

Health Service Board

Blue Shield of California Facets Transition

Enrollment and Claims Invoicing

December 8, 2016

Transition of Claims Processing System

- Blue Shield of California (BSC) moved to a new claims processing and customer service system, called Facets, in order to:
 - Provide these services with a state-of-the-art system;
 - Improve quality and efficiency for members; and
 - Ensure system capabilities both for current requirements and in anticipation of future health delivery system needs.

Enrollment Issues

Issue: “Medicare B only” members are being reported as “Medicare A only” members (ongoing)

This is caused by BSC’s interpretation of the Health Service System’s electronic data interface (EDI) format eligibility file.

For example, in the EDI file, Medicare effective dates appear as follows:

- DTP*338*D8*20120401~
- DTP*338*D8*20120401~
 - Two identical rows: First bullet is the effective date for Medicare A, second bullet is the effective date for Medicare B. (date layout = 4/1/2012)
- When there is only one row sent on the HSS eligibility file, it is read by BSC as “Medicare A only”.
- However, the HSS eligibility file sends only one row for “Medicare B only” as well.

Enrollment Issues (cont.)

Issue: Termination dates (resolved)

The electronic data interface (EDI) file sent by HSS did not have all the termination dates identified. As such, BSC had a number of family members without termination dates.

- One Spouse was not listed (2 cases).
- The spouse may have termed one month with the subscriber terming in a different month.
- Not all spouses were listed as being Medicare-eligible.
- These issues were administrative in nature with no member impact.

HSS Invoicing

- Over a 3-month period, HSS received two invoices for the same period:
 - Invoice A represented the claims processed and released for payment by the Legacy system (pre-November 1 receipt date).
 - Invoice B represented the claims processed and released for payment by the Facets system (November 1 and later).
- The number of claims processed in a timely manner on the Facets system fell to below expectations in November, December and early January due to:
 - Processor training on the Facets system
 - Staffing
 - Holiday scheduling impact
- BSC did not create an approach to merge the two outputs from the different claims system as it was a short term duplication (resolved).