

Blue Shield Medicare Advantage PPO Transition Update

Health Service Board Meeting • March 13, 2025

Presenters:

Rey Guillen, *SFHSS Chief Operating Officer*

Tiffany Gill, *Blue Shield of California Major Account Manager*

Amy Dehart, *Blue Shield of California Area Vice President, National Accounts*

Agenda

SFHSS Update	Blue Shield Update
February 2025 Update	BSC Call Metrics
SFHSS Call Metrics	Resolved Transition Related Issues
	Acknowledged Administrative Variances
	Pharmacy Claims – Deep Dive
	Ongoing Efforts
Closing Remarks	

Blue Shield MAPD PPO Transition February 2025 Update

- In response to a request from Protect Our Benefits (POB) in February, SFHSS hosted a roundtable discussion with representatives from SFHSS Leadership, POB, and Blue Shield Senior Leadership on March 4, 2025.
 - The purpose of the Roundtable was to provide a forum for POB to share reports they have received of member issues directly with Blue Shield management.
 - Blue Shield acknowledged the issues and provided an update on solutions to correct known issues.
 - All three organizations agreed that additional member communications are necessary to educate members on plan navigation, such as:
 - How to file an appeal
 - How to get 100-day supply of maintenance medication
- The number of member calls received in February related to MAPD PPO plan to both SFHSS and Blue Shield Concierge call center dropped significantly compared to January.
- SFHSS was not made aware of any new issues in February.

HSS Call Metrics – February 2025

BSC Transition Calls Handled



137 - February

139 - January

BSC Transition In-Person Interactions



10 - February

22 - January

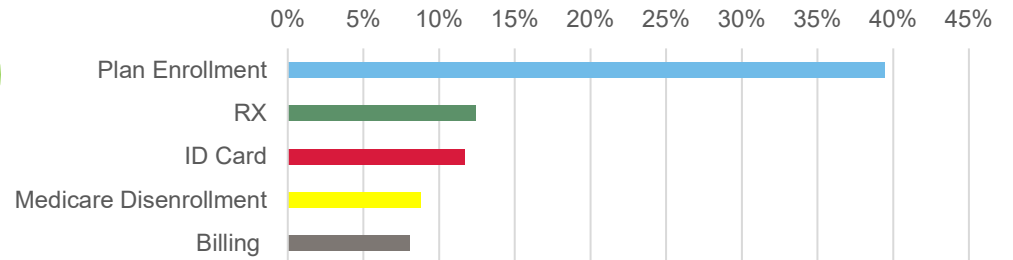
Average Speed to Answer*
Goal: <3 mins



8 mins 49 secs
February

14 mins 51 sec
January

Support Drivers Metrics



Members connecting with BSC through the HSS phone system



154 - February

389 - January

Average Handle Time*
Goal: <10 mins



7 mins 4 secs
February

16 mins
January

First Contact Resolution
Goal: >75%



90%
February

85%
January



Blue Shield Update

BSC Call Metrics – March 2025

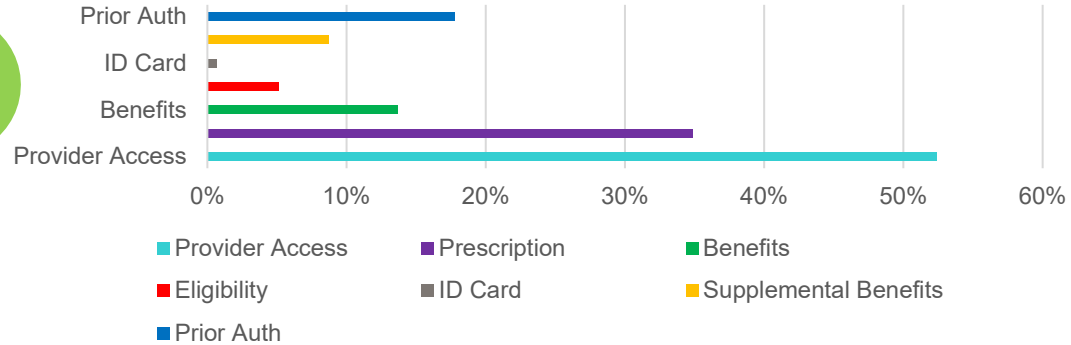
Call Volume



5,575 - February

9,333 - January

Support Drivers Metrics



Abandonment Rate

Goal: <3%



1% - February

7.5% - January

BSC to HSS Calls



285 - February

295 - January

Average Speed to Answer

Goal: <3 mins



**35 secs
February**

**3 mins 47 sec
January**

Average Handle Time

Goal: As Long as Required



**17 minutes
February**

**18 minutes
January**

First Contact Resolution

Goal: >75%



**88%
February**

**98%
January**

Resolved Transition Related Issues

Issue Description	Resolution	Records Corrected
Address issue for members on the Blue Shield plan previously.	Replaced the old mailing address with the current address from the eligibility file. ID cards and Welcome Kits were triggered early January.	658
Electronic enrollment issues for members on the Blue Shield plan previously and other errors that caused manual enrollments.	Audits were completed and any discrepancies were sent to our processing team to resolve. Weekly audits have been conducted to be sure there are no other issues. Resolved in December and early January.	243
Primary Care Physicians from prior enrollment showing up for the MAPD population causing confusion for providers.	Systematically strip the PCP information from the MAPD population.	~4,100
Call the Car program did not have MAPD eligibility in the first week of January.	Eligibility was corrected in the first week at Call the Car and direct reimbursement was handled through Concierge Member Services.	~10

Resolved Transition Related Issues

Issue Description	Resolution	Records Impacted
<p>\$100 Outpatient Facility Copay Applying for an Office Visit.</p>	<p>Updated claims processing coding so that claims are now processing as expected without the copay. Claims that were affected are being reprocessed. A communication will be sent to these members to understand how to be reimbursed.</p>	<p>~815</p>
<p>Pharmacy error where the Part D out-of-pocket maximum was assumed met and members paid \$0 for a prescription; per CMS rules, recoupments letters will be sent.</p>	<p>The team put a fix in the system. Claims are now processing as expected and those claims that were affected will be reversed and reprocessed to accumulate the correct dollars. A test claim was done to confirm that the next fill for drugs will adjudicate at the right copay.</p>	<p>~390</p>
<p>Low Income Subsidy (LIS) not initially setup in time for January 2025.</p>	<p>Have resolved and established monthly process. Will have catch-up checks sent out first week in March 2025.</p>	<p>~200</p>

Acknowledged Administrative Variances

- American Specialty Health (ASH) Chiropractic and Acupuncture Network and Utilization Management
- Silver Sneakers Network
- Pharmacy Prior Authorization Coverage Criteria
- Formulary

Pharmacy Claims – January Deep Dive

- Over 5k notifications were sent in December to SFHSS Medicare members regarding formulary changes, mail-order transition, and specialty pharmacy details
- 12k SFHSS Medicare members obtained over 37k prescriptions through Blue Shield’s pharmacy network in January 2025, including retail, mail delivery, and specialty pharmacies
- Blue Shield reviewed around 2,300 requests in January 2025 for drugs requiring prior authorization per CMS standards. Most were approved
- Blue Shield meets CMS turnaround times: Expedited (24 hours) and regular (72 hours)
- Blue Shield is committed to helping members and providers with prescription access and inquiries
- For assistance, contact the SFHSS concierge team at 800-370-8852, 8am to 8 pm PT, 7 days a week

Ongoing Efforts

- Additional Member Communication
- Monthly Reporting to SFHSS staff
 - Concierge Member Services: Average Speed to Answer, Average Time to Handle and Abandonment Rate
 - Provider Line Services: Average Speed to Answer and Abandonment Rate
- Quarterly Reporting to SFHSS staff
 - Appeals & Grievance Data: SFHSS numbers and Book of Business numbers for Medical and Prescription
 - Pharmacy: SFHSS number of claims and rejections in comparison to book of business
- We will continue to monitor all metrics as key performance indicators to surface any patterns & mitigate any member concerns

Closing Remarks

- Our objective is to move to normal administrative practices in-line with all health plans where monthly report-outs become unnecessary.
- We are trending towards a stable state and the number of support calls is reaching normal administrative levels.
- We intend to share the HSS and Blue Shield Call Metrics Dashboard in the monthly Director's Report.

Questions?

