

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS  
POLICY**

<b>DEPARTMENT:</b> Network Provider Performance	
<b>POLICY NUMBER:</b> Admin 10	<b>POLICY TITLE:</b> Physician Access Standards
<b>EXECUTIVE OWNER:</b> DSVP, IL Health Care Delivery	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 05/09/1995	<b>COMMITTEE APPROVAL DATE:</b> 11/14/2024

**I. SCOPE**

This Policy 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 IFM	x
PPO Commercial	
PPO Exchange	

**II. PURPOSE**

- To ensure that all IPA Physicians provide reasonable access to medical services for all HMO members enrolled with the IPA

**III. POLICY**

Blue Cross and Blue Shield of Illinois (BCBSIL) will ensure implementation of the Medical Group/Individual Practice Association or Physician Organization (hereinafter the 'IPAs') physician access standards for the benefit of its members

**IV. CONTROLS/MONITORING**

Controls include IPAs are required to submit the following :

- Member Access to PCP Services Attestation Report: Due date April 30<sup>th</sup>

Line of Business and/or Area	Control Requirements
IL HMO	Controls are detailed in the Policy

**V. RELATED DOCUMENTS**

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Physician Access Standards Administrative 10 – Policy

### VI. SOURCES/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

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

### VIII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Rachel Schmitt; Jessica Whaley	HMO Provider Network Consultants	10/25/2024

### IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
No content change	10/25/2024

### X. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			11/14/2024
Provider Performance	Geoff Guiton	Executive Director, Provider Performance	11/14/2024

## BLUE CROSS AND BLUE SHIELD OF ILLINOIS PROCEDURE

<b>DEPARTMENT:</b> Network Provider Performance	
<b>PROCEDURE NUMBER:</b> Admin 10A	<b>PROCEDURE TITLE:</b> Physician Access Standards
<b>EXECUTIVE OWNER:</b> DSVP, IL Health Care Delivery	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 05/09/1995	<b>COMMITTEE APPROVAL DATE:</b> 11/14/2024

### 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 IFM	x

### II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policy(ies):

Policy Name	Policy Number
Physician Access Standards	Admin 10
Member Access to Behavioral Health Services	Admin 64

### III. 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 Specialty Care (non-urgent) within thirty (30) business days.
  - 5) Appointment for Immediate Care within 24 hours of request,
  - 6) Response by IPA Physicians within 30 minutes of an Emergency call, and
  - 7) Notification to the Member when the anticipated office wait time for a scheduled appointment may exceed 30 minutes,
  - 8) 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.

#### IV. CONTROLS/MONITORING

Controls include IPAs are required to submit the following:

- Member Access to PCP Services Attestation Report: Due date April 30<sup>th</sup>

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 <sup>th</sup>

#### V. 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.

## VI. RELATED DOCUMENTS

HMO MSA  
HMO Utilization Management Plan

## VII. SOURCE/REFERENCES

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

## VIII. IMPACTED BUSINESS AREAS

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

## IX. IMPACTED EXTERNAL ENTITIES

HMO Medical Groups  
HMO Members

## X. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Rachel Schmitt; Jessica Whaley	HMO Provider Network Consultant	10/25/2024

## XI. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Added Appointment for Specialty Care (non-urgent) within thirty (30) business days.	11/13/2024

## XII. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			11/14/2024
Provider Performance	Geoff Guiton	Executive Director, Provider Performance	11/14/2024