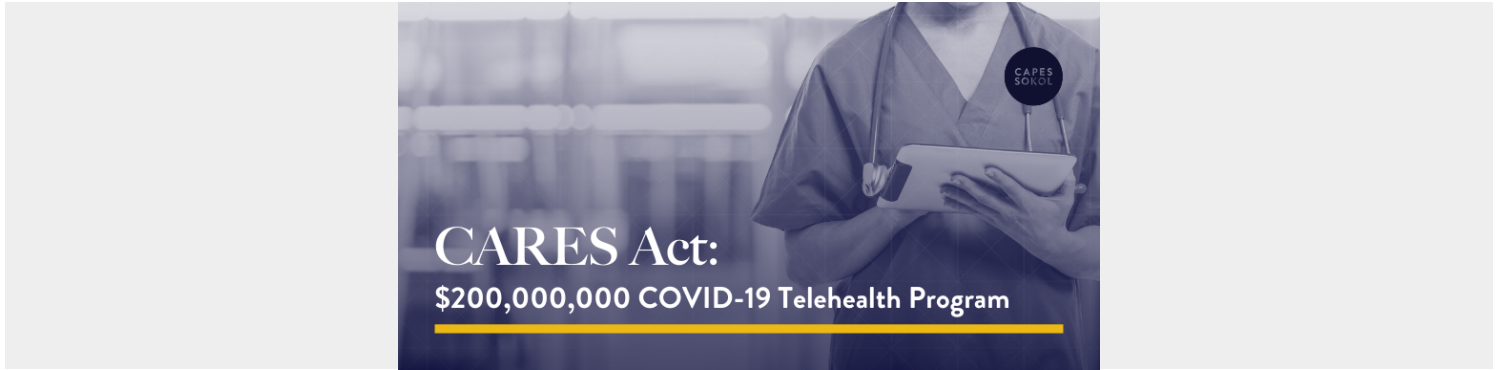


CARES ACT: \$200,000,000 COVID-19 TELEHEALTH PROGRAM

Posted on April 11, 2020 by Drew H. Westbrook



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Last week the FCC adopted a \$200,000,000 COVID-19 Telehealth Program to provide funding to health care providers battling the coronavirus pandemic. **On April 2, 2020**, the FCC released its [report and order](#) establishing the program.

Purpose

The CARES Act appropriated funds for telehealth services so that health care providers can connect to patients remotely, reducing the need to for physical presence in clinics and hospitals, thereby reducing exposure to patients and providers.

Eligibility

Not all types of providers are eligible under the program. The FCC notably did not include for-profit companies. Only nonprofit and public health care providers may receive funding under the program, so long as such providers fall within the following categories:

1. post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;

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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; and
8. consortia of health care providers consisting of one or more entities described in clauses (1) through (7).

Rural and non-rural entities may apply, although the FCC wants to target funds to areas hardest hit by COVID-19 and to high-risk and vulnerable patients.

Use of Funds

A provider receiving funding under the program may only use the funds for “connected care services.”

The FCC broadly defined connected care services:

“a subset of telehealth that uses broadband Internet access service-enabled technologies to deliver remote medical, diagnostic, patient-centered, and treatment-related services directly to patients outside of traditional brick and mortar medical facilities—including specifically to patients at their mobile location or residence.”

This definition of connected care services includes both live video conferencing and asynchronous services (“store-and-forward”) as well as remote patient monitoring devices and services. However, patient monitoring devices must be connected. They may not be unconnected and require additional steps to transmit information from the patient to the provider.

Recipients of funds do not need to dedicate the funds solely to treating patients that have COVID-19, but must use the funds “to prevent, prepare for, and respond to coronavirus.”

This could include treating non-COVID-19 patients by connected care in order to free up resources to treat COVID-19 patients in-person, or to prevent high-risk patients from needing to physically present at a clinic and risk exposure to COVID-19.

Award Amounts

The FCC does not anticipate awarding more than \$1,000,000 to any single applicant. It will base the award on estimated costs included in the application.

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Application Process

Providers seeking funding under the COVID-19 Telehealth Program must have an eligibility determination, which can be obtained by filing FCC Form 460 with the [Universal Service Administrative Company](#). However, applicants may submit the program application while the FCC Form 460 is pending.

Beginning on April 13, 2020, at 12:00 PM ET, eligible entities may submit applications to the FCC's dedicated application portal available at www.fcc.gov/covid19telehealth. Applicants must also obtain an FCC Registration Number and, in order to receive payment through the program, be registered with the federal System for Award Management.

The FCC has published additional information on the application process and its requirements in a [Public Notice](#) on April 8, 2020.

Disbursement

If approved, the eligible entity must purchase the eligible services or devices and submit invoicing forms and supporting documentation to the FCC. Eligible entities need not solicit competitive bids prior to purchasing services or devices. However, to safeguard against fraud and abuse in the program, eligible entities must keep records of compliance with the program requirements for 3 years after the last date of service and must submit monthly requests for disbursement.

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