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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 implement a program of ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and ensure that proper action is taken against practitioners when occurrences of poor quality are identified.

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 render services to members.

IV. POLICY


- A. It is the policy of Canopy Health to monitor practitioner sanctions, complaints and quality issues between recredentialing cycles and ensure that proper action is taken against practitioners when occurrences of poor quality are identified.
- B. Canopy Health prohibits contracting/employing practitioners who are identified as having Medicaid/Medicare sanctions or are identified on Medicare Opt Out Reports.

V. PROCEDURE


- A. Canopy Health will monitor the below reports for participating providers upon initial credentialing and monthly thereafter.
 1. Medicare Opt-Out

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- a. The appropriate Medicare Administrative Contractor is queried for Medicare Opt Out status of practitioners.
2. Medicare and Medicaid Sanctions Lists
 - a. Health and Human Services-Office of Inspector General (HHS-OIG) List of Excluded Individuals/Entities (LEIE).
 - b. California Suspended and Ineligible Practitioner List
 - (i) <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>
 - c. System for Award Management (SAM).
3. State Boards
 - a. Medical Board of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for physicians and surgeons licensed by the MBOC are sent to the Credentialing Department via subscription; emails received bimonthly pertaining to accusations or daily pertaining to decisions. Upon receipt, each provider is verified in the credentialing database. Matches are immediately taken to appropriate committee for decision.
 - b. Osteopathic Board of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for physicians and surgeons licensed by the OMBC are sent to the Credentialing Department via subscription; emails received quarterly pertaining to accusations and decisions. Upon receipt, each provider is verified in the credentialing database. Matches are immediately taken to appropriate committee for decision.
 - c. Acupuncturist Board of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for practitioners licensed by the Acupuncture Board are sent to the Credentialing Department via subscription; matches are immediately taken to appropriate committee for decision.
 - d. Chiropractic Board of California
 - (i) The following website will be accessed monthly: <http://www.chiro.ca.gov/enforcement/actions.shtml>. The report will be validated against the credentialing database to produce any matches; matches are immediately taken to appropriate committee for decision.
 - e. Optometry Board of California


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- (i) The following website will be accessed monthly:
<http://www.optometry.ca.gov/consumers/disciplinary.shtml>. The report will be validated against the credentialing database to produce any matches; matches are immediately taken to appropriate committee for decision.
- f. Dental Board of California
 - (i) The following website will be accessed monthly:
<http://www.dbc.ca.gov/consumers/hotsheets.shtml>. The report will be validated against the credentialing database to produce any matches; matches are immediately taken to appropriate committee for decision.
- g. Physician Assistant Board of California
 - (i) The following website will be accessed monthly:
www.pac.ca.gov/forms_pubs/disciplinaryactions.shtml. The report will be validated against the credentialing database to produce any matches; matches are immediately taken to appropriate committee for decision.
- h. Board of Podiatric Medicine of California
 - (i) The following website will be accessed monthly:
www.bpm.ca.gov/enforce/dispsumm.shtml. The report will be validated against the credentialing database to produce any matches; matches are immediately taken to appropriate committee for decision.
- i. Board of Psychology of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for practitioners licensed by the board are sent to the Credentialing Department via subscription; emails received as action/events take place. Matches are immediately taken to appropriate committee for decision.
- j. Physical Therapy Board of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for practitioners licensed by the board are sent to the Credentialing Department via subscription; emails received as monthly. Matches are immediately taken to appropriate committee for decision.
- k. Board of Behavioral Science of California
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for practitioners licensed by the board are sent to the Credentialing Department via subscription; emails

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received as action/events take place. Matches are immediately taken to appropriate committee for decision.

- l. National Council of State Board of Nursing (BCSBN)
 - (i) E-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for practitioners licensed by the board are sent to the Credentialing Department via subscription; notifications received daily should there be a match. Matches are immediately taken to appropriate committee for decision
 - m. Monthly Preclusions List monitoring for excluded providers.
4. Member Complaints
- a. To the extent that Health Plans share complaints / grievances / appeals, the QI department will notify the CD regarding any findings. the CD will present the findings to the corresponding CPRC for further action.
 - b. The CD is responsible for maintaining this information in the credentialing database for evaluation of trends.
 - (i) Providers with four or more complaints will be taken to the CPRC for review and decision.
 - (ii) Complaints regarding office site quality are included in all evaluations.
 - c. At least semi-annually, all findings will be presented to the Credentialing Peer Review Committee as part of the ongoing monitoring process.
- B. CD will maintain a written log regarding initial and ongoing reviews of the lists and reports identified herein.
- C. For entities that do not publish on a set schedule, Canopy will review sanctions at least every six months.
- D. For entities that do not publish sanction reports, Canopy will query practitioners individually within 12-18 months after the last credentialing cycle.
- E. If any provider is identified during ongoing monitoring as having sanctions, disciplinary actions or performance trends, the CD will flag the provider and proceed with further verification through the state medical boards or sanction reports.
1. This information will be presented at the CPRC meeting for review and final decision
 - a. The committee may elect to:
 - (i) Continue monitoring provider
 - (ii) Suspend/terminate the provider from network
 - (iii) Reduce provider's access to network

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- (iv) Engage provider regarding concerns and provide counseling to provider to ensure concerns are properly addressed
 - (v) Require provider to enroll in appropriate education courses
 - 2. There will be a formal notification to practitioners regarding any action taken by the committee.
 - 3. There will be a formal notification to practitioners or entities identified on the Medicare Opt Out Report that the practitioner or entity will not be reimbursed for care provided to Medicare members.
- F. If either through the monitoring or subsequent investigation, Canopy Health becomes aware of conditions at a site that suggest compromised safety or other concerns related to the delivery of care, Canopy Health will perform a site visit consistent with CD1015 as soon as possible to assess the facility and identify corrective actions.

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

- A. NCQA – CR 5

REVISION HISTORY:

| Version Date | Edited By | Reason for Change |
|--------------|-----------|--|
| 01/01/2017 | M. Durbin | Create Policy |
| 11/01/2018 | R. Scott | Revisions for NCQA Standards |
| 101/01/2019 | R. Scott | Updated to explicitly list details related to ongoing monitoring to correspond to NCQA requirements. |