

About Our Provider Data

The following table outlines how we verify and update information about the doctors, hospitals and other healthcare providers in our provider directory. This information complies with National Committee for Quality Assurance (NCQA) standards for health plan provider directories.

Item & Description:	Source	Frequency of Validation	Limitations (If Any)
Practitioner Names Doctor name is reported during enrollment, confirmed during credentialing. The name is also validated with the Michigan Department of Licensing and Regulatory Affairs Bureau of Health Professions. Name changes may be submitted in writing at anytime.	Enrollment/Credentialing application that validates providers' training, licensure, experience and current competence	At enrollment, every three years during recredentialing, or as soon as changes are reported	
Gender Gender is reported during enrollment		At enrollment or as soon as changes are reported	Not all practitioners provide this information
Medical Group Affiliations When a doctor is listed with a group it means they practice or order services at one or more of the group's location. This is reported during enrollment and updated when the doctor notifies BCBSM or during our ongoing outreach activities.		At enrollment, every three years during recredentialing, or as soon as changes are reported	
Hospital Affiliations Where the doctor can provide hospital-based care. This is reported and verified during enrollment and then updated as changes are reported or during the recredentialing process.		At enrollment, every three years during recredentialing, or as soon as changes are reported	
Languages Spoken These are the languages used at this office. This is reported during enrollment, or when doctor notifies us.		At enrollment, every three years during recredentialing, or as soon as changes are reported	Practitioners and/or staff may speak languages they have not reported to us
Office Locations and Phone Numbers Doctor's practice locations and phone numbers are reported during enrollment. Location changes may be submitted in writing at anytime. We also perform periodic audits of provider groups to confirm locations and group affiliations.		At enrollment, every three years during recredentialing, or as soon as changes are reported. Additionally there are periodic audits to confirm information	
Specialty Specialty means having advanced training in a specific area. Verification is done when the doctor joins and then at recredentialing. Verification is also done if the doctor changes their specialty. Verification sources include training facilities. For details, go to the links below: American Board of Medical Specialties (ABMS) American Osteopathic Association (AOA)	American Board of Medical Specialties, the American Osteopathic Association and/or the American Medical Association	At enrollment, every three years during recredentialing, or as soon as changes are reported	
Board Certification A doctor who has passed an examination given by a medical board and is certified in that area or a doctor who is eligible to sit for the exam. Verification is done when the doctor joins, updated as changes are reported, during recredentialing or when the certification expires. For details, go to the links below: American Board of Medical Specialties (ABMS) American Osteopathic Association (AOA)		At enrollment, every three years during recredentialing, or when certification expires	
Accepting New Patients Indicates whether Doctor or medical professional accepts new patients. This is reported during enrollment and updated when doctor notifies us.	Enrollment/Credentialing application that validates providers' information.	At enrollment, every three years during recredentialing, or as soon as changes are reported	
Hospital Information			
Hospital Name Facility name is reported during enrollment and confirmed during credentialing. The name is also validated with the Michigan Department of Licensing and Regulatory Affairs Bureau of Health Professions. Name changes may be submitted in writing at anytime.	Enrollment/Credentialing application, verified by credentialing staff	At enrollment, every three years during recredentialing, or as soon as changes are reported	
Hospital Location and Phone Numbers Facility locations and phone numbers are reported during enrollment, confirmed during the initial credentialing and every three years thereafter. Each site location is validated through various sources including but not limited to state licensure, CMS certification and/or Accreditation organization. Location changes may be submitted in writing at anytime.	Enrollment/Credentialing application, verified by credentialing staff	At enrollment, every three years during recredentialing, or as soon as changes are reported	
Hospital Quality Hospital quality data is based on CMS Quality (Hospital Compare) and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Hospital Compare is part of the Centers for Medicare & Medicaid Services (CMS) Hospital Quality Initiative. This initiative uses a variety of tools to help stimulate and support improvements in the quality of care delivered by hospitals. The intent is to help improve the quality of care in hospitals by distributing objective, easy to understand hospital performance data and quality information from consumer perspectives. HCAHPS is a national survey about patient experiences during a recent hospital stay. The survey is given throughout the year to a random sample of adult patients between 48 hours and six weeks after discharge. The survey isn't restricted to Medicare beneficiaries. CMS cleans, adjusts and analyzes the data, then publicly reports the results. For details, go to the links below: http://www.hospitalcompare.hhs.gov/Data/AboutData/About.aspx http://www.hospitalcompare.hhs.gov/Data/patientsurvey/overview.aspx	CMS Hospital Compare and HCAHPS	At enrollment and as soon as changes are reported	
Hospital Accreditation Participating hospital must maintain accreditation by an approved accrediting agency. Verification is done when the hospital joins then every three years.	Enrollment/Credentialing application, verified by credentialing staff	At enrollment, every three years during recredentialing, or as soon as changes are reported	