

42 CFR § 438.68(a) & (b) Network adequacy standards.

<https://www.law.cornell.edu/cfr/text/42/438.68>

(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) Time & Distance Standards for Provider Types

At a minimum, a State must develop **time and distance standards 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, adult and pediatric.
- (v) Hospital.
- (vi) Pharmacy.
- (vii) Pediatric dental.
- (viii) Additional provider types when it promotes the objectives of the Medicaid program, as determined by CMS, for the provider type to be subject to time and distance access standards.

(2) LTSS [Long Term Services & Supports]

States with MCO, PIHP or PAHP contracts which cover LTSS must develop:

- (i) Time and distance standards for LTSS provider types in which an enrollee must travel to the provider to receive services; and

(ii) Network adequacy standards other than time and distance standards for LTSS provider types that travel to the enrollee to deliver services.

(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**.

[Would Parity place some limits on contractual varying standards based on geographic areas?]