



The verification of healthcare provider credentials is an integral part of adding providers to Blue Cross and Blue Shield of Alabama’s network. It helps ensure that our members have access to quality care.

The information displayed on our online provider directory is collected during the credentialing process and then again every three years during recredentialing. Some provider information is updated more frequently, such as demographic information when a provider no longer accepts new patients, moves from one location to another or changes office telephone numbers. Every effort is made to keep the provider directory current. If the provider does not inform us of changes, the directory may not reflect the correct information until the next provider recredentialing.

Information on providers outside of Alabama and its contiguous counties may be provided or supplemented with national data received from the Blue Cross and Blue Shield Association. This data may change as frequently as weekly.

Provider Directory Term	Description and Source of Information
<p>Board Certification</p>	<p>A voluntary process that occurs when a physician applies for and has been awarded a certification from the American Board of Medical Specialties (ABMS), American Osteopathic Association, or other recognized boards – This information is verified every three years during recredentialing.</p> <p>To become board certified, a physician must:</p> <ul style="list-style-type: none"> • Graduate from an accredited professional school • Complete a specific type and length of training in a specialty • Practice for a specified amount of time in that specialty • Pass an examination given by the professional specialty board <p>For more information about your physician’s board certification, you may visit the ABMS website at www.abms.org.</p> <p>While many healthcare providers may have certifications in addition to their license, only Physician Board Certification is listed.</p>
<p>Hospitals or Facilities Demographic Information</p>	<p>Name and location</p> <p><i>This information is obtained from the hospital or facility and can change more frequently than every three years.</i></p>
<p>Hospital or Facility Accreditation Status</p>	<p>A voluntary process by which a hospital or facility shows they meet standards established by an external accrediting body</p> <p><i>Accreditation status is verified with The Joint Commission at jointcommission.org or other Centers for Medicare & Medicaid Services (CMS) or state approved accrediting agency. This information is verified every three years. Note: Accreditation is not required for every facility.</i></p>
<p>Physician Demographic Information</p>	<p>Name, gender, languages spoken in addition to English, is the physician accepting new patients into the practice and the office locations where patients may make appointments and be seen by the physician – It is recommended that you call the office to confirm.</p> <p><i>This information is obtained from the physician and can change more frequently than every three years.</i></p>

<p>Physician Group Affiliations</p>	<p>Physician Practice Name – A physician may work alone in a private practice. The practice name may be the name of the physician or may incorporate into a business which makes the name of the business become the practice name. Physicians often work in medical groups and the practice name would be the name of the group or entity.</p> <p><i>This information is obtained from the physician and can change more frequently than every three years.</i></p>
<p>Physician Hospital Affiliations</p>	<p>Network hospital(s) a physician uses to provide care to patients</p> <p><i>This information is obtained from the physician and can change more frequently than every three years.</i></p>
<p>Physician Specialty</p>	<p>Branch of medicine or surgery in which a physician/practice limits their practice</p> <p><i>This information is obtained from the American Board of Medical Specialties' website at abms.org and can change more frequently than every three years.</i></p>

Blue Cross contracts with a full range of healthcare providers across the state to ensure members have access to the providers they need. We evaluate provider qualifications when making a decision about their participation in our networks. Blue Cross and Blue Shield of Alabama does not use quality, member experience or cost-related measures to select practitioners for participation in Marketplace Silver-plans. The same is true when making decisions about provider participation in any of our Networks. Therefore, the credentialing process is very important.