

~~(III) IF A PROGRAM RECIPIENT DOES NOT SELECT A MANAGED CARE ORGANIZATION, THE DEPARTMENT SHALL ASSIGN THE RECIPIENT TO A MANAGED CARE ORGANIZATION THAT CONTRACTS WITH THE RECIPIENT'S PRIMARY CARE PROVIDER IDENTIFIED UNDER SUBSECTION (F)(1)(I) OF THIS SECTION.~~

~~(IV) AT THE TIME OF REENROLLMENT OR WHENEVER A CHANGE IN THE PROGRAM REQUIRES A RECIPIENT TO SELECT A NEW MANAGED CARE ORGANIZATION, IF A RECIPIENT DOES NOT SELECT A MANAGED CARE ORGANIZATION IF A RECIPIENT IS DISENROLLED AND REENROLLS WITHIN 120 DAYS OF THE RECIPIENT'S DISENROLLMENT, THE DEPARTMENT SHALL:~~

~~1. ASSIGN THE RECIPIENT TO A THE MANAGED CARE ORGANIZATION THAT CONTRACTS WITH THE RECIPIENT'S MOST RECENT PRIMARY CARE PROVIDER, AS IDENTIFIED IN THE DATABASE MAINTAINED UNDER SUBSECTION (F)(1) OF THIS SECTION IN WHICH THE RECIPIENT PREVIOUSLY WAS ENROLLED; AND~~

~~2. IDENTIFY THE PRIMARY CARE PROVIDER TO THE MANAGED CARE ORGANIZATION AT THE TIME OF ASSIGNMENT REQUIRE THE MANAGED CARE ORGANIZATION TO ASSIGN THE RECIPIENT TO THE PRIMARY CARE PROVIDER OF RECORD AT THE TIME OF THE RECIPIENT'S DISENROLLMENT.~~

~~(IV) WHENEVER A RECIPIENT HAS TO SELECT A NEW MANAGED CARE ORGANIZATION BECAUSE THE RECIPIENT'S MANAGED CARE ORGANIZATION HAS WITHDRAWN FROM THE HEALTHCHOICE PROGRAM, THE WITHDRAWING MANAGED CARE ORGANIZATION:~~

~~1. SHALL PROVIDE A WRITTEN NOTICE OF REASSIGNMENT TO THE RECIPIENT 30 60 DAYS BEFORE WITHDRAWING DEPARTING FROM THE HEALTHCHOICE PROGRAM;~~

~~2. SHALL INCLUDE IN THE NOTICE OF REASSIGNMENT THE NAME AND PROVIDER NUMBER OF THE NEW PRIMARY CARE PROVIDER ASSIGNED TO THE RECIPIENT AND THE TELEPHONE NUMBER OF THE ENROLLMENT BROKER; AND~~

~~3. WITHIN 30 DAYS AFTER TERMINATING ITS CONTRACT WITH THE DEPARTMENT DEPARTING FROM THE PROGRAM, SHALL PROVIDE THE DEPARTMENT WITH A LIST OF RECIPIENTS WHO HAVE BEEN REASSIGNED TO ANOTHER PRIMARY CARE PROVIDER AND THE NAMES OF THE PRIMARY CARE PROVIDERS ASSIGNED TO THE RECIPIENTS. ENROLLEES AND THE NAME OF EACH ENROLLEE'S PRIMARY CARE PROVIDER.~~

~~(V) ON RECEIVING THE LIST PROVIDED BY THE MANAGED CARE ORGANIZATION, THE DEPARTMENT SHALL PROVIDE THE LIST TO:~~

~~1. THE ENROLLMENT BROKER TO ASSIST AND PROVIDE OUTREACH TO RECIPIENTS IN SELECTING A MANAGED CARE ORGANIZATION; AND~~

~~2. THE REMAINING MANAGED CARE ORGANIZATIONS FOR THE PURPOSE OF LINKING RECIPIENTS WITH A PRIMARY CARE PROVIDER IN ACCORDANCE WITH FEDERAL LAW AND REGULATION.~~