

# NOTICE OF QUALITY POLICY CHANGES

Date: August 29<sup>th</sup> 2025

## Policy Name:

Accessibility of Services and Provider Administrative Service Standards

## Policy Type:

Quality Improvement

<b>Summary:</b>	<p>The Accessibility of Services and Provider Administrative Service Standards policy outlines the optimal standards for timely access to covered healthcare services for our members.</p> <p>The 2025 changes primarily involve specific best practice revisions to <b>After-Hours Care Standards for PCP and Specialty Offices</b> and the introduction of a new <b>Practitioner Access Enhancement</b> section.</p>
<b>Explanation:</b>	<p>Our annual accessibility evaluation identified opportunities to improve after-hours care, specifically the on-call or referral systems used to direct patient care after hours. We hope to enhance collaboration with practitioners and facilities to ensure accessible, quality care and satisfaction for members by communicating our findings and rationale for policy changes.</p> <p>This notice serves as a request to align practices with these service standards, if not already. Please review the policy with a focus on the above changes and other guidance on provider/facility requirements, including <b>Waiting Times Standards</b> and the new <b>Enhancement and Development Initiative</b>.</p> <p>To learn more about our annual evaluations, express interest in collaboration, and/or provide insight regarding clinical barriers to accessibility, please email our clinical quality consultant: <a href="mailto:Filipowichc@bcbsvt.com">Filipowichc@bcbsvt.com</a></p>
<b>Effective Date:</b>	November 1, 2025
<b>Link to Policy:</b>	This policy is posted to our Provider Policies page under the Quality Improvement Policies section: <a href="https://www.bluecrossvt.org/documents/accessibility-service-and-provider-administrative-standards">https://www.bluecrossvt.org/documents/accessibility-service-and-provider-administrative-standards</a>

## Notice of Right to Object in Writing

In accordance with 18 V.S.A. § 9418c contracted providers have the right to object to new or modified policies and manuals.

Providers who object must do so within 60 days of the date the notice related to a policy or manual change. The rationale for the objection to the change must be in writing including related area(s) of the policy or manual and rationale or reasoning for the objection.

These objections are to be directed to Provider Contracting. This can be done by email at: [providercontracting@bcbsvt.com](mailto:providercontracting@bcbsvt.com) or US Postal Service BCBSVT Attn: Provider Contracting, PO Box 186, Montpelier, VT 05601. Within 5 business days of receipt, the sender will receive confirmation of receipt of the objection.