FEDERAL AND STATE POLICY UPDATE
May 5, 2020

Robert Stiles, MA, MPH
Program Manager
University of Kansas Medical Center
Learning Objectives

• Federal and State Policy Update (Including April 30, 2020 CMS policy and regulation changes)
• Policy Changes and Funding Resources in CARES Act
"I think the genie's out of the bottle on this one.

I think it's fair to say that the advent of telehealth has been just completely accelerated, that it’s taken this crisis to push us to a new frontier, but there's absolutely no going back.

Seema Verma, Administrator for CMS, Becker’s Hospital Review article.

Overview of CMS Policies and Regulations in Response to COVID-19
• Broad expansion of telehealth policy and rules.
• **Section 1135 Waivers**—temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements
  • Blanket—Apply to entire country
  • State-specific—Missouri, Kansas, and Oklahoma applied for and received.
• **Initial Blanket Waivers:**
  • Out of state providers allowed.
  • Temporary billing non-enrolled providers.
  • Individual state applications for further waivers.
  • Removed rural requirement for Medicare telehealth.
  • No requirement previously established relationship for telehealth.
  • Phones with audio/video and allows some audio-only billable visits.
Further Blanket Waivers

- **March 30 further rules and blanket waivers**
  - Expansion types of services allowed.
  - Virtual Check-Ins, E-Visit, Remote Patient Monitoring expansion
  - Additional providers allowed to provide telehealth and in different environments.
  - Provision of telehealth services to the home.
  - Expansion telehealth home health, hospice, inpatient rehabilitation, hospice, end-stage renal disease, nursing/assisted living facilities.
    - Allow FQHCs and Rural Health Clinics to act as Home Health Agencies
  - Workforce Changes—including broad expansion of nurse practitioner, physician assistants, and other non-physician providers.
    - Tele-supervision of patients and medical residents.
  - Payment-Medicare Advantage plans can expand telehealth.
Further Blanket Waivers

April 9 update for FQHC/RHCs

• Waives requirement that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time.

• Modifies requirement that physicians must provide medical supervision of health care staff only with respect to medical supervision of nurse practitioners.
Specific Provider Fact Sheets
ALL UPDATED AS OF APRIL 30, 2020

- Physicians and Other Practitioners;
- Ambulances:
- Hospitals;
- Teaching Hospitals, Teaching Physicians, and Medical Residents;
- Long-Term Care Facilities
- Home Health Agencies
- Hospices
- Inpatient Rehabilitation Facilities
- Long-Term Care Hospitals
- Rural Health Clinics and Federally Qualified Health Centers
- Laboratories
- End Stage Renal Disease Facilities
- Durable Medical Equipment
- Medicare Diabetes Prevention Program; and
- Medicare Advantage and Part D Plans.
- State Medicaid and Basic Health Programs
- Medicare Shared Savings Program Participants
CMS Waivers and Approvals

In addition, CMS allowing for:

• Accelerated/Advanced Payments
• Stark Law/Physician Self-Referral Waiver of Sanctions for some Covered Activities.

Missouri, Kansas, Oklahoma all submitted and had individual state 1135 waivers approved.

• Examples include waiving prior authorization requirements; permitting out of state providers to provide care in their state to Medicaid enrollees; and suspend certain provider enrollment and revalidation requirements.

Kansas and Oklahoma also submitted and had individual state 1915(c) waivers approved for home and community based services through Appendix K documents.
Other Federal Actions

HIPAA-Federal Office of Civil Rights
• Enforcement Discretion for non-HIPAA compliant in Good Faith Actions.

Controlled Substances-DEA
• Prescriptions for Schedule II-V without previous relationship electronically (II-V) or calling emergency Schedule II, or calling Schedule III-V.

Medication Assisted Treatment—CMS has provided codes for take-home supplies medication-G2078 Methadone; G2079 Buprenorphine

Anti-Kickback-Office of Inspector General
• Will not subject physicians and other practitioners to OIG administrative sanctions for arrangements that reduce these costs as long as certain conditions met.
Virtual Check-Ins—New or established Medicare patients brief communication with practitioners from wherever the patient is located, including in their home.

• Number of technology modalities—synchronous or real-time discussion over a telephone or exchange of information through video or image.

• Initiated by the patient.
  • Practitioners may need to educate beneficiaries on the availability.

E-visits—Use an online patient portal. In all types of locations including the patient’s home.

• New or established Medicare patients non-face-to-face patient-initiated communications with their doctors or other practitioners.

• Not a substitute for an in-person visit, but are exchanges with a practitioner online through a patient portal.

• Initiated by the patient
  • Practitioners may educate beneficiaries on the availability.
Per Medicare Final Interim Rule:

- Providers allowed report Place of Service Code that would have been reported had the service been furnished in person so that providers can receive the appropriate facility or non-facility rate and use the modifier “95” to indicated the service took place through telehealth.
- If providers wish to continue to use POS code 02, they may and it pays the facility rate.


Each state Medicaid program own requirements for place of service:

- Kansas 02 (12 only when provider present in home);
- Missouri bill as if happened in person;
- Oklahoma billing instructions for telehealth and telephone available through Provider Reimbursement Notice 2020-03.
FQHC and RHCs
CARES Act-Section 3704

- Directs CMS to develop telehealth payments for RHCs and FQHCs during PHE for COVID-19 pandemic

- April 17 MLN Matters® Special Edition Article on telehealth services furnished RHCs and FQHCs
  - Allows FQHCs and RHCs to serve as distant sites during public health emergency.
  - Telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice
  - Practitioner can furnish telehealth services from any location, including their home, during the time that they are working for the RHC or FQHC
Dates of Service January 27 through June 30, 2020

- List appropriate HCPCS Code with Modifier “95”
  - E/M services that qualify as RHC/FQHC services = covered telehealth services
- Use revenue code that would have applied if service had been furnished face-to-face
  - E.g., 0521 if visit would have otherwise occurred in the clinic
- RHCs paid at their all-inclusive rate (AIR), and FQHCs paid based on the FQHC PPS rate
  - Claims will be automatically reprocessed in July when Medicare claims processing system updated with new payment rate; no need to resubmit for payment adjustment
RHC/FQHC Billing

Dates of Service July 1, 2020 through end of the public health emergency

• Use G2025 for services furnished via telehealth

• All RHCs and FQHCs paid at $92
  • Average amount for all MPFS telehealth services on the telehealth list, weighted by volume for those services reported under the MPFS

• Do not use -95 modifier
Cost Reporting

Rural Health Clinics report telehealth costs on Form CMS-222-17 on line 79 of Worksheet A

   Section titled, “Cost Other than RHC Services”

FQHCs report telehealth costs on Form CMS-224-14, FQHC Cost Report, on line 66 of Worksheet A

   Section Titled, “Other FQHC Services”
RHCs & FQHCs use G007—99421-99423 (Online Digital Evaluation and Management Services)

• Telephonic communication with patient not originating from a related E/M service provided within previous 7 days nor leading to E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
  • Must document patient consent in the medical record

• Payment - $24.76 for services furnished on/after March 1

• Do not use -95 modifier

• RHCs and FQHCs are still not allowed bill for Remote Patient Monitoring
Overview of CMS April 30, 2020 Changes
Five Goals for Updated Policies and Rules

1. Expand health care workforce by removing barriers for physicians, nurses, and other clinicians to be hired from local community or other states;

2. Ensure local hospitals and health systems have capacity to handle COVID-19 patients through temporary expansion sites (CMS Hospital Without Walls);

3. Increase Access to telehealth for Medicare patients so can get care from physicians and other clinicians while staying safely at home;

4. Expand at-home and community based testing to minimize transmission;

5. Put patients over paperwork by giving providers, health care facilities, Medicare Advantage and Part D plans and states temporary relief from reporting and audit requirements.
Increased Telehealth Access

• All health care professionals eligible to bill Medicare allowed to be reimbursed for telehealth-delivered services.
  • Includes physical therapists, occupational therapists, and speech-language pathologists.
  • Hospitals also allowed furnish certain services remotely provided by hospital-based practitioners to patients registered as hospital outpatients including those at home.
• Hospitals can qualify originating site fee for telehealth furnished by hospital-based practitioners to patients registered as hospital outpatients to the patient’s home.
Other Highlights

**Testing** - no longer require order from treating physician or other provider.
- Any healthcare professional authorized to order under state law.
- Coverage antibody tests.

**Hospital Without Walls** - Increased beds; outpatient hospital services in temporary locations with same payment for many outpatient or acute services.

**Workforce** - NPs, Clinical Nurse Specialists, and PAs can now provide home health.
- Teaching hospitals may send residents to other hospitals.
- Delegation of physical and occupational therapy services to assistants.

**Patients Over Paperwork** - Payment partial hospitalization services delivered in expansion locations including home; CMHCs partial hospitalization and other mental health services in home; glucose monitoring and insulin adjustment at home.
Updated CMS Telehealth Guidance and Policies

• CMS Waiving limitations on types of clinical practitioners that can furnish telehealth services.
  • Previously NPs, doctors, PAs, and certain others; adding physical therapists, occupational therapists, and speech language pathologists.
• Hospital may bill services furnished by hospital-based providers to patients registered as hospital outpatients, including at home.
  • Counseling and educational services as well as therapy services.
• Hospitals may bill as originating site for telehealth services furnished by hospital based practitioners to hospital outpatients, including home.
• Audio-only (telephone) list of services broadened to include many behavioral health and patient education services.
  • Increasing payment to match payment similar to face-to-face office and outpatient visits—retroactive to March 1.
• Changing rulemaking process so can add new telehealth services on a sub-regulatory basis, speeding up process of adding services.
• CMS paying for Medicare telehealth by RHCs and FQHCs as “distant” sites.
• Waiving video requirement for certain telephone E/M services.
  • Patients will be able to use audio-only telephone to receive these services.
• **Community Mental Health Centers**
  • Allows CMHCs to provide partial hospitalizations services along with other services in the individual’s home.
  • Indicate Regulatory Changes (to be released) that will clarify how CMCHS should bill for home-based services and documentation.
  • Includes provision through telehealth.
  • Waiving the 40 percent rule (requiring 40 percent of patients not be Medicare).
Other 4-30-20 Updates

Increased flexibilities for Medicare Shared Savings ACOs
• Adjustments to financial methodology to account for COVID-19 costs.
• Option to retain current risk level.

All CMS provider-specific fact sheets updated as of April 30, 2020.
HTRC Updated Federal and State (MO, KS, OK) Policy documents discussing these and previous changes available on HTRC website in COVID-19 section (orange banner on home page) at:

http://heartlandtrc.org/covid-19/
Missouri Policy and Regulations in Response COVID-19
Missouri

Executive Order 20-10 on May 4-Extends Emergency through June 15, 2020
State 1135 Waiver: Enroll providers another state; Suspend prior authorization and medical necessity and extend pre-existing prior authorizations; Extends timeline for fair hearing process.

MO HealthNet-Provider Hot Tips:
• Allow new patients through telehealth.
• Waives patient co-payment for telehealth.
• Quarantined and providers in other states long as licensed in state where practice.
• Telehealth is allowed using telephone but can not bill originating site fee if home.
  • Includes telebehavioral.
• No separate telehealth fee schedule—equal to current fee schedule for in-person.
• Hospitals and RHCs may serve as distant sites.
• Clarifies DEA guidance is allowed in Missouri.
• Expedited provider enrollment.
• Well-Child (EPSDT) may be provided through telehealth.
• Continue bill primary insurance and then Medicaid if patient has other insurance.
• Personal Care Program Services
• Home Health
Oklahoma Policy and Regulations in Response COVID-19
Oklahoma

• Governor’s Declaration April 7, 2020—last Update April 30, 2020 (Emergency through May 30).
  • Boards emergency rules by April 15 to increase number of medical professionals allowed practice in state.
    • Any medical professional with license, certificate, or permit in any state party to Emergency Management Compact shall be deemed licensed in Oklahoma; All licenses set to expire shall be extended
  • Reduction supervisory requirements on non-physicians.
    • Physician may supervise any number of PAs, CRNAs, and NPs and may supervise using remote or telephonic means.
  • Telemedicine allowed for new patients.
    • Does not apply to requirement for pre-existing relationship for opiates and other controlled substances.
• State 1135 Waiver
  • Provisionally enroll providers enrolled in another state.
    • Cease revalidation of providers currently enrolled in Medicaid program.
  • Allows provision of services in alternative settings.
  • Extends timeline for fair hearing appeals.
  • Suspend pre-admission screening and annual resident review, as well as prior authorization requirements.
Oklahoma

- SoonerCare Global Messages Web Alerts
  - Expanded use of telehealth services during the COVID-19 national and state emergency are being extended
  - Well-child visits via telehealth
  - PT and OT Services via Telehealth
  - Telehealth for Dental Providers
  - PT and OT services via telehealth
  - Behavioral Health Providers
  - Expanded use of telehealth and telephonic services

Virtual question and answer webinar sessions (recorded on SoonerCare website)
- PT/ST/OT, Nursing Facilities, Hospitals, Behavioral Health, Physicians, I/T/U, FQHC/RHC, Dental, and DME.
Kansas Policy and Regulations in Response COVID-19
Kansas Actions

**Telehealth-Governor’s Executive Order 20-08**

- In-person exam, including for controlled substances, not required.
- Out of state physicians may provide telehealth as long as inform Board of Healing Arts.
- Board Healing Arts emergency licenses for those professions it regulates.

**Professional and Occupational Licenses-Executive Order 20-19 and 20-23**

These three orders and 20-26 (discussed on a later slide) remain in effect until May 31, 2020 or the end of the declared emergency.

- State 1135 Waiver
  - Suspend prior authorization requirements and extend pre-existing authorizations.
  - Provisionally enroll providers enrolled in another state.
    - Cease revalidation of providers currently enrolled in Medicaid program.
  - Extends timeline for fair hearing appeals.
Governor’s Executive Order 20-26

Relief from Certain Restrictions and Requirements Governing Medical Services

• Suspends provisions in statute relating to supervision, delegation, and related issues by and to health care providers that are licensed, registered or certified, and for ancillary workers
  • Allows licensed, registered, or certified health care professionals to provide, within a designated health care facility, medical services necessary to support the facility’s response.
  • Appropriate to the professional’s education, training, and experience as determined by the facility in consultation with the facility’s medical leadership.
• Medical services without supervision from licensed physician or nurse without penalty related to lack of supervision or lack of a supervision agreement.
  • PA, APRN, Nurse Anesthetist, RN, LPN, Pharmacists.
  • Students, Military, Lapsed License (previous 5 years)
  • Respiratory Extenders—medical students, PTs, Emergency Medical Personnel.
  • Health care professionals licensed and in good standing in another state.
    • Same limitations as in state of licensure.
    • Board Healing Arts still has form for telehealth physicians to notify.
• Providing care of patients suspected or confirmed to be infected with COVID-19, deemed immune from suit unless willful misconduct, gross negligence, recklessness, or bad faith.
Medicaid (KMAP)

• Equivalent payment for telehealth services-Bulletin 20045
• Telehealth-Bulletin 20046
• Additional Codes Added to Telemedicine—Bulletin 20065
• Additional E/M Codes Allowed—Bulletin 20072
• Reversal of Sequestration Reduction to RHCs, FQHCs, and IHCs-Bulletin 20054
• COVID-19 Public Health Emergency Temporary Waivers-Bulletin 20071
• Revision to April 2020 NCCI PTP and MUE Files—Bulletin 20075
• Expansion of Telemedicine for Therapy-Bulletin 20073
• Allowance of Additional Mental Health Crisis Intervention Codes-Bulletin 20086
• Extension of Emergency Policies Through June 30, 2020-Bulletin 20096
Other Entities

- State of Kansas submitted a waiver application for home and community-based services under Section 1912(c) through an Appendix K document
  - KDADS Bulletins
    - Home and Community Based Services
    - Substance Use Providers
- Kansas Board of Healing Arts (guidance related to EO 20-26), Nursing (guidance related to EO 20-26), Behavioral Sciences, Dental (Memorandum 5 outlining in-person dentistry), Pharmacy
- Kansas Insurance Department
  - COVID-19 Insurance and Securities FAQs
  - COVID-19 Insurance and Securities Scams
  - List of major and other medical insurers and links to websites.
HTRC Updated Federal and State (MO, KS, OK) Policy documents discussing these and previous changes available on HTRC website in COVID-19 section (orange banner on home page) at:

http://heartlandtrc.org/covid-19/
Policy Changes and Funding Resources in CARES Act
Coronavirus Preparedness and Response Supplemental Appropriations

- First stimulus/policy changes March 6, 2020.
- Division B, “Telehealth Services During Certain Emergency Periods Act of 2020”
  - Section 102 Temporarily waive or modify application of certain Medicare requirements with respect to telehealth services furnished during certain emergency periods.
    - Facility Fee
    - Telephone with audio and video, two-way real-time interactive communication
    - Qualified Provider
    - Implement through program instruction or otherwise
    - Emergency Area and Emergency Period
    - Declared Emergency or Disaster Declared by President
      - January 31, 2020
Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

• Larger stimulus bill, March 27, 2020
• Large range of actions
  • Division A—Keeping Workers Paid and Employed, Health Care System Enforcements, and Economic Stabilization.
    • Title I—Keeping American Workers Paid and Employed Act
    • Title II—Assistance for American Workers Families, and Businesses
  • Title III—Supporting America’s Health Care system in the Fight Against Coronavirus
    • Title IV Economic Stabilization and Assistance to Severely Distressed Sectors of the United States Economy
    • Title V Coronavirus Relief Funds
    • Title VI Miscellaneous Provisions
CARES Act Title III

• Title III—Supporting America’s Health Care system in the Fight Against Coronavirus
  • Part I—Addressing Supply Shortages
  • Part II—Access to Health Care for COVID-19 Patients
    • Subpart B—Support for Health Care Providers
    • Subpart C—Miscellaneous Provisions
  • Part III—Innovation
  • Part IV—Health Care Workforce
    • Subtitle D—Finance Committee
    • Subtitle E—Health and Human Services Extenders
      • Part II—Medicaid Provisions
  • Part V—Miscellaneous Provisions
Part II, Subpart B-Support for Health Care Providers

3211 Supplemental Awards Health Centers
• $1,320,000,000 FY 2020

3212 Telehealth Network and Telehealth Resource Centers Grant Programs
• “Evidence-based projects that utilize telehealth technologies through telehealth networks; “Support initiatives that utilize telehealth technology”; Five years instead of Four years; Substance Use Disorder added; Add rural to medically underserved areas; $29,000,000 for each fiscal years 2021 through 2025

3213 Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs
• Expansion from three to five years; Rural underserved populations; $79,500,000 each FY 2021-2025

3215 Limitation Liability Volunteers
• “A health care professional shall not be liable under Federal or State law for any harm caused by an act or omission of the professional in the provision of health care services during the public health emergency with respect to COVID-19 . . . .”
  • If a volunteering in response to the public health emergency-no compensation or anything of value.

3216 Flexibility NHSC during Emergency Period
• Allows Secretary of HHS to assign NHSC members with their consent to provide services at such places and such hours as are necessary to respond to the emergency reasonably distant from the member’s site.
Part II, Subpart C-Miscellaneous Provisions

3221 Confidentiality and Disclosure of Records Related Substance Use Disorder
3224 Guidance on Protected Health Information
• Within 180 days of Act, Secretary issue guidance on sharing of patients’ protected health information with respect to COVID-19.

Part II, Subpart C, Part 4-Healthcare Workforce

3401 Reauthorization Health Professions Workforce Programs
• Significant funding multiple programs for each year in fiscal years 2021 through 2025; May give priority to train residents in rural areas

3404 Nursing Workforce Development
Additional funds FY 2021 through 2025; Nurse Managed Health Clinic; Clinical Nurse Specialists; Nurse Loan Repayment Program
3701 Exemption for telehealth services
• “Safe Harbor for Absence of Deductible for telehealth—In the case of plan years beginning on or before December 31, 2021, a plan shall not fail to be treated as a high deductible plan by reason of failing to have a deductible for telehealth and other remote care services.”

3703 Increasing Medicare telehealth flexibilities during Emergency Period
3704 “Enhancing the telehealth services for Federally Qualified Health Centers and Rural Health Clinics During Emergency Period”
• The Secretary shall pay for telehealth services that are furnished via a telecommunications system by a Federally Qualified health center or a rural health clinic to an eligible telehealth individual enrolled under this part notwithstanding that the Federally qualified health center or rural clinic providing the telehealth service is not at the same location as the beneficiary”; Distant site includes a FQHC or RHC that provides an eligible service; Special payment method based on payment rates that are similar to national average in the physician fee schedule—May not be FQHC PPS or RHC AIR Calculation

3705 Temporary Waiver of Requirement for Face to Face Visits Between Home Dialysis Patients and Physicians
• Secretary may waive during emergency period
Part IV, Subtitle D-Finance Committee (continued)

3706 Telehealth to Conduct face-to-face encounters prior to recertification of eligibility for hospice care during Emergency Period
  • Secretary may waive during emergency period

3707 Encouraging Use Telecommunications Systems for Home Health Services Furnished During Emergency
  • Secretary shall encourage, including for remote patient monitoring.

3709 Temporary Suspension of Medicare Sequestration
  • May 1, 2020 and ending December 31, 2020, Medicare programs exempt from reduction under any sequestration order.

Part IV, Subtitle E-Health and Human Services Extenders
Part II Medicaid Provisions

3813 Delay of Disproportionate Share Hospital reductions
  • September 30, 2021 and end of fiscal year 2022.

3814 Extension and Expansion of Community Mental Health Services Demonstration Programs
  • November 30, 2020; Two additional states in two-year demonstration; Priority those planning grants currently
FCC and USDA Funding Opportunities
FCC COVID-19 Telehealth Program

• April 2, 2020, the Commission released a Report and Order establishing the COVID-19 Telehealth Program.
• $200 million in funding, Coronavirus Aid, Relief, and Economic Security (CARES) Act
• Help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic.
• Immediate support to eligible health care funding for telecommunications services, information services, and devices necessary to provide critical connected care services
• Lasts until the program’s funds have been expended or the COVID-19 pandemic has ended.

Limited to nonprofit and public eligible health care providers that fall within the categories of health care providers
Process

• Three initial steps apply for funding:
  (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC);
  (2) obtain an FCC Registration Number (FRN); and
  3) register with System for Award Management.
• Began accepting **Monday, April 13, 2020 at 12:00 PM ET**
• Limit of $1 million for individual applicant
• Health care provider sites that USAC has already deemed eligible to participate in the Commission’s existing Rural Health Care (RHC) Programs may rely on that eligibility determination for the COVID-19 Telehealth Program
• More information and application available at: [https://www.fcc.gov/covid-19-telehealth-program](https://www.fcc.gov/covid-19-telehealth-program)
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 Services
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
Covered Services

Telecommunications Services and Broadband Connectivity Services: Voice services, and Internet connectivity services for health care providers or their patients.

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.

Internet Connected Devices/Equipment: tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site.
Funding awards will take into account:

- The conditions to be treated using the COVID-19 Telehealth Program funding.
- The goals and objectives for use of the COVID-19 Telehealth Program funding.
- The timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program.
- The factors/metrics the applicant will use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program.
- The geographic area and population served by the applicant and whether that geographic area has been under any pre-existing strain (e.g., large underserved or low-income patient population; health care provider shortages; rural hospital closures; limited broadband access and/or Internet adoption).
- The health care providers’ targeting of funding to high-risk and vulnerable patients.
Funding Awards

FCC has awarded four rounds of funding to date, totaling $13.7 million.
- No entities in Missouri, Oklahoma, or Kansas have received funds to date.

**Round 1-**$3.23M: Grady Memorial Hospital in Atlanta, Georgia; Hudson River HealthCare, Inc., in Peekskill, New York; Mount Sinai Health System, in New York City, New York; Neighborhood Health Care, Inc., in Cleveland, Ohio; Ochsner Clinic Foundation, in New Orleans, Louisiana; UPMC Children’s Hospital of Pittsburgh, in Pittsburgh, Pennsylvania.

**Round 2-**$3.71M: Banyan Community Health Center, Inc., in Coral Gables, Florida; Health Partners of Western Ohio, based in Lima, Ohio; NYU Langone Health, in New York, New York; St. John’s Well Child and Family Center, in Los Angeles, California; The University of Michigan Hospital, in Ann Arbor, Michigan.

**Round 3-**$2.56M: Anne Arundel Medical Center, Inc., in Annapolis, Maryland; Christiana Care Health Services, in Newark, Delaware; Garfield Health Center, in Monterey Park, California; HIV/AIDS Alliance for Region 2 d/b/a Open Health Care Clinic, in Baton Rouge, Louisiana; NYU Grossman School of Medicine, in New York, New York; White Plains Hospital Medical Center, in White Plains, New York.

**Round 4-**$4.2M: Augusta University Medical Center, in Augusta, Georgia; Children’s Hospital Colorado, in Aurora, Colorado; Country Doctor Community Health Centers, in Seattle, Washington; Greene County General Hospital, in Linton, Indiana; The Institute for Family Health, in New Paltz, New York; Lancaster Health Center, in Lancaster, Pennsylvania; Loudoun Community Health Center T/A HealthWorks for Northern Virginia, in Leesburg, Virginia; Mayo Clinic, in Rochester, Minnesota; McLaren Health Care Corporation, in Grand Blanc, Michigan; New York Psychotherapy and Counseling Center, in Jamaica, New York; Parker Jewish Institute for Health Care and Rehabilitation, in New Hyde Park, New York; Service Program for Older People, Inc., in New York, New York; Valley-Wide Health Systems, Inc., in Alamosa, Colorado.
Second Application Window Open for Distance Learning and Telemedicine Grant Program Funding

- $72 Million Available to Help Rural Residents Gain Access to Health Care and Educational Opportunities
- Beginning April 14 and lasting through July 13, 2020.
- Goal--Help rural communities use the unique capabilities of telecommunications to connect to each other and to the world,
  - Overcome effects of remoteness and low population density.
- Information and Application materials are available at: https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants.
Third Thursday of Each Month
Time: 1:00 p.m. CST
Register: www.telehealthresourcecenter.org

- Policy reviews for federal and state policy changes described in this webinar including links to federal and state resources/guidance documents.

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