paperclip icon in the upper right corner.

Application Evaluation Metrics

\*Lead HCP Contact Name: James USAC Medical Center

\*Project Manager Name: Project Manager Tester

\*Position Title: Administrator Tester

\*Project Manager Phone Number: 2025555554

\*Phone: 2025555555

\*Project Manager Email Address: tester@tester.com

\*Email: james@usac.org

Mailing Address

\*Street: 700 12th St NW Suite 900

\*City: Washington

\*State: DC

\*Zip: 20003

Save Draft

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.

After entering Application Contact Information, please click the "Save Draft" button. Then you will be able enter information for the health care providers (HCPs) associated with this application.

GRA0010450

Attachments Edit

[Test Attachment 02.docx](#) [Test Attachment 01.docx](#)

Note: The following read-only fields are automatically updated or populated by the system.

Number

GRA0010450

Application Status

Draft

Review Status

Pending

Denial Reason

-- None --

Name of Applicant Institution

CJames USAC Medical Center

\*CORES Registrant Name

CJUSAC TESTER

Applicant FCC Registration Number (FRN)

\*Federal Employer Identification Number (EIN or TAX ID Number)

# Applicant Information

## Orienting to the Application Page [2 of 3]

The screenshot displays a web application interface. At the top, there is a light gray header bar containing a blue "Save Draft" button on the left and a white "Submit" button on the right. Below the header, a yellow horizontal line separates it from the main content area. The main content area begins with the text "This is the part of the application where you can add important details about your needs". Below this text are two tabs: "Health Care Provider" (which is selected and highlighted in blue) and "Funding Request Details" (which is unselected). Under the "Funding Request Details" tab, there is a list view showing a single entry "Funding Request Details" with a blue "New" button to its right. At the bottom of this list view, a message states "No records in Funding Request Details using that filter".

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.

After entering Application Contact Information, please click the "Save Draft" button. Then you will be able enter information for the health care providers (HCPs) associated with this application.

1 GRA0010450

2

Attachments Edit

Test Attachment 02.docx Test Attachment 01.docx

Note: The following read-only fields are automatically updated or populated by the system.

Number

GRA0010450

3

Application Status

Draft

Review Status

Pending

Denial Reason

-- None --

Name of Applicant Institution

CJames USAC Medical Center

\*CORES Registrant Name

CJUSAC TESTER

Applicant FCC Registration Number (FRN)

\*Federal Employer Identification Number (EIN or TAX ID Number)

# 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.

After entering Application Contact Information, please click the "Save Draft" button. Then you will be able enter information for the health care providers (HCPs) associated with this application.

GRA0010450

Attachments Edit  
Test Attachment 02.docx Test Attachment 01.docx

Note: The following read-only fields are automatically updated or populated by the system.

Number  
GRA0010450

Application Status  
Draft

Review Status  
Pending

Denial Reason  
-- None --

Name of Applicant Institution  
CJames USAC Medical Center

\*CORES Registrant Name  
CJUSAC TESTER

Applicant FCC Registration Number (FRN)

\*Federal Employer Identification Number (EIN or TAX ID Number)

The screenshot shows a web form for application completion. A blue callout box at the top contains instructions. Below it, the application number 'GRA0010450' is displayed. There is an 'Attachments' section with two files. A note states that certain fields are read-only and auto-populated. On the left, three blue circles with numbers 4, 5, and 6 point to the 'Name of Applicant Institution' field (containing 'CJames USAC Medical Center'), the '\*CORES Registrant Name' dropdown (containing 'CJUSAC TESTER'), and the 'Applicant FCC Registration Number (FRN)' dropdown (empty) respectively. On the right, there are three dropdown menus for 'Application Status' (set to 'Draft'), 'Review Status' (set to 'Pending'), and 'Denial Reason' (set to '-- None --'). At the bottom, a label for '\*Federal Employer Identification Number (EIN or TAX ID Number)' is visible.

# 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.

A screenshot of a form with four numbered steps (7, 8, 9, 10) indicated by blue circles on the left. Step 7 is for the Federal Employer Identification Number (EIN or TAX ID Number) with the value 123459876. Step 8 is for the Data Universal Numbering System (DUNS) Number with the value 321765432. Step 9 is for DATA Act Business Types with an empty field. Step 10 is for the Service Area with a dropdown menu showing 'Washington, D.C.'. A note at the bottom states: '\*For questions that require a particularly lengthy, detailed response, attach your response in a separate document - see the paperclip icon in the upper right corner.'

7	*Federal Employer Identification Number (EIN or TAX ID Number)	123459876
8	*Data Universal Numbering System (DUNS) Number	321765432
9	*DATA Act Business Types	
10	*Service Area	Washington, D.C. ▼

\*For questions that require a particularly lengthy, detailed response, attach your response in a separate document - see the paperclip icon in the upper right corner.

# 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.

The screenshot shows a web form with the following structure:

- Navigation Tabs:** Contact Information (active), Application Evaluation Metrics, Purpose and Intent, Funding Request, Certification, Services and Conditions.
- Section 1 (Lead HCP Contact Information):**
  - \* Lead HCP Contact Name
  - \* Position Title
  - \* Phone
  - \* Email
- Section 2 (Lead HCP Project Manager Information):**
  - \* Project Manager Name
  - \* Project Manager Phone Number
  - \* Project Manager Email Address
- Section 3 (Mailing Address):**
  - \* Mailing Address
  - \* Street
  - \* City
  - \* State
  - \* Zip
- Buttons:** Save Draft, Submit



# 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.

The screenshot shows a web form with a tabbed interface. The 'Contact Information' tab is active, showing the following fields:

- Lead HCP Contact Name (text input)
- Position Title (text input)
- Phone (text input)
- Email (text input)
- Mailing Address (text input)
- City (text input)
- State (dropdown menu)
- Zip (text input)
- Project Manager Name (text input)
- Project Manager Phone Number (text input)
- Project Manager Email Address (text input)

At the bottom of the form, there is a blue 'Save Draft' button and a grey 'Submit' button. A blue circle with the number '4' is overlaid on the bottom left of the form.

# Navigating the Form

## HCP and Funding Request Tabs

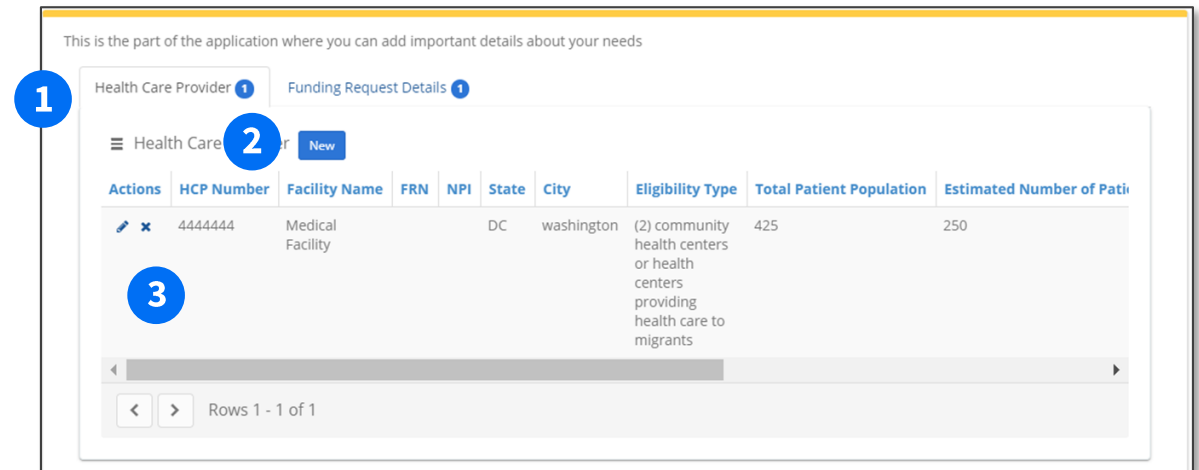
- Once you **Save Draft** on the **Contact Information** section, the **Health Care Provider** and **Funding Request Details** tabs will appear.
- Completion of these tabs is mandatory.

The screenshot displays a web form interface. At the top, there is a light gray header bar containing a blue 'Save Draft' button on the left and a white 'Submit' button on the right. Below the header, a yellow horizontal line separates it from the main content area. The main content area begins with the text 'This is the part of the application where you can add important details about your needs'. Below this text are two tabs: 'Health Care Provider' (which is selected and highlighted in blue) and 'Funding Request Details' (which is unselected). Under the 'Funding Request Details' tab, there is a white box containing a hamburger menu icon, the text 'Funding Request Details', a blue 'New' button, and a light blue message at the bottom that reads 'No records in Funding Request Details using that filter'.

# 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**.

The screenshot shows a web form titled "Add Row" with a close button (X) in the top right corner. The form is for a "Health Care Provider" and contains the following fields and callouts:

- 4** HCP Number (text input)
- 5** Facility Name (text input)
- 6** Is Lead HCP? (dropdown menu with "-- None --" selected)
- 7** Street Address (text input)
- 8** FRN (text input)
- 9** Eligibility Type (dropdown menu with "-- None --" selected)
- 10** NPI (text input)
- City (text input, marked with a red asterisk)
- State (dropdown menu, marked with a red asterisk)
- Associated Application (dropdown menu)

**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.

The screenshot shows a web form for adding a Health Care Provider. It includes the following fields and elements:

- 11**: A dropdown menu for "County in which address is located".
- 12**: A dropdown menu for "Is the Facility a Hospital?" with a "None" option.
- 13**: A text input field for "Total Patient Population".
- 14**: A text input field for "Estimated Number of Patients to be Served by Funding Request".
- 15**: A paperclip icon for uploading documents, a "Close" button, and an "Add" button.

**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.

This is the part of the application where you can add important details about your needs

Health Care Provider **16**

Funding Request Details **1**

**17**

Health Care Provider **New**

Actions	HCP Number	Facility Name	FRN	NPI	State	City	Eligibility Type	Total Patient Population	Estimated Number of Patients
<b>18</b>	4444444	Medical Facility			DC	washington	(2) community health centers or health centers providing health care to migrants	425	250

Rows 1 - 1 of 1

**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.

The screenshot shows the 'Application Evaluation Metrics' tab in a web application. The form contains several dropdown menus for evaluation questions. Numbered callouts are present:

- 1**: Points to the 'Application Evaluation Metrics' tab header.
- 2**: Points to the question 'Did you apply for Round 1 funding?' with a dropdown menu showing '-- None --'.
- 3**: Points to the question 'Is this a Critical Access Hospital?' with a dropdown menu showing '-- None --'.

Other questions visible include:

- 'Are you a federally qualified health center or community health center?' (dropdown: '-- None --')
- 'Is this a hardest hit area?' (dropdown: '-- None --')
- 'Are you located in a low income area?' (dropdown: '-- None --')
- 'Are you located in a health care provider shortage area?' (dropdown: '-- None --')
- 'Do you qualify for the Tribal factor?' (dropdown: '-- None --')
- 'Are you an eligible health care provider located in a rural area?' (dropdown: '-- None --')

At the bottom of the form are two buttons: 'Save Draft' and 'Submit'.

# 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.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification	Services and Conditions
* Did you apply for Round 1 funding? -- None --		* Are you a federally qualified health center or community health center? -- None --			
3 * Is this a Critical Access Hospital? -- None --					
4 * Is this a hardest hit area? -- None --					
* Are you located in a low income area? -- None --					
* Are you located in a health care provider shortage area? -- None --					
* Do you qualify for the Tribal factor? -- None --					
* Are you an eligible health care provider located in a rural area? -- None --					
Save Draft		Submit			

# 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.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification
<p>* Did you apply for Round 1 funding?</p> <p>-- None --</p>		<p>* Are you a federally qualified health center or community health center?</p> <p>-- None --</p>		
<p>* Is this a Critical Access Hospital?</p> <p>-- None --</p>				
<p>* Is this a hardest hit area?</p> <p>-- None --</p>				
<p>* Are you located in a low income area?</p> <p>-- None --</p>				
<p>* Are you located in a health care provider shortage area?</p> <p>-- None --</p>				
<p>* Do you qualify for the Tribal factor?</p> <p>-- None --</p>				
<p>* Are you an eligible health care provider located in a rural area?</p> <p>-- None --</p>				
<p>Save Draft</p>		<p>Submit</p>		

# 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.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification
	<p>* Did you apply for Round 1 funding?</p> <p>-- None --</p>		<p>* Are you a federally qualified health center or community health center?</p> <p>-- None --</p>	
	<p>* Is this a Critical Access Hospital?</p> <p>-- None --</p>			
	<p>* Is this a hardest hit area?</p> <p>-- None --</p>			
	<p>* Are you located in a low income area?</p> <p>-- None --</p>			
	<p>* Are you located in a health care provider shortage area?</p> <p>6 -- None --</p>			
	<p>* Do you qualify for the Tribal factor?</p> <p>-- None --</p>			
	<p>* Are you an eligible health care provider located in a rural area?</p> <p>-- None --</p>			
<p>Save Draft Submit</p>				

# 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.

The screenshot shows a web form titled 'Application Evaluation Metrics'. The form is divided into five tabs: 'Contact Information', 'Application Evaluation Metrics' (which is selected), 'Purpose and Intent', 'Funding Request', and 'Certification'. Below the tabs, there are seven questions, each with a dropdown menu. All dropdowns are currently set to '-- None --'. A blue circle with the number '7' is positioned to the left of the question 'Do you qualify for the Tribal factor?'. At the bottom of the form, there are two buttons: 'Save Draft' and 'Submit'.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification
<p>* Did you apply for Round 1 funding? -- None --</p> <p>* Is this a Critical Access Hospital? -- None --</p> <p>* Is this a hardest hit area? -- None --</p> <p>* Are you located in a low income area? -- None --</p> <p>* Are you located in a health care provider shortage area? -- None --</p> <p>7 * Do you qualify for the Tribal factor? -- None --</p> <p>* Are you an eligible health care provider located in a rural area? -- None --</p>				

Save Draft Submit

# 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.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification
	<p>* Did you apply for Round 1 funding?</p> <p>-- None --</p>		<p>* Are you a federally qualified health center or community health center?</p> <p>-- None --</p>	
	<p>* Is this a Critical Access Hospital?</p> <p>-- None --</p>			
	<p>* Is this a hardest hit area?</p> <p>-- None --</p>			
	<p>* Are you located in a low income area?</p> <p>-- None --</p>			
	<p>* Are you located in a health care provider shortage area?</p> <p>-- None --</p>			
	<p>* Do you qualify for the Tribal factor?</p> <p>-- None --</p>			
	<p>* Are you an eligible health care provider located in a rural area?</p> <p>-- None --</p>			

8

Save Draft Submit

# 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.

The screenshot shows the 'Application Evaluation Metrics' section of a web form. The form has five tabs: 'Contact Information', 'Application Evaluation Metrics', 'Purpose and Intent', 'Funding Request', and 'Certification'. The 'Application Evaluation Metrics' tab is selected. It contains seven questions, each with a dropdown menu. A blue circle with the number '9' highlights the first question: 'Did you apply for Round 1 funding?'. A mouse cursor is pointing at the 'None' option in the dropdown. A second blue circle with the number '10' highlights the 'Save Draft' button at the bottom left of the form. The 'Submit' button is at the bottom right.

Contact Information	Application Evaluation Metrics	Purpose and Intent	Funding Request	Certification
<p>* Did you apply for Round 1 funding?</p> <p>-- None --</p> <p>* Are you a federally qualified health center or community health center?</p> <p>-- None --</p> <p>* Is this a Critical Access Hospital?</p> <p>-- None --</p> <p>* Is this a hardest hit area?</p> <p>-- None --</p> <p>* Are you located in a low income area?</p> <p>-- None --</p> <p>* Are you located in a health care provider shortage area?</p> <p>-- None --</p> <p>* Do you qualify for the Tribal factor?</p> <p>-- None --</p> <p>* Are you an eligible health care provider located in a rural area?</p> <p>-- None --</p> <p><b>Save Draft</b> <b>Submit</b></p>				

# 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).

The screenshot shows a web form with five tabs: 'Contact Information', 'Evaluation Metrics', 'Purpose and Intent' (selected), 'Funding Request', and 'Certification'. The 'Purpose and Intent' tab contains the following elements:

- 1**: A blue circle with the number 1 is positioned above the 'Purpose and Intent' tab.
- 2**: A blue circle with the number 2 is positioned to the left of the first question: '\*Would you treat COVID-19 patients directly?'. Below the question is a dropdown menu with 'Yes' selected.
- 3**: A blue circle with the number 3 is positioned to the left of the second question: '\*Would you treat patients without COVID-19 symptoms or conditions?'. Below the question is a dropdown menu with 'Yes' selected.
- 4**: A blue circle with the number 4 is positioned to the left of the text 'Please provide any additional information to support your application and'. Below this text is a large, empty text input field.
- 5**: A blue circle with the number 5 is positioned to the left of the third question: 'Do you request confidential treatment of supporting documentation?'. Below the question is a dropdown menu with '-- None --' selected.



# 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

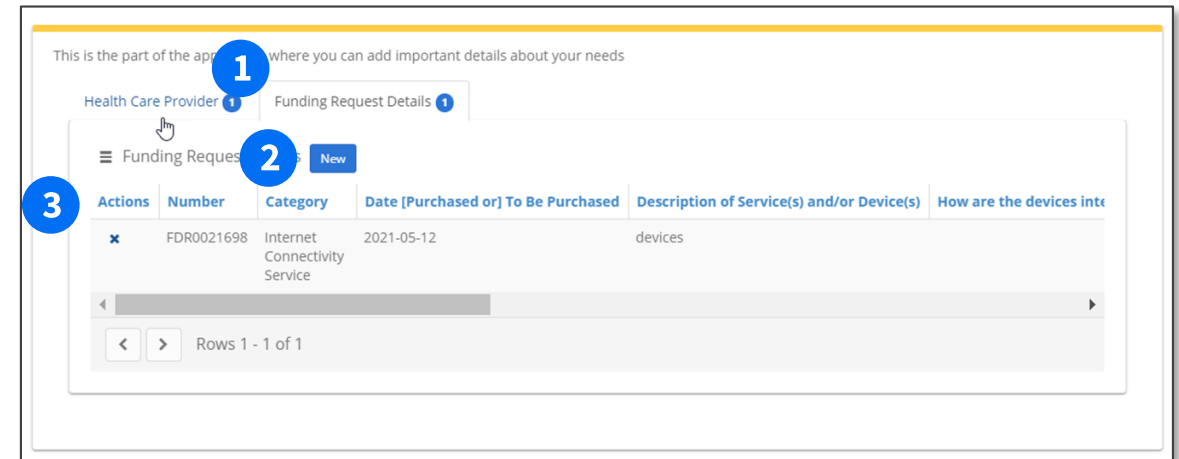
- Once you **Save Draft** on the **Contact Information** section, the **Health Care Provider** and **Funding Request Details** tabs will appear.
- Completion of these tabs is mandatory.

The screenshot displays a web application interface. At the top, there is a light gray header bar containing a blue 'Save Draft' button on the left and a white 'Submit' button on the right. Below the header, a yellow horizontal line separates it from the main content area. The main content area begins with the text 'This is the part of the application where you can add important details about your needs'. Below this text are two tabs: 'Health Care Provider' and 'Funding Request Details'. The 'Funding Request Details' tab is currently selected and highlighted. Inside this tab, there is a list view header that includes a hamburger menu icon, the text 'Funding Request Details', and a blue 'New' button. Below the header, the list is empty, and a message at the bottom states 'No records in Funding Request Details using that filter'.

# 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 your 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.

The screenshot shows a web form titled "Funding Request Details" with a close button (X) in the top right corner. The form contains the following fields:

- Number:** A text box containing "FDR0021745".
- Associated Application:** A text box that is currently empty.
- \* Category:** A dropdown menu with "Devices" selected. A blue circle with the number "5" is next to this field.
- Description of Service(s) and/or Device(s):** A text box containing "iPads". A blue circle with the number "6" is next to this field.
- Quantities(For Devices):** A text box containing "200".
- Cost per Device (\$):** A text box containing "239".
- Total One-Time Expense (\$):** An empty text box.

# 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.

The screenshot shows a web form titled "Add Row" with a close button (X). The form is for "Funding Request Details" and contains the following fields:

- Number:** A text input field containing "FDR0021745".
- Associated Application:** A dropdown menu.
- \* Category:** A dropdown menu with "Devices" selected.
- Description of Service(s) and/or Device(s):** A text input field containing "iPads".
- Quantities(For Devices):** A text input field containing "200". This field is annotated with a blue circle containing the number 7.
- Cost per Device (\$):** A text input field containing "239". This field is annotated with a blue circle containing the number 8.
- Total One-Time Expense (\$):** A text input field. This field is annotated with a blue circle containing the number 9.

# 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**.

The screenshot shows a form with three main input fields, each preceded by a blue circular icon containing a number (10, 11, and 12 respectively). Field 10 is labeled 'Total Monthly Expenses (\$)' and has a text input field with a right-pointing arrow. Field 11 is labeled 'Number of Months for Recurring Monthly Expenses' and has a text input field. Field 12 is labeled 'Date [Purchased or] To Be Purchased' and has a date picker input field with a calendar icon. At the bottom right of the form are 'Close' and 'Add' buttons. A small icon is visible at the bottom left of the form.

**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.

The screenshot shows a form titled 'Funding Request Detail'. It contains three input fields: 'Total Monthly Expenses (\$)', 'Number of Months for Recurring Monthly Expenses', and 'Date [Purchased or] To Be Purchased'. The 'Date' field has a calendar icon. At the bottom left, there is a paperclip icon labeled with a blue circle containing the number 13. At the bottom right, there are two buttons: 'Close' and 'Add', with the 'Add' button labeled with a blue circle containing the number 14.

**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.

This is the part of the application where you can add important details about your needs

Health Care Provider **1** Funding Request Details **15**

**16** ≡ Funding Request Details **New**

Actions	Number	Category	Date [Purchased or] To Be Purchased	Description of Service(s) and/or Device(s)	How are the devices inte
<b>17</b> ✕	FDR0021698	Internet Connectivity Service	2021-05-12	devices	

< > Rows 1 - 1 of 1

# 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.

The screenshot shows a web form with five tabs: Contact Information, Evaluation Metrics, Purpose and Intent, Funding Request (highlighted with a blue circle and the number 1), and Certification. Below the tabs, a note states: "Note: The Commission does not anticipate awarding more than \$1 million to any single applicant." The form contains two main input fields: "Total Amount of Funding Requested (\$)" (highlighted with a blue circle and the number 2) and "Are you requesting funding for devices?" (highlighted with a blue circle and the number 3). The second field is a dropdown menu currently showing "-- None --". At the bottom of the form, there are two buttons: "Save Draft" and "Submit".

# 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**.

The screenshot displays the 'Certification' tab of an application form. The navigation bar at the top includes 'Contact Information', 'Application Evaluation Metrics', 'Purpose and Intent', 'Funding Request', and 'Certification' (highlighted with a blue circle and the number 1). The main content area contains several paragraphs of certification text, each preceded by a bullet point. A blue circle with the number 2 is positioned to the left of the first paragraph. Below the text, there are two input fields: 'Certified and Submitted by' and 'Certified Date and Time'. A red asterisk indicates a required field for 'Certifier Full Name', which is followed by an input field. A blue circle with the number 3 is to the left of this field. A light blue message box states 'Application can only be signed at time application is submitted.' Below this, there are two buttons: 'Save Draft' (highlighted with a blue circle and the number 4) and 'Submit' (highlighted with a blue circle and the number 5).

1 Certification

2

- I certify under penalty of perjury that I am authorized to submit this application on behalf of the health care provider(s) listed in the application.
- I certify under penalty of perjury that to the best of my knowledge, information, and belief, all information contained in this application, and in any attachments, is true and correct.
- I understand that, if selected, the health care provider(s) in the application must comply with all applicable program requirements and procedures, and all applicable federal and state laws, including the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- I understand that, if selected, the health care providers in the application must comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws, as waived or modified in connection with the COVID-19 pandemic.
- I understand that all documentation associated with this application must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the COVID-19 Telehealth Program to demonstrate compliance with COVID-19 Telehealth Program rules and requirements, subject to audit.
- I certify under penalty of perjury that the health care provider(s) listed in the application, to the best of my knowledge, is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services or devices eligible for support under the COVID-19 Telehealth Program.
- I understand that all requested goods and services funded under the COVID-19 Telehealth Program must be used for their intended purposes.

Certified and Submitted by

Certified Date and Time

\*Certifier Full Name

3

Application can only be signed at time application is submitted.

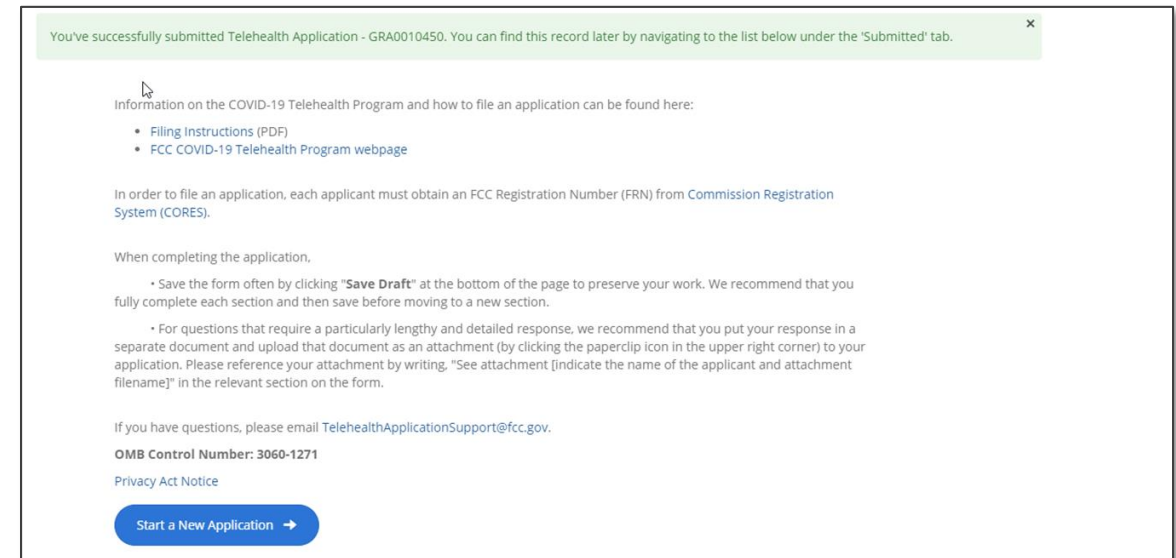
4 Save Draft

5 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

The screenshot displays the 'COVID-19 Telehealth Program Application' landing page. The header includes the portal name and the user 'John Deters'. The main content area provides information on how to file an application, including links to 'Filing Instructions (PDF)' and the 'FCC COVID-19 Telehealth Program webpage'. It also states that applicants must obtain an FCC Registration Number (FRN) from the Commission Registration System (CORES). Instructions for completing the application are provided, including saving drafts and attaching documents. Contact information for support is listed, along with the OMB Control Number (3060-1271) and a Privacy Act Notice. A 'Start a New Application' button is visible.

**Telehealth Applications**

Draft 2 | Need More Information 0 | Submitted 0 | Commitment Completed 0 | Telehealth 1.0 - Archive 0

Number	CORES Registrant Name	Applicant FCC Registration Number (FRN)	Applicant National Provider Identifier (NPI)	Review Status	Ap
GRAD010479	John Deters	0029392867		Pending	Dr
GRAD010439	John Deters			Pending	Dr

Rows 1 - 2 of 2

# 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.

The screenshot displays the 'COVID-19 Telehealth Program Application' portal. The header includes 'COVID-19 Telehealth Application Portal' and the user name 'John Deters'. The main heading is 'COVID-19 Telehealth Program Application'. Below this, there is information about the program and links to 'Filing Instructions (PDF)' and 'FCC COVID-19 Telehealth Program webpage'. A section titled 'In order to file an application, each applicant must obtain an FCC Registration Number (FRN) from Commission Registration System (CORES)' is followed by instructions on completing the application, including saving drafts and attaching documents. A 'Start a New Application' button is visible. The 'Telehealth Applications' section is highlighted with a blue border and shows a table with columns: Number, CORES Registrant Name, Applicant FCC Registration Number (FRN), Applicant National Provider Identifier (NPI), Review Status, and Action. The table lists two applications, both with a 'Pending' status. The first application is 'Draft' and the second is 'Submitted'.

Number	CORES Registrant Name	Applicant FCC Registration Number (FRN)	Applicant National Provider Identifier (NPI)	Review Status	Action
GRAD010479	John Deters	0029392867		Pending	Dr
GRAD010439	John Deters			Pending	Dr

# After Submission

## Updating a Submitted Application

1. To update a submitted application, **email** [Round2TelehealthApplicationSupport@usac.org](mailto: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?**

# **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](https://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](mailto:Round2TelehealthApplicationSupport@usac.org)



Questions?

# Support During the Application Window

- Email USAC at [Round2TelehealthApplicationSupport@usac.org](mailto: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](#)



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