

Accessibility of Services and Provider Administrative Service Standards

Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross VT or the Plan) supports timely access to covered healthcare services for its members from network practitioners. This policy outlines the Plan's guidelines to ensure member access to healthcare services. Blue Cross VT recognizes the national shortage of primary and specialty care providers and its impact on access to Vermont's healthcare system. The Plan will continuously align its evaluation of policy guidelines with the realities of Vermont's provider shortage, while ensuring accessible, quality care and satisfaction for members.

Policy Scope

The policy sets optimal standards for accessing healthcare services for Blue Cross VT members and emphasizes compliance whenever possible. The Plan evaluates adherence to these standards through the analysis of member surveys, after-hours audits, and appointment availability surveys. Additionally, quality improvement staff review access-related member complaints, issues, and concerns, perform quality-of-care risk investigations, and collaborate with providers to continually enhance service access. This comprehensive scope ensures ongoing monitoring and improvement of healthcare service accessibility for Blue Cross VT members.

Regulatory/Accreditation Links

2025 NCQA HP Standards and Guidelines: NET 1B-D, NET 2A-C, & ME 7C-F

Vermont Rule H-2009-03: 5.1B

Policy Review

Applies To: All Lines of Business

Effective Date: 11/01/2025

Revision Date: 8/2025

Next Review Date: 8/2027

Last Approved: 8/12/2025 by Accreditation Committee

Department: Quality Improvement

Reference: [S:\QI Committees\Accreditation Committee\Policies\Access Policy](#)

Policy Links: Blue Cross Quality of Care and Risk Investigation Policy, PCP Selection Criteria Policy, Availability of Network Practitioners Policy, Claims Appeal Policy, Complaints Policy

Signature: 
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Revisions

Date of Change	Effective Date	Overview of Change
8/2025	11/01/2025	Policy formatting to align with current business standards Updates to After-Hours Care Standards for PCP and Specialty Offices Updates to Definitions Added Practitioner Access Enhancement Provider/Facility requirements to note include: <ul style="list-style-type: none">After-Hours Care Standards for PCP and Specialty OfficesAfter-Hours Access AuditsAppointment Availability SurveysEnhancement and Development Initiative (EDI)

Definitions

- **PCP:** Primary Care Provider
- **MHSUD:** Mental Health and Substance Use Disorder
- **Mental Health Provider:** Referencing all mental health, behavioral health, and/or substance use disorder professionals. Our plan may define mental health providers as either:
 - Prescribers: Those who prescribe medications (e.g., psychiatrists, mental health nurse practitioners, etc.)
 - Non-prescribers: Those who cannot generally prescribe medications (e.g., psychologists, clinical social workers, mental health counselors, etc.)
- **High-Volume Specialties and High-Impact Specialties:** Blue Cross VT considers obstetrics and gynecology (OB/GYN) a high-volume specialty and oncology/hematology a high-impact specialty. In addition, Blue Cross VT may choose to monitor and analyze additional practitioner specialties if network changes or other conditions warrant further review.
- **Routine Care:** Continuing non-urgent/non-emergent care for persons with undiagnosed signs, symptoms, or health concerns, not limited by problem origin, organ system, or diagnosis.
- **Urgent Care:** Health care services that are necessary to treat a condition or illness, including MHSUD conditions, of an individual that if not provided promptly presents a serious risk or harm.
- **Preventive Care:** Services including physical exams, well visits, health promotion, disease prevention, health maintenance, counseling, patient education, self-management support, care planning, and the on-going maintenance of chronic illnesses.
- **Initial Visit or New Patient:** First-contact visits with provider.
- **Established Patient:** Patient has met with provider for initial or new patient visit and is following up for routine, preventive, or urgent care visits with provider.
- **After-Hours Care:** Access to a primary care provider and obstetric practitioners for questions and concerns must be available to members during closed office hours. After-hours access via telephone or after-hours clinic meets the intent of this policy.
- **Emergency Medical Condition:** The sudden and, at the time, unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that in the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possesses an average knowledge of health and medicine, to result in one or more of the following:
 - Placing the member's physical or mental health in serious jeopardy
 - Serious impairment to bodily functions
 - Serious dysfunction of any bodily organ or part

In the situation of a pregnant member, this pertains to both mother and unborn child.

- **Non-Life-Threatening Emergency:** A situation where clinical evidence shows that a person requires immediate care, but lack of care would not lead to death.

Policy

Blue Cross VT is aware of current national provider shortages as well as our state's limited resources. This policy outlines our goals for member access standards in a fully staffed and resource-full environment. We will continue to assess our network against these standards to identify opportunities for improvement.

The following are our accessibility of services and provider administrative service standards.

A. Waiting Times Standards

Blue Cross VT requires network practitioners providing **MEDICAL SERVICES** to adhere to the following standards for Blue Cross VT members:

- Immediate access to emergency care for conditions that meet the definition of "emergency medical condition"
- 24 hours, or a time frame consistent with the medical urgency of the case, for urgent care
- 14 days for non-emergency, non-urgent care (routine care)
- 90 days for preventive care (including physical examinations)
- 30 days for routine laboratory, imaging, general optometry, and all other routine services

Blue Cross VT requires network practitioners providing **MHSUD SERVICES** to adhere to the following access standards for Blue Cross VT members:

- Care for a non-life-threatening emergency within six hours
- Urgent care within 48 hours
- Initial visit for routine care within 10 business days
- Routine or follow-up visit within 30 business days for prescribers and 20 business days for non-prescribers

B. Service Standards for Network Practitioners

In addition to the waiting-time standards above, Blue Cross VT sets service standards for PCP, high-volume specialties, high-impact specialties, and MHSUD practitioner offices. Blue Cross VT intends for providers to use the following standards as a general approach to providing adequate access and continuity of care to members. Blue Cross VT understands that individual and unforeseen circumstances may result in deviations from these standards.

If a member's plan requires selection of a primary care provider, the member's selected primary care practice shall maintain scheduling capacity to see Blue Cross VT members for at least one routine preventative visit annually.

- Primary care practitioners shall be on-site and available for member care a minimum of 16 hours per week.
- Primary care practices shall be open with a staff practitioner available to see members at least 24 hours per week.
- Wait time to see the scheduled practitioner shall not exceed 15 minutes beyond the scheduled appointment. If office staff expects a wait to exceed 15 minutes beyond the scheduled appointment, the staff notifies the patient and offers to schedule an alternate appointment. If a wait time exceeds 15 minutes beyond the scheduled appointment, the office offers to schedule an alternative appointment.

- Wait time to get a routine prescription renewal from a PCP, high-volume specialist, high-impact specialist, or prescribing MHSUD provider shall not exceed three business days.
- A return call back from the practitioner or delegate for a non-urgent problem shall not exceed two business days.

C. Accepting Blue Cross VT Members as Primary Patients

Providers cannot hold members liable for any costs associated with provider pre-screening of members as an approach to practice management. If a provider's status reads as "accepting new patients," the provider cannot reject the member. When providers have concerns related to successfully caring for a member, the provider may set clear boundaries related to the care they will provide. Providers should facilitate member referrals for the care they are unable to provide.

D. After-Hours Care Standards for PCP and Specialty Offices

Blue Cross VT requires PCPs and specialists to provide 24-hour, seven-day-a-week access to members by means of an on-call or referral system. Practitioners should return any after-hours telephone calls from members regarding urgent problems in a reasonable time, not to exceed two hours of receipt.

- 1. The provider's telephone service must be set up to do at least one of the following:**
 - Have office personnel available to answer the phone and direct member as needed
 - Transfer the member to an answering service or phone number where a physician is available to answer
 - Transfer the member to an after-hours clinic that is open any time the PCP or specialty office is closed
 - Provide a recording that indicates the provider's pager number or phone number where they may be reached
 - Provide a recording with the telephone number for the provider's answering service or an on-call provider who will answer the call within a specified time
- 2. The provider's recorded message must provide the following information:**
 - Instructions for emergencies
 - A statement that the office is closed (or provides access to business hours)
 - The phone number of the covering or on-call provider or transfer the member to on-call services
 - A statement that indicates whether the member will reach an answering service, pager, or the on-call physician at the number provided within a specified time
 - **If calling during closed lunch hours* – A message during closed office lunch hours stating when the office will re-open and how to reach a provider urgently

Note: The above requirements do not apply if a live person answers the phone 24/7

- 3. The provider's answering service must:**
 - Provide a statement that the member reached an answering service, not the provider office
 - Note the caller's information
 - Provide the name of the on-call provider (if able) and the time within which the member can expect a return call
- 4. Unacceptable After-Hours Phone Coverage:**

- Recording that provides only information on when the office is open
- Recording that only instructs the caller to go directly to the ER, an urgent care center or to dial 911
- Recording that only directs the caller to an after-hours clinic with limited hours of coverage
- Recording that directs the caller to leave a message without indicating that the message will trigger a callback from a provider within a specified time

E. After-Hours Care Standards for MHSUD Provider Offices

Blue Cross VT expects all MHSUD practitioners to work with patients to develop an individualized crisis plan to outline options for crisis care during and after typical office hours. Blue Cross VT encourages these crisis plans to identify opportunities for members to access care from the MHSUD practitioner as a first course of action in the event of a non-life threatening emergency; Blue Cross VT also advises all MHSUD practitioners to direct members with a non-life-threatening emergency to go directly to their local emergency room or to the appropriate emergency services available if the MHSUD practitioner is not available to provide care.

Methodology for Analyzing Practitioner Availability

Member accessibility of services is measured for PCPs, High-Volume Specialties, High-Impact Specialties, and MHSUD providers. Blue Cross VT evaluates access by collecting data and performing aggregate analysis on the following:

A. Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey

This standard survey provides a measure of members' satisfaction with access to the network that Blue Cross VT can compare to national and regional benchmarks. We will look at the trends for prior years and set goals each year aligning them with the quality work plan.

B. Experience of Care and Health Outcomes (ECHO) Behavioral Health Member Satisfaction Survey Results

This standard survey provides a measure of members' satisfaction with access to the network that Blue Cross VT can trend over time. We will look at the trends for prior years and set goals each year aligning them with the quality work plan.

C. Geo-access Reports

Geo-access provides reports of average travel time for Blue Cross VT members to see a PCP, high-volume specialty, high-impact specialty, and MHSUD practitioner. Blue Cross VT's performance goals for the number of practitioners in the network are defined in the *Availability of Network Practitioners policy*.

D. Complaints, Issues/Concerns, and Quality of Care Risk Investigations

Blue Cross VT monitors the number of member complaints, issues/concerns, and quality of care risk investigations related to access every six months, or as needed. More than three complaints, issues/concerns, or QOC risk investigations within eighteen months related to access results in a practice-level analysis to assess whether there is a system issue the practice should address.

Common areas of access-related complaints include:

- (1) Difficulty obtaining an appointment
- (2) Office wait time

- (3) Office hours
- (4) Difficulty after-hours
- (5) Telephone access

E. After-Hours Access Audits

Blue Cross VT annually conducts an audit of network providers by phoning the offices after normal business hours. At a minimum, Blue Cross VT audits a random selection of PCP offices that represent all areas of Vermont and contiguous counties geographically during a sample period. Blue Cross VT compares results for accessing a provider after hours against Blue Cross VT's established standards. Blue Cross VT may decide to notify any of the practices who do not meet the standards to review this policy and assess individual barriers as needed.

F. Appointment Availability Surveys

Blue Cross VT conducts an annual survey of network MHSUD providers and may conduct supplemental surveys as needed for PCP, high-volume specialty, and high-impact specialty providers to determine the availability of urgent and routine appointments. These surveys may be conducted by phone during normal business hours, by mail, or by electronic survey via email. Blue Cross VT compares the results for accessing a provider appointment against Blue Cross VT's established standards.

Additionally, if the organizational level data (i.e., CAHPS and ECHO surveys) reveal issues with accessing PCP or MHSUD providers, a practitioner-level analysis is performed using a statistically valid sample that represents all geographic areas of Vermont and contiguous counties during a sample period. The survey and any necessary follow-up are performed as needed.

Blue Cross VT supplements the information listed above with quality-of-care cases, out-of-network appeals, and other relevant satisfaction data as available.

Practitioner Access Enhancement

Blue Cross VT analyzes the above information to gain a better understanding of our network. When necessary, the plan reserves the right to reach out to providers and facilities to collaborate on improving access for our member population. Blue Cross VT may utilize the following approach for collaboration:

- A. Enhancement and Development Initiative (EDI):** An initiative designed to support and guide facilities within our network towards achieving higher standards of service quality and operational efficiency. Through this initiative, Blue Cross VT quality improvement staff engage with providers and facilities to present our findings, share ideas, and seek insights into current clinical care barriers. The EDI focuses on continuous improvement, resource optimization, and professional development to ensure exceptional patient care and facility management. Through this initiative, we aim to enhance accessibility, ensuring that all patients receive the care they need in an inclusive and accommodating environment.

Reporting

The quality improvement department analyzes and reports on the PCP, high-volume specialty, high-impact specialty, and MHSUD data separately. The MHSUD data is further categorized by prescribers and non-prescribers. Each report compares results to Blue Cross VT thresholds. Findings and recommended actions are presented to the member experience team and the quality council using the following format:

- A. Bi-annual Reports for the Member Experience Team may include:**

- Access-related member complaints
- Access-related issues/concerns
- Access-related quality-of-care risk investigations
- Follow-up on any actions taken

B. Annual Member Access Analysis and Reports for the Quality Council may include:

- Access-related member complaints
- Access-related out-of-network appeals
- Access-related educate-and-pay cases
- Quality of care risk investigations
- CAHPS/ECHO results
- Geo-access information
- Access report – after-hours audit results for PCPs
- Access report – non-life-threatening survey results for MHSUD providers
- Access report – if an appointment availability survey is required for PCPs, MHSUD providers, high-volume specialties, and/or high-impact specialties, the results will be included
- Follow-up on any actions taken
- Directory validation – providers accepting new patients

Distribution of Policy to Providers

This policy is posted to our Provider Policies page: www.bluecrossvt.org/providers/provider-policies under the Quality Improvements Policies link. Any changes to the policy are communicated through our provider eNewsletter.

Policy Review

The Accreditation Committee reviews this policy and procedure every two years and as needed to ensure consistency with current business practice and to incorporate the latest regulatory and accreditation standards.