

**State of California
Office of Administrative Law**

In re:
Division of Workers' Compensation

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Regulatory Action:

Government Code Section 11349.3

Title 8, California Code of Regulations

OAL File No. 2014-0716-01 S

**Adopt sections: 9767.5.1, 9767.16.5,
9767.17, 9767.17.5,
9767.18, 9767.19**

**Amend sections: 9767.1, 9767.2, 9767.3,
9767.4, 9767.5, 9767.6,
9767.7, 9767.8, 9767.9,
9767.10, 9767.11, 9767.12,
9767.13, 9767.14, 9767.15,
9767.16**

Repeal sections:

This rulemaking action by the Division of Workers' Compensation makes changes to the Medical Provider Network (MPN) regulations in Title 8, Article 3.5, of the California Code of Regulations intended to implement statutory changes enacted by Statutes 2012, Chapter 363 (SB 863). The regulations expand eligibility to have MPNs to include entities that provide physician network services, amend the MPN application process, facilitate administrative review, and limit MPN approvals to a period of four years. The amendments also provide a complaint process, disciplinary provisions, random review, and procedures for imposition of penalties, probation, suspension, and revocation of an MPN and an appeals process for challenging any such disciplinary action.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 8/27/2014.

Date: 8/27/2014



**Kevin D. Hull
Senior Attorney**

**For: DEBRA M. CORNEZ
Director**

Original: Destie Overpeck
Copy: John Cortes

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-0806-01	REGULATORY ACTION NUMBER 2014-0716-015	EMERGENCY NUMBER
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ENDORSED FILED
IN THE OFFICE OF

2014 AUG 27 PM 2:08

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

2014 JUL 16 PM 12:36

OFFICE OF ADMINISTRATIVE LAW

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
Division of Workers' Compensation

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2013 332	PUBLICATION DATE 8/16/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation-Medical Provider Networks	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Z-2009-0811-01 and Z-04-0116-02
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 9767.5.1, 9767.16.5, 9767.17, 9767.17.5, 9767.18, and 9767.19
	AMEND 9767.1, 9767.2, 9767.3, 9767.4, 9767.5, 9767.6, 9767.7, 9767.8, 9767.9, 9767.10, 9767.11, 9767.12, cont'd
	TITLE(S) 8 REPEAL

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code § 11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§ 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, § 11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§ 11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)	<input type="checkbox"/> File & Print <i>per agency request</i>	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, § 11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, § 44 and Gov. Code § 11347.1)

12/10/13 - 12/26/13; 3/10/14 - 3/25/14; 5/2/14 - 5/19/14

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, § 100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM § 6660) <i>per agency request</i>	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON John G. Cortes	TELEPHONE NUMBER (510) 286-7100	FAX NUMBER (Optional) 510-286-0687	E-MAIL ADDRESS (Optional) jcortes@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Destie Overpeck</i>	DATE 7/14/14
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation	

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ENDORSED APPROVED

AUG 27 2014

Office of Administrative Law

Form 400

B. Submission of Regulations 2. Sections Affected; Amend (continued): 9767.13, 9767.14, 9767.15, and 9767.16.