

Freedom *Focus*

That Elusive “Perfection”

Todd Graybill | Vice President—Liberty Operations

“Perfection”.... What is it, how do we get there, and how will we know when we have reached it? Most of us view Perfection as that state of flawlessness, the attainment of the ideal level of excellence, of which there is, quite simply; nothing better. Perhaps the best question is not, how do we get there or how will we know when we reach it but rather, how do we put systems in place to allow us to be the very best we can be? In the independent assessment business, as in the rest of health care or business in general; true perfection is not an attainable goal. For “true perfection” suggests that there is no room for improvement, no opportunities for growth, and status quo becomes the norm.

YOU, the North Carolina Independent Assessment Team, have over the past two years, created a program that Liberty and the State of North Carolina can be very proud of. Systems have been developed, training has been provided, and professionals have been hired; working together to provide much needed vital services to beneficiaries across the state. Ultimately, thanks to the hard work and diligence of each of you, the lives of countless North Carolinians are better for it.

Perfection is the Prize! It may never be achieved, but by constantly moving in its direction, **great service will become even greater!**



Lacey Barnes | LHC-NC Director

Technology Challenges

Sometimes I think about life in an office environment before the advent of computers; I know, I know....some of you cannot even imagine such a thing! It would be a weird world for sure. Think about the banks of filing cabinets we would need to store all the important papers that are required in a program like ours. What if everything had to be done on paper?

Today’s world is very different. We have come to depend on information technology both in our personal lives and at work. We have our important contact information on our phones. We upload documents and pictures to “the cloud.” We don’t go to the music store to buy “records,” we download tunes from virtual stores. We could go for days and days without actually seeing or conversing with our friends because we interact constantly with them on social media.

Technology has changed our way of living and accomplishing our daily tasks. It is not perfect; it does not solve all our problems. In fact, it has created new issues and new challenges for us to solve, especially in our work life. Just as our forefathers and mothers dealt with typewriter ribbon gone bad and hard to read microfiche film, we too must deal with weak cellular signals and IT systems gone down. One can only imagine what the future challenges will be but with a good sense of humor, creative thinking and solutions focused approaches, I am sure we will be ready!

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SAS Changed the Way We Manage Data

Richard Maurice | IT Director,
LHC –NC

The NCIA program was launched using a mix of local databases, spreadsheets and an external vendors system to manage the program. While this configuration allowed us to quickly launch the program, it resulted in compartmentalized data stored in multiple locations and in different formats. The structure allowed us to report mediations for example but if we wanted to report on a transaction from request, through assessment, to mediation, then we had to access three or more different databases. In addition, manually link

the data associated with a particular beneficiary, request or assessment. This process was very slow and extremely labor intensive.

The Solution

With the implementation of SAS Visual Analytics (VA) it became clear that to derive the most benefit from the system our data needed to be consolidated and stored in a consistent format. To achieve this, all of our data is now housed in a single SQL warehouse. Our local databases reside in individual tables within the warehouse and each morning new data tables are imported from Viebridge. This structure allows us to easily create SQL queries that may include data from multiple local databases and the tables we receive from QI report. The queries can then be loaded into SAS

where we can perform in-depth analytical studies on our program and processes or generate dashboards to help manage daily workload.

The Quick Def:

The SQL Server DBA dashboard tool is both a DBA and a TSQL programmer tool. The main goal of this tool is to allow DBAs and programmers to quickly identify performance, SQL Agent and disk space issues associated with a single instance of SQL Server.

The Future of Analytics At Liberty

So SAS Visual Analytics is installed, now what? When Liberty Healthcare invested in SAS Visual Analytics the company did so with the understanding that the systems capabilities in constructing data studies, creating dashboards and performing predictive modeling would result in improved efficiency, higher levels of quality and better informed decision making. To achieve these goals our data had to be restructured and validated, data queries, reports and dashboards needed development and user training had to be completed.

While The SAS implementation is an ongoing process, a great deal of progress was made this year. The data warehouse was built and initial data validation has been completed. System user and administration

training was completed. Models for potential dashboards were developed and multiple data studies were conducted with the results being utilized to inform DMA on program administration and to inform decisions in managing the NCIA program. [See graph on right, page 3]

Where do we go from here? The next big step is to automate the manual reporting processes we use to administer the NCIA program. Work is now underway to have SAS Visual Analytics compile our monthly invoice and program performance reports. In the near future IT staff will meet with key members of the various workgroups at Liberty NC to see what dashboards and reports SAS can provide to improve efficiency and simplify processes. At the same time the system will be utilized to perform additional program studies and predictive modeling as needed to support both our local program and other Liberty Healthcare programs.

The Analytics Challenge

Richard Maurice | IT Director, LHC-NC

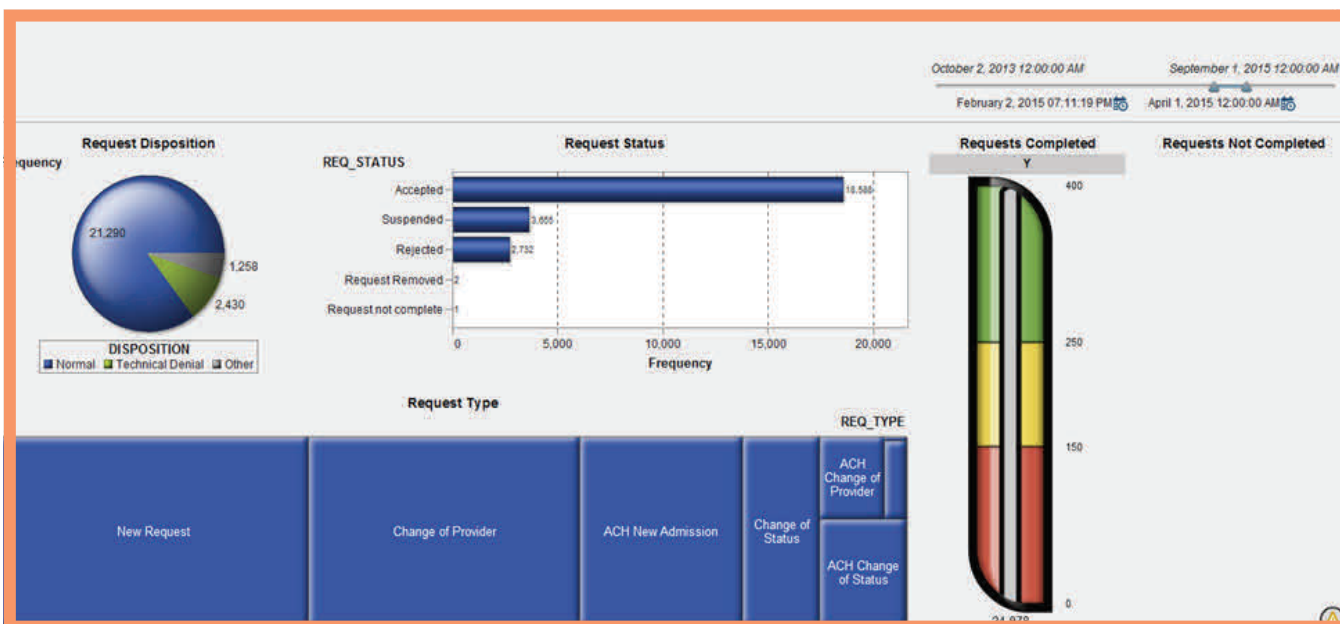
In May of this year I attended the SAS Analytics conference held each year in Cary, North Carolina. Having completed the installation of SAS Visual Analytics in January, I was feeling somewhat dispirited at the time as we still had dashboards to build and reports to develop. We had conducted a couple minor data studies but they didn't result in improved efficiency or program outcomes. I was wondering what I would get from a conference that was attended by big name healthcare players including Kaiser Permanente, Eli Lilly and GlaxoSmithKline? Surely these companies had advanced their analytics programs beyond what we could ever do at Liberty Healthcare.

The status of analytics in Healthcare was a key topic of an early session on the first day. While several companies have successfully utilized their analytics systems to generate additional revenue the keynote speaker noted that analytics in healthcare is in its infancy and few healthcare organizations are utilizing analytics to drive improved operations or to ensure better healthcare outcomes. Judging from the audience response the speaker struck a raw nerve. Apparently companies are spending billions of dollars on analytics systems but they haven't yet managed to turn data into improved outcomes. As the speaker noted "Data that doesn't result in a change of behavior is useless".

It was somewhat reassuring knowing that we aren't alone in struggling to build a robust analytics program.

Re-energized I spent much of the conference looking for ideas on how different organizations achieved success with their programs. The following stood out:

- ◆ Make data part of your culture – Use data to manage the business, ensure analysts capture the correct data and build a culture that uses data rather than opinions to improve outcomes.
- ◆ Data requires a journalist – Not everyone looks at a piece of data and understands its significance. A "journalist" is needed to explain what the data says and why it's important.
- ◆ Ask the right question – Understand the problem you are trying to solve and the question you need answered to resolve the issue. For example, if you are attempting to improve quality, define what quality improvement looks like and how do you measure it.
- ◆ Know what action you'll take when you get the answer – Ultimately there is no point in asking the question and conducting the study if it doesn't result in a change.

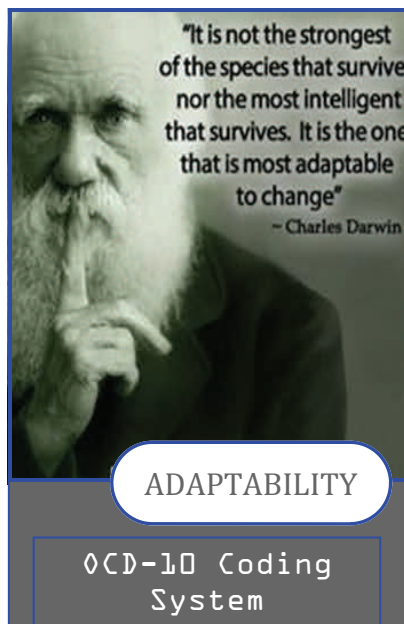


Lyneka Judkins | LHC-NC

Director of Operations

One of Charles Darwin's famous quotes is "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change." There are a lot of uncertainties in our world, but one thing we can always be sure of is that change will happen; why should we expect anything else from the world of medicine and their coding system?

October 1, 2015 was the official roll-out date for the new ICD-10 coding system. What exactly is ICD-10? ICD-10 stands for the 'International Classification of Diseases, 10th edition, which was developed by the World Health Organization (WHO). The last edition, ICD-9 was launched in 1979! After 30 plus years of use, it was definitely time for an upgrade! Due to advances in medical science, new diseases and health conditions have risen that were currently not captured in the 9 coding system. In order to have accurate data on the health of our nation and also effectively compare our health statistics to that of other countries, the need to update our current classification was absolutely needed. Is it not imperative that we know how many people are struck by a duck, bitten by a pig,



walk into lampposts, and injure themselves doing arts and crafts (all true ICD-10 codes)?

As we have come to encounter at Liberty, it has not been a smooth ride transitioning to the new coding system nor has it been our experience that many physicians, PCS Providers, and others in the healthcare field are very open and accepting to this change as well, hence why this transition has been postponed for a couple of years. The transition has proven to be challenging and has certainly brought its share of difficulties in the way of our operations and assessment processing, but in the end, it is those most adaptable to change who survive.

Quality & HIPAA in Accordance with the PCS World

Deborah Turner | LHC-NC, Training & QA Coordinator

Liberty Healthcare of NC has a contractual agreement with the Division of Medical Assistance, to meet specific quality performance measures that have been laid out in the Request for Proposal. In addition to these requirements, LHC-NC has added some performance standards they believe to be critical to accomplish overall success.

The purpose and focus of LHC-NC's Quality Assurance Program is to implement performance measures and standards that will ensure the delivery of excellent customer service and proper task execution for each Medicaid Recipient. This program is a necessary tool to make sure LHC-NC accomplishes its mission to ensure that each person has a positive experience when receiving our services.

HIPAA

Not only does LHC-NC ensure that Quality Performance Measures are met, they also acknowledge that it is critical that HIPAA Compliance is [see page 5, top of page]



Challenges in the Field

Beth Lopez | LHC-NC Regional Manager - RN, BSN, CCM

As a Regional Manager for LHNC, you never know what the day will bring. Some days I get very few emails and or calls from assessors, while on other days my inbox is full and my phone is a buzz!

One major challenge that can arise in the field is when assessors have safety concerns about a beneficiary's living situation. The assessor and I have a discussion about the details and then make a determination if Adult or Child Protective Services is warranted. If so, the nurse will then be instructed to make the phone call to social services. If it's not a protective services situation, then we'll discuss if the situation can be referred to the local CCNC Network. Usually things that can be referred are the beneficiary's abilities to afford their medications, the need for durable medical equipment, or not having enough food to eat.

The most recent challenge is the conversion from the ICD-9 to ICD-10 codes. This one has certainly kept it interesting for all of the RM's and independent assessors. I evaluate each one as they come and direct the assessor based on the guidelines around coding.

Whenever the challenges do arise, I just take it one at a time. When needed I consult other RM's, the QA manager or the Clinical Services Director. Life is often a series of challenges. However, challenges build character and make us stronger. That's a good thing.

[continued from “Quality & HIPPA”]

Maintained at all times. The HIPPA Privacy Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the e uses and disclosures that may be made of such information without patient authorization. The Privacy Rule protects all “individually identifiable

health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “protected health information [PHI]. LHC-NC protects PHI by not sharing information with a patient/client’s family member, friends or others involved in the patient/client’s care unless the patient/client has given

permission to do so. The only exception is for the patient’s legal guardian or power of attorney. In addition, there are standard protocols for documents that contain PHI. These measures include enforcement that documents with PHI be turned face down when not in use. By these practices, LHC-NC ensures that HIPPA Compliance is met.

Ready or Not. It’s here!

Latoya Harris | LHC-NC
Request Processing
Supervisor

We knew it was coming, we prepped and prepared but how ready can we really be for the transition of the ICD-9 to ICD-10 diagnosis codes. On October 1, 2015, the ICD-9 codes used to report medical diagnosis and inpatient procedures were replaced by ICD-10 codes. Although many practitioners thought it only affected claims submitted with Medicaid and Medicare, this change in standardized coding impacted everyone covered by the Health Insurance and Portability Accountability Act (HIPAA).

What’s the big difference?

Medical diagnosis codes are

more than just a combination of numbers, it is unique identifiers and characteristics that sets many conditions apart from each other, take a look below to see some key differences between ICD-9 and ICD-10 [see graph at bottom of page]

Let’s take a look at a common personal care diagnosis such as diabetes: Before the 10/1/15 compliance date the ICD-9 code for Unspecified Diabetes was 249.0 and there were 72 related codes to the illness. After the compliance date the ICD-10 code for Unspecified Diabetes is E11.8 and there are 252 related codes to the illness, so you see the difference it makes.

Liberty and the ICD-10

Liberty Healthcare of NC along with DMA has done their part to prepare the Personal Care Service’s community for the ICD-10 transitions. In the weeks leading up to the compliance date an ICD-

10 Transition form was rolled out to the provider community. This form allows the PCS provider to work with a beneficiary’s primary care physician to get the appropriate ICD-10 codes on file that correspond with the current medical diagnosis.



Our IT department created a dedicated fax line to ensure smooth and rapid receipt of these forms; we also worked with our IT solution, VieBridge, to create a way to allow the PCS provider to upload these transition forms directly to the beneficiary’s profile.

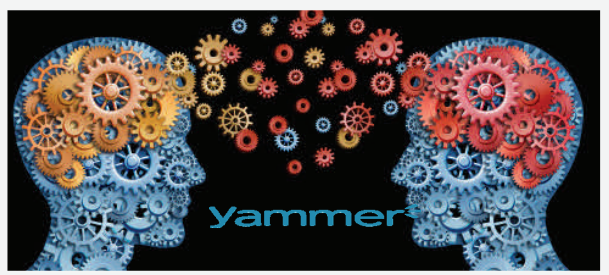
ICD-9 Code	ICD-10 Code
3-5 digits	Up to 7 digits
First digit is alpha (E or V) or numeric Digits 2-5 are numeric Decimal is placed after the third character	Digit 1 is alpha; Digit 2 is numeric Digits 3-7 are alpha or numeric Decimal is placed after the third character
No placeholder characters	“X” placeholders
14,000 codes	69,000 codes to better capture specificity
Limited Combination Codes	Extensive Combination Codes to better capture complexity

About Liberty Healthcare of North Carolina

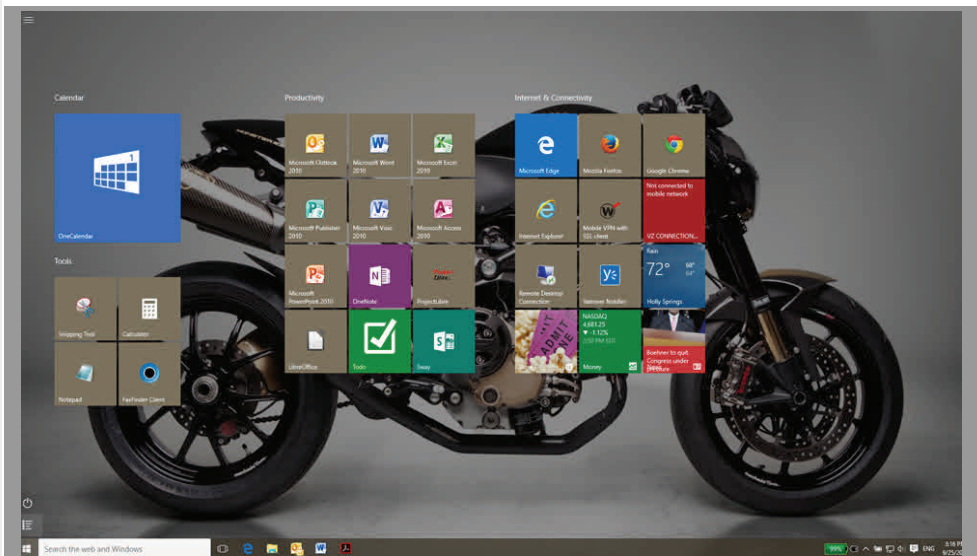
Liberty Healthcare Corporation of North Carolina is the DMA's partner in administering the Independent Assessment program for Medicaid beneficiaries who may be eligible for Personal Care Services (PCS).

As the **Independent Assessment Entity (IAE)**, we'll be conducting the eligibility assessment to determine if the individual meets specific Medicaid criteria for personal care services. The actual PCS services will be provided by state-approved personal health care providers.

[Liberty Healthcare NC](#)



Coming Soon—Windows 10! Rich Maurice | IT Director, LHC



Microsoft introduced a new and innovative operating system this summer called Windows 10. While the new software release was filled with new features and functionality, the manner in which it was rolled out was itself unique. First, Microsoft decided to make the software available for free to anyone that owns a licensed copy of Windows 7 or Windows 8. That includes business users. They also made the installation very simple. Instead of having to load the new software from disk and erase the existing computer configuration, Microsoft allows users to install the new operating system via download over the existing system without having to restore files or settings.

While Liberty Healthcare has not approved deployment of the operating system at this time, it is being tested for compatibility and stability with existing applications in North Carolina. There are many new features and functions included with this operating system. Here are the ones we found most useful so far:

- **BitLocker Encryption** is built in. There is no need to install third party encryption software to encrypt files or the entire hard drive.
- **The start menu** combines the best of both Windows 7 and 8. It's very functional and easy to use.
- **Windows 10 provides you with multiple desktops.** You can for example open Excel full screen on one desktop and your e-mail full screen in another. Switching between them is quick and easy.
- **Windows 10 has a desktop assistant.** If your computer has a microphone you can ask questions and the assistant will search for answers. You can also type questions into a search window on the task bar and Cortana will display a response.
- **Microsoft developed a new browser for Windows 10 called Edge.** The browser is very fast and offers features not available in any other browser. My favorite is the ability to draw in the browser and e-mail the results.