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MEMORANDUM

TO: RHCF and Community Services Members

FROM: Patrick Cucinelli, Senior Financial Policy Analyst

DATE: October 6, 2008

SUBJECT: **Replacement Medicaid Information System**

ROUTE TO: Administrator, CFO, IT Director

ABSTRACT: DOH issues RFI for a replacement Medicaid Management Information System.

Introduction

The Department of Health (DOH) implemented a replacement Medicaid Management Information System (MMIS) in late 2002. This system, generally referred to as [eMedNY](#), is the electronic data interchange (EDI) system used by DOH to carry out a wide variety of applications, including data warehousing, claims processing, and eligibility verification. DOH administers the current system through a subcontract with Computer Sciences Corporation. Implemented in several phases over a couple of years, the eMedNY system represented the first comprehensive upgrade to DOH's EDI in many years.

The current system is still heavily reliant on a legacy based format. Adapting the current system to recent changes related to the Health Insurance Portability and Accountability Act (HIPAA) and the National Provider Identifier (NPI) has proven cumbersome for DOH.

The Next Step

DOH has released a request for information (RFI) soliciting input from potential bidders for implementing the next stage in upgrading the MMIS. A copy of the RFI is available by [clicking here](#). This initial request is a precursor to the issuance of a full request for proposals, with a response due by October 15, 2008.

Given the limitations of the current legacy based system, DOH believes that this next step is necessary in order to more easily deal with ongoing issues related to HIPAA and the NPI. In addition, the new system would look create functionality in terms of advanced health information technology (HIT). Expanded HIT could include:

1. An architectural framework and set of principles to support the implementation of New York State's health information infrastructure;
2. The development of a Statewide Health Information Network;
3. Developing interoperable HIT with the goal of improving quality, affordability, and outcomes;
4. An interoperable Health Information Exchange to share medication history data and develop an electronic health record for all Medicaid recipients;
5. Completion of an extensive retrospective utilization review of eligible Medicaid program enrollees using both evidence base data/disease management analysis and resource utilization review techniques;
6. Develop utilization profiles for both providers and enrollees; and
7. Data mining or identification of providers with patterns of inappropriate utilization.

Conclusion

This project is in its initial stages at this point. NYAHSa will be closely monitoring its progress and we hope to have input in its development as further details emerge. Obviously, any project of this nature raises concerns for our members and the Medicaid enrollees they serve, and we would look to make sure that the provider community interests are considered. If you have any thoughts or concerns in this area, please contact me at pcucinelli@nyahsa.org or call 518-449-2707 ext. 145.