


No. CD1012	Credentiaing POLICY AND PROCEDURE MANUAL	
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Effective Date: 01/01/2019	Section: Initial and Recredentialing	
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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 define the process by which Canopy Health makes reports to authorities regarding providers, pursuant to applicable law.

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. It is the policy of Canopy Health to ensure that all reportable incidences, e.g. denials, suspensions, terminations (or recommendations) for medical disciplinary cause or reason are appropriately submitted to the National Practitioner Data Bank (“NPDB”), state licensing board, and any contracted Health Plan (if applicable).
- B. It is the policy of Canopy Health to comply with the reporting requirements of the California Business and Professions Code; Section 800-809.9, 805, and 805.01, as well as the Health Care Quality Improvement Act (HCQIA) of 1986.

V. PROCEDURE

- A. Canopy Health will file, or will require other responsible contracted entities to file, reports pursuant to the California Business and Professions Code, Section 805, in accordance with Canopy Health’s QM-008 Quality Management Monitoring policies and procedures.

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- B. Canopy Health will report to the NPDB any professional review actions against a licensee or any medical malpractice suits deemed reportable by the CPRC in accordance with the Health Care Quality Improvement Act (HCQIA) of 1986 and implementing regulations.
1. Canopy Health shall submit all required reports to NPDB within the time periods required by law.
 2. The reports will be submitted utilizing the Data Bank system, or web application through which reporting (and querying) takes place, called the Integrated Querying and Reporting Service (“IQRS”).

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 6

REVISION HISTORY:

Version Date	Edited By	Reason for Change
01/01/2017	M. Durbin	Created policy
11/01/2018	R. Scott	Updated for NCQA Standards
01/01/2019	R. Scott	Updated reference to NCQA Standard