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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 4.1@ Two-Plan Model Managed Care Program

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Article 7@ MARKETING, ENROLLMENT, ASSIGNMENT, AND DISENROLLMENT

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Section 53883@ Assignment of Eligible Beneficiaries to Plans

## **53883 Assignment of Eligible Beneficiaries to Plans**

### **(a)**

The Health Care Options Program shall assign an eligible beneficiary described in section 53845(a) to a plan within a designated region, from which to receive health care services, in the following situations: (1) In the event the eligible beneficiary does not select a plan within thirty days of receiving an enrollment form pursuant to section 53882(d). (2) In the event a member requests and is granted disenrollment from either plan within that region, pursuant to section 53891, but does not enroll in the competing plan, unless that member was granted approval by the department or its designee to receive health care services through the fee-for-service Medi-Cal program, pursuant to section 53887. (3) In the event the competing plan is at capacity, the fee-for-service Medi-Cal option shall be made available.

### **(1)**

In the event the eligible beneficiary does not select a plan within thirty days of receiving an enrollment form pursuant to section 53882(d).

### **(2)**

In the event a member requests and is granted disenrollment from either plan within that region, pursuant to section 53891, but does not enroll in the competing plan, unless that member was granted approval by the department or its designee to receive health care services through the fee-for-service Medi-Cal program, pursuant to section

53887.

**(3)**

In the event the competing plan is at capacity, the fee-for-service Medi-Cal option shall be made available.

**(b)**

In carrying out (a), the Health Care Options Program shall comply with the assignment requirements contained in section 53884.