No. CD-1009	Provider Directory	
Effective Date: 04/01/21	POLICY AND PROCEDURE	
Committee Approval: 04/20/2021 Previous Versions: See revision history on last page		
DMHC TAG: Access and Availability, Quality Management NCQA Standard: NET 5		

I. SCOPE

This policy applies to (1) Canopy Health ("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 or provider directory maintenance 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

Bay Area Accountable Care Network, Inc. *dba* Canopy Health ("Canopy Health") provides accurate and timely information of its contracted providers that is easily accessible to enrollees, healthcare professionals and the public in both digital and printed form. This policy outlines the data elements contained in the Canopy Health Provider Directory ("Directory"), the process for maintenance and quality control of the database, data accessibility and usability to all constituents. The Directory will contain two distinct types of profiles: (1) individual physicians, nursing or allied health providers; and (2) facilities, including hospital and ancillary providers.

III. DEFINITIONS

Searchable criteria – Criteria available as a query element for a member or public search, as required under California Health and Safety Code Section 1367.27(c)(2) and NCQA NET 5, including: name, gender, specialty, practice address, city, zip code, California license number, National Provider Identifier number ("NPI"), admitting privileges to an identified hospital, product, tier,

provider language or languages, provider group, panel status (accepting new patients), hospital name, location, facility name, and/or clinic name.

Required criteria –

Providers

Required criteria are those required for inclusion in a provider directory for providers as outlined in Section 1367.27(h). These criteria include:

1. Provider name
2. Provider gender
3. Provider address (all provider locations)
4. Phone number
5. Type of practitioner
6. NPI number
7. California license and type of license
8. Specialty, including board certification, if any
9. Email address of provider, if available
10. Name of each affiliated provider group currently under contract
11. Practice name or group including federally qualified health centers ("FQHC") or primary care clinic
12. Admitting privileges at hospitals contracted with the plan
13. Non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, if any, on the provider's staff
14. Identification of providers who no longer accept new patients for some or all the plan's products
15. The network tier to which the provider is assigned, if the provider is not in the lowest tier, as applicable.

Hospitals

Required criteria are those required for inclusion in a provider directory for hospitals as outlined in Section 1367.27(h) and NCQA NET 5 These criteria include:

1. Hospital name
2. Hospital location and phone number
3. Hospital accreditation status
4. Hospital quality data from recognized sources

Canopy Health Provider Relations – The department responsible for tracking and investigating reports of inaccuracy related to the information displayed in the Provider Directory.

Canopy Provider Service Center – Provides all healthcare providers contracted with Canopy Health assistance with claims processing and adjudication and assists in investigating and resolving provider complaints. The phone number for the Provider Service Center is 1-844-315-4645, located at Conifer Value Based Care, 15821 Ventura Blvd., Suite 600, Encino, CA 91436.

Network – The panel of health care providers (*e.g.*, medical groups/IPAs and hospitals) contracted with Canopy Health to provide health care services to Canopy Health's enrollees.

Product – The type of health insurance plan or benefit offered to prospective or existing enrollees of Canopy Health by the upstream health plans with which Canopy Health contracts.

IV.   POLICY

Canopy Health publishes and maintains its online and printed directory using a consistent method of Network and Product naming, numbering, or other classification method that ensures the Network(s) and Product(s) in which a provider participates can be easily identified. The Directory only lists currently contracted providers and includes information on whether the provider is accepting new patients.

Canopy Health is a Restricted Commercial Licensee and thus many of the requirements of Section 1367.27 will remain the responsibility of the upstream health plan(s). Exhibit J-15 describes this delineation of responsibilities. Canopy Health, as requested, will support upstream plan provider directory accuracy through the provision of weekly Canopy Health provider directory updates provided electronically in a mutual agreed upon format. Further, Canopy Health will provide upstream health plans detailed information regarding Canopy Health provider directory disputes, status, and resolutions and work collaboratively to support upstream plan provider directory accuracy efforts. Canopy Health will communicate to each upstream health plan the processes and coordination efforts detailed below by providing a copy of this policy to the upstream health plan.

V.   PROCEDURE

Content Requirements

Canopy Health will ensure that the Directory meets the requirements of, and will be maintained in compliance with, Section 1367.27,NCQA Standard NET 5 and the Uniform Provider Directory Standards released by the Department of Managed Health Care (DMHC) on December 30, 2016. Canopy Health utilizes the file format in Table One below for its individual provider data set.

In Table One, data elements designated by an "R" will be included in each provider profile. Data elements that are both required and searchable through the provider search function on the Canopy Health website as required by Section 1367.27(c)(2) are listed in Table One and indicated by the "S". All data elements will be available and equally accessible to Canopy Health enrollees and the public on both Canopy Health's website (www.canopyhealth.com) and the website of the contracted upstream health plan(s).

It is the policy of Canopy Health that data collected from healthcare providers will be held in a secure environment and data elements that could be utilized to target or otherwise identify individual physicians for the purpose of marketing, promotion or any other use, except by a member or potential member in his/her search for a physician provider, will be inaccessible. Data elements in Table One designated by "O" are "optional" elements that will be collected; the data will be utilized for analysis and may or may not be available in the Directory. Any decisions regarding data to be included or excluded from the Directory will be made by balancing the member or potential patient's need for that information by the security and safety considerations of the individual physician providers.

Table One – Individual Provider and Physician

SB 137 File Format Fields	S= Search R= Required no Search O = Optional
Row #	O
Last Name	S
Middle Name	N/A
First Name	S
CA License #	S
License Type	R

Field	Type
Non–CA License #	S
Non–CA License State	S
Provider NPI	S
Gender	S
DOB	O
Product Type*	S
Health Plan	S
Office Hours	O
Network Tier	O
Specialty 1	S
Specialty 2	S
Specialty 3	S
Board Specialty1	R
Board Certification Status1	R
Board Specialty2	R
Board Certification Status2	R
Board Specialty3	R
Board Certification Status3	R
Affiliated PPG (provider group)	S
Practice Name/FQHC/Clinic	S
Address	S
City	S
County	O
State	R
Zip	S
Phone	R
Provider Email Address	O
Accepting New Patients	S
Language 1	S
Language 2	S
Language 3	S
HospitalPrivilege1	S
HospitalPrivilege2	S
HospitalPrivilege3	S
Directory Suppressed (if "Y", provider will not appear in directory)	R
Date Record Update	O

Fields listed as "S" are searchable fields, "R" designates a required field and

"O" indicates the field is optional.

In addition to physicians and other types of individual providers, the Directory will profile hospitals and ancillary facilities as described in Section 1367.27(h)(8)(e) and (f). Data elements for facility profiles will include the data elements in Table Two. Data elements not relevant to a facility provider have been deleted and the following four fields have been added: "facility category," "accredited," "facility name," and "dba". Canopy Health updates its web-based hospital directory information within 30 calendar days of receiving new information from the hospital.

Table Two – Facilities

SB 137 File Format Fields	S= Search R= Required no Search O = Optional
Row #	O
Facility Name	S
Dba	S
Provider NPI	R
Product Type	S
Health Plan	S
Tier	R
Facility Category (SNF, Imaging, etc.)	S
Accredited	R
Quality data from recognized sources	R
Address	R
City	S
County	O
State	R
Zip	S
Phone	R
Provider Email Address	O
Office Hours	O
Open to New Patients	O
Language 1	O
Language 2	O
Language 3	O

Directory Suppressed (if "Y", provider will not appear in directory)	O
Date Record Update	O
Website URL	O

Fields listed as "S" are searchable fields, "R" designates a required field and "O" indicates the field is optional.

The Directory

The Directory includes providers currently contracted with Canopy Health. This Directory is provided to Canopy Health enrollees, healthcare providers and the general public without any restrictions or limitations. All Canopy Health enrollees receive full and equal access to covered services, regardless of disability, as required by the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973. Member questions and concerns are directed to the member's primary care physician or by contacting the upstream health plan member services using the number listed on the member's id card.

Printed Provider Directory

The printed version of the Directory contains the same information available through the online directory, partitioned into the following primary sections as shown in Table Three. Anyone may request a printed copy by calling 1-888-8CANOPY or by sending a written request to: Canopy Health, 6475 Christie Ave. Suite 560, Emeryville, CA 94608. A copy of the printed directory is mailed to the requestor within five (5) days upon receipt of the request.

Table Three

Sections of Printed Directory
1. About Canopy Health
2. Choosing a Physician
3. Request a Referral
4. Key Contacts
5. Physician Profiles
6. Acute Care Facilities listing
7. Ancillary Facility listing

This information may also be accessed at www.canopyhealth.com; however, the

information online may be organized differently in order to facilitate fast and intuitive provider searches.

Online Provider Directory

The online directory is simple to navigate and the various sections corresponding to the printed directory are easily identifiable. Depending on the search field, enrollees may want to visualize all the options in a specific field to maximize accuracy and the probability of achieving results in one search query. For example, enrollees have a drop-down box that they can scroll through to see all specialties before they choose a specialty for their query. For fields such as zip codes, the member is able to type the zip code as free text, as opposed to selecting from a list of zip codes.

Each contracted upstream health plan will provide access to the same information regarding Canopy Health's providers required under Section 1367.27(h) on their respective websites. The content and level of accessibility will be the same; however, the formatting and design may differ by upstream health plan. Alternatively, the upstream health plan may provide on its website a reference hyperlink to Canopy Health's Provider Directory. This hyperlink would be accessible to Canopy Health enrollees, the upstream health plan members, and the general public.

The MyCanopyHealth mobile application became available in August 2017.

Provider Directory Updating

It is the policy of Canopy Health to meet and/or exceed the requirements for updating and maintaining the Directory to ensure accuracy of provider profiles. In addition to an annual review process, Canopy Health has established a process to allow both enrollees and healthcare providers to identify potential inaccuracies in the Directory and to notify Canopy Health of these inaccuracies. Updates to the Directory will occur weekly to the online version of the Directory and at least quarterly to the printed version. Canopy Health will update its web-based physician directory within 30 days of receiving new information from the physician.

On a weekly basis, the online directory will be updated with data feeds from the providers, as available. Table One provides the file format utilized to collect the data from Canopy Health's providers.   Canopy Health's delegates (IPA/Medical Groups) are responsible for providing accurate IPA/Medical Group information to support the provider directory and are contractually obligated to immediately notify Canopy

Health of any additions, deletions or changes to an individual provider's information, licensure, hospital privilege or practice status. Canopy Health's contracted ancillary providers are obligated to immediately notify Canopy Health of any change in licensure; any change in information provided to Canopy Health through the credentialing process; or any change in address or practice status. Hospital providers are contractually obligated to notify Canopy Health with five (5) business days of any proposed change in Hospital's ownership or business address; any action against any of its licenses, registrations, accreditation by JCAHO, or certifications; or any other situation that might interfere with Hospital's duties and obligations under the provider agreement.

Canopy Health's delegates (IPA/Medical Groups) are contractually bound to notify Canopy Health within five (5) business days if a provider is no longer accepting new patients, or if the provider was previously not accepting new patients, but is currently accepting new patients. The weekly update of the Directory includes notification if there is a change in any of the following:

- Demographic information including name, address, phone number, email address
- If the provider is accepting new patients
- Any change of participation in a health plan or product
- Hospital affiliation
- Group practice membership
- Specialty certification or license status
- If the provider becomes inactive or retires
- Any other information with a material effect on the content or accuracy of the Directory.

The weekly update will also include any information received as a result of an investigation prompted by the report of an inaccuracy in the Directory by a member or by a provider.

Providers who are no longer contracted with the plan for any reason, who become inactive or retire from practice, are deleted from the Directory during the weekly update.

On at least a quarterly basis, the printed version of the Directory will be updated with the latest information.

Reports of Inaccuracy and Plan Investigation

It is the policy of Canopy Health to provide a clearly identifiable and user-friendly apparatus for providers and enrollees to report inaccuracies in the Directory. All reported inaccuracies will be investigated promptly, and changes or corrections will be made weekly to the online directory and quarterly to the printed directory. The investigative process upon receipt of a report of the inaccuracy to initiating corrective action will take no longer than thirty (30) days. The investigation of all inaccuracies requires the provider in question be contacted within five (5) days of receipt of the reported inaccuracy. Canopy Health will document receipt of the reported inaccuracy, investigative process and outcome of all investigations. Any changes that result from the investigation are made to the Directory during the next weekly update.

Enrollees who find an inaccuracy in the Directory have three options to report the error to Canopy Health:
1. Complete an online form in the web portal, which generates an email that is sent directly to Canopy Health Provider Relations.
2. Call 1-888-8CANOPY.
3. Mail Canopy Health Provider Relations.

Enrollees who utilize the online form receive an immediate acknowledgement that their report has been received. Member reports of inaccuracies are directed to Canopy Health's Provider Relations Department. If the member reports that a physician is no longer accepting new patients, the member is directed to the upstream health plan for assistance with finding a new physician. All inaccuracies are tracked, monitored and reported to Canopy Health's Quality Management Committee.

Providers who wish to report an inaccuracy or to make a change to their existing profile in the Directory may do so by:
1. Completing an online form in the provider section of the web portal, which generates an email that is sent directly to Canopy Health Provider Relations. See Attachment 1, which shows a sample online form provider would use to verify or submit changes to their information.
2. Calling Canopy Health's Provider Relations Department.
3. Mailing Canopy Health Provider Relations.

Providers who utilize the online form receive an immediate acknowledgement that their report has been received. See Attachment 2, which shows a sample email acknowledgement of receipt that would be received by providers. Provider submitted updates will be made during the next regular weekly update of the Directory.

Any reports of inaccuracies to Canopy Health's Provider Directory communicated to to the Canopy Health Provider Relations Department by a contracted upstream health plan will be investigated by Canopy Health, and if necessary, changes will be made to the Canopy Health Provider Directory.

The Canopy Health Provider Relations Department tracks reports of inaccuracies from various sources on a weekly basis to ensure provider information is accurately reflected in the Canopy Health Provider Directory. These sources include reported inaccuracies or changes received from the Canopy Health website, the Canopy Health Provider Center, weekly reports from upstream health plans, and data feeds collected from Canopy Health's providers.

Ancillary Provider Verification

Canopy Health validates all contracted ancillary providers directory information in accordance with SB 137 and internal policies and procedures.

Ancillary Providers

Canopy Health will validate all direct contract ancillary provider demographic information on at least an annual basis. Each ancillary provider will be asked to confirm whether the current directory information is accurate and to make any corrections and/or changes to their Directory listing within defined timelines. Canopy Health will track compliance with required response time. The provider must submit a completed response to Canopy Health within thirty (30) business days of the notification. If a response from a provider is not received within thirty (30) business days, Canopy Health may take fifteen (15) days to verify the provider's information. If Canopy Health is unable to verify the provider's information, the provider will be notified and will have ten (10) days to respond. If a response is not received, the provider will be removed from the Directory. If the provider responds within the 10-day period, the provider may remain in the Directory. The process and outcome for verifying the Directory information will be documented.

Ongoing Updates

Outside of a standard verification process, providers who wish to report an inaccuracy or to make a change to their existing profile in the Directory may do so as described above under the "Reports of Inaccuracy and Plan Investigation" section.

Status

Canopy Health's delegates (IPA/Medical Groups) provide updated provider information to each contracted upstream health plan per contractual requirements. Additionally, each contracted upstream health plan is independently required to conduct an annual verification and audit of its participating providers under Section 1367.27. Such audit process will be separate and distinct from Canopy Health's annual verification and audit of its providers. Upon completion of the annual verification and audit by both Canopy Health and the upstream health plans, Canopy Health will initiate a process of reconciliation whereby Canopy Health will identify any provider not listed on both Canopy Health's Provider Directory and the upstream health plan's provider directory. If any such providers are identified, Canopy Health will investigate to ascertain and verify their participation in Canopy Health and the upstream health plan. The results of this investigation will be communicated to the respective upstream health plan.

New Parent Plan Directory Updates

It is the policy of Canopy Health to meet and/or exceed the requirements for updating its provider directory when a new parent plan agreement is executed. When Canopy Health partners with a new parent plan, the parent plan will supply Canopy Health with the initial provider directory load template.

Canopy Health will provide its delegates and MSO the template to utilize to populate PCP, specialty, ancillary and facility data per the defined template. Canopy Health will define the date the template is due to ensure the directory is updated timely per requirements.

Once the delegates and MSO supply Canopy Health with the populated template, Canopy Health will conduct a quality assurance review, including and not limited to validating:

- **Accuracy**

- Completeness
- Consistency

Canopy Health's Data Analytics Director will coordinate with the delegates and MSO if there are any data issues identified to support resolution.

The Data Analytics Director will also monitor the process through completion and escalate any issues relating to data integrity, timeliness or response to the Canopy Health Chief Network Development Officer for resolution.

Usability Testing

Canopy Health evaluates its web-based physician and hospital directories for understandability and usefulness to enrollees and prospective enrollees at least every three years, and considers the following:

1. Font size
2. Reading Level
3. Intuitive content organization
4. Ease of navigation
5. Directories in additional languages, if applicable to the membership

Provider Obligations and Plan Oversight

If a Canopy Health member contacts a provider seeking to become a new patient and that provider is not accepting new patients, the provider will direct the patient to the upstream Health Plan. Any provider not accepting new patients will contact Canopy Health at 1-888-8CANOPY. The Provider Relations Department will ensure Directory errors are investigated and any necessary changes are made to resolve inaccuracies.
. This investigation is tracked from receipt of the information regarding the inaccuracy to the final outcomes. All revisions to Canopy Health's Provider Directory, including changes received through the Canopy Health website or Customer Service Center, will be provided to upstream health plans on a weekly basis through a secure ShareFile system.

In all provider agreements, Canopy Health will include a stipulation that if a contracted provider is no longer accepting new patients, or if the provider was previously not accepting new patients, but is currently accepting new patients, the

provider is mandated contractually to notify Canopy Health within five (5) business days.

This policy will be updated annually and submitted to the California Department of Health Care for review.

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.   Not applicable

ATTACHMENT 1

Report Inaccuracies

Thank you for taking the time to submit corrections. Please tell us your email address in case we need to contact you for clarifications.

Email address

`Enter`

Quan-Yang Duh

Below you can suggest edits to inaccuracies. We will make corrections as needed.

First Name	Middle Name	Last Name
Quan-Yang	Enter	Duh

Speciality 1	Speciality 2	Speciality 3
General Surgery	Enter	Enter

Accepting new patients(Y/N)	Telehealth (Y/N)
Y	N

Address 1	Address 2	City
1600 Divisadero St 3rd Fl	Enter	San Francisco

State	Zip Code	Phone Number
CA	94115	4153537789

Gender	Board Certificate	Language 1
M	No	Taiwanese

Language 2	Language 3	Office Hours
Mandarin	Enter	Mon - Fri 9:00am - 5:00pm

Clinic Name	Medical Group IPA	Health Plan
UCSF Medical Center	Hill Physicians Medical Group - Si	Canopy Health - Health Net Blue i

Hospital 1	Hospital 2	Hospital 3
UCSF Medical Center	Enter	Enter

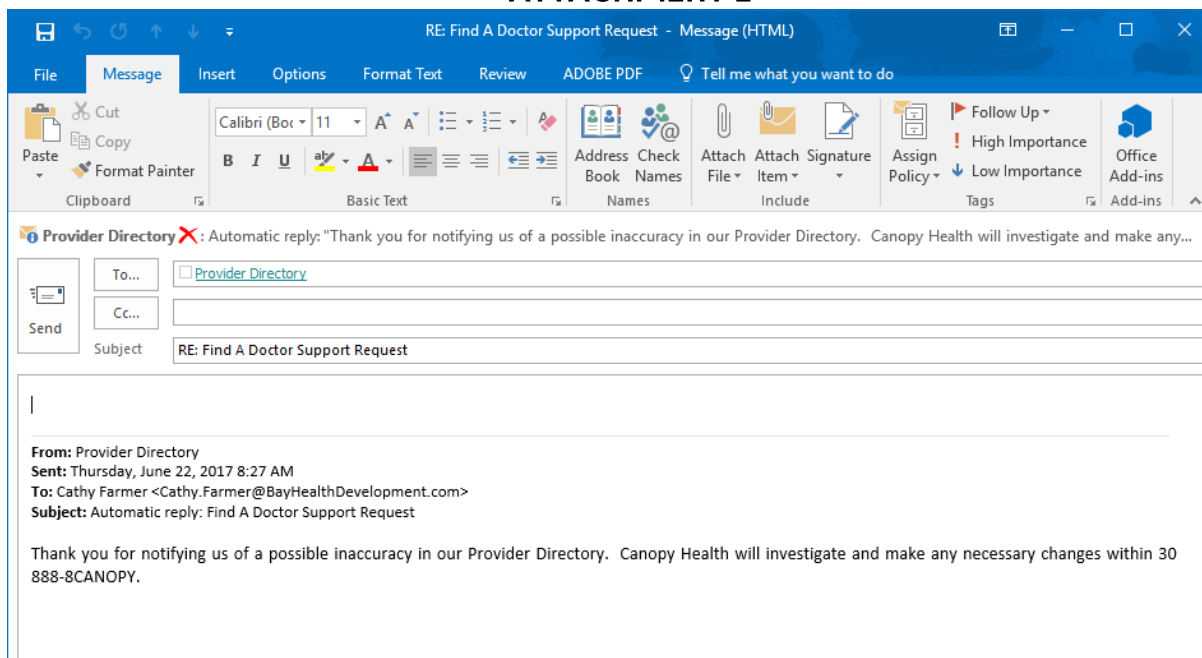| County |
|---|
| San Francisco |

Edits for the fields below should only be submitted by providers and medical groups

CA License	Non CA License	Type of Licensure
G48212	Enter	MD

NPI
1992762496

`Cancel` `Submit`

ATTACHMENT 2

From: Provider Directory
Sent: Thursday, June 22, 2017 8:27 AM
To: Cathy Farmer <Cathy.Farmer@BayHealthDevelopment.com>
Subject: Automatic reply: Find A Doctor Support Request

Thank you for notifying us of a possible inaccuracy in our Provider Directory. Canopy Health will investigate and make any necessary changes within 30
888-8CANOPY.

Revision History:

Version Date	Edited By	Reason for Change
9/2/16	M. Stevens	Creation date
7/17/17	M. Durbin	Annual update to align to SB137
11/15/17	R. Munson	Added in new plan provider directory update policy section
1/10/18	R. Munson	Modified provider verification process to reflect the Parent Plan responsibility for verification and CH ancillary provider responsibility
2/6/18	R. Munson	Updated the IPA/MG providers section to clarify they send information directly to the parent plans
3/12/18	S. Wilson	Removed "LLC" behind Canopy Health per MWE instructions
4/5/18	A.Kmetz	Added NCQA NET 6 elements
4/18/18	A. Flores	Updated the "Provider Verification" section to reflect Canopy Health's process. Changed the word "grievance" to "inaccuracies". Made minor grammatical and formatting corrections.
3/29/21	L. Sasaki	Updated to reflect current process and the transition of responsibility for tracking and investigating Provider Directory inaccuracies from Customer Service to Canopy

		Health's Provider Relations Department. Changed the word "member" to "enrollee".