

56424 Designation Form Processing

(a)

PCCM plans shall submit all completed designation forms to the Department within 15 calendar days of the date the PCCM plan receives the completed designation form.

(b)

Unless otherwise provided in writing by the Department, each PCCM plan shall accept designation forms from eligible Medi-Cal beneficiaries to the enrollment maximums specified in the PCCM contract.

(c)

Each PCCM plan shall accept designation forms regardless of the prospective member's race, creed, color, religion, age, sex, national origin, ancestry, marital status, sexual orientation, physical or mental handicap, and without reference to pre-existing medical conditions other than those specifically excluded from coverage by the PCCM contract.