

December 2023 DX Initiatives

Launch: December 15, 2023

The Digital Experience (DX) team is working with I/S to release three updates and projects on Dec. 15:

- Claims submission within My Health Toolkit®
- Support Access link update
- Key updates to our mobile app

Claims submission through My Health Toolkit

We have created a digital process for our members to file claims directly within My Health Toolkit. Previously, members could only submit their claim forms through the mail. With this new digital process, members will be able to decrease submission time and receive an instant confirmation number.

To ensure the process is smooth, members will have a checklist in the beginning of the experience. This will alert members early in the process that they'll need to provide a bill of receipt and, if they have a Medicare plan, an Explanation of Medicare Benefits (EOMB).

This release only applies to health claims on the desktop version of My Health Toolkit. The ability to file dental claims, file claims through the mobile app, and view a list of claims members submit themselves will be added in 2024.

Continue to [Appendix A](#) to view the full flow.

Support access link

When we relaunched the secure site in mid-November, we provided a work-around link for CSA Support Access since the CSR Desktop would not be updated until mid-December. On Dec. 15, I/S will update the link on the CSR Desktop and CSAs will be able to get to Support Access that way once again.

Key mobile app updates

Summaries of Benefits and Coverage (SBCs) now available

We have added the ability to view SBCs in the mobile app. This will allow members who have access to their SBCs through My Health Toolkit to download them as PDFs and view them on their mobile devices. Previously, a member could only view their SBCs on the desktop version of My Health Toolkit.

Addition of mental and behavioral health programs

Members who have access to certain mental and behavioral health programs will be able to access those programs within the mobile app. The programs include:

- Meru Health (depression and anxiety)
- NOCD (OCD)
- Youturn (substance use treatment)

Members can access these programs by selecting the Benefits menu, and then Mental & Behavioral Health.

Impacted LOBs include National Alliance, Major Group, and Group & Individual. Continue to [Appendix B](#) see screenshots of these updates.

Actions you may need to take

Marketing: Make sure you are familiar with the new process for filing a claim and the mobile app updates.

Customer Service: Make sure you are familiar with the new process members can use to file claim and the mobile app updates. Additionally, you can resume using the link to Support Access on the CSR Desktop. Review the member experience document to determine if there are any screenshots, talking points, or job aids that need to be updated for your business area.

Questions

If you have any questions about these or other digital efforts, please contact Digital.Experience@bcbsc.com.

Please continue to the experience portion of this document.

Member Experience

Appendix A: File a Claim

Note: Branding for all experiences will reflect each member’s health plan in production.

Fig. 1: The File a Claim landing page.

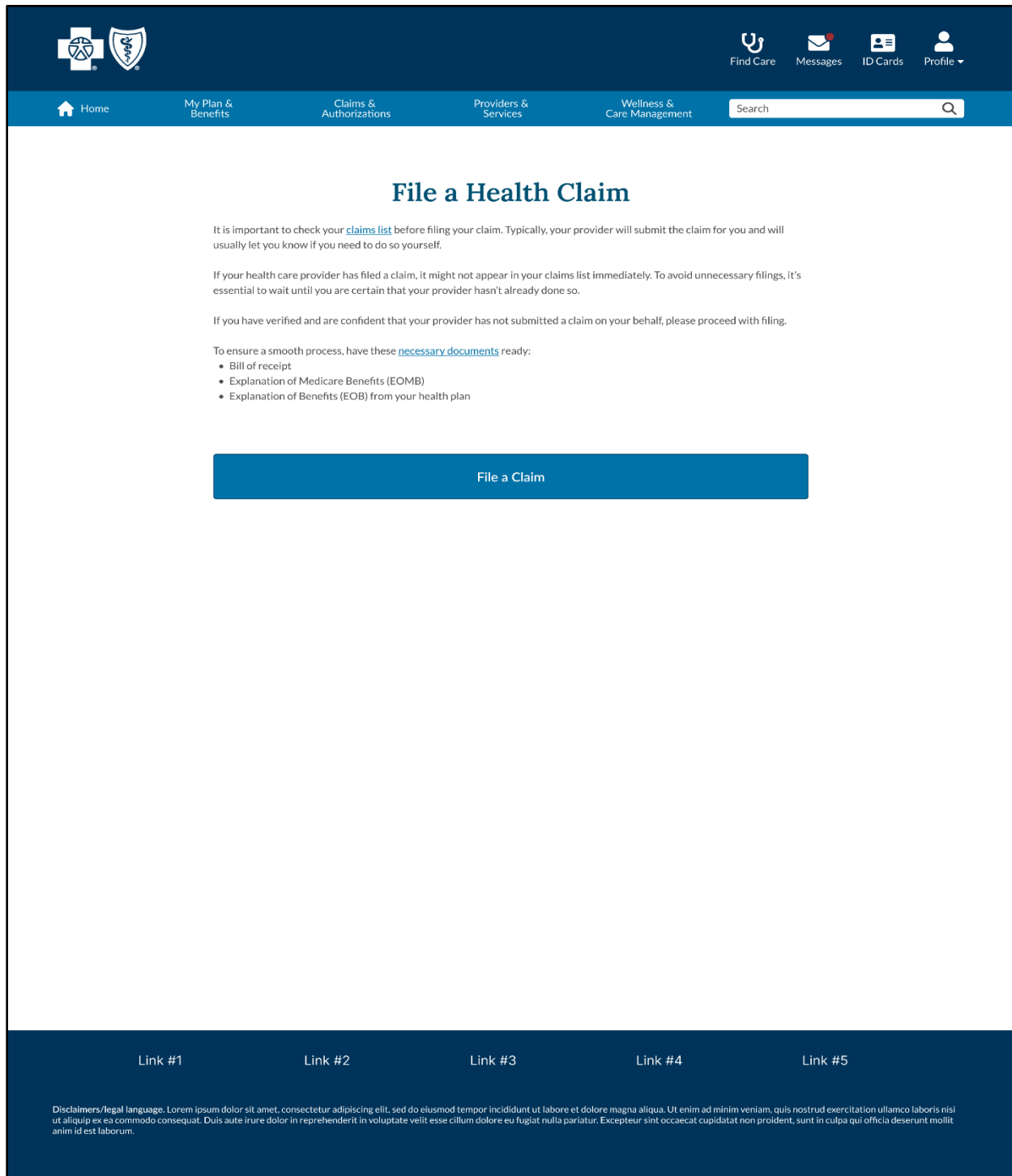


Fig. 2: Screen view of the selected member filing the claim.

File a Health Claim

Step 1 of 7

Member Information

Please select the member for whom you are filing a claim, and provide the best phone number to contact if questions arise.

Member
Michael Testing - 09/21/1999

Primary phone number
(123) 456-7890

[Cancel Claim](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 3: Uploading a billing statement.

File a Health Claim

Step 2 of 7

Billing Information

Please attach a copy of the billing statement.

Select attachment(s) or drag and drop here... Browse

Only .pdf format accepted (max. 2MB) ⓘ
Maximum of 10 attachments

This bill must include certain information, including:

- Physician name, tax ID and address
- Full name of patient
- Date of medical treatment
- Procedure code(s)
- Diagnosis (ICD) code(s)
- Separate cost of each treatment

[View examples](#) of these documents.

[Cancel Claim](#) Back Continue >

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 4: Support documents have been uploaded.

File a Health Claim

Step 2 of 7

Billing Information

Please attach a copy of the billing statement.

Select attachment(s) or drag and drop here... [Browse](#)

Only .pdf format accepted (max. 2MB) ⓘ
Maximum of 10 attachments

| Files | Status |
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| COST OF TREATMENT FOR AILMENT1.pdf | ✔ Selected |
| eula-fr_FR.pdf | ✔ Selected |
| COST OF TREATMENT FOR AILMENT4.pdf | ✔ Selected |
| COST OF TREATMENT FOR AILMENT7.pdf | ✔ Selected |
| kitkat-scan.pdf | ✔ Selected |
| kitkat-scan.pdf | ✔ Selected (Duplicate file name) |
| arm_xray.pdf | ✔ Selected |
| another file.pdf | ✔ Selected |

[Remove All Attachment\(s\)](#)

This bill must include certain information, including:

- Physician name, tax ID and address
- Full name of patient
- Date of medical treatment
- Procedure code(s)
- Diagnosis (ICD) code(s)
- Separate cost of each treatment

[View examples](#) of these documents.

[Cancel Claim](#) [Back](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 5: Screen view of provider information and claim details. (Note the ability to delete support documents in this step.)

File a Health Claim

Step 3 of 7

Provider and Claim Details

Please fill out the following questions regarding your provider.

Provider's name

Address line 1 Address line 2

City State ZIP code

Please provide a reason why the payment was made to the provider.

 0/600 characters

Claim details for item or service

| Start Date | End Date | Description of Item or Service | Amount Paid | Procedure Code | |
|------------|----------|--------------------------------|-------------|----------------|--|
| 1/1/2023 | 6/1/2023 | Service 1 | \$100.00 | 0XBJOZZ | |
| 1/1/2023 | 6/1/2023 | Service 2 | \$100.00 | 0XBJOZZ | |
| 1/1/2023 | 6/1/2023 | Service 3 | \$100.00 | 0XBJOZZ | |
| 1/1/2023 | 6/1/2023 | Service 4 | \$100.00 | 0XBJOZZ | |

[+ Add new claim detail entry](#)

[Cancel Claim](#)

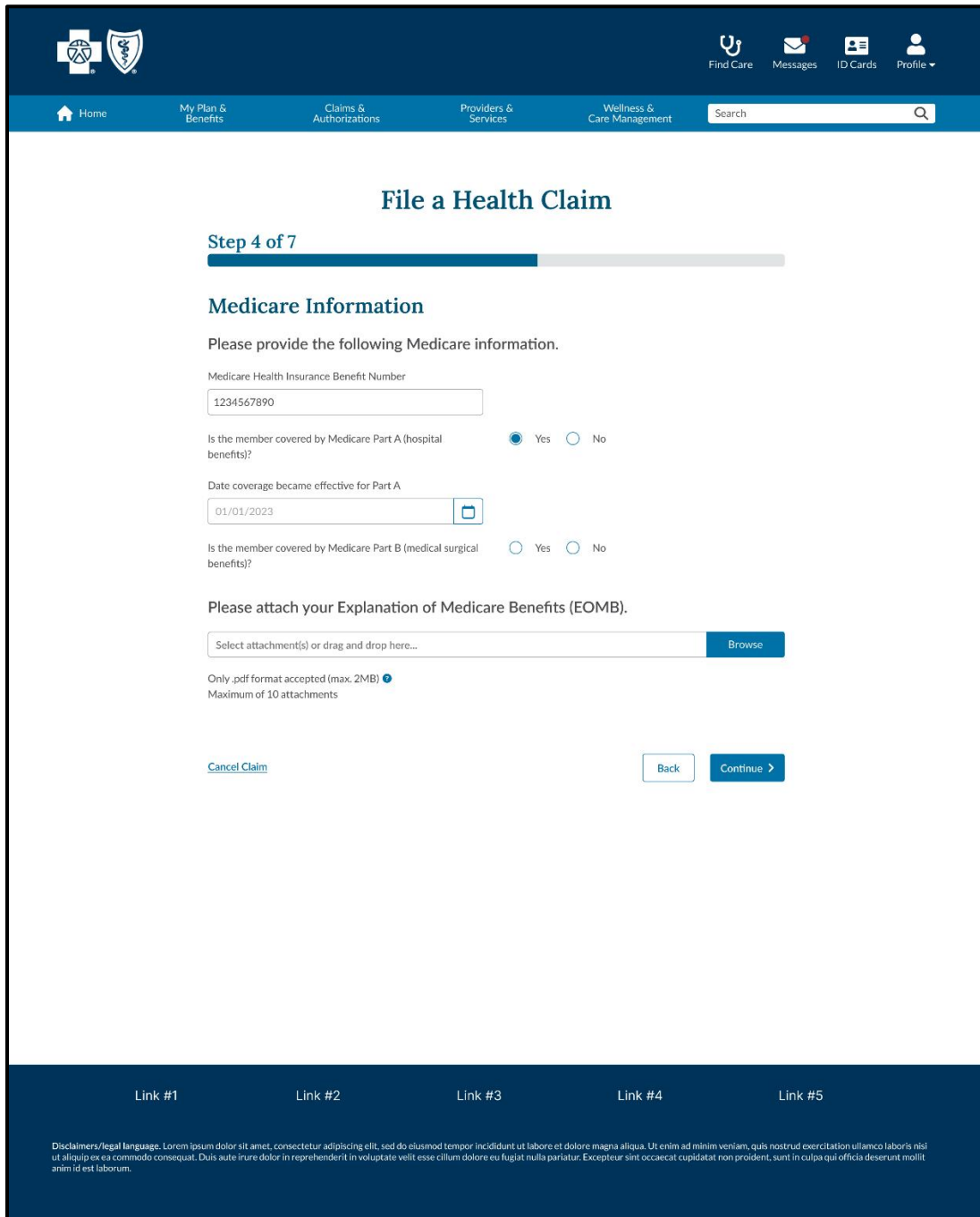
Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 6: Medicare coverage information page. If a member is covered by Medicare, there will be additional screens in Step 4 for them to complete. If a member is not covered by Medicare, they will move forward to Step 5.

The screenshot shows a web interface for filing a health claim. At the top, there is a dark blue header with a logo on the left and navigation links: Find Care, Messages, ID Cards, and Profile. Below this is a lighter blue navigation bar with links for Home, My Plan & Benefits, Claims & Authorizations, Providers & Services, and Wellness & Care Management, along with a search bar. The main content area is white and titled "File a Health Claim". Below the title is a progress indicator showing "Step 4 of 7" with a blue bar for the current step. The section is titled "Medicare Information" and asks "Is the member covered by Medicare?". There are two radio buttons: "Yes" (selected) and "No". Below the question are three buttons: "Cancel Claim" (a link), "Back", and "Continue >". At the bottom of the page, there is a dark blue footer with five links labeled "Link #1" through "Link #5" and a small disclaimer text.

Fig. 7: The page to upload an Explanation of Medicare Benefits (EOMB). A member will only be prompted to submit this document if they indicated in the previous step that they are covered by Medicare.



The screenshot displays a web application interface for filing a health claim. At the top, there is a dark blue navigation bar with a logo on the left and utility icons (Find Care, Messages, ID Cards, Profile) on the right. Below this is a lighter blue navigation bar with menu items: Home, My Plan & Benefits, Claims & Authorizations, Providers & Services, and Wellness & Care Management, along with a search bar.

File a Health Claim

Step 4 of 7

Medicare Information

Please provide the following Medicare information.

Medicare Health Insurance Benefit Number

Is the member covered by Medicare Part A (hospital benefits)? Yes No

Date coverage became effective for Part A

Is the member covered by Medicare Part B (medical surgical benefits)? Yes No

Please attach your Explanation of Medicare Benefits (EOMB).

Only .pdf format accepted (max. 2MB) ⓘ
Maximum of 10 attachments

[Cancel Claim](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 8: The successful upload of a Medicare member's EOMB.

File a Health Claim

Step 4 of 7

Medicare Information

Please provide the following Medicare information.

Medicare Health Insurance Benefit Number
1234567890

Is the member covered by Medicare Part A (hospital benefits)? Yes No

Date coverage became effective for Part A
10/01/2023

Is the member covered by Medicare Part B (medical surgical benefits)? Yes No

Date coverage became effective for Part B
10/01/2023

Please attach your Explanation of Medicare Benefits (EOMB).

Select attachment(s) or drag and drop here... [Browse](#)

Only .pdf format accepted (max. 30MB) [?](#)
Maximum of 10 attachments

| Files | Status |
|------------|--|
| File-1.pdf | <input checked="" type="checkbox"/> Selected |
| File-2.pdf | <input checked="" type="checkbox"/> Selected |

[Remove All Attachment\(s\)](#)

[Cancel Claim](#) [Back](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 9: Employment and health questions for Medicare members.

File a Health Claim

Step 4 of 7

Medicare Information

Employment questions

Is the member actively working? Yes No

Is the member retired? Yes No

Date of retirement

10/01/2023

Health questions

Is the member entitled to Medicare because of end-stage renal disease (ESRD)? Yes No

Does the member have a disability? Yes No

[Cancel Claim](#) [Back](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 10: Questions about additional health plans. Members who are not covered by Medicare will jump from Step 4 to this step in the process.

The screenshot displays a web interface for filing a health claim. At the top, there is a navigation bar with icons for Home, My Plan & Benefits, Claims & Authorizations, Providers & Services, and Wellness & Care Management, along with a search bar. The main content area is titled "File a Health Claim" and shows "Step 5 of 7" with a progress indicator. The section is titled "Additional Health Benefit Plans" and asks, "Is the member covered by any other health benefit plans?". Below this question are two radio buttons labeled "Yes" and "No". At the bottom of the form area, there are three buttons: "Cancel Claim", "Back", and "Continue >". The footer of the page contains five links labeled "Link #1" through "Link #5" and a small disclaimer text.

Fig. 11: The successful upload of an EOB.

File a Health Claim

Step 5 of 7

Additional Health Benefit Plans

Policyholder information

Name of policyholder: Michael Testing
 Relationship of member to policyholder: Self

Other insurance company's information

Name of other insurance company: Not-As-Cool-As-Blue Comp.
 Address line 1: 123 Sesame St.
 Address line 2:
 City: New York
 State: NY
 ZIP code: 10023

Plan type

Please select your additional health benefit plan type.
 Employer-sponsored plan Individual plan

Please attach a copy of your Explanation of Benefits (EOB) from the other insurance company.

Select attachment(s) or drag and drop here... [Browse](#)

Only .pdf format accepted (max. 30MB)
 Maximum of 10 attachments

| Files | Status |
|------------------------------------|----------|
| COST OF TREATMENT FOR AILMENT1.pdf | Selected |
| ecda_fr_FR.pdf | Selected |
| COST OF TREATMENT FOR AILMENT4.pdf | Selected |
| COST OF TREATMENT FOR AILMENT7.pdf | Selected |

[Remove All Attachment\(s\)](#)

[Cancel Claim](#) [Back](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 12: Question about accidental injuries.

The screenshot displays a user interface for filing a health claim. At the top, there is a dark blue header with a logo on the left and navigation links for 'Find Care', 'Messages', 'ID Cards', and 'Profile' on the right. Below this is a lighter blue navigation bar with links for 'Home', 'My Plan & Benefits', 'Claims & Authorizations', 'Providers & Services', and 'Wellness & Care Management', along with a search bar. The main content area is white and features the title 'File a Health Claim' in a large, bold font. Below the title, it indicates 'Step 6 of 7' with a progress bar. The current step is titled 'Accidental Injury' and asks the question 'Was any treatment required as a result of accidental injury?'. Two radio button options are provided: 'Yes' (which is selected) and 'No'. At the bottom of the form, there are three buttons: a blue link for 'Cancel Claim', a white button for 'Back', and a blue button for 'Continue >'. The footer of the page is dark blue and contains five links labeled 'Link #1' through 'Link #5' and a block of small, illegible text.

Fig. 13: Additional questions about the accidental injury.

File a Health Claim

Step 6 of 7

Accidental Injury

Please provide the following information about the accident.

Date of accident

01/01/2023

Was any injury or illness work related? Yes No

Was another person at fault? Yes No

Please explain here.

Tim pushed me.


0/600 characters

[Cancel Claim](#) [Back](#) [Continue >](#)

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 14: The review screen before a member submits their claim.



Find Care Messages ID Cards Profile

Home My Plan & Benefits Claims & Authorizations Providers & Services Wellness & Care Management

Search

File a Health Claim

Step 7 of 7

Review your Claim

Member Selection [edit](#)

Member: Michael Testing 09/21/1999
 Primary phone number: (123) 456-7890

Billing Information [edit](#)

Uploaded files: File-1.pdf
File-2.pdf

Provider and Claim Details [edit](#)

Provider information

Provider's Name: Dr. Smith
 Address Line 1: 456 Blue Ln
 Address Line 2:
 City: Cola
 State: SC
 ZIP Code: 29223
 Reason for payment to provider: Had to pay

Claim details for item or service

| Start Date | End Date | Description of Item or Service | Amount Paid | Procedure Code |
|------------|----------|--------------------------------|-------------|----------------|
| 1/1/2023 | 6/1/2023 | Service 1 | \$100.00 | 0XB10ZZ |
| 1/1/2023 | 6/1/2023 | Service 2 | \$100.00 | 0XB10ZZ |
| 1/1/2023 | 6/1/2023 | Service 3 | \$100.00 | 0XB10ZZ |
| 1/1/2023 | 6/1/2023 | Service 4 | \$100.00 | 0XB10ZZ |

Medicare Information [edit](#)

Is the member covered by Medicare? Yes

Medicare questions

Medicare Health Insurance Benefit Number: 1234567890
 Is the member covered by Medicare Part A (hospital benefits)? Yes
 Date coverage became effective for Part A: 10/01/2023
 Is the member covered by Medicare Part B (medical surgical benefits)? Yes
 Date coverage became effective for Part B: 01/01/2023
 Uploaded files: File-1.pdf
File-2.pdf

Employment questions

Is the member actively working? No
 Is the member retired? Yes
 Date of retirement: 01/01/2023

Health questions

Is the member entitled to Medicare because of End Stage Renal Disease (ESRD)? No
 Does the member have a disability? Yes

Additional Health Benefit Plans [edit](#)

Is the member covered by any other health benefit plans? Yes

Policyholder information:

Name of Policyholder: Michael Testing
 Relationship of Policyholder to Member: Self

Other insurance company's information:

Name of Other Insurance Company: Nat-As-Cook-As-Blue Comp.
 Address Line 1: 123 Sesame St.
 Address Line 2:
 City: New York
 State: NY
 ZIP Code: 10023
 Plan type: Employer-sponsored plan
 Additional health benefit plan type: Employer-sponsored plan
 Explanation of benefits (EOB) from the other insurance company:
 Uploaded files: COST OF TREATMENT FOR AILMENT1.pdf
 cost-fr_FR.pdf
 COST OF TREATMENT FOR AILMENT4.pdf
 COST OF TREATMENT FOR AILMENT7.pdf

Accidental Injury [edit](#)

Was any treatment required as a result of accidental injury? Yes
 Date of accident: 01/01/2023
 Was any injury or illness work related? Yes
 Was another person at fault? Yes
 Explanation: Tim pushed me.

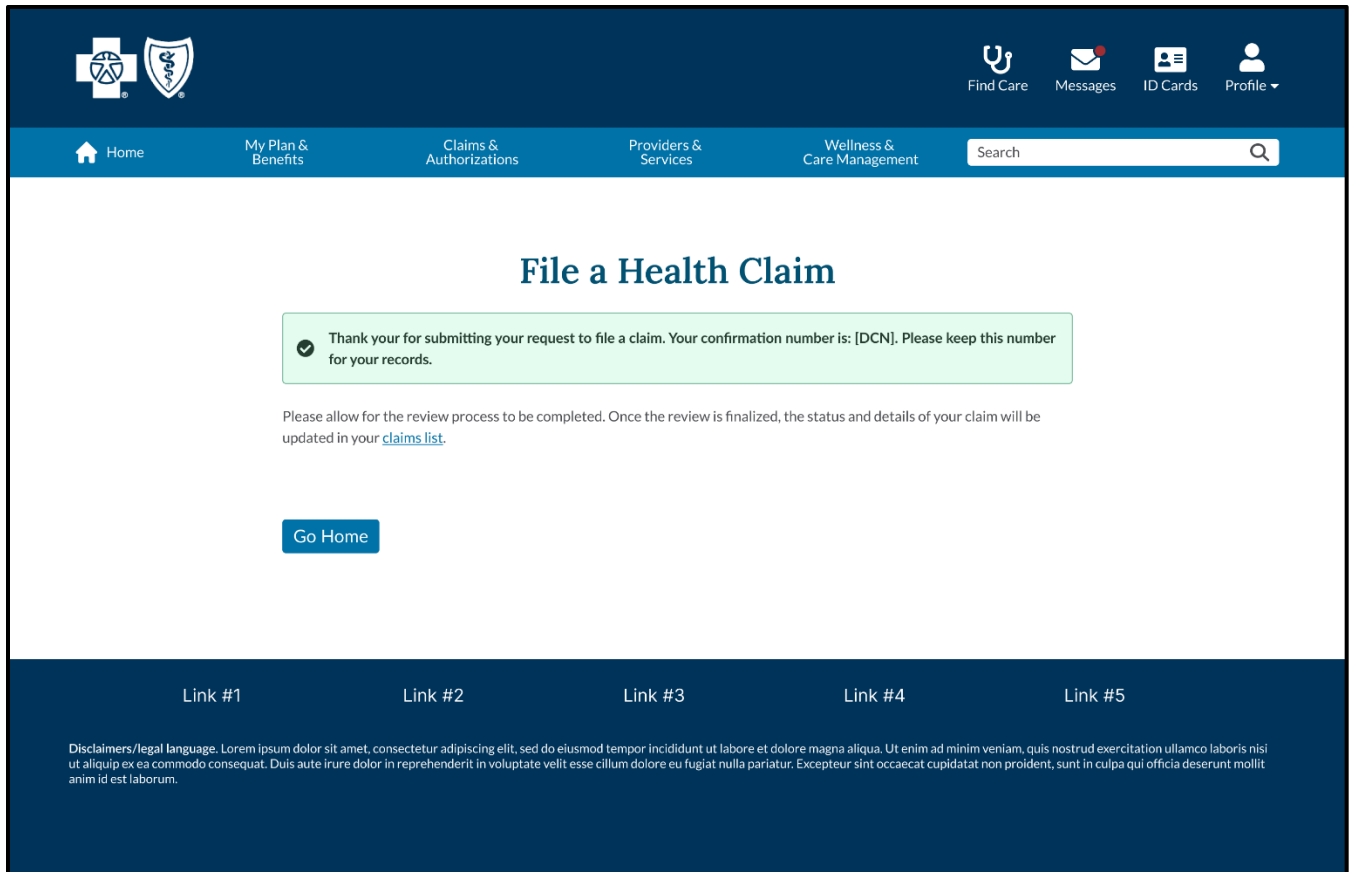
Cancel Claim

Back
Continue >

Link #1 Link #2 Link #3 Link #4 Link #5

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Fig. 15: The claim submission screen. Members will see their confirmation number and a link to the claims list. Note that members will not see the claims they submit through these steps in their claims list until they have been processed.



Appendix B: Key Mobile App Updates

Fig. 1: Link to Summary of Benefits & Coverage (SBC) on the Benefits page.

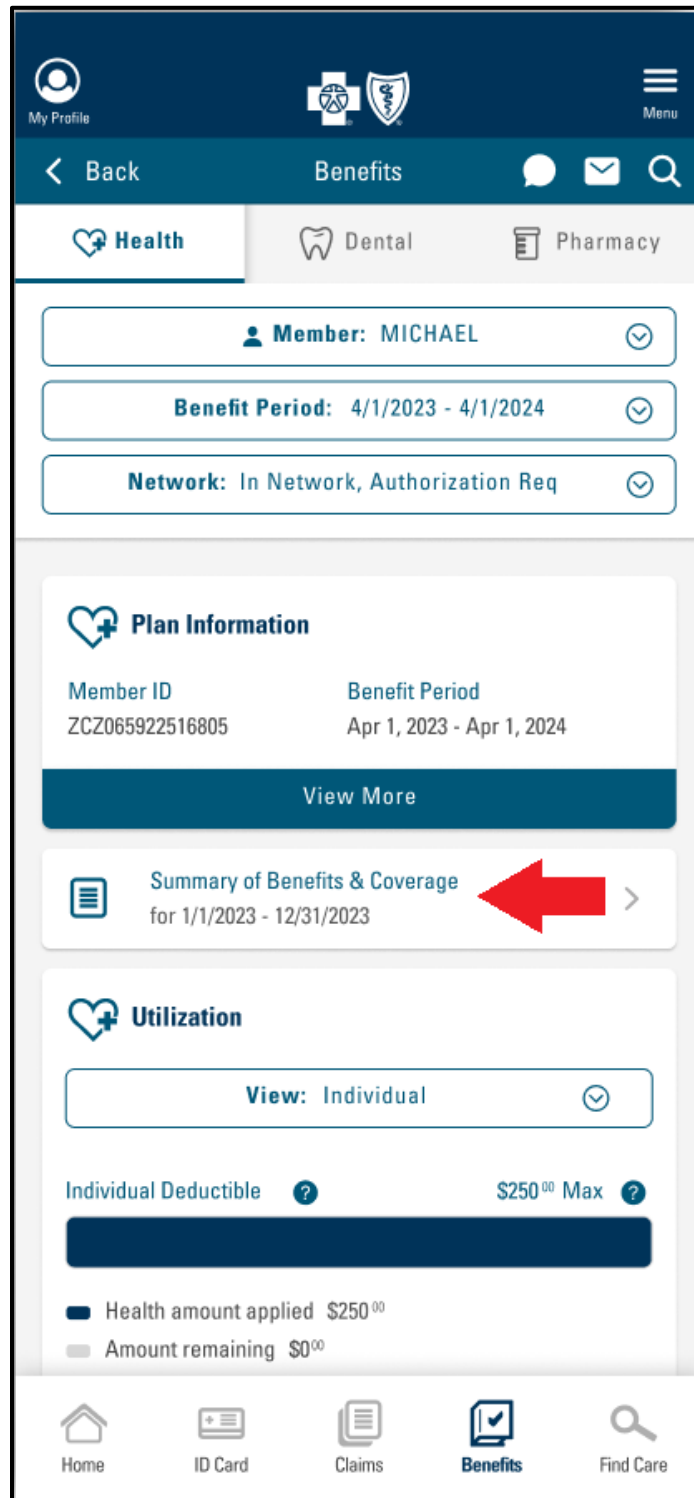


Fig. 2: New Mental & Behavioral Health option on the Benefits menu.

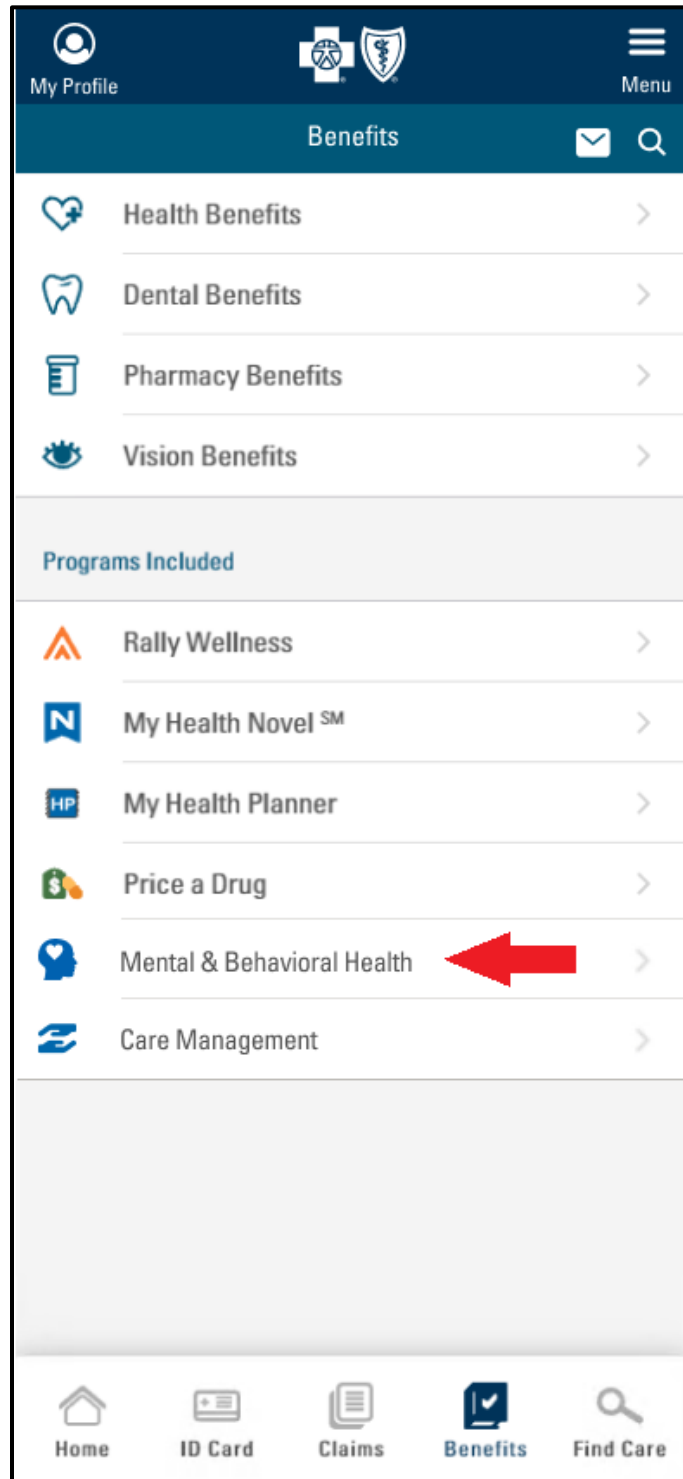


Fig. 3: Mental & Behavioral Health page, with program details collapsed.

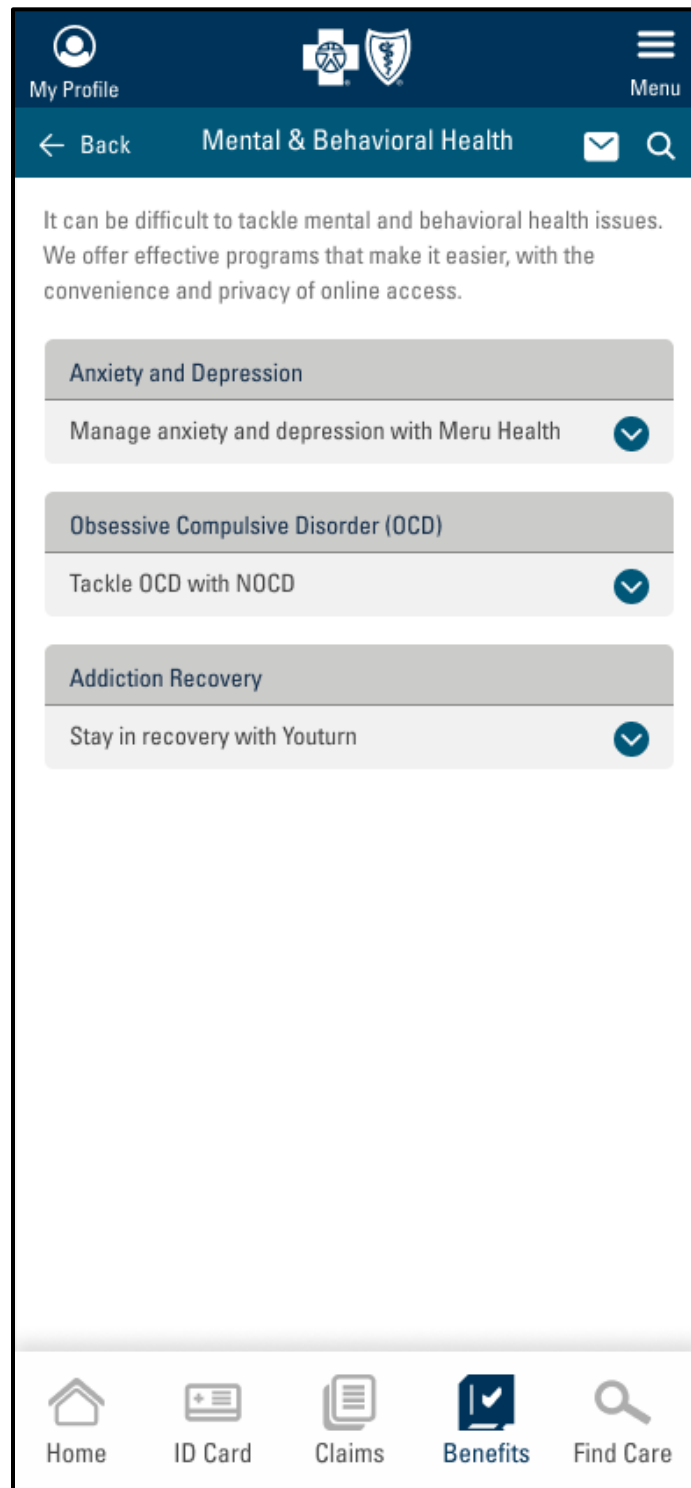


Fig. 4: Mental & Behavioral Health page, with program details expanded.

