

Access & Availability Standards

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We follow availability standards, outlined below, established by the New York State Department of Health. These standards, which apply to all lines of business, are used to improve patient access to routine, urgent, preventive and specialty care. We also follow 24-hour access standards to measure after-hours access. *We hope you find this information helpful as we partner to provide our members with excellent care!*

Appointment Availability Standards

Care Needed	Time Frame
Urgent Care	Within 24 Hours
Non-Urgent Sick	Within 48-72 Hours
Well Child/Preventive	Within 4 Weeks
Routine Preventive (non-urgent)	Within 4 Weeks
Specialist Referral (non-urgent)	Within 4-6 Weeks
Adult Baseline/Routine Physical	Within 12 Weeks
Newborn Initial Visit	Within 2 Weeks of Hospital Discharge
Initial Prenatal Visits	First Trimester: Within 3 Weeks Second Trimester: Within 2 Weeks Third Trimester: Within 1 Week



Accepting new patients?

Did you know?

Medical Records - While your office may require a new patient's medical records, the records cannot serve as a prerequisite to scheduling an appointment.

Health Questionnaires - Having a patient complete a health questionnaire helps you get to know the patient; however, you cannot require a completed questionnaire prior to scheduling an appointment.

Appointment Wait Times (primary care site):

- Should not exceed **one hour** for scheduled appointments.

24-Hour Phone Coverage

To help ensure continuous 24-hour coverage, primary care providers must maintain one of the following arrangements for members to contact **after normal business hours**:

- Office phone answered by an answering service that can contact the primary care provider or another designated network medical practitioner.
- Office phone message should direct the member to call another number to reach the primary care provider or another provider designated by the primary care provider. Someone must be available to answer the designated provider's phone; another recording is not acceptable.
- Office phone transferred to another location where someone will answer the phone. The person answering calls must be able to contact the primary care provider or a designated network medical practitioner.

Please be aware that the following phone answering procedures are **not** acceptable:

- Answer the phone only during office hours.
- Answer the phone after-hours by a recording that directs the members to go to an ER for any services.
- Answer the phone after-hours by a recording that tells members to leave a message.