How we choose doctors and hospitals for our plans

We work closely with doctors, hospitals and other health care professionals in your plan so you can get high-quality care while keeping monthly payments as low as possible.

Types of health care professionals

To best meet your health care needs, our plans include a wide range of facilities and health care professionals, including:

- Primary care doctors
- Specialists
- Behavioral health doctors
- Hospitals•
- Skilled nursing facilities
- Labs



Quality of care

We don't have specific quality, member satisfaction or patient safety measures for choosing doctors and hospitals to be part of our Marketplace plans. However, we check and promote quality of care by offering programs* like:

- Enhanced Personal Health Care (EPHC): Gives primary care practices the tools and data they need to help care for their patients, including managing health conditions or getting preventive care. This program rewards doctors for meeting quality care measures, improving patient health and lowering the cost of care.
- Quality-In-Sights®: Hospital Incentive Program (Q-HIP®): Pays an incentive to hospitals when they follow certain quality guidelines and best practices set by national groups to improve the quality of care. Hospitals are rated on their track record for procedures and a patient's care. The goal of this award-winning program is to help the hospital's patients get the best health care.
- Blue Distinction Specialty Care® program: Helps you find facilities with experience in providing high-quality care for bariatric surgery, cardiac care, knee and hip replacement, spine surgery, maternity care and transplants. These facilities also take steps to make care more affordable for their patients.
- Substance Use Disorder Facility Incentive Program (SUDFIP): Evaluates and financially rewards behavioral health inpatient facilities for providing quality care and services to members with inpatient substance use disorders.
- Behavioral Health Provider Incentive Program (BHPIP): Evaluates and financially rewards behavioral health providers who meet quality, service and utilization goals.
- Behavioral Health Medical Integration Program (BHMIP): Offers incentives to behavioral health providers for aligning with large primary care practices to provide timely access, quality care, and care coordination. Behavioral health providers who meet quality and service measures will be eligible for financial rewards.
- Center for Medical Excellence for Eating Disorders (CMEED): Helps members find facilities with experience in providing high-quality care for eating disorders.

*Not all programs are available in all states.

- Blue Precision program: Recognizes specialists who meet or beat measures for giving quality and affordable care in certain specialties. They must show they follow proven care guidelines or have been recognized by a group such as the National Committee for Quality Assurance.
- Patient-Centered Specialty Care (PCSC): Evaluates and financially rewards cardiologists, endocrinologists and OB/GYNs who meet measures for providing high-quality, efficient, and affordable care in an atmosphere that promotes coordinating care with other medical professionals.



Member experience

We listen to our members who share feedback about doctors and hospitals after they have joined our plans by using phone surveys and checking complaints.



Access

We want to make sure it's easy for you to get care. That's why we work hard to have plan participating doctors, hospitals and health care professionals in the places we serve so that you can get the care you need.

To help make sure you can find care, we look at one or more of the following:

- How far you have to travel to a doctor or hospital
- The number of hospitals or doctors in your area
- The number of primary care doctors taking new patients
- How long it takes to make an appointment and see a doctor
- How easily you can access routine, urgent and emergency care



Cost

Before including them in our Marketplace plans, we often look at whether a doctor or hospital is affordable when compared to others.



Call us if you have questions

If you have questions about doctors, hospitals and other health care professionals in our plans, call our Member Services Department at the phone number on your ID card.

Credentialing and re-credentialing criteria of providers within the network is based off accreditation standards, Centers for Medicare & Medicaid Services (CMS) requirements and specific state regulations related to the credentialing of providers as applicable.

^{*}To help lower your out-of-pocket costs, Anthem offers tiered networks. You can choose to use doctors, hospitals or other health-care providers from Tier 1 or Tier 2, but you'll find the most savings in Tier 1. Providers are assigned to Tier 1 because they have agreed to collaborate with us in a quality focused, value-based, patient-care model, and/or because they meet certain minimum quality, cost, and value-based standards. We also consider the provider's scope of practice, geographic location, cost, and quality as well as any relevant distinctions including but not limited to membership in quality programs, licensure, educational background, and specialty experience. In general, even though both Tier 1 and Tier 2 providers are both in the network, you'll have lower copayments, deductibles and coinsurance when using providers in Tier 1. Tier 2 providers are also considered in network, you just may pay more when using them. If you'd like to switch providers, you can at any time. Just use our Find Care tool on anthem.com.