

Prior Authorization Enhancements (Phase I)

Anticipated Launch: December 16, 2022

Overview

We're launching a new process to notify members about their own prior authorization requests through digital channels.

- Under the implementation of Adobe Campaign Manager (ACM) in 2020, subscribers (or policyholders) had the option to select digital delivery for prior authorization notifications for themselves and everyone on their health plan.
- To help us ensure HIPAA compliance, this project will expand the delivery of these notifications to include members – **specifically, spouses and dependents ages 16+**.
- When this project launches, members ages 16+ will have the option to select online delivery in My Health Toolkit® during the registration process or on the Contact Preferences page after registration so they can receive digital prior authorization messages directly. **See Appendices A and B.**
- Subscribers will no longer receive digital notification updates on behalf of members ages 16+ on their policy. Subscribers will only receive updates when they are the patient for the authorization, or if the patient is a dependent under age 16.
- ACM will deliver notifications for this campaign through email or text, according to members' contact preferences. Members can select their preferred contact channels on the Contact Preferences page in My Health Toolkit. Members can also opt to receive push notifications through the mobile app in addition to their preferred digital channel. **See Appendix C for notification examples.**
- While subscribers will no longer receive digital updates for these members, they will continue to receive printed letters for themselves and everyone on their plan until the second phase of this effort implements in Q1 2023. Some of this work will be completed in a related effort sponsored by HII. More information will be released in due course.
- The shift to member-level communications applies only to prior authorizations. Subscribers will continue to receive Explanations of Benefits (EOBs) for all members on their plan.

Shortly after these enhancements go live, digital notifications about these changes will be sent to subscribers who have opted in for online delivery and have spouses and/or dependents on their plan, as well as to the impacted members. **See Appendix D for these communications.**

Frequently Asked Questions

Why are we making this change?

This change allows our members to have a greater level of privacy and helps us ensure HIPAA compliance. Members will also be able to take more control of their health and medical care by receiving these notifications directly.

Who is impacted by these changes?

The updates impact BlueChoice® HealthPlan, Group and Individual, Major Group, National Alliance, and State Health Plan. Medicare Advantage is not impacted because they do not allow dependent members to enroll.

What is the benefit to members?

Members ages 16+ will now have the option to receive communications about their own authorizations so they can take more control of their health and medical care. Additionally, after the phase 2 implementation, members will be able to keep their health information private from the subscriber if they choose.

How are delivery options changing?

Members ages 16+ will now see the Claims and Authorizations section when they enroll in My Health Toolkit or access the Contact Preferences page in the portal, which is what subscribers see today. In this section, they will be able to opt in for online delivery and select how they receive these notifications – either through email or text. They can opt in for just one of these channels, or they can opt in for both channels and designate one of them as their primary channel. If they are using the app, they may choose to receive push notifications in addition to other types of notifications.

What happens when there is a new or updated prior authorization?

Members ages 16+ will receive the same notifications that subscribers had been receiving on their behalf. Subscribers will only receive digital notifications about prior authorizations if they are the patient for the authorization or if the patient is a dependent under age 16.

Notifications are sent when a new authorization has been submitted or authorization has been updated. The notifications include a reference number(s), but no other details. Members need to log in to My Health Toolkit to view details about their authorization.

Note that the subscriber's view of prior authorization information within My Health Toolkit isn't changing. Today, a subscriber may receive digital notifications on a member's behalf, but they will only see limited details in My Health Toolkit *unless* the eligible member shares their information with the subscriber.

How can members share their health information with the subscriber?

My Health Toolkit defaults to allow the subscriber to see only limited details about any members ages 16 and older on their health plan. Members can change these settings by going to the My Security page in My Health Toolkit, then selecting Share My Information. This step will enable the subscriber to see full details about that member's authorizations.

How will members know what is changing?

Shortly after these enhancements go live, digital notifications about these changes will be sent those impacted:

- Subscribers who have opted for online delivery and have dependents on their plan, and
- Members ages 16+.

These communications will inform them about these notification changes, encourage members to opt in for online delivery, and remind members about how to share their detailed health information with the plan's subscriber.

Will this change impact Explanation of Benefits (EOB) notifications?

No, EOB notifications will continue be sent to subscriber for all members on their plan.

What is happening in phase II?

When phase II implements, subscribers and members ages 16+ will no longer receive mailed prior authorizations if they have opted in for digital notifications. Additionally, we will implement a mechanism to guarantee delivery of prior authorization notifications if digital channel(s) fail.

HII is working on a related effort to address prior authorization communications sent by mail to the patient. Today, most prior authorization letters sent through mail are addressed to the policyholder.

An implementation date for these efforts has not been set, but they will likely launch late Q1 or early Q2 2023.

Actions You May Need to Take

- **Marketing:** Make sure you are familiar with the updated prior authorization notification process and how it adds value to the members experience. You may cascade this information as you see appropriate.
- **Customer Service:** Familiarize yourself and your teams with the updated prior authorization notification process, so that you are prepared to answer any questions. Review the following pages and determine if there are any screenshots, talking points or job aids that may need to be updated for your business area.

Ongoing Improvement

We'll continue to evaluate the impact of this campaign, including feedback from our members, to identify opportunities for future enhancements.

Questions

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

Please continue to the Member Experience portion of this document.

Member Experience

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

Appendix A: Registration process (members ages 16+)

The My Health Toolkit registration process for eligible members will expand to include the Claims and Authorizations section. There are minor differences in the language between the member experience and the subscriber experience.

The screenshot displays the registration process for members ages 16+ on the South Carolina My Health Toolkit. The page is titled "South Carolina" and features a progress bar with three steps: "Get Started" (completed), "Create Login" (current step), and "Set Preferences" (pending). The registration process is divided into three main sections:

- Email:** A section with a blue envelope icon. It includes two required text input fields: "Email:" and "Confirm Email:". A red asterisk and the word "Required" are positioned to the right of the fields.
- Text Notifications:** A section with a blue speech bubble icon. It starts with the text "Start receiving text messages to get notified about:" followed by a bulleted list of notification types: "Important plan updates", "Health reminders", and "Special offers". Below this is a question: "Would you like to receive text notifications?" with three radio button options: "Yes, I would like text notifications" (selected), "No, I would not like text notifications", and "Remind me later". This is followed by two required text input fields for "Mobile Number:" and "Confirm Number:", each with a dropdown for the area code and a hyphen for the extension. A blue informational box at the bottom of this section states: "Notifications are sent via automated text message. Standard messaging and text data rates may apply."
- Claims and Authorizations Delivery:** A section with a blue icon of a document with a checkmark. It contains the text: "With online delivery, we'll send you notifications when we receive prior authorization requests for you, or when there are updates to your requests. We may also communicate with you about claims. You can opt out from online delivery any time." and a note: "Note: The main subscriber on your policy may receive prior authorization updates by mail and the explanation of benefits (EOBs) for any claims we process." Below this is a toggle switch for "Give me online delivery." which is currently turned on. A "Priority" section allows users to select their preferred notification method: "Email" (selected) and "Text". Each method has a toggle switch (both are on) and a dropdown menu for priority: "1st" for Email and "2nd" for Text. A blue informational box at the bottom of this section states: "Please Note: You may refer to our hardware and software requirements necessary in order to log into My Health Toolkit and view these documents."

At the bottom of the page, there are "Back" and "Continue" buttons. A link for "Need help? Check out these [Frequently Asked Questions](#)." is located below the buttons.

Appendix B: Contact Preferences page (members ages 16+)

Mirroring the registration changes, the Contact Preferences page in My Health Toolkit will expand to include the Claims and Authorizations section, where eligible members can opt in for online delivery and set their channel preferences. There are minor differences in the language between the member experience and the subscriber experience.

The screenshot shows the 'My Contact Preferences' page for a user named ERIN R SHEA. The page is part of the 'My Health Toolkit' and includes a navigation bar with 'Benefits', 'Wellness', 'Resources', and 'My Profile'. A search bar is also present. The main content area is titled 'My Contact Preferences' and includes a sub-section for 'Text Notifications' where the user is currently not opted in. Below this is the 'Claims and Authorizations' section, which has a toggle for 'Give me online delivery' that is turned on. The 'Other Notifications' section lists three categories: 'Important Plan Updates', 'Programs, Services and Wellness Reminders', and 'Personal Health Coaching', each with icons for email and text. A footer note provides information about online delivery requirements.

South Carolina

My Health Toolkit® Benefits Wellness Resources My Profile Search

Welcome, ERIN R SHEA Go to Message Center (0 unread) | Ask Customer Service | Log Out

Get Adobe Reader Printer-Friendly

My Contact Preferences

We want to make it easy for you to get the information you need. On this page, you can customize how we contact you for different topics.

Text Notifications

Receive text messages to get notified about health reminders, special offers, and important plan updates.

You are not opted in. [I'd like to opt in to Text Messaging](#)

Claims and Authorizations







We'll send you notifications when we receive prior authorization requests for you, or when there are updates to your requests. We may also communicate with you about claims.
Note: The main subscriber on your policy may receive prior authorization updates by mail and the explanation of benefits (EOBs) for any claims we process.

Give me online delivery.

Priority ?

Email	jennifer.rust@cbssc.com	1st
Text	<input checked="" type="checkbox"/>	2nd

Other Notifications

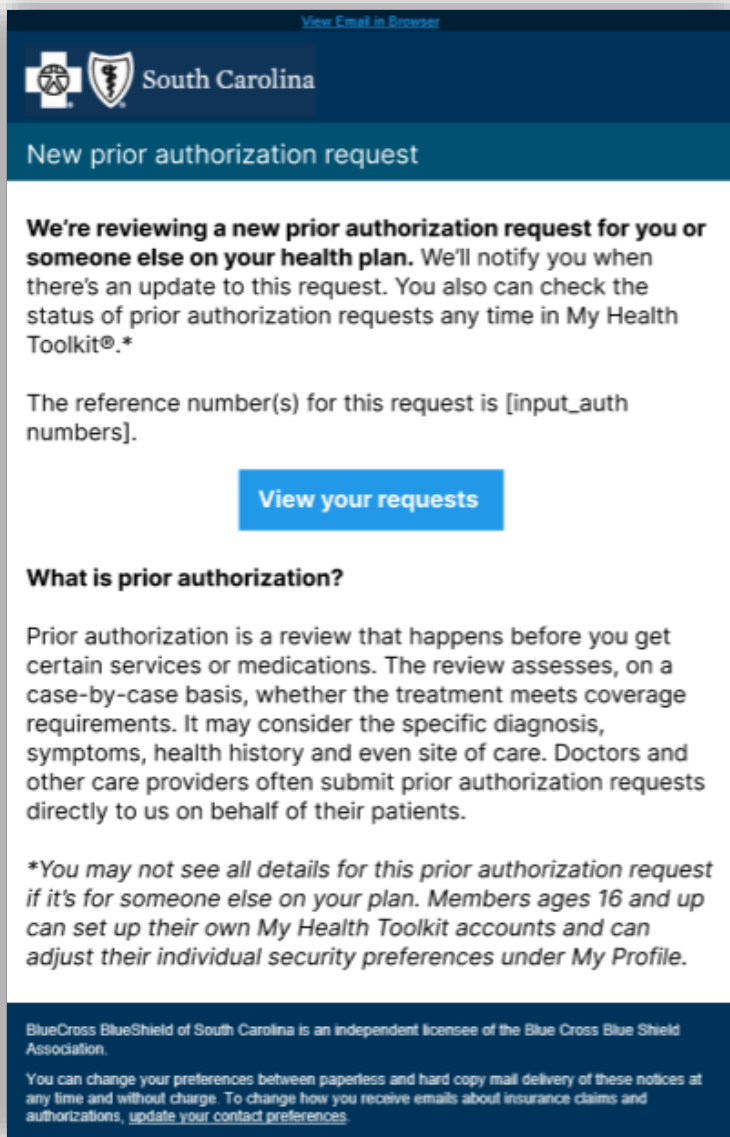
- Important Plan Updates  
- Programs, Services and Wellness Reminders  
- Personal Health Coaching  

*If you choose online delivery for claims and authorizations, refer to our [hardware and software requirements](#) to ensure you can log into My Health Toolkit and view these documents. You can change your preferences between online delivery and printed mail at any time, without charge. We'll use your contact preferences whenever possible, but there may be times when we have to send information by USPS mail. It's important that your current mailing address is listed in your profile.


Appendix C: Prior authorization email and text notifications

The following are some examples of the prior authorization notification emails and text messages. Messaging varies based on whether the notification is for a new authorization or an update. Additionally, messaging is different for subscribers and dependent members. Messages include a link to log in to My Health Toolkit to view the authorization.

A new prior authorization notification for a **subscriber** with BlueCross BlueShield of South Carolina branding:



View Email in Browser

 South Carolina

New prior authorization request

We're reviewing a new prior authorization request for you or someone else on your health plan. We'll notify you when there's an update to this request. You also can check the status of prior authorization requests any time in My Health Toolkit®.*

The reference number(s) for this request is [input_auth numbers].

[View your requests](#)

What is prior authorization?

Prior authorization is a review that happens before you get certain services or medications. The review assesses, on a case-by-case basis, whether the treatment meets coverage requirements. It may consider the specific diagnosis, symptoms, health history and even site of care. Doctors and other care providers often submit prior authorization requests directly to us on behalf of their patients.

**You may not see all details for this prior authorization request if it's for someone else on your plan. Members ages 16 and up can set up their own My Health Toolkit accounts and can adjust their individual security preferences under My Profile.*

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

You can change your preferences between paperless and hard copy mail delivery of these notices at any time and without charge. To change how you receive emails about insurance claims and authorizations, [update your contact preferences](#)

BCBS South Carolina: You have a new prior authorization request. @{auth-link} Text help or stop.
Msg&DataRatesMayApply

 BCBS South Carolina
10/14/2022, 4:52 PM

We're reviewing a new prior authorization request for you or someone else on your health plan. We'll notify you when there's an update to this request. You also can check the status of prior authorization requests any time in My Health Toolkit®.*

The reference number(s) for this request is input_PRE_AUTH_NUMBERS.


**You may not see all details for this prior authorization request if it's for someone else on your plan. Members ages 16 and up can set up their own My Health Toolkit accounts and can adjust their individual security preferences under My Profile.*

[View your request.](#) >

[What is prior authorization?](#) >

A prior authorization notification about an update for a **subscriber** with BlueChoice branding:

[View Email in Browser](#)



Update to your prior authorization request

The status has changed on a recent prior authorization request for you or someone on your health plan. Use the following link to access more information in My Health Toolkit®.*

The reference number(s) for this request is [input_auth numbers].

[View your requests](#)

What is prior authorization?

Prior authorization is a review that happens before you get certain services or medications. The review assesses, on a case-by-case basis, whether the treatment meets coverage requirements. It may consider the specific diagnosis, symptoms, health history and even site of care. Doctors and other care providers often submit prior authorization requests directly to us on behalf of their patients.

**You may not see all details for this prior authorization request if it's for someone else on your plan. Members ages 16 and up can set up their own My Health Toolkit accounts and can adjust their individual security preferences under My Profile.*

BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.
You can change your preferences between paperless and hard copy mail delivery of these notices at any time and without charge. To change how you receive emails about insurance claims and authorizations, [update your contact preferences](#)

BlueChoice HealthPlan SC: Your prior authorization request was updated. @auth-link} Text help or stop. Msg&DataRatesMayApply



BlueChoice HealthPlan SC
10/17/2022, 9:20 AM

The status has changed on a recent prior authorization request for you or someone on your health plan. Use the following link to access more information in My Health Toolkit®.*

The reference number(s) for this request is input_PRE_AUTH_NUMBERS.


*You may not see all details for this prior authorization request if it's for someone else on your plan. Members ages 16 and up can set up their own My Health Toolkit accounts and can adjust their individual security preferences under My Profile.

[View your requests.](#) >

[What is prior authorization?](#) >

A new prior authorization notification for a **member age 16+** with South Carolina branding:

[View Email in Browser](#)

South Carolina

New prior authorization request

We're reviewing a new prior authorization request for you. We'll notify you as soon as there's an update. You also can check the status of your prior authorization requests any time in My Health Toolkit®.

The reference number(s) for this request is [input_auth numbers].

[View your requests](#)

Your plan's policyholder will be able to view information about this request. Details will be limited unless you've adjusted your security settings to share more information. You can review or adjust your security settings in the My Profile section of My Health Toolkit.


What is prior authorization?

Prior authorization is a review that happens before you get certain services or medications. The review assesses, on a case-by-case basis, whether the treatment meets coverage requirements. It may consider the specific diagnosis, symptoms, health history and even site of care. Doctors and other care providers often submit prior authorization requests directly to us on behalf of their patients.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

You can change your preferences between paperless and hard copy mail delivery of these notices at any time and without charge. To change how you receive emails about insurance claims and authorizations, [update your contact preferences](#).

BCBS South Carolina: You have a new prior authorization request. @{auth-link} Text help or stop.
Msg&DataRatesMayApply

BCBS South Carolina

10/14/2022, 4:52 PM

First Last

We're reviewing a new prior authorization request for you. We'll notify you when there's an update. You also can check the status of prior authorization requests any time in My Health Toolkit®.

As a reminder, your plan's policyholder will be able to view information about this request. Details will be limited, unless you've adjusted your security settings to share more information. You can review or adjust your security settings in the My Profile section of My Health Toolkit.


The reference number(s) for this request is
input_PRE_AUTH_NUMBERS.

View your request. >

What is prior authorization? >

A prior authorization notification about an update for a **member age 16+** with State Health Plan branding:

[View Email in Browser](#)



Update to your prior authorization request

The status has changed on a recent prior authorization request for you. Use the following link to access more information in My Health Toolkit®.*

The reference number(s) for this request is [input_auth numbers].

[View your requests](#)

As a reminder, your plan's policyholder will be able to view information about this request. Details will be limited unless you've adjusted your security settings to share more information. You can review or adjust your security settings in the My Profile section of My Health Toolkit.


What is prior authorization?

Prior authorization is a review that happens before you get certain services or medications. The review assesses, on a case-by-case basis, whether the treatment meets coverage requirements. It may consider the specific diagnosis, symptoms, health history and even site of care. Doctors and other care providers often submit prior authorization requests directly to us on behalf of their patients.

BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.

You can change your preferences between paperless and hard copy mail delivery of these notices at any time and without charge. To change how you receive emails about insurance claims and authorizations, [update your contact preferences](#).

BlueChoice HealthPlan SC: Your prior authorization request was updated. [@{auth-link}](#) Text help or stop. [Msg&DataRatesMayApply](#)



BlueChoice HealthPlan **BlueChoice HealthPlan SC**
10/17/2022, 9:20 AM

First Last

The status has changed on your recent prior authorization request. Use the following link to access more information in My Health Toolkit®.

As a reminder, your plan's policyholder will be able to view information about this request. Details will be limited, unless you've adjusted your security settings to share more information. You can review or adjust your security settings in the My Profile section of My Health Toolkit.

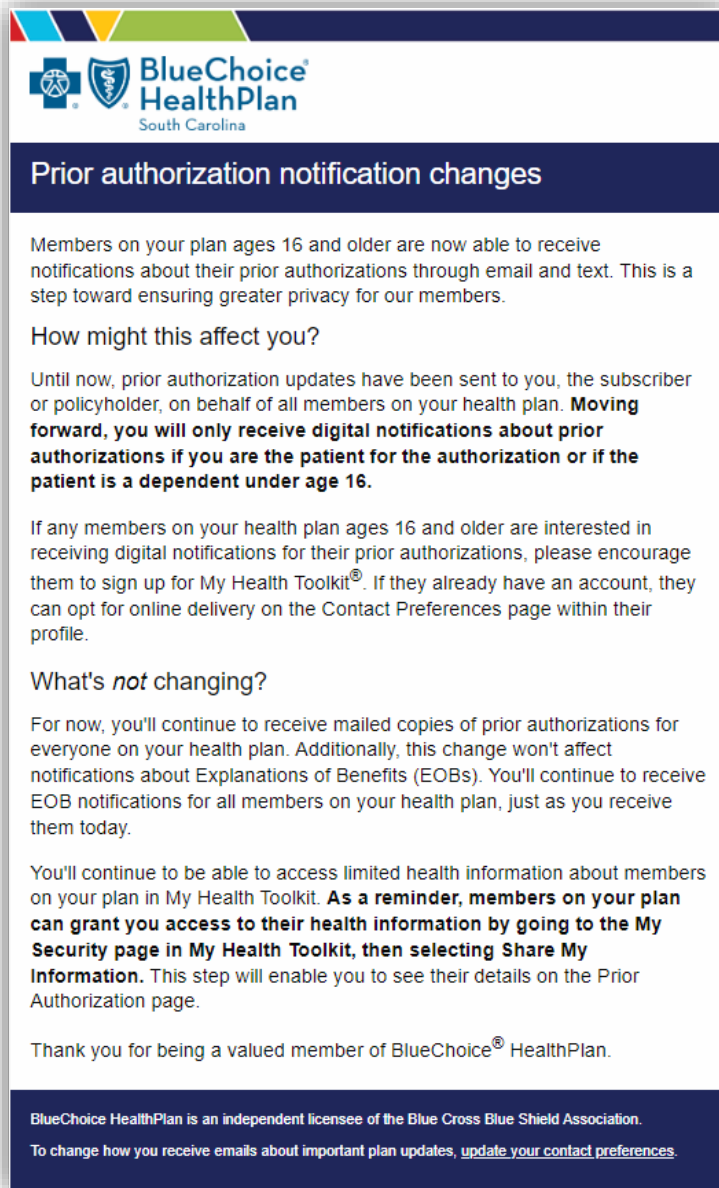
The reference number(s) for this request is `input_PRE_AUTH_NUMBERS`.

[View your requests.](#) >

[What is Prior Authorization?](#) >

Appendix D: Release communications for subscribers and members ages 16+

Email and text release communications for **subscribers** with BlueChoice branding:



BlueChoice HealthPlan
South Carolina

Prior authorization notification changes

Members on your plan ages 16 and older are now able to receive notifications about their prior authorizations through email and text. This is a step toward ensuring greater privacy for our members.

How might this affect you?

Until now, prior authorization updates have been sent to you, the subscriber or policyholder, on behalf of all members on your health plan. **Moving forward, you will only receive digital notifications about prior authorizations if you are the patient for the authorization or if the patient is a dependent under age 16.**

If any members on your health plan ages 16 and older are interested in receiving digital notifications for their prior authorizations, please encourage them to sign up for My Health Toolkit®. If they already have an account, they can opt for online delivery on the Contact Preferences page within their profile.

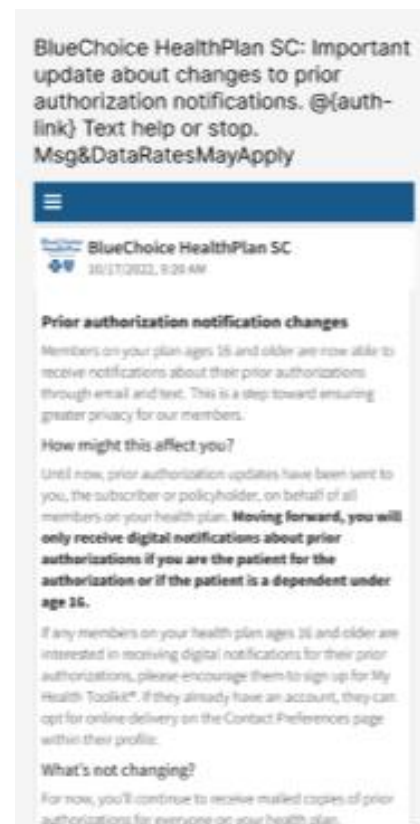
What's *not* changing?

For now, you'll continue to receive mailed copies of prior authorizations for everyone on your health plan. Additionally, this change won't affect notifications about Explanations of Benefits (EOBs). You'll continue to receive EOB notifications for all members on your health plan, just as you receive them today.

You'll continue to be able to access limited health information about members on your plan in My Health Toolkit. **As a reminder, members on your plan can grant you access to their health information by going to the My Security page in My Health Toolkit, then selecting Share My Information.** This step will enable you to see their details on the Prior Authorization page.

Thank you for being a valued member of BlueChoice® HealthPlan.

BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.
To change how you receive emails about important plan updates, [update your contact preferences](#).



BlueChoice HealthPlan SC: Important update about changes to prior authorization notifications. @{auth-link} Text help or stop. Msg&DataRatesMayApply

BlueChoice HealthPlan SC
10/17/2022, 9:28 AM

Prior authorization notification changes

Members on your plan ages 16 and older are now able to receive notifications about their prior authorizations through email and text. This is a step toward ensuring greater privacy for our members.

How might this affect you?

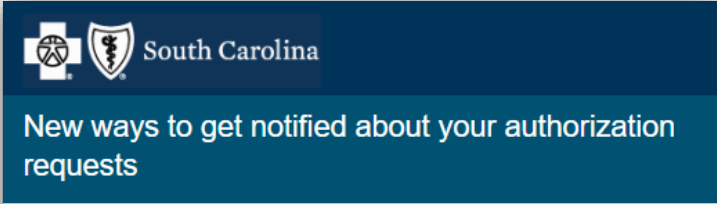
Until now, prior authorization updates have been sent to you, the subscriber or policyholder, on behalf of all members on your health plan. **Moving forward, you will only receive digital notifications about prior authorizations if you are the patient for the authorization or if the patient is a dependent under age 16.**


If any members on your health plan ages 16 and older are interested in receiving digital notifications for their prior authorizations, please encourage them to sign up for My Health Toolkit®. If they already have an account, they can opt for online delivery on the Contact Preferences page within their profile.

What's not changing?

For now, you'll continue to receive mailed copies of prior authorizations for everyone on your health plan.

Email and text release communications for **members** with South Carolina branding:



 South Carolina

New ways to get notified about your authorization requests

Members ages 16 and older are now able to receive notifications about their prior authorizations through email or text. This is a step toward ensuring greater privacy for our members.

What's changing?

Until now, prior authorization updates have been sent to the subscriber or policyholder on behalf of all members on his or her health plan. **Moving forward, members ages 16 and older can opt to receive digital notifications about their own prior authorizations instead of the subscriber or policyholder.** You can get them through email or text.

If you're interested in receiving updates when you have a new or pending prior authorization, sign up for My Health Toolkit®. If you already have an account, visit the Contact Preferences page to opt for online delivery.

[Update your contact preferences](#)

What's *not* changing?

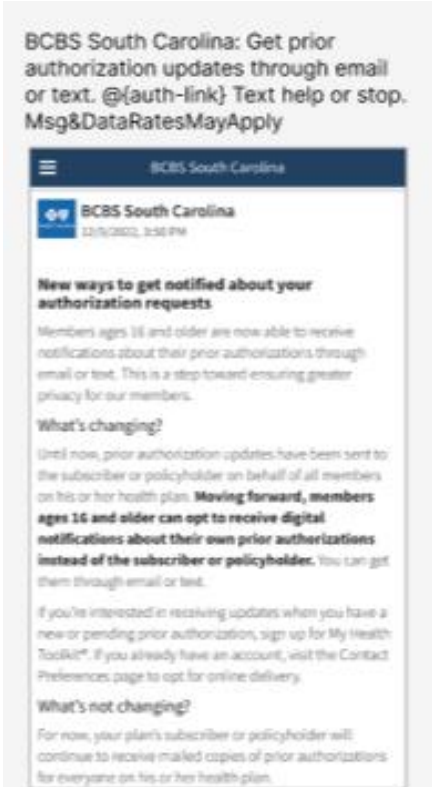
For now, your plan's subscriber or policyholder will continue to receive mailed copies of prior authorizations for everyone on his or her health plan.

As a reminder, My Health Toolkit defaults to allow the subscriber or policyholder to see only limited details about your health information. **You can change these settings by going to the My Security page in My Health Toolkit, then selecting Share My Information.** This step will enable them to see full details about your authorizations.

Thank you for being a valued member of BlueCross BlueShield of South Carolina.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

To change how you receive emails about important plan updates, [update your contact preferences](#).



BCBS South Carolina: Get prior authorization updates through email or text. [@{auth-link}](#) Text help or stop. **Msg&DataRatesMayApply**

BCBS South Carolina
11/1/2022, 3:50 PM

New ways to get notified about your authorization requests

Members ages 16 and older are now able to receive notifications about their prior authorizations through email or text. This is a step toward ensuring greater privacy for our members.

What's changing?

Until now, prior authorization updates have been sent to the subscriber or policyholder on behalf of all members on his or her health plan. **Moving forward, members ages 16 and older can opt to receive digital notifications about their own prior authorizations instead of the subscriber or policyholder.** You can get them through email or text.

If you're interested in receiving updates when you have a new or pending prior authorization, sign up for My Health Toolkit®. If you already have an account, visit the Contact Preferences page to opt for online delivery.

What's not changing?

For now, your plan's subscriber or policyholder will continue to receive mailed copies of prior authorizations for everyone on his or her health plan.