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>>Merrill Friedman: I will not take up too much time. It's unlike me not to interact but I was trying to save what voice I do have to not irritate you all while I'm trying to speak.

So, I was actually really excited to thank you for the opportunity to be here today to really talk a little bit about what technology means for people with disabilities. Those who are aging and those with chronic conditions that are enrolled in the Medicaid system. It's really interesting because the more we talk about technology you talk about accessibility and I say gosh, while you're on the subject of accessibility we need to include affordability. So things aren't so out of reach for more people to be able to use them of the 54 plus million Americans that we know have disabilities and the rest of us who are aging and happy to be aging are going to want to be tapping into these over the next 20, 30, 50, however many years are out there for us.

Amerigroup is kind of an interesting company. We are a managed care company. I like to say we are a new managed care company with a focus on folks who access public funding, Medicaid and Medicare, so for us it's really about looking at lifestyles. Because folks that are accessing Medicaid and Medicare may need a little help for a little bit of time, they may need help for longer period of time. But it's really very flexible and fluid so it's a lifestyle partnership for us. We have about 1.9 million members, I think probably two million at this point in 11 states and as you all know what's going on with health reform and budget cuts and the economy, many states are really looking to rely

on managed care to increase access to services while still managing their budgets but really looking at flexibility to do so. I know we've heard a couple of people comment on CMS and regulations today. I'll stay a little bit away from that but I will talk about just really needing that flexibility within managed care so that folks can get what they need when they need it and then not have people intruding upon them when they don't need it and that includes the ability to access to technology.

So as a managed care organization, we certainly look at technology and health care services and ways that we can bring these services to people so I really like the concept that was discussed today by several folks in kind of different formats but really talking about technology that is with the person. It doesn't have to be in their home. It certainly doesn't have to be in a nursing home. It certainly doesn't have to be in an institution so people are living independently and living in the community place of their choice, home, you know, whatever their choice is, that that technology is with them so they can be independent. If they want to go to work, it's great. Technology goes to work with them. If they want to go to school, great, technology goes with them, market, whatever it is so that really is the concept - that Amerigroup is trying to be a bit forward thinking.

There was an article and I'll give it to Jenifer to pass around and Mr. Linkous commented in it. But it says telehealth is ready. Payment system isn't. This was 2009. We could probably republish it today unfortunately, so we'll get that, scan it, and then you guys can have it.

So when you're looking at health and wellness and what it means through managed care, it is looking at prevention so all of the technology that we talk about whether it be web cams for wound care and all of those things are really important to a person in terms of their wellness and prevention because then they don't have disruptions in their lives by being in hospitals or doctor's offices and different places, so technology to us is really important because it keeps people going, keeps them out and it keeps them doing what they want to do and feeling good about it. It does contain costs because we know that when wounds aren't treated and bed sores aren't treated they are very costly and also disruptive to the person. They are very costly, but they are also very painful so all these things kind of work together in terms of quality improvements and quality outcomes for people's own health.

There is a study that United supported on technology and caregivers. And caregivers being family, and/or caregivers within the community, and that they really are receptive to any technologies that are going to help them deliver, monitor, track or coordinate somebody's medical care or services. Because again a lot of the services that we talk about providing and/or coordinating and the services that we talk about needing technology for are really not only about care, they are about services and supports. So there is a bit of difference and that may impact funding - but they are very important particularly to people with disabilities, those who are aging. 75 percent of the folks report that if it could help the recipient feel safer, that's where they feel technology should be focused, 65 percent feel technology could help the recipient be more independent. And

then 60 percent believe it could help the care recipients to feel more connected to others and so we talk about that when we talk about connecting to others, one in being out and being social, being at work, being in the community, being at a gym, being wherever you want to be and for people who want that more personal connection and want to do it through technology, that's a preference or be able to connect some people's caregivers and long distance caregivers. Some people's relatives are long distance. I'm a caregiver to an adult sister with a significant psychiatric disability. She lives in Arizona. I live in Michigan so I use all sorts of things. Face time on iPhone is great. When she was doing very poorly and very suicidal I installed you mail on my phone. I don't know if any of you guys use you mail but for 17.99 a month you download a voicemail service that transcribes your voice mails into text so if I was in a meeting when she called and I couldn't actually run out for a certain period of time - I could immediately see what she said in that text and whether I needed to bolt or if she was just checking in.

So there are things from the very simple like that, also to the very extreme where we talk about augmented communication devices and more significant technologies in the home. They really do run the gamut on cost. Again when it comes to Medicaid what's paid for and covered and what's not is very different for everyone and I think somebody mentioned it earlier today. I was a little late due to some flight issues but there are states requiring technology right now, Tennessee is one of them, we'll talk about the electronic visit verification system that Tennessee does require within its Medicaid long-term care plan but they don't reimburse for it so we do provide it anyway, it's required and efficient. I

think more states are catching on. They mentioned New Mexico, South Carolina, some of the states requiring these technologies. They are covering all of it so they are kind of all inclusive.

Some of the things that we are doing now include the TeleDoc system. We have a 24 hour seven day a week nurse help line. If you're a mom with kids with asthma and you get anxious and you want to call, you can get a nurse any time of day with any question that you have. You can imagine that the TeleDoc system would be fairly seamless, if the nurse during her assessment while she's talking to you feels that it needs to be escalated, she can facilitate having a Doc call you immediately. Sometimes can you do that. With smart phone apps you can do it face to face but if not over the phone. It eliminates extra doctor's visits. Parents with sick kids, people who require accessible transportation. Their favorite thing to do isn't trying to get to the doctor's office at inconvenient times. Sometimes it helps to get somebody on the phone and get an answer . . . so the more we rely on telecommunication the more we can speed up some of these processes and move along to solutions.

Those clearly are covered and I know Jenifer wanted me to talk about reimbursement while I'm up here so I will - - and that's covered under PMPM per member per month fee, consultation fee via our claims system. We as a company have made a significant effort to pay our claims timely, accurately. That's been a big deal. Managed care has had a pretty tough reputation for not doing that so I think a lot of companies have put focus on it. Side bar.

The other thing we also use is called personal emergency response

system, PERS, ours is the Bob 3600. So you know some people actually do call him by Bob because he is with them all the time and these are great. They can do a number of different things. They are installed in your home so we pay for the installation and there is that monthly maintenance and lease fee that you get along with that. They can be wearable, wrist, pendant style. They can be mounted. Big buttons on them in braille. You can get speaker with the two-way clear voice connection. I am not the engineer behind these things, definitely on the people side. I carry an I pad and iPhone and Blackberry. I have all of them with me today but don't use them all to their maximum capacity. So it's a built-in digitalized digitally synthesized voice so anyone can use them. These are fully accessible. They even function in a comprehensive environmental safety manner: carbon monoxide, fire, it really is kind of another voice and person, Bob, in your home with you; and they can be personalized. You can personalize the alarms on them, daily, for med management, doctor's appointments, remembering to call people. You can change settings, I think you get eight personal reminders on there. That's the one we use at this point.

I'm trying to think on a couple of other notes on PERS. You can record and play clearly your own messages on when to take your medications and whatnot because a lot of our folks with chronic conditions are on multiple medications throughout the day and some of the glow caps and the other things that work for some folks don't work for others. So it's just another resource for them. It's controlled by real time clock so you'll never be late. Especially if you are a Medicaid recipient and one of our members and you're using our

transportation systems – you can even do your reminders for when to call for your accessible transportation because oftentimes you have to call ahead to schedule those arrangements so for our folks it's really helpful. So that's kind of it on that piece.

We use ipads, ipads are great. We have field service coordinator who are out in our member's homes so in terms of interacting with our members as a Medicare/ Medicaid company, we can take ipads, we meet with them face to face. By taking this Ipad in the member can then be part of their service plan. It's created right there with them. They are participating. It's theirs any way. We should be doing with them in their home. In the case of falls prevention and if you need home modifications - we can build that right on the spot, so again it's real time for members and it gets into that very sort of consistent data collection and streamlining. People who have chronic conditions, have disabilities, they have told their story. They are very familiar with what their needs are, what services they want to require and what they want to keep getting. This is a nice way to kind of keep it going, and make it so you can take it with you anywhere you go and it gets into what we talked a little bit about electronic medical records today, EMR, but it can really be that segue into EHR. EHR is your personal health record which is really that real time data repository that you can have with you or access all the time. It does have your whole kind of lifecycle on it and it keeps things pretty clear so if you do find yourself in London and you do have a flare up, you can pull this out, maybe it will be on a thumb drive at some point or something or it will be in a cloud and it is all right there so you don't run the risk of

anything being neglected, oversights, medications. So we are really trying to make sure that simplify by leaps and bounds.

The other thing I mentioned is we have the electronic visit verification which is called EVV by acronym. Everything has an acronym but that's actually one that does get used quite a bit and it's really where you're ordering home health services through technology so we look at it in urban settings it's great because can you use a phone system. They are patenting now a swipe system because we are committees to ensuring health care and access to services in rural communities. Its a very big deal but you don't always have all the technology available in rural area especially when we were working on reservations in New Mexico and even in southeastern Kentucky - at some point it has to happen - so they are coming up and patenting different technology that will work whether there is as much cell coverage or not. So really it can monitor the progress within your service plans, whether your services are being delivered, the quality of services that you're getting and creates the valuable data and promotes cost containment as well so if you have personal care attendant, personal assistance services, homemaker services, meals on wheels, anybody coming into your house for that home health component, they will call in when they get there, wherever they are meeting you, and that gets logged so the thing is if they don't call in, clearly we know you may not be able to get out of bed, somebody may not be making your meals that morning if that's what you need and so it starts that notification system to both the provider, as well as the managed care company. And so then that notification starts. Once they do get

there it starts timing so for people who are consumer directed option, self directed waivers, if somebody is charging you for an hour at a time but they are only there for 45 minutes this logs it because then you're gaining your 15 minutes of extra services that you can get and use as you need them throughout the month - so it also helps with fraud and abuse which is also very important to folks. Oh, I need to wrap up. So this means you can order everything again from your meals to your services, you can get everything through it. They do qualify the visits measuring under or overutilization so that's where we talk about being able to really support members and service delivery.

The other thing we do, I'll do this one really quick because I do think it's important but we do an end of life service over the phone so these are some of the ones that are different from diabetes monitoring . . . but for end of life service it really takes and gives you somebody else to talk to about not clinical information but really coordinating your own services whether it be financial, education and managing some of these things that are much harder to deal with with your own family members on. Sometimes family members don't understand why people are done with treatment if you will and it helps play that role with the individual.

So these things are starting to happen with smart phone APPs and phones, face time, etc. There are disposable hearing aids you can wear for 400 hours and throw them away. So there are all sorts of things coming out. Medicaid is part of it. Medicare is part of it. I have to stop talking now.

Thank you!