STATE OF WISCONSIN
Department of Employee Trust Funds
David A. Stella
SECRETARY

801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax (608) 267-4549
http://etf.wi.gov

CORRESPONDENCE MEMORANDUM

DATE: March 22, 2010

TO: Group Insurance Board

FROM: Michelle Baxter, Director
                     Insurance Administration Bureau, Division of Insurance Services

SUBJECT: Health Insurance Enrollment, Validation, and Payment (EVP) Project
                       Update

This memo is for the Board's information only. No action is required.

As outlined in the first memo to the Board on January 21, 2009, the Department is updating the Health Insurance and Complaint System (HICS) and related processes. The focus of the EVP project, which will replace key components of HICS, is to improve the timeliness and accuracy of premium payments, reduce administrative time and resources, and replace the current manual processing of paper documents and reports. The project consists of four phases scheduled to be completed by the fall of 2010. Phases 1, 2 and 3 have been successfully completed on schedule; work has begun on Phase 4.

Phase 1 introduced new online capabilities for employers and began streamlining manual processes by giving employers online access to HICS, allowing each employer the ability to view individual participant records and terminate and reinstate contracts.

Phase 2 focused on converting the monthly coverage reporting process from paper-based to a new web-based Health Insurance Invoice System (HIIS) and an online payment system (Automated Clearing House-ACH).

Phase 3 focused on converting the monthly paper health plan premium reports to an electronic reporting system.

Phase 4 will focus on providing members and employers with a web-based system for enrollment, eliminating the manual paper processes now required. The initial implementation, scheduled for early May, will allow member and employer inquiry

Reviewed and approved by Tom Korpady, Division of Insurance Services.

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Signature   Date

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access to view health insurance coverage history and demographic information. The remaining features will be implemented in phases throughout June and July, providing members and employers with update capabilities.

The project continues to focus on improving customer service by providing online services for members and employers, ensuring that members eligible for medical and pharmacy benefits are receiving those benefits, eliminating duplication of work, and ensuring continued compliance with HIPAA.

I will be at the April 13, 2010, meeting to answer any questions you may have.