BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY

DEPARTMENT: IL Provider Performance Management	**PROCEDURE NUMBER:** GCS-IL-MA-17B	**ORIGINAL EFFECTIVE DATE (IF KNOWN):** 01/01/2013
PROCEDURE TITLE: Primary Care Physician Access Standards Procedure		**EFFECTIVE DATE:** 08/09/2022
		LAST REVISION DATE: 08/09/2022
EXECUTIVE OWNER: Executive Director, Provider Performance	**BUSINESS OWNER:** Manager, Provider Performance	**LAST REVIEW DATE:** 08/09/2022

I. SCOPE

This Procedure applies to Provider Performance Management government product Medicare Advantage HMO and Medicare Advantage PPO.

This Procedure applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope / Contract Number (if applicable)	In Scope [x]
Medicare MAPD H3822/H8547/H8634/H0927	X
NOTE: Future fully executed contracts will fall under this procedure.	

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Primary Care Physician Access Standards Policy, GCS-IL-MA-17A. This procedure document ensures there is a documented process for Access Standards.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
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III. PROCEDURE

All Medical Groups, Accountable Care Organizations (ACO), Individual Practice Association (hereinafter the "IPAs"), including specialists, ancillary, and therapy services providers, must provide reasonable access for all members enrolled with the IPA or any contracted providers, including, but not limited to the following:

1) Comprehensive exams within four (4) weeks of request;
2) Routine appointments within ten (10) business days or two (2) weeks of request, whichever is sooner;
3) Urgent appointments within twenty-four (24) hours of request; and
4) Response by IPA physicians within thirty (30) minutes of an emergency call

For Behavioral Health Care practitioners, the following additional access standard must also be met:
1) Access to care for non-life-threatening emergency within six (6) hours.

A. The IPA shall also assure that Medicare Advantage members enrolled with the IPA or any contracted providers have reasonable
access to an IPA physician by providing:
1) Evening or early morning office hours three (3) or more times per week;
2) Weekend office hours two (2) or more times per month;
3) Notification to the Member when the anticipated office wait time for a scheduled appointment may exceed thirty (30) minutes; a 24-hour answering service and assure that each PCP provides a 24-hour answering arrangement, including a 24-hour on-call PCP arrangement for all members; and
4) A 24-hour answering service and assure that each PCP provides a 24-hour answering arrangement, including a 24-hour on-call PCP arrangement for all members

B. Ensure that Medicare Advantage Members enrolled with the IPA or any contracted providers have access to PCP medical services including, but not limited to, the following:

- Routine Care – Each PCP or PCP office is required, at a minimum, to be available to provide routine care to Medicare Advantage Members enrolled with the IPA for at least eight (8) hours per month outside the hours of 9:00 am – 6:00 pm Monday through Friday. PCP office is defined as a specific office location at which one (1) or more PCPs are marketed to Medicare Advantage Members as a location where primary care services are available.
- Immediate Care – Each PCP or PCP office is required, as a minimum, to be available to provide care or arrange access to care for Medicare Advantage Members with immediate medical needs as outlined below:
    - Early morning or evening office hours three (3) or more times per week. Early morning hours are defined as hours beginning at 8:00 am and extending until 9:00 am. Evening hours are defined as hours beginning at 6:00 pm and extending until 8:00 pm.

- Weekend office hours of at least three (3) hours two or more times per month. Alternate arrangements for ensuring Medicare Advantage Members access to immediate care must meet the minimum access requirements outlined above and be approved in writing by BCBSIL. Facilities billing Immediate Care services as an emergency room visit shall not be considered an alternate arrangement for access to Immediate Care.
- Maintain a 24-hour answering service and ensure that each PCP provides a 24-hour answering arrangement and a 24 hour on-call PCP arrangement for all Members enrolled with the IPA.
- Maintain Answering Service Log of IPA, PCP, and Behavioral Health Practitioner calls for ten (10) years.
- Ensure during a member's inpatient hospitalization, the member's participating PCP agrees to any substitution of attending physicians in accordance with 215 ILCS 134/30.
- Meet the telephone access standards for Behavioral Health set forth in the current MA HMO Utilization Management Plan.

C. The access audit is conducted in accordance with current Quality Site Visit Standards.

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements. Review of data being reported annually – Executive Director, Provider Performance	Manager, Illinois Provider Performance Management

V. AUTHORITY AND RESPONSIBILITY

- Lupita Monroy, (Manager, Illinois Provider Performance Management)

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
Federal	Medicare Managed Care Manual, Chapter 4 Section 110.1.1 Medicare Managed Care Manual, Chapter 6 Relationships with Providers
2021 Illinois MMAI Demonstration Contract	2.7.4.5 Cultural Competency. The Contractor will provide the cultural competency requirements at orientation, training sessions, and updates as needed. **This will also include Americans with Disabilities Act (ADA) compliance, accessibility, and accommodations as required in Section 2.9.1.6.** 2.8.1.1.1 Conducting on-site visits to Network Providers for quality management and quality improvement purposes, and for assessing meaningful compliance with ADA requirements; and 2.8.1.4 Access to Provider Locations. Provider locations shall be accessible for Enrollees with disabilities. Contractor shall collect sufficient information from Providers to assess compliance with the ADA. As necessary to serve Enrollees, Provider locations where Enrollees receive services shall be ADA compliant. In addition, Contractor shall include within its network Provider locations that are able to accommodate the unique needs of Enrollees. 2.9.1.6. Reasonably accommodate Enrollees and ensure that the programs and services are as accessible (including physical and geographic access) to an individual with disabilities as they are to an individual without disabilities. The Contractor and its Network Providers must comply with the ADA (28 C.F.R. § 35.130) and § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and maintain capacity to deliver services in a manner that accommodates the needs of its Enrollees. The Contractor shall have written policies and procedures to assure compliance, including ensuring that physical, communication, and programmatic barriers do not inhibit individuals with disabilities from obtaining all Covered Services from the Contractor by: 2.9.1.6.5 Demonstrating compliance with the ADA by surveying Providers or site review of facilities for both physical and programmatic accessibility, documenting any deficiencies in compliance and monitoring correction of deficiencies; and 2.9.1.6.6 Identifying to CMS and the Department the individual, and the job title, in its organization who is responsible for ADA compliance related to this Demonstration. The Demonstration Plan must also establish and execute a work plan to achieve and maintain ADA compliance.

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, Illinois Provider Performance Management	06/07/2022
Sandra Hopson	Provider Affairs project Consultant, Illinois Provider Performance Management	06/05/2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review	07/12/2022
New Template	03/29/2021

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/09/2022
IL Provider Performance Management	Joanne O’brien	Executive Director	06/10/2022
IL Provider Performance Management	Joanne O’brien	Executive Director	06/18/2021