

February 21st, 2018

Marlene H. Dortch
Commission's Secretary
Office of the Secretary
Federal Communications Commission (FCC)
445 12th St., SW, Room TW-A325
Washington, DC 20544

**RE: FOURTH REPORT AND ORDER ON RECONSIDERATION,
MEMORANDUM OPINION AND ORDER, NOTICE OF PROPOSED
RULEMAKING, AND NOTICE OF INQUIRY (WC DOCKET NO. 17-287,
11-42, 09-197)**

Dear Commissioners,

We appreciate the opportunity to comment on the docket items under consideration before the Commission relating to the Universal Service Fund (USF) Lifeline program. Over the years, the Lifeline program and Medicaid have formed a synergistic relationship; one that has had a direct impact on the delivery of care especially within the context of Medicaid managed care.

The Medicaid Health Plans of America (MHPA) is the leading trade organization representing the nation's Medicaid managed care plans. We represent a cross-section of national Medicaid managed care plans, Blue Cross Blue Shield (BCBS) plans, and indigenous State Medicaid managed care plans. In all, we represent almost half of all Medicaid managed care lives.

For nearly 30 years, the Lifeline program has ensured that qualifying low-income Americans have the opportunities and security that voice service brings, including being able to find jobs, connect with family, and access health care. Affordable and accessible mobile devices and services are also essential for Medicaid enrollees with developmental, physical, sensory, and other disabilities. For these populations, mobile devices are particularly useful in situations where there is an emergency, a need for accessible communication at a provider's office or for navigation.

Consequently, the Lifeline program has also become essential to Medicaid managed care plans' use of care management programs. Lifeline mobile devices are used to make appointments for care, follow up with reminders to schedule preventive screenings and tests, discuss chronic care needs with nurses and case managers, and help refill needed prescriptions. In more recent years, the program has evolved to include data services and the accommodation of smart phones.

The importance of the Lifeline as a channel for Medicaid care management is well-documented. For example, various studies from several Medicaid managed care plans reveal that text messages delivered as part of a plan's care management program led to an increase in annual physical exam compliance.¹

Given the importance of this program to our industry, we would like to provide feedback on a few areas within the notice of proposed rulemaking (NPRM) that would appear to have direct and indirect impacts as to how our plans deliver care to Medicaid populations:

The Geographic Reprioritization Of FCC Lifeline Subsidies Could Inadvertently Result In A Disruption Of Care For Some Medicaid Beneficiaries

NPRM would change the nature of the Lifeline program by directing more funding to the deployment of broadband infrastructure rather than to the needs of the recipients who avail themselves of this service.

Under the proposal, Lifeline dollars would be spent to encourage the deployment of broadband infrastructure in rural areas of the country, where access to the subsidies is arguably needed more. Consequently, subsidies will be prioritized for those living in rural areas.

Moreover, the NPRM proposes to eliminate subsidies for voice-only services in all but rural parts of the country by 2021. This could be prejudicial if a Lifeline-qualifying low-income family moves from the rural part of a state to an urbanized area. Under such a scenario, the carrier would no longer receive any subsidies for voice-only services.

Given the transient nature of many Medicaid beneficiaries, such a disruption could also affect a beneficiaries' continuity of care if their access to their Medicaid managed care plan's care management program is curtailed. Some of the poorest Medicaid beneficiaries do not have access to any type of communication aside from the Lifeline program. If plans cannot connect with members they cannot manage their health.

The Proposed Requirement To Add End User Payments As A Means To Arrest Waste, Fraud, And Abuse Must Be Balanced Against Beneficiaries' Access To Services

The Commission seeks comments on whether it should consider the approach undertaken in other benefit programs where there are mandatory end-user payments (i.e. recipients are required to pay a portion of their utilities or rent in Federal housing and energy assistance programs). Ostensibly, such a requirement is promoted as a means to reduce fraud, waste, and abuse. Nevertheless, MHPA offers caution on any cost sharing imposed upon low income beneficiaries that might encumber access to care.

MHPA appreciates the opportunity to provide comments to the agency on this solicitation. Should you have any additional questions, please feel free to contact me at jmyers@mhpa.org or (202) 857-5720.

Sincerely,



Jeff Myers
President and CEO

ⁱ Business Wire, "More Than 3,500 Amerigroup Washington Members Improve Health Outcomes Through Voxiva's Connect4health Mobile Phone Messages," May 21st, 2015 <https://www.businesswire.com/news/home/20150521005325/en/3500-Amerigroup-Washington-Members-Improve-Health-Outcomes#.VV4K6drBzGd>)

MDWise Press Release, March 2nd, 2016 (<https://www.mdwise.org/about-us/media-center/newsroom/news/news-releases/mdwise-members-are-living-healthier-lives-using-vo>)