

Glossary of terms

Provider

Vantage Health Plan identifies all physicians, hospitals, ancillary facilities and ancillary practitioners collectively as a Provider.

Name

Health care providers are required to submit their name when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Specialty

Health care providers are required to submit their special field of practice or expertise when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Accepting new patients

Doctors state whether they are accepting new patients when they first join Vantage Health Plan's network and go through our credentialing process, and again at re-credentialing every three years. Vantage Health Plan also updates this information any time the doctor asks us to. However, it is a good idea to call the provider's office to be sure.

Office Locations

Health care providers supply information about where they practice when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Languages Spoken

Providers provide information about languages they speak when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Hospital Privileges

Hospital privileges grant authority to a health care provider to provide patient care in a hospital. In order to get privileges, health care providers have their credentials fully reviewed to determine if they are properly licensed and have the appropriate experience to perform the procedures they are planning to perform. Providers inform Vantage Health Plan of their hospital privileges when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Medical Group Affiliations

Selecting this option from the Advanced Search menu allows you to find doctors affiliated with a group of providers, such as “Affinity Health Group”. Doctors tell us their group affiliations when they first join Vantage Health Plan’s network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Gender

Doctors state whether they are male or female when they first join Vantage Health Plan’s network and goes through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Additionally, Vantage Health Plan contacts doctors once per year to verify this information, or in some cases, medical groups send Vantage Health Plan a list of updates on a regular basis. Vantage Health Plan also updates this information any time the doctor asks us to.

Board Certification/Board Certified

According to the American Board of Medical Specialties (ABMS), certification by a medical specialty board provides assurance that a doctor has the appropriate knowledge, skills, and experience needed to deliver optimum care in a specific area of medicine. The ABMS represents 24 medical specialty boards, which establish and maintain standards for both doctor certification and delivery of safe, high-quality medical care. The American Osteopathic Association (AOA) also has specialty boards that certify doctors who practice osteopathic medicine. Vantage Health Plan verifies the board certification status of doctors when they first join our network and go through the credentialing process. This information is verified every three years during the re-credentialing process or sooner if a doctor’s board certification is set to expire before the three-year interval. To check a doctor’s board certification status with the American Board of Medical Specialties, you can click on the link in the provider’s detail page or visit their Website at www.abms.org.

Hospital Accreditation

A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve. If the hospital is accredited, there will be a link to the accrediting organization's web page showing the hospital's accreditation status. Hospitals provide this information when they first join Vantage Health Plan's network and go through our credentialing process. They are asked to confirm this information every three years during the re-credentialing process. Vantage Health Plan also updates this information any time the hospital asks us to.

Hospital Quality Data by Hospital Compare Website

Hospital Compare has information about the quality of care for Medicare-certified hospitals. It allows you to find hospital and compare the quality of their care. You can use it to help you make decisions about where to get your health care and encourages hospital to improve the quality of care they provide. The link from our hospital search will take you straight to this website search.

Network Design Criteria

Applications to become any type of participating provider with Vantage Health Plan are first reviewed by the Vantage Health Plan Contracting Committee. Vantage Health Plan's experience with the provider as a non-participating provider is reviewed for past quality issues. A determination of the need for the provider's services is made based on current Vantage Health Plan membership and location of the provider's services. If the services are needed and there is no past history of quality issues as a non-participating provider then the provider is recommended for credentialing.