Vermont Medicaid is MOVEing

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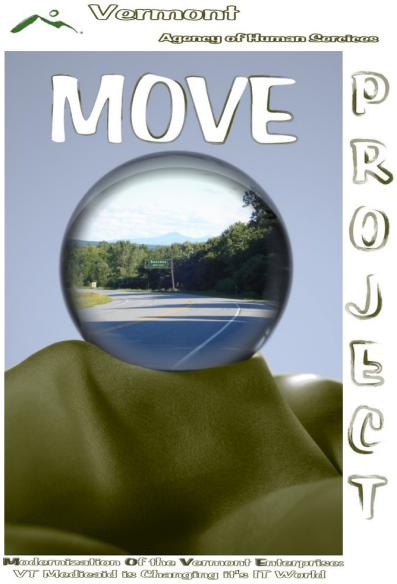

Moving -- forward, backward, or sideways -- is an activity that is familiar to Vermont Medicaid. Now we have a project called MOVE – "Modernization of Vermont's Enterprise: Vermont Medicaid is changing its IT world."

What do this slick name and slogan mean? We are moving down the road to our future….

Health care in Vermont takes place within a motivated, forward-thinking, dynamic, and politically involved environment. We look for ways to expand health care coverage to all of our citizens and for unique ways to fund that coverage. Complex and frequent changes to Medicaid program eligibility and coverage, beneficiary financial participation, and claims payment requires corresponding changes in the information systems that support the program. Dates of execution are selected based on the time needed to design, develop and implement changes to antiquated systems rather than the business needs of the state. This is a situation that the decision makers for Vermont Medicaid are no longer willing to tolerate.

Decision makers have concluded that Vermont Medicaid must have information systems that are modern, flexible, responsive and interoperable so that the key implementation drivers are our health care vision, optimal customer service, and program needs, not the constraints of the supporting technology. This conclusion is the foundation for the MOVE Project, which is charged with making that goal a reality.

Vermont's integrated eligibility determination system, called ACCESS, went live in the summer of 1983. It resides on the mainframe in the state's data center and is developed in a database management system and programming language for which it is extremely difficult to hire experienced staff. Most applicants for technical positions do not want to learn or work in these technologies. ACCESS is expensive to maintain. Changes are time consuming and treacherous. Our ability to take advantage of the opportunities afforded by modern technologies is limited. Numerous system enhancement and maintenance tasks are never scheduled because we only have resources to deal with top priorities, resulting in slow but steady system decline.

Our MMIS is not as obsolete as ACCESS, but it was implemented in 1992 and is showing its age. We are beginning to experience problems similar to those described above – difficulty hiring and keeping development staff, difficulty meeting deadlines, difficulty keeping up with system maintenance tasks and limitations to our ability to

easily employ modern technologies. These statements are not intended as criticism of our fiscal agent, EDS, with whom we have a good relationship and who serves us well. Years ago Vermont Medicaid decided to maintain our existing MMIS rather than purchase a new system, and we are dealing with the consequences.

The MOVE Project encompasses planning, designing and implementing systems which meet the current and future needs of Vermont's Medicaid program. ACCESS and the MMIS will receive in-depth attention. Other systems which support Medicaid business processes will also be evaluated.

The MOVE Project is starting with a Medicaid Information Technology Architecture (MITA) State Self-Assessment (SSA) which will be completed by March 2008. Vermont is using the MITA SSA as the basis for a major Medicaid planning process to ensure that we have defined our vision for the future, that we understand the steps needed to make that vision a reality, and that we have charted a course to achieve the vision. Input is being gathered from all departments within the Vermont Agency of Human Services. Support has been solicited and received from the leadership of the Agency, the Vermont Chief Information Officer, the Director of Vermont's Health Care Reform Implementation and our statewide health information exchange network, Vermont Information Technology Leaders.

Once the SSA is completed, we will develop the requirements and general system design for a new Medicaid eligibility determination system. We are looking at all options, from enhancing ACCESS, to building a custom system, to transferring an existing system, to Commercial Off-The-Shelf (COTS), to any hybrid of the above. We plan to complete system procurement by July 2009 and to implement by December 2010. During 2008 we will begin a parallel process for a new MMIS, also considering all options.

Beyond the extra work required, an emerging issue which must be managed is the cultural shift required of many long-term employees. It becomes personal. Change can be difficult. These systems are our old friends.

I was a Food Stamp/Medicaid case worker still in my 20s when ACCESS began its life. Since then I have raised a family and had a career. But to stay relevant and effectively serve the citizens of Vermont I have taken steps to sharpen my skills, keep my knowledge up-to-date, and to understand and respond to current business needs. Our systems and way of doing business must also change and we will maintain the motivation and commitment needed to make it happen through the MOVE Project.