What it is and what it does…

Cares is the name for our flagship product/project that encompasses pretty much the entirety of items that LCT/TAI developed in the 15 years prior to our acquisition by then Anthem. Formerly called LUIS which was an acronym for Lancaster Unified Information System, The application was dubbed CARES when LCT/TAI re-engaged with the client in mid-2019 to move the system to the cloud as well as begin to add some new functionality to it as it has been in a sort of maintenance mode for a couple of years prior to that. This new functionality and cloud enablement began in earnest in September of 2019 and went live in the cloud 2 weeks before Christmas of the same year. Some 3 months later of course the Pandemic hit the world and Cares being in the cloud allowed the client to continue its operations even as their people were WFH.

What Cares is for the client

It is their complete system to provide their EHR for their various BH divisions within the county. MH, IDD (Formerly MR), EI, CRISIS, SUBSTANCE ABUSE, PHARMACY, RECORDS and to some extent even their CY division. Being an EHR carries with it all the trappings of a full Electronic Health Record, with pretty much anything you might want to keep records of on a person housed within the system items such as.

- Demographics.
- Addresses.
- Aliases.
- Familial Relationships.
- Attached documents.
- Attached videos.
- Diagnosis.
- Hospitalizations.
- Insurance.
- Liabilities.
- Medications.
- Authorizations.
- Claims.
- As well as various forms that the county needed for things like Intakes, Assessments, Clinical Notes to name a few.

The system not only carries all these sorts of information bundles associated with a given member but carries with it all prior forms of such information, IE it has the full history of the member dated and organized in chronology.

Workflow/Security

CARES also manages several QUEUES which drive workflows necessary for all this activity. So, when a particular thing happens say with a new assessment being added to a record for a given member. That might trigger the need for say an underwriter of sorts to interface with the member a get a further assessment of their liabilities. The individual that conducts those interactions will be able to pick that process up right from a particular QUEUE in the CARES user interface. QUEUEs exist in CARES for all manner of these sorts of workflow support.

There is also contained in CARES, a rich set of access rights and security measures to regulate access to portions of the records and well as what users can do when in those records. The security model was baked right into the project as opposed to being bolted on like so many systems of this type appear to be. This kind of security layer allows CARES to essentially look like different products with significant differences in capability depending on what departmental affiliation a particular user is associated with. (The Client refers to those departments as Divisions, i.e., MH, IDD, EI, CRISIS, ADMINISTRATIVE, FINANCIAL, and more…)

Financial/Contracts/Auths & Claims

The client is also a provider of services. A large chunk of what CARES does for them is provide the necessary interface onto the accounting of measures taken with members that can then be Billed for. Just like any service provider requires. The difference being that one aspect of the client may then be the payor for those services rendered by a different aspect of the client's organization.

As part of the services rendered piece of CARES, and required by the financial division of the client, there exists an extensive set of capabilities wrapped up in the Contracts module. Contracts have within it the capabilities of…

- Carrying the Legal documents that comprise said contract.
- Carrying various attachment boilerplates that ride along with those contracts.
- Carrying the ability to associate specific service definition metrics with given things being contracted for. These metrics might be as simple as a statement of work to be done under contract. Too much more complex definitions for things like actual services that will be billed for later. Carrying all that kind of service requires like HIPAA coding, Places of Service Allowed, Rates applied either By Unit or by occurrence, allowable Diagnosis and Specialties coding. The full Gambit of things needed for generation of actual electronic claims creation. The CARES contracting module even allows for variability of these entries by LOCATION, so a given contract may be built for say and In-Community service provider that has multiple locations within the community. Those locations might have different settings for the services that take place within each of those locations. The services rendered at one location might have different characteristics on it (Like rate) than the same service rendered at a different location. This was implemented to give the client the ability to subsidize services delivered to underserved areas.
- Each service contained in a Contract also carries a PAIR of designations for GENERAL LEDGER information. This allows for every dollar paid for a given service to be rolled up into specific GENERAL LEDGER entries. A Pair of these are provided for Clients that have misaligned Fiscal

years and Contract Years in their operation. Depending on the client and when the given service is rendered or paid for, the appropriate GL number can be used to reflect the money appropriately in whatever GL the client is using.

- The accounting for money spent in connection with contracts also has some features in CARES that allows for Money to be derived from various sources of fiduciary power. For example, the CLIENT might have several sources of Money to pay for services. The contract can accommodate situations where A certain blend of those different sources of funds will be used to pay for those services. These rules can be as simple or as complex as is necessary to accommodate the clients' needs. Built using HARD numbers or simple percentages, with CAPS applicable at each level. This is referred to in CARES as FUNDING STREAMS and is a flexible way to afford the client the ability to administer braided funding for pretty much anything they might require if it. Simple payments for most things having Funding streams with a single LINK in the funding chain, and where the extra capability is needed, Cares allows for it. This setup also really cuts the corner on contract renewals because the system has a simple PROMOTE to New Contract Year ability. Then the client can do simple blanket things like apply a simple RATE Percentage increase for the new contract and have it ready for the multiple stages of such an arrangement well ahead of the need for it all to be in place. This cuts the time on contract renewals from what was formerly weeks, to potentially now hours...

- Attachment of FUNDING to Multiple Target Sources. Using this capability affords the Client the flexibility to do things like Designate payments for services associated with special Populations of members. (Think of things like a Smoking cessation grant). A provider who is conducting that program can bill in a normal way for their services, but because the MEMBER was in that special population, the accounting for those payments bounces against the Grant as opposed to a standard contract for services rendered. CARES achieves this by executing claims payment drawdown against a hierarchy of potential sources. Members in a special population group take precedence over standard contracted services.

- With contracts in place and "EXECUTED" meaning currently being operated under. CARES is then able to conduct ON-The-fly analysis on how a contract is being drawn down on by bouncing CLAIMS against the contracted services matrix contained within that contract. This analysis is not just doable against actual claims paid, but an encumbered measure of contract drawdown is supported by using AUTHS written for services that require prior AUTH's written into a contract. (Not all services require prior AUTH's however but for those that do, this affords cares the ability to alert the client when a contract is nearing its maximums well before claims roll in to get paid.)

Document Fill-In

Heavily leveraged in the Contracts module in CARES, but also used in the rest of CARES is the FORMS fill in piece of the functionality. In this bit of functionality, is built a sort of MAIL MERGE on steroids. A couple of hundred unique TAGS have been defined, depending on the context in which the document is loaded. (Are you in a given contract, or a Given Members record, or elsewhere in CARES). Bits of the actual context will replace the TAG in the loaded document. This is used in Contract, and MEMBERS Forms fill in capability, as well as some reports that have required boilerplate content intermixed with actual data from the system. Many of the entities that provide money to the client for payment of services noted in contracts have specific reporting requirements that this kind of feature was built for.

CARES

Web Portal

Cares also has as part of its feature set, a full WEB PORTAL, that allows for in-community providers and other service personnel to interface with and conduct various forms of interactions with the county CLIENT. CARES extends its security model to also encompass the set of in-community people who use the portal to access this set of features. Among the functions available are

- CLAIMS SUBMISSION
- AUTHORIZATION REQUEST/RENEWAL
- DOCUMENT SUBMISSION
- ASSESSMENT FILLING/SUBMISSION
- VARIOUS REPORTING
- ACCESS to the Same EHR information supported by the CARES Windows Client

Often in CARES workflow alerts inside of CARES itself have their beginnings triggered by outside users on the PORTAL completing some action. Then the particulars of whatever they may have completed will appear on some QUEUE inside of cares in REAL-TIME. To kickstart whatever workflow it may be associated with. So, for example A Provider seeks to get AUTHORIZED for a particular service or set of services with a member in the community. That request appears in a CARES queue immediately for the appropriate staff member to triage in whatever way is necessary. When the internal staff opens the request off the QUEUE it is immediately pulled up in the context of the associated members record with all of the members supporting information available to that staff members fingertips.