HOW WILL YOU ACCELERATE OUTCOMES IN MEDICAID?

The right partner can help you navigate the complexity of modularization and stay on track toward improving outcomes.

Medicaid Enterprise Systems modules are innovative, cost effective and adaptable, providing Medicaid administrators a next-generation solution to meet the challenges of today and tomorrow.

**MODULAR FLEXIBILITY**
- Medicaid Information Technology Architecture (MITA) modules—your way
- Extend and upgrade based on your schedule
- HIPAA privacy and security standards

**MODULAR OPTIONS**
- Deploy in any environment: cloud, on-premise or hosted
- Full MITA business processing-as-a-service
- Operate independently or together

**MODULAR INTEGRATION**
- Standards-based integration framework with published APIs
- Bridges the gap between modules and legacy technology
- Built to operate in an MES multi-vendor ecosystem

**GREATER VALUE**
- Lower integration risk
- License structure flexibility
- Implement policy changes faster

ACCENTURE PUBLIC HEALTH PLATFORM (APHP)
Our comprehensive modular solution overcomes the interoperability challenge, allowing states the highest exibility to choose modules, business services and delivery methods that are unique and within budget.
BENEFIT ADMINISTRATION MODULE

Ready-made solution for digital health administration

The Benefit Administration module is a powerful enterprise solution that manages health benefit plans for Medicaid populations and is powered by a highly configurable engine with intelligent work-flow and business rules.

KEY FEATURES:
• Precise, fast and real-time processing of claims through auto adjudication
• Automated encounter processing using commercial benefit structures to measure MCO effectiveness
• Supports standards-based transactions through the EDI layer
• Sophisticated and interactive user interface provides a centralized view of claims and encounters related data
• Intelligent automated routing and escalation of consistency transactions
• Automated coordination of benefit business processes
• Supported by a complete financial process for automated and efficient payment of claims
• Automated correspondence and integration with CRM including real-time explanation of benefits and remittance advice posting
• Immediate insight through real-time dynamic dashboards and reports
• Pre-configured with The Centers for Medicare & Medicaid Services (CMS) standard Medicaid benefit plans—simplifying configuration to state policy

PROVIDER MANAGEMENT MODULE

Ready-made solution for provider management and administration

The provider management solution is a web-based application providing complete MITA provider functionality for access by providers and administrators of provider enrollment. Enables ongoing provider management, transaction processing and interaction with the program. Designed to reduce provider abrasion and ease engagement with the program, enabling better care for members.

KEY FEATURES:
• Automated processes for provider enrollment reduces manual effort
• Industry defined standards based on interfaces and web services for real-time data transfer capabilities
• Business process management to determine eligibility for provider enrollment, re-enrollment and re-validation
• Account management for billing and payment by office location or entity
• Configurable communication preferences, giving provider control of interaction with the program
• Online template-based interface for submission, easy management of claims, authorizations and referrals
• Real-time and dynamic access to data such as member eligibility information, claims, authorization, referral information and much more
• Automated correspondence through notifications, emails, alerts and real-time postings of remittance advice and explanation of payment
• Support population coverage through relevant reporting
EXTEND CAPABILITIES EVEN FURTHER TO IMPROVE OUTCOMES

• Third Party Liability (TPL)
• Member Access Financial Management

PUTTING IT ALL TOGETHER WITH AN INTEGRATION FRAMEWORK

Overcoming the module interoperability challenge

The integration framework allows one or many modules to work together seamlessly to deliver an extremely powerful, yet flexible system. The framework also abstracts the medicaid business services from the underlying Commercial-off-the-shelf (COTS) components allowing for great flexibility and integration with existing and new technology.

THE APPLIED AS HOSPITAL INSURANCE PREMIUMS (APHP) ADVANTAGE:

• Simplifies phased implementation without locking into a single technology or vendor
• Reduces integrations risks through pre-defined technical and functional integration points
• Pre-configuration and templates drastically reduce implementation time and delivery risk enabling state agencies to focus on what really matters: improving the health of the most needy citizens
• Supported using published standards where available and published APIs for all its components
• Loosely coupled adaptors allow modules to exist and operate independently so that future upgrades or changes to the modules do not impact the whole system

How will you accelerate outcomes in Medicaid?

To find out more visit us at: www.accenture.com/outcomes
ABOUT ACCENTURE

Accenture is a leading global professional services company, providing a broad range of services and solutions in strategy, consulting, digital, technology and operations. Combining unmatched experience and specialized skills across more than 40 industries and all business functions – underpinned by the world’s largest delivery network – Accenture works at the intersection of business and technology to help clients improve their performance and create sustainable value for their stakeholders. With more than 442,000 people serving clients in more than 120 countries, Accenture drives innovation to improve the way the world works and lives. Visit us at www.accenture.com.