

Every network is designed to provide a robust panel of providers and facilities that meets state and federal regulatory and accreditation guidelines. A broad range of medical and behavioral health specialty and sub-specialty types are included to the greatest extent that access exists in the network's specific service area. Medical practitioners include medical doctors of varying specialty and alternative care providers such as chiropractors, naturopaths, and massage therapists. Hospitals, free-standing ambulatory surgery centers, home health agencies, and skilled nursing facilities are among the facility types included.

When constructing our network provider panels, we consider the composition of the geographic area covered and apply urban/suburban or rural access-to-care goals accordingly. These access-to-care goals are designed to support the needs of our Members in accessing a comprehensive set of services within reasonable distances and driving times and ensure that the proper number of providers are included in the network to support the number of Members accessing care. State and federal guidelines provide the basis for these access goals. Greater detail regarding the provider-to-member ratios and distance and drive time goals are displayed in the table below. Acute care facility access goals are county-specific. All BridgeSpan networks meet or exceed the requirements for acute care facility access. It is important to note, however, that quality, member experience, and/or cost-related measures are not used in our selection of providers or facilities.

PRACTITIONER RATIO AND DISTANCE GOALS				
	Urban/Suburban Goals	Rural Goals	Urban/Suburban	Rural
	Ratio: Practitioner to Member		Providers Within Noted Distance to Members Home	
Provider Type	Commercial & Marketplace	Commercial & Marketplace	Commercial, Marketplace	Commercial, Marketplace
Primary Care Practitioners			GOAL: 95% OF MEMBERS HAVE ACCESS	
FP/GP Combined	1:1000	1:1500	2:8 miles	2:60 miles
Pediatrician (≤ 18 years)	1:1000	1:1500	2:8 miles	2:60 miles
Internist	1:1000	1:1500	2:8 miles	2:60 miles
High-Volume Medical Specialists – MD/DO			GOAL: 95% OF MEMBERS HAVE ACCESS	
Obstetrics and Gynecology (females ≥ 12 yrs.)	1:1000	1:1500	1:10 miles	1:60 miles
Ophthalmology	1:2500	1:3000	1:10 miles	1:60 miles
Orthopedic Surgery	1:2500	1:3000	1:10 miles	1:60 miles
Gastroenterology	1:2500	1:3000	1:10 miles	1:60 miles
Dermatology	1:2500	1:3000	1:10 miles	1:60 miles
High-Impact Medical Specialists - MD/DO			GOAL: 95% OF MEMBERS HAVE ACCESS	
Cardiology	1:2500	1:3000	1:10 miles	1:60 miles
Oncology	1:2500	1:3000	1:10 miles	1:60 miles
Behavioral Health Specialist MD/DO and non-MD/DO			GOAL: 95% OF MEMBERS HAVE ACCESS	
Psychiatry	1:2500	1:3000	2:15 miles	2:60 miles
Psychology	1:1000	1:1500	2:15 miles	2:60 miles
Outpatient BH	1:1000	1:1500	2:15 miles	2:60 miles
Hospitals			GOAL: 100% OF MEMBERS HAVE ACCESS	

Item	Description	Source	Frequency of Validation	Limitations (If Any)
Practitioner Name		Credentialing application, provider update requests, contracting templates/roster submissions	Every three years or as submitted for credentialing	
Gender		Credentialing application	Self-reported, not validated	Not all practitioners provide this information
Specialty	The type of care or conditions a practitioner specializes in, such as family medicine, pediatrics, cardiology, or dermatology.	American Board of Medical Specialties, the American Osteopathic Association, the American Medical Association or direct primary source verification with the residency program	At credentialing and every three years during recredentialing or as changes are reported	Provider File submits specialty change requests to Credentialing prior to making a change.
Medical Group Affiliations	The organizations, companies or medical groups the practitioner is employed by or associated with. An organization or group may have more than one care site.	Credentialing application, provider update requests, contracting templates/roster submissions	At credentialing and every three years during recredentialing or as changes are reported. Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	Not all practitioners provide this information
Hospital Affiliations	The hospitals where a practitioner is allowed to admit and care for patients.	Credentialing application	At credentialing and every three years during recredentialing or as changes are reported. Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	Not all practitioners provide this information
Hospital Name and Location		Credentialing application	At credentialing and every three years during recredentialing or as changes are reported. Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	
Hospital Accreditation	An independent accreditation organization has recognized a hospital as meeting predetermined standards for quality of care and service. Two examples are the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) and National Integrated Accreditation for Healthcare Organizations (NIAHO). http://www.qualitycheck.org/consumer/searchQCR.aspx	Credentialing application, verified by credentialing staff	At credentialing and every three years during recredentialing or as changes are reported. Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	
Board Certification	Board certification involves rigorous testing by a recognized board of the American Board of Medical Specialties and is not required by most states. To verify a provider's board certification and status, visit the American Board of Medical Specialties. https://www.certificationmatters.org/is-your-doctor-board-certified/search-now.aspx	The American Board of Medical Specialties, American Osteopathic Association and/or American Medical Association	At credentialing and every three years during recredentialing or as changes are reported	
Accepting New Patients?	Indicates whether a primary care practitioner or personal physician is accepting new patients. A practitioner may have a full patient roster and cannot accept any new patients at this time.	Provider's office, credentialing application	Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	Available for primary care (personal) physicians only
Languages Spoken	Languages, in addition to English, spoken by the practitioner and/or staff.	Credentialing application	Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	Practitioners and/or staff may speak languages they have not reported to us
Office Locations		Credentialing application, provider update requests, contracting templates/roster submissions	Self reported for CMS mandate to have accurate provider directory data, update via online roster form.	