

# Connected Care Pilot Program (CCPP) User Guide – Annual Reports and Final Report

## Updated as of January 2023

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# Reporting Requirements for CCPP Projects

Pilot projects participating in the Connected Care Pilot Program (CCPP) are required to submit the following reports: (1) an annual report after their first year of funding, (2) an annual report after their second year of funding, and (3) a final report after their final year of funding that contains data for the final year of funding and summarizes final results. The first year for a particular project begins on the starting date for that project.

### Why the Federal Communications Commission Needs This Information:

The Federal Communications Commission (FCC) launched CCPP to examine how the Universal Service Fund can help support the trend towards connected care services, particularly for low-income Americans and veterans. CCPP will provide meaningful data that will help them better understand how Universal Service Funds can support health care provider and patient use of connected care services. The data you provide will help the FCC determine how it can support connected care services going forward.

## Tips to Remember When Submitting Your Reports:

If your organization does not collect the requested information, please select "**Did Not Track**" when applicable. For questions that seek data from years prior to the start of CCPP, please provide any data that your organization has, even if that data is for less than a full year or select "**Did Not Track**".

To minimize burdens on health care providers, the majority of questions are optional. If your organization tracks information but you still decline to provide it, select "**Decline to Answer**".

### **Report Submission:**

Pilot projects must use the provided form to submit the required reports. The form may be accessed through <u>My Portal</u>. **The required reports can be submitted by the Primary or Secondary Account Holder for the CCPP health care provider or project**. Failure to submit the required reports may result in either the disqualification of the selected participant from CCPP, loss or reduction of support, or recovery of prior disbursements.

### **Reporting Deadlines:**

The reports for the first and second year are due six months after the end of the first and second year of the project. The final report is due six months after the end date of the project. The project start date is the date that a pilot project begins to receive supported services and occurs after the issuance of a Funding Commitment Letter (FCL) by USAC.



## **CCPP** Definitions

**Broadband Internet Access Service:** Mass market high speed internet access service that is always on and faster than traditional dial-up service. Broadband internet access service can be offered through a variety of technologies, including digital subscriber line, cable modem, fiber, wireless, satellite, and broadband over power line. The FCC did not adopt minimum service standards for broadband internet access service funded through CCPP.

**Connected Care:** For purposes of CCPP, "Connected Care" is defined as a "subset of telehealth that uses broadband Internet access service-enabled technologies to deliver directly to patients, remote medical, diagnostic, and treatment-related services outside of traditional brick and mortar medical facilities—specifically to patients at their mobile location or residence." This definition includes services such as remote patient monitoring and video visits, but does not include audio-only (e.g., telephone) services.

**Connected Care Pilot Program (CCPP):** The three-year, up to \$100 Million Pilot Program established by the FCC to examine how Universal Service Funds can support health care provider and patient use of connected care services.

**Federal Communications Commission (FCC):** The federal agency responsible for establishing, implementing, and overseeing the Connected Care Pilot Program.

**Low-Income Patient:** For purposes of CCPP, a patient is considered low-income if (1) the patient is eligible for Medicaid or (2) the patient's household income is at or below 135 percent of the U.S. Department of Health and Human Services Federal Poverty Guidelines.

**My Portal:** My Portal is USAC's online forms submission tool. My Portal is accessible from the USAC website in the Rural Health Care section by following the links for "<u>My Portal</u>."

**Telehealth:** For purposes of CCPP, telehealth means the broad range of health care-related applications that depend upon broadband connectivity, including telemedicine; exchange of electronic health records; collection of data through Health Information Exchanges and other entities; exchange of large image files (e.g., X-ray, MRIs, and CAT scans); and the use of real-time and delayed video conferencing for a wide range of telemedicine, consultation, training, and other health care purposes. Where the term telehealth is used on the Pilot Program Reporting template, the FCC is interested in information on telehealth services that are remote clinical services.

<u>Universal Service Administrative Company (USAC)</u>: The entity responsible for administering the Connected Care Pilot Program, including processing CCPP forms.

**Veteran Patient:** For purposes of CCPP, a patient is considered a veteran if the patient qualifies for health care through the United States Department of Veterans Affairs (VA).



## **Report Sections**

- General Project Summary
- Patient Population
- Program Goals
- Overall Satisfaction
- Provider Focused Questions
  - Telehealth Appointments
  - o Patient Participation
  - o Provider Cost
  - o Patient Outcome
  - Specific Condition Outcome
  - Additional Feedback
- Patient Experience
  - o Customer Satisfaction
  - Health Improvement
  - Cost Savings
  - Time and Convenience
  - Additional Feedback
- Connected Care Pilot Program Final Report
  - Project Goals and Objectives
  - Lessons Learned
- Certification



## Walkthrough of CCPP Report Submission in My Portal

**Step 1:** Log in to <u>My Portal</u> and click "**Connected Care Pilot Program Annual Reports and Final Report.**"

Universal Service Administrative Co.	
<ul> <li>Dashboard         <ol> <li>In accordance with the Supply Chain of and High Cost &amp; Lifeline - FCC Form 48</li> </ol> </li> </ul>	orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Teleco 81. Service providers are required to submit these annual certifications. For additional information, vis
Upcoming Dates 11/23 HCF Office 2022 Hours Webinar	Rural Health Care RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and eadlier
	Connected Care Pilot Program Annual Reports and Final Report - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

#### Step 2: Click "START A NEW REPORT"

		-	Ż			
<b>CCPP</b> Information C	ollection Report	ts				
Welcome to the Connected Care Pilot Program report, please click on the "Start New Report"	n (CCPP) Dashboard. The window for C button in the navigation bar above.	CPP applications closed on 12/07/2020.	If you were selected to participate in CC	PP, you are required to complete two annual	reports and a final report per CCPP prog	gram rules. To start a
<b>Q</b> Search Reports	SEARCH					± T- Ø
Report Number	HCP Name	HCP Number	Report Year	Last Updated On	Report Status	Actions
			No items available			



**Step 3:** Click the hyperlink titled "**Connected Care Information Collection Reporting Instructions**" to download instructions for completing the report. Select the HCP from drop-down menu titled "**Applicant**" and select which year the report is for from the drop-down menu titled "**Reporting period**." Then click "**Save & Continue**."

20 DASHBOARI	D START NEW REPORT				
	Start	General Project Summary	Provider Focused Questions	Patient Experience Questions	Certification
Start					
	Pilot projects participati funding that contains da You can find a pdf of the Connected Care Informa	ig in the Connected Care Pliot Program are required to submit the ta for the final year of funding, and summarizes final results. The full reporting instructions at the link below.	cfollowing reports: an annual report after their first year of funn first year of a particular Project begins on the starting date for t	ling, an annual report after their second year of funding, and a fi hat Project.	inal report after their final year of
	* Applicant	Select from your wellable Applicants			•
	Project Coordinator Name * Reporting period	Vear 1	v		
		If you have questions please contact our RHC Cus	tomer Service Center at (800) 453-1546 or RHC-Assist@usac.org	8:00 a.m. – 8:00 p.m. ET Monday through Friday for assistance.	SAVE & CONTINUE

**Step 4:** If instructions are needed while completing the report, click the "**Show instructions**" hyperlink on the right side of the screen. Answer the questions and click "**Save & Continue**" in the lower right hand corner of the page. Click "**Back**" or "**Exit**" in the lower left hand corner of the screen to navigate back to the previous page or exit the report. Drafts are saved for future use.

Start	General Project Summary	Provider Focused Questions	Patient Exp	perience Questions		Certification
eneral Project Summary						
Patient Population Questions	Patient Population Ques	tions				
Program Goals Questions Overall Satisfaction Questions	1.1a What is the estimated number of pati	ents indicated on your original application to parti	icipate in the Connecte	ed Care Pilot Program? *		Show Instructions
			In Total	That are Low Income, if tracked	That are a Veteran, if tracked	That are Both Low Income & Veteran, if tracked
	1.1b How many unique patients do you s	erve (if you track this): *				
	1.1c How many unique patients were elig track this): *	ible for your Connected Care Pilot project (if you				
	1.1d How many patients were included in connected services during this reporting	a your Connected Care Pilot project AND used period: *				
JACK EXIT						SAVE & CONT



**Step 5:** There are sub-sections under each tab. Once answers are provided for each question, click "**Save & Continue**" in the lower right hand corner of the page.

Start	General Project Summary Provider Focused Questions			Patie	nt Experience Question	s		Certification	
General Project Summary									
Program Goals Questions     Program Goals Questions     Overall Satisfaction Questions     Yes     No									
	Please state your response to the following statement:	Strongly Disagree	Disagree	Somewhat	Neither Agree nor	Somewhat Agree	Agree	Strongly Agree	
	1.2d Lack of health care provider participation interfered with meeting the objectives of your Connected Care Pilot Program project. *								
	1.2e Lack of patient participation interfered with meeting the objectives of your Connected Care Pilot Program project. *								
	1.2f Administrative issues interfered with meeting the objectives of your Connected Care Pilot Program project. *								
	1.2g Technical issues interfered with meeting the objectives of your Connected Care Pilot Program project. *								
BACK EXIT							_		

**Step 6:** When the answers are provided in the final sub-section, click "**Save & Continue**" in the lower right hand corner of the page and you'll be directed to the next tab.

Start	General Project Summary	Provider Focused	Questions		Patient Experier	nce Questions		Cert	fication
neral Project Summary									
Patient Population Questions Program Goals Questions	Overall Satisfaction Questions								Show Instructions
Overall Satisfaction Questions		Extremely unsatisfied	Very unsatisfied	Unsatisfied	Not unsatisfied nor satisfied	Satisfied	Very satisfied	Extremely satisfied	Not applicable
	1.3a How satisfied were you with how your Connected Care Pilot Program project has been implemented internally? *								
	1.3b How satisfied were you with the FCC's administration of the Connected Care Pilot Program? $^{\rm o}$								
	1.3c How satisfied were you with your experience navigating the Program websites and My Portal? $^{\rm o}$								
	1.3d How satisfied were you with the ease and clarity of filing required FCC forms? $^{\rm +}$								
	1.3e How satisfied were you with USAC's ability to help with questions in a timely manner? *								
	1.3f How satisfied were you with the timeframe in which you received a funding commitment? *								
	1.3g How much does the Program funding meet your Connected Car	e Pilot Program project	needs?*						
	It covers 75-85% of the amount needed It covers	50-74.99% of the amoun	needed	It covers 25-49.99%	of the amount needed		vers 0.01-24.99% of the an	nount needed	
	1.3h (Optional) If you would like to share any other thoughts or feec	lback on the administra	tion of the Connected	Care Pilot Program for 1	his reporting period ple	ase do so here:			4
ск) бит									



**Step 7:** Complete all questions in all of the sub-sections of the "**Provider Focused Questions**" tab, click "**Save & Continue**" in the lower right-hand corner of the page and you'll be directed to the next tab.

Start	General Project Summary	Provider Focused Questions	Patient Experience Questions	Certificati	on
Provider Focused Questions					
Telehealth Appointment Questions     Patient Participation Questions	Telehealth Appointment Questions				Show Instructions
Provider Cost Questions     Patient Outcome Questions	2.1a Did you receive external funding for telehealth services outsi Yes No	ide of the Connected Care Pilot Program in the	last 24 months preceding the end of the current reporting pe	riod?*	
Specific Condition Outcome Questions     Additional Feedback	2.1c How did funding from the Connected Care Pilot Program chan	nge the number of patients you served via com	rected care during the reporting period? *		
	It did it increased the number of patients served. It did it increased the number of patients served by more Did no then 20%.	not affect the number of patients served. (	It increased the number of patients served by less han 10%.	It increased the number of patients served by 10-20%.	

**Step 8:** An error message will appear if a mandatory field is left blank.

t decreased the average nu			- It incr	eased the average number of appointments per-	It increased the average number of	appointments per
	mber of appointments.	It did not affect the average nu	umber of appointments. patier	t by less than 5%.	patient by 5-10%.	
t increased the average nur patient by 10-15%.	nber of appointments per	It increased the average numb patient more than 15%.	per of appointments per o Did n	ot track or Project not focused on appointments.	O Decline to answer.	0
1f (Optional) Did providin	g care via Connected Care Pilot	Program services lead to prov	viders seeing patients outside of sta	ndard hours of operation?		
Yes O	No	Not Applicable	Decline to Answer			
ig (Optional) Please ident	ity the telenealth platforms/se	rvices that you used to provide	le connected care services through y	our connected care Pliot Program project.		
						1
1h (Optional) Please provi	de an anonymized aggregated	number of patients that you w	were able to provide connected care	services to through your Pilot project		
UPLOAD Drop files he	re					
UPLOAD Drop files he	re					
UPLOAD C Drop files he	re			Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began)
UPLOAD C Drop files he	re atlents in the Connected Care I	Pilot Program. *		Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began) 100
UPLOAD D C Drop files he	re atients in the Connected Care I If connected care appointment	Pilot Program. * s for patients included in the C	Connected Care Pilot Program.	Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tricked (in the reporting year since the pilot began) 100
UPLOAD De Drop fies he 11 Total number of unique p (Optional) Total number o (Optional) Total number o s part of your Pilot proje	atients in the Connected Care I f connected care appointment f Pilot project patients using re tr	Pliot Program. * s for patients included in the C emote patient monitoring or as	Connected Care Pilot Program. synchronous connected Care service	Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began) 100 100
UPLOAD De Drop Nes ne 11 Total number of unique p (Optional) Total number o (Optional) Total number o sa part of your Pilot proje Total number of unique p	atients in the Connected Care i f connected care appointment f Pilot project patients using re t.	Pliot Program. * s for patients included in the C emote patient monitoring or as organization. *	Connected Care Pilot Program. synchronous connected care service	Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began)
UPLOAD Droo fies no 11 Total number of unique p (Optional) Total number of spart of your Pilot proje Total number of unique p (Optional) Total number of	atients in the Connected Care i f connected care appointment f Pilot project patients using re t. taitnts served by the hospital// f connected care appointment	Pilot Program. * 5 for patients included in the C emote patient monitoring or as organization. * 5 across entire patient populat	Connected Care Pilot Program. synchronous connected care service	Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began) 100 100 100 100
UPLOAD Droo first no Total number of unique p (Optional) Total number o (Optional) Total number o	atients in the Connected Care I f connected care appointment f Plot project patients using re t. atients served by the hospital// f connected care appointment f patients using remote patien	Pilot Program. * s for patients included in the C mote patient monitoring or as organization. * s across entire patient populat t monitoring or asynchronous	Connected Care Pilot Program. synchronous connected Care service tion. connected care services across	Two Years Prior, If Tracked (two years prior to the pilot starting)	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began) 100 100 100 100 100 100
UPLOAD Cheen free ne 11 Total number of unique p (Optional) Total number of as part of your Pilot projes Total number of unique p (Optional) Total number of International State (State State S	atients in the Connected Care I f connected care appointment f Pilot project patients using re ct. atients served by the hospital// f connected care appointment f patients using remote patien	Pilot Program. * s for patients included in the C emote patient monitoring or as organization. * s across entire patient populat t monitoring or asynchronous	Connected Care Pilot Program. synchronous connected care service tion. : connected care services across	Two Years Prior, If Tracked (two years prior to the pilot starting)       es       100	Prior Year, If Tracked (in the year prior to the pilot starting)	Reporting Year, If Tracked (in the reporting year since the pilot began) 100 100 100 100 100 100

**Step 9:** Complete all questions in all of the sub-sections of the "**Patient Experience Questions**" tab, click "**Save & Continue**" in the lower right hand corner of the page and you'll be directed to the "**Certifications**" tab.

Start	General Project Summary	Provider Focused Questions	Patient Experience Questions	Certifi	cation
Patient Experience Questions				_	
Customer Satisfaction Questions					
Health Improvement Questions	Customer Satisfaction Questions				Show Instructions
Cost Savings Questions	3.1a How do you track overall patient satisfaction?*				
Time & Convenience Questions	Patient survey	Complaints filed	Anecdotal evidence from providers	We do not track this information	
Additional Feedback	Other, please specify				
	3.1b Please indicate your level of agreement with the follo	owing statement: Patients generally report satisfaction v	ith receiving treatment via the Connected Care Pilot progra	m.*	
	Strongly Disagree	Disagree O	Somewhat Disagree	Neither Agree nor Disagree	
	Somewhat Agree	Agree			



**Step 10:** Read and click the certification. Information on this page is pre-populated with the account holder information from the FCC Form 460 of the HCP the report is for. Type your full name, as it appears in My Portal, into the "**Certifier's Signature**" field and then click "**Submit**."

DASHBOARD START NEW REPORT				
Start	General Project Summary	Provider Focused Questions	Patient Experience Questions	Certification
Certification *	and that I have examined the responses to the Connected Care Pilot Pr	ogram Yearly Data Report, and that to the best of my knowledge and bell	lef, all responses are true, correct, and complete.	Snowinstructions
Please list the names of all the legal entit	ies, U.S. subsidiaries, or affiliations that are included in the data entered on this form:			
Certifier's Full Name: * Certifier's Signature:				
E-mail Address: Phone Number: Date:				
Willful faise statements in responses to t	his information collection are punishable by fine and/or imprisonment (U.S. Code, Title 18, 5	iection 1001).		
BACK EXIT				SUBMIT
	If you have questions please contact our RHC Custon	ter Service Center at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m	8:00 p.m. ET Monday through Friday for assistance.	

**Step 11:** Once the report is submitted, this page will appear. Click the hyperlink to view the report details or click "**Close**" to exit.

		🚺 🎏 arceites
Report Submitted The information collection report has been submitted. Please click here to view	the report details	
		CLOSE
	If you have questions please contact our RHC Customer Service Center at (2001) 453-1546 or RHC-Assist@usac.org 8:00 a.m 8:00 p.m. ET Monday through Friday for assistance.	
© 2020 Universal Service Administrative Company. All rights reserved.		Approved by OMB 3060-1271

**Step 12:** Navigate back to the Dashboard to see the report. Click on the hyperlink on the report under the column titled "**Report Number**" to view the details of the report. Under the column "**Report Status**," you can confirm the report has been submitted, or view reports that are still in draft. Under the "**Actions**" column, there's a "**Recall**" hyperlink that can be used to make corrections or additions to a submitted report.

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1		N	01			
CCPP Information Colle	ection Reports	to participate in CCPP, you are required to complete	two annual reports and a final report per C	CPP program rules. To start a report, please click on the "Sc	art New Report" button in the navigation bar a	above.
Q. Search Reports	SEARCH					a · T · a
Report Number	HCP Name	HCP Number	Report Year	Last Updated On	Report Status	Actions
CCPP-RPT2			1	1/19/2023 3:57 PM EST	SUBMITTED	Recall
© 2020 Universal Service Administrative Company. All ri	If you have questions please contact our R	HC Customer Service Center at (800) 453-1546 or RHC-A	ssist@usac.org 8:00 a.m 8:00 p.m. ET Mond	lay through Friday for assistance.		Approved by OMB 3060-1271

**Step 13:** To recall a submitted report to add or correct information, click on the "**Recall**" hyperlink and then click "**Yes**" in the lower right hand corner of the screen. The report will be returned to draft status. Once the corrections are made, be sure to certify, sign and submit the report.



	START NEW REPORT			and an university former and the second second and the second second second and the second
Recall In	nformation Co	llection Report		
	HCP Number HCP Name Project Coordinator Name	Report Status SUBMITED Created By		
	Reporting period Y	eer 1 Last Modified On 1/19/2023 3:57 PM EST		
Are you sure y	you want to recall this re	sport? Once recalled, the application will be moved to draft status and available to edit.	NO	YES
		If you have questions please contact our RHC Customer Service Center at (800) 453-1546 or RHC-Assist@usac.org 800 a.m 8:00 p.m. ET Monday through Friday for assistance.	<u> </u>	

# Frequently Asked Questions

#### What if some of the questions don't apply to my project?

Many of the fields are optional. Feel free to answer "N/A" or leave them blank if the question doesn't apply. Mandatory fields will display an error message and you will be required to provide an answer before you can submit the report.

#### What if I discover I have made a mistake or I want to add something to a submitted report?

There's a hyperlink titled "**Recall**" that you can use to recall a submitted report. Once you make the corrections or additions, please be sure to re-submit it. Draft reports are not considered submitted.

#### Where can I add additional comments?

There are free-text fields for additional comments in the "**Overall Satisfaction Questions**" section on the "**General Project Summary**" tab and another free-text field in the "**Additional Feedback**" section on the "**Provider Focused Questions**" tab.

## Resources

For more information, visit the <u>Connected Care Pilot Program</u> webpage.

For questions about the Rural Health Care program, contact <u>RHC-Assist@usac.org</u> or the RHC Customer Service Center at (800) 453-1546 from 8 a.m. – 8 p.m. ET Monday through Friday for assistance. Use the <u>RHC Customer Service Center Tip Sheet</u> to learn about what the RHC Customer Service Center can and cannot help you with.