



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Delegated Credentialing	Policy #	23.10-P
Policy Owner	Quality Performance/Contracting	Original Effective Date	11/2010
Revision Effective Date	10/1/2024	Approval Date	10/29/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

I. PURPOSE

To outline the delegation guidelines and information for monitoring the credentialing and re-credentialing activities of practitioners and providers when authority to perform credentialing activities is delegated to another entity. To ensure the delegated credentialing/re-credentialing process meets Kern Health System (KHS) policies, and the standards set forth by applicable governing bodies including the Department of Health Services (DHCS), the Department of Managed Health Care (DMHC) and the National Committee for Quality Assurance (NCQA). To standardize Delegate's submission templates and format outline to be used for reporting required practitioner data and information.

II. POLICY

Kern Health System (KHS) may delegate credentialing activities to qualified entities in accordance with the provisions of this policy. Each delegated entity shall sign a Delegated Credentialing Agreement (See Attachment A) which describes:

1. The responsibilities of KHS,
2. The responsibilities of the delegated entity,
3. The process for evaluation and oversight of the delegated entity's performance, and
4. Other applicable criteria as outlined in "Attachment A, Delegation Agreement".

The credentialing process will adhere to applicable state and federal law and the requirements of KHS' Medi-Cal contract with the State. A contracted practitioner must be credentialed to participate in KHS' health plan in order to treat KHS members. KHS will only delegate credentialing to Qualified Entities, as defined within this policy.

III. DEFINITIONS

TERMS	DEFINITIONS
Delegation	The process whereby KHS gives another entity authority to perform certain functions on its behalf. While KHS may delegate the authority to perform a function, it cannot delegate the responsibility for assuring that the function is performed appropriately.
Oversight	The monitoring and directing of a set of activities in order to assess performance.
Delegation Audit	An annual evaluation of a delegate's capacity to perform delegated credentialing activities using KHS' policies and NCQA and other legal and regulatory standards as applicable.
Delegated Entities	Hospital based physicians and/or physician groups (Group) that provide physician services, that KHS has determined have the capability of performing all required delegated credentialing processes.
Participating Practitioners	Clinicians requesting participation with KHS through Qualified Entities. Participating practitioners include, but are not limited to: Doctors of Medicine or Osteopathy (MDs/DOs), Podiatrists (DPMs), Chiropractors (DCs), Behavioral Health Practitioners, Mid-Levels, and any other licensed independent practitioner with whom the delegated entity contracts or who provides care to KHS members.
Credentials Committee	The qualified entity's designated committee which is responsible for making recommendations regarding decisions about practitioners' credentials.

IV. PROCEDURES

A. DELEGATED CREDENTIALING PROCESS

Prior to entering into a Delegated Credentialing Agreement, KHS evaluates the capability of the Delegated Entity to perform the credentialing functions according to KHS standards, applicable state standards and those established by pertinent governing bodies including CMS, DHCS, DMHC and NCQA. The evaluation includes review of the following:

1. The Delegated Entity's credentialing criteria, policies, and procedures to assure they meet or exceed those of KHS' applicable state standards including those established by the National Committee for Quality Assurance (NCQA).
2. Minutes of the delegated entity's Credentials Committee meetings to verify critical review of the practitioners' credentials.
3. The pre-delegation assessment and evaluation may include a site visit, written review of the delegate's understanding of the standards and delegated tasks, staffing capacity, and performance records. The pre-delegation evaluation may be accomplished through a site visit, the exchange of documents and/or through pre-delegation meetings.

4. If the Delegated Entity is NCQA Accredited or the delegate possesses NCQA-Certification, KHS may use the accredited health plan audit results in its pre-delegation evaluation as an additional mechanism of ensuring the Delegated Entity's credentialing program and quality assurance program meets or exceeds KHS' applicable state, federal standards including those established by the National Committee for Quality Assurance (NCQA). NCQA Accreditation or Certification is not the sole method for determining if the GROUP is deemed capable to complete the specific delegation functions (i.e., credentialing and recredentialing),
5. KHS must evaluate any changes to the delegation agreement, responsibilities and/or activities made by the Delegated Entity prior to the implementation date. Prior written approval must be received from KHS prior to sub-delegating any activity. The delegate will oversee the work performed by the sub-delegate, as outlined in the Exhibit/Agreement. Failure on the part of the delegate to oversee any sub-delegated activity may result in termination of the delegation agreement with KHS.
6. KHS will conduct, at a minimum, an annual due-diligence oversight review of delegates' credentialing and recredentialing activities to include policies, procedures, file review and minutes from credentialing committee. KHS has partnered with the Healthcare Industry Collaboration Effort ("HICE") and will accept audit results approved by HICE. During annual oversight reviews, at least sixty (60) of a delegates credentialing files (30 Initial Files and 30 Recredentialing Files) will be audited to include initial and recredentialing, and/or using NCQA's 8/30 rule for sampling file review. The procedure involves an initial sampling of 8 files for initial and 8 files for recredentialing, the review of an additional sample of 22 files will be done only if the original 8-files fail a credentialing element.
7. KHS will also include a review of the GROUP's credentialing policy and procedures including the policy for credentialing system security controls as required by NCQA Credentialing Standards CR1, Element C, Factor 4. KHS will ensure the Group's monitoring process and reporting of unauthorized modifications is conducted annually in accordance with the delegation agreement requirements or its own policies and procedures as required by NCQA CR.8, Element C, Factor 5.
8. The annual evaluation may be conducted on-site, telephone consultation, virtual/remote review and/or desk-top documentation review.
9. Summary of the annual delegation review is recorded on the KHS Delegation Oversight Audit Summary Report which is presented to the KHS Physician Advisory Committee for review and approval.

B. COMMITTEE AND BOARD REVIEW

The KHS Physician Advisory Committee (PAC) reviews the audit results. The recommendation of the Physician Advisory Committee is presented to the Board of Directors, and if delegated credentialing

is approved, an agreement is executed between the parties outlining the responsibility of each and the specific activities that are delegated.

KHS may delegate to a separate entity all of the credentialing/recredentialing responsibilities or a portion of that process, such as primary source verification and maintenance of credentialing and recredentialing files.

KHS retains the right to approve, suspend, and terminate individual practitioners, providers, and sites. The PAC bases the delegation decision on quality of services, experience, and availability of resources.

The credentialing delegate agrees that it will not sub-delegate delegated activities without prior written approval from KHS. Functions, which the delegate, directly or indirectly, delegates to a delegated third party, shall be in writing. The credentialing delegate acknowledges that the delegated third party will be limited to performing only those functions set forth and delegated in accordance with the agreement with such delegated third party, using standards approved by KHS and that are in compliance with applicable State and Federal laws.

C. WRITTEN DELEGATION AGREEMENT

A mutually agree upon written document (Attachment A), signed by both parties, serves as the delegation agreement (Exhibit A) of the contracted entity. The agreement includes, but is not limited to, the following elements:

1. Responsibilities of KHS and the Delegate Entity or Group
2. Specific credentialing activities being delegated which may include any or all of the following:
 - a. Maintenance of credentialing committee activities
 - b. Initial credentialing process for practitioners and/or providers
 - c. Primary source verification process
 - d. Ongoing monitoring of license and sanctions
 - e. Recredentialing process for practitioners and/or providers
 - f. Initial Site Visit Process, if required or delegated
 - g. Credentialing appeals process
 - h. Appropriate reporting to authorities
 - i. Decision making process
 - j. Credentialing System Controls process
3. Frequency and type of reporting
4. The process by which KHS evaluates the delegate's performance
5. KHS retained right, based on quality issues, to approve, suspend, and terminate individual practitioners, providers and sites in situations where it has delegated decision making.
6. Statement of consequences and corrective action process if the delegate fails to meet the terms of the agreement, up to and including revocation of the delegation agreement.

D. DELEGATED ENTITY'S RESPONSIBILITIES

Qualified entities shall conduct plan and practitioner reviews, including utilization review, quality assurance and peer review within the meaning of California Health and Safety Code Section 1370 *et seq.*, and California Evidence Code Section 1157. Delegation requirements will include, but not be limited to, the following:

1. Delegate has a minimum of 50 providers that fall in the scope of credentialing. Less than 50 providers will be at the full discretion of KHS upon review and consideration of the pre-delegation audit.
2. Delegate has a credentialing program that has been in place for at least 12 consecutive months and determined to have the capacity to meet NCQA requirements before delegation begins.
3. Delegate has credentialed their entire network of providers.
4. Delegate has held at least three (3) credentialing committee meetings.
5. Verification of potential Delegated Entity's accreditation or certification by NCQA.
6. Non-NCQA accredited or certified potential Delegated Entities must have ability to meet KHS credentialing standards including but not limited to: Credentialing and Recredentialing Policies and procedures, credentialing and recredentialing application and attestations, Credentialing System Controls Policy and reports, and other relevant credentialing and recredentialing documents or files, including those related to suspension and/or restrictions, fair hearing and appeals process, termination and notification to authorities, confidentiality, and non-discriminatory credentialing process.
7. Ensure the protected health information (PHI) of KHS members treated by participating practitioners remains protected. The delegated entity's credentialing policies and procedures must address the following:
 - a. allowable uses of PHI
 - b. safeguards to protect the information from inappropriate use or further disclosure
 - c. requirements to ensure sub-delegates have similar safeguards
 - d. how are individual practitioners are allowed access to their PHI
 - e. KHS will be informed within one business day if inappropriate use of PHI occurs
 - f. safeguards to ensure that PHI is returned, destroyed, or protected if the delegation agreement ends
8. Notify KHS of any changes to NCQA healthcare accreditation status within thirty (30) days of change notification.
9. Process for monitoring practitioner sanctions, complaints and the occurrence of adverse events between re-credentialing cycles. The delegated entity must conduct on-going monitoring of all practitioners who fall within the scope of credentialing. The delegated entity must be fully compliant with KHS, NCQA, and DHCS and use approved current sources of sanction information.

10. Policies and procedures for on-going monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles and takes appropriate action against practitioners when it identifies occurrence of poor quality. Delegated entity identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.
11. Collect and evaluate ongoing monitoring information (OIG, Medi-Cal Suspended & Ineligible List, Medicare Opt-Out, etc.) and maintain current and accurate information about contracted participating practitioners.
12. Conduct site visits and medical record reviews as applicable under NCQA healthcare accreditation organization standards.

E. KERN HEALTH SYSTEMS' RESPONSIBILITIES

1. Prior to delegation and annually thereafter, conduct a review and audit of the credentialing and re-credentialing activities to ensure that the delegated entity is in accordance with KHS approved policies and procedures, and established criteria. KHS will conduct an annual evaluation and audit of all delegates. The evaluation and audit will include a review of applicable credentialing & quality assurance policies and procedures related to the delegated function. If the delegate is NCQA accredited or possesses NCQA Certification, KHS may use the accredited health plan audit in its annual evaluation; however, the NCQA Accreditation or Certification is not the sole method for determining if the GROUP is deemed capable to complete the specific delegation functions (i.e., credentialing and recredentialing).
2. Results of KHS oversight audit shall be reported to the KHS PAC and BOD in writing including any corrective action plans, time period for correcting such deficiencies or re-audit if necessary. If any area of the credentialing/re-credentialing process is found to be out of compliance with NCQA guidelines and/or GROUP's credentialing policies and procedures approved by KHS, KHS may choose, in its sole discretion, to require a written corrective action plan (CAP) from GROUP and perform a follow-up review in sixty (60) days. If the GROUP does not implement corrective plan, or does not improve its performance, or its performance is deemed inadequate by KHS in its sole discretion, KHS may implement additional methods to improve performance such as joint meetings, on-site audits, regular conference calls until deficiencies are resolved. KHS, in its sole discretion, may impose additional actions to revoke, terminate or amend the delegation agreement as necessary.
3. Notify the delegated entity in writing of any changes to KHS's credentialing and re-credentialing policy and/or outside regulatory requirements that impact the delegated entity's responsibilities.
4. Retain the authority to approve and to suspend, limit, or terminate the participation of any practitioner, who does not meet KHS' participation requirements or fails to comply with KHS' operating procedures.

5. KHS shall maintain ultimate responsibility for all delegated credentialing and re-credentialing activities. Notwithstanding any other provision of this policy, KHS retains the right to:
 - a. Approve a Practitioner or Practitioner location
 - b. Terminate or suspend a Practitioner from the KHS network
 - c. Overturn a Health Network Peer Review Body's credentialing or re-credentialing decision

F. DELEGATED ACTIVITIES FOR INITIAL CREDENTIALING

All practitioners must be qualified to participate in Medi-Cal in order to treat KHS members. Practitioners must not be excluded, suspended or ineligible from participation in the Medi-Cal or Medicare programs. Failure to meet Medi-Cal requirements may be cause for removal from KHS's network.

Credentialing activities must include collecting and verifying the following clinician credentials from "primary sources", as defined by NCQA and document and date this verification in writing according to NCQA standards:

1. Current valid license to practice healthcare in California
2. Current privileges in good standing or coverage arrangements, as applicable
3. Current valid unrestricted DEA or CDS Certificate or appropriate waiver in California
4. Current board certification in the appropriate specialty, if applicable
5. Education and training in practicing specialty, if not board certified
6. Five years of work history with documentation of gaps greater than six months
7. Current professional liability insurance within KHS approved limits
8. Review of Medicare/Medi-Cal Sanction Activities
9. Review of the Medicare Opt-Out Report
10. Site visit process, if applicable
11. Ongoing monitoring of sanction activities including Medicare/Medi-Cal, state licensure, Medicare Opt Out, as applicable. Reports must be reviewed within a prescribed timeline of source publications or at least every six months when there is no regular publication.
12. State and/or Medi-Cal Requirements as applicable
13. Current, signed attestation statement by the practitioner confirming the correctness and completeness of their application and must address the following:

- a. Reasons for any inability to perform the essential functions of the position, with or without accommodation;
- b. Lack of present use of illegal drugs;
- c. History of loss or limitation of privileges or disciplinary action or negative license or privilege actions;
- d. History of loss of license and felony convictions; and,
- e. History of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which a practitioner has had privileges.

G. DELEGATED ACTIVITIES FOR RE-CREDENTIALING

The delegated entity must formally re-credential its practitioners at least every 36-months. The three-year period must be within 36 months of the last delegated entities last Credentialing Committee approval date. As part of the recredentialing process, all credentialing information must be reverified except for work history, education, and training.

- 1. Performance Monitoring of the following items:
 - a. Member complaints and grievances
 - b. Quality Improvement activities
 - c. Utilization Management activities
 - d. Member Satisfaction Survey Data

H. REPORTING REQUIREMENTS

The delegated entity will notify KHS's Provider Relations Department of the following:

- 1. A monthly roster of newly approved practitioners. The roster must include at a minimum, the specific data elements outlined below or use the standardized ICE roster format:
 - a. Last Name
 - b. First Name
 - c. Middle Name
 - d. Degree/Title
 - e. Gender
 - f. Practitioner Practice Addresses
 - g. Practitioner phone, fax, and email, if applicable
 - h. Social Security Number and Tax ID Number
 - i. Specialty and Sub-Specialty
 - j. All valid and current Medical License Numbers and expiration dates
 - k. Board Status and/or Certifications
 - l. DEA/CDS Number and expiration date
 - m. NPI Number
 - n. Languages Spoken
 - o. Date of Credentialing Committee and/or Peer Review Approval (credentialing effective date)
 - p. Modified credentialing terms, if applicable

2. Quarterly, Delegated entity will submit the Healthcare Industry Collaboration Effort (HICE) Quarterly Credentialing Submission Form and Roster of providers credentialed, recredentialed and terminated providers and credentialing activities, during the specified reporting period.
3. At least semi-annually, submission of a roster of contracted participating practitioners which includes at a minimum, the specific data elements outlined below or use the standardized ICE roster format:
 - a. Last Name
 - b. First Name
 - c. Middle Name
 - d. Degree/Title
 - e. All valid and current Medical License Numbers and expiration dates
 - f. Board Status and/or Certifications
 - g. Gender
 - h. Languages Spoken
 - i. Practitioner Practice Addresses
 - j. Practitioner phone, fax, and email, if applicable
 - k. NPI and Tax ID Numbers
 - l. Specialty and Sub-Specialty
 - m. Credentialing Committee dates (initial and re-credentialing dates)
 - n. Modified credentialing terms, if applicable
4. Changes to its credentialing and re-credentialing policies and procedures, processes, delegation or sub-delegation, and criteria within thirty (30) days of the change.
5. Submit thirty (30) days prior or upon notification any changes in the status of any of the delegated entity's participating practitioners, including, but not limited to terminations, resignations, or extended leave (more than 4 weeks), and changes in privileges.
6. Notify within ten (10) days of becoming aware of significant changes in an individual practitioners credentialing or re-credentialing status, including, but not limited to, loss of hospital privileges, loss of restriction of any state license, loss of limit of DEA permit, ineligibility or exclusion from any federal program, or disciplinary action taken against a practitioner.
7. Should the Delegated Entity file a Section 805 with the Medical Board of California and a report to the National Practitioner Data Bank (NPDB) within fifteen (15) business days after the effective date of any adverse action against a practitioner, the Delegated Entity will notify KHS within 15-days business days.

I. CREDENTIALING DECISIONS

To ensure that a consistent and equitable process is used throughout the KHS network, the credentialing and re-credentialing policies of the delegated entity will adhere to at least the same

qualification standard and participation terms and conditions set forth in KHS' Credentialing Policy and Procedure. The delegated entity's policy and procedures shall include the practitioner's right to appeal according to applicable laws. KHS will report all delegated credentialing and re-credentialing decisions to its Physician Advisory Committee, within **thirty (30) days** receipt of the delegated entity's decisions for final action. KHS retains the right to approve or reject each individual practitioner and/or practitioner sites, and to terminate, suspend, and/or limit participation by any individual practitioner.

J. REPORTING TO REGULATORY AGENCIES

Each delegated entity must file a Section 805 with the Medical Board of California and a report to the National Practitioner Data Bank (NPDB) within three (3) business days after the effective date of the adverse action, if the action is reportable.

K. REVOCATION AND RESUMPTION OF DELEGATED FUNCTIONS:

1. KHS, in its sole discretion, reserves the right to revoke any or all of the Delegated Functions at any time if it is determined that Delegated Functions are not being performed in accordance with the terms of this Exhibit, the Agreement, the Delegation Grid, all Applicable Requirements, and NCQA standards.
2. Upon notice to GROUP that any or all Delegated Functions are revoked, KHS will work with GROUP to transition revoked Delegated Functions to KHS. The resumption of revoked Delegated Functions will be at the sole discretion of KHS and may require a new Delegation Grid mutually agreed to and executed by the parties.
3. In the event of revocation of Delegated Functions by KHS, or termination of this Delegation Agreement by either party, GROUP will use best efforts to facilitate KHS's resumption of Delegated Functions, including to the extent applicable, assisting with the transition of members' care.
4. Notwithstanding KHS's ability to revoke delegated functions, GROUP's failure to perform the Delegated Functions or respond to any corrective action plan shall be considered a material breach of this Delegation Agreement.
5. The resumption of revoked Delegated Functions will be at the sole discretion of KHS. If KHS determines GROUP may resume some or all Delegated Functions, a new Delegation Grid will be mutually agreed to and executed by the parties.
6. KHS retains the right to approve, suspend and terminate individual practitioners for which KHS has delegated decision-making or deny participation of any Group practitioner provider services to Members of KHS' Medi-Cal Managed Care Health Plan.

V. ATTACHMENTS

Attachment A:	Delegated Credentialing Agreement (Exhibit and Attachment Grid)
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VI. REFERENCES

Reference Type	Specific Reference
Other	NCQA Accreditation Credentialing Standards CR.8 Delegated Credentialing 2023

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	09-2024	Revised policy entirely to align with NCQA Delegated Credentialing Standards CR.8 and New Delegated Credentialing Agreement Exhibit with outlined responsibility grid. P&P Renumbered from 4.32-P to Quality Performance 23.10-P Exhibit/Attachment A-Delegation Agreement is a new template approved by KHS Compliance, DSR Health Law and TMG Consultants.	Yolanda Herrera
Revised	08-2019	Policy revised after review by DSR Health Law, minor revisions incorporated at the request of Alec Stone, Attorney	Yolanda Herrera
Revised	03-2017	Policy revised to incorporate requirements of adopted legislation SB 137. Policy submitted and approved by DMHC	Unknown
Revised	11-2012	Attachment A revised. Only formatting changes applied to policy, no substantial changes.	Unknown
Effective	11-2010	Policy created by Provider Relations	Yolanda Herrera

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Physician Advisory Committee (PAC)		10/2/2024
Board of Directors (BOD)		10/17/2024
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services		

(DHCS)		
Department of Managed Health Care (DMHC)	Revision 2017-03 revised to incorporate requirements of adopted legislation SB 137. Policy submitted and approved by DMHC.	
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 23.10-P, Delegated Credentialing

Last approved version: N/A

Reason for revision: The Quality Performance Department revised policy to align with NCQA requirements. In addition, the policy was renumbered from Provider Network Management (4.32-P) to Quality Performance (23.10-P).

Director Approval		
Title	Signature	Date Approved
Jake Hall Senior Director of Quality Performance and Contracting		

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____

EXHIBIT (INSERT # or Letter)
DELEGATION CREDENTIALING AGREEMENT

This Delegate Agreement is incorporated into the Agreement and is entered into between Kern Health System (“KHS”) and [INSERT GROUP NAME] (“GROUP”) as of [INSERT DATE] (“Effective Date”). Any term not otherwise defined within this Exhibit shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this Exhibit and the terms of the Agreement, the terms of the Agreement shall govern and prevail.

RECITALS

- A. KHS is licensed under the California Knox-Keene Health Care Service Plan Act of 1975 as a health care service plan.
- B. GROUP is a peer review body within the meaning of California Business and Professions Code Section 805 and conducts plan and practitioner reviews, including utilization review, quality assurance and peer review within the meaning of California Health and Safety Code Section 1370 *et seq.*, and California Evidence Code Section 1157.
- C. KHS acknowledges and agrees that the delegation of its credentialing and re-credentialing requirements to GROUP does not relieve KHS of its responsibility to ensure that GROUP’s credentialing and re-credentialing are consistent with laws and regulations.
- D. In its sole discretion, KHS reserves the right to terminate this Delegation Agreement upon written notice; GROUP may terminate this Delegation Agreement upon ninety (90) days prior written notice to KHS

Section 1: General Representations and Obligations of GROUP:

- 1.1 GROUP warrants and represents that all delegated functions will be performed in compliance with all Applicable Requirements, including but not limited to State and Federal regulations, DHCS contractual requirements, including Medi-Cal requirements attached as an exhibit to this Delegation Agreement, and current National Committee for Quality Assurance (“NCQA”) Credentialing standards. Delegated functions are set forth in the Delegation Grid attached herewith as Exhibit (X).
- 1.2 KHS will give notice to GROUP of any changes in State and Federal regulations and NCQA Credentialing standards. GROUP agrees to promptly comply with any such required changes. Group shall maintain any and all license, certificates, registrations, or permits required to perform credentialing and recredentialing.
- 1.3 GROUP shall initially credential, and every thirty-six (36)-months thereafter, re-credential all GROUP practitioners, in accordance with credentialing and re-credentialing policies and procedures, approved by KHS and which meet accreditation standards and requirements including, but not limited to NCQA credentialing requirements.
- 1.4 If KHS determines a corrective action plan is needed, GROUP warrants that GROUP will create and implement a corrective action plan approved by KHS.

- 1.5 If GROUP does not meet the timeline to implement the corrective action plan agreed to by GROUP and KHS, GROUP agrees that KHS has the right to exercise any and all remedies available to KHS under the Agreement, including the issuance of sanctions and penalties.
- 1.6 GROUP shall not further sub-delegate the performance of any Delegated Function, as defined below, to another organization or entity without the express written consent of KHS. Should GROUP receive KHS's express written consent to sub-delegate the performance of any Delegated Function, the GROUP's subcontractor must comply with the terms and conditions set forth in this Exhibit, the Agreement, the Delegation Grid, and all Applicable Requirements. In the event GROUP sub-delegates, GROUP agrees to monitor and oversee its subcontractor's performance of sub-delegated functions by conducting continuous monitoring and an annual oversight audit based on best practice and industry standards.
- 1.7 GROUP will notify KHS of any changes to its NCQA healthcare accreditation status within thirty (30) days of change notification.

Section 2: Delegated Functions:

- 2.1 GROUP shall be responsible for the performance of the credentialing functions, collectively referred to as "Delegated Functions."
- 2.2 The Delegation Grid, Attachment 1 to this Exhibit, is hereby incorporated by reference. The Delegation Grid identifies the Delegated Functions and GROUP's responsibilities related to the Delegated Functions.
- 2.3 The Reporting/Oversight Requirements, Attachment 1 to this Exhibit, is hereby incorporated by reference.
- 2.4 Delegated Functions shall be performed in a manner consistent with the terms set forth in this Attachment 1 Exhibit, the Delegation Grid/Reporting Oversight Requirements, the terms and conditions of the Agreement, and all Applicable Requirements.

Section 3: KHS Oversight:

- 3.1 KHS shall maintain ultimate responsibility for adhering to and otherwise fully comply with the terms and conditions of KHS's agreements with Government Agencies and State and Federal law.
- 3.2 As part of GROUP's acceptance of the Delegated Functions, GROUP agrees to cooperate, participate and comply with KHS's monitoring and oversight activities. Such audits and assessments shall be performed in accordance with State requirements, NCQA standards, and KHS's delegation oversight policies and procedures.

- 3.3 KHS shall monitor and oversee GROUP's performance of Delegated Functions by conducting continuous monitoring through quarterly reports and conducts an annual oversight audit of the credentialing files, documents and reports set forth in the Delegation Grid and Reporting Deliverable Index based on KHS's delegation oversight procedures.
- i. Continuous monitoring will include but is not limited to the following:
 - a. Review of credentialing files, documents and reports as described in the Delegation Grid and the Reporting Oversight;
 - b. Review of delegates credentialing system controls policies and procedures, and audits.
 - ii. KHS and GROUP shall collaboratively develop the annual audit schedule for Delegated Functions.
 - iii. Location of the audit shall be on site at GROUP's business office(s), and/or desk audit will be conducted at KHS's business office.
 - iv. The annual audit will include but is not limited to the review of credentialing files, documents and reports, including the delegates credentialing system controls as described in the Delegation Grid and the Reporting Oversight at least annually.
 - v. KHS will also include a review of the GROUP's credentialing policy and procedures including the policy for credentialing system security controls as required by NCQA Credentialing Standards CR1, Element C, Factor 4. KHS will ensure the Group's monitoring process and reporting of unauthorized modifications is conducted annually in accordance with the delegation agreement requirements or its own policies and procedures as required by NCQA CR.8, Element C, Factor 5.

Upon reasonable advanced notice from KHS with mutually agreed date and time by both Parties, GROUP will cooperate in the annual onsite review to be performed by KHS. Such review may include interviews of appropriate representatives of GROUP, review of credentialing policies and procedures and review of files relating to practitioners or a request for copies of required documentation. KHS may, at its sole discretion, choose to use the results of the annual Healthcare Industry Collaborative Effort (HICE) audit or NCQA healthcare accreditation audit in lieu of conducting its own if the GROUP is deemed capable to complete the specific delegation functions.

- 3.4 If KHS determines a corrective action plan is needed, GROUP will create and, upon approval of the plan by KHS, implement such corrective action plan.
- 3.5 KHS shall monitor GROUP's ongoing performance to ensure corrective actions take place in a timely manner.
- 3.6 KHS shall perform additional follow up audits, as necessary, to verify the completion of corrective action plan(s).
- 3.7 KHS, in its sole discretion, has the right to exercise any and all remedies available to KHS under the Agreement, including the issuance of sanctions and penalties.
- 3.8 KHS reserves the right to directly monitor and oversee GROUP's subcontractor's performance of sub-delegated functions by conducting continuous monitoring and an annual oversight audit as necessary.

- 3.9 In the event KHS amends its KHS 23.10-P Delegated Credentialing policy, including Section 8.0 Reporting Requirements, it shall provide GROUP notice of such amendments at least sixty (60) days before the effective date of any change(s) to the KHS policy referenced herein.

Section 4: Revocation and Resumption of Delegated Functions:

- 4.1 KHS, in its sole discretion, reserves the right to revoke any or all of the Delegated Functions at any time if it is determined that Delegated Functions are not being performed in accordance with the terms of this Exhibit, the Agreement, the Delegation Grid, all Applicable Requirements, and NCQA standards.
- 4.2 Upon notice to GROUP that any or all Delegated Functions are revoked, KHS will work with GROUP to transition revoked Delegated Functions to KHS. The resumption of revoked Delegated Functions will be at the sole discretion of KHS and may require a new Delegation Grid mutually agreed to and executed by the parties.
- 4.3 In the event of revocation of Delegated Functions by KHS, or termination of this Delegation Agreement by either party, GROUP will use best efforts to facilitate KHS's resumption of Delegated Functions, including to the extent applicable, assisting with the transition of members' care.
- 4.4 Notwithstanding KHS's ability to revoke delegated functions, GROUP's failure to perform the Delegated Functions or respond to any corrective action plan shall be considered a material breach of this Delegation Agreement.
- 4.5 The resumption of revoked Delegated Functions will be at the sole discretion of KHS. If KHS determines GROUP may resume some or all Delegated Functions, a new Delegation Grid will be mutually agreed to and executed by the parties.
- 4.6 KHS retains the right to approve, suspend and terminate individual practitioners for which KHS has delegated decision-making or deny participation of any Group practitioner provider services to Members of KHS' Medi-Cal Managed Care Health Plan.

Section 5: Deliverables:

- 5.1 Deliverables must be made in the manner and time described in the Delegation Grid attached to this Agreement.

Section 6: Entire Delegation Agreement:

- 6.1 This Delegation Agreement constitutes the entire understanding of the parties on this subject matter and supersedes any prior delegation agreements.

Section 7: Termination of Delegation Agreement

- A. KHS has the right to terminate this Delegation Agreement, in its sole discretion, with or without cause. The term of this Delegation Agreement begins on the Effective Date and ends upon a written notice of termination by either party pursuant to the terms of this Section. KHS may terminate this Agreement with or without cause immediately upon written notice to GROUP. GROUP may terminate this Delegation Agreement with or without cause by providing ninety (90) days' written notice to KHS. In the event this Delegation Agreement is terminated, GROUP agrees to assist, to the extent applicable, with the transition of members' care.

IN WITNESS WHEREOF, the parties signify their acceptance of the terms and conditions of this Delegation Agreement by their signatures below.

Kern Health System

Executed by

Executed By: [INSERT NAME]

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Remainder of page is left blank intentionally.

EXHIBIT X: Attachment #1
Delegation Grid
Effective (INSERT DATE)

The purpose of this grid is to specify the activities delegated by KHS to GROUP. All Delegated Functions are to be performed in accordance with NCQA accreditation standards and State and Federal regulatory requirements as modified from time to time. GROUP agrees to be accountable for all responsibilities delegated by KHS and will not further delegate (sub-delegate) any such responsibilities without prior written authorization by KHS. GROUP may collect the data necessary to assess member experience and clinical performance (e.g. Complaints, CAHPS results or other member experience data, HEDIS results, claims or other clinical data, etc.). This data is also available from KHS upon request by emailing (INSERT CONTACT). GROUP must provide periodic reports as required by KHS. Required reports and documents must be sent to KHS's Audits and Oversight Unit via secure FTP site or emailed at (INSERT CONTACT). DHCS and DMHC requirements as well as NCQA standards not identified in this Delegation Grid remain the responsibility of KHS.

Credentialing

The Health Plan reviews Delegate's Credentialing activities in-order to ensure service levels, quality, and compliance with regulatory requirements. The Plan adheres to the most current Federal and State regulations and NCQA standards to comply with these requirements. The Plan retains the right to approve, suspend and terminate individual practitioners, providers and sites in situations where it has delegated decision making. The Plan retains overall responsibility for the following procedural or structural components.

Requirement	Delegated Yes / No
NCQA CR 1: Credentialing Policies Developing and implementing policies which describe the process for credentialing and recredentialing health care practitioners. At a minimum, such policies shall specify the following:	
Element A: Practitioner Credentialing Guidelines 1. The types of practitioners it credentials and recredentials. 2. The verification sources it uses. 3. The criteria for credentialing and recredentialing. 4. The process for making credentialing and recredentialing decisions. 5. The process for managing credentialing files that meet Organization's established criteria. 6. The process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory manner. 7. The process for notifying practitioners if information obtained during credentialing process varies substantially from the information they provided to Organization. 8. The process for notifying practitioners of the credentialing and recredentialing decision within 60 calendar days of the credentialing committee's decision. 9. The medical director or other designated physician's direct responsibility and participation in the credentialing program. 10. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. 11. The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty.	Yes
Element B: Practitioner Rights The Delegate notifies practitioners about their right to: 1. Review information submitted to support their credentialing application. 2. Correct erroneous information. 3. Receive the status of their credentialing or recredentialing application, upon request.	Yes
Element C: Credentialing System Controls	Yes

Requirement	Delegated Yes / No
<p>The Delegate's credentialing process describes:</p> <ol style="list-style-type: none"> 1. How primary source verification information is received, dated and stored. 2. How modified information is tracked and dated from its initial verification. 3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate. 4. The security controls in place to protect the information from unauthorized modification. 5. How Organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable. 	
<p>Element D: Credentialing System Controls Oversight At least annually, the delegate demonstrates that it monitors compliance with its credentialing controls, as described in Element C, factor 5, by:</p> <ol style="list-style-type: none"> 1. Identifying all modifications to credentialing and recredentialing information that did not meet Organization's policies and procedures for modifications. 2. Analyzing all instances of modifications that did not meet Organization's policies and procedures for modifications. 3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters. 	Yes
<p>NCQA CR 2: Credentialing Committee The Delegate designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions.</p>	
<p>Element A: Credentialing Committee: The Delegate's Credentialing Committee:</p> <ol style="list-style-type: none"> 1. Uses participating practitioners to provide meaningful advice and expertise when it makes credentialing decisions. 2. Reviews credentials for practitioners who do not meet established thresholds. 3. Ensures that files that meet established criteria are reviewed and approved by a medical director, designated physician or the Credentialing Committee. 	Yes
<p>NCQA CR 3: Credentialing Verification The Delegate verifies and reverifies credentialing information through primary sources in accordance with applicable federal and/or state law, NCQA Standards, unless otherwise indicated.</p>	
<p>Element A: Verification of Credentials The Delegate verifies that the following are within the prescribed time limits:</p> <ol style="list-style-type: none"> 1. A current and valid license to practice. 2. A valid DEA or CDS certificate, if applicable. 3. Education and training as specified in the explanation. * 4. Board certification status, if applicable. 5. Work history. * 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner. 7. National Practitioner Identifier (NPI) Number 8. Clinical privileges in good standing, if applicable (CMS/DMHC/DHCS) 	Yes
<p>Element B: Sanction Information The Delegate verifies the following sanction information for credentialing</p> <ol style="list-style-type: none"> 1. State sanctions, restrictions on licensure and limitations on scope of practice. 2. Medicare and Medicaid sanctions/exclusions/preclusions. Providers terminated from either Medicare or Medicaid, or on either the Office of Inspector General (OIG), the Medi-Cal Suspended and Ineligible Provider List (DHCS) or the EPLS/EEDP/SAM Database (CMS) may not participate in Health Plan's network; including Medicare Debarment and opt-out. (CMS/DHCS) 	Yes
<p>Element C: Credentialing Application Applications for credentialing include the following:</p> <ol style="list-style-type: none"> 1. Reasons for inability to perform the essential functions of the position. 2. Lack of present illegal drug use. 	Yes

Requirement	Delegated Yes / No
3. History of loss of license and felony convictions. 4. History of loss or limitation of privileges or disciplinary actions. 5. Current malpractice insurance coverage. 6. Current and signed attestation confirming the correctness and completeness of the application.	
NCQA CR 4: Recredentialing Cycle Length The Delegate formally recredentials its practitioners at least every 36 months.	
Element A: Recredentialing Cycle Length The length of the recredentialing cycle is within the required 36-month time frame.	Yes
This applies to practitioners in the scope of credentialing as defined in CR1, Element A, B and APL 22-013 Screening and Enrollment as applicable. (requirements indicated with * are not required at recredentialing)	Yes
Recredentialing policies and procedures requires information from quality improvement activities and member complaints in recredentialing decision-making process (CMS/DHCS)	Yes
Each file contains the Credentialing Committee decision date. The 36-month recredentialing cycle begins on the date of the previous credentialing decision. (NCQA counts the 36-month cycle to the month, not the day)	Yes
NCQA CR 5: Ongoing Monitoring and Interventions The Delegate develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality.	
Element A: Ongoing Monitoring and Interventions The Delegate implements ongoing monitoring and makes appropriate interventions by: <ol style="list-style-type: none"> 1. Collecting and reviewing Medicare and Medicaid sanctions. 2. Collecting and reviewing sanctions and limitations on licensure. 3. Collecting and reviewing complaints. 4. Collecting and reviewing information from identified adverse events. 5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1–4. 	Yes
NCQA CR 6: Notification to Authorities and Practitioner Appeal Rights The Delegate that has taken action against a practitioner for quality reasons reports the action to the appropriate authorities and offers the practitioner a formal appeal process.	
Element A: Actions Against Practitioners The Delegate has policies and procedures for: <ol style="list-style-type: none"> 1. Identifying the range of options available for taking actions against practitioners. 2. Making the appeal process known to practitioners. 	Yes
NCQ CR 7: Assessment of Organizational Providers The Delegate has written policies and procedures for the initial and ongoing assessment of providers with which it contracts.	
Element A: Review and Approval of Provider The Delegate's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every 36 months thereafter, it: <ol style="list-style-type: none"> 1. Confirms that the provider is in good standing with state and federal regulatory bodies. 2. Confirms that the provider has been reviewed and approved by an accrediting body. 3. Conducts an onsite quality assessment if the provider is not accredited. 	Yes
Element B: Medical Providers The Delegate includes at least the following medical providers in its assessment: <ol style="list-style-type: none"> 1. Hospitals 2. Home Health Agencies 3. Skilled Nursing Facilities 4. Free-Standing Surgical Centers * (CA H&S 1248.1 requires accreditation) 	Yes
CMS Required Provider Types: If the Health Plan includes (Medicare), the Delegate includes the additional provider types in its	Yes

Requirement	Delegated Yes / No
assessment: 5. Hospices 6. Clinical Laboratories 7. Comprehensive Outpatient Rehabilitation Facilities (CORF) 8. Outpatient Physical Therapy Providers 9. Speech Pathology Providers 10. Outpatient Diabetes Self-Management Training Providers 11. Portable X-Ray Suppliers 12. Rural Health Clinics (RHC) 13. Federally Qualified Health Centers (FQHC)	
Element C: Behavioral Healthcare Providers The Delegate includes behavioral health care facilities providing mental health or substance abuse services in the following settings: 1. Inpatient, 2. Residential, 3. Ambulatory	Yes
Element D Assessing Behavioral Healthcare Providers The Delegate assesses contracted behavioral healthcare providers against the requirements and within the time frame in Element A.	Yes
NCQA CR 8: Delegation of CR If the Health Plan delegates any NCQA-required credentialing activities, there is evidence of oversight of the delegated activities. CR8 / Factor 3 – Reporting Requirements outlined below	Organization shall not sub-delegate the performance of CR functions to another organization or entity without the express written consent of the Plan.
CR9: Identification of HIV/AIDS Specialist The Delegate documents and implements a method for identifying HIV/AIDS Specialist to who appropriate members may be given a standing or extended referral per criteria CA H&SC 1374.16, DMHC Tag (QM-004), DHCS MMCD All Plan Letter)	
1. There is written policy and procedure describing the process that the delegate identifies or reconfirms the appropriately qualified physician who meets the definition of an HIV/AIDS Specialist according to California State regulation on an annual basis. 2. On an annual basis, the delegate identifies or reconfirms the appropriate qualified physician who meets the definition of an HIV/AIDS Specialist according to California State regulation. 3. The list of identified qualifying physician is provided to the delegates department responsible for authorizing standing referrals.	Yes
CA AB2581: Behavioral Health Only The Delegate has written policy and procedures describing the credentialing turnaround time for behavioral health providers.	
1. The initial credentialing decision is to be completed within 60-days after receiving a completed credentialing application. 2. Written policy and procedures includes notifying the applicant within 7-business days to verify receipt and inform the applicant whether the application is complete.	Yes

DHCS Provider Screening and Enrollment

Requirement	Delegated Yes / No
APL 22-013 Provider Screening and Enrollment (DHCS Credentialing Verification & Recredentialing) Title 42 CFR, Section 438.602(b) requires the Medi-Cal Program to screen and enroll, and periodically revalidate, all network providers of managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans, in accordance with the requirements of Title 42 CFR, Part 455, Subparts B and E. These requirements apply to both existing contracting network providers as well as prospective network providers.	
<p>The Delegate ensures the following practitioners and providers meet DHCS enrollment and screening requirements:</p> <ol style="list-style-type: none"> 1. Limited Risk: physician or non-physician practitioners and medical groups or clinics: <ul style="list-style-type: none"> • Ambulatory Surgical Centers (ASCs) • End-Stage Renal Disease (ESRD) facilities • Federally Qualified Health Centers (FQHCs) • Histocompatibility laboratories • Hospitals, including Critical Access Hospitals (CAHs) • Indian Health Service (IHS) facilities • Mammography screening centers • Mass immunization roster billers • Organ Procurement Organizations (OPOs) • Portable x-ray suppliers • Providers or suppliers that are publicly traded on the New York Stock Exchange (NYSE) or the NASDAQ • Public or Government-Owned Ambulance Services Suppliers • Religious Nonmedical Health Care Institutions (RNHCIs) • Rural Health Clinics (RHCs) • Radiation therapy centers • Skilled Nursing Facilities (SNFs) 2. Moderate Risk: <ul style="list-style-type: none"> • Community mental health centers • Comprehensive outpatient rehabilitation facilities • Currently enrolled (re-validating) home health agencies Exception: Any such provider that is publicly traded on the NYSE or the NASDAQ is considered “limited” risk • Currently enrolled (re-validating) suppliers of Durable Medical Equipment, Prosthetics, Orthotics, or Supplies (DMEPOS) Exception: Any such supplier that is publicly traded on the NYSE or NASDAQ is considered “limited” risk • Hospice organizations • Independent clinical laboratories • Independent diagnostic testing facilities • Non-public, non-government owned or affiliated ambulance services suppliers 3. High Risk: <ul style="list-style-type: none"> • Prospective (newly enrolling) home health agencies and prospective (newly enrolling) suppliers of DMEPOS • Providers prevented from applying for enrollment due to a moratorium and the moratorium was lifted in the past six months • Diabetes Prevention Program (DPP) providers 	Yes
The Delegate ensures that practitioners and providers meet the Medi-Cal Program screening and enrollment requirements described in DHCS APL 22-013.	Yes
The Delegate monitors practitioners and providers are in good standing with the Medi-Cal Program at least monthly.	Yes

REPORTING / OVERSIGHT REQUIREMENTS

Requirement	Delegated Yes / No
NCQA CR 8 / Factor 3: Delegation of CR - Reporting The organization must receive regular reports from all delegates, even NCQA-Accredited delegates.	
1.1 REPORT: ROSTER OF NEWLY APPROVED PRACTITIONERS 1.2 FREQUENCY: MONTHLY (Received no later than the 15 th of each month) 1.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) The roster must include at a minimum, the specific data elements outlined below or use the standardized HICE roster format: a. Last Name b. First Name c. Middle Name d. Degree/Title e. Gender f. Practitioner Practice Addresses g. Practitioner phone, fax, and email, if applicable h. Social Security Number and Tax ID Number i. Specialty and Sub-Specialty j. All valid and current Medical License Numbers and expiration dates k. Board Status and/or Certifications l. DEA/CDS Number and expiration date m. NPI Number n. Languages Spoken o. Date of Credentialing Committee and/or Peer Review Approval (credentialing effective date) p. Modified credentialing terms, if applicable	Yes
2.1 REPORT: QUARTERLY CREDENTIALING SUBMISSION FORM & ROSTER 2.2 FREQUENCY: QUARTERLY (Due Dates: 1 st Qtr: May 15 th , 2 nd Qtr: August 15 th , 3 rd Qtr: November 15 th and 4 th Qtr: February 15) 2.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) Delegated entity will submit the Healthcare Industry Collaboration Effort (HICE) Quarterly Credentialing Submission Form and Roster of providers credentialed, recertified and terminated providers and credentialing activities, during the specified reporting period.	Yes
3.1 REPORT: SEMI-ANNUAL ROSTER 3.2 FREQUENCY: Due Dates: 1 st Report: August 15 th Covers Jan 1 st – June 30 th) and 2 nd Report: February 15 th Covers July 1 st – December 31 st) 3.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) Roster of contracted participating practitioners which includes at a minimum, the specific data elements outlined below or use the standardized HICE Roster format: a. Last Name b. First Name c. Middle Name d. Degree/Title e. All valid and current Medical License Numbers and expiration dates f. Board Status and/or Certifications g. Gender	Yes

Requirement	Delegated Yes / No
<ul style="list-style-type: none"> h. Languages Spoken i. Practitioner Practice Addresses j. Practitioner phone, fax, and email, if applicable k. NPI and Tax ID Numbers l. Specialty and Sub-Specialty m. Credentialing Committee dates (initial and re-credentialing dates) n. Modified credentialing terms, if applicable 	
<p>4.1 REPORT: ADDITIONAL NOTIFICATIONS</p> <p>4.2 FREQUENCY: Annual / Within 30 days of change / 30 days prior or upon notification of change / Within 10 business days / Within 15 business days of effective date of adverse decision as indicated below.</p> <p>4.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com)</p> <p>Additional Notifications:</p> <ul style="list-style-type: none"> a. Annually, or as part of annual oversight audit, GROUP shall provide a copy of its credentialing and re-credentialing policies and procedures and a copy of its annual credentialing system controls oversight report, including any corrective actions. b. Any revisions to the NCQA standards shall be deemed to be a mandated amendment to this Delegation Agreement. c. Changes to its credentialing and re-credentialing policies and procedures, processes, delegation or sub-delegation, and criteria within thirty (30) days of the change. d. Submit thirty (30) days prior or upon notification any changes in the status of any of the delegated entity's participating practitioners, including, but not limited to terminations, resignations, or extended leave (more than 4 weeks), and changes in privileges. e. Notify within ten (10) business days, excluding holidays and weekends, of becoming aware of significant changes in an individual practitioners credentialing or re-credentialing status, including, but not limited to, loss of hospital privileges, loss of restriction of any state license, loss of limit of DEA permit, ineligibility or exclusion from any federal program, or disciplinary action taken against a practitioner. f. GROUP shall file a Section 805 with the Medical Board of California and a report to the National Practitioner Data Bank (NPDB) within fifteen (15) business days after the effective date of any adverse action against a practitioner if the action is reportable 	Yes