

**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. 2015-0220-01 S

Adopt sections:

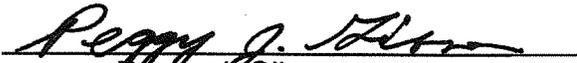
Amend sections: 9701, 9702

Repeal sections:

The Workers' Compensation Information System (WCIS) is the source of standardized data on every injured California worker's compensation claim. A statute requires that the electronic data system in California be compatible with the Electronic Data Interchange (EDI) system of the International Association of Industrial Accident Boards and Commissions (IAIABC). EDI is a computer-to-computer exchange of data, from claims administrators (insurers, self-ensured companies, third-party administrators) to the state workers' compensation agency, in a standardized format. IAIABC standardizes the data format. Specifically, this rulemaking: 1. eliminates unnecessary data elements; 2. adds relevant data elements; 3. corrects errors in the reg. text; 4. updates and makes corresponding, correcting, and efficiency-enhancing changes to the large, incorporated-by-reference, California-specific, WCIS-EDI guidebook: California EDI Implementation Guide for Medical Bill Payment Records.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/6/2016.

Date: 4/6/2015


Peggy J. Gibson
Senior Attorney

For: DEBRA M. CORNEZ
Director

Original: Destie Overpeck
Copy: Lindsey Urbina

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2015-0220-015	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
 In the office of the Secretary of State
 of the State of California

APR 06 2015
 3:31 pm

2015 FEB 20 AM 9:30
 OFFICE OF ADMINISTRATIVE LAW

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
 Department of Industrial Relations, 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 <input type="checkbox"/> 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 2014, 222	PUBLICATION DATE 5/30/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation Information System	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Z2014-0520-02
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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
AMEND 9701, 9702
REPEAL
TITLE(S) 8

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	<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, §11 and Gov. Code §11347.1)

9/4/14 - 9/19/14, 11/13/14 - 11/28/14, 12/29/14 - 1/13/15

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

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) One yr. after filing with Secty.ofState
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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)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Lindsey Urbina	TELEPHONE NUMBER (510) 286-0657	FAX NUMBER (Optional) (510) 287-0687	E-MAIL ADDRESS (Optional) lurbina@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 February 18 2015
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Acting Administrative Director	

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ENDORSED APPROVED

APR 06 2015

Office of Administrative Law