

EMAIL from Dave Zilles – Part 1
ABD Analytics Attachment – Part 2

From: Dave Zilles [mailto:dzilles@earthlink.net]
Sent: Thursday, December 20, 2012 11:01 AM
To: Jerry Dubberly; Terri Branning; Blake Fulenwider
Cc: Dave Zilles
Subject: ABD Managed Care Idea

Jerry, Blake and Terri

I have been thinking about our last meeting and have attached a diagram of a suggested approach for the future. It appears to me that the most important thing we have learned over the last couple of months is the DATA is the key component to determining where our largest costs are and where the biggest savings might be realized. This also would lead to the most reward for better health outcomes. I think that the drill down on the ICWP members clearly indicated that the real cost is confined to a much smaller population and if this is true then it would be beneficial to understand this for all populations. I am also very concerned about this concept of “new Case/Care Management” because of the already existing case management and then need to eventually move to a conflict free case management under the BIP program. What we really need to a better understanding of the actual costs and who is using them

Therefore I would like to express and idea that might solve the problem and move us in the right direction with the least conflict.

1. Focus on the non managed ABD population that currently does not have some form of case management.
2. Hire a data analytics firm to analyze all the ABD population and use them to determine and identify where the individuals are with the most need and cost
3. This firm would have access to all Medicaid medical and HCBS data which would keep the access to a single entity and allow better control of the information
4. This would allow you to contract for only the data analysis part and allow a better understanding of where and what costs could be impacted.
5. Using this information then provide this data to the existing case management organization for nursing homes and HCBS and make them responsible to improve outcomes and measure them
6. For the Non Managed group find a new provider that would provide the case management to improve the results
7. This would allow all of ABD to be analyzed and evaluated and would not create conflict with existing resources
8. This could be implemented quickly, at least the data analysis and maybe you could use the company that is already doing the work and understands the requirement
9. Before any RFPs for new “Case/Care” management are defined or released lets really understand the population.

I have attached a high level diagram. I just think we may be putting the cart before the horse without better data and information. Too often we try and fix something by changing things for everyone when in fact if we would focus on the smaller group you can accomplish more and evaluate the results better.

This is just my idea.

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