



NYS Medicaid Public-Private Partnership

The Second Health Information Technology
Summit
Washington DC

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New York State Department of Health
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Outline

- **Medicaid Program Overview**
- **Reprocuring New York's
Medicaid Management Information Systems (MMIS)**
 - **Stakeholders**
 - **MMIS Reprocurement Goals**
 - **Implementation Challenges**
- **Cooperative Partnership Development**



Introduction to the Medicaid Program

- **Comprehensive health insurance program for low-income individuals**
- **Established in 1965 in conjunction with the Medicare program**
- **Program is jointly funded by the federal government and the states**
- **Nationwide, Medicaid spending has now surpassed Medicare spending**



New York's Medicaid Program:

A partnership among 3 levels of government

Federal:

- Nationwide standards and program policies

State:

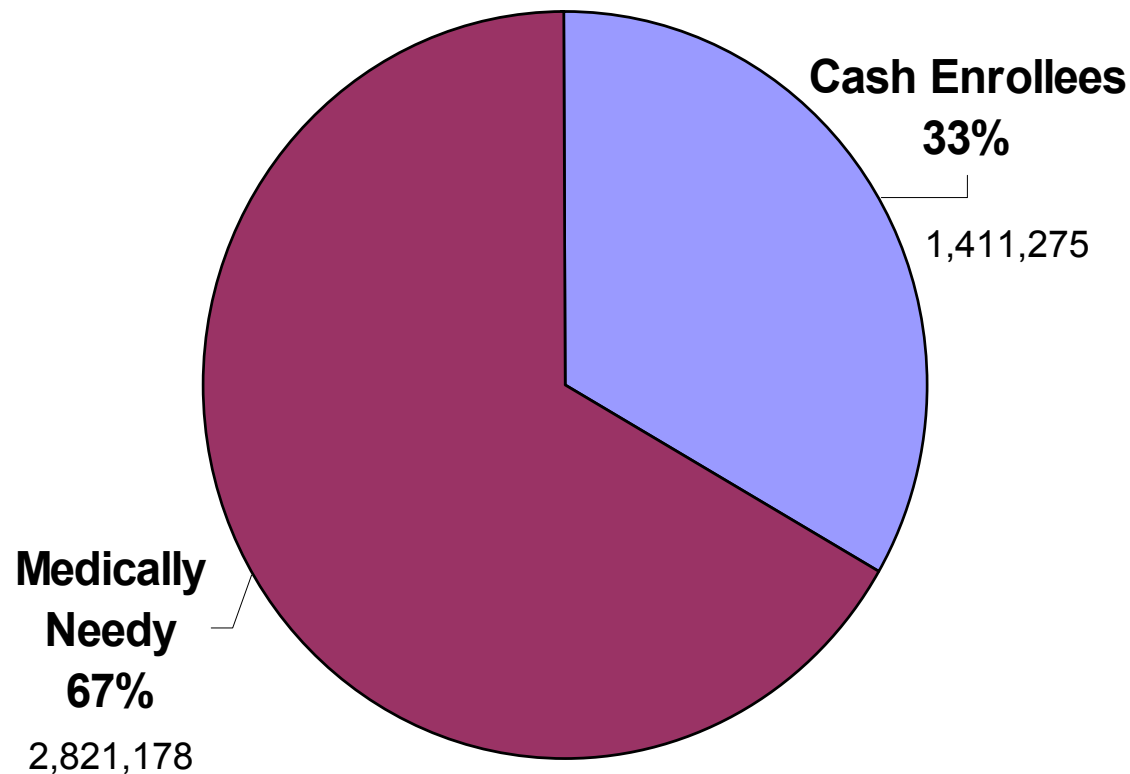
- Program policy
- Provider enrollment and claims payment
- Combating fraud

County (local social service districts and New York City):

- Eligibility determinations
- Linking enrollees to appropriate services

Two-thirds Of Enrollees Do Not Receive Cash Assistance

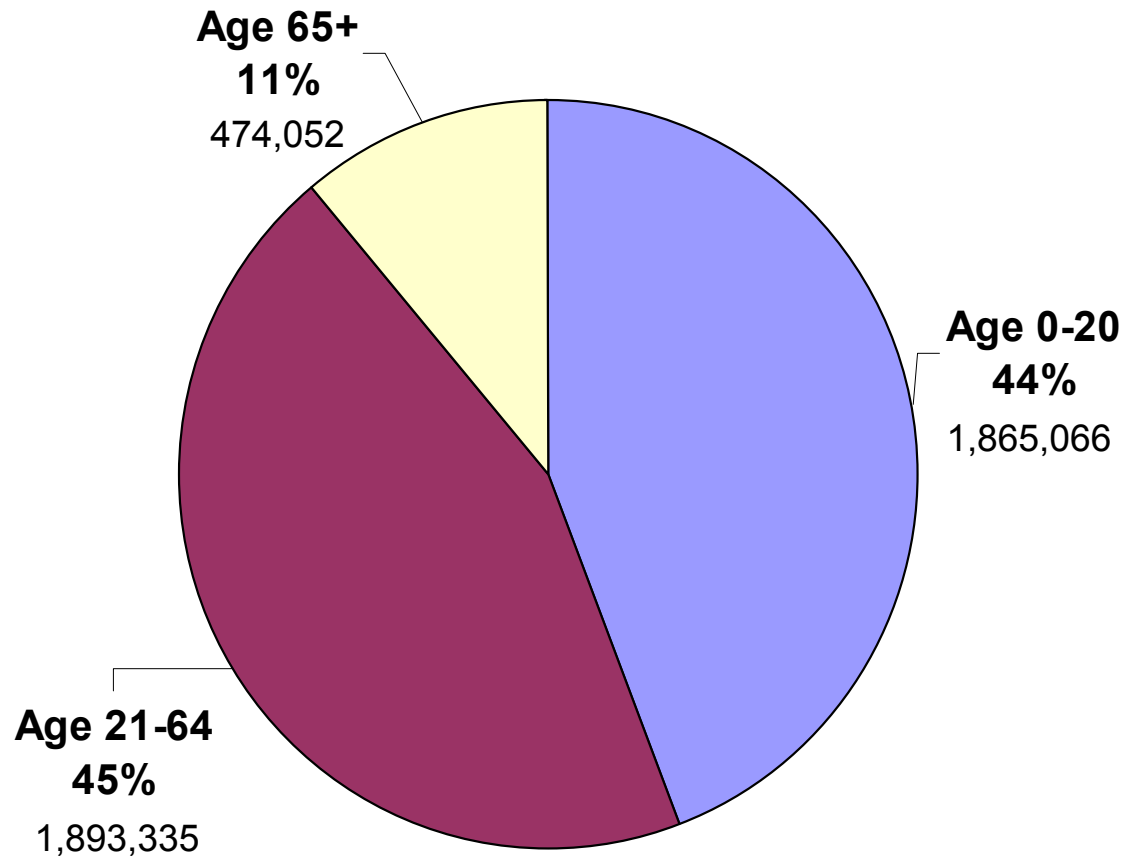
March 2005



Total Number of Enrollees: 4,232,453

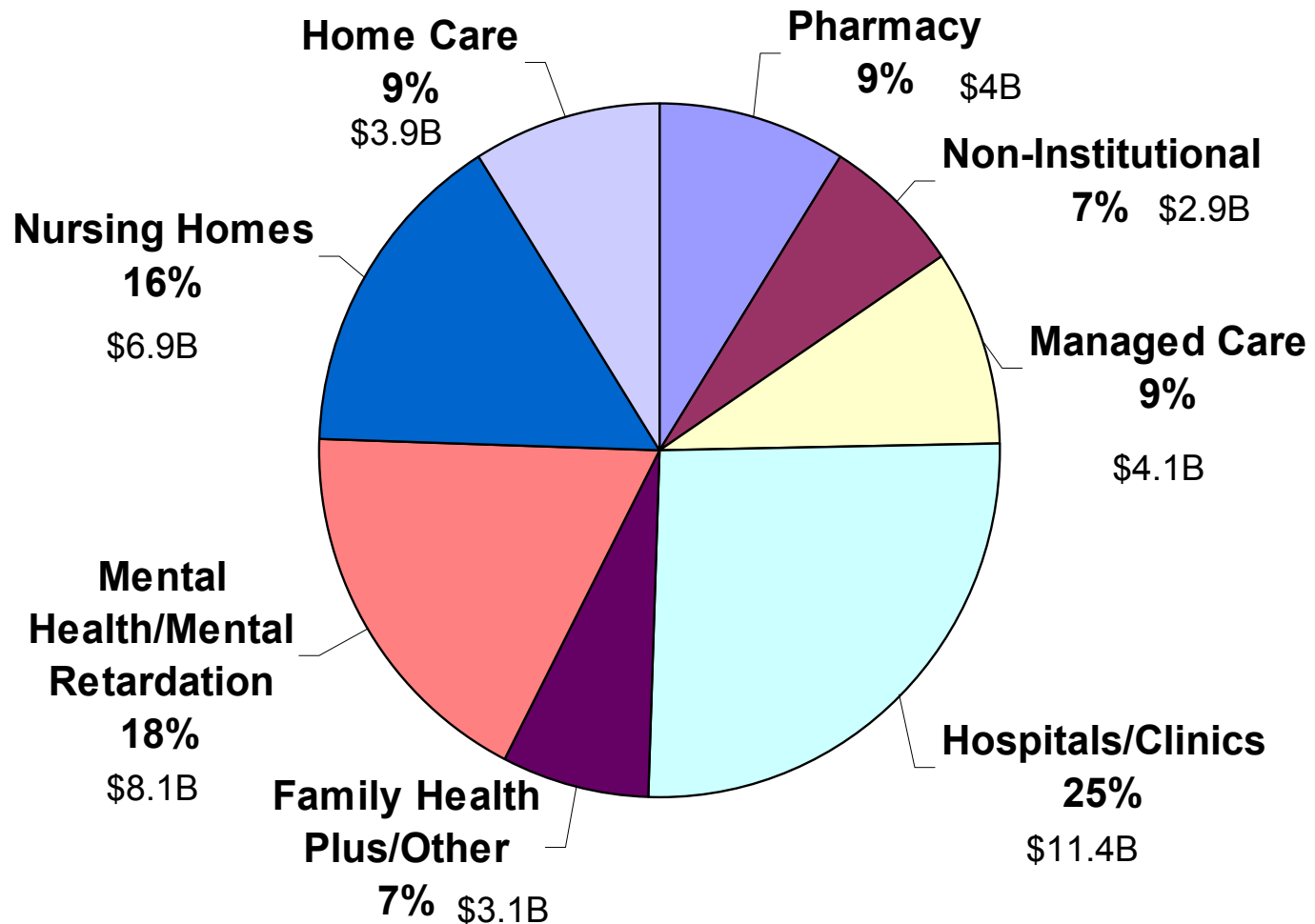
Children Account For Almost Half Of All Enrollees

March 2005



Total Number of Enrollees: 4,232,453

SFY 2004-05 Medicaid Spending - \$44.4 Billion





Medicaid Management Information Systems (MMIS) Are Key To Program Operations

- **Claims processing**
- **Utilization controls**
- **Fraud, waste and abuse**
- **Medicaid policy and planning**
- **Other health policy initiatives**



New York's MMIS Has Multiple Stakeholders

- Medicaid program
- Other DOH programs
- Oversight agencies
- User State agencies
- Legislature
- Federal agencies
- Local departments of social services
- Providers
- Consumers



MMIS Reprocurement Goals

MA Program Goals

- Decrease fraud, waste and abuse
- Improve data management
- Increase ability to adjudicate claims
- Standardize claim forms (pre-HIPAA)
- Employ a single contractor
- Speed ability to implement program changes



MMIS Reprocurement Goals

Oversight Agency Goals

- Decrease fraud, waste and abuse
- Speed ability to implement program changes
- Reduce processing costs

Provider / Stakeholder Goals

- Faster and easier claims payment processing
- Elimination of monthly paper card production and distribution



eMedNY Functionality

- **Size (2004 data)**
 - 462 million claims
 - 141 million non-claim transactions
 - 48,000 active providers
 - 4 million enrollees
- **HIPAA compliant transactions processed**
 - Eligibility verifications
 - Claims capture
 - Claims adjudication
 - Claims payment
 - Service authorizations



eMedNY Functionality (con't)

- **E-Commerce**

- On-line adjudication of claims
- Electronic Funds Transfers (EFT)

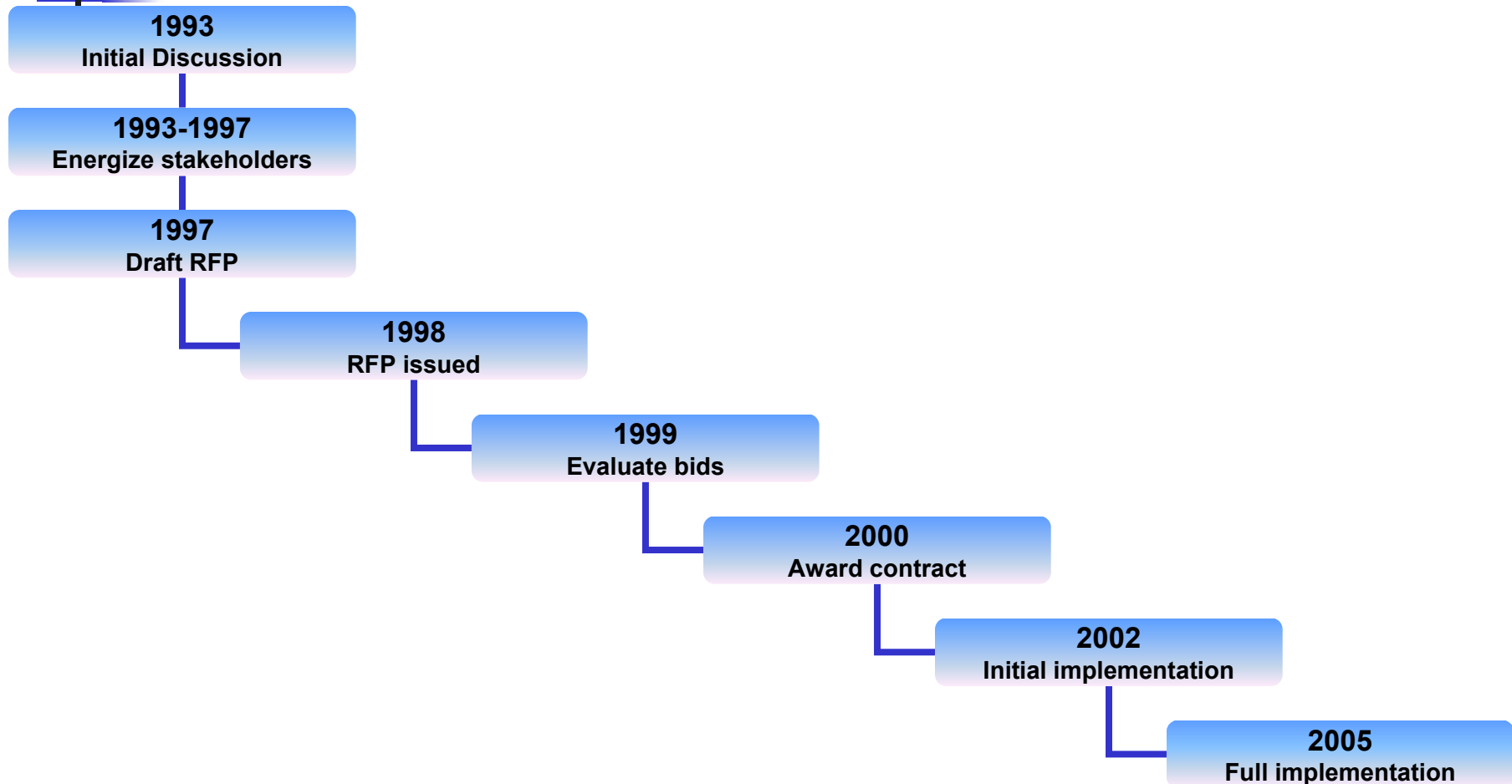
- **Clinical and clerical support**

- Provider enrollment
- Prior authorization
- Drug rebate
- Claims entry data
- Utilization Thresholds (UT's)

- **Other functionality**

- Data warehouse
- Inquiry
- Reporting
- Surveillance, utilization and management reports (SURS/MARS)
- Disaster recovery
- Drug Utilization Review (DUR) – both prospective & retrospective

Implementation Took More Than A Decade





Implementation Challenges

External Influences

- **Changes in technologies occurred that needed to be incorporated**
 - Online availability of secure data transmission
 - Capacity for Electronic Fund Transfers (EFT)
 - Electronic claims capture / electronic claims adjudication
 - Y2K issues in '99 & '00
 - Evolution from thick to thin client
- **HIPAA compliance mandates**
- **9/11 and implementation of a major disaster relief program**



Implementation Challenges (con't)

Internal Influences

- **Developing and maintaining project support**
 - Change in Administration (1995)
 - Multiple Medicaid Directors
 - Multiple Budget Directors
 - Changes in Governor's office staff
- **Changeover from DSS to DOH in 1996/1997**
 - Complete loss of some IT sections
 - Organizational cultural differences
- **Changes in procurement laws**
- **Loss of program expertise**



Challenges Were Met By Forming A Partnership

- Attempted to build the best system within the bounds of the contract and the contractual process
- Created expert contractor and State staff teams
 - “Joint Application Design” (JAD) sessions
 - Routine project meetings
- Collaborated to find acceptable solutions to issues
 - Developed a phased implementation process
 - Adjusted to changing technologies (e.g., thin client)
- Developed metrics to monitor progress



eMedNY Implementation

Phase I – Data Warehouse

September 2002

- Functionality includes: analysis of enrollee information, recipient cost and utilization reports, provider cost and utilization reports, category of service information, management report system (MARS), and customized reports / analysis

Phase II – Point of Service (POS)

November 2002

- Functionality includes: eligibility verification, post and clear processing, utilization threshold processing, prospective drug utilization review processing and online, real-time adjudication for pharmacy claims

Phase III – Claims

March 2005

- Functionality includes: online, real-time claims adjudication for the balance of provider types, electronic remittance advices and electronic funds transfer in a fully HIPAA-compliant system



Everyone Gave More Than 100%

- **Unprecedented response to the 9/11 disaster in the middle of the project**
- **Focus on what needed to be done**
- **Emphasis on the best interests for all NYS residents**
- **We never missed a check!**



Available Medicaid Information

NYS Medicaid Website

<http://www.health.state.ny.us/nysdoh/medicaid/medicaid.htm>

NYS eMedNY online

<http://www.emedny.org/>