

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF EMERGENCY REGULATORY ACTION

Government Code Sections 11346.1 and 11349.6

OAL Matter Number: 2015-0615-02

OAL Matter Type: Emergency (E)

In re:

Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: 50188

Amend sections: [Blank]

Repeal sections: [Blank]

This emergency rulemaking by the Department of Health Care Services (the "Department") adopts section 50188 in title 22 of the California Code of Regulations. Section 50188 is adopted to address the matter of describing how and under what circumstances updated Medi-Cal beneficiary contact information shall be reported, which the Department is required to do through an emergency rulemaking no later than July 1, 2015. (See Health & Saf. code, § 14005.36, subd. (e).)

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 6/24/2015 and will expire on 12/22/2015. The Certificate of Compliance for this action is due no later than 12/21/2015.

Date: June 24, 2015

[Original Signed]

Steven J. Escobar, Attorney

For: DEBRA M. CORNEZ, Director

Original: Jennifer Kent

Copy: Jordan Espey

[Stamp]
[EMERGENCY]

**STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 01-2013)
OAL FILE NUMBERS
NOTICE FILE NUMBER: **Z-** [Blank]
REGULATORY ACTION NUMBER: [Blank]
EMERGENCY NUMBER: 2015-0615-02E

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]
REGULATIONS: [Date Stamp]
2015 JUN 15 PM 1:08
OFFICE OF ADMINISTRATIVE LAW

For Use by Secretary of State Only
[Date Stamp]
Endorsed - Filed
in the Office of the Secretary of State of the State of California
JUN 24 2015 2:11 PM

AGENCY WITH RULEMAKING AUTHORITY: Department of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-14-030E

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

1. SUBJECT OF NOTICE: [Blank]
TITLES: [Blank]
FIRST SECTION AFFECTED: [Blank]
2. REQUESTED PUBLICATION DATE: [Blank]
3. NOTICE TYPE
Notice re Proposed Regulatory Action: [Blank]
Other: [Blank]
4. AGENCY CONTACT PERSON: [Blank]
TELEPHONE NUMBER: [Blank]
FAX NUMBER (Optional): [Blank]

OAL USE ONLY

ACTION ON PROPOSED NOTICE

Approved as Submitted: [Blank]
Approved as Modified: [Blank]
Disapproved/Withdrawn: [Blank]
NOTICE REGISTER NUMBER: [Blank]
PUBLICATION DATE: [Blank]

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATIONS: Managed Care Information Sharing

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS:

[Blank]

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS

(Including Title 26, if toxics related)

SECTIONS AFFECTED **(List all section numbers individually. Attach additional sheet if needed.)**

ADOPT: 50188

AMEND: [Blank]

REPEAL: [Blank]

TITLES: 22

3. TYPE OF FILING

Regular Rulemaking (Gov. Code Section 11346): [Blank]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]

Emergency (Gov. Code, Section 11346.1(b)): [Checked]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute:

[Blank]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]

Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]

File & Print: [Blank]

Changes Without Regulatory Effect (Cal. Code Regs. Title 1, Section 100): [Blank]

Print Only: [Blank]

Other (Specify): [Blank]

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs, Title 1, Section 44 and Gov. Code Section 11347.1): [Blank]

5. EFFECTIVE DATE OF CHANGES (Gov. Code, Sections 11343.4, 11346.1(d)); Cal. Code Regs, Title 1, Section 100):

Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)): [Blank]

Effective on filing with Secretary of State: [Checked]

Section 100 Changes Without Regulatory Effect: [Blank]

Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY.

Department of Finance (Form STD. 399) (SAM Section 6660): [Checked]

Fair Political Practices Commission: [Blank]

State Fire Marshal: [Blank]

Other (Specify): [Blank]

7. CONTACT PERSON: Jordan Espey

TELEPHONE NUMBER: 916-445-1514

FAX NUMBER (Optional): [Blank]

EMAIL ADDRESS (Optional): jordan.espey@dhcs.ca.gov

8. I certify that the attached copy of the regulations is a true and correct copy of the regulations 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: [Original Signed]

TYPED NAME AND TITLE OF SIGNATORY: Jennifer Kent, Director

DATE: 5/28/15

For use by Office of Administrative Law (OAL) only

[Date Stamp]

ENDORSED APPROVED

JUN 24 2015

Office of Administrative Law

(1) **Adopt Section 50188 as follows:**

[begin underline]§ 50188. Reporting Updated Beneficiary Contact Information.

(a) When a Medi-Cal managed care plan receives updated beneficiary contact information from a beneficiary, the Medi-Cal managed care plan shall seek consent from the beneficiary before providing this updated beneficiary contact information to the Department and county department. The beneficiary may provide consent to the Medi-Cal managed care plan through mail, telephone, Internet or other commonly available electronic means, if those means are available to the Medi-Cal managed care plan.

(b) When a Medi-Cal managed care plan receives updated beneficiary contact information from a beneficiary, the Medi-Cal managed care plan shall provide that updated beneficiary contact information to the Department and county department. If a beneficiary has not provided the Medi-Cal managed care plan with consent to provide updated beneficiary contact information to the Department and county department, the Medi-Cal managed care plan shall inform the Department and county department that consent was not given when it provides the information to them.

(c) A Medi-Cal managed care plan shall provide only the following updated beneficiary contact information to the Department and county department:

(1) Name;

(2) Address; and

(3) Telephone number.

(d) If a Medi-Cal managed care plan informs the county department that the beneficiary did not consent to providing the updated beneficiary contact information,

the county department shall attempt to verify that the updated beneficiary contact information is correct before updating the beneficiary's case file.

(1) The county department shall review information available to the county department, including, but not limited to, the beneficiary's CalWORKs and CalFresh case files of the beneficiary, or his or her immediate family members, which are open, or were closed within the last 90 days, and other sources of relevant information reasonably available to the county department to attempt to verify the updated beneficiary contact information.

(2) If the county department is unable to verify the updated beneficiary contact information pursuant to subsection (d)(1) above, the county department may attempt to contact the beneficiary to verify the updated beneficiary contact information using the method of contact identified by the beneficiary as the preferred method of contact, if a method has been identified.

(3) If a county department acquires updated beneficiary contact information from a source other than a Medi-Cal managed care plan or directly from a beneficiary, the county department shall contact the beneficiary to attempt to verify that the updated beneficiary contact information is accurate, prior to updating the information in the beneficiary's case file.**[end underline]**

[begin underline]Note: Authority cited: Section 20, Health and Safety Code; Sections 10725, and 14005.36, Welfare and Institutions Code. Reference: Section 14005.36, Welfare and Institutions Code.**[end underline]**