How we make sure that our information is correct

It’s important that the information in the tool is up to date and accurate. We get information from the doctors (this includes other health care professionals) and hospitals (or “providers”) we work with in various ways. These include the provider contracting and credentialing process, through notifications of changes from providers, and through outreach to ensure data is updated and accurate.

- **Provider contracting** — The process by which the doctor or hospital agrees to become a participating network provider and offer services to our members.
- **Provider credentialing** — The process by which we review and monitor providers on an ongoing basis for our network to assess if they meet standards of professional conduct and competence as set forth by the company. This includes checking the accuracy of the reported qualifications of licensed health care professionals or hospitals. Initial credentialing happens when a doctor or hospital first applies to provide services to our members. Recredentialing happens at least every three years thereafter.

**Want more details on the information we include in our tool?**

We include many types of info in our tool. The list includes the source of the information, how it’s verified for accuracy, how often it’s verified, and any limits with the data you should know.

If you’d like more information about professional qualifications, please call the Member Services number on your member ID card.

<table>
<thead>
<tr>
<th>Type of information</th>
<th>How it’s reported or verified</th>
<th>How often it’s collected or verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or hospital name</td>
<td>Doctors and hospitals self-report this information.</td>
<td>Verified when the doctor or hospital is first credentialed, and again every three years unless required more frequently by state government, law or regulation. Updates are reported through the contracting or verification process.</td>
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<tr>
<td>Gender</td>
<td>The doctor’s gender is self-reported through the credentialing application process.</td>
<td>Collected when the doctor is first credentialed and again every three years.</td>
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<tr>
<td>Specialty — the doctor’s education and training.</td>
<td>Specialty is verified during the credentialing process. Specialty qualifications are verified through the appropriate specialty board or residency/training program.</td>
<td>Verified when the doctor is first credentialed and again every three years or as needed for updates unless required more often by state government, law or regulation. Specialty listings are limited to those that are recognized by the company.</td>
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<tr>
<td>Hospital affiliations — hospitals where the doctor has admitting or attending privileges.</td>
<td>The data is self-reported by the doctor, and only hospitals participating in the health plan network are listed.</td>
<td>Collected when the doctor is first contracted and credentialed and again every three years unless required more often by state government, law or regulation.</td>
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<tr>
<td>Medical group affiliations — a doctor is part of these medical groups.</td>
<td>The doctor or the medical group self-reports this information.</td>
<td>Collected through the credentialing application process and again every three years or during the contracting process.</td>
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<tr>
<td>Accepting new patients — lets you know if the doctor is accepting new patients.</td>
<td>This is self-reported by the doctor.</td>
<td>Obtained through the contracting or the credentialing application and is updated when the doctor gives us new information. Updated every three years unless required more frequently by state government, law or regulation.</td>
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<tr>
<td>Languages spoken by practitioner or clinical staff — the languages that the doctor and/or clinical staff speak.</td>
<td>We get this information from the doctor through the contracting or credentialing application.</td>
<td>Updated every three years and may be updated more frequently if the doctor tells us of a change.</td>
</tr>
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<td>Location — the address and phone number of the doctor’s office or hospital.</td>
<td>This information is given to us by the doctor or hospital or through the contracting or the credentialing application.</td>
<td>Updated every three years or if the doctor or hospital moves locations.</td>
</tr>
</tbody>
</table>
| Hospital accreditation — a voluntary process that lets you know if a hospital meets certain standards for quality and safety. | A hospital’s accreditation status is verified directly with one of the following agencies:  
- The Joint Commission (TJC)  
- Health Care Facilities Accreditation Program (HFAP)  
- National Integrated Accreditation for Healthcare Organization (NIAHO)  
- Center for Improvement in Healthcare Quality (CIHQ) | Verified when the hospital is first credentialed and again every three years.  
Any changes in status reported by the hospital are updated in this directory as quickly as possible within 30 days of verification. |

**Board certification**

This shows when a doctor successfully completes a program and testing for a particular specialty. Board certification means a doctor has expertise in a particular specialty and/or subspecialty of medical practice. A doctor’s board certification status, including expiration date (if applicable), is verified directly with one of the following agencies:

- American Board of Medical Specialties (ABMS)
- American Osteopathic Association (AOA)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- College of Family Physicians of Canada (CFPC)
- Diplomat of the American Board of Professional Psychology (ABPP)
- American Board of Professional Neuropsychology (ABN)
- American Board of Clinical Neuropsychology (ABCN)
- American Board of Podiatric Medicine (ABPM)
- The American Board of Foot and Ankle Surgery (ABFAS)

When a doctor is certified for a specialty, it'll be listed as “Board Certified.” Board certification is verified when the doctor is first credentialed and again every three years unless required more frequently by state government, law or regulation or at the request of the doctor. If a board certification expires, it's updated with the American Board of Medical Specialties (ABMS). There may be some situations when data is not current due to the timing of website updates.

For most doctors, you can verify their current board certification status directly through the American Board of Medical Specialties at [certificationmatters.org](http://certificationmatters.org). Board certification is current if the doctor is listed on the ABMS website as “General” or “Specialty” certified. To verify board certification status of specialties not affiliated with ABMS, go directly to the appropriate board’s website.

**Hospital quality**

Information about how well hospitals provide recommended care, including data on patient experience and outcomes such as readmissions and complications. You can get hospital quality information through the Hospital Compare tool located on the [Centers for Medicare & Medicare Services (CMS)](https://www.cms.gov) website. It’s part of the CMS Hospital Quality Initiative and is maintained through collaboration with organizations representing consumers, hospitals, doctors, employers, accrediting organizations and other federal agencies.

For information about the data sources, how the measures are selected, and the frequency of updates, refer to the About the data tab on the Hospital Compare search page.