



An independent licensee of the Blue Cross and Blue Shield Association

**ACCESS TO CARE STANDARDS  
FOR ALL PRODUCTS IN ALL LINES OF BUSINESS -  
EXCLUDING MEDICARE AND MEDICAID  
NUMBER OF AVAILABLE PROVIDERS**

Blue Cross and Blue Shield of North Carolina (BCBSNC) through its Physician Advisory Group and Quality Improvement Committee has established standards for the number of in-network providers needed to support each 1000 members. These standards apply to all counties in North Carolina.

The standards are listed below for the number of providers needed and are based on the type of provider. Please refer to your member Blue Book for benefit information on services available from these providers.

***Number of Available Providers***

Adult Primary Care Providers:

<b>Providers per 1000 members</b>	2.50 providers
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Pediatric Primary Care Providers:

<b>Providers per 1000 members</b>	0.67 providers
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OB/GYN Providers:

<b>Providers per 1000 members</b>	0.20 providers
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Mental Health and Chemical Dependency MD and Non-MD Providers:

<b>Providers per 1000 members</b>	0.20 providers
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**Specialist MD – High Volume and non-MD Specialist Providers:** MDs who contract with BCBSNC in the specialties of allergy, cardiovascular disease, dermatology, gastroenterology, general surgery, hematology/oncology, neurology, ophthalmology, orthopedic surgery, otolaryngology (ear, nose and throat), and urology.

<b>Providers per 1000 members</b>	0.20 providers
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**Specialist MD – Low Volume Providers:** MDs who contract with BCBSNC in specialties not designated as high volume.

<b>Providers per 1000 members</b>	0.10 providers
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**Hospitals – In and Outpatient Providers:**

<b>Providers per 1000 members</b>	0.02 providers
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**Mental Health and Chemical Dependency Hospitals – Inpatient Providers:**

<b>Providers per 1000 members</b>	0.02 providers
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