Blue Shield of California Medicare Advantage Prescription Drug Preferred Provider Organization (PPO) Transition Plan

Presenters:

Rey Guillen, SFHSS *Chief Operating Officer*
Olga Stavinskaya-Velasquez, SFHSS *Operations Manager*
Tiffany Gill, Blue Shield of CA, *Major Account Executive*
Charles Lee, Blue Shield of CA, *Sr. Manager – Group Retiree, Senior Markets*

Agenda

- Background
- Objectives
- Assembling the Team
- Transition Plan

Blue Shield Steps	SFHSS Steps
▪ Medicare Concierge Service	▪ Member Support
▪ Plan Design & Highlights	▪ Triple-A Member Focused Communications
▪ Access to Providers	▪ Contracts / Finance
▪ Pharmacy Transition	▪ Systems Readiness
▪ Member Issues Escalation	▪ Success Measures

Background

In June 2024, the Health Service Board (HSB) approved the Blue Shield of California MAPD PPO plan to replace UnitedHealthcare MAPD PPO effective January 1, 2025.

- By design, the benefits of the new Blue Shield Plan match the existing UHC plan.
- The plan provides access to the network of doctors and other healthcare providers members use today who are either part of the Blue Shield of California network and/or accept Medicare.
- Concerns about covered benefits and access to existing doctors managed by the dedicated Blue Shield call center.
- SFHSS and Blue Shield have a joint transition plan to educate members about this change.

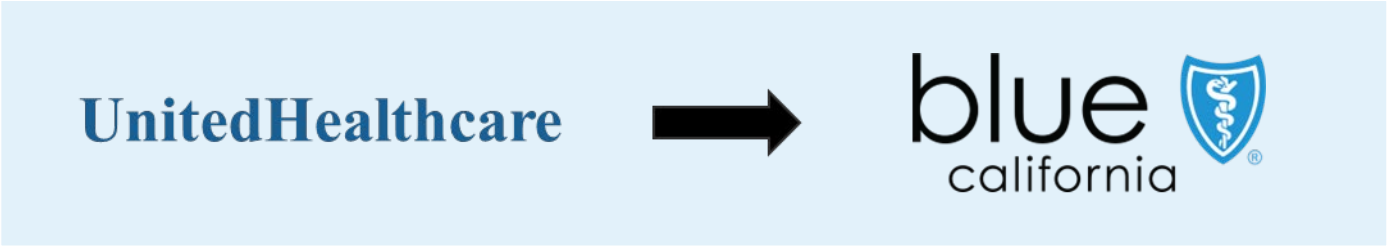
Objectives

One

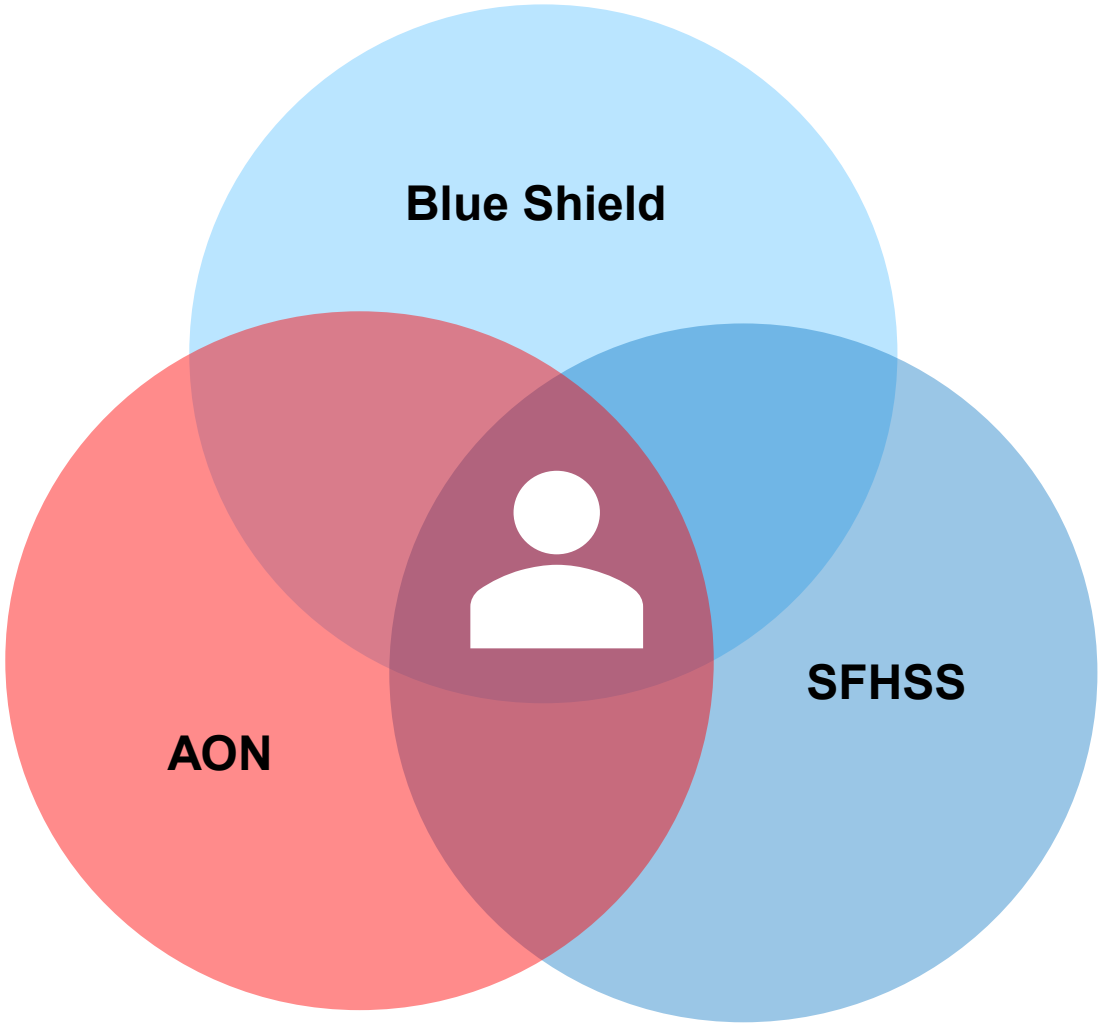
Deliver a smooth transition for our members currently enrolled in UnitedHealthcare MAPD PPO to Blue Shield of California MAPD PPO.

Two

Address the concerns of members and reassure them that they will continue to receive the excellent care they are accustomed to.



Assembling the Transition Team



- **Blue Shield**
  Provides a dedicated call center to respond to plan-specific questions.
- **SFHSS**
  Ensures member-centric approach.
- **AON**
  Ensures best practices are being followed for transition plan and ensure all commitments are met.

Transition Elements

Assure members through excellent customer support and proactive communications outreach

Leverage the expertise and assistance of SFHSS Partners to Ensure Smooth Transition (Blue Shield, AON) as well as build on past experience (non-Medicare PPO transition for PY2022 and Split-family transition for PY 2023)

Support Member needs through passive PPO plan design, transition planning, and care management.

Ensure a smooth transition with system set-up (enrollment file submission, reconciliation procedures, updating internal systems such as PeopleSoft, Salesforce).

Blue Shield's North Star

To create a healthcare system that is worthy of our family and friends and sustainably affordable.

How we'll get there

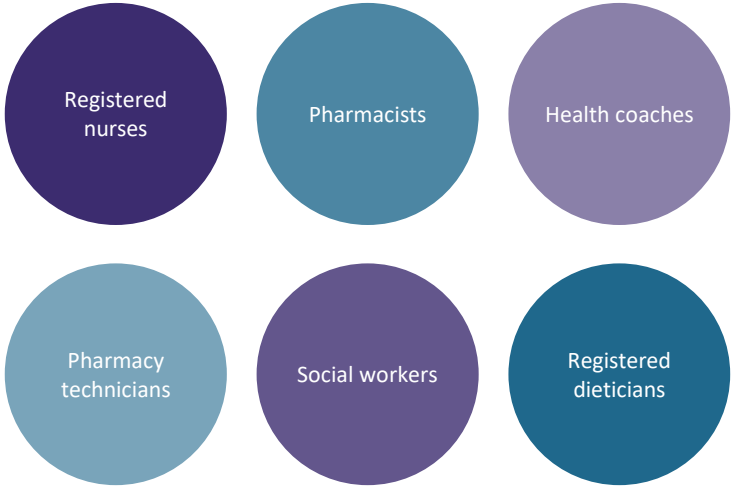
- Create a personal, high-quality experience
- Serve more people
- Be financially responsible
- Be a great place to do meaningful work
- Stand for what's right
- Be digital-first; make health care simple

Who we are

Human. Honest. Courageous.

Assure Members with Blue Shield's Dedicated Concierge Service (800) 370-8852

Members connect directly to Blue Shield's talented certified team of representatives with ease.



Service Highlights

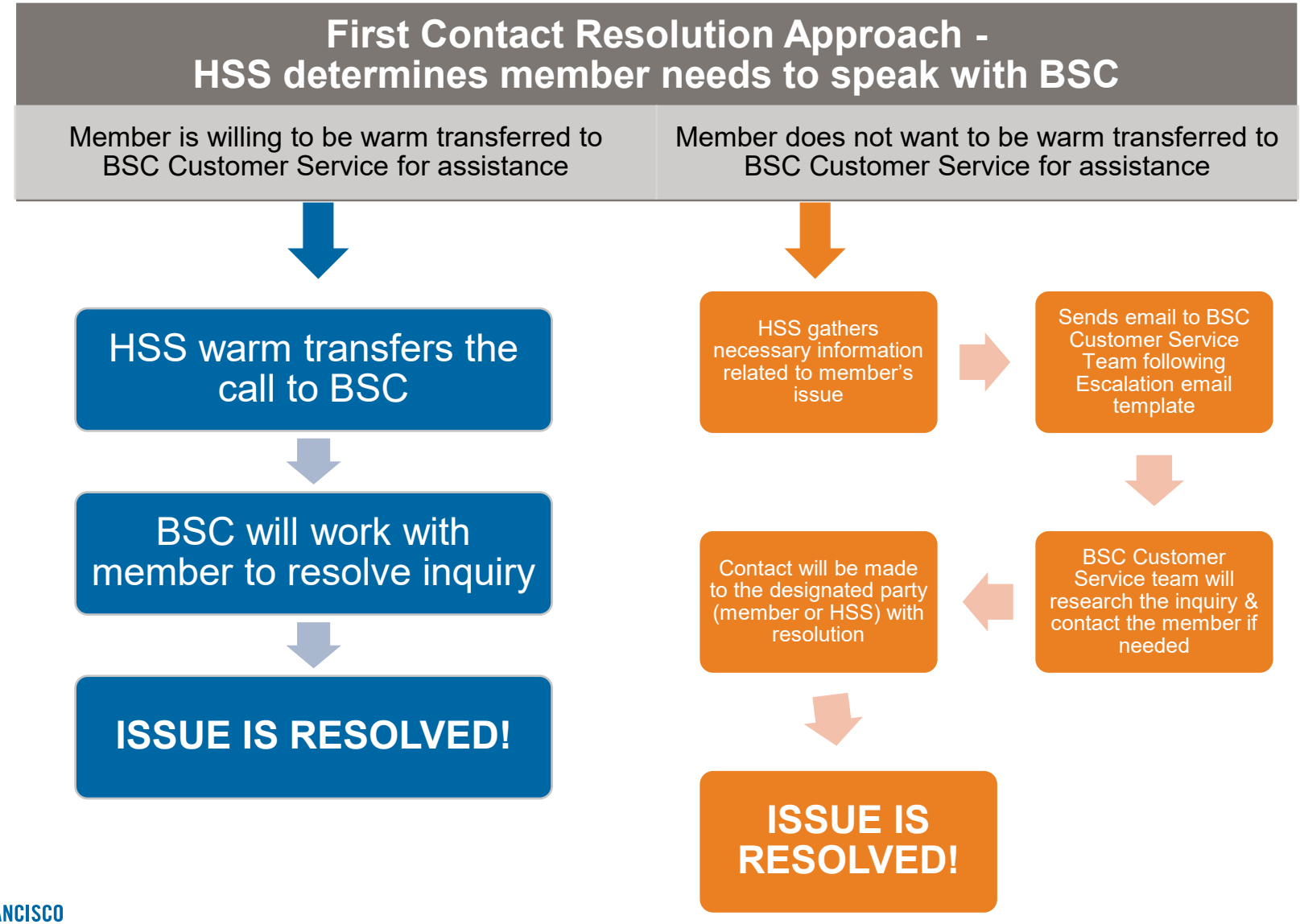
- Available 7 days a week 8am-8pm PST (only closed on Thanksgiving Day & Christmas Day)
- Access to dedicated Pharmacy support including Pharmacy Technicians
- Support from Care Navigators to help with appointment scheduling and care coordination
- Highly trained and skilled Medicare experts committed to providing all members with the information and help they need

Assure Members

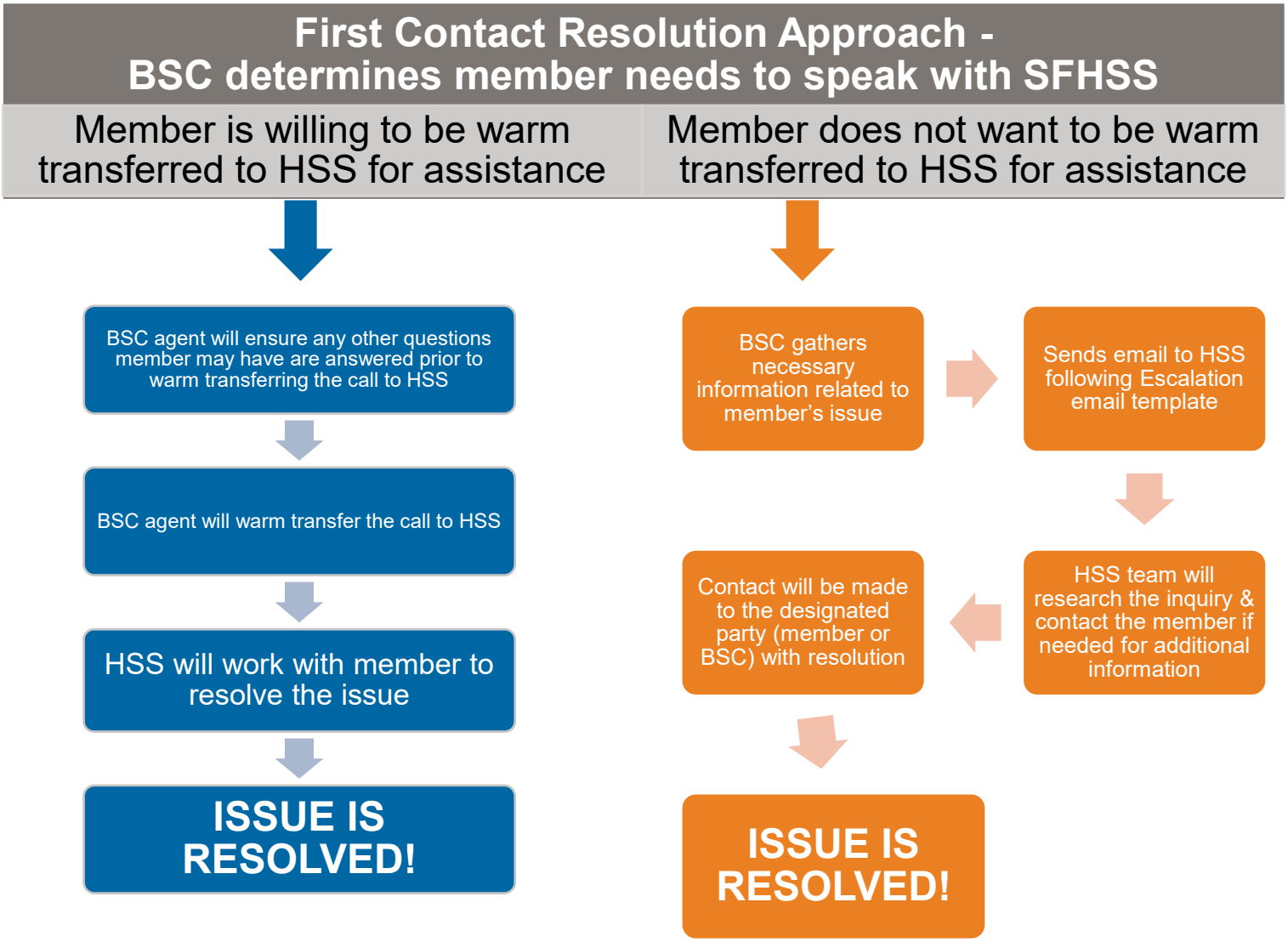
SFHSS Member Services – standing ready to handle increased call volume

- Increased call center capacity
  - SFHSS Call Center Fully Staffed
  - VSA Off-Site Call Center (providing supplemental support)
  - Blue Shield Call Center staffed with 20 agents starting August.
- In-person Support
  - SFHSS offices are open Monday – Friday 9 a.m. – 1 p.m.
  - Blue Shield staff onsite at SFHSS offices
- Robust documentation and training for SFHSS Member Services, VSA, and Blue Shield call center staff with heavy focus on customer service
- Continuous issue resolutions.

Call Escalation Process – HSS to Blue Shield



Call Escalation Process - Blue Shield to HSS



Blue Shield Plan Highlights

Key Benefits & Features

- Access to the same network of doctor and other health care providers used today that are either part of the Blue Shield Network of doctors or accept Medicare.
- Similar drug copays and coinsurance and a rich formulary.
- Same benefits as before including but not limited to: Annual physical exam[1] and nurse help 24/7.
- Plans offer routine chiropractic and acupuncture services[2].
- Plan offers hearing exams and hearing aid allowance[2].
- Single dedicated customer care phone number for both medical and pharmacy benefits. **(800-370-8852)**
- SilverSneakers® program allows access to fitness locations nationwide
- Book a ride to and from appointments at no cost.
- Meal delivery services at no cost for qualified members recovering from serious illness

[1] Only one physical exam is covered per year.

[2] These are Non-Medicare Benefits

Blue Shield's New Blue Shield Medicare PPO Plan gives members flexibility & choice

Members can see doctors and other healthcare providers that are in our network, and they can also see out-of-network doctors and providers at the same cost-sharing amount as long as they **participate in Medicare and bill Blue Shield of California or their local Blues plan**:

IN-NETWORK PROVIDERS

INCLUDES the doctors, medical groups, hospitals, and other healthcare facilities that have an agreement with Blue Shield to deliver covered services to members of our plan.

Can a network doctor refuse to see an SFHSS MAPD PPO member?

If a member is an existing patient, the doctor or healthcare provider mBlue Shieldt continue to see our member. A network doctor may choose not to see a member if they have not seen this member before and if they are not accepting any new Medicare patients.

What does an SFHSS MAPD PPO member need to pay?

A member will pay the plan's copay or coinsurance. The doctor or healthcare provider will bill Blue Shield for the rest of the cost of covered services. In-network providers can be found at **blueshieldca.com/sfhss**.

Blue Shield's New Blue Shield Medicare PPO Plan gives members flexibility & choice *(continued)*

OUT-OF-NETWORK PROVIDERS

INCLUDES doctors, medical groups, hospitals, and other healthcare facilities that do not have an agreement with Blue Shield to deliver covered services to members in the plan.

Can a network doctor refuse to see an SFHSS MAPD PPO member?

A member can see any out-of-network doctor or healthcare provider that participates in Medicare and is willing to treat the member and bill Blue Shield.

TIP: If a doctor says they will not accept the plan, Blue Shield is happy to contact them to explain how the plan works. This is usually all that is needed.

What does an SFHSS MAPD PPO member need to pay?

A member will pay the plan's copay or coinsurance.
We will pay for the rest of the cost of covered services including any excess charges to the limit set by Medicare.

NOTE: Some doctors may refuse to bill Blue Shield and may ask that a member pay the full allowable amount. If a member pays the doctor, they can submit a claim to Blue Shield for reimbursement. Medicare participating providers can be found at **medicare.gov/physiciancompare**.

Blue Shield's Pharmacy Transition

- Blue Shield Pharmacy Transition team will work closely with SFHSS and UnitedHealthcare's (UHC) Prescription Drug vendor, OptumRx, to ensure a seamless transition.
- Blue Shield is requesting historical member level information (e.g. prescription claim history, open refills, formulary and utilization management data) from UHC's OptumRx to support proactive member transition, outreach and communication.
- Existing open refills for Home Delivery and Specialty Pharmacies will be transferred with member enrollment support to ensure continuous medication access.
- A concierge team with pharmacy benefit specialists is available to support member inquiries about the Blue Shield Pharmacy benefit and network.
- Proactive communication with educational materials targeted outreach to facilitate the formulary transition and minimize issues.

Behavioral Health & Well-Being Transition

Blue Shield's Behavioral Health Transition

- Educate members on Behavioral health benefits.
- Ensure continuity of care for those currently seeking and/or receiving behavioral health and substance abuse services.

Blue Shield's Well-Being Programs

- Educate members on Blue Shield's well-being programs and services, including Silver Sneakers.

Anticipate, Assure & Address Member Concerns Through Multi-Channel Communications

Member Focused Communications

Anticipate

- Catalog and prioritize member concerns from existing feedback to build robust member communications and education.

Assure

- Ask for the opportunity to co-host Town Hall meetings with 4 stakeholder groups *(Retired Firefighters, Retired Police, Protect Our Benefits, and RECCSF)* in advance of OE to educate about the transition and answer member questions.
- Mail trifold postcard with answers to member concerns.
- Execute email campaign to educate on persistent issues

Address

- Develop OE webinars to educate about transition and answer any questions.
- Escalate recurring issues to Blue Shield for resolution and determine need for mass additional education or training.

Contracts & Finance

Contracts

- Finalize agreement with Blue Shield.
- Review and finalize all plan documents to ensure plan design, network access, and pharmacy coverage are consistent with the previous plan.

Finance Preparation

- Billing
- Accurate Rate Calculation

Preparing SFHSS Systems

Electronic Data Interchange

- Ensure timely delivery of initial enrollment file to Blue Shield.
- Ensure setup of discrepancy / error reports in the Blue Shield of California eligibility system.
- Identify secure file transmission requirements.

Member Migration

- Migrate all members and dependents into the corresponding new plan by default so no action required by member with SFHSS.
- Correctly identify mixed Medicare families for targeted communication.

System Configuration

- Modify all PeopleSoft Benefits Administration programs for the new plans.
- Implement deduction and payment requirements (files, reports, Rate IDs).
- Thoroughly test the enrollment file and all PeopleSoft program modifications.
- Configure Salesforce workflows to support members

BSC MAPD PPO Transition Dashboard

Week ending on 07/26/2024			
Workstream	**Status**	**Target date**	**Key Call Outs**
Transition Planning	On track	On going	
Materials – Communications and OE Readiness	On track	July-Oct	
Customer Care Readiness	On track	July-Oct	
Benefit Plans, Benefit Documents, Contracts, and Agreements	On track	Mid-August	
Group Structure / Group Structure Reporting (GSR)	Complete	8/2	Finalize
Electronic File Enrollment and ID Card Mailing	On track	11/25	
Medical Transition for Prior Authorizations	On track	12/2 and lag file 1/9	
Pharmacy Transition	On track	August - Jan	
Post Transition	Not Started	Feb	

Status: **On track** **At Risk** **Missed** **Complete**

Shared Success Metrics

Resolving Member Issues

- Track first-call resolutions.
- Track call reasons to help determine next mass communications opportunity.
- HSS & BSC track both in-bound and outbound calls about MAPD PPO transition.

Reaching As Many Members

- Track participation in townhalls.
- Track participation in webinars
- Track QR code survey response
- Track email engagement
- Track microsite and search tool utilization.
- Develop progress dashboard and issues log for joint resolution.

Closing Summary

We are ready!

- All divisions are onboard and collaborating to ensure a successful transition

Update HSB on Progress in Septembers

- Initial success metrics and results will be shared.

Discussion / Q&A

Appendix

Glossary of Terms

- **Preferred Provider Organization (PPO)** — A form of managed care in which employees choose to use network or non-network providers when care is needed; there is no primary care physician.
- **Health Maintenance Organization (HMO)** — The common name given to a line of business devoted to managing populations of patients through a prepaid premium, and selling this licensed product directly (or retail) to the employer or purchaser The four types of HMO models are the group model, IPA, network, and staff model. Under the federal HMO act, an entity must have three characteristics—an organized system for providing health care or otherwise ensuring health care delivery in a geographic area, an agreed-on set of basic and supplemental health maintenance and treatment services, and a voluntarily enrolled group of patients.