

42 C.F.R. § 438.50

State Plan requirements.

(a) *General rule.* A State plan that requires Medicaid beneficiaries to enroll in MCOs, PCCMs, or PCCM entities must comply with the provisions of this section, except when the State imposes the requirement—

- (1) As part of a demonstration project under section 1115(a) of the Act; or
- (2) Under a waiver granted under section 1915(b) of the Act.

(b) *State plan information.* The plan must specify—

- (1) The types of entities with which the State contracts.
- (2) The payment method it uses (for example, whether FFS or capitation).

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