


No. CD1011	Credentialing POLICY AND PROCEDURE MANUAL	
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Effective Date: 01/01/2019	Section: Initial and Recredentialing	
Previous Versions Dated: 11/13/2018, 01/01/2017	Delegation of Credentialing Process	

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 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

The purpose of this policy is to ensure oversight of all delegated activities in instances where Canopy Health decides to delegate any portion of the credentialing process, e.g. primary source verifications, CPRC decision, etc., to another organization.


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.


IV. POLICY

- A. Under certain circumstances, Canopy Health may delegate credentialing activities to a provider, provider network, or other third party.
- B. In instances where Canopy Health delegates credentialing activities, Canopy Health will ensure that all processes, including language in the credentialing delegation agreement, division of responsibilities between Canopy Health and delegate, and subsequent oversight of delegated activity, is completed in compliance to Canopy Health policies, state and federal regulations and NCQA standards.
- C. Should a delegation agreement be revised or renewed, the delegate will not be required to undergo a pre-delegation audit unless revision directly impacts any of the delegated credentialing functions, i.e. adds new delegated responsibilities or revises procedural requirements for previously agreed upon responsibilities.


V. PROCEDURE

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- A. Canopy Health will ensure that the delegation agreement with the delegate contain the following items:
1. The agreement is mutually agreed upon
 2. The agreement describes the delegated activities
 3. The agreement describes the responsibilities of Canopy Health and the delegated entity, namely designates who will be:
 - a. Accepting applications, reapplications and attestation
 - b. Completing initial credentialing and re-credentialing of providers per policies CD 1003, 1003.1, 1004, 1005
 - c. Conducting site visits, if applicable
 - d. Collecting and evaluating performance monitoring and ongoing monitoring information
 - e. Making credentialing decisions
 4. The agreement requires quarterly or, at a minimum semi-annual reporting, to Canopy Health
 - a. Complete practitioner roster including all provider extenders, hospital-based providers
 - b. Complete facility roster
 5. The agreement describes the process by which Canopy Health shall monitor, evaluate and audit the delegated entity's performance on an ongoing basis, e.g., annual oversight audits
 6. The agreement describes the remedies, including revocation of the delegation, available to Canopy Health if the delegated entity does not fulfill its obligations or perform satisfactorily.
 7. If the agreement delegates the selection of participating providers, the agreement provides for Canopy Health's right to approve, suspend or terminate any such participating provider.
 8. If the delegation arrangement includes the use of protected health information (PHI) by the delegate, the delegation document also includes the following provisions and any other data privacy provisions required by state or federal law:
 - a. The allowed uses of PHI.
 - b. A description of delegate safeguards to protect the information from inappropriate use or further disclosure.
 - c. The delegate will ensure that sub-delegates have similar safeguards.
 - d. The delegate will provide individuals with access to their PHI.
 - e. The delegate will inform the organization if inappropriate uses of the information occur.

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- f. The delegate will ensure that PHI is returned, destroyed or protected if the delegation agreement ends.
- B. Prior to full execution of a delegation agreement, Canopy Health will conduct a pre-delegation assessment of the delegate. If the delegate participates in the ICE annual audits, Canopy Health can elect to accept the most recent ICE audit findings in lieu of an audit. Otherwise, the following items will be reviewed:
1. Once a release and confidentiality statement has been signed by Canopy Health, the entity will supply a complete roster of all active practitioners
 - a. The roster will provide Name, Degree, Specialty, Category, Initial Credentialing Date and, if applicable, Re-credentialing Date
 - b. Providers will be selected at random for both cycles of credentialing following the NCQA 8/30 methodology for file review.
 - (i) The entity is required to provide the selected files within 5 business days of receipt of practitioner roster
 2. Information will be exchanged via an SFTP site; all files will be password-protected to ensure confidentiality of credentialing information
 3. The files will be reviewed by Canopy Health using the Credentialing Audit Tool
 4. The entity's policies and procedures will be thoroughly evaluated against the Canopy Health's internal policies, state and federal regulations, and NCQA.
 5. The entity will also provide evidence of the monthly ongoing monitoring and each committee meeting minutes for the previous year.
 6. A passing score of 95% or more (on pre-delegation audit and annual oversight audits) and consequent approval by the CPRC is required to enter into a delegation agreement and/or maintain a delegation agreement.
 - a. If a passing score is not achieved, Canopy Health will issue a corrective action plan and may conduct a follow up or investigational audit of all, or select criteria if the corrective action plan and implementation of resolutions is not satisfactory to the requirements of the network.
- C. Once a delegation agreement is fully executed, Canopy Health will ensure that annual oversight of the delegate is conducted timely and in accordance to the standards set herein. Canopy Health can elect to use the most recent ICE audit results, if applicable, to meet this policy requirement.
1. Once a release and confidentiality statement has been signed by Canopy Health, the entity will supply a complete roster of all active practitioners
 - a. The roster will provide Name, Degree, Specialty, Category, Initial Credentialing Date and, if applicable, Re-credentialing Date

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- b. Providers will be selected at random for both cycles of credentialing following the NCQA 8/30 methodology for file review.
 2. The entity's policies and procedures will be thoroughly evaluated against Canopy Health's internal policies, state and federal regulations, and NCQA
 3. The entity is required to provide the selected files within 5 business days of receipt of selected list
 4. The files will be sent electronically via an SFTP site; all files will be password-protected to ensure confidentiality of credentialing information
 5. The files will be reviewed by Canopy Health using the Credentialing Audit Tool
 6. The entity will also provide evidence of the monthly ongoing monitoring and each committee meeting minutes for the previous year.
 7. A passing score of 95% or more (on pre-delegation audit and annual oversight audits) and consequent approval by the CPRC is required to maintain a delegation agreement.
 - a. If a passing score is not achieved, Canopy Health will issue a corrective action plan and may conduct a follow up or investigational audit of all, or select criteria if the corrective action plan and implementation of resolutions is not satisfactory to Canopy Health.
- D. Monthly, all delegates are required to submit, if applicable, any additions, changes or terminations in their network.
 1. Canopy Health will communicate the delegated entity's additions, updates, and terminations, semi-annual reporting, and audit results to the CPRC for review and approval.

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 8