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I. SCOPE

This policy applies to (1) Canopy Health, LLC (“Canopy Health”) and its subsidiaries and affiliates (each, an “Affiliate”); and (2) any other entity or organization with which Canopy Health contracts for such entity or organization to perform provider credentialing on Canopy Health’s behalf (each a “Contractor”). To the extent that any Contractors perform functions set forth herein, references to “Canopy Health” or the “Credentialing Department” shall be interpreted to refer to such Contractors.

II. PURPOSE

The purpose of this policy is to define the minimum criteria, relating to all elements of the credentialing and recredentialing application, that are required for the initial or continued contracting/employment of providers within Canopy Health’s network.


III. DEFINITIONS

Credentialing Peer Review Committee: A group of providers selected by the Canopy Health that evaluate the qualifications and make the final determination regarding the status of providers applying for participation in Canopy Health’s network, and evaluate the necessity, quality or utilization of care rendered by providers in the network. Peer review is conducted by other health care providers from the same discipline or with similar or essentially equal qualifications who are not in direct economic competition with the health care professional under review.

Participating Provider: Any practitioner or organization that is contracted or employed by Canopy Health to render services to members.

IV. POLICY


- A. It is the policy of Canopy Health that any provider that has been processed by the Canopy Health Credentialing Department (“CD”) be reviewed for decision either by the Credentialing Peer Review Committee (“CPRC”) or an authorized official, e.g. Medical Director.
- B. Canopy Health’s CPRC reviews provider credentials and gives thoughtful consideration to the credentialing elements before making recommendations regarding a provider’s ability to deliver care and retains the final authority to approve or deny a provider’s request for participation.
- C. Applicants that meet the criteria for a “clean” file are approved by the Medical Director in the absence of CPRC discussion, but will be included in the CPRC agenda for review.

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- D. The below criteria are required to deem a file “clean”:
1. No disciplinary actions reported by medical board or state board agencies
 2. No limitations or sanctions on privileges or licensure
 3. No more than four quality of care issues, unless a trend is identified, during review of ongoing and performance monitoring
 4. No inconsistencies/discrepancies within the application or between the application and the data received through the verification process
 5. No education/training issues that would render applicant ineligible for contracting in requested specialty
 6. Malpractice cases, unless a trend is identified:
 - a. Settlements less than \$30,000 per malpractice case and no death
 - b. Less than two malpractice cases settled over a period of seven years for credentialing and over a period of three years for recredentialing
- E. If an applicant does not meet the criteria defined above, the complete credentialing file will be presented to the CPRC for review and decision.

V. PROCEDURE

- A. Canopy Health’s CD will determine if a provider meets the above criteria for categorization as a “clean” file during the credentialing process.
1. A “clean” file summary will be prepared biweekly and forwarded along with Provider Profiles via secure email to the authorized official, e.g. Medical Director, for review and signature
 2. All “clean” file summaries will be included in the CPRC meeting agenda for review
- B. In instances where a file does not meet the above criteria, Canopy Health’s CD will prepare a “case” summary that details the issues identified during the credentialing process.
1. The CPRC agenda and packet is forwarded via secure email to all members of the CPRC 48 hours prior to meeting date to allow for timely review and analysis of files.
 2. The CPRC reviews, discusses and makes final decision concerning each provider.
 3. A confidentiality statement is signed by all CPRC members prior to each meeting to ensure that CPRC members maintain the confidentiality of all information presented to, or discussed at, the meeting.

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4. The CPRC may not make decisions based on the practitioner’s race, gender, sexual orientation, gender identity, age, religion, disability, ethnic origin, national origin, or on type of procedures in which the practitioner specializes. Additionally, the CPRC does not discriminate against any health care professionals, solely on the basis of license or certification or any health care professional who serves high-risk populations or who specializes in the treatment of costly conditions.

- C. Canopy Health will accept and consider provider feedback about the credentialing and recredentialing criteria evaluated by Canopy Health, and will consult with providers regarding such feedback.

VI. ENFORCEMENT

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. REFERENCES

1. NCQA – CR1 Element A