

~~PROVIDER, AND THE PROVIDER HAS A CONTRACT WITH THE MANAGED CARE ORGANIZATION OR A CONTRACTED GROUP OF THE MANAGED CARE ORGANIZATION.~~

~~(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) 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.~~

~~(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;~~

~~2. A. The managed care organization or contracted group of the managed care organization reduces the primary care provider's 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 the managed care organization is terminated because the managed care organization is acquired by another entity; and~~

~~(ii) 1. The Program recipient desires to continue to receive care from the primary care provider;~~

~~2. The provider contracts with at least one other managed care organization or contracted group of a managed care organization; and~~

~~3. The enrollee notifies the Department or the Department's designee of the enrollee's intention within 90 days after the contract termination.~~

~~(6) The Department shall provide timely notification to the affected managed care organization of an enrollee's intention to disenroll under the provisions of paragraph (5) of this subsection.~~