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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 identify the types of practitioners who fall under the scope of action and authority of Canopy Health’s 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. 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 to implement a credentialing program to verify the professional qualifications of all participating providers prior to said providers rendering services to members. Credentialing may be performed by Canopy Health or its Contractor, e.g. MSO, delegates, hospitals.
- B. Providers of medical services are categorized as either requiring credentialing through Canopy Health, e.g. joining Canopy Health via direct contract, or not requiring credentialing through Canopy Health, e.g. delegated network or hospitalists (see CD 1011).
- C. In instances where a provider is determined to require credentialing, Canopy Health ensures that providers are thoroughly and appropriately credentialed per standards of


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the National Committee for Quality Assurance (“NCQA”) and all other state and federal regulations, as applicable, prior to rendering services to members.

D. The following providers are required to be appropriately qualified and credentialed by Canopy Health prior to becoming participating providers in Canopy Health’s network:

1. All practitioners who have an independent relationship with Canopy Health and consequently render services to members outside of an in-patient hospital setting in either a primary care or specialty care capacity, including:
  - a. Medical Doctor (MD)
  - b. Doctor of Osteopathic Medicine (DO)
  - c. Doctor of Podiatric Medicine (DPM)
  - d. Doctor of Chiropractic Medicine (DC)
  - e. Doctor of Dental Surgery (DDS)
  - f. Alternative Care Medicine (AC)
  - g. Behavioral Health Specialist (BH)
    - (i) Clinical Social Worker (CSW)
    - (ii) Psychiatrist (PSY)
    - (iii) Psychologist (PSY)
  - h. Nurse Practitioners (NP)
  - i. Certified Nurse Midwife (CNMW)
  - j. Certified Nurse Specialist (CNS)
  - k. Acupuncturist (ACU)
  - l. Optometrist (OPT)
  - m. Speech Therapist (ST)
  - n. Physical Therapist (PT)
  - o. Physician Assistant (PA)
2. All practitioners who make decisions on behalf of Canopy Health pertaining to Utilization Management and who act as Peer Reviewers.
3. Facilities that are directly contracted with Canopy Health:
  - a. Acute inpatient facilities such as hospitals
  - b. Free-standing surgical centers
  - c. Home health agencies
  - d. Skilled nursing facilities

E. The following providers are not required to be credentialed:


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1. Practitioners who practice exclusively within the inpatient setting and who provide care for members only as a result of members being directed to the hospital or another inpatient setting unless those health care professionals are separately identified in enrollee literature as available to enrollees:
  - a. Pathologists
  - b. Radiologists
  - c. Anesthesiologists (unless said practitioners see members in pain-management private practice)
  - d. Neonatologists
  - e. Emergency room physicians
  - f. Hospitalists
2. Practitioners who practice exclusively within free-standing facilities and who provide care for organization members only as a result of members being directed to the facility.
  - a. Mammography centers
  - b. Urgent-care centers
  - c. Surgical centers
  - d. Ambulatory behavioral healthcare facilities
  - e. Psychiatric and addiction disorder clinics
3. Pharmacists who work for a pharmacy benefits management (“PBM”) organization to whom the organization delegates Utilization Management functions.
4. Locum tenens and telemedicine consultants who do not have an independent relationship with the organization unless those health care professionals are separately identified in enrollee literature as available to enrollees.

## V. PROCEDURE

- A. Canopy Health’s credentialing department will determine if a provider must be credentialed by evaluating the credentialing application consistent with the Initial and Recredentialing Policies and Procedures contained in this manual.
- B. Upon receipt, review, and determination of credentialing eligibility, the credentialing specialist must create a record in Canopy Health’s credentialing database and update the record to reflect whether or not a provider must undergo credentialing.

## VI. ENFORCEMENT

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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. CR1 Element A – NCQA