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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 53882@ Member Enrollment

53882 Member Enrollment

(a)

Enrollment in a plan in a designated region shall be mandatory for those eligible beneficiaries specified in section 53845(a), and voluntary for those specified in section 53845(b).

(b)

Enrollment shall be limited to eligible beneficiaries who reside within the designated region, except as provided in section 53845(d).

(c)

The department or the Health Care Options Program shall mail an enrollment form and plan information to each eligible beneficiary described in section 53845(a) who does not attend a health care options presentation as described in section 53886. The mailing shall include health care options information and instructions to enroll in a plan within thirty days of the postmark date on the mailing envelope. At a minimum, the mailing shall include instructions on how to enroll, how to request an exemption from mandatory enrollment for medical or nonmedical reasons, and how to request a medical exemption certification form.

(d)

Each eligible beneficiary described in section 53845(a) shall select a plan within thirty days of receipt of an enrollment form unless requesting an exemption to plan enrollment is submitted to the Health Care Options Program within 30 days of

receipt as prescribed in section 53887(b), or within thirty days of the postmark date of the health care options information if mailed, with instructions from the department or the Health Care Options Program to select a plan. (1) In the event an eligible beneficiary described in section 53845(a) does not select a plan within thirty days, the Health Care Options Program shall assign the eligible beneficiary to a plan, in accordance with section 53883. (2) For purposes of selecting a plan: (A) In the case of a family group, eligible beneficiary means the individual or entity with legal authority to make a choice on behalf of dependent family members.

(1)

In the event an eligible beneficiary described in section 53845(a) does not select a plan within thirty days, the Health Care Options Program shall assign the eligible beneficiary to a plan, in accordance with section 53883.

(2)

For purposes of selecting a plan: (A) In the case of a family group, eligible beneficiary means the individual or entity with legal authority to make a choice on behalf of dependent family members.

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(e)

An eligible beneficiary shall not be enrolled in more than one plan at any one time.

(f)

The Health Care Options Program shall process all enrollments.

(g)

An eligible beneficiary is enrolled upon completion of all of the following events:(1) Either of the following enrollment activities: (A) The voluntary signing

and dating by the eligible beneficiary of an enrollment form, except as provided under section 53845(c), and departmental validation of the beneficiary's enrollment form; or (B) The assignment, as specified in section 53883, of an eligible beneficiary to a plan. (2) Departmental verification of the beneficiary's Medi-Cal eligibility. (3) Addition of the beneficiary's name to the approved list of members, which is effective the first day of any given month and which is furnished monthly to the plan by the department.

(1)

Either of the following enrollment activities: (A) The voluntary signing and dating by the eligible beneficiary of an enrollment form, except as provided under section 53845(c), and departmental validation of the beneficiary's enrollment form; or (B) The assignment, as specified in section 53883, of an eligible beneficiary to a plan.

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(B)

The assignment, as specified in section 53883, of an eligible beneficiary to a plan.

(2)

Departmental verification of the beneficiary's Medi-Cal eligibility.

(3)

Addition of the beneficiary's name to the approved list of members, which is effective the first day of any given month and which is furnished monthly to the plan by the department.