

Directory Definitions

Name: The name of a provider is provided by the practitioner or the office in which the provider practices. The name is validated every 36 months upon the recredentialing cycle. The name is typically the proper name of the provider. A provider may be known by other nick names that are not reflected or reported to PreferredOne.

Gender: The gender of a provider is provided by the practitioner or the office in which the provider practices. The gender is validated every 36 months upon the recredentialing action.

Specialty: The specialty of a provider is provided by the practitioner or the office in which the provider practices. The specialty is validated every 36 months upon the recredentialing action. The specialty displayed is the board certified or board trained specialty of the provider. A provider may practice additional specialties that are not reflected and therefore may not be board certified.

Hospital Affiliations: The hospital affiliation of a provider is provided by the practitioner or the office in which the provider practices. The hospital affiliation is validated every 36 months upon the recredentialing cycle. Not all providers are required to have a hospital affiliation. A provider is allowed to have a collaborative agreement with another physician in the clinic. The collaborating physician must have privileges to admit patients to a hospital. There are types of providers who do not admit patients to a hospital and are therefore exempt from the requirement of hospital privileges.

Board Certification: The board certification of a provider is provided by the practitioner or the office in which the provider practices. The board certification is validated every 36 months upon the recredentialing action. Board certification may be through American Board of Medical Specialties, American Osteopathic Association, and a number of other certifying organizations.

Accepting New Patients: The acceptance of new patients is self-reported by the practitioner or the office in which the provider practices. PreferredOne notifies providers annually in a newsletter to provide updates to their status. Patients that already have an established relationship with a provider are typically able to continue their care. A patient with extenuating circumstances may be accepted by a provider not accepting new patients, please contact the provider in this situation.

Languages: Languages can be either spoken or written possibly by staff of the clinic or the physician. Language is self-reported by the practitioner or the office in which the provider practices. Providers who do not speak a language which you prefer may have interpreters available, please contact the clinic staff to inquire. The language information is reported every 36 months upon the recredentialing cycle.

Office/Facility locations: The locations where a providers practices. Office locations are self-reported by the practitioner or the office in which the provider practices.

Facility Accrediation: The accreditation of a hospital is self reported by the facility. PreferredOne accepts Joint Commission, CMS and a number of other accrediting agencies. The facility accreditation is re-evaluated every 36 months.