A. PURPOSE OF THIS REQUEST FOR INFORMATION (RFI)

NYSDOH is in the process of information gathering and researching possible approaches for a replacement Medicaid Management Information System (MMIS). The purpose of this Request for Information (RFI) is to gather information from respondents relative to questions detailed in Section C Information Requested. These questions reflect a wide array of operational and technological issues set forth by New York State Department of Health (NYSDOH) policy and technical professionals. They focus on suggested approaches to the design, development, and implementation (DDI) and operation of a replacement Medicaid Management Information System (MMIS) to support the New York State Medicaid program.

In addition to questions set forth in Section C Information Requested, this RFI provides prospective respondents an opportunity to submit information and recommend ideas for the design, development and implementation of a replacement MMIS, including any associated risk mitigation strategies.

This RFI seeks input from respondents who meet minimum qualifications outlined in Section D.1 Who May Respond and are willing to provide responses to all questions listed in Section C Information Requested. All input provided by prospective respondents will be used for informational purposes only. No awards will result from this Request for Information.

B. BACKGROUND

This section presents an overview of the NYSDOH, New York's Healthcare Reform Agenda and a description of the history and current status of the eMedNY MMIS.

B.1 DEPARTMENTAL OVERVIEW AND NEW YORK'S HEALTHCARE REFORM AGENDA

The New York State Department of Health (NYSDOH) is the Single State Agency responsible for the administration of New York's Medicaid program. Under federal and state law and regulations, NYSDOH administers Medicaid in conjunction with fifty-eight (58) local social services districts and other state agencies including the Office of Mental Health (OMH), the Office of Alcohol and Substance Abuse (OASAS), the Office of Children and Family Services (OCFS), the Office of Temporary Disability Assistance (OTDA) and the Office of Mental Retardation and Developmental Disabilities (OMRDD). The Office of the Medicaid Inspector General (OMIG) is an independent entity within NYSDOH established to preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste and abuse control activities.

New York's Medicaid program is one of the largest insurance programs in the nation, currently providing health care coverage to over four (4) million people, approximately 2.6 million of which receive their health care through enrollment in a managed care plan. Medicaid's

annual cost is approximately $47 billion which comprises thirty percent (30%) of the State budget.

Within NYSDOH, the Office of Health Insurance Programs (OHIP) is directly responsible for administering public health insurance programs including Medicaid, Family Health Plus, which is a Medicaid expansion covering low-income workers, Child Health Plus which covers 380,000 children who are not eligible for Medicaid and the Elderly Pharmaceutical Insurance Coverage Program (EPIC) which provides prescription drug coverage to over 300,000 seniors who meet the program's income criteria. OHIP was established in January 2007 with the mission of ensuring that eligible New Yorkers are able to get and keep coverage; buying value (defined as quality, cost–care) for beneficiaries; and advancing health system reform. The 2008-09 State Budget made significant strides in achieving these reform objectives. For example, it broadens coverage and makes it more accessible, begins the process of investing in ambulatory care to reduce preventable inpatient hospital stays and strengthens the commitment to quality through such measures as primary care standards, retrospective review of services and selective contracting. As OHIP implements these reforms and continues to advance the health care reform agenda, the eMedNY MMIS will continue to play a critical role in supporting all stakeholders in the implementation and evaluation of reform initiatives.

Another critical element of New York's health care reform is expanding the adoption of advanced health information technology (HIT). NYSDOH is currently working to develop an architectural framework and set of principles to support the implementation of New York State's health information infrastructure (NYHII), including a Statewide Health Information Network for New York (SHIN-NY). The SHIN-NY is the lynchpin for achieving interoperable HIT and realizing the expected benefit from HIT in improving health care quality, affordability and outcomes for New Yorkers.

NYSDOH is also working to establish an interoperable Health Information Exchange (HIE) to initially share medication history data and progress to the development and implementation of an electronic health record for all Medicaid recipients. Efforts are also underway to complete an extensive retrospective utilization review of eligible Medicaid program enrollees, using both evidence based data/disease management analysis and resource utilization review techniques. This project will include the development of utilization profiles for both Medicaid providers and enrollees, and the identification of providers that demonstrate a pattern of inappropriate evidence based utilization or inappropriate resource utilization.

B.2 HISTORY AND CURRENT STATUS OF THE EMEDNY MMIS

Currently, New York State's Federally certified MMIS, eMedNY, is operated and maintained under a fiscal agent contract, supplemented by provider and reference information maintained by NYSDOH. New York State law currently mandates the use of a fiscal agent contractor to operate the MMIS.

eMedNY is the only Medicaid claims processing system in the country that is operational twenty-four (24) hours a day, seven (7) days a week. Large and complex, it is comprised of

eleven (11) subsystems, hundreds of modules and over sixteen (16) million lines of code. eMedNY processes more than 100 million eligibility verification requests, 350 million claims and payments in excess of $40 billion annually for New York Medicaid providers. It supports statewide eligibility verification, claims processing and the New York Medicaid Web site. Additionally, the call center handles and receives nearly a million telephone calls a year from Medicaid providers, and the claims processing unit performs digital imaging and data conversion of paper documents. Over 8,700 system users support over four (4) million recipients receiving health services through the New York State Medicaid program. The system supports more than 60,000 participating medical providers (although about 150,000 are enrolled) in providing their services.

Statewide implementation of the current competitively procured MMIS, eMedNY, was completed in 2005.

NYSDOH anticipates a competitive procurement to obtain the services of a qualified offeror to design, develop, implement and operate a replacement New York State MMIS and address the following major issues and needs:

1. Enhance the ability of the MMIS systems environment to quickly implement major changes to adequately support the enforcement of current Medicaid policy and/or to implement new program initiatives. Continued changes to the New York State Medicaid program dictate that the system be better able to support the current business environment, including waiver programs and other new initiatives.

2. Enhance the ability of the MMIS systems environment to more efficiently provide the technological support for the changing needs of the user community.

3. The system processing capabilities needed to support State and Federal policy and cost-containment initiatives require sophisticated claim and history-related edits, decision-based management reporting, and increased third-party liability and financial management tracking and reporting.

4. The current environment represents a tightly coupled, legacy system which is increasingly difficult and costly to modify. Continuing to maintain and enhance eMedNY to incorporate federal mandates and state initiatives is not cost effective.

5. It is expected that as a result of the Medicaid Information Technology Architecture (MITA) State Self-Assessment (SS-A), the level of MITA capability for business services will be a minimum of Level 2; several will be designated as Level 3 and as such must be implemented as Services in the new MMIS. Therefore, the replacement MMIS will need to contain loosely coupled application with a Service-Oriented Architecture SOA that incorporates MITA principles for both business services and technical services. Furthermore, the technical infrastructure of the replacement MMIS will need to support industry approved technical functions and capabilities, including SOA enabling technology.

New York State intends to competitively procure contractor services for the implementation and operation of a replacement MMIS. Current plans call for the completion of a three-year extension of the current fiscal agent contract to maintain fiscal agent services while the new MMIS is procured and implemented. The current fiscal agent contractor will continue to operate the current MMIS and provide fiscal agent services until June 30, 2012, when a new MMIS fiscal agent contract is anticipated to begin. State plans also include completion of a MITA State Self-Assessment and initiation of DDI activities for the replacement MMIS beginning in July 2010 and ending in June 2012. The contractor for the new MMIS will operate that system as the fiscal agent until June 30, 2017.

C.   INFORMATION REQUESTED

Please provide responses to <u>all</u> questions presented in this section. Respondents are also encouraged to provide any additional observations, strategies, and recommendations, including approaches to risk management, to support New York State's efforts to implement a replacement MMIS. All respondents are REQUIRED to provide responses in sufficient scope and detail using the template provided in Attachment A, Respondent Information Template.

All New York State and Respondent responses are non-binding and will be used for informational purposes only. Information provided becomes the property of New York State, for use at NYSDOH discretion. The NYSDOH is not responsible for any costs associated with the development and/or submission of any responses to this RFI.

C.1 CORPORATE QUALIFICATIONS

1. For a project of this size, would your company respond as a prime contractor alone or as a prime contractor with subcontractors?

2. What previous experience or qualifications should be required for bidders?

3. Should the experience requirements be limited in some manner, e.g., to Medicaid, health care or equivalent experience in other similar transaction processing businesses? Please provide a rationale for this response.

4. What innovations should NYSDOH seek?

5. Where, and for how long, have such innovations been implemented?

6. What strengths, capabilities and qualifications should NYSDOH seek in a MMIS vendor?

7. Identify and describe the technologies/products NYSDOH should seek in the area of Medicaid program integrity.

8. Could your company support MITA aligned Service Oriented Architecture using the MITA approach to standard interfaces for Business Services? If so, please explain the experience and capabilities of your organization in supporting this.

C.2 GENERAL INFORMATION

1. Identify and describe your primary concerns in responding to a procurement for the MMIS.

2. From your work on similar size projects, identify and describe New York State's greatest challenge and risk points in a procurement of a MMIS?

3. Identify and describe provisions could New York State could include in an RFP that would encourage greater participation and competition.

4. How long should the term of a resulting contract be to make it economically viable for your company to participate?

5. Identify and describe if the contract would be more or less economically viable if all Medicaid contractor operations services were integrated into a single contract, e.g., Third Party Liability (TPL) recovery, Pharmacy Benefit Management, etc.

6. For all DDI activities, identify and describe a recommended approach to contract pricing including a payment schedule and specific contract performance milestones tied to payments.

7. Identify and describe a recommended approach to pricing ongoing operational support activities.

C.3 TECHNOLOGY

1. Identify and describe the technology platform New York State should be seeking.

2. Should New York State require all new technologies or could there be a mix between new technologies and some functionality from the current system?

3. Identify and describe what steps New York State should consider to ensure that the MMIS is current with private sector state of the art in health care technologies.

4. Prescription drug claims are currently processed by eMedNY. Identify and describe options to ensure the ability of the system to implement changes in pharmacy benefit design.

5. Identify and describe the approach to supporting Service-Oriented Architecture infrastructure including Business and Technical Services that adhere to the MITA Framework.

6. Should New York State consider "best of breed" commercial-off-the shelf (COTS) packages or purely custom solutions? Please provide a rationale to support your response.

C.4 SYSTEM DESIGN AND DEVELOPMENT

1. Identify and describe what development methodologies should be considered in the requirements.

2. Identify and describe what development standards should be considered in the requirements.

3. Please specify the degree of State involvement would be required to support DDI activities.

C.5 CHANGE MANAGEMENT

1. The implementation of major initiatives such as the National Provider Identifier (NPI), X12N version 5010, and ICD-10 require major change from both program and technical perspectives. Such initiatives consume substantial resources, creating potential delays for other critical projects. Identify and describe by way of example, how your company would manage the introduction of changes associated with major initiatives such as X12N 5010 and ICD-10, along with additional, competing State-mandated system and business requirements.

2. Identify and describe what change management processes and approaches should be considered by New York State in a MMIS procurement.

3. Identify and describe what standard deliverables should be considered by New York State determining requirements for ongoing system change management.

4. Identify and describe where these change management processes and approaches have been employed to support the successful implementation and ongoing operation of a MMIS.

C.6 IMPLEMENTATION MANAGEMENT

1. Based on your experience, in the event of a transition to a new MMIS, how long a time frame should be allowed for the implementation phase? Identify and describe minimum periods needed for major activities such as system design, development and system testing, and user acceptance testing.

2. Based on your experience, in the event of a transition to a new MMIS, how long do you foresee it taking to get a facility and staff ready to actually implement a takeover of operations?

3. Based on your experience, identify and describe what training facilities/services would be available to New York State.

4. Based on your experience, identify and describe what types/levels of documentation should be made available to the provider community to ensure a successful implementation.

C.7 FISCAL AGENT OPERATIONS

1. Identify and describe your organization's approach to complying with HIPAA requirements on an ongoing basis to support future version updates and new requirements.

2. Identify and describe the challenges unique to a contractor supporting New York Medicaid.

3. Identify and describe which contractor staff positions you would consider "key positions". Explain your rationale.

D. INSTRUCTIONS FOR RESPONDING TO THIS RFI

D.1 WHO MAY RESPOND

This RFI seeks input from all interested parties who are:

1. Currently capable of processing, at a minimum, one (1) million health claims on an annual basis; and
2. Willing to provide responses to all questions listed in Section C Information Requested.

D.2 RFI RESPONSE STRUCTURE

Respondents are required to use the template provided in Attachment A Respondent Information Template to structure their response. All replies to this RFI must use Microsoft Word. Respondents are encouraged to provide additional observations, strategies and recommendations in Attachment A in addition to the required questions.

D.3 NYSDOH/OHIP SYSTEMS CONTACT

For any questions regarding the content of this RFI respondents may send their questions by email (only) to Mr. Henry Stone hxs09@health.state.ny.us.

D.4 RFI SCHEDULE & RESPONSE DUE DATE

Responses to this RFI are due 3:00 PM Eastern Time (EST),**.** Please send two (2) hard copies and (1) electronic copy of your response to:

Mr. Henry Stone
Director, Administrative Support
Office of Health Insurance Programs (OHIP)/
Division of Systems
New York State Department of Health (NYSDOH)
800 North Pearl Street
Albany, New York 12204
hxs09@health.state.ny.us

RFI Schedule Summary

September 22, 2008	RFI Published in the NYS Contract Reporter
September 22, 2008	RFI Available for Download
October 15, 2008	Response Due 3:00 PM Eastern Time
October 22, 2008	Deadline for Scheduling Meetings
October/November, 2008	Meetings

D.5 RESPONDENT MEETINGS

NYSDOH is also interested in meeting with respondents who have submitted their written responses by the deadline to discuss the written information provided. Meetings will be held during October and November**,** 2008. NYSDOH anticipates a meeting duration of no longer than three (3) hours per respondent. Respondents are limited to a maximum of four (4) attendees. The intent of these meetings is to provide NYSDOH/OHIP Systems the opportunity to clarify written submissions. All verbal clarifications provided by respondents during these sessions should be documented to NYSDOH in writing within fourteen (14) calendar days after the scheduled meeting.

Respondents to this RFI who have submitted Attachment A by the response deadline wishing to schedule a meeting should contact Mr. Henry Stone, Director, Administrative Support, Division of Systems, Office of Health Insurance Programs at (518) 408-0816 or by email   hxs09@health.state.ny.us no later than October 22, 2008.

D.6 RFI RESPONSE CONTACT

NYSDOH requests that all organizations responding to this RFI designate a single contact within their organization for receipt of all subsequent information pertaining to this RFI.

D.7 REVIEW PROCESS

This RFI is being issued with the intent to obtain information. Written responses to this RFI will be reviewed and considered by the NYSDOH in preparation for the issuance of a Request for Proposal (RFP) to support the replacement of New York State's eMedNY MMIS. NYSDOH is under no obligation to use any information or material submitted in response to this RFI.

D.8 REIMBURSEMENT

NYSDOH will not reimburse respondents for any costs associated with preparation of their responses to this RFI, including but not limited to attendance at respondent meetings.

D.9 OWNERSHIP

Ownership of all data, material and documentation originated and prepared for NYSDOH pursuant to this response will belong exclusively to NYSDOH.

D.10 PUBLIC INFORMATION REQUIREMENTS

Disclosure of information submitted in response to this RFI shall be permitted consistent with the laws of the State of New York and specifically the Freedom of Information Law (FOIL) contained in Article 6 of the Public Officers Law. The State shall take reasonable steps to protect from public disclosure any of the information submitted in response to this RFI which is exempt from disclosure. Information constituting trade secrets or critical infrastructure information for purposes of FOIL shall be clearly marked and identified as such by the Respondent upon submission. If the Respondent intends to seek an exemption from disclosure of claimed trade secret materials or claimed critical infrastructure information under FOIL, the Respondent shall at the time of submission, request the exemption in writing and provide an explanation of (i) why the disclosure of the identified information would cause substantial injury to the competitive position of the Respondent, or (ii) why the information constitutes critical infrastructure information that should be exempted from disclosure pursuant to §87(2) of the Public Officers Law. Acceptance of the identified information by the State does not constitute a determination that the information is exempt from disclosure under FOIL. Determinations as to whether the materials or information may be withheld from disclosure will be made in accordance with FOIL at the time a request for such information is received by the State.

D.11 DISCLAIMER

This RFI is issued solely for informational purposes and does not constitute a procurement or solicitation.

ATTACHMENT

Attachment A: Respondent Information Template (REQUIRED)

REQUEST FOR INFORMATION (RFI)
Attachment A: Respondent Information Template

Respondent Name and Address:	
Respondent Representative Contact Information:	

Corporate Qualifications
1. If your company decided to respond to a resulting RFP, for a project of this size, would your company respond as a prime contractor alone or as a prime contractor with subcontractors? Please provide the rationale for your decision.
2. What previous experience or qualifications should be required for bidders?
3. Should the experience requirements be limited in some manner, e.g., to Medicaid, health care or equivalent experience in other similar transaction processing businesses? Please provide a rationale for this response.
4. What innovations should NYSDOH seek?
5. Where, and for how long, have such innovations been implemented?
6. What strengths, capabilities and qualifications should NYSDOH seek in a MMIS vendor?
7. Identify and describe the technologies/products NYSDOH should seek in the area of Medicaid program integrity.
8. Could your company support MITA aligned Service Oriented Architecture using the MITA approach to standard interfaces for Business Services? If so, please explain the experience and capabilities of your organization in supporting this.
General Information
1. Identify and describe your primary concerns in responding to procurement for the MMIS.
2. From your work on similar size projects, identify and describe New York State's greatest challenge and risk points in a procurement of a MMIS.
3. Identify and describe provisions could New York State could include in an RFP that would encourage greater participation and competition.
4. How long should the term of a resulting contract be to make it economically viable for your company to participate?
5. Identify and describe if the contract would be more or less economically viable if all Medicaid contractor operations services were integrated into a single contract, e.g., Third Party Liability (TPL) recovery, Pharmacy Benefit Management, etc.
6. For all DDI activities, identify and describe a recommended approach to contract pricing including a payment schedule and specific contract performance milestones tied to payments.
7. Identify and describe a recommended approach to pricing ongoing operational support activities.
Technology
1. Identify and describe the technology platform New York State should be seeking.
2. Should New York State require all new technologies or could there be a mix

	between new technologies and some functionality from the current system?
3.	Identify and describe what steps New York State should consider to ensure that the MIS is current with private sector state of the art in health care technologies.
4.	Prescription drug claims are currently processed by eMedNY. Identify and describe options to ensure the ability of the system to implement changes in pharmacy benefit design.
5.	Identify and describe the approach to supporting Service-Oriented Architecture infrastructure including Business and Technical Services that adhere to the MITA Framework.
6.	Should New York State consider "best of breed" commercial-off-the shelf (COTS) packages or purely custom solutions? Please provide a rationale to support your response.

System Design and Development

1.	Identify and describe what development methodologies should be considered in the requirements.
2.	Identify and describe what development standards should be considered in the requirements.
3.	Please specify the degree of state involvement required to support DDI activities.

Change Management

1.	The implementation of major initiatives such as the National Provider Identifier (NPI), X12N version 5010, and ICD-10 require major change from both program and technical perspectives. Such initiatives consume substantial resources, creating potential delays for other critical projects. Identify and describe by way of example, how your company would manage the introduction of changes associated with major initiatives such as X12N 5010 and ICD-10, along with additional, competing State-mandated system and business requirements.
2.	Identify and describe what change management processes and approaches should be considered by New York State in a MMIS procurement.
3.	Identify and describe what standard deliverables should be considered by New York State determining requirements for ongoing system change management.
4.	Identify and describe where these change management processes and approaches have been employed to support the successful implementation and ongoing operation of a MMIS.

Implementation Management

1.	Based on your experience, in the event of a transition to a new MMIS, how long a time frame should be allowed for the implementation Phase? Identify and describe minimum periods needed for major activities such as system design, development and system testing, and user acceptance testing.
2.	Based on your experience, in the event of a transition to a new MMIS, how long do you foresee it taking to get a facility and staff ready and to actually implement a takeover of operations?
3.	Based on your experience, identify and describe what training facilities/services would be available to New York State.
4.	Based on your experience, identify and describe what types/levels of documentation should be made available to the provider community to ensure a

successful implementation.	
Fiscal Agent Operations	
1. Identify and describe your organization's approach to complying with HIPAA security requirements on an ongoing basis to support future version updates and new requirements.	
2. Identify and describe the challenges unique to a contractor supporting New York Medicaid.	
3. Identify and describe which contractor staff positions would you consider "key positions". Explain your rationale.	
Additional Observations, Strategies and Recommendations	
If additional pages are necessary they should be attached with the header "MMIS RFI Additional Observations, Strategies and Recommendation" and numbered sequentially.	