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FCC COVID-19 TELEHEALTH PROGRAM APPLICATION PROCESS

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The [FCC COVID-19 Telehealth Program](#) will provide \$200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act via the Federal Communications Commission (FCC).

The program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended.

Application Deadline: The COVID-19 Telehealth Program [application portal](#) opened on **Monday, April 13, 2020**. Funds will be awarded on a first come-first served basis.

Maximum Allocation: In order to ensure as many applicants as possible receive available funding, the FCC will not anticipate awarding more than \$1 million to any single applicant.

Eligible Expenses: Eligible health care providers that purchased telecommunications services, information services, and/or devices in response to the COVID-19 pandemic after March 13, 2020 may apply to receive funding support through the COVID-19 Telehealth Program for eligible services purchased on or after March 13, 2020. In addition, COVID-19 Telehealth Program support will be available to eligible health care providers for services that require monthly recurring charges, such as broadband connectivity or remote patient monitoring services, through September 30, 2020.

Prepare for the Application

Interested health care providers must complete the following three steps ASAP:

1. Eligibility Determination

Obtain an eligibility determination from Universal Service Administrative Company (USAC) for each health care provider site that they include in their application. 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. The FCC Form 460 can be found at: <https://www.usac.org/rural-health-care/resources/forms/>.

Please Note:

- Health care provider sites that USAC has already deemed eligible to participate in the FCC's Rural Health Care (RHC) Programs may rely on that eligibility determination for the COVID-19 Telehealth Program
- Applicants can file an application with the Commission for the COVID-19 Telehealth Program while their FCC Form 460 is pending with USAC

2. Obtain FCC Registration Number (FRN)

An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. To register, use the following link:

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

3. Register with System for Award Management (SAM)

To receive payments through the COVID-19 Telehealth Program, applicants must be registered with the federal System for Award Management (SAM). Start the registration process NOW by going to:

<https://www.sam.gov/SAM/>.

Please Note:

- Applicants who have already registered in SAM DO NOT need to re-register

Application Requirements

Once the application window is open, applicants will be required to submit the following information on their application (in the online portal) for the COVID-19 Telehealth Program.

Applicant Information:

- Applicant Name
- Applicant FCC Registration Number (FRN)
- Applicant National Provider Identifier (NPI)
- Federal Employer Identification Number (EIN/Tax ID)
- Data Universal Number System Number (DUNS)
- Business Type (from Data Accountability and Transparency (DATA) Act's Business Types) – Applicants may provide up to three business types
- DATA Act Service Area – This information will be required for each line item for which funding is requested. Applicants must enter name of the applicable state(s) or “nationwide”

Contact Information

- Contact name for the individual that will be responsible for the application
- Position title
- Phone number
- Mailing address
- Email address

Health Care Provider Information:

- Lead health care provider name (if part of a consortium)
- Facility name
- Indicate whether facility is a hospital
- Street address, city, state, county
- FCC Registration Number (FRN)
- Healthcare provider number
- Eligibility type
- National Provider Identifier (NPI)
- Total patient population
- Estimated number of patients to be served by the funding request (and supporting documentation)

Medical Services to be Provided (applicants will check all that apply)

- Patient-Based Internet-Connected Remote Monitoring
- Other Monitoring

- Video Consults
- Voice Consults
- Imaging Diagnostics
- Other Diagnostics
- Remote Treatment
- Other Service

Conditions to be Treated with COVID-19 Telehealth Funding

- Whether the applicant will treat COVID-19 patients directly
- Whether the applicant will treat patients without COVID-19 symptoms or conditions (applicants will check all that apply):
 - Other infectious diseases
 - Emergency/Urgent Care
 - Routine, Non-Urgent Care
 - Mental Health Services (non-emergency)
 - Other conditions
- How using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19

Additional Information Concerning Requested Services and Devices

- Goals and objectives for use of the COVID-19 Telehealth Program Funding
- Timeline for deployment of proposed service(s) or devices funded by the COVID-19 Telehealth Program
- Factors/metrics the applicant will use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program
- How COVID-19 has affected health care providers in your area
- Any additional information about the geographic area and population served by the applicant. Indicate whether the geographic area you serve has been under any pre-existing strain (e.g., large underserved or low-income patient population; HCP shortages; rural hospital closures; limited broadband access and/or Internet adoption). If so, describe such factors
- Whether the applicant plans to target the funding to high-risk and vulnerable patients. If so, describe how
- Any additional information to support the application and request for funding

Requested Funding Items

- Total amount of funding requested
- Whether funding for devices is being requested. If so:
 - How are the devices integral to patient care?
 - Are the devices for patient use?
 - Are the devices for the health care provider's use?

Supporting Documentation

- Provide supporting documentation for the costs indicated in its application to summarize the expected costs of the eligible services and devices requested and may include documentation such as an invoice or quote from a vendor or service provider (or similar information). Such information should be specific enough to identify line-items to facilitate swift review of the application, and we encourage applicants to include information such as a description of the service or device, its eligibility category, the quantity ordered, the upfront and monthly expenses, and the service dates for recurring services.

For more information, visit <https://www.fcc.gov/covid-19-telehealth-program>.