

# FCC COVID-19 Telehealth Program Round 2: Overview



## Program Overview

Round 2 of the FCC’s COVID-19 Telehealth Program is a \$249.95 million federal initiative that builds on the program’s first round of \$200 million that was established as part of the CARES Act in April 2020. **The Round 2 application filing window will open on Thursday, April 29, 2021 at 12:00pm ET and will close on Thursday, May 6, 2021 at 12:00pm ET.** This program supports the efforts of health care providers to continue serving their patients by providing telehealth services, information services, and connected devices necessary to enable telehealth during the COVID-19 pandemic. During Round 1 of the program, 539 applicants were issued awards to fund telehealth and connected care services. Round 2 will distribute funding to each state, territory, and Washington D.C.

## Additional Information

For additional information on the Round 2 eligibility and the application process, review the Application Process Guidance available on the Universal Service Administrative Company’s [COVID-19 Telehealth Program webpage](#). Questions specific to the application process should be directed to USAC at [Round2TelehealthApplicationSupport@usac.org](mailto:Round2TelehealthApplicationSupport@usac.org).

## Applicant Eligibility

The program is open to non-profit and public health care providers, whether they are located in rural or non-rural areas. For-profit entities are not eligible for funding. Round 1 applicants are still eligible for Round 2 funding, even if they were awarded prior funding. There is a \$1 million cap in funding per applicant. Round 1 award amounts will not count towards the \$1 million cap for Round 2. Eligible institutions include:

- 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
- Non-profit hospitals
- Rural health clinics
- Consortia of health care providers consisting of one or more entities described above

## [Application Instructions](#)

### **Preliminary Steps**

#### Step 1: Request an eligibility determination from USAC by filing an FCC Form 460

Applicants that do not already have an eligibility determination may obtain one by filing an FCC Form 460 (Eligibility and Registration Form) with USAC. 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. The FCC Form 460 can be found [here](#).

#### Step 2: Obtain FCC Registration Number (FRN) and Commission Registration System (CORES) ID

An FRN is a 10-digit number that is assigned to a business or individual registering with the FCC, and is used to identify the registrant's business dealings with the FCC. Register with CORES [here](#).

#### Step 3: Start the process for registering for a System for Awards Management (SAM) account

Applicants do not need to be registered with SAM to submit an application, but they are strongly encouraged to start that process early because only SAM-registered applicants will be able to receive program funding. Register with SAM [here](#). You will need the following info:

- DUNS number
- Taxpayer Identification Number (TIN) or Employment Identification Number (EIN)
- Bank routing number, bank account number, and bank account type (checking/savings)

### **Main Application**

#### Step 1: Complete application through the application portal

Applications must be filed during the application filing window via the application portal, available on the [COVID-19 Telehealth Program webpage](#). Round 1 applicants will need to submit a new application. You will need the following information:

- Applicant site name, address, and county
- If you applied for Round 1 of funding, what is your application number?
- What do you plan to use this Round 2 funding for?

If applicable, you will also need to attach supporting documentation to your application to verify proof of:

- Indian Health Service (IHS) and/or Tribal Affiliation
- Critical Access Hospital certification
- Federally Qualified Health Center (FQHC) or FQHC Look-Alike certification
- Disproportionate Share Hospital certification

### **Eligible Services and Devices**

- Connected vitals devices (Bluetooth/Wifi Blood Pressure Monitors, Scales, etc.)
- Connected equipment (tablets, smart phones, connected vitals devices) to receive connected care services at home
- Telemedicine kiosks/carts
- Telecommunications and Internet connectivity
- Information services, including telehealth platforms, remote patient monitoring, and store-and-forward services
- Taxes, shipping, installation, and integration of eligible devices and services
- Telecommunications services and broadband connectivity services for up to 12 months
- Applicants can also request funding for future purchases or for eligible purchases made in response to the COVID-19 pandemic on or after March 13, 2020

### **Ineligible Services and Devices**

- Unconnected vitals devices (devices patients use and manually enter/report results to professionals)
- Unconnected supplies (e.g., testing strips, lancets, disposable covers, personal protective equipment)
- Consumer devices (e.g., smartwatches, fitness trackers)
- Unconnected accessories (e.g., cases, mouse pads, cable clips, laptop bags, tablet stands and charging stations, back-up batteries, redundant power cords, surge protectors)
- Non-telehealth items (e.g., office furniture and supplies, security systems, incidental expenses)
- Technical support, maintenance, warranties, and protection plans
- Personnel (e.g., IT staff, project managers, medical professionals)
- Staff training costs
- Administrative expenses (e.g., consultant fees, payroll, customer service, records management, doctor's costs)
- Marketing costs
- Development/implementation of platforms, websites, or systems
- Construction (e.g., fiber/ethernet/cable network constructions, facility alterations, temporary site location structures)
- Solutions purchased before March 13 or after December 31, 2020
- More than six months of recurring fees

## Example Solutions from Round 1 Applications

### Non-tablet and cellular (non-broadband dependent) solutions:

- Ideal Life: \$260/hub + \$300/mo + \$1,250 Integration
  - Devices: \$5,865 Setup, PulseOx - \$191, BP - \$150, Scale - \$150, Glucometers - \$52
- Stel Cellular & Bluetooth Vitals Hubs: \$130/hub + \$10/month + \$0 Integration
  - Devices: PulseOx - \$40, Thermo - \$120, BP Device -\$60, Glucometers - \$15

### Tablet and broadband dependent solutions:

- CareInnovations: \$180/kit + \$80/month + \$4,500 training
- COVID-19 Response Kit: \$1,715/kit
- ForwardAdvantage: \$401,000 platform + \$500 hub
- HRS: \$400/Tablet + \$71/mo services + \$10,000 Implementation, or  
HRS: \$875-\$900/kit + \$61/month for services (for 36 months) + \$8,000 Implementation
- Locus Health: \$1,260/kit
- MedPod: \$625/Kit + \$19.75/mo
- RPM kit (mentioned in the original FCC R&O): \$1,600/kit
- Vivify Kit: \$900/kit + \$69/mo/services (36 month commitment) + \$41/mo logistics

### Vitals devices only (for patients with compatible smartphones and tech literacy):

- Masimo: \$449.93/PulseOx
- Tyto: \$300/kit + \$50/service, or  
TytoClinic: \$64,800, or  
Tyto kit: \$2,160, or  
TytoCare Pro: \$999/patient

## Rating and Evaluation

All applications will be reviewed after the application filing window has closed. The [Report & Order](#) establishes a clear way to rate Round 2 applications that takes into consideration objective factors about the health care provider and the area it serves. Applications from eligible health care providers will be evaluated and receive points based on the evaluation metrics in the table below. A higher score translates to a higher likelihood of receiving funding in Round 2.

Factor	Info Needed for Application	Instructions for Scoring Application	Points
Hardest hit area (hotspot / sustained hotspot)	Health care provider county	Go to <a href="#">HHS Hotspot Guide</a> . Scroll down and click on the first link under “Attachments”. Open the file and click on the “Counties” tab. Highlight your county and scroll over to the “Area of Concern Category” column to see if your county is a hotspot or sustained hotspot.	+15: Sustained Hotspot  +7: Hotspot
Poverty level	Health care provider physical address and county	Go to <a href="#">Small Area Income and Poverty Estimates (SAIPE)</a> and filter by your county. Hover the cursor over your county to see your county’s poverty estimate.  To find your census tract, go to <a href="#">this website</a> and type in your site’s address, then click “Geocode”. Scroll down to “Census Tract” (under “Best Geocode Output Census Values”).  Go to <a href="#">Census Tract</a> and click “Filter”, then “Geography”, then “Tract”. Select your state, then select your county, then select your census tract. Click “Done”. Scroll over to the “Percent below poverty level” column and find the percent shown in the “Population or whom poverty status is determined” row.	+15: ≥ 75th percentile of poverty for area SAIPE (17.5%) OR Census Tract (19.8%)  +7: ≥ median poverty level of SAIPE (13.5%) OR Census Tract (11.4%), but < 75th percentile  0: < median poverty rate
Round 1 application experience	If applied for Round 1: Must provide application number from Round 1 by searching <a href="#">FCC’s ECFS website</a> (under Docket 20-89)		+15: Applied, but did not receive, Round 1 funding  +5: Did not apply

	If Round 2 new applicant: Must certify, under penalty of perjury, that you have not previously applied for program funding		for Round 1  0: Received Round 1 Funding
Indian Health Service (IHS) or Tribal affiliation	Physical address and/or supporting documentation to verify IHS or Tribal affiliation	See eligible Tribal lands map <a href="#">here</a> .	+15: Operate on Tribal land or affiliation with IHS
Critical access hospital (CAH)	Must provide proof of CAH certification	Search <a href="#">CAH eligibility</a> .	+10: Designated CAH
FQHC, FQHC look alike, or disproportionate share hospital (DSH)	Must demonstrate qualification as a FQHC, FQHC look alike, or DSH	Search <a href="#">FQHC list</a> , <a href="#">FQHC Look-Alike list</a> , and <a href="#">DSH list</a> .	+10: Designation as an FQHC, FQHC Look Alike, or DSH
Health care provider shortage area (HPSA) score	HPSA ID number or health care provider county	Go to the <a href="#">HPSA database</a> and type in your site's address, then click "Search". See whether your site is in a Primary Care HPSA, and if so, find your Primary Care HPSA score.	+10: HPSA score between 13-25  +5: HPSA score between 1-12
Rural county	Health care provider county	Go to <a href="#">USAC's Eligible Rural Areas Search tool</a> and enter your state. Scroll down to your county and see if your county and/or census tract is considered an eligible rural area.	+5: If you are located in a rural county