

Special Bulletin

For professional and facility providers

May 1, 2024

Reminder: Maintaining Accurate Directory Information and Accessibility Standards

Highmark Blue Cross Blue Shield requires that all credentialed network providers, per their contractual obligations, maintain accurate directory information and adhere to accessibility standards as detailed in the [Highmark Provider Manual](#).

We are committed to ensuring that the information in the Highmark Provider Directory meets Centers for Medicare & Medicaid Services (CMS) regulations, New York State Department of Health (NYS DOH) regulations, and National Committee for Quality Assurance (NCQA) standards, as well as our own standards of quality.

In addition, members use the Highmark Provider Directory to make informed decisions when selecting a provider; therefore, it is also crucial to your organization to ensure your information is always accurate and up-to-date.

Accurate Directory Information

CMS requires Highmark Blue Cross Blue Shield to reach out to you every quarter and ask you to validate your provider directory information, including the following:

- Each practitioner's name is correct and matches the name on his/her medical license.
- Each provider's National Provider Identifier (NPI) is correct.
- The practice name is correct and matches the name used when you answer the phone.
- All specialties are correctly listed and are currently being practiced.
- Practitioners listed at a location currently see members and schedule appointments at that office on a regular basis.
- All providers listed must be affiliated with the group. Practitioners who cover, read test results, or are hospitalists should not be listed in the provider directory.
- The provider is accepting new patients — or not accepting new patients — at the location.
- The practitioner's address, suite number (if any), and phone number are correct.

Per the No Surprises Act, providers who do **not** validate their information every 90 days may be removed from the Highmark Provider Directory.

How to Validate Directory Information

For instructions on how to validate your provider information based on your provider type, see [this article](#) in the latest *Provider News*, a monthly publication emailed to subscribers.

Practitioners and their teams are encouraged to subscribe to *Provider News* by going [here](#). In addition to our monthly publication, subscribers also will receive other important communications from Highmark Blue Cross Blue Shield.

Accessibility Expectations for Professional Providers

To stay healthy, members must be able to see their physicians when needed. In support of this goal, Highmark Blue Cross Blue Shield has implemented accessibility standards that set forth specific time frames in which network providers should respond to member needs based on symptoms.

For example, when a member requires emergency care, the performance standard is an immediate response from the provider. For urgent care appointments, the standard of care is an office visit within 24 hours.

IMPORTANT: *For members to schedule an appointment, the provider's phone number needs to be correctly listed in the Provider Directory. In addition, the phone must be answered in a timely manner.*

No Preconditions on Scheduling an Appointment

Pre-appointment scheduling conditions must not be imposed on members requesting an appointment, such as completing forms or access to previous medical records, prior to the provider scheduling the appointment.

The scheduling of the appointment must always be completed at the time the member calls the practice for an appointment. Appointments must be scheduled in compliance with the PCP and Medical Specialist/Behavioral Health Accessibility Expectations referenced below — not contingent on the member's ability or inability to complete paperwork.

To review the full list of accessibility standards for professional providers, visit the following sections in the *Highmark Provider Manual*:

- **Chapter 4: Provider Responsibilities & Guidelines > Unit 1: PCPs and Specialists > 4.1 PCP and Medical Specialist Accessibility Expectations > Accessibility Expectations for Providers.**
- **Chapter 4: Provider Responsibilities & Guidelines > Unit 2: Behavioral Health Providers > 4.2 Accessibility Expectations for Behavioral Health > Accessibility Expectations.**

Availability of Facility Services

Facility services need to be available to Highmark members on a 24/7 basis when medically appropriate and in accordance with industry standards. Physician services are provided by either hospital-based physicians or physicians employed by a facility. If physician services are provided to Highmark members on behalf of a facility, the facility must verify that physician has the appropriate training, education, and licensure to provide such services.

To review the full list of accessibility standards for facilities and facility providers, visit the following section in the [Highmark Provider Manual](#):

- **Chapter 1: General Information > Unit 4: Highmark Member Information > 1.4 Member Access To Physicians and Facilities > Accessibility Expectations for Providers.**

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

