



Policy and Procedure No: CR 4.5	Revision No: 5
Division: Care Management	
Department: Credentialing	
Title: PHC-CA 805 Reporting of Adverse Actions	
Effective Date: 11/5/2008	
Supersedes Policy No: 99004, CR 4.0, CR 4.1, CR 4.2, CR 4.3, C R 4.4	
Reviewed/Revised by: Renee Barker	Review/Revision Date: 12/16/2025
Approving Committee: Credentialing Committee	Date: 12/16/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

The Medical Board of California (MBOC), the National Practitioner Data Bank (NPDB) has 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 Medical Board of California, the National Practitioner Data Bank requirements for reporting Physicians, Podiatrists, Clinical Psychologists and Oral Surgeons.

Policy:

AHF will adhere to the California Business & Professional Codes requirements for submitting 805 and 805.01 reports to the Medical Board of California, and to the Healthcare Quality Improvement Act of 1986 for reporting to the National Practitioner Data Bank.

Procedure:

1. 805 Report

- a) Fair Hearing Rights
 Except in the event of a summary suspension that exceeds fourteen (14) days in length or resignation or leave of absence as provided below, an 805 Report will never be filed until the Practitioner has had the opportunity to either waive or exhaust his/her Fair Hearing Rights in accordance with CR 2.1 PHC-CA Provider Appeal and Fair Hearing Policy.
- b) 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 reasonable likely to be detrimental to patient safety or to the delivery of patient care. Such conduct includes that which affects, or could adversely affect, the health or welfare of a patient.
- c) Actions Requiring Reports
 An 805, 805.01 Report will be filed with the Medical Board of California whenever any of the following actions taken by AHF Quality Management Committee, or the Credentials Committee, involving a physician, podiatrist, clinical psychologist or oral surgeon, become final:
 - The practitioner’s application for AHF practitioner status is denied or rejected for a medical disciplinary cause or reason;

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

d) Timeframe for filing on 805 Report

- Resignation or Leave of Absence
An 805 Report will be filed within fifteen (15) days after the effective date of resignation or leave of absence.
- Denial, Termination or Restriction
An 805 Report will be filed within fifteen (15) days after the conclusion of all the proceedings under Policy CR 2.1 PHC-CA Provider Appeal and Fair Hearing if a denial, termination or restriction results from such proceedings.
- Summary Suspension
An 805 Report will be filed within fifteen (15) days following the imposition of summary suspension, if the summary suspension remains in effect for a period in excess of fourteen (14) days.

California Business and Professions Code 805 Update:

The Medical Board of California has a new requirement effective 1/11/11 that in addition to the 805, the 805.01 form needs to be completed when a final decision or recommendations has been made by a peer review board.

The 805 is filed for the below issues:

1. A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.
2. A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.
3. Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of thirty (30) days or more for any 12-month period, for a medical disciplinary cause or reason.

The 805.01 is filed for the below issues:

1. Incompetence, gross or repeated deviation from the standard of care involving death or serious bodily injury that is dangerous or injurious to any person;
2. The use of prescribing for or self-administration of any controlled substance, dangerous drug (as specified), or alcoholic beverages that is dangerous or injurious to the licentiate, any other person, public or that the licentiate's ability to practice safety is impaired by that use;
3. Repeated acts of clearly excessive prescribing furnishing administering of controlled substances repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and the medical reason for prescribing (note that in no event shall a physician or surgeon who is lawfully treating intractable pain be reported for excessive prescribing).
4. Sexual misconduct with one or more patients during a course of treatment or an examination.

The other new areas of the law are as follows:

1. The licensee must receive a notice of the proposed action within fifteen (15) days after a peer review body makes a final decision or recommendation.
2. The licensee's right to submit additional explanatory or exculpatory statements to the licensing board electronically or otherwise.
If the provider submits his explanatory or exculpatory statements online they will be posted for the public to see.

2. 8251.5 Reports

a) Actions Requiring Reports

A report will be filed with the diversion program of the Medical Board of California whenever, AHF Quality Management Committee or Credential Committee, initiates a formal investigation of a physician's ability to practice medicine safely, based upon information indicating that he/she may be suffering from a disabling mental or physician condition that poses a threat to patient care.

Timeframe for filing an 821.5 Report

This report will be filed within fifteen (15) days of initiation the formal investigation. No hearing rights will be afforded prior to filing such a report.

b) Report of Completion of Investigation

A report will also be sent to the diversion program of the Medical Board of California when the investigation has been completed or closed.

3. National Practitioner Data Bank (NPDB) Reports

a) Fair Hearing Rights

Except in the event of a summary suspension in effect less than thirty-one (31) days or a surrender or restriction of authority to provide care to AHF patients as provided below, a NPDB Report will never be filed until the Practitioner has had the opportunity to either waive his/her Fair Hearing rights in accordance with Policy CR 2.1 PHC-CA Provider Appeal and Fair Hearing.

b) Actions Requiring Reports

A NPDB Report will be filed whenever any of the following actions is taken AHF Quality Management Committee or the Credentials Committee involving a physician, podiatrist, chiropractor, clinical psychologist or oral surgeon become final.

- 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 AHF patients for more than thirty (30) days.
- Acceptance of the practitioner's surrender or restriction of authority to provide care to AHF patients while under investigation for possible professional incompetence or improper professional conduct or in return for not conducting an investigation or professional review action.

c) Timeframe for filing a NPDB Report

A NPDB Report will be filed within thirty (30) days from the date the adverse action was taken or authority to provide care to AHF patients are voluntarily surrendered.

d) Additional Reports

A NPDB Report will be filed when any revision is made to a previously reported adverse action.

Reports will be made to the NPDB for other adjudicated actions or decision related to the delivery of a health care item or service taken against a health care practitioner, provider or supplier (excluding clinical privileging actions). Other adjudicated actions or decisions are formal or official final action that:

- a) Are taken against a health care practitioner, provider or supplier by a health plan;
- b) Include the existence of a due process mechanism; and
- c) Are based on acts or omissions that affect or could affect the delivery or payment of a health care item or service.

Reports to the National Practitioner Data Bank will be made in accordance with the Requirements outlined by the governing agency and;

- a) Within thirty (30) days from the date the final adverse action was taken; or
- b) Within thirty (30) days of the date when the reporting entity became aware of the final adverse action; or
- c) By the close of the entity's next monthly reporting cycle
- d) The Provider will be notified that a report is being filed.

REPORTING:

1. Any of the Credentialing Committee action outlined above shall be reported in accordance with the requirements of the California Business and Professions Code 805, 805.01 and the reporting provisions of the Health Care Quality Improvement Act (HCQIA) of 1986 for those practitioners for whom reporting is mandatory.
2. AHF reserves the right to adopt policies/procedures for permissive National Practitioner Data Bank (NPDB) reporting and/or reporting to other state or federal licensing/regulatory agencies if it deems such reporting to be in the best interest of its members.

The NPDB-HIPDB has become the NPDB:

Effective 05/06/2013 the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are now one Data Bank: the NPDB. The official website is <http://www.npdb.hrsa.gov>. Users will experience no disruption in Data Bank service and essentially no change to their reporting workflow or requirements. The HIPDB information did not go away, but was integrated into the NPDB.

A copy of all such reports shall be maintained in the practitioner's credentialing file for the length of time required by law. The practitioner shall be notified of all such reports and their contents.

- a) Files 805, 805.01 Reports and supporting documents shall be maintained for the period of there (3) years from date of filing and shall be available to the agency where the report was filed.
- b) A practitioner who is the subject of an NPDB or 805, 805.01, 809-809.9 of the California Business Professions code or the Health Care Quality Improvement Act of 1986, the regulatory provisions shall govern.

The Medical Director, Credentialing Chair or designee will be responsible for filing all reports listed above. Practitioners will be notified via written notification. Written notification of the notice along with the AHF Provider Appeal and Fair Hearing Policy will be sent by certified or registered mail, return receipt requested.

EFFECTIVENESS MONITORING

The effectiveness of this policy and procedure will be monitored through the credentialing and recredentialing process. The evaluation will assess adherence to the established procedures.

Attachment A



MEDICAL BOARD OF CALIFORNIA
Central Complaint Unit



HEALTH FACILITY/PEER REVIEW REPORTING FORM
(Required by Section 805 of the California Business & Professions Code)

NOTE: Certain actions, with respect to staff privileges, membership or employment of physicians, podiatrists and physician assistants must be reported to the Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason. Reports on osteopathic physicians, dentists and psychologists should be directed to their respective Boards. Please see the reverse/second page of this form for further information.

******PLEASE PRINT OR TYPE******

REPORTING ENTITY

Please check type of Reporting Entity	<input type="checkbox"/> Health Care Facility or Clinic - §805(a)(1)(A)	<input type="checkbox"/> Health Care Service Plan - §805(a)(1)(B)
	<input type="checkbox"/> Professional Society - §805(a)(1)(c)	<input type="checkbox"/> Medical Group or Employer - §805(a)(1)(D)
	<input type="checkbox"/> Ambulatory Surgical Center - §805(a)(1)(A)	
	Name _____ Telephone # _____	
Chief Executive Officer/Medical Director/Administrator _____		Chief of Medical Staff _____
Name of person preparing report _____		Telephone # _____
Street address _____ City _____ State _____ Zip code _____		

LICENTATE

Name _____	License # _____
<input type="checkbox"/> Physician	<input type="checkbox"/> Podiatrist <input type="checkbox"/> Physician Assistant

ACTION TAKEN

Date(s) of Action(s) and Duration (attached additional sheets if necessary)	
Type(s) of Action(s) - Check all that apply.	CHECK HERE IF THIS IS A SUPPLEMENTAL REPORT <input type="checkbox"/>
(a) For a medical disciplinary cause or reason:	<input type="checkbox"/> Termination or revocation of staff privileges
<input type="checkbox"/> Denial/rejection of application for staff privileges	<input type="checkbox"/> Termination or revocation of membership
<input type="checkbox"/> Denial/rejection of application for membership	<input type="checkbox"/> Termination or revocation of employment
(b) For a cumulative total of 30 days or more for any 12 month period, and for a medical disciplinary cause or reason:	<input type="checkbox"/> Restriction(s) voluntarily accepted on staff privileges
<input type="checkbox"/> Restriction(s) imposed on staff privileges	<input type="checkbox"/> Restriction(s) voluntarily accepted on membership
<input type="checkbox"/> Restriction(s) imposed on membership	<input type="checkbox"/> Restriction(s) voluntarily accepted on employment
<input type="checkbox"/> Restriction(s) imposed on employment	
If staff privileges were restricted, list specific restrictions imposed or voluntarily accepted:	
(c) Following notice of an impending investigation based on information indicating medical disciplinary cause or reason:	
<input type="checkbox"/> Licentiate resigned from staff	<input type="checkbox"/> Licentiate took leave of absence from staff
<input type="checkbox"/> Licentiate resigned from membership	<input type="checkbox"/> Licentiate took leave of absence from membership
<input type="checkbox"/> Licentiate resigned from employment	<input type="checkbox"/> Licentiate took leave of absence from employment
(d) For a summary suspension that remains in effect for a period in excess of 14 days for a medical disciplinary cause or reason:	
<input type="checkbox"/> Imposition of summary suspension on staff privileges	<input type="checkbox"/> Imposition of summary suspension on membership
<input type="checkbox"/> Imposition of summary suspension on employment	

DESCRIPTION OF ACTION: Attach additional sheet(s) describing the facts and circumstances of the medical disciplinary cause or reason and any other relevant information related to the action taken, including, but not limited to, the number of cases reviewed, time frame covered, any patient deaths involved, any malpractice filings as a result of the physician's actions, any expert/peer opinions obtained, etc.

Signature _____ Date _____
Chief Executive Officer/Medical Director/Administrator

Signature _____ Date _____
Chief of Medical Staff

ENF-805 Revised 8/13

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ADDITIONAL INFORMATION

To complete this form, for definition of terms, when, how, and who should report, please refer to Section 805 of the California Business and Professions Code. You may access this information via www.leginfo.ca.gov under California Law, Business and Professions Code.

PLEASE NOTE: Section 805(k) of the California Business and Professions Code states: "A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars (\$100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licentiate. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, 'willful' means a voluntary and intentional violation of a known legal duty."

Section 805(l) of the California Business and Professions Code states: "Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that, under no circumstances shall exceed fifty thousand dollars (\$50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars (\$50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code."

Section 805(m) of the California Business and Professions Code states: "A health care service plan registered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case-by-case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates."

CONFIDENTIALITY

This report is not a waiver of the confidentiality of medical records and committee reports. The contents of this report may be viewed only by those persons specified in Section 800(c) of the Business and Professions Code, except as required by Section 805.5 of the Business and Professions Code.

COPY TO LICENTiate

A copy of the 805 report, with a cover letter informing the Licentiate of his or her right to submit additional statements or other information pursuant to Section 800(c) of the Business and Professions Code, must be sent by the reporting entity to the Licentiate.

SUPPLEMENTAL REPORT

A supplemental report must be made within thirty (30) days following the date the Licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as corrective action by the reporting entity.