



**State of Vermont**  
**Department of Vermont Health Access**  
**Integrated Eligibility & Enrollment Program**

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**Project Charter**  
**Premium Processing**  
Version 1.0

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Date of Publication: 6/17/2019

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# Background

## Overview

Premium billing continues to be a pain point for Vermont Health Connect (VHC) customers. **Vermonters** don't always understand what they need to pay, by when, and how it will impact their coverage. They often do not know who to call when there is a problem. Data inconsistencies, transaction errors, and premium allocation issues make it difficult for staff to understand the information they are seeing and accurately communicate case status to customers. As a result of these issues, the Vermont Legislature has instructed the State to return Qualified Health Plan (QHP) premium processing to insurance carriers. This change will be effective for plan year 2021. Vermont is also out of compliance with State Medicaid rules regarding noticing for late premium payment and termination for nonpayment.

Detailed below are some of the constraints placed on both customers and the State:

- Due to system limitations and current business processes, the Premium Processing vendor, WEX Health, doesn't consistently apply premiums paid by customers to their member accounts in a timely manner.
- There are times when monies end up in the wrong member account or do not get applied to any member account due to financial transaction errors. This can lead to grace period notices from Carriers or wrongful member benefit termination.
- Long-term VHC customers may have several accounts with WEX Health. This can cause member account issues for both customers and State staff due to unclear current/active member account information. This can lead to grace period notices from Carriers or wrongful member termination.

## Partners

Role	Name(s)
Executive Program Sponsor	Cassandra Madison
Product Owner	Daniel Fay
Technical Lead	Nathan Brown
IT Project Manager	TBD
IT Project Coordinator	Chelsea Carriveau
Business Analyst	Tami Findeisen
OCM Representative	Patrick Farrell
Finance Lead	Marie Hayward
General Counsel	Dixie Henry
Procurement Representatives	Susan Whitney, Stephen Fazekas
Security Lead	Emily Wivell
Program Technical Lead	Marcia Schels
Integration Lead	Seamus Loftus
Integration Developer	Jacob Bovee
Technical SME's	Grant Steffens, Mark Combs, Becky-Jo Cyr
Business SME's	Thani Boskailo, Brittney Olinzock

Policy SME's	Adaline Strumolo, Danielle Fuoco, Jennifer Bowers, Dana Houlihan
Quality Assurance SME's	Josette Duarte, Cheryl Willoughby

## Vision

The Vermont Agency of Human Services (AHS) Integrated Eligibility and Enrollment (IE&E) Program's vision is to ensure that Vermonters have a simple and easy way to apply for, access, and maintain health coverage and financial program benefits, without coverage gaps. The State delivers these services efficiently and effectively using innovative ways of working and modern technology.

The goal of the Premium Processing project is to streamline the financial transactions and processes associated with the administration of health coverage and financial benefit programs as a part of the overall IE&E roadmap. This project will occur over a period of three years and capabilities will be delivered in multiple increments. The State will first transition responsibility for Qualified Health Plan premium processing to insurance carriers for coverage starting 1/1/2021. This will allow the State to implement the manual processes necessary to appropriately dun and terminate Medicaid (Dr. Dynasaur) coverage for nonpayment. The resulting product will ensure that:

- Customers will understand what they need to pay, by when, and how it will impact their coverage
- Customers will know who to call when there is a problem
- Staff will understand the premium payment process and their role in it
- Improved data quality and a simplified user interface will ensure that staff can understand and trust the information they are seeing and communicate next steps to the customer
- Vermont is in compliance with State rules and legislative direction regarding premium processing
- It will reduce the operating expenses associated with its health insurance exchange

The team is also using this project as an opportunity to make progress on the overall IE&E strategy of encapsulation, which will move Vermont closer to the objective of disentangling from legacy systems and replacing them with modular components.

## Goals

#	SMART Goal	Measure(s)
1	Reduce escalated premium cases through tier 3 by 35% within three months of deployment	Track the amount of escalated premium cases per month through WEX Health tickets
2	Reduce premium call volume to less than 4,000 calls per month within six months of deployment	Track the premium call volume using a report pulled from Siebel CRM
3	Increase customer satisfaction by 5% by end SFY21	Before/after customer experience survey
4	Reduce coverage reinstatements by 30% annually by SFY22	Track coverage reinstatements using a report pulled from Siebel CRM
5	Reduce staff time spent resolving premium discrepancies by 25% within six months of deployment	Track time spent resolving premium discrepancies over a six-month period

## Scope

In Scope: Return Premium billing to insurance Carriers for Qualified Health Plans (QHP).

Out of Scope: Deliver new functionality for Medicaid (Dr. Dynasaur) billing.

## Budget

Budgetary information can be found in Appendix A. Budget information is not made publicly available until project close-out due to ongoing procurement activities in the IE&E Program.

## Milestones

Project Milestone	Complete by Date
Initiate project by	7/1/2019
Initiate modular procurement by	7/15/2019
Determine technical design solution by	9/30/2019
Implement technical solution by	9/1/2020
Complete project by	11/30/2020

## Charter Version History

Date	Description	Version
6/6/2019	Draft Charter	1.0
		2.0

		3.0
		4.0

## Version 1.0 Signatures

Name	Title	Signature
Cassandra Madison	IE&E Program Executive Sponsor	
Amy Marshall-Carney	IE&E Program Manager	
Daniel Fay	Product Owner	