



MASSACHUSETTS

# MyBlue Redesign

## Weekly Design Sync

January 18, 2024

**blink**  
an  Mphasis company



Weekly Design Sync

# Agenda

- 01** Timeline
- 02** Benefits Insights
- 03** Initial Benefits Concepting
- 04** Find a Provider Updates
- 05** Next Steps

**A trusted resource empowering members to navigate their healthcare journeys with confidence.**

**My Blue** Keywords

**No-nonsense**

**Credible**

**Fresh**

**Empowering**

**Approachable**

**Familiar**

## **My Blue** Guiding Principles

### **1** **Build confidence through clarity**

Clear and approachable in language, tone, and interaction; leverage guidance and explainers when complexity is unavoidable.

### **4** **Optimize for purposeful content**

Ensure content is purposeful and focused on member needs and goals.

### **2** **Inform decisions through transparency**

Build trust and empower informed decisions through honesty; be transparent when an answer isn't available.

### **5** **Brilliant at the basics**

Design accessibly and inclusively, simplify ruthlessly, and continually seek opportunities to use familiar patterns.

### **3** **Relentlessly prioritize top-tasks**

Be unrelenting in optimizing for tasks and goals that matter to members

### **6** **Support in moments that matter**

Ensure members can access assistance and resources whenever they need help.

01

**Timeline +**

**What's Ahead**

**WE ARE HERE**

**Concept Testing**

CLAIMS  
ID CARDS

**Concept Testing**

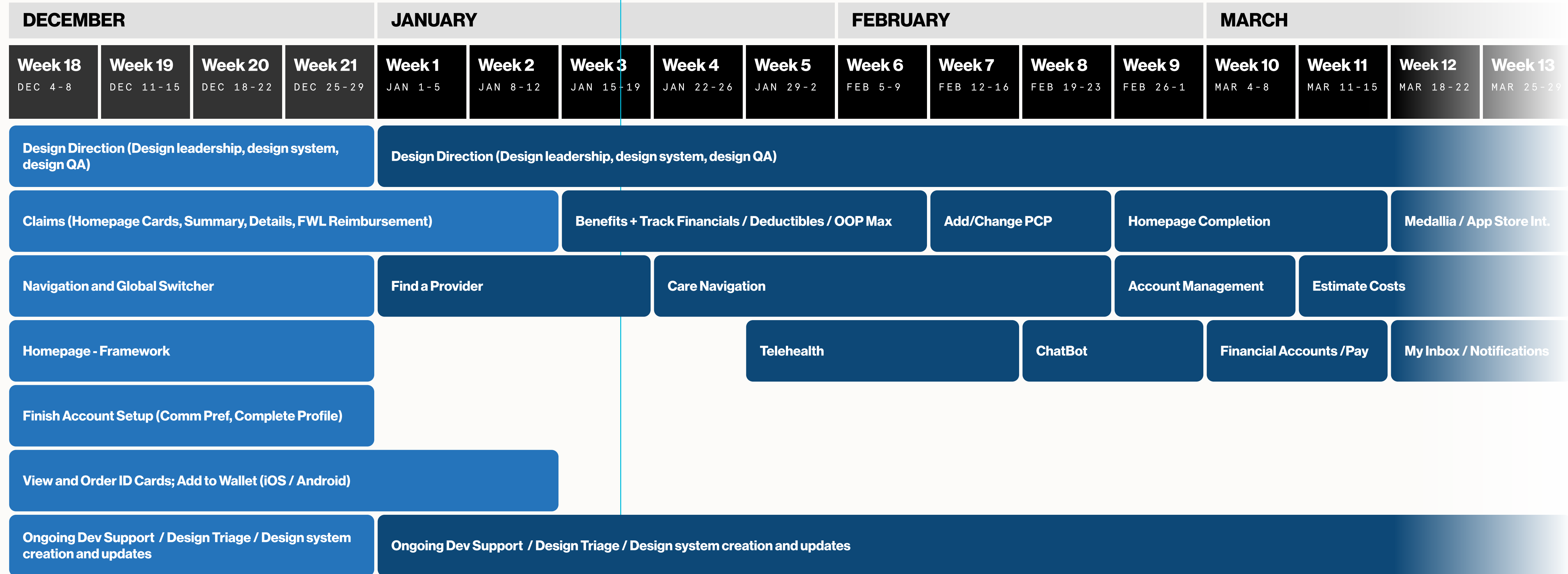
FIND A PROVIDER  
BENEFITS

**Survey Launch**

3 SURVEY'S RUNNING IN  
PARALLEL USING BRANCHING

**Concept Testing**

FOCUS TBD



**WE ARE HERE**

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**DECEMBER**

**JANUARY**

**FEBRUARY**

**MARCH**

<b>Week 18</b> DEC 4-8	<b>Week 19</b> DEC 11-15	<b>Week 20</b> DEC 18-22	<b>Week 21</b> DEC 25-29	<b>Week 1</b> JAN 1-5	<b>Week 2</b> JAN 8-12	<b>Week 3</b> JAN 15-19	<b>Week 4</b> JAN 22-26	<b>Week 5</b> JAN 29-2	<b>Week 6</b> FEB 5-9	<b>Week 7</b> FEB 12-16	<b>Week 8</b> FEB 19-23	<b>Week 9</b> FEB 26-1	<b>Week 10</b> MAR 4-8	<b>Week 11</b> MAR 11-15	<b>Week 12</b> MAR 18-22	<b>Week 13</b> MAR 25-29
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Design Direction (Design leadership, design system, design QA)

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Claims (Homepage Cards, Summary, Details, FWL Reimbursement)

Benefits + Track Financials / Deductibles / OOP Max

Add/Change PCP

Homepage Completion

Medallia / App Store Int.

Navigation and Global Switcher

Find a Provider

Care Navigation

Account Management

Estimate Costs

Homepage - Framework

Telehealth

ChatBot

Financial Accounts / Pay

My Inbox / Notifications

Finish Account Setup (Comm Pref, Complete Profile)

View and Order ID Cards; Add to Wallet (iOS / Android)

Ongoing Dev Support / Design Triage / Design system creation and updates

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## **Upcoming Weeks**

# **To efficiently start Care Navigation and Telehealth design phases, can we have detailed documentation (existing designs and screenshots) for Care Nav and Telehealth?**

- **Examples of each Care Nav tile, each step of Mental Health Quizlet, and each Care Nav landing page**
- **Documentation of each area of the current Telehealth Experience**
- **Any relevant XD Files**

02

# Benefits Insights

Research Focus

# Understanding coverage and benefits

**01 Journey and Context**

**02 Find**

**03 Understand eligibility**

**04 Understand cost**

**05 Understand changes**

**06 Appendix**

01

# Journey and Context

## Benefits: Context

**After enrolling, there are three main times members look to understand their benefits and coverage:**

**01**

**Upcoming appointment**

**02**

**Unexpected bill**

**03**

**Annual check for changes to their plan**

# **Managing healthcare is stressful.**

**01**

**The need to seek care can be urgent, resulting in the inability of some to check their coverage in advance.**

**02**

**Participants felt they had to make tradeoffs between their health and what they could afford.**

**03**

**Lack of clarity on coverage, inaccurate or missing information, and other negative experiences with insurance providers made participants feel insurance did not have their best interests at heart.**



**It just drives me nuts - going through insurance and trying to decide what I can afford to keep my family healthy and what I can't... It's an anxious, nerve-wracking experience.**

R1P10

## Benefits: Context

# When reviewing coverage and benefits, member are looking for:

**01**

**High-level, general information**

**02**

**High-level and detailed information for specific issues**

## Benefits: Context

**The top two most frequent and most challenging tasks need to provide more reassurance and clarity.**

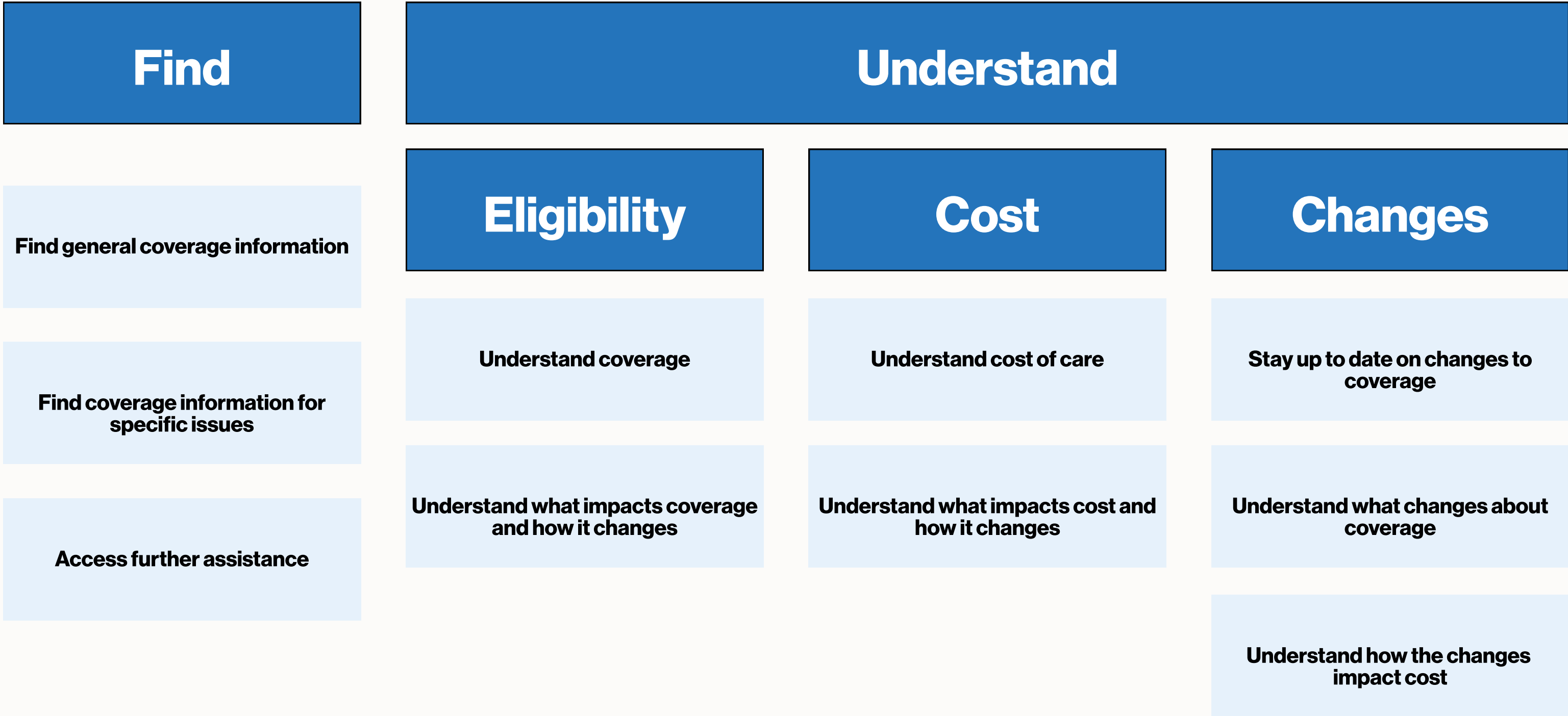
**01**

**Understanding coverage and benefits**

**02**

**Tracking coverage and benefits utilization**

# Benefits: Journey



02

# Coverage: Find

## Benefits: Find

# Find

Members struggle to find coverage information, especially for specific issues or in emergencies.

Site navigation and how information is grouped do not align with their mental model.

Terms are overly technical or do not clearly align with what they are looking for.

Information needs to start at a high level to help members find what they are looking for. Then, members need easy access to dig deeper.

## To find coverage information, members need:

- A navigation structure that aligns with their mental model.
- Ways to sort through irrelevant information quickly.
- Search capabilities that provide results for the specific terms and connected terms when their term is not present.
- Terms to be in plain language and definitions for when that is not possible.
- Easy access to further support when they can not find the information they need.

## Benefits: Find

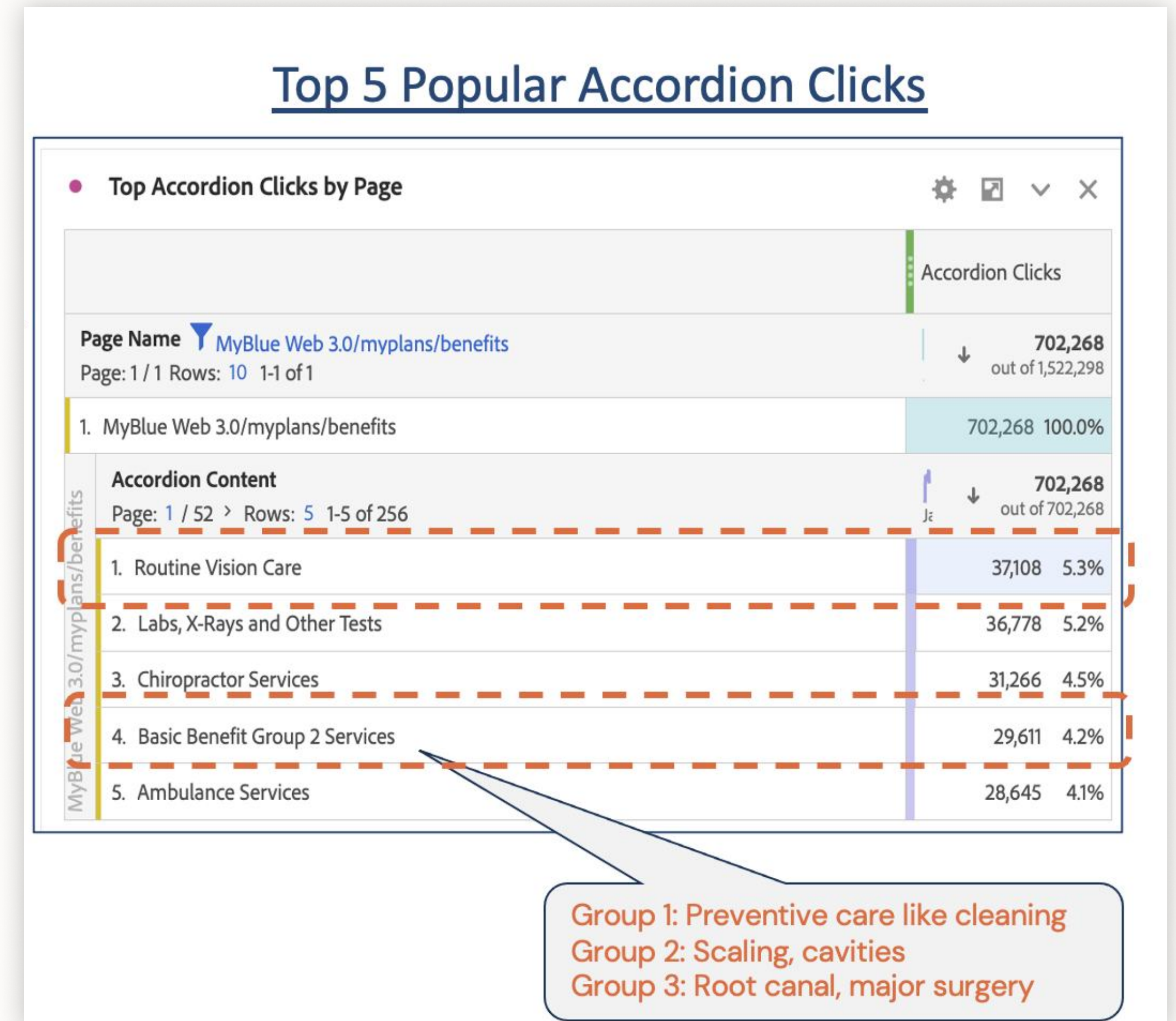
# Find

From: Details on Benefit Cross Channel Analysis.pptx

According to analytics of Accordion Clicks, the most popular options are:

- Routine vision care
- Labs, x-rays, and other tests
- Chiropractor
- Dental
- Ambulance

*Question: Each of these only received 4-5% of clicks; how does that compare to the other topics?*



From: Details on Benefit Cross Channel Analysis.pptx

## Benefits: Find

# Find CSOs

Navigate to my plan overview information (e.g., deductibles, out-of-pocket maximums, etc.)...

*more quickly and easily.*

B01

Find relevant healthcare coverage information for emergency or urgent care treatment...

*more quickly and confidently.*

B02

Find coverage information for my specific issues/care, even if I don't know the right medical term...

*more confidently and easily.*

B03

Find accurate healthcare cost information for procedures, treatments, and medications...

*quickly.*

B04

Access expert support to understand my coverage or cost when needed...

*more quickly and easily.*

B05

03

# Coverage: Understand Eligibility

## Benefits: Understand Eligibility

# Eligibility

Eligibility is all about understanding your coverage and what impacts it.

Poor coverage information led to unexpected charges and extra work.

When members can't get clarity on their coverage, it feels like their only option is to get the treatment and see what is covered or not get care at all.

Some members do not search for coverage information in advance because they were unsuccessful in the past or didn't think to do it.

## Members need to clarify on:

- In- vs. out-of-network coverage
- What tier the provider is in
- The levels of doctor visits (e.g., preventive care vs. standard primary care vs. specialist visit) and which type their visit will be
- Tiering of prescription coverage
- When referrals or prior authorizations are required
- The impact the above has on their coverage and cost

## Benefits: Understand Eligibility

# Digestible

Members are overwhelmed by the page layout and technical information while frustrated by the lack of clarity.

## Members need:

- High-level information with the ability to easily dig deeper.
- Simple and direct language – provide easy-to-access descriptions if technical terms are required.
- A simple way to show things like what is and isn't covered, the difference between in- and out-of-network coverage, and their out-of-pocket cost.

## Benefits: Understand Eligibility

# Specific

Information needs to be digestible but specific. Without specificity, members will not be able to find answers to their questions.

Participants felt that information was not specific to their plan, or it was not clear that it was specific to their plan.

Members often don't know service codes or other information required to access information for a particular procedure.

## Members need:

- Coverage information for their specific plan.
- To understand the information is specific to their plan.
- Coverage information for specific care, regardless of whether they know the medical term or code.

## Benefits: Understand Eligibility

# Specific

When checking their coverage because a new medical issue arose, participants were mixed on whether they were looking to understand their coverage for:

- The type of provider (e.g., coverage for dermatologists).
- A specific visit, treatment, or medication (e.g., coverage for mole removal by a dermatologist).

Most wanted the summary page and the detailed view.

- They felt the summary view gave them an overview, and the detailed view included the information they often sought in preparation for a visit.

Participants were split on whether they wanted the most common services or every service listed in the app.

- Having every service meant there were more services to sort through.
- Without all services, they would be frustrated when they were sent to the site to find what they were looking for.

## Your Benefits

### Services

Telehealth	You Pay \$25
Immunizations	You Pay \$0
Office Visit	You Pay \$25
Emergency Room Visit	You Pay 20%
Preventative care	You Pay \$0
Family Planning	You Pay \$25
Childbirth and delivery	You Pay 20%
Hospital out patient	You Pay 20%

[See More Details Online](#)

## Family Planning

This health plan covers family planning services furnished by a covered health care provider, including a Nurse Practitioner or a Nurse Midwife.

[Learn more](#)

### Coverage

In-network	\$25 copayment per visit
Out-of-network	\$40 copayment per visit
Benefit Limit	None

### Referrals & Authorization

Family Planning Specialist	Referral Required
PCP or OB/GYN	Not Required

### Exclusions

**No Benefits Provided For:**

- Non-prescription birth control preparations
- Services related to achieving pregnancy through a surrogate

## Benefits: Understand Eligibility

# Accurate

Members struggle to find accurate information and have to cross-reference information from insurance and their providers. When information does not align, they do not know who to believe.

Members also need to be able to accurately track their coverage utilization to know when their benefits change; this is hard to do because the information is often outdated.

Inaccurate information can lead to unexpected charges and a reduction of trust.

## Members need:

- Consistent information, regardless of the BCBSMA channel.
- Accurate information from insurance on their coverage.
- Up-to-date information on their coverage utilization.
- The ability to easily track their coverage utilization.

## Benefits: Understand Eligibility

# Support

Members want to self-serve but need quick access to support for those times when they can not find answers on their own.

Support needs to be knowledgeable and accurate. A few participants said they could not get a clear answer even after calling.

Additionally, members are not always aware live chat with real agents exists.

## Members need:

- Accurate and clear information through self-service channels so they don't have to call.
- Quick access to call/chat with representatives.
- Knowledgeable agents with accurate information.

## Benefits: Understand Eligibility

# Anticipate, Cautiously

Health care and insurance are complicated. Members need help navigating the systems.

One way to support is by anticipating members' needs and guiding them through the process.

However, features that anticipate members' needs should be treated with caution because some participants were strongly opposed to the idea because of their lack of trust in insurance.

## Member needs:

- First, provide consistency around digestibility, specificity, accuracy, and support to build confidence and trust.
- Explore ways to reduce the workload on members through things like:
  - Sending information on the visits or tests they should consider based on age and health.
  - Proactively providing information on cost/coverage before an appointment or after receiving a prescription.

## Benefits: Understand Eligibility

# Understand Eligibility CSOs

Understand my plan overview information (e.g., deductibles, out-of-pocket maximums, etc.)...

*more clearly and easily.*

B06

Understand my health insurance coverage for a specific issue/care...

*more clearly, easily, and confidently.*

B07

Understand the services I have covered based on my age and unique health circumstances...

*more clearly.*

B08

Understand the difference in my coverage for in-network vs out-of-network providers...

*more easily and clearly.*

B09

Understand what factors impact my eligibility for insurance coverage (e.g., time window, limits on number of visits, PCP referral, age, etc.)...

*more quickly and accurately.*

B10

Understand how many visits or products I have remaining for the year with my insurance plan (e.g., physical therapy visits, contact lenses, etc.)...

*more easily and accurately.*

B11

Understand technical terms and language related to my healthcare coverage...

*more clearly and confidently.*

B12

Access the medications I need while waiting for approval (prior authorization) from my insurance company for that medication...

*easily.*

B13

Become aware when I have a prescription refill available...

*with less effort.*

B14

04

# Coverage: Understand Cost

## Benefits: Understanding Cost

# Cost

The primary driver to understanding benefits is knowing their total cost. Members are trying to mitigate financial surprise and weigh their need for care against what they can afford.

Cost information needs to be easy to access, digestible, and accurate.

Cost information was desired for common services to major procedures to prescriptions.

*See Cost Research Report for more details.*

## Members needs around cost:

- Simple descriptions for plan terminology (e.g., deductible, co-pay, OOP max, etc.)
- Clarity on the impact of meeting or not meeting their deductible and OOP max.
- Clarity on when and why their co-pay amount changes.
- To understand how a visit will be classified and its impact on their cost (i.e., preventive care vs. standard primary care vs. specialist visit).
- Up-to-date and accurate coverage utilization to easily understand their costs.

## Benefits: Understanding Cost

# Understand Cost CSOs

Understand the total amount I will owe for an upcoming visit or procedure (including unexpected fees like facility fees)...

*more accurately and confidently.*

B15

Understand the total amount I will owe for a new prescription medication I am considering...

*easily and with more confidence.*

B16

Understand cost differences between similar options (provider or medication) that address the same concern...

*clearly.*

B17

Understand potential quality trade-offs associated with a lower cost option (e.g., provider, medication)...

*clearly.*

B18

Become aware of alternative pharmacies that sell my same medication for a lower price....

*with little effort.*

B19

05

# Coverage: Understand Changes

## Benefits: Understand Changes

# Changes

Members' coverage can change annually, so they need a simple and direct way to identify the changes and understand the impact.

They need relevant information to be highlighted so they do not miss it and endure unexpected charges.

## Members need:

- High-level summary of what changed.
- To see how it is different from last year.
- To easily understand the impact the change will likely have on their cost/coverage based on what coverage they utilized the previous year (i.e., denoting when coverage for that specific member's prescription, provider, or care changed).
- Notifications when their policy changes.

## Benefits: Understand Changes

# Understand Changes CSOs

**Be informed when my coverage changes, annually or during the year...**

*more quickly and clearly.*

B20

**Understand how changes to my coverage will impact the total amount I will owe for the type of care I typically use...**

*more easily and confidently.*

B21

**Be informed when the cost of any of my medications has changed...**

*quickly and clearly.*

B22

06

# Coverage: Appendix

## Benefits: Understand Eligibility

# Deductible

Participants were split on whether they wanted the Deductible/OOP Max tracker to be on the coverage page.

- They all agreed the information was helpful and needed to be in the app.
- Some liked that it served as a reminder of their progress so they could plan.
- Some worried there would be too much information on this page and wanted to be able to focus on the service areas.


### Your Benefits

#### Services

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Office Visit	You Pay \$25
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Hospital out patient	You Pay 20%

[See More Details Online](#)

**Your deductible:** \$1,500  
**Met:** \$972.15      **Remaining:** \$547.85



You have **\$547.85** remaining in your deductible before you and the plan start to share costs

---

**Out of Pocket Max:** \$2,500  
You have **\$1527.85** remaining in your out-of-pocket maximum before you pay nothing

## Benefits: Understand Eligibility

# Ancillary

Participants had mixed engagement and awareness of their ancillary benefits.

- Some participants used their ancillary benefits.
- Others didn't even know if their insurance had ancillary benefits. However, most said they would be interested in using them if they knew what they were.

Like standard benefits, participants wanted detailed information in the app to find all the information they needed in one place.

## Your Benefits

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### Referrals & Authorization

Family Planning Specialist	Referral Required
PCP or OB/GYN	Not Required

### Exclusions

**No Benefits Provided For:**

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## Benefits: Use

# Use

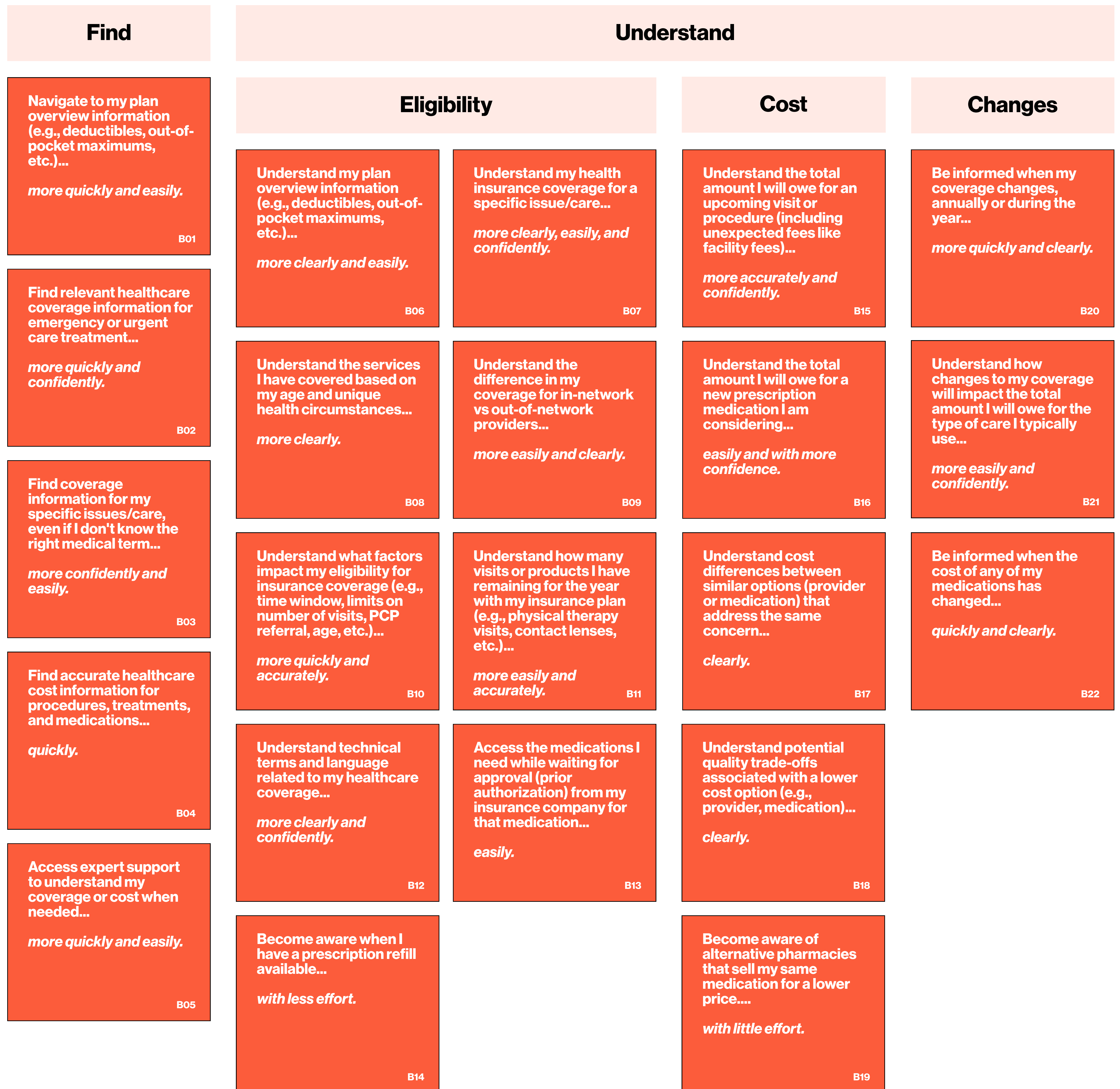
Participant's top struggles that made it difficult to use their insurance:

- Lack of clarity on coverage
- Lack of clarity on cost
- Lack of clarity on requirements for prior authorizations/referrals
- Inability to track their utilization
- Finding time to go to the provider
- Getting an appointment with the limited number of in-network provider

## Needs to make using their benefits easier:

- Up-to-date and easy way to track coverage utilization and what remains.
- Guidance on what benefits members have available based on their age and needs.
- Clarity and easy-to-access discounts/incentives for wellness programs.
- Clarity on no-cost benefits that are available to them.

# Benefits CSO Framework



03

# Initial Benefits Concepting

04

# Find a Provider Updates

05

# Next Steps

## **Next Steps**

- 1 Final refinements to Find a Provider**
- 2 Continue design for Plans & Benefits**
- 3 Kickoff design for Care Navigation**
- 4 Planning for next round of testing**



**Thank you!**