May 22, 2019

VIA ELECTRONIC FILING

Ms. Marlene H. Dortch,

Secretary

Federal Communications Commission

445 12th Street, SW

Washington, DC 20554

Re: Bridging the Digital Divide for Low Income-Consumers, WC Docket No. 17-287; Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42; Telecommunications Carriers Eligible for Universal Service Support, WC Docket No. 09-197

**Notice of In Person Ex Parte Communication**

Dear Ms. Dortch:

On May 20, my colleague Elizabeth Simonhoff Perez (Senior Manager of Health Care) and I met with Nirali Patel of Chairman Pai’s office. We discussed the rollout of the National Verifier and TracFone’s proposal to assist Universal Service Administrative Co. (“USAC”) by providing Medicaid eligibility data to confirm applicants’ Lifeline eligibility. Pursuant to TracFone’s Emergency Petition for an Order Directing USAC to Alter the Implementation of the National Verifier to Optimize the Automated and Manual Eligibility Verification Processes, filed on August 9, 2018, TracFone reiterated its request that the Commission should direct USAC to accept documentation produced through third parties’ automated access to state databases. Under TracFone’s proposal, USAC’s manual eligibility verification process would accept proof of Medicaid eligibility provided on Managed Care Organization (“MCO”) letterhead. This proposal could be an interim solution and used until the National Verifier has access to the Centers for Medicare & Medicaid Services database. TracFone explained that it has partnerships with 25 MCOs in 37 states. Those partnerships allow TracFone to access MCOs’ databases in order to verify applicants’ Medicaid eligibility and thereby verify their Lifeline eligibility. The MCOs’ databases originate from state Medicaid departments, which guarantee that only eligible recipients receive Medicaid reimbursement for health care services. In the past, the Commission has encouraged TracFone to use these databases to confirm the eligibility of potential Lifeline recipients. TracFone expressed its interest in relying upon these same databases to facilitate the National Verifier rollout.

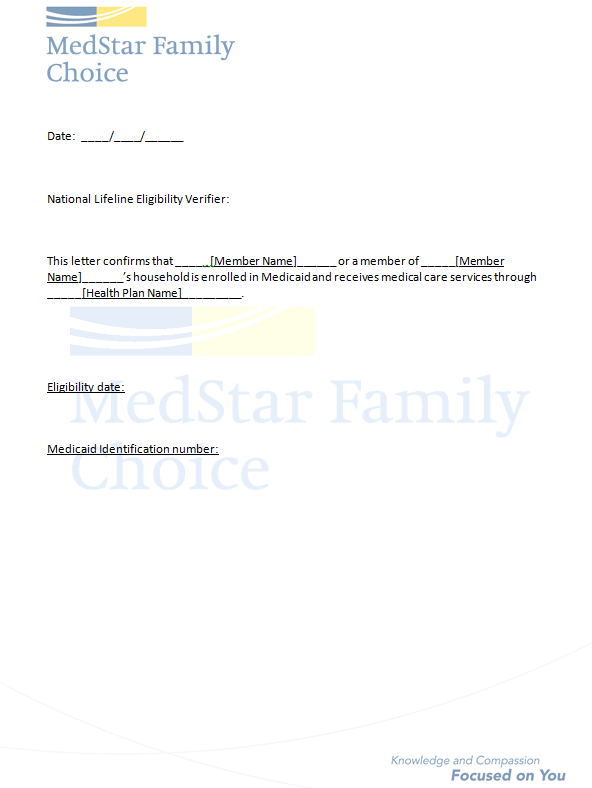
Also on May 20th, we met with Jamie Susskind of Commissioner Carr’s office to discuss the TracFone MCO interim proposal and to receive an update on the Commission’s Notice of Inquiry on Telehealth For Low Income Consumers (WC Docket No. 18-213).

Sincerely,

Mark Rubin

Senior Executive for Government Affairs

**SAMPLE PROOF**



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**EVIDATION HEALTHCARE STUDY EXECUTIVE SUMMARY**

-          49,209 individuals with continuous coverage from April 2016 - March 2018

-          SafeLink Healthcare users are more likely to be female, 50 years old (vs. 45 years old for non-SafeLink users) and English speaking

-          Among individuals with chronic conditions, the Per Member Per Month (PMPM) cost for SafeLink users were 6% lower than for non-users

-          SafeLink users were 14% less likely to drop off health coverage compared to non-users

-          Being enrolled in SafeLink more days was associated with lower PMPM cost

-          Although individuals that are SafeLink users are more likely to go to the hospital, when they go to the hospital, they go 0.61 times (less than 1 time). Also, the more days they are a SafeLink customer, the less likely they are to go to the hospital. It is also important to note that not all hospitalizations are emergencies; some hospitalizations may be scheduled and planned with their doctor.

-          Active SafeLink users have 1.33 times more physician office visits than non-SafeLink users. Even more, long-term SafeLink users have 1.36 times more physician visits.  Furthermore, SafeLink users with chronic conditions have 9.4 times more physician visits than non-users.

-          SafeLink users with chronic conditions were 10% less likely to visit urgent care than non-users with chronic conditions.

-          Active and SafeLink users had 1.2 more preventative screenings than non-users.  Hence, they are more likely to take part in preventative care with cervical, breast, prostate, and lung cancer; also bone density screenings.

-          Active users were 1.25 times more likely to have at least 1 flu vaccination than non-users.

-          SafeLink users were 1.48 times more likely to have at least 1 smoking cessation consultation than non-users.

-          Long-term SafeLink users with diabetes were 1.29 more likely to be adherent to their medication than non-users with diabetes.

-          Long-term SafeLink users with hypertension were 1.58 more likely to adhere to their medications than non-users with hypertension.

-          Long-term SafeLink users with hyperlipidemia were 1.57 more likely to adhere to their medications than non-users with hyperlipidemia.

