

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina



## 2025 ANNUAL PROVIDER SUMMIT

**Don't Miss Your Chance To Join the 2025 Annual Provider Summit.** Join one of our in-person 2025 Annual Provider Summits. We have lots of new information to share with you and would love for you to attend.

We have some amazing prizes to give away, along with some delicious refreshments. Come out and network with other providers and enjoy all that we have to offer. For each location, there is a morning and afternoon session; 9 a.m. to noon and 1 p.m. to 4 p.m. Choose the session that works best for you. Note: The same topics will be presented during each session. [Register](#) today so you do not miss out. We look forward to having you and look forward to a momentous event!

Dec. 2, 2024 | Embassy Suites Golf Resort | 670 Verdae Blvd., Greenville, SC 29607  
Dec. 4, 2024 | Trident Technical College | Building 920, 7000 Rivers Ave., N. Charleston, SC 29406  
Dec. 10, 2024 | Richland Two Institute of Innovation Conference Center  
763 Fashion Drive, Columbia, SC 29223

## TELL US HOW WE'RE DOING

This survey gives you a chance to share your experience with the health plan and tell us how we're doing.

Each year, we send out a **provider satisfaction survey**.

Our goal is to always provide the best service possible.

If you have not completed the survey, please do so today!



### 2025 Annual Provider Summit

Tell Us How We're Doing

New Prior Authorization  
Process Coming Soon

Medical Policy Updates

Temporary Prior Authorization  
Processes Related To Current  
Natural Disasters

# REMINDER



## NEW PRIOR AUTHORIZATION PROCESS COMING SOON

On **Nov. 15, 2024**, BlueCross will be making changes to the prior authorization (PA) process. While you will still sign on through My Insurance Manager<sup>SM</sup>, the portal will route you to a new web-based application, powered by Cohere Health, that will enhance the efficiency of PA decisions.

These latest changes will only affect the authorizations managed by BlueCross. The PA process for our third-party vendors such as Evolent, Avalon Healthcare Solutions, HealthHelp and Novologix will remain the same.

Be sure to **register** with Cohere Health to access the new web-based application before the implementation date. If you already have an account with Cohere Health, you do not need to create a new one. You can continue logging in as usual.

There are also available **webinars** and a beneficial **learning center** that will help prepare you for the coming changes. We encourage you to review these resources at your earliest convenience.

Evolent, Avalon Healthcare Solutions, HealthHelp and Novologix are independent companies that manage utilization management services on behalf of BlueCross and BlueChoice<sup>®</sup> HealthPlan.

The screenshot shows the Cohere Health website interface. At the top, there is a navigation menu with links for 'Health Plan Solutions', 'Resources', 'Careers', 'About Us', and 'Connect'. The main heading reads 'REGISTRATION FOR PROVIDERS' followed by 'Welcome to pre-authorization made easy'. Below this, a sub-heading states: 'In less than 10-minutes, you can complete the registration process and start using the Cohere portal to submit your authorizations and learn how Cohere is simplifying the authorization process!'. A prominent red button labeled 'Start my registration' is visible. Below the button, there is a link: 'Need help with registration? View our step-by-step guide'. The background features a large, stylized maze with a red heart at the top right. At the bottom of the page, there are two promotional sections. The first section is titled 'Join us for a training webinar.' and includes a 'Browse upcoming webinars' button. The second section is titled 'Get started with Cohere.' and includes a 'Find resources' button. Both sections feature small icons related to their respective topics.



## MEDICAL POLICY UPDATES

BlueCross BlueShield of South Carolina frequently revises the medical policies used to make clinical determinations for a member's coverage.

Review the [latest medical policy updates](#). We strongly encourage you to visit the [Medical Policies and Clinical Guidelines](#) pages regularly to stay abreast of these changes and to read any policy in its entirety.

The screenshot shows the website's navigation bar with links for SHOP PLANS, MEMBERS, PROVIDERS (highlighted), EMPLOYERS, and AGENTS. Below the navigation is a search bar and a breadcrumb trail: / Providers / Policies and Authorizations / Medical Policies. The main heading is "Medical Policies". A paragraph explains that medical policies include evidence-based treatment guidelines and address common medical situations. A list of five points provides additional context: these policies are not medical advice, they change to stay current with research, they are for information only, they address frequent situations, and they may include services not covered under a specific health plan. At the bottom, three blue buttons with icons and text provide links to "Commercial & Contracted Policies", "Healthy Blue Policies", and "Medicare Advantage Policies".

South Carolina

SHOP PLANS MEMBERS **PROVIDERS** EMPLOYERS AGENTS

Providers Blog Providers Search...

/ Providers / Policies and Authorizations / Medical Policies

### Medical Policies

Our medical policies include evidence-based treatment guidelines and address common medical situations. You can review our medical policies online any time. Please keep in mind that:

- These policies aren't medical advice and do not guarantee results or outcomes.
- These policies may change to stay up to date with current research and a posted policy may not reflect a recent change.
- These policies are shared for information only, but the health plan decides how they apply.
- These policies address situations that occur frequently and some situations may warrant further individual review.
- These policies may include services that are not covered under a specific health plan, so always verify eligibility and benefits.

Commercial & Contracted Policies >

Healthy Blue Policies >

Medicare Advantage Policies >

# TEMPORARY PRIOR AUTHORIZATION PROCESSES RELATED TO CURRENT NATURAL DISASTERS

While the authorization requirements remain in place, BlueCross BlueShield of South Carolina is offering a flexible approach to allow grace for notification timeliness to ensure there is minimal member disruption due to Hurricane Helene.

If you have any concerns or questions about authorizations or services, please contact the precertification number on the back of the member's identification card. Request an escalation (if needed) on your inquiry. It will be directed to the appropriate clinical leadership for urgent processing.

Additionally, if you need to expedite an authorization to urgently discharge or transfer a patient from an inpatient bed in a region affected by the hurricane, please call 877-259-2154.



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina

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Benefits Disclaimer: The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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