



Department of Health

Request for Information (RFI) for

Innovative Medicaid Enterprise Systems (MES) Solutions

RFI Number 105180

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1 Calendar of Events

RFI (105180) – INNOVATIVE MEDICAID ENTERPRISE SOLUTIONS)	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Information	4/29/2021
Deadline for Submission of Written Questions	Questions Due on or Before: 5/13/2021 by 5:00 p.m. ET
Answers to Questions	On or about: 5/28/2021
RFI Responses Due	Responses Due on or Before: 6/14/2021 by 5:00 p.m. ET
Anticipated Responder Interview Period begins	7/14/2021

2 Introduction and Purpose

Medicaid programs and the systems that support them are rapidly changing. In the decade since passage of the Affordable Care Act, State Medicaid Agencies have needed to consider a wide array of new ideas, tools, and constraints in order to deliver quality care to members, most notably:

- Value Based Payments (VBP)
- Block Grant Funding Models
- Medicaid Information Technology Architecture Updates
- Budget and Resource Pressures, including those created by the COVID-19 response
- Emerging uses of Social Determinants and Population Health Data
- Health Information Exchanges
- Office of the National Coordinator for Health Information Technology (ONC) Standards
- Fast Healthcare Interoperability Resources (FHIR) Standards
- Centers for Medicare & Medicaid Services (CMS) Data & Systems Group transition to Outcomes Based Certification (OBC)

In order to efficiently and effectively respond to these developments, Medicaid Enterprise Systems (MES) strategies must reflect long-term planning that includes both traditional and emerging solutions. To accomplish this, the New York State Department of Health (“DOH” or

“Department”) is engaged in a multi-year effort to create a Medicaid Enterprise Systems Roadmap.¹

When complete, the Roadmap will clearly lay out the Department’s path forward for Design, Development, and Implementation (DDI) of Medicaid Enterprise Systems, including procurement of Medicaid Management Information Systems (MMIS), Medicaid Eligibility and Enrollment (E&E) modules, and supporting services. It will also provide required analysis consistent with CFR § 95.610 - Submission of advance planning documents.

The Department has previously gathered feedback on its vision for the New York State of Health (NYSOH) insurance system². Through this Request for Information (“RFI”) for Innovative Medicaid Enterprise Systems Solutions, the Department seeks information on other Medicaid Enterprise solutions that may be used for Medicaid Enterprise Systems Roadmap planning.

Portions of the information gathered through this RFI may be shared with the Centers for Medicare & Medicaid Services (CMS), with contractors working with the Department on developing its MES Roadmap, and with other states. NYSDOH recognizes that responders may be hesitant to reveal solutions in or nearing development and unknown to the general public. Therefore, responders should clearly and specifically identify any portion of the response that a responder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. Please refer to Section 9.2 below for more information.

3 How this RFI is Organized

Section 5 of this RFI is organized into three sets of questions. Addendums have been provided to help responders tailor their response to the current New York State Medicaid Environment.

SECTION 5.1 – General Medicaid Enterprise Solutions

The first section contains questions intended to garner a broad understanding of Medicaid Enterprise Systems solution offerings that should be considered in Roadmap planning, including those that might not be typically thought of as “MMIS Modules”. Responses should address how the solution may be employed to address business and technical challenges, improvements in Medicaid outcomes, and cost savings.

SECTION 5.2 – Multi-vendor Relationships and Implementation Questions

The second section consists of questions focused on the role of solution providers in a multi-vendor environment.

SECTION 5.3 – Medicaid Enterprise Data Layer Questions

The third section focuses on Medicaid data transport, integration, and analytics.

Addendums

Background information related to the current state of DOH’s Medicaid Enterprise from a systems perspective can be found in Addendum A and Addendum B. Please note that the

¹ This effort is being supported by KPMG through a Project Based Information Technology Services engagement (Mini-Bid #20011).

² For more information, please refer to the link in Appendix B titled “NYSOH Roadmap”

Department makes no warranty regarding the accuracy or currency of this information.

4 Who Should Respond

This RFI is seeking input from interested parties who:

- Have implemented or are in process of developing innovative healthcare solutions for the Medicaid Enterprise; or
- Have an innovative non-healthcare solution that meets or could be modified to meet a specific function or functions within the Medicaid Enterprise.

5 Questions for Vendors

Vendors are invited to respond to as many sections and questions below as they wish. Please include observations, advice, questions, and suggestions appropriate to establishing a Medicaid Enterprise Systems Roadmap. Respondents are also invited to provide context for their responses by including a separate corporate overview of no more than two pages describing their organization’s experience, staffing, ownership and technical maturity.

Section 5.1 – General Medicaid Enterprise Solutions

These questions are intended to provide the Department with a broad overview of solutions that should be considered for inclusion in its Medicaid Enterprise Systems Roadmap. Some areas where DOH has identified recent maturity gains in Medicaid systems design and is eager to hear from solution providers with well-developed product visions include:

- Consumer Portals
- Financial Systems
- Plan Portals
- Provider Portals

However, the intent of this RFI also is to discover other areas where an investment in modernization might result in demonstrable benefits to the Medicaid program.

Subject	ID	Question(s)
Solution Description	5.1.1	Please describe Medicaid Enterprise solutions your organization provides or is developing that the Department should consider during its roadmap planning. The Department is interested in learning about: <ul style="list-style-type: none">• The Medicaid Enterprise business processes targeted by the solution• How the solution is packaged – COTS or proprietary; modular or tightly integrated; cloud or local• How the solution is priced (please include methodology only, e.g., Per Member Per Month, fixed price per year, data usage—please do not provide actual purchase prices)• Where the solution is currently deployed, or expected to be deployed, and how long it has been in use

		<ul style="list-style-type: none"> • Configuration and customization typically required to adapt the product for use in a State Medicaid Program • Technical architecture and processing capacity/scalability • User-facing and self-service capabilities • Interface support and extensibility
Solution Description	5.1.2	<p>Please identify any innovations in your solution for addressing Medicaid Business Priorities (cost savings, performance efficiencies, improved care outcomes, etc.). For example, such innovations might involve:</p> <ul style="list-style-type: none"> • Managing the transactions and data required to support and optimize individual outcomes and population health improvement and Value Based Payment (VBP) • Incorporating complex tools for the budgeting and financial forecasting needed to transition to VBP • Supporting Provider self-service business processes such as eligibility and enrollment, demographic updates, and banking.
Solution Description	5.1.3	<p>Please identify any innovations in your solution for addressing technical risk management. For example, such innovations might involve:</p> <ul style="list-style-type: none"> • Supporting user-driven configuration and testing • Microservices design • Portability • Use of newer (e.g., FHIR) standards in ways that can coexist with older, established standards (e.g., X12)
Solution Description	5.1.4	Describe 1-3 use cases where your innovations would apply and the value your solution would add when applied to them.
Lessons Learned	5.1.5	In the states where you have implemented, what have been some of the higher value outcomes? What metrics were you able to provide to substantiate this success?
Lessons Learned	5.1.6	What do you see as the key cost drivers for implementing your solution(s)? What recommendations do you have for managing MES solution costs and demonstrating outcomes mitigating the high costs of a Medicaid Enterprise solution?
Lessons Learned	5.1.7	Please discuss any experiences you've had integrating your solution(s) with legacy system management and lessons you've learned for implementing new MES solutions. Do you recommend any particular approach for modifying, interfacing with, and managing the legacy system while implementing a new solution?
Other	5.1.8	Please describe the major trends in your solution category that you believe the Department should be aware of, including any product or approach changes that you believe will come to market within the next 12-24 months. If possible, please be specific regarding how these trends affect Medicaid or Healthcare in New York State.
Other	5.1.9	Is there additional information you would like to share with the Department related to the topics addressed in this RFI?
Other	5.1.10	Do you have a short demo of your approach and/or solution(s) that you would like to present to the Department? Such presentations should be in electronic format.

Section 5.2 – Multi-vendor Relationships and Implementation Questions

Since the inclusion by CMS of the Modularity Standard as a condition for Enhanced FFP, many states have adopted strategies that divide MES functionality across multiple contracts. NYSDOH has successfully operated a multi-vendor Medicaid Enterprise for over two decades but is interested in input from vendors on how it can evolve this strategy and what lessons can be learned from other government or private sector implementations of multi-vendor enterprise systems.

Subject	ID	Question(s)
Vendor Roles and Relationships	5.2.1	Describe your company's roles and responsibilities as a Fiscal Agent in a modular systems environment? Do you share this role with vendors, or are they incorporated with other services? What are the key success factors and risks for separating FI functions from technical functions?
Vendor Roles and Relationships	5.2.2	What roles and responsibilities have you seen for a Systems Integrator (SI) in a modular systems environment? Was this role to be fulfilled by a separate vendor, incorporated with other services, or performed by the SMA itself? What are the key success factors and risks to success in utilizing a system integrator?
Vendor Roles and Relationships	5.2.3	In the projects you have been on, what was the optimal configuration of MES modules? What do you see as the benefits and risks of including business process outsourcing (BPO) services together with technical services?
Vendor Roles and Relationships	5.2.4	How does a multi-vendor environment change how you manage your own Design, Development, and Implementation (DDI) work? How should dependencies be identified, negotiated and implemented in a multi-vendor environment?
Vendor Roles and Relationships	5.2.5	Describe the division of responsibilities on successful projects, in relation to a multi-vendor environment, between vendor and subcontractor Project or Portfolio Management Offices (PMO), and an Enterprise PMO provided by either the SMA or a separate vendor?
Implementation Management	5.2.6	What is the typical duration of a project to implement your solution(s)? How does this time break down across planning, design, development, and implementation phases?
Implementation Management	5.2.7	What staffing levels, including experience and skillset, are typically required to implement your solution(s)? How do these requirements compare to other offerings in your solution category?
Implementation Management	5.2.8	Using your solution(s) as an example, what guidelines do you recommend for "phasing in" your services? How do these guidelines maximize efficiency and/or minimize risk? What constraints would they place on DDI partners?
Implementation Management	5.2.9	What effective approaches to maintain consistency in business process functions and data architecture across multiple systems and vendors have you encountered?
Implementation Management	5.2.10	What organizational change and communications management processes have you seen employed for a modern, multi-vendor MES implementation? How would you help support evolution of the Medicaid Enterprise as a whole?
System Development Lifecycle Management	5.2.11	Describe the System Development Lifecycle (SDLC) approach that you use for implementing your solution(s). Can your SDLC be incorporated into an environment that uses a traditional "waterfall" SDLC? What about "agile" methodologies? If so, how can this be accomplished?

Section 5.3 – Medicaid Enterprise Data Layer Questions

The contract that supports the Department's Medicaid Data Warehouse ends in mid-2021. Recognizing that timely access to high-quality data is critically important for both program and systems development, DOH is considering the implementation of a next-generation Enterprise Medicaid Data Hub & Data Integration Layer (MDL) with flexibility to accommodate both traditional and newer analytic techniques. These questions are intended to support the Department's decision making regarding the scope and content of this future procurement for potential inclusion in its MES Roadmap.

Subject	ID	Question(s)
Specification and Procurement	5.3.1	Please indicate if your firm would consider bidding on a Medicaid Data Hub & Data Integration Layer to modernize the Medicaid Data Enterprise in New York State. If you would not consider bidding, please explain why.
Specification and Procurement	5.3.2	Please list and explain the background and documentation you would need to develop a responsive proposal to a Medicaid Data Hub and Data Integration Layer Request for Proposals (RFP).
Specification and Procurement	5.3.3	Describe ways you feel the State should structure an RFP to encourage competition among non-incumbent and innovative Medicaid Data Enterprise solution bidders.
Specification and Procurement	5.3.4	What approaches for addressing the complex data management relationships between a variety of vendors working on separate parts (or modules) of the overall Medicaid Enterprise have you seen succeed? To what degree do you recommend the Department require these approaches in any RFP(s) it issues.
Specification and Procurement	5.3.5	Please describe challenges and critical success factors that the Department should be aware of when considering implementing a Data Hub & Integration Layer over time, integrating with legacy systems, and replacing traditional point-to-point architectures.
Specification and Procurement	5.3.6	What recommendations do you have for establishing procurement and implementation schedules that help deliver value sooner, reduce risk, and maximize Federal Financial Participation (FFP)?
Specification and Procurement	5.3.7	What do you see as the key cost drivers for implementing an MDL? What recommendations do you have for mitigating the costs of a Medicaid Data Layer / Data Hub solution?
Medicaid Data Hub & Data Integration Layer	5.3.8	What are your recommendations for platforming a Medicaid Data Hub and Service integration layer? Please supply a visual that captures your actual or recommended end-to-end Enterprise Data and Analytics Architecture, if available.
Medicaid Data Hub & Data Integration Layer	5.3.9	What factors (technologies, development methodologies, frameworks, etc.) would you recommend the Department require in an RFP in order to accelerate the design, development and implementation of an MDL solution?
Medicaid Data Hub & Data Integration Layer	5.3.10	What are your perspectives and recommendations on traditional and emerging integration models and platforms including Hybrid Integration Platform (HIP)?
Medicaid Data Hub & Data Integration Layer	5.3.11	What factors should DOH consider when evaluating Data Virtualization (DV). Do you see Data Virtualization (DV) use case opportunities in the new Medicaid Data Layer design?
Medicaid Data Hub & Data Integration Layer	5.3.12	In your past Medicaid Data solution implementations, did all data reside on enterprise platforms or were portions hosted on external platforms? Please recommend solutions for latency, replication, and other

		requirements surrounding a distributed data approach that the Department should consider requiring.
Medicaid Data Hub & Data Integration Layer	5.3.13	Please provide your recommended strategy for ongoing compliance with the CMS Interoperability and Patient Access final rule. Do you predict that use of the FHIR standards will expand to areas such as claims adjudication (and, if so, on what timetable)? What aspects of these emerging standards should the Department keep in mind, when constructing and evaluating a Medicaid Hub & Data Integration Layer?
Data Management, Security & Governance	5.3.14	Please provide an overview of Data Management Policy Frameworks that you recommend and discuss how they provide safeguards to manage risk. Do you believe the Department should include support for Data Management and Governance activities within a Medicaid Data Hub & Data Integration Layer procurement? Why or why not?
Data Management, Security & Governance	5.3.15	What processes, techniques, and solutions does your organization consider critical for delivering optimal data sharing throughout the Medicaid Enterprise System?
Data Management, Security & Governance	5.3.16	What standards and practices would you recommend with regards to key data stewardship and data-sharing concerns? What approaches do you recommend for engaging business data owners separately from technical data system managers?
Data Management, Security & Governance	5.3.17	What are your depth, breadth and frequency recommendations for performing periodic vulnerability scans of production and development environments?
Data Analytics	5.3.18	Are there national data analytics standards that you recommend incorporating in the procurement of a Business Intelligence (BI)/Analytics platform?
Data Analytics	5.3.19	Please describe any elements the Department should incorporate into its vision for a solution that supports a robust and evolving set of Descriptive Analytics (What happened?), Diagnostic Analytics (Why, When and Where it happened?), Predictive Analytics (What will happen?) and Prescriptive Analytics (Which action is best?).
Data Analytics	5.3.20	What do you consider are the key competencies for developing an analytic environment for data exploration that includes historic information necessary for predictive modeling and an operational environment that quickly displays results and visualization (graphics, maps, etc.) that assists the end user to take appropriate action? Should these be provided by the MDL vendor, a separate vendor, or the SMA itself?
Data Analytics	5.3.21	What do you consider are the key competencies for developing pre/post/real-time-payment analytics to assist the State in overseeing Managed Care delivery? (This oversight helps ensure that future capitation rate setting is accurate, that provider payments are valid, and that important policy changes are considered.) Should these be provided by the MDL vendor, a separate vendor, or the SMA itself?
Data Analytics	5.3.22	How can a data analytics solution help address gaps in health outcomes and facilitate transition to a VBP-centric model of health care delivery and payment? Please provide your strategies or solution details.
Data Migration / Transition	5.3.23	Please describe a solution model for the migration of data from legacy systems into a new platform. What data migration tools should be utilized to complete data migration? How might these tools be leveraged to augment a future-state solution?

Data Migration / Transition	5.3.24	While minimizing data conversion costs, how would you suggest preserving historical data in the Medicaid Data Layer so that it is quick and easy for users to retrieve?
Data Migration / Transition	5.3.25	Please list and describe the documentation that is essential to design, develop and transition data residing in the current system(s)?
Data Migration / Transition	5.3.26	What do you believe would be the optimum duration and the minimum duration for design, development and transition of the new Medicaid Data Hub and Service Integration Layer from contract award to exit of the current MDW maintenance and operations (M&O) vendor (including adequate time for parallel testing), and why?
Data Migration / Transition	5.3.27	Please share your critical success factors and lessons learned while migrating data to a new Medicaid Enterprise.

6 Review Process

This RFI is being issued with the intent to obtain information for use in Medicaid Enterprise System Roadmap planning. Written responses to this RFI will be carefully reviewed and considered by the Department. DOH is under no obligation to use or return any information or material submitted in response to this RFI.

The Department may be interested in viewing presentations from vendors who have indicated they have a demo of an approach and/or solution(s) in response to question 5.1.10. Meetings with these vendors will be scheduled at the Department's sole convenience, likely in December 2021 or January 2022.

In the event that social distancing regulations remain in place during this time period, vendors may be asked to attend meetings remotely, rather than in person.

7 Instructions for Responding to this RFI

7.1 RFI Responses/Electronic Submissions

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State. All responses should be limited to the information requested and submitted in the same order in which it is requested. The Department discourages overly lengthy responses. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective response are not desired. Elaborate artwork or expensive paper is neither necessary nor desired. Your response should contain sufficient information to assure accurate understanding by DOH. While additional data may be presented, material not relevant to this RFI will not be reviewed by the Department.

The following sections include the requested format and information to be provided by each vendor. The RFI responses should be returned in electronic format. NYSDOH will accept

responses in MS-Word, or searchable PDF files.

7.2 Cover Letter

Vendors should provide a cover letter that includes the following corporate information:

- Company Name
- Contact Name
- Contact Title
- Contact Phone #
- Contact E-mail address
- Mailing address
- (Optional) Attachment of no more than two pages, describing experience, staffing, ownership and technical maturity of the organization

7.3 Vendor Response Template

Vendor responses to the RFI questions outlined in sections 5.1, 5.2, and 5.3 should be submitted using the table format shown below, with each section addressed on a separate page or pages.

Subject	ID	Response

8 RFI Schedule & Response Due Date

8.1 Question Submission

Vendors must submit questions and/or requests for clarifications regarding this RFI via e-mail by the specified and time listed in Section 1, Calendar of Events. Questions should be submitted via e-mail to OHIPContracts@health.ny.gov with the subject line "MES Solutions RFI Question Submission".

The following **should be included** in the e-mail inquiry:

- Vendor name, contact person, telephone number and e-mail address as part of the sender's contact information;
- A description of the issue in question, or discrepancy found in the RFI;
- RFI section, page number, and/or other information to support identification of the specific problem or issue in question; and,
- The vendor's question(s).

At its discretion NYS DOH may contact vendors to seek clarification of any inquiry received. The Department will respond to questions and/or requests for clarification via addendum on or before the date listed in Section 1, Calendar of Events.

8.2 Response

The complete response must be received by the NYS DOH, no later than the Deadline for Submission of Responses specified in Section 1, Calendar of Events.

Responses may be submitted by email to OHIPContracts@health.ny.gov, with the subject line "MES Solutions RFI". Submission of responses in a manner other than as described in these instructions will not be accepted.

The Department 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.

9 General Terms

9.1 Reimbursement

DOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI, including, but not limited to, attendance at potential meetings.

9.2 Freedom of Information Law ("FOIL")

All responses may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a response to any person for the purpose of assisting in evaluating the response or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. Any portion of the response that a vendor believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the response. If DOH agrees with the proprietary claim, the designated portion of the response will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

9.3 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all responses received in response to the RFI
2. Withdraw the RFI at any time, at the agency's sole discretion
3. Seek clarifications of responses
4. Change any of the scheduled dates
5. Utilize any and all ideas submitted in the responses received
6. Request to meet with vendors.

9.4 General Information

DOH may ask vendors to clarify the contents of their responses. Other than to provide such information as may be requested by DOH, vendors are asked to refrain from seeking to alter response or add information after the Deadline for Submission of Responses listed in Section 1 (Calendar of Events).

Addendum A

Current State - Background

The NYS DOH Office of Health Insurance Programs (OHIP) is the single State agency responsible for the administration of the NYS Medicaid program. As one of the largest insurance programs in the nation, the NYS Medicaid program currently provides health care coverage to approximately six million beneficiaries. Approximately 4.8 million beneficiaries are enrolled in Managed Care plans and the remaining 1.2 million are enrolled as Fee-for-Service (FFS) beneficiaries (Medicaid eligible counts as of June 2019).

Together with OHIP, the Medicaid program is administered by the 58 Local Department of Social Services (LDSS) Offices and other State agencies, including the Office of Temporary and Disability Assistance (OTDA), the Office of Children and Family Services (OCFS), the Office of Mental Health (OMH), the Office of the Medicaid Inspector General (OMIG), the Office for People With Developmental Disabilities (OPWDD), the Office of Alcohol and Substance Abuse Services (OASAS), and the Office of the Attorney General (OAG). For Non-Modified Adjusted Gross Income (non-MAGI) enrollees, Medicaid eligibility determination and enrollment are primarily conducted by LDSS staff using the Welfare Management System (WMS), which is operated and maintained by OTDA. Beginning on October 1, 2013, New York's MAGI eligible population has eligibility determinations and enrollments done online through the New York State of Health (NYSOH) insurance exchange system.

As of January 31, 2019, there were approximately 3.3 million individuals enrolled in Medicaid through the NY State of Health system. This includes 3 million enrollees who renewed 2018 coverage and nearly 200,000 enrollees who were new to the Marketplace during the 2019 Open Enrollment Period. The new Medicaid enrollees include some individuals who are not new to the Medicaid program, but are new to the Marketplace. Some of these individuals are enrollees transitioning from Local District Social Services enrollment administration to State administration through NY State of Health. All MAGI Medicaid enrollees who were previously enrolled in Medicaid through Local Districts of Social Services in all counties excluding New York City have been transitioned to the Marketplace. Overall, three-quarters of MAGI Medicaid enrollment is through NYSOH and one quarter remains with the Local Districts.

Existing System Description

The NYS Medicaid Program is currently comprised of three major systems and several smaller ancillary systems. The three major legacy systems are:

1. The legacy Medicaid Management Information System (eMedNY);
2. The New York State Health Insurance Exchange (NYSOH); and
3. The Medicaid Data Warehouse (MDW).

Modern Medicaid Information Technology architectures consist of a modular and integrated set of technology and business processes that meet the Centers for Medicare and Medicaid Services (CMS) standards and conditions as referenced in 42 CFR 433.112(b). New York's systems were developed before this approach had fully matured and used disparate procurements rather than a coordinated Medicaid Enterprise strategy. In the current architecture, executing changes in the systems is a lengthy process, coordinated across large, independently managed vendors.

Each of these major systems physically reside in different data centers, independently operated by the associated contractor. The contracts supporting all three of these systems are nearing the end of their contract term and will need to be replaced via competitive procurement within the next 3-5 years.

More information on New York State’s Medicaid program can be obtained from the Department’s website at https://www.health.ny.gov/health_care/medicaid/ and https://www.health.ny.gov/health_care/medicaid/redesign/.

The graphic below provides an overview of the current Medicaid Enterprise environment. Interactions of systems are more complex than shown below; the graphic only depicts high-level interfaces.

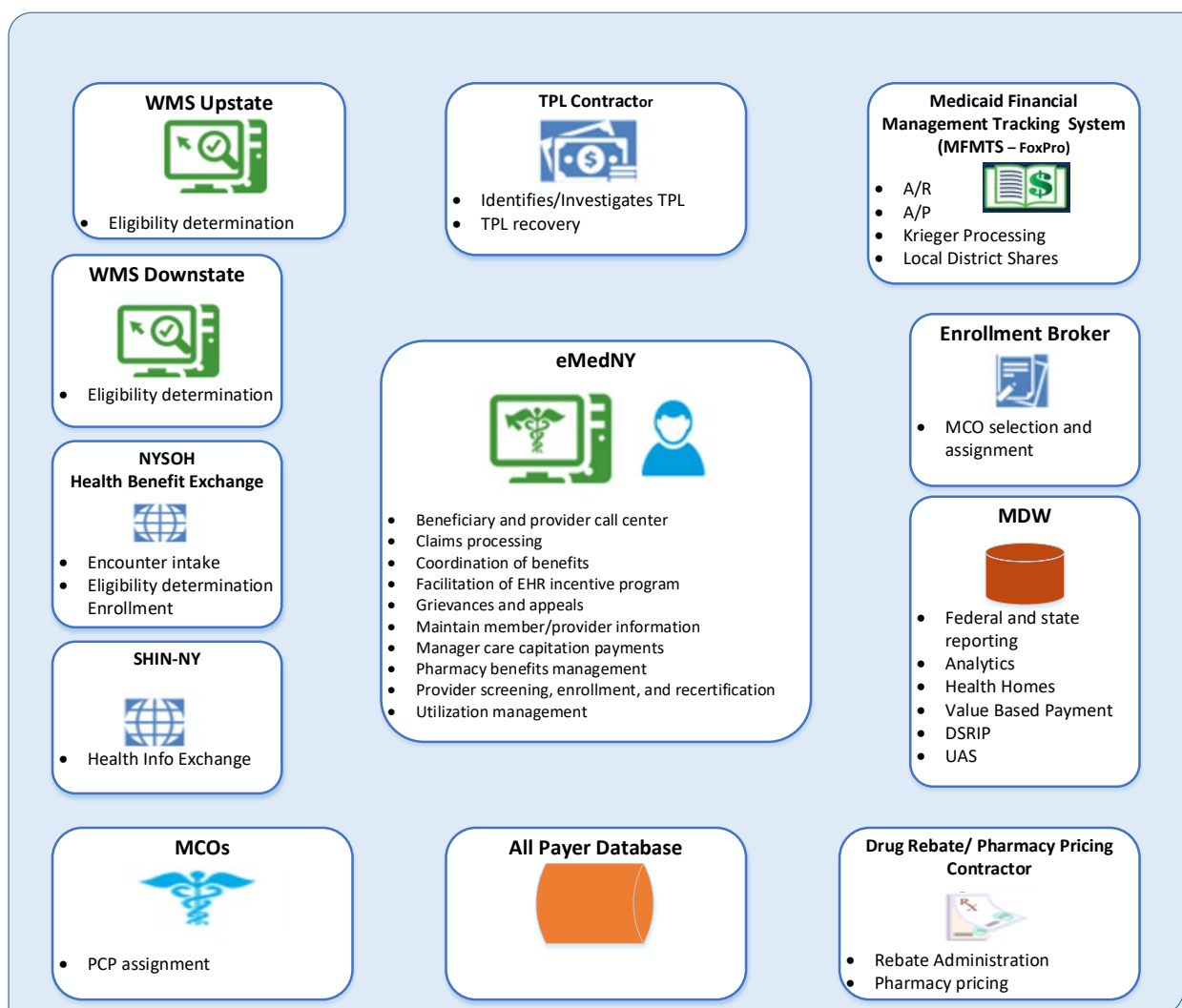


Figure 1. Simplified overview of the As-Is Medicaid Enterprise

The sections below provide a brief description of each of the three (3) core MES systems.

New York State Medicaid Management Information System (eMedNY)

The eMedNY core application is based on the integration of several software applications that have been modified and extended to meet the requirements of the NYS Medicaid Program. The eMedNY system assists the Department's fiscal agent with administering the Department's Fee for Service (FFS) Medicaid program and managed care program. eMedNY provides the following capabilities:

- Transaction processing (real-time and batch)
- Web-based application for the Department, other State agencies, and Local Departments of Social Services access
- Internet application for provider access
- External file transfer;
- Report repository and delivery
- Imaging and document management
- Workflow Management;
- Interactive Voice Response (IVR)
- Pharmacy Point of Service (POS)

The eMedNY application architecture utilizes a modular approach that separates the application into 12 subsystems. These subsystems include:

1. Claims Processing
2. Client
3. Electronic Commerce (eCommerce)
4. Financial
5. Prior Authorization
6. Provider
7. Reference
8. Third-Party Liability
9. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)
10. MARS (Management and Administrative Reporting Subsystem)
11. SURS (Surveillance and Utilization Review Subsystem)
12. MEIPASS (Medicaid EHR Incentive Program Administrative Support Service)

Medicaid Data Warehouse (MDW)

The Medicaid Data Warehouse (MDW) provides the Department with an analytics platform to inquire, query and report on Medicaid data. The MDW provides hosting services for multiple other applications driven by MDW data including the UAS and Health Homes applications. The MDW provides a computing environment that offers continuous operations of all system with a high degree of availability and recovery capability in the event of an unanticipated or unavoidable event. MDW platforms are built to provide fault tolerance, resilience, and redundancy.

MDW currently has 66 billion rows in all claims tables as a production environment, with currently 12,000 provisioned users and spans across 80 plus external organizations exchanging data.

MDW is divided into multiple functional areas; each area is independently supported by its own platform. If one area suffers an interruption of service, other areas are not affected and remain available to users. The functional areas in the MDW include:

- Data Warehouse (Target)
- Data Warehouse Mirror Platform
- ETL
- BI Repository
- BI Application
- BI Web

Health Benefit Exchange (New York State of Health - NYSOH)

NY State of Health, the official health plan Marketplace of New York State, authorized by the Federal Patient Protection and Affordable Care Act of 2010 (the “ACA”), was established in April 2012 by Governor Cuomo’s Executive Order 42, and codified in the NY Public Health Law in 2019. The NY State of Health Marketplace has successfully increased the affordability and accessibility of health insurance coverage in New York. By February 28, 2021, more than 5.8 million New Yorkers were enrolled in coverage.

New York opened its health plan Marketplace, NY State of Health, in October 2013. The Marketplace’s one stop health insurance shopping experience offers high quality comprehensive health plans. NY State of Health is the only place where consumers can qualify to get help paying for coverage through premium discounts or tax credits. Eligible New Yorkers can also enroll in Medicaid (currently for Modified Adjusted Gross Income (**MAGI**) consumers), Child Health Plus and the Essential Plan through the Marketplace all year. The Department, in partnership with its current system operator/integrator, has embarked on eight years of successful Open Enrollment periods. However, due to the COVID-19 pandemic, the 2021 Open Enrollment period has remained open to ensure all New Yorkers have easy access to health insurance during these unprecedented times.

Currently, the **non-MAGI** population remains in the Welfare Management System (WMS). The eligibility and enrollment functions are primarily administered by local government with several specialty populations administered by selected State agencies. The local government administration is supported by the WMS legacy system.

New York State is one of very few states that have successfully integrated the eligibility and enrollment functions of Medicaid programs and QHPs in a highly automated environment. NYSOH provides real-time eligibility and enrollment for health care programs including Medicaid, CHIP, and Qualified Health Plans and is the only place to obtain assistance in financing health coverage.

There are more than 10 environments that support the NYSOH Marketplace System Development Lifecycle (SDLC). These environments include: Production, Testing, Training, Business Continuity and Disaster Recovery among others. A variety of databases support the NYSOH custom coded application software and commercial off-the-shelf (COTS) software products (e.g. Alfresco– document management solution). Data is exchanged with an array of partners, including but not limited to other State Agencies, Health Insurance Issuers, the CMS Federal Data Hub and MAXIMUS.

Addendum B

Internet Links Referenced Above

NYSOH Roadmap: <https://www.health.ny.gov/funding/rfi/rast/index.htm>

MRT: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/

State Plan: https://www.health.ny.gov/regulations/state_plans/

Waiver Applications: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html?f%5B0%5D=waiver_state_facet%3A786#content

Medicaid Website: https://health.ny.gov/health_care/medicaid/