



**BLUE CROSS BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Network Provider Performance	POLICY NUMBER Administrative – 83	ORIGINAL EFFECTIVE DATE: 04/01/2017
POLICY TITLE: IPA Availability and Accessibility Requirements for Immediate Care Services		EFFECTIVE DATE: 02/01/2023
		LAST REVISION DATE: 02/01/2022
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Executive Director, Network Performance	LAST REVIEW DATE: 02/01/2023

I. SCOPE

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO Exchange	x

II. PURPOSE

- To ensure all HMO members are aware of access to Immediate Care.
- To ensure that all PCPs and office staff are aware of Immediate Care access arrangements.
- To ensure the answering services for PCP offices that use alternative arrangements for Immediate Care are aware of the access arrangements.
- To ensure IPAs are in compliance with availability and accessibility requirements.

III. DEFINITIONS

Immediate Care: means medically necessary services that are required for an illness or injury that would not otherwise result in further disability or death if not treated immediately but requires professional attention within 24 hours.

IV. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) ensures all members have access to appropriate immediate care according to the following standards: Immediate Care – Each Primary Care Physician (PCP) or PCP office is required, at a minimum, to provide or arrange access to care for HMO Members with immediate medical needs as outlined below, without any referral requirement:

Early morning or evening hours three or more times per week.

Early morning hours are hours beginning at 8:00 a.m. and extending to 9:00 a.m.

Evening hours are defined as hours beginning at 6:00 p.m. and extending to 8:00 p.m.

Weekend and office hours of at least three hours two or more times per month.

Alternate arrangements for ensuring HMO Members 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 alternative arrangement for access to Immediate Care.

V. CONTROLS/MONITORING

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

VI.IMPACTED BUSINESS AREAS

HMO Network Performance
Network Clinical Programs and Oversight

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	January 5, 2022
Danielle Washington	HMO Provider Network Consultant	December 13, 2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Additional of Immediate Care Definition	January 5, 2022

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			01/27/2022
BCBSIL P&P			01/26/2023