



FCC Covid-19 Telehealth Round 2 Program Update / Details

Get Prepared Now!

There are three steps providers can take immediately.

- (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC);
- (2) obtain an FCC Registration Number (FRN);
- (3) register with System for Award Management.

Eligibility Determination

Health care providers must obtain an eligibility determination (USAC) for the lead health care provider site that they include in their application.

- Health care provider sites that USAC has already deemed eligible to participate in the Commission's existing Rural Health Care Programs or to participate in the initial round of the Program (Round 1) may rely on that eligibility determination for Round 2 of the Program.
- Interested health care providers that do not already have an eligibility determination may obtain one by filing an FCC Form 460 (Eligibility and Registration Form) with USAC.

Applicants must have obtained a **health care provider number** (HCP) to apply for Round 2 of the Program. However, applicants that do not yet have an eligibility determination from USAC can still file an application for Round 2 of the Program while their FCC Form 460 is pending with USAC.

Timing / Filing Window

FCC will establish an abbreviated application filing window of **seven calendar days** for Round 2 of the Program. We direct the Bureau to publicly provide notice of the opening of the Round 2 application filing window **at least two weeks before it opens**.

Funding Thresholds for Awardees:

- All eligible Round 2 applicants can apply for up to \$1M in funding.
- Round 1 awardees **also qualify for the full \$1Million award amount** per application regardless of what they were awarded in Round 1.



Eligible Applicants:

The COVID-19 Telehealth Program is limited to 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 Act:

- (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;
- (2) community health centers or health centers providing health care to migrants;
- (3) local health departments or agencies;
- (4) community mental health centers;
- (5) not-for-profit hospitals;
- (6) rural health clinics;
- (7) skilled nursing facilities; or
- (8) consortia of health care providers consisting of one or more entities falling into the first seven categories.

The FCC will **only require applicants to obtain an approved eligibility determination for the lead health care provider** listed on the application. Applicants requesting funding for multiple eligible health care provider sites in a single application do not need to receive eligibility determinations for every site that will receive funding during Round 2 of the Program, but instead will be required only to certify under penalty of perjury that all other health care sites that would receive Program funding are eligible for Program funding.

Application Elements:

Round 2 applications must contain, at a minimum, the following information:

- The name, physical address, county, and the HCP number, for the lead health care provider seeking funding from the COVID-19 Telehealth Program application.
- Contact information for the individual who will be responsible for the application (telephone number, mailing address, and email address), as well as the contact information for the project manager.
- A list of the telecommunications services, information services, or connected “devices necessary to enable the provision of telehealth services” requested, the cost for each service or connected device, and the total amount of funding requested.
- Supporting documentation for the costs indicated in the application, such as a vendor or service provider quote, invoice, or similar information.



Evaluation Metrics:

Round 2 application evaluation metrics should prioritize the overall performance goals of the Program to fund:

- (1) eligible health care providers that will benefit most from telehealth funding;
- (2) as many eligible health care providers as possible;
- (3) Tribal, rural, and low-income communities to ensure that this additional support will be directed to communities where the funding would have the most impact; and
- (4) hardest hit areas to make sure that funding continues to support health care providers in areas most impacted by the COVID-19 pandemic.

Each metric is assigned its own objective scoring mechanism, which will allow USAC to score applications.

Factor	Information Required	Points
Hardest Hit Area	Applicants must provide health care provider county	Up to 15
Low-Income Area	Applicants must provide health care provider physical address and county	Up to 15
Round 1 Unfunded Applicant	Applicants must provide unique application number from Round 1 ¹²⁷	15
Tribal Community	Applicants must provide physical address and/or provide supporting documentation to verify Indian Health Service or Tribal affiliation	15
Critical Access Hospital	Applicants must provide proof of Critical Access Hospital certification	10
Federally Qualified Health Center / Federally Qualified Health Center Look-Alike / Disproportionate Share Hospital	Applicants must (1) provide proof of Federally Qualified Health Center certification, or (2) demonstrate qualification as a Federally Qualified Health Center Look-Alike, or (3) demonstrate qualification as a Disproportionate Share Hospital	10
Healthcare Provider Shortage Area	Applicants must provide Healthcare Provider Shortage Area ID number or health care provider county	Up to 10
Round 2 New Applicant	Applicants must certify, under penalty of perjury, that the applicant has not previously applied for Program funding	5
Rural County	Applicants must provide health care provider county	5

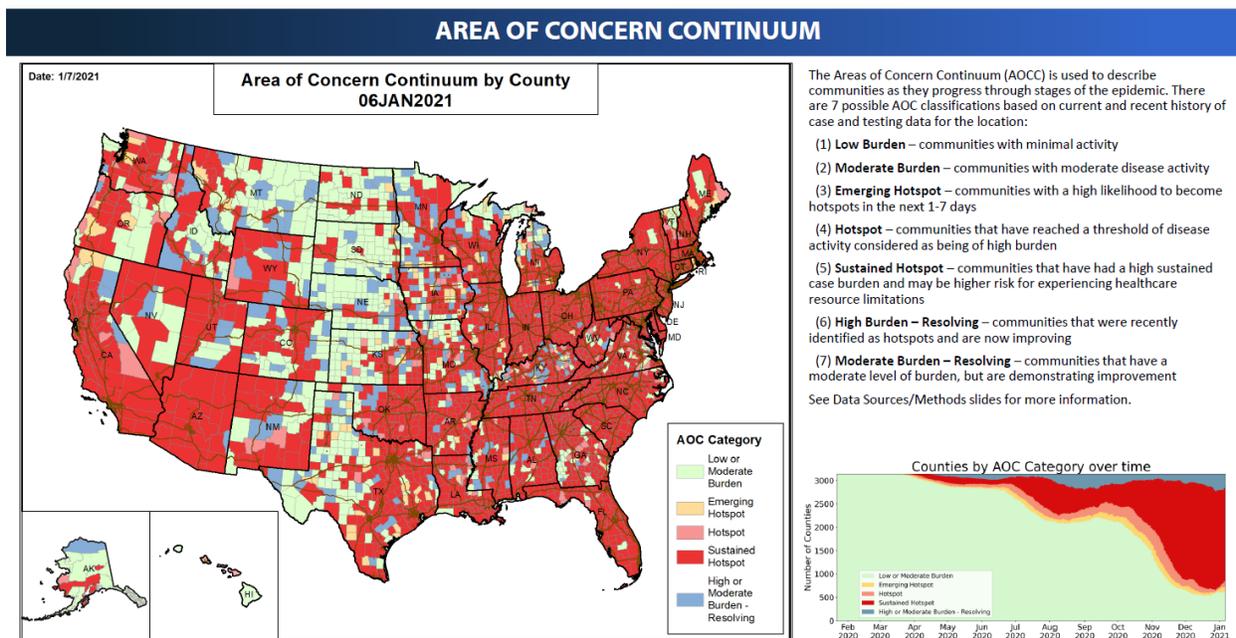


Supporting Documentation / Data Sources

Hot Spots Priority:

For Round 2, USAC will rely on publicly available COVID-19 infection rates from the day the application filing window closes, specifically using the U.S. Department of Health and Human Services dataset which breaks down different levels of community spread of COVID-19, and award prioritization points to applications in which an eligible health care provider is in a county defined as a “sustained hotspot” or a “hotspot.”

- USAC will award **seven (7) points to applications that demonstrate that an eligible health care provider is in a “hotspot”** and **15 points** to applications that demonstrate that an eligible health care provider **is located in a “sustained hotspot.”**
- USAC will use both county and census tract poverty data because county data alone may not sufficiently capture highly concentrated low-income communities in urban areas or the poverty level of communities within counties where there are large income gaps.



<https://beta.healthdata.gov/Health/COVID-19-Community-Profile-Report/gqxm-d9w9>



Low Income Areas Priority:

USAC will determine the poverty rate of both the county and the census tract for the eligible health care provider site the applicant has designated for this metric.

If an application would be eligible for more points using the census tract poverty rate than using the county-level poverty rate (or vice versa), **we direct USAC to award the application the higher points available between the two.**

- We direct USAC to award **7 points** to applications that demonstrate that an eligible health care provider is in a county or census tract where the poverty rate is equal to or greater than the median poverty rate and less than the percentile for poverty for that geographic area, and
- **15 points** to applications include an eligible health care provider located in a county or census tract where the **75th poverty rate is in the percentile or greater for that geographic area.**

Round 1 – Unfunded Application Priority

USAC will prioritize eligible health care providers that applied for Round 1 funding but did not receive it, and **award 15 points to** applications that demonstrate they applied for, but did not receive, Round 1 funding.

Tribal Priority

USAC will award **15 points** to applications that demonstrate that an eligible health care provider site is either **located on Tribal lands** or is **operated by the Indian Health Service** or **is otherwise affiliated with a Tribe**. We direct applicants that are otherwise affiliated with a Tribe to provide supporting documentation sufficient to verify their Tribal affiliation.

Critical Access Hospital Priority

USAC will **award 10 points** to applications that demonstrate an eligible health care provider qualifies as a Critical Access Hospital.

<https://www.flexmonitoring.org/critical-access-hospital-locations-list>

FQHC, FQHC Look-Alike and DSH Priority

USAC will **award 10 points** to applications that demonstrate that an eligible health care provider qualifies as **(1) an FQHC, (2) an FQHC Look-Alike, or (3) a DSH.**

<https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs>



Health Professions Shortage Areas Priority

- USAC will award **5 points** to applications that include this information on their application and qualify for this factor with an **HPSA score of 1-12**;
- **10 prioritization points** to applications that include this information on their application and qualify for this factor with an **HPSA score of 13-25**.

Applicants should use the HPSA score for primary care, which is publicly available on the Health Resources and Services Administration website.

<https://data.hrsa.gov/tools/shortage-area>

Applicants who did NOT apply in Round 1 - Priority.

USAC will **award 5 points** to applicants who **did NOT apply for Round 1** funding.

Rural County Priority

Applicants should use **USAC's Eligible Rural Areas Search tool** to determine if an eligible health care provider is in a rural area and provide the physical address of the qualifying health care provider in their application. We direct USAC **to award 5 points to applications** that demonstrate that an eligible health care provider site is **in a rural area**.

<https://apps.usac.org/rhc/tools/Rural/search/search.asp>

Funding Decisions / Process:

After applications are scored, USAC, with Bureau and OMD oversight, will.

1. USAC will first commit funding to the top-scoring Round 2 application with an eligible lead health care provider located in a state or territory that did not have a lead health care provider receive funding during Round 1 if feasible.
2. USAC, with Bureau and OMD oversight, will commit funding to the top-scoring Round 2 application in the states and territories where an application with a lead health care provider was awarded Round 1 funding, and to award funding to the second-ranked application in the states where no lead health care provider received Round 1 funding 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



Funding Commitment Process

Funding for Round 2 of the Program 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, and in recognition that funding commitments must be awarded as soon as possible.

In the initial commitment phase, at least \$150 million will be awarded to the highest-scoring applicants. Once the initial group of awardees is identified, **applications outside that group will be provided a ten-day period to supplement their application**. After that ten-day period, USAC will re-rank the remaining applications and award the remaining funding in the final commitment window.

Eligible Services and Devices

MAJOR CHANGE:

Round 2, applicants may receive Program funding to support **up to 12 months** of eligible recurring services as well as **eligible annual license agreements (only one-year term will be funded)**.

Definitions:

Eligible devices include only connected devices but not devices that patients use at their homes that do not have a connection to the internet, even if those devices allow the patient to manually report information to their medical professionals remotely.

Connected devices may include Bluetooth or Wi-Fi enabled devices, or that connect to the Internet directly, including devices/peripherals (e.g., web cameras, stethoscopes) that connect to a consumer's phone or other connected device for purposes of providing telehealth services.

Network equipment - needed to use telecommunications services, information services, or connected devices are also eligible.

Taxes, shipping, and installation or integration of eligible devices and services, are also eligible.

Examples of eligible services and connected devices include:

- **Telecommunications Services and Broadband Connectivity Services:** Voice services Internet connectivity services for health care providers or their patients. **These expenses are eligible for up to 12 months of funding.**
- **Information Services:** 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.

These expenses are eligible for up to 12 months of funding.

- **Connected Devices:** Tablets, smart phones, or connected devices to provide telehealth services (e.g., broadband, Wi-Fi, or Bluetooth enabled blood pressure monitors; pulse-oximeters) for patient or health care provider use; **telemedicine kiosks/carts for health care provider site.**
- General office scanners and printers are **NOT** considered connected devices for purposes of this Program.

Ineligible Costs

The Program does not support funding for

- personnel costs
- marketing costs
- administrative expenses
- training costs
- indirect costs

Examples of ineligible services and devices include:

- Services or devices purchased or implemented prior to March 13, 2020.
- Administrative costs, e.g., personnel expenses, consultant fees, payroll, training, customer service, project management, records management, reprocessing and logistics, and doctor's costs, etc.
- **Technical support, maintenance costs, separate costs for warranties and protection plans.**
- Separate costs for non-connected accessories, e.g., cases, mouse pads, cable clips, laptop bags, tablet stands, wall mounts, and charging stations, etc.
- Smart watches and fitness trackers.
- Back-up Power Equipment, e.g., back-up batteries, redundant power cords, Uninterruptible Power Supply (UPS), generators, and surge protectors, etc.
- Non-connected medical devices or supplies, e.g., non-connected digital thermometers, testing strips, lancets, disposable covers, and personal protective equipment, etc.
- Construction costs, e.g., fiber/ethernet/cable network constructions, facility alterations, and temporary site location structures, etc.
- Non-telehealth items, e.g., office furniture and supplies, desks, security systems, and indirect costs, etc.