KPMG

Improving Medicaid coverage and access to care

Client story

Client	Sector	Project
A U.S. state	State and local government	Implementing a new Medicaid eligibility system

Client challenge

The systems that our client relies upon to provide health care benefits to state residents were suddenly facing immediate transformation imperatives. The Affordable Care Act was on the cusp of being implemented, in itself reshaping the state's medical marketplace. The state had committed to both creating a health-insurance exchange as well as modernizing their entire human services delivery platform. Public, private, and customer pressures were mounting. The state's 25-year-old existing mainframe system wasn't up to the challenge. However, this confluence of events and pressures also presented opportunity. The state's Department of Human Services decided to modernize its systems and processes with a world-class platform that would create efficiencies for Medicaid and future projects. Meanwhile, the deadline loomed. A project that typically could require up to 36 months to implement had a window of only eight-and-a-half months to meet the Federal deadline to have both the health-insurance exchange and Medicaid systems in place. In that short time frame, the team had to implement a new Medicaid eligibility determination and case management system that could integrate seamlessly with the new Health Insurance Exchange and transfer about 275,000 active Medicaid cases from the legacy system. The state's residents depended on our team to help get these systems to where they needed to be.

Benefits to client

The people who use the Medicaid eligibility system – hospital employees working to ensure health care for the neediest residents, nonprofits committed to helping people navigate the labyrinth of support services, and, most importantly, the low-income residents who rely on the system to get the care they need – now have a way to apply for aid and get decisions quickly and reliably. What once was a manual, paper-based process that required up to 45 days to determine eligibility now is online, automated, and in most cases requires just one day to process. Hospitals and other care providers learn quickly whether patients are eligible for Medicaid assistance. Additionally, individuals applying for aid experience significantly better service and feel respected by a system that is designed to make their lives better.

KPMG response

While this important project had a clear technology aspect to it, we first took a step back to fully understand what state employees required to help the neediest residents get health care. Only when the Department of Human Services and our team had a common understanding of the business case did we discuss system requirements. From there, we sprang into action. We sent a team of over 100 professionals who teamed with the state to install the new system and convert data from the old system. While many states continued to rely on existing systems which they had updated, this state boldly decided to start from scratch with Oracle software tools, a decision that enabled a fast implementation and vastly improve data integrity.

KPMG insights

Empower the leadership team
A leadership team that's empowered to make informed choices throughout the project while working day-to-day with vendors is critical for moving quickly and decisively during transformation projects.

Develop a long-term vision
Every system will need updates. Many legacy systems make that difficult. But the system our client implemented – based on Oracle software – can be configured easily and expanded without disruptions to service.

The system is available to other states
This state has published much of its new system to federal websites focused on knowledge sharing amongst the states. They are easily available for use with other projects.

If you are interested in learning more about this case study, or if you are experiencing similar issues, please contact us.

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