
42 C.F.R. § 438.68

Network adequacy standards.

- (a) *General rule.* A State that contracts with an MCO, PIHP or PAHP to deliver Medicaid services must develop and enforce network adequacy standards consistent with this section.
- (b) *Provider-specific network adequacy standards.* –(1) *Provider types.* At a minimum, a State must develop a quantitative network adequacy standard for the following provider types, if covered under the contract:
- (i) Primary care, adult and pediatric.
 - (ii) OB/GYN.
 - (iii) Behavioral health (mental health and substance use disorder), adult and pediatric.
 - (iv) Specialist (as designated by the State), adult, and pediatric.
 - (v) Hospital.
 - (vi) Pharmacy.
 - (vii) Pediatric dental.
- (2) *LTSS.* States with MCO, PIHP, or PAHP contracts which cover LTSS must develop a quantitative network adequacy standard for LTSS provider types.
- (3) *Scope of network adequacy standards.* Network standards established in accordance with paragraphs (b)(1) and (2) of this section must include all geographic areas covered by the managed care program or, if applicable, the contract between the State and the MCO, PIHP or PAHP. States are permitted to have varying standards for the same provider type based on geographic areas.

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