**Promoting Telehealth for Low-Income Consumers**

Notice of Inquiry – WC Docket No. 18-213

With the evolving technology of 4G and 5G delivery systems and the implementation of interoperable hosted and interfacing solutions, an attainable goal of delivering services to Low level income and Veteran and rural subscribers can have better results than previous proprietary wired solutions.

Vendors such as Verizon, AT&T, Spectrum, Frontier, and others can be contracted to collaborate in a program to reach more “last mile” patients in less time and with less cost. This scalability of deploying solutions that deliver encrypted HIPAA compliant data can be achieved with a combination of interoperable vendor products that break down previous and existing communication barriers. These proven partners are essential in delivering data to a multitude of electronic records systems using both wireless and wired connectivity.

USAC funding could be used to defer costs (80/20) of the deployment and the leased contracts for health systems for the delivery of specialized equipment and interfaced solutions that are used to deliver the primary chronic care data for the treatment plan to the care team and EMR’s.

Resources including approved Contractors with Business Analyst experience could be reimbursed to ensure compliance with delivering results of compiled data. Billing reports and HL7 comparisons with re-hospitalization of enrolled pilot groups could be delivered quarterly by analyst team contractor.

EX:

FCC Connected Care Pilot Program Year 1

* Connected Care enrolled users >10,000
  + Annual Interoperable software interface lease $250,000
* Annual wireless lease subscription for CC Program $250,000
* Annual Cloud hosted services lease (AWS) (if applicable) $100,000
* Annual Contractor and BA’s delivery of reconciliation of data $250,000
* Annual Lease contract of Chronic Care devices for pilot group $500,000

Total Year 1 Expenditures for pilot $1,350,000

* **80/20 reimbursement** model: $1.35 million x .8 = $1,080,000

The above is assuming distribution of set number of devices for underprivileged group of patients and veterans.

The above solution also allows for participation by patients base using their own devices (BYOD).

An incentive pilot could also be initiated driving additional revenues and reducing losses across a health system by enrolling or participating in pilot.

The above comments are submitted with the knowledge that the cooperation and integration with today’s interoperable vendors, modern devices, and specialized resources can deliver results that far exceed prior programming models.