

Modification of Medical Provider Network Plan

(a) The MPN applicant shall serve the Administrative Director with two copies of the completed, signed Notice of MPN Plan Modification and any necessary documentation in compact discs or flash drives in word-searchable PDF format. The hard copy of the original signed Notice of Medical Provider Network Plan Modification form and any necessary documentation shall be maintained by the MPN applicant and made available for review by the Administrative Director upon request. Electronic signatures in compliance with California Government Code section 16.5 are accepted. The MPN applicant shall serve these documents with the Administrative Director within the stated time frames or if no time frame is stated, then before any of the following changes occur:

(1) Change in the name of the MPN or the name of the MPN applicant. Filing required within (15) fifteen business days of the change. Provide written documentation reflecting date of change.

(2) Change in the eligibility status of the MPN applicant. Filing required within fifteen (15) business days of written knowledge of a change in eligibility. Provide written documentation reflecting date of change.

(3) Change of MPN Liaison or Authorized Individual: Filing required within fifteen (15) business days of change. Provide written documentation reflecting date of change.

(4) Change in MPN geographic service area within the State of California.

(5) A material change in the continuity of care policy.

(6) A material change in the transfer of care policy.

(7) Change in policy or procedure that is used by the MPN or an entity contracted with the MPN or MPN applicant to conduct “economic profiling of MPN providers” pursuant to Labor Code section 4616.1.

(8) Change in how the MPN complies with the access standards.

(9) A material change in any of the employee notification materials, including a change in MPN contact, a change in the Medical Access Assistants contact information, or a change in provider listing access or MPN website information, required by section 9767.12.

(10) Change in use of one of the following deemed entities: Health Care Organization (HCO), Health Care Service Plan, Group Disability Insurer, or Taft-Hartley Health and Welfare Trust Fund.

(11) Revision of any plan section(s) required by sections 9767.3(d) due to a change of any MPN administrator(s) listed in the MPN Plan.

(12) Replacement of entire MPN plan application.

(13) Updating to the current regulations pursuant to section 9767.15.

(b) Failure to file a material modification within the requisite time frame may result in administrative actions pursuant to sections 9767.14 and/or 9767.19.

(c) The modification must be verified by an officer or employee of the MPN with the authority to act on behalf of the MPN applicant with respect to the MPN. The verification by the authorized individual shall state: "I, the undersigned officer or employee of the MPN applicant, have read and signed this notice and know the contents thereof, and verify that, to the best of my knowledge and belief, the information included in this modification is true and correct."

(d) Within 60 days of the Administrative Director's receipt of a Notice of MPN Plan Modification, the Administrative Director shall approve or disapprove the plan modification based on information provided in the Notice of MPN Plan Modification. The Administrative Director shall approve or disapprove a plan modification based on the requirements of Labor Code section 4616 et seq. and this article. If the Administrative Director has not acted on a plan within 60 days of submittal of a Notice of MPN Plan Modification, it shall be deemed approved. Except for subdivisions (a)(2), (a)(3) and (b) of this section, modifications shall not be made until the Administrative Director has approved the plan or until 60 days have passed, whichever occurs first. If the Administrative Director disapproves of the MPN plan modification, he or she shall serve the MPN applicant with a Notice of Disapproval within 60 days of the submittal of a Notice of MPN Plan Modification.

(e) A MPN applicant denied approval of a MPN plan modification may either:

(1) Submit a new request addressing the deficiencies; or

(2) Request a re-evaluation by the Administrative Director.

(f) Any MPN applicant may request a re-evaluation of the denial by submitting with the Division, within 20 days of the issuance of the Notice of Disapproval, a written request for a re-evaluation with a detailed statement explaining the basis upon which a re-evaluation is requested. The request for re-evaluation shall be accompanied by supportive documentary material relevant to the specific allegations raised and shall be verified under penalty of perjury. The MPN application and modification at issue shall not be refiled; they shall be made part of the administrative record by incorporation by reference.

(g) The Administrative Director shall, within 45 days of the receipt of the request for a re-evaluation, either:

(1) Issue a Decision and Order affirming or modifying the Notice of Disapproval based on a failure to meet the procedural requirements of this section or based on a failure to meet the requirements of Labor Code section 4616 et seq. and this article; or

(2) Issue a Decision and Order rescinding the Notice of Disapproval and issue an approval of the modification.

(h) The Administrative Director may extend the time specified in subdivision (g) within which to act upon the request for a re-evaluation for a period of 30 days and may order a party to submit additional documents or information.

(i) An MPN applicant may appeal the Administrative Director's decision and order regarding the MPN by filing, within twenty (20) days of the issuance of the decision and order, a "Petition Appealing Administrative Director's Medical Provider Network Determination" with the Workers' Compensation Appeals Board pursuant to WCAB Rule 10959. A copy of the petition shall be concurrently served on the Administrative Director.