

### What the Notice of Inquiry Would Do:

1. • Seek comment on creating a Universal Service Fund pilot program to promote the use of broadband-enabled telehealth services among low-income families and veterans, with a focus on services delivered directly to patients beyond the doors of brick-and-mortar health care facilities.

If the FCC wants to fund a successful Connected Health Pilot Program they need to not repeat the mistakes of the Rural Pilot Program. The previous funding program had a focus on improving infrastructure for health systems instead of addressing creating partnerships with providers and vendors who can deliver services to the patient's home. A focused model with wireless service providers, modern digital data providers, will create higher results in chronic care, reduced readmissions and patient satisfaction.

2. • Seek comment on the goals of, and statutory authority for, the pilot program.

The goal should be to create and deliver a multifaceted system that focuses on chronic care and remote patient monitoring with contractual obligation between treatment plan provider and recipient. The resulting billed revenue should create a self-sustaining model that can be self-funded after 3 years. The program needs to be flexible in spending and growth and be highly scalable. It is a more OPEX than CAPEX model it needs to be web portal driven and internet driven with HIPAA compliant partnerships that follow PHI regulations.

3. • Seek comment on the design of the pilot program, including: (1) the program budget; (2) the application process and types of telehealth pilot projects that should be funded; (3) eligibility criteria for participating health care providers, broadband service providers, and low-income consumers; (4) the broadband services and other communications services and equipment that should be supported; (5) the amount of support and how it should be disbursed; and (6) the duration of the program.

#### 1. EX. Program Budget Less Video (Zoom is preferred video vendor for this author @ \$15 per Month)

FCC Connected Funds Programming	Connected Users	Year 1 Devices	Year 2	Year 3	Monthly Cost	Year 1	Year 2	Year 3
Vantage Medical Consortium OH								
Chronic Care Data Delivery System	5000				\$ 8,995.00	\$107,940.00	\$107,940.00	\$107,940.00
Fitbit Charge 3 Device Low Income and Chronic	\$200 each	1500	1500	1500		\$300,000.00	\$300,000.00	\$300,000.00
Verizon Smart Phone Device & Interface		1500	1500	1500	\$ 10.00	\$180,000.00	\$180,000.00	\$180,000.00
Mobile Carts for Rural Clinic Partners		10				\$110,000.00		
On Site Training and Setup 1000 hours						\$100,000.00		
Maintenance contract M-F (9-5)						\$12,500.00	\$125,000.00	\$ 12,500.00
Total Cost						\$810,440.00	\$712,940.00	\$600,440.00
Billing RPM Revenue CPT 99091		\$1,062,000.00	\$2,124,000.00	\$3,186,000.00				
Average Readmission Loss \$15,000	Reduce 20%	\$4,500,000.00	\$9,000,000.00	\$13,500,000.00				
Total revenue and savings		\$5,562,000.00	\$11,124,000.00	\$16,686,000.00				

#### 2. The application process

- a. Suggest using similar criteria and scoring used in USDA Distance Learning and Telemedicine applications where, applicants are scored on RUCA and narrative of how project plan will be initiated and calculated for efficacy.

#### 3. Eligibility Criteria

- a. Non Profit and Veteran based organizations that create and conform to signed LOA's and electronically documented treatment plans with consent forms and who document non-conforming members with penalty language and removal of privileges.

- b. All participants can be eligible for an 80/20 reimbursement model, whereby USAC will reimburse for 80% of monthly costs quarterly, for up to 3 years Failure to submit invoice and reports will delay or possibly terminate reimbursement agreement.
- c. Consortium must also demonstrate or indicate its web portal services for both physician and patient interaction. Or include budget item to improve web site (Simple hyperlinks of services can be created or modified for each system)
- d. Above model assumes that participants DO NOT have smart phone to interact in program. That is probably highly unlikely. The program provider will conduct interviews for treatment plan contracts and determine eligibility of consumer by chronic care device(s), smart phone interface and willingness to participate and comply.

#### 4. Broad Band Services

- a. Primary distribution model will rely on wireless telecom providers distributing low lease smart phone or “hot spots “with restrictive connectivity from device manufacturer. “Lock it down” Limit smart phone time and applications to only being able to interact as a connectivity portal from medical device to internet.
- b. Secondary model could enhance rural locations with enhanced wireless capabilities for Bring your own device strategy BYOD, and Telehealth carts or devices for patient interaction.

#### 5. Support Plan

- a. All On line Providers and partners must provide 3-5 year maintenance contract for basic services.

#### 6. Duration of Program

- a. 3 years.

- Seek comment on how to measure the effectiveness of pilot projects in achieving the goals of the program.

USAC and the FCC should have quarterly reports submitted showing queried values of chronic care CPT billing along with patient satisfaction survey information that could be provided quarterly by internal or external partners. This is a direct resultant of a successfully deployed solution.

- 1. EX: North East Health Net Chronic Care and Remote Monitoring Services billed Q1 2019
  - a. Saint Vincent Health
    - i. QTY 1800 CPT 99091
  - b. Corry Memorial
    - i. QTY 500 CPT 99091
  - c. Titusville Area Hospital
    - i. QTY 750 CPT 99091
  - d. WestField Hospital
    - i. QTY 500 CPT 99091

If the providers are fulfilling their remote monitoring treatment plans they have and will want to bill the component successfully. The above model is only calculating 1/3 of the potential RPM revenue that can be achieved by the implementation of the program listed. It is highly scalable and being used by major systems. (EX: 5,000 connected user year @\$59 (CPT 99091) per patient/per month =\$3,540,000 annually) You are delivering all tools needed for a successful program and sustainability. Each year in the above model is positive for revenue generation vs. Cost.