

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY/ PROCEDURE**

<b>Policy/Procedure Number:</b> MPCR602		<b>Lead Department:</b> Network Services Business Unit: Credentialing	
<b>Policy/Procedure Title:</b> Reporting Actions to Authorities		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/23/2018		<b>Next Review Date:</b> 05/13/2027 <b>Last Review Date:</b> 05/13/2026	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Partnership Advantage</b>
<b>Reviewing Entities:</b>	<input type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input checked="" type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> <i>Mark Netherda, MD</i>		<b>Approval Date:</b> 05/13/2026	

**I. RELATED POLICIES:**

- A. MPCR600 – Range of Actions to Improve Practitioner Performance
- B. MPCR601 – Fair Hearing and Appeal Process for Adverse Decisions
- C. MPCR500 – Ongoing Monitoring and Interventions
- D. MPQP1053 – Peer Review Committee

**II. IMPACTED DEPTS:**

- A. Health Services

**III. DEFINITIONS:**

- A. Medical Disciplinary Cause or Reason: A medical disciplinary cause or reason is defined as an aspect of a practitioner’s competence or professional conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
- B. 805 Report: A Health Facility/Peer Review Reporting Form, an 805 Report is the mechanism by which peer review bodies are required to report specific information regarding licensees to the Medical Board of California (MBOC) or the Osteopathic Medical Board of California. The MBOC processes 805 reports on Physicians and Surgeons (MDs), Doctors of Podiatric Medicine (DPMs), Physician Assistants (PAs) , Licensed Midwives (LMs) and the Osteopathic Medical Board of California processes 805 Reports for Osteopathic Physicians (DO’s).

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

The Medical Board of California (MBOC), The Osteopathic Medical Board of California (OMBC) and the National Practitioner Data Bank (NPDB) and Department of Health Care Services (DHCS) have imposed legal requirements for reporting certain actions related to the Credentialing and Peer Review processes. The purpose of this policy is to comply with the MBOC, OMBC, NPDB and DHCS requirements for reporting adverse actions.

**VI. POLICY / PROCEDURE:**

Partnership HealthPlan of California (Partnership) will meet MBOC, OMBC, NPDB and DHCS requirements by following the procedures herein. All reports must be reviewed and approved by the Partnership Chief Medical Officer (CMO) or Partnership Regional Medical Directors (RMDs). It is

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the responsibility of the

Director of Network Services to ensure Credentialing staff have completed and submitted reports and notifications to the appropriate authorities within the time frames listed herein.

A. Medical Board of California

1. Incidents/Actions Requiring Reports

An 805 Report is filed with the MBOC whenever any of the following actions, taken by Partnership HealthPlan of California (Partnership), the Partnership Peer Review Committee, or Credentials Committee, involving a physician, podiatrist, clinical psychologist or dentist, become final:

- a. The practitioner's application for Partnership Practitioner status is denied or rejected for a medical disciplinary cause or reason
- b. The practitioner's Partnership Practitioner status is terminated or revoked for a medical disciplinary cause or reason
- c. Restrictions are imposed, or voluntarily accepted on the practitioner's authority to provide care to Partnership patients for a cumulative total of thirty (30) calendar days or more for any twelve (12) month period, for a medical disciplinary cause or reason
- d. The practitioner resigns or takes a leave of absence from Partnership Practitioner status following notice of an impending investigation based on information indicating a medical disciplinary cause or reason; or
- e. A summary suspension remains in effect in excess of fourteen (14) calendar days.

2. Time frame for filing an 805 Report

a. Resignation or Leave of Absence

An 805 Report is filed within fifteen (15) days after the effective date of resignation or leave of absence.

b. Denial, Termination or Restriction

An 805 Report is filed within fifteen (15) calendar days after the conclusion of all of the proceedings under Partnership Policy MPCR601, Fair Hearing and Appeal Processes for Adverse Decisions, if a denial, termination or restriction results from such proceedings.

c. Summary Suspension

An 805 Report is filed within fifteen (15) calendar days following the imposition of summary suspension, if the summary suspension remains in effect for a period in excess of fourteen (14) days.

3. Fair Hearing Rights

Except in the event of a summary suspension that exceeds fourteen (14) calendar days in length or resignation or leave of absence as provided below, an 805 Report will not be filed until the Practitioner has had the opportunity to either waive or exhaust their Fair Hearing rights in accordance with Partnership Policy MPCR601, Fair Hearing Process for Adverse Decisions.

4. In accordance with the Medical Board of California's requirement, effective 1/11/11,

Partnership will need to file an 805.01 when a final decision or recommendation has been made by the Peer Review Committee regarding evidence any of the following four reasons:

- a. Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients, to the extent or in such a manner as to be dangerous or injurious to any person or to the public;
- b. The use of, or prescribing for or administering to themselves of a controlled substance, any dangerous drug (as specified), or alcoholic beverages, to the extent or in such a

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manner as to be dangerous or injurious to the licentiate, any other person, or the public, or to the extent that the licentiate's ability to practice safely is impaired by that use;

- c. Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing or furnishing of controlled substances without a good faith effort prior examination of the patient and the medical reason therefore (note that in no event shall a physician or surgeon who is lawfully treating terminal illness, hospice, and palliative care be reported for excessive prescribing, and if a report is made, the licensing board must promptly review any such report to ensure these standards are properly applied); or
- d. Sexual misconduct, or other acts of abuse with one or more patients during a course of treatment or an examination.

These four reasons do not have to go to hearing before the 805.01 form is filled out. The proposed action must be given to the practitioner within fifteen (15) calendar days after the peer review body makes the recommendation or final decision. Another change with this law is that the practitioner can submit the reports and file electronically, but it will be made public for those who request it.

**B. National Practitioner Data Bank (NPDB) Reports.**

**1. Incidents/Actions Requiring Reports**

An NPDB Report is filed whenever any of the following actions, taken by Partnership, the Partnership Peer Review Committee or the Credentials Committee, involving a physician, podiatrist, chiropractor, clinical psychologist, dentist or other licensed clinical practitioners become final:

- a. An action that is based on the practitioner's professional competence or professional conduct, which adversely affects or could adversely affect the health or welfare of a patient when that action adversely affects the practitioner's authority to provide care to Partnership patients for more than thirty (30) calendar days;
- b. Acceptance of the practitioner's surrender for restriction of authority to provide care to Partnership patients while under investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or professional review action.

**2. Time frame for filing an NPDB Report**

An NPDB Report is filed within fifteen (15) calendar days from the date the adverse action was taken or authority to provide care to Partnership patients is voluntarily surrendered.

**3. Fair Hearing Rights**

Except in the event of a summary suspension in effect less than thirty one (31) calendar days or a surrender or restriction of authority to provide care to Partnership patients as provided below, an NPDB Report is filed after the Practitioner has had the opportunity to either waive or exhaust his/her fair hearing rights in accordance with Partnership Policy MPCR601, Fair Hearing and Appeals Process for Adverse Decisions.

**4. Additional Reports**

An NPDB Report is filed when any revision is made to a previously reported adverse action.

**C. Department of Health Care Services (DHCS) Reports**

**1. Incidents/Actions Requiring Reports**

When Partnership files reports with the MBOC and the NPDP in accordance with the policy, DHCS must be notified within ten (10) state working days of removing the provider from Partnership's network. The Partnership Credentials staff will prepare a notification and send it

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to the Partnership Compliance Department for submission to DHCS. Partnership must report a provider who has been removed, suspended, excluded, or terminated provider to DHCS in one of three ways:

- a. Email at [PIUCases@DHCS.ca.gov](mailto:PIUCases@DHCS.ca.gov);
- b. E-fax at (916)440-5287, or
- c. Certified Mail at:  
Department of Health Care Services  
Managed Care Operations Division  
Attention: Chief, Program Integrity Unit  
MS 4417  
P.O. Box 997413  
Sacramento, CA 95899-7413

**VII. REFERENCES:**

- A. NCQA 2026 Standards CR6, Element A, Factor 1
- B. DHCS Contract
- C. NPDB <https://www.npdb.hrsa.gov/resources/NPDBGuidebook.pdf>
- D. OMBC [https://www.ombc.ca.gov/consumer\\_complaint/file\\_a\\_complaint.shtml](https://www.ombc.ca.gov/consumer_complaint/file_a_complaint.shtml)
- E. MBC <https://www.mbc.ca.gov/FAQs/>

**VIII. DISTRIBUTION:**

Partnership Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:**

Director, Network Services

**X. REVISION DATES:**

05/09/2018, 04/10/2019, 04/08/2020, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024, 09/10/25, 05/13/26

**PREVIOUSLY APPLIED TO:**

- A. MPCR9A (Archived 05/13/2018)