For state public health administrators across the US, the task of updating or replacing legacy systems to manage a fast-evolving Medicaid program is raising major challenges. Developing and implementing systems capable of administering a program that has changed radically since its introduction over four decades ago has proven costly, time-consuming and fraught with risk. Medicaid evolves, systems lag behind
Medicaid has evolved significantly over time. What was, in 1969, a relatively simple system based on a fee-for-service model, has now developed much more diverse and complex requirements. Today, Medicaid program coverage is far wider and meets the needs of many different populations. Smaller, individualized programs have been launched to support specific groups such as newborns and infants, elderly, and emergency care needs. The ability to support and deliver care to these varied populations requires today's Medicaid Enterprise System (MES) to be more flexible and intuitive than ever before.

States dependent on legacy Medicaid systems are trapped by the rigidity of applications built to administer a more simplistic public health program. The dynamic element of the Medicaid populations and coverages were not considered in legacy design, and changes can only be implemented via costly and time consuming modifications. The future pace of change is accelerating leaving these legacy applications further and further behind the technology curve. The impact of the Affordable Care Act (ACA) and the continued evolution of health policy means public health administrators face an urgent and growing need for responsive, flexible and interoperable systems that can adapt and keep pace with the Medicaid program as it evolves.

Modernizing MES: the challenges
To date, many projects initiated to implement updated systems to meet the modern Medicaid requirements have resulted in costly overruns, missed timetables, or both. And with the duration of new system implementation projects averaging 30 months, it is easy to see that these projects are considered risky by CIOs. Yet the case for change is compelling. The ageing, monolithic legacy systems in use today are hampering states' ability to respond effectively to the demands of the Medicaid program. Too often, technology restricts the ability of agencies to make the changes needed to evolve and develop business processes to meet new requirements and realize cost savings while delivering services more effectively to citizens.

In addition, while states’ current systems gather vast amounts of data regarding members, providers, and program performance, most lack the ability to use this information to improve both program management and health outcomes for members. In other words, administrators lack access to the data intelligence available to make Medicaid as efficient and effective as possible.
Key goals for a successful public health platform

Against this background, Accenture has set out to create a new framework that can improve health administration, reduce total cost of ownership and be ready to meet future requirements. The Accenture Public Health Platform (APHP) was specifically built, from the ground up, to meet the Medicaid Information Technology Architecture (MITA) vision.

In particular, its design has put MITA’s seven conditions and standards front and center in order to confirm Federal funding compliance from the outset.

APHP uses industry standards and leverages commercial off the shelf (COTS) components to build a framework that is responsive, adaptable and scalable to meet evolving needs. Built on a Service Oriented Architecture (SOA), its modular design provides flexibility to adapt to future changes and enable state health administrations to integrate seamlessly with outside agencies and vendors when necessary.

To navigate successfully through the shifting and increasingly challenging environment described, a new system for managing public health programs, such as Medicaid, must address four key objectives:

- **Improve health administration**
  Business processes should be designed around the needs of the users, with automation and increased program monitoring. Systems need to be readily and easily adaptable to changing policies and help ensure that information contained in the system is used to generate real-time health and program intelligence.

- **Reduce implementation risk**
  Pre-packaged configuration enables an accelerated start and allows the use of leading practices at lower cost. A product approach allows a working system to be available for pilot in a matter of weeks rather than years. A component-based framework enables a phased implementation, allowing a state to move at its own pace.

- **Lower total cost of ownership**
  With flexible and configurable system components, policy changes are addressed through configuration rather than coding, increasing the speed to implement and reducing cost. Product upgrades help keep pace with changes in technology and complex regulations.

- **Be future ready**
  As demands change, it is important that system components can also be easily changed, augmented or upgraded. Using a standards-based interface protocol delivers capabilities that are ready for the future of connected health systems. Multiple lines of business, programs, benefit plans and funding sources can be accommodated to cover diverse populations.

### Accenture Public Health Platform

To help achieve these goals, we’ve created the Accenture Public Health Platform as a modular system built on a SOA platform, fully aligned with the requirements of MITA, and ready to meet the current and future challenges of delivering public health programs.

By using the Medicaid Enterprise Certification Toolkit (MECT) as a foundation of the system requirements for APHP, APHP is ready to achieve certification. As APHP fully supports the Seven Conditions and Standards, we’ve also helped improve confidence in securing enhanced federal funding.

APHP embraces the MITA vision, allowing Medicaid administrators to advance the level of MITA maturity, now and in the future.

### Ready to go

Because APHP comes preconfigured with benefit plans and workflows to support all mandatory Medicaid programs, as well as most of the optional and waiver programs, an APHP implementation effectively starts in the middle of a traditional implementation plan. This reduces the time and risk of implementation, and helps users to move to deployment of the system at an accelerated rate. This also allows states to focus more of their energy on operational readiness rather than traditional implementation tasks.

Speed-to-productivity is further boosted by the fact that APHP comes with a comprehensive configuration library built in, including all the elements required to accelerate operational implementation and deliver the benefits of a system designed to meet the needs of 21st century healthcare. The library includes:

- Program and Benefit plan configurations
- Standard edit rules and policies
- Business process workflows based on MITA
- Comprehensive reports and dashboards
- Correspondence templates
- Training curriculum and materials
- Implementation guides and tools

### Flexible and adaptable – in two key dimensions

In addition to providing comprehensive, pre-packaged capabilities, APHP is highly flexible and adaptable both during and after implementation. This is because APHP’s SOA framework and modular structure allow it to evolve, expand and adapt in almost any way conceivable (see Figure 1). This flexibility springs from two key attributes:

1. **Component-based** – The first attribute is that the system is based on components that can be changed, added or replaced, when desired or necessary. APHP is built on a SOA framework, using components that are available as COTS components and deployed through standard web services. Accenture Software has developed web portals that deliver APHP’s functionality through a fully-configurable user interface designed to enable specific business processes and functions.
2. **Highly configurable** – The second attribute that makes APHP so flexible is that it is highly configurable. APHP goes beyond other MMIS systems that are configurable through code changes or just add a rules engine to help improve configurability of edits and audits. From its web portals down through its loosely coupled COTS products, APHP is configurable throughout each application layer, without code changes. This provides freedom and flexibility to meet the ever-evolving program needs and enhance usability. APHP empowers business users to modify benefit plans, portal screens, workflows, reports and more without having to rely on developers for custom code changes, allowing states to adapt to change more quickly and at a lower cost.

For example, APHP can be easily reconfigured to handle new policy or benefit plans—or even workflow—without having to implement a costly and time consuming system modification via a change order. APHP allows easy and quick changes to be made to components such as benefit plans, claims rules, workflows, correspondence templates, reports and portals. This creates a degree of flexibility far above that offered by any other MMIS available on the market today.

**Up to date – always**

APHP and its component products make it easy to stay current with technology trends, emerging standards, and regulatory compliance. The APHP product is kept current through product upgrades, while transfer systems require each state to fund these changes through expensive and risky change orders. COTS components allow states to focus resources on improving health administration and let the vendors keep current with technology and regulation.

**Focused on users and business processes**

Across its entire design, from the modular structure that always brings the right tool for the right job, to its web user interface that is specifically designed to complete MITA business functions, APHP technology puts the focus where it belongs—on the business. Our design principles have been guided by what users need to get their job done as quickly and effectively as possible—helping to ensure that the business drives the technology, rather than the technology dictating the business processes and functionality available to them.

All interactions are carried out via the APHP MITA business services, and workflows are integrated throughout the framework and can even extend beyond to other systems. Configurable portals are specifically designed to perform business functions, not just update technical data structures, and dashboards provide timely and relevant information to improve processes and deliver greater levels of efficiency.

At the same time, the additional flexibility provided by APHP enables healthcare administration to configure exactly the right system for its own specific needs. States have the ability to select the components and services right for their state. In addition, each COTS product provides the configurability to tailor screens, business processes, rules and outputs to align with each state’s unique operating environment, policies and needs.
Insight-driven – to create better outcomes

The APHP framework consolidates all data to provide a holistic view of the program and operations. But more importantly, APHP provides the intelligence within this data to the people who need it, when they need it through easy to use, dynamic and interactive dashboards and reports. Analytics are woven right into the business processes, making information and insight accessible to business users. This means both that program delivery can be continuously improved by applying the insights that the system makes available, and also that valuable intelligence can be harnessed to improve member outcomes.

As data is gathered about treatments and members, it can be made available in ways that health practitioners can leverage to secure genuine improvements in public health. In addition, data about payers can be analyzed to verify that payments are compliant and keep information about claimants up to date.

A new and better way to manage Medicaid

For state public health administrators, the challenges are coming hard and fast – making it increasingly critical that they have the ability to adapt. Yet the MES that most are using prevents them from responding in an agile and cost-effective way. The problem is compounded by the fact that these systems were generally designed before the advent of MITA, and are limited in their ability to support higher levels of maturity.

Public health administrators need a new and better way to manage Medicaid. They need a solution that allows them to flex and extend their processes to keep pace with the evolution of the Medicaid program, and that provides built-in alignment with MITA’s requirements. The Accenture Public Health Platform is the answer.

About Accenture

Accenture is a global management consulting, technology services and outsourcing company, with more than 293,000 people serving clients in more than 120 countries. Combining unparalleled experience, comprehensive capabilities across all industries and business functions, and extensive research on the world’s most successful companies, Accenture collaborates with clients to help them become high-performance businesses and governments. The company generated net revenues of US$28.6 billion for the fiscal year ended Aug. 31, 2013. Its home page is www.accenture.com.

About Accenture Software

Accenture Software combines deep technology acumen with industry knowledge to develop differentiated software products. It offers innovative software-based solutions to enable organizations to meet their business goals and achieve high performance. Its home page is www.accenture.com/software. For more information on Health & Public Service software, please visit www.accenture.com/HPSsoftware.