California Code Of Regulations
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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 6@ PRIMARY CARE CASE MANAGEMENT PLANS
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Article 5@ APPLICATION AND PROPOSAL
|->
Section 56502@ PCCM Contract Selection Criteria

CA

56502 PCCM Contract Selection Criteria

(a)

The Department in exercising its discretion to enter into PCCM contracts shall evaluate applications, considering the following: (a) Provider models that are able to offer the broadest base or reach particular segments of the Medi-Cal population, such as rural areas and Medicare/Medi-Cal beneficiaries. These provider models include, but are not limited to: (1) Primary care clinics with specialists. (2) Primary care clinics. (3) Hospital based clinics. (4) Group practices. (5) Individual primary care physicians. (6) Other models which offer potential for contracting, which shall be considered by the Department on an individual basis.

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(1)

Primary care clinics with specialists.

(2)

Primary care clinics.

(3) Hospital based clinics. (4) Group practices. (5) Individual primary care physicians. (6) Other models which offer potential for contracting, which shall be considered by the Department on an individual basis. (b) Applicants who demonstrate sufficient resources to implement the PCCM contract, which include, but are not limited to:(1) Support staff. (2) Information systems. (3) Organizational structure. (4) Available capital. **(1)** Support staff. (2) Information systems. (3) Organizational structure. **(4)** Available capital. (c) Applicants who provide the broadest range of optional services in addition to mandatory services.

(d)

Applicants who will cover service areas that:(1) Are in geographic areas which are

free from competition from other PCCM or managed care plans. (2) Have a significant enrollment pool based on the Department's estimated Medi-Cal beneficiary distribution patterns. (3) Serve an area where PCCM plans exist or have existed and have not achieved significant enrollment given the service area or where the Department determines the Medi-Cal eligible population can support an additional plan.

(1)

Are in geographic areas which are free from competition from other PCCM or managed care plans.

(2)

Have a significant enrollment pool based on the Department's estimated Medi-Cal beneficiary distribution patterns.

(3)

Serve an area where PCCM plans exist or have existed and have not achieved significant enrollment given the service area or where the Department determines the Medi-Cal eligible population can support an additional plan.

(e)

Applicants who have managed care or related experience, which includes but is not limited to: (1) Subcontracting experience with PCCM plans. (2) PHP experience. (3) Industrial provider experience. (4) Preferred provider experience.

(1)

Subcontracting experience with PCCM plans.

(2)

PHP experience.

(3)

Industrial provider experience.

Preferred provider experience.