



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Admin 10A	ORIGINAL EFFECTIVE DATE: 05/09/1995
POLICY TITLE: Physician Access Standards		EFFECTIVE DATE: 12/01/2022
		LAST REVISION DATE: 12/01/2018
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 12/01/2022

I. SCOPE

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]
HMO Commercial	x
HMO Exchange	x

II. PROCEDURE

A. Ensure that all IPA Physicians and Behavioral Health Care Practitioners provide reasonable access for all Members enrolled with the IPAs including, but not limited to the following:

- 1) Appointment for Preventive Care within 4 weeks of request for members 6 months of age or older,
- 2) Appointment for Preventive Care within 2 weeks of request for infants under 6 months of age,
- 3) Appointment for Routine Care within 10 business days or 2 weeks of request, whichever is sooner,
- 4) Appointment for Immediate Care within 24 hours of request,
- 5) Response by IPA Physicians within 30 minutes of an Emergency call, and
- 6) Notification to the Member when the anticipated office wait time for a scheduled appointment may exceed 30 minutes,
- 7) Behavioral Health care practitioners must provide access to care for non-life-threatening emergencies within 6 hours.

B. Assure that HMO Members enrolled with the IPA have selected or are assigned a Primary Care Physician (PCP).

C. Ensure that HMO Members enrolled with the IPA have access to PCP medical services including, but not limited to, the following:

- 1) Routine Care – Each PCP or PCP office is required, at a minimum, to be available to

provide routine care to HMO Members enrolled with the IPA for at least eight 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 or more PCPs are marketed to HMO Members as a location where primary care services are available.

2) Immediate Care – Each PCP or PCP office is required, at a minimum, to be available to provide care or arrange access to care for HMO Members with immediate medical needs as outlined below:

(a) Early morning or evening office hours three 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.

(b) Weekend office hours of at least three hours two or more times per month.

Alternate arrangements for ensuring HMO Members have access to immediate care must meet the minimum access requirements outlined above and be approved in writing by the HMO. Facilities billing Immediate Care services as an emergency room visit shall not be considered an alternate arrangement for access to Immediate Care.

D. Maintain a 24-hour answering service and ensure that each PCP and Women’s Principal Health Care provider (WPHCP) provides a 24 hour answering arrangement and a 24 hour on-call PCP arrangement for all Members enrolled with the IPA.

E. Maintain answering service log of IPA, PCP, WPHCP and Behavioral Health Practitioner calls for ten years.

F. 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.

G. Meet the telephone access standards for Behavioral Health set forth in the current HMO Utilization Management and Population Health Management Plan.

The access audit will be conducted in accordance with the current Quality Site Visit Standards Policy.

III. CONTROLS/MONITORING

Controls include IPAs are required to submit the following:

- Member Access to PCP Services Attestation Report: Due date April 30th

HMO Network (i.e., Provider Network Consultants (PNCs), etc.). HMO Service Centers and Customer Assistant Unit are responsible for monitoring member access inquiries, working with IPAs to ensure access to member care and reporting issues to management, as needed.

Line of Business and/or Area	Control Requirements
IL HMO	IPAs submit Member Access to PCP Services Attestation Report by April 30 th
Administrative 64	Member Access to Behavioral Health Services

IV. AUTHORITY AND RESPONSIBILITY

IL HMO Network including the assigned PNCs for each medical group is responsible monitoring updates to member access to medical care, update Policy and Procedure and communicate updates to HMO IPAs in a timely manner.

V. RELATED DOCUMENTS

Physician Access Standards Administrative 10 - Policy

VI. SOURCE/REFERENCES

Federal/State	Regulatory Requirements & References
NCQA	NCQA 2021- Net 2- Availability of Services, Element A: Access to Primary Care Physician, Element B: Access to Behavioral Health, Element C: Access to Specialty Care

VII. IMPACTED BUSINESS AREAS

- BCBSIL Accreditation
- HMO Network
- HMO Operations
- Clinical Programs Strategy and Oversight
- Quality Improvement
- HMO Service Centers
- Illinois Analytics

VIII. IMPACTED EXTERNAL ENTITIES

- HMO Medical Groups
- HMO Members

IX. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	11/3/2021
Danielle Washington	HMO Provider Network Consultant	11/6/2022

X. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Split Template	11/03/2021

XI. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			11/18/2021
BCBSIL P&P			11/17/2022