Acentra
HEALTH

Innovation in Action: Utah's Medicaid Modernization Journey

Utah's MMIS Transformation Sets a New Standard for Efficiency

EXECUTIVE SUMMARY

Utah has recently completed a groundbreaking initiative to modernize its Medicaid system. The state's vision was to create a streamlined, efficient system that improved care delivery and health outcomes while optimizing administrative processes. Utah faced numerous challenges that are common across Medicaid programs, including outdated legacy systems, complex regulations, and the need for real-time data analytics to support decision-making. In June 2020, Utah Medicaid went live with its first updated release, the provider enrollment and management module. Then, in April 2023, Utah Medicaid went live with its last release which fully implemented a new system called Provider Reimbursement Information System for Medicaid (PRISM). Utah Medicaid now annually processes approximately six million provider claims plus managed care encounters, paying approximately $5 billion to more than 65,000 active Medicaid providers and managed care organizations.

THE SOLUTION

In partnership with Acentra Health, Utah initiated a modernization effort focused on adopting leading-edge technologies and refining operational workflows. Acentra Health's Medicaid Enterprise System (MES) provided the critical foundation for this transformation. The approach included:

COMPREHENSIVE SYSTEM OVERVIEW

The project involved updating Utah's Medicaid systems to support automated processes, eliminated paper processes, and enable real-time data access with no interruption of services.

ENHANCED PROVIDER EXPERIENCE

The new system streamlined provider enrollment and claims processing, reducing administrative burdens and allowing providers to focus on patient care.

DATA INTEGRATION

Acentra Health implemented an advanced data integration framework that allowed for better data sharing between systems, improving insights and decision-making, and compliance with electronic standards.

MEMBER-CENTRIC IMPROVEMENT

Utah's Medicaid recipients benefited from improved access to care and enhanced communication.

> "
> The state's vision was to create a streamlined, efficient system that improved care delivery and health outcomes while optimizing administrative processes.

THE OUTCOMES

Between the April 2023 implementation and June 2024, more than 15 million claims and encounters have processed with payments exceeding $6.2 billion. In addition, the modernization of Utah's Medicaid system led to significant improvements in both operational efficiency and patient outcomes. Key results included:

REDUCTION IN ADMINISTRATIVE COSTS
By automating manual processes, Utah reduced administrative overhead, allowing resources to be redirected to care initiatives. For example, the system tracks financial contracts and trigger notifications when contract thresholds are met. This has reduced the time required to manage contract terms and made available the bandwidth to focus on other initiatives.

IMPROVED HEALTH OUTCOMES
By having the visibility to more comprehensive and integrated data, Utah has been able to make more informed and timely care decisions. For example, the PRISM system integrates and displays facility enrollment and assessment data in a more effective manner supporting reduced review timelines which supports better health outcomes for Medicaid recipients.

INCREASED PROVIDER COMMUNICATION
By automating and enhancing provider communication, the provider processes and experience has been streamlined. For example, electronic prior authorization notifications are automatically sent to providers which has reduced the number of provider phone calls received to confirm status or exchange details on required supporting documentation. This has provided more time for Utah to focus on the review of prior authorizations which has contributed to the agency reaching the goal of finalizing determinations within seven days.

ENHANCED COMPLIANCE AND FLEXIBILITY
Utah's Medicaid program became more agile, ensuring it could adapt to changing regulations and better meet the needs of its growing population. Since implementation, policy changes have been readily planned and timely implemented including, extending postpartum services for 12 months, adding recreational therapy services to the benefit plan and claims processing, and supporting the sunset of the non-traditional benefit plan and transitioning members to applicable traditional benefit plan.

"

The modernization of Utah's Medicaid system led to significant improvements in both operational efficiency and patient outcomes.

Proven Results

6 MILLION
provider claims plus
managed care encounters

$8 BILLION
to Medicaid providers and
managed care organizations

65+ THOUSAND
to Medicaid providers
and managed care paid

15 MILLION
claims and encounters
processed

$6.2 BILLION
in payments

CONCLUSION

Utah's Medicaid modernization journey, supported by Acentra Health, showcases how a state can leverage technology and process improvements to transform its healthcare system. By focusing on efficiency, data-driven decision-making, and user-centric design, Utah has set a benchmark for other states aiming to modernize their Medicaid programs.

ABOUT ACENTRA HEALTH

With 30+ years of experience, Acentra Health, combines public sector knowledge, clinical expertise, and technological ingenuity to modernize the health-care experience for state and federal partners and their priority populations. From designing and developing advanced claims, encounter, and provider solutions that drive efficiency and cost savings to delivering clinically focused service models for care management and quality oversight, Acentra Health is accelerating better outcomes. Acentra Health is backed by Carlyle (NASDAQ: CG), a global investment firm.