

RIGHT CARE, RIGHT PLACE, RIGHT TIME



Blue Cross and Blue Shield companies announce improvements to prior authorization, making health care safer, effective and more affordable

WHY ARE BCBS COMPANIES MAKING CHANGES?

While most claims don't require prior authorization, it's a particularly important step for high-risk, high-cost care decisions. We know the process isn't perfect, so we're taking steps to make it faster, more seamless, and more streamlined. BCBS companies are partnering with AHIP and health insurance plans across the country on this broad pledge for an improved patient experience.

THE GOAL

Improve the prior authorization process to help create an efficient, affordable and sustainable health care system for everyone.

OUR COMMITMENTS:



REDUCE PRIOR AUTHORIZATIONS

Build on efforts to reduce in-network PA requirements as appropriate, with demonstrated reductions by Jan. 1, 2026



FAST-TRACK RESPONSES

Near real-time response for at least 80% of electronic PA requests that include all necessary documentation in 2027



MORE PERSONALIZED SUPPORT AND TRANSPARENCY

Offer clear, personalized communication and trained support to guide members and answer questions



MEDICAL EXPERTS LEAD REVIEWS

Licensed and qualified clinicians will continue to personally review decisions guided by nationwide best practices



SEAMLESS PROCESS FOR SWITCHING INSURANCE COMPANIES

Honor previous company's PA for 90 days when members get new health insurance, as long as the service is a covered benefit under the new plan with an in-network provider



MORE TIME FOR PATIENTS, LESS TIME ON PAPERWORK

Standardized submissions for electronic PA will enable faster decisions for patients