

(2) IF A PROGRAM RECIPIENT ENROLLS IN A MANAGED CARE ORGANIZATION AND REQUESTS ASSIGNMENT TO A PARTICULAR PRIMARY CARE PROVIDER WHO HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER.

(3) A PROGRAM RECIPIENT MAY REQUEST A CHANGE OF PRIMARY CARE PROVIDERS WITHIN THE SAME MANAGED CARE ORGANIZATION AT ANY TIME AND, IF THE PRIMARY CARE PROVIDER HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION, THE MANAGED CARE ORGANIZATION SHALL HONOR THE REQUEST.

~~(4) WHEN THERE IS A CHANGE OF MANAGED CARE ORGANIZATION OWNERSHIP OR WHEN A MANAGED CARE ORGANIZATION TERMINATES ITS CONTRACT WITH THE DEPARTMENT, A PROGRAM RECIPIENT MAY DISENROLL FROM A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH WRITTEN GUIDANCE PROVIDED BY THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION.~~

(4) IN ACCORDANCE WITH THE FEDERAL HEALTH CARE FINANCING ADMINISTRATION'S GUIDELINES, A PROGRAM RECIPIENT MAY ELECT TO DISENROLL FROM A MANAGED CARE ORGANIZATION IF THE MANAGED CARE ORGANIZATION TERMINATES ITS CONTRACT WITH THE DEPARTMENT OR IS ACQUIRED BY ANOTHER ENTITY.

(5) A PROGRAM RECIPIENT MAY DISENROLL FROM A MANAGED CARE ORGANIZATION TO MAINTAIN CONTINUITY OF CARE WITH A PRIMARY CARE PROVIDER IF:

(I) THE CONTRACT BETWEEN THE PRIMARY CARE PROVIDER AND THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES BECAUSE:

1. THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION TERMINATES THE PROVIDER'S CONTRACT FOR A REASON OTHER THAN QUALITY OF CARE OR THE PROVIDER'S FAILURE TO COMPLY WITH CONTRACTUAL REQUIREMENTS RELATED TO QUALITY ASSURANCE ACTIVITIES; OR

2. A THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ~~PROPOSES TO REDUCE~~ REDUCES THE PRIMARY CARE PROVIDER'S ~~COMPENSATION RATE~~ CAPITATED OR APPLICABLE FEE FOR SERVICES RATES;

B. THE REDUCTION IN RATES IS GREATER THAN THE ACTUAL CHANGE IN RATES OR CAPITATION PAID TO THE MANAGED CARE ORGANIZATION BY THE DEPARTMENT; AND

C. THE PROVIDER AND THE MANAGED CARE ORGANIZATION OR CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION ARE UNABLE TO NEGOTIATE A MUTUALLY ACCEPTABLE RATE; OR

3. THE PROVIDER CONTRACT BETWEEN THE PROVIDER AND