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 responsibilities, scope, and authority of the Credentialing Peer Review Committee ("CPRC").

III. DEFINITIONS

Credentialing Peer Review Committee: A group of providers selected by 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.

Conflict of Interest: Any situation in which the outcome of the committee's deliberations could result in personal, economic, or other advantage or disadvantage to a committee member personally, or to the member's immediate family, or to the organizational provider or group with which a committee member practices. Such a conflict is presumed to affect the committee member's ability to engage in impartial and unbiased contribution to the committee's deliberation. An individual committee member may remove himself from deliberations should a conflict of interest exist.

IV. POLICY

A. It is the policy of Canopy Health that Canopy Health establish a Credentialing Peer Review Committee and designate an authorized official, e.g. Medical Director, to work collaboratively with the CPRC to make decisions on its behalf.

B. The Medical Director must be a currently state licensed physician and have substantial managed care experience.
   1. The Medical Director assumes direct responsibility of the credentialing program and has oversight of the entire process to ensure compliance to NCQA, state and federal regulations.
   2. Other responsibilities include but are not limited to:
      a. Serving as Chairperson of the CPRC meetings
      b. Reporting to the Board of Directors

c. Reviewing performance and/or quality of care issues that require immediate resolution.
d. Reviewing and approving "clean files"

C. The CPRC retains the final authority to approve, deny, suspend, or terminate a provider's participation in Canopy Health's network.
1. The CPRC delegates the authority to approve "clean" files to the Medical Director.
2. The CPRC reviews provider credentials and gives thoughtful consideration to the credentialing elements, and ongoing and performance monitoring, before making recommendations regarding a provider's ability to deliver care.
3. 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.
   a. The CPRC will obtain meaningful advice and expertise from participating practitioners in Canopy Health's network when making decisions relating to issues that are specialty specific and not reflected in the specialty distribution of the committee.
   b. The Medical Director may seek the advice and relay his findings to the CPRC or the CPRC may extend an invitation to the specialty expert to join in on the next CPRC meeting.
4. Peer review is conducted in a non-discriminatory manner.
   a. The CPRC may not make decisions based on the practitioner's race, gender, sexual orientation, gender identity, age, religion, disability, ethnic origin, national origin, marital status or on type of procedures in which the practitioner specializes.
   b. The CPRC may 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.

D. The CPRC provides a review of activities to Canopy Health's governing board and the Quality Management Committee (QMC) at least semi-annually.

E. The CPRC provides guidance on the overall direction of the credentialing program and is responsible for reviewing, updating, and annually approving the credentialing policies and procedures.

F. The CPRC will be responsible for initiating corrective actions and sanctions for providers when deficiencies in individual provider performances are identified.

G. The CPRC and staff present at the CPRC meetings will be required to sign a Confidentiality Statement.

H. The CPRC meets as often as necessary, but must meet at least semi-annually.

I. CPRC membership includes at a minimum:
   1. Medical Director (voting capacity)
   2. Contracted practitioners/clinical peers (voting capacity)
   3. Credentialing Specialist

J. In order to reach a final decision, a quorum must be reached.
   1. A CPRC quorum will consist of either 50% of the CPRC composition with voting capacity, or, for CPRCs consisting of less than 5 members, there should be at least three (3) voting members available.

K. CPRC members do not participate in deliberation and/or voting on any matter in which the committee member has a conflict of interest.
   1. Any questions about whether a conflict exists are addressed before participating in any activity where the conflict exists with the Medical Director.
   2. Whenever a conflict exists, the minutes of the relevant meeting reflect the disclosure of the fact of a member's conflict, and that the member did not participate in deliberation or voting on the matter.

L. The Canopy Health's CD maintains meeting minutes.
   1. Minutes contain discussion points, reports, decisions, action items, and attendees.
   2. The minutes of the previous meeting are reviewed, revised if appropriate, and approved.

V. PROCEDURE

A. Based on the criteria set forth in CD1006, if the file meets the criteria for a "clean" file, a clean file list is sent to the Medical Director for review and approval.
   1. The CPRC agenda will note all approved "clean" files.
   2. CPRC Committee decision on "clean" files will be date of signature by the Medical Director.

B. In instances where a file does not meet the "clean" file 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. Once all members present acknowledge and sign the confidentiality and nondiscrimination statement, the Chairperson of the CPRC will commence the meeting.
   3. Notification of all CPRC decisions, including Peer Review and/or Board of Directors deliberations will be mailed to practitioner within 30 days of the CPRC decision.
      a. Any denial, restriction or reduction from requested privileges will be accompanied with the necessary appeals rights language as detailed in Policy CD1013 and Policy CD1014.

C. All CPRC meeting minutes will reflect discussion of any file under review that does not meet with the criteria set forth in the policies and procedures and any other matter that is included as an agenda item.
   1. Meeting minutes will be prepared within three days of the CPRC meeting and approved via signature by the Medical Director during the next meeting.

D. The CPRC will ensure the criteria for selection, evaluation and retention of practitioners will not discriminate against health care professionals.
   1. Documents, and/or information submitted to the CPRC for approval, denial or termination do not designate a practitioner's race, ethnic or national identity, gender, age, sexual orientation, marital status or types of procedures performed or payer sources.
   2. To ensure that there will be no discrimination involved in the selection of providers, the CD will conduct the following monitoring:
      a. On a quarterly basis:
         (i) Generate a report of all committee-denied providers
         (ii) Identify minutes of the meeting corresponding to denial action
         (iii) Review minutes for denial and the credentialing file to ensure that the provider was not denied due to race, gender, sexual orientation, gender identity, age, religion, disability, ethnic origin, national origin, marital status, or on type of procedures in which the practitioner specializes.

(iv) Identify, where applicable, any trends in denial pattern, e.g. race, gender, services provider, etc.

b. Report findings to CPRC on quarterly basis.

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 – CR 2