



CHAPTER 108D

ARTICLE 3 - MANAGED CARE ENTITY PROVIDER NETWORKS

N.C.G.S. § 108D-22.

PHP provider networks.

SOURCE	LAST AMENDMENT IN THIS TEXT	RETRIEVED	SOURCE FINGERPRINT
General Statutes of North Carolina, as published by the General Assembly	No amendment history on record	21 September 2026, 03:34 UTC	28f620176d3b4ee55313d66c - f1fa8e026d86bab10b821c27 - 779089112f933aad

§ 108D-22(a) Provider Networks. - Except as provided in G.S. 108D-23(c) and G.S. 108D-24(b), each PHP shall develop and maintain an open network of providers that meets access to care requirements for its enrollees.

§ 108D-22(b) Essential Providers. - A PHP must include all providers in its geographical coverage area that are designated essential providers by the Department, unless the Department approves an alternative arrangement for securing the types of services offered by the essential providers. The Department shall designate Medicaid providers as essential providers if, within a region defined by a reasonable access standard, the provider either (i) offers services that are not available from any other provider in the region or (ii) provides a substantial share of the total units of a particular service utilized by Medicaid beneficiaries within the region during the last three years and the combined capacity of other service providers in the region is insufficient to meet the total needs of the Medicaid enrollees. The Department shall not classify physicians and other practitioners as essential providers. At a minimum, providers in the following categories shall be designated essential providers:

- (1) Federally qualified health centers.
- (2) Rural health centers.
- (3) Free clinics.
- (4) Local health departments.
- (5) State Veterans Homes.

§ 108D-22(c)

Exceptions for Individual Providers. - Individual providers, except for designated essential providers, may be excluded from the PHP open network for any of the following reasons:

- (1) A provider fails to meet objective quality standards.
- (2) A provider refuses to accept the network rates.
- (3) In accordance with G.S. 108C-7(e3).

§ 108D-22(d)

Closed Networks for Designated Service Categories. - If an open network for a designated service category would jeopardize quality of care, program integrity, or cost-effective use of Medicaid funds, then, notwithstanding subsection (a) of this section, a PHP may develop a closed network for that designated service category and exclude providers that are not designated essential providers from that closed network. Prior to creating a closed network for a designated service category, the PHP must receive approval from the Department of the PHP's written request to close its provider network for that service category. This written request must include a demonstration of ongoing network adequacy. If the Department does not respond to a written request from a PHP for approval to close its provider network for a designated service category within 180 days after the request was submitted, the request is deemed approved. (2019-81, s. 1(a); 2022-74, s. 9D.15(z); 2023-134, s. 9E.22(e); 2026-1, s. 3C.12(a).)

END OF SECTION TEXT

APPARATUS FOLLOWS — DERIVED, NOT ENACTED

APPARATUS II
3 AUTHORITIES

Authorities referenced

Every G.S. cross-reference appearing in the text of this section, in order of first appearance. Nothing is characterized; the operative language is quoted from the section itself.

REFERENCE	APPEARS IN	OPERATIVE LANGUAGE IN THIS SECTION
G.S. 108D-23(c)	(a)	"Networks. - Except as provided in"
G.S. 108D-24(b)	(a)	"as provided in G.S. 108D-23(c) and"
G.S. 108C-7(e3)	(c)(3)	"In accordance with"

APPARATUS III

Citation

FULL SECTION

N.C. Gen. Stat. § 108D-22 (2026).

PINPOINT

N.C. Gen. Stat. § 108D-22(a) (2026).

Pinpoint keys are set in the left margin of the text rather than line numbers: subsection designators are stable across editions and paper sizes, line numbers are not.

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