

Appointment access and geographic availability

Anthem Blue Cross and Blue Shield (Anthem) uses these standards to assess access to services and experiences for members. Offices are expected to provide access in accordance with the member’s needs and expectations for their medical and behavioral health circumstances.

Office appointment accessibility

Assessment of appointment timeliness to meet member’s needs.

Provider offices may be selected for a review of scheduling appointments by a vendor, NATO (North American Testing Organization), and responses are required as a part of the provider agreement.

Medical appointment access	Compliance
Emergency	Immediate access 24/7/365 or refer to ER or 911.
Urgent /Acute care	Within 24 hours: <ul style="list-style-type: none"> • Patient can be seen in the office by their doctor, another practitioner in the practice or a covering practitioner within the timeframe. • Patient is directed to urgent care, 911 or ER, as appropriate.
Non-urgent <i>(symptomatic or chronic)</i>	Within 72 hours: <ul style="list-style-type: none"> • Patient can be seen in the office by their doctor, another participating practitioner in the practice or a covering practitioner in the practice within the timeframe.
Routine / Check-up	Within 10 business days: <ul style="list-style-type: none"> • Patient can be seen in the office by their doctor, another practitioner in the practice, or a covering practitioner within the timeframe
Preventive care	Within 30 calendar days: <ul style="list-style-type: none"> • Patient can be seen in the office by their doctor, another practitioner in the practice, or a covering practitioner within the timeframe.
Office wait time	Recommended not to exceed 30 minutes or less before taken to the exam room.
After hours urgent care <i>(required arrangements for instructions)</i>	24/7/365 phone access: All members shall have phone access to urgent medical help or instructions after regular business hours through their primary care physicians 24/7 via: <ul style="list-style-type: none"> • Live person connects the caller to their available doctor or on-call doctor. • Recording or live person directs the patient to urgent care 911 or ER as appropriate In addition to, but not in place of the above, the caller may be directed to contact a live health care practitioner (via cell, pager, beeper, transfer system) or get a call back for urgent instructions. (Not compliant alone, as not a direct connection to their practitioner) Having no provision is non-compliant and will require rectification.
Behavioral health appointment access	Compliance
Emergency	Immediate access 24/7/365 or refer to ER or 911.

<https://providers.anthem.com/wi>

Discharge Follow-up BH Appointment	<p>Within seven days:</p> <ul style="list-style-type: none"> • New or existing patient can be seen in the office by designated BH practitioner within the timeframe after discharge from inpatient psychiatric hospitalization.
Emergent - non-life threatening	<p>Within six hours:</p> <ul style="list-style-type: none"> • Patient can be seen in the office by their BH practitioner, another participating practitioner in the practice, or a covering practitioner within the timeframe. • Patient is directed to 24 hour crisis services, 911, or ER as appropriate.
Urgent care	<p>Within 24 hours:</p> <ul style="list-style-type: none"> • Patient can be seen in the office by their BH practitioner, another participating practitioner in the practice, or a covering practitioner in the timeframe. • Patient is directed to 24 hour crisis services, 911 or ER, as appropriate
Routine – initial appointment	<p>Within 10 business days:</p> <ul style="list-style-type: none"> • New patient can be seen in the office by a designated BH practitioner or another equivalent participating practitioner within the timeframe. <i>(After the intake assessment or referral.)</i>
Routine – Follow-up Appointment	<p>Within 30 calendar days:</p> <ul style="list-style-type: none"> • New or existing patient can be seen in the office by their BH practitioner, another participating practitioner in the practice or a covering practitioner within the timeframe.
After hours urgent care <i>(required arrangements for instructions)</i>	<p>24/7/365 phone access: All Members shall have phone access to emergent/urgent instruction/consultation after regular business hours through their BH practitioner via:</p> <ul style="list-style-type: none"> • Live person connects caller to their available practitioner or on-call practitioner. • Recording or live person directs patient to 24 hour crisis services, 911 or ER as appropriate. • Mechanism connects the caller to their practitioner or the practitioner on call. (Must directly connect.) <p>In addition to, but not in place of the above, the caller may be directed to contact a BH practitioner (via cell, pager, beeper, transfer system) or get a call back for instructions or consultation. (Not compliant alone, as not a direct connection to their practitioner.) Having no provision is non-compliant and will require rectification.</p>
Out of Office Coverage	<p>Arrangement for coverage when the practitioner is unavailable (vacation, illness, holiday, etc.) via:</p> <ul style="list-style-type: none"> • Cell phone, pager, etc. • Patient is directed to another BH practitioner in the practice, on call or covering practitioner. • Prior arrangement with patients

Provider availability

Assessment of numbers and types to meet members needs

It is the provider's responsibility to keep the status of the provider office updated for the web directory and patient selection. Phone number correct? Has a physician moved, retired, deceased, resigned their contract or is no longer in practice? Accepting new patients? Providers are required to notify Anthem of any updates needed for the web directory.

Medical network adequacy	
<p><i>Open practice</i> Note: Keep Anthem updated on open status for web directory.</p>	At least 90% of primary care physician's practices will be open for new patient selection.
<p><i>Geographic availability of medical providers</i> Mileage is based upon Member and provider zip code coordinates and locality definitions per Quest Analytics Suite™ software</p>	
Medical geographics	Measure
Primary care physicians: family medicine, internal medicine, and pediatrics.	<ul style="list-style-type: none"> • 2 of each type within 5 miles (urban) • 2 of each type within 12 miles (suburban) • 2 of each type within 30 miles (rural)
OB/Gyn	<ul style="list-style-type: none"> • 1 within 15 miles (urban) • 1 within 30 miles (suburban) • 1 within 40 miles (rural)
Specialists	<ul style="list-style-type: none"> • 1 of each major specialty within 30 miles
Hospitals	<ul style="list-style-type: none"> • 1 within 30 miles
Skilled nursing facility	<ul style="list-style-type: none"> • 1 within 30 miles
Behavioral health network adequacy	
<p><i>Geographic availability of behavioral health providers</i> Mileage is based upon member and provider coordinates and locality definitions per quest analytics Suite™ software</p>	
BH geographics	Measure
Psychiatrist (MD/DO) <i>(Include Sub-Abuse)</i>	<ul style="list-style-type: none"> • 2 within 10 miles (urban) • 2 within 25 miles (suburban) • 2 within 60 miles (rural)
Non-MD Professionals: Psychologist and Masters Level Therapists <i>(Include Sub-Abuse)</i>	<ul style="list-style-type: none"> • 2 of each type within 10 miles (urban) • 2 of each type within 25 miles (suburban) • 2 of each type within 60 miles (rural)
BH Treatment Facilities <i>(Facilities offering IP BH services)</i>	<ul style="list-style-type: none"> • 1 within 35 miles (urban /suburban combined) • 1 within 75 miles (rural)



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