



# BlueCross BlueShield of North Carolina

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## ACCESS TO CARE STANDARDS HMO-PPO (and all lines of business) (Specialists including non-MD specialists)

The following Access to Care Standards for Specialists has been established by the BCBSNC Physician Advisory Group. Non-MD specialists are chiropractors (DC), podiatry (DPM), physical therapy (PT), speech therapy (ST), and occupational therapy (OT).

### 1. Waiting time for appointment:

#### (A) Urgent - not life threatening, but a problem needing care within 24 hours:

Pediatrics	within 24 hours
Adults	within 24 hours

#### (B) Regular:

Pediatrics	(e.g., tube referral) - within 2 weeks
Adults	<u>SUB-ACUTE PROBLEM</u> (of short duration); within 2 weeks  <u>CHRONIC PROBLEM</u> (needs long time for consultation): within 4 weeks

### 2. Time in waiting room (minutes):

(A) Scheduled	after 30 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment; maximum waiting time = 60 minutes
(B) Work-ins	(called that day prior to coming)  Pediatrics and Adults - after 45 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling; maximum waiting time = 90 minutes

### 3. After Hours Calls and Coverage

#### 3 A. Response time returning call after-hours:

A(1) Urgent	20 minutes
B(2) Not Urgent	1 hour

#### 3 B. Coverage

Practice has a recorded telephone message instructing the patient to call 911 or go to the ER for any life threatening event and to refer them to the physician on-call or to an answering service.

(A) Daytime hours/week	40 hours/week
(B) Night hours/weekend	24 hour/day coverage

### 4. Language

Interpreter services are available either in the practice, with a contracted interpreter phone line or through hospital interpreter services.

5. **Office Hours:** Indicates hours during which appropriate personnel is available to care for members.

(A) Daytime hours/week	15 hours/week minimum covering at least 4 days
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GOAL: 100% compliance

- Definitions of "Regular" appointments:
  - **Pediatrics:** any pediatric patient with a non emergent, non urgent condition being referred to a non-MD provider
  - **Adult Sub-acute problem:** any problem which, if treated appropriately, should be of short duration
  - **Adult Chronic problem:** any problem which will requiring a long period of care to reach resolution



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## ACCESS TO CARE STANDARDS HMO-PPO (and all lines of business) PRIMARY CARE

BCBSNC and the Physician Advisory Group have established the following Access to Care Standards for Primary Care Physicians.

**EMERGENT CONCERNS (LIFE THREATENING) SHOULD BE REFERRED DIRECTLY TO 911 OR THE CLOSEST EMERGENCY DEPARTMENT. IT IS NOT NECESSARY TO SEE THE PATIENT IN THE OFFICE FIRST.**

### 1. *Waiting time for appointment:*

- (A) Urgent - not life threatening, but a problem needing care within 24 hours

Pediatrics	see within 48 hours
Adults	see within 48 hours

- (B) Symptomatic non-urgent: e.g., cold, no fever.

Pediatrics	within 30 days
Adults	within 30 days

- (C) Follow-up of Urgent Care

Pediatrics	within 7 days
Adults	within 7 days

- (D) Chronic care follow-up: e.g., blood pressure checks, diabetes checks

Pediatrics	within 14 days
Adults	within 14 days

- (E) Complete Physical/Health Maintenance:

Pediatrics	within 60 calendar days
Adults	within 60 calendar days

### 2. *Time in waiting room (minutes):*

(For Home Based Primary Care Providers this standard is not applicable)

(A) Scheduled	30 minutes After 30 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment; maximum waiting time = 60 minutes
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<b>(B) Work-ins/Walk-ins</b>	<i>(Called that day prior to coming)</i> Pediatrics and Adults - after 45 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling; maximum waiting time = 90 minutes. <u>BCBSNC discourages walk-ins</u> , but reasonable efforts should be made to accommodate patients. Life threatening emergencies must be managed immediately.
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**3. After Hours Calls and Coverage A. Response time returning call after-hours & during lunch:**

<b>*Urgent</b>	20 minutes
<b>Not Urgent</b>	1 hour

**\*NOTE:** Most answering services cannot differentiate between urgent and non-urgent. Times indicated makes assumption that the member notifies the answering service that the call is urgent, and that the physician receives enough information to make a determination.

**B. Coverage**

Practice has a recorded telephone message instructing the patient to call 911 or go to the ER for any life threatening event and to refer them to the physician on-call, to an answering service, or nurse triage service.

**4. Language**

Interpreter services are available either in the practice, with a contracted interpreter phone line, or through hospital interpreter services.

**5. Office Hours:** Indicates the posted hours during which appropriate provider office personnel are available. (Solo doctors need to fully meet this standard individually but groups of providers may share this requirement.)

<b>(A) Daytime hours/weeks</b>	7 hours per day x 5 days = 35 hours
<b>(B) Night hours/weekend</b>	24 hrs/day coverage

Standard: Office Hours=35 hrs/week

GOAL: 100% compliance

- Definitions of "Regular" appointments:
  - **Pediatrics:** any pediatric patient with a non emergent, non urgent condition being referred to a non-MD provider
  - **Adult Sub-acute problem:** any problem which, if treated appropriately, should be of short duration
  - **Adult Chronic problem:** any problem which will requiring a long period of care to reach resolution

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