

**METHOD OF INDICATING CHANGES**

The proposed changes to emergency regulations, currently in effect for Managed Care Information Sharing (DHCS-14-030E) are shown by using double strikeout for deletions (~~double strikeout for deletions~~) and double underline for additions (double underline for additions.)

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

**§ 50188. Reporting Updated Beneficiary Contact Information.**

(a) When a Medi-Cal managed care plan receives updated beneficiary contact information from a beneficiary, or their authorized representative, 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 described in subsection (c) from a beneficiary, the Medi-Cal managed care plan shall provide that updated beneficiary contact information to the Department and county department, along with the beneficiary's Client Identification Number, date of birth, former address, and, if reporting a name change, the beneficiary's former name. 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) (A) If the county department is unable to verify the updated beneficiary contact information pursuant to subsection (d)(1) above, the county department ~~shall~~ ~~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.

(B) If the county department is unable to verify the updated beneficiary contact information pursuant to paragraph (2)(A), the county department shall not include the information reported by the Medi-Cal Managed Care plan in the beneficiary's case file.

~~(3)~~(e) 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.

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.