

Reminder: Primary Care Physicians (PCP) Appointment Accessibility Standard Availability

03/22/2024

Reminder

Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid reminds all Primary Care Physicians (PCPs) about Appointment Accessibility Standards. PCPs will be surveyed throughout the year regarding Appointment Accessibility standards. We are here to assist with compliance requirements. The Access Appointment Availability PCP [form](#) must be completed and returned.

The timeframe for PCP's appointment accessibility:

Appointment Accessibility Standards	
Primary Care Physician (PCP) Visit Type	Access Standards
Primary Routine Care	Within 14 days of request
For STAR , Preventive Covered Services including annual adult well checks	Within 90 days of request
For STAR , Preventive Covered Services for members younger than six months of age	Within 14 days of request
For STAR , Preventive Covered Services for members six months through age 20	Within 60 days of request
For CHIP , Preventive Care	Per the American Academy of Pediatrics (AAP) Periodicity Schedule ¹
Medicaid members, Preventive Care	Per Texas Health Steps (THSteps) Periodicity Schedule
BCBSTX new members 20 years of age or younger, THSteps Check-up	Within 90 Days of enrollment

Questions

Providers, for questions or additional information, please:

- Contact your Medicaid Provider Network Representative at 1-855-212-1615
- Submit via email [Texas Medicaid Network Department](#)

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.