PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Blue Cross Announces Actions to Simplify Prior Authorization Process

Blue Cross and Blue Shield companies aim to improve the prior authorization process to make health care safer, effective and more accessible

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Mountlake Terrace, Wash., — As part of its mission to help members access quality, affordable health care, Premera Blue Cross announced today a series of improvements to the prior authorization process. Alongside other national insurance providers, Premera Blue Cross and other BCBS companies announced six commitments that will make the process faster, more seamless and more streamlined.

"We've heard our members loud and clear: Navigating the healthcare system shouldn't feel like a battle," said Dr. Romilla Batra, Chief Medical Officer at Premera Blue Cross. "While prior authorization plays a role in ensuring safe, evidence-based care, the process has too often created delays, confusion, and stress. These changes are about restoring trust, removing unnecessary roadblocks, and making it easier for people to get the care they need, when they need it. This is a human issue, not just a policy one. We're committed to simplifying healthcare so our members can focus on healing and living well, not chasing paperwork."

As part of today's announcement, Premera Blue Cross is committing to:

1) **Standardizing provider submissions** for electronic prior authorization, giving doctors more time for patients by lessening administrative burden.
2) **Further reducing the use of prior authorization** for certain in-network medical services by 2026.
3) **Ensuring a seamless process** for members who switch health insurance companies by honoring their previous health insurance company's prior authorization approvals for benefit-equivalent in-network services as part of a 90-day transition period, by 2026.
4) **Making the process more transparent** by ensuring our communications to members about prior authorization are clear and contain personalized information including what is needed to support approval, next steps and available appeal processes.
5) **Fast-tracking responses** for electronic prior authorization requests by committing to answering at least 80 percent of requests in near real-time in 2027.
6) **Reviewing denials with a human touch**: All clinical denials will be reviewed by licensed medical professionals.

Improving the prior authorization process will help us create an efficient, affordable and sustainable health care system for everyone. Working together, across health plans and with care providers, Premera will ensure that members receive the most effective care, at a more affordable cost.

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About Premera Blue Cross
Premera Blue Cross, a not-for-profit, independent licensee of the Blue Cross Blue Shield Association based in Mountlake Terrace, Wash., is a leading health plan in the Pacific Northwest, providing comprehensive health benefits and tailored services to more than 2.7 million people, from individuals to Fortune 100 companies.

About the Blue Cross Blue Shield Association
The Blue Cross and Blue Shield Association is a national federation of 33 independent, community-based and locally operated Blue Cross and Blue Shield companies that collectively provide health care coverage for one in three Americans. *For more information on BCBSA and its member companies, please visit bcbs.com.*

About AHIP
AHIP is the national trade association representing the health insurance industry. AHIP's members provide health care coverage, services and solutions to more than 200 million Americans. We are committed to market-based solutions and public-private partnerships that make high-quality coverage and care more affordable, accessible and equitable for everyone.