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February 21, 2018

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Submitted Electronically via www.Regulations.gov

Re: WC Docket Nos. 17–287, 11–42, and 09–197 (FCC 17-155); Proposed changes to the Lifeline program

Dear Secretary Dortch:

UPMC Health Plan, UPMC for You, and the integrated companies of the UPMC Insurance Services Division (collectively, "UPMC") are pleased to submit the following comments in response to the Federal Communications Commission (FCC or the "Commission") proposed rule regarding changes to the Lifeline program, as published in the Federal Register on January 16, 2018 (the "Rule").

UPMC is pleased to offer a full range of commercial individual and group health insurance, Medicare Advantage (MA), Medicare Special Needs Plans (SNPs), CHIP, Medicaid, behavioral health, dental, vision, employee assistance and workers' compensation coverage products. Our MA Plan, UPMC for Life, serves approximately 174,000 members combined through the MA Part C/D and SNP programs; more than 21,000 of these members are enrolled in UPMC for Life Dual, the largest stand-alone 4-star D-SNP in the nation. Through our Medicaid managed care organization, UPMC for You, we provide coverage to more than 400,000 enrollees across 40 Pennsylvania counties, and our behavioral health managed care organization, Community Care Behavioral Health, manages mental health and substance abuse services for almost one million Medical Assistance enrollees in Pennsylvania. UPMC also recently began enrolling members through Pennsylvania's Community HealthChoices, a Managed Long-Term Services and Supports (MLTSS) program that is expected to serve more than 360,000 individuals who are disabled, placed in nursing homes, or dually eligible for Medicare and Medicaid. Collectively, our commercial and government programs membership exceeds 3 million.

UPMC supports the Commission in its ongoing efforts to ensure the accessibility and sustainability of the Lifeline program. This program provides communications services to many of our members in a manner that allows both their medical providers and UPMC to more reliably contact and discuss potentially life-saving health information and resources. We are dedicated to providing all of our members with access to care and coverage of the highest quality regardless of their socioeconomic status, and our efforts in this regard have undoubtedly been enhanced by the existence of the Lifeline program. It is with this support and dedication in mind that we respectfully offer for your consideration the following comments.

Facilities-Based Service Limitation

The Rule proposes to limit Lifeline support to only facilities-based broadband service, and would end Lifeline funding for wireless resale programs like the TracFone Wireless "SafeLink Wireless®" (Safelink) service. According to the Commission's 2016 Universal Service Monitoring Report, more than two-thirds of Lifeline program enrollees obtain their service through this type of non-facilities-based service. Given the number and proportion of Lifeline enrollees using non-facilities-based services, the Rule's proposed shift to exclusively fund facilities-based broadband would be a dramatic and potentially very disruptive change for millions of low-income individuals.

More than 31,000 UPMC members enrolled in Medicaid or Special Needs Plans actively use a Lifeline-funded mobile phone. In addition to providing connectivity for social, occupational, emergency services, and medical purposes, these phones also allow UPMC to send important text-based communications, which encompass a variety of purposes from prompting members to re-verify Medicaid eligibility with Pennsylvania, to flu shot and scheduled pediatric screening reminders. Lifeline-funded wireless service also means that we can reliably communicate with our members about important topics like benefit information, prescription drug regimens and interactions, pre- and post-natal care, and more. Without Lifeline support for non-facilities-based services, we firmly believe that many of these members would face barriers to communicating with and accessing the health care system, and that it would be significantly harder for UPMC or healthcare providers to reach them; such a result benefits no one.

One of the Commission's bases for elimination of wireless service support is a desire to encourage investment in broadband-capable networks so that, as stated in Section 254(b) of the Communications Act, ''[c]onsumers in all regions of the Nation . . . should have access to . . . advanced telecommunications and information services, that are reasonably comparable to those services provided in urban areas." While the proliferation and increased affordability of local broadband over the "last mile" network is one means of pursuing this goal, we do not agree with the Rule's implication that facilities-based services are the only means by which affordable high-speed connectivity is likely to be available in the foreseeable future. Over time,

wireless carriers have continued to develop and deploy faster, more reliable service; in the past few months, both Verizon and AT&T have announced plans to begin rolling out a mobile 5G network, and the Commission's own November 2017 "Spectrum Frontiers" decision offers promising support for such advancement. As the Commission unquestionably knows, the enhancement of 4G LTE and the evolution of 5G networks will undoubtedly face their own unique challenges in the context of covering lower density rural areas. However, it is not clear that the economics of meaningful evolution and expansion are materially different from, or any less likely to be improved by Lifeline program support than, those of facilities-based broadband services. As a matter of equality in the spirit of the foregoing Communications Act language, we also believe it is important that the individuals and families supported by the Lifeline program continue to have a choice among available services so that they, like higher-income individuals, are able to choose the type of service that best meets their individualized communication needs. We urge the Commission to refrain from limiting the Lifeline program to only facilities-based service providers.

In the Rule, the Commission also shares its observation that fraud, waste, and abuse (FWA) in the Lifeline program have increased since the advent of multiple program resellers in or around 2009. We acknowledge and support the Commission in its goal to eliminate the scale and incidence of any FWA; that said, we are concerned that the proposed exclusion of non-facilities-based service, while perhaps bringing about a desired absolute reduction in FWA, effectively reassigns the associated economic burden of FWA from the Lifeline program to the millions of low-income enrollees currently receiving Lifeline-funded wireless service. In lieu of excluding wireless resellers from the Lifeline program, we urge the Commission to engage stakeholders separately on this point, and to thereby evaluate a more balanced and carefully tailored means by which program compliance can be more effectively enforced, while still maintaining the current combination of support for both facilities- and non-facilities-based services.

We thank the Commission for the opportunity to provide input on proposed changes to the Lifeline program. We appreciate your consideration of these comments and look forward to continued collaboration with CMS in the future.

Sincerely,

John G. Lovelace

John G. Lovelace
President, UPMC for You, Inc.
President, Government Programs and Individual Advantage Products