

Network Adequacy and Access Assurances (NAAAR) Report for Utah: Utah CHIP

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Utah CHIP	MCO	07/01/2025	06/30/2026	09/24/2026	BRIDGET CONVEY	Submitted

Section I. State and program information

I. State and program information

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	Contact name First and last name of the contact person.	Bridget Convey
IA.2	Contact email address Enter email address. Department or program-wide email addresses are permitted.	bconvey@utah.gov
IA.3	State or territory Auto-populates from your account profile.	Utah
IA.4	Date of report submission CMS receives this date upon submission of this report.	10/05/2026
IA.5	Reporting scenario Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

I. State and program information

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it’s entering into a contract with a plan or because there’s a significant change in a plan’s operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Program Annual Report (MCPAR) for this program for the same reporting period.

Indicator	Response
Plan name	Molina Healthcare CHIP
	Select Health CHIP
	Healthy U CHIP

I. State and program information

If your standards apply to more specific provider types, select the most closely aligned provider type category and utilize the subcategory fields available in Section II. Program-level access and network adequacy standards under “Provider type covered by standard”.

Indicator	Response
Select all core provider types covered in the program	Primary Care
	Specialist
	Mental health
	OB/GYN
	Hospital
	Pharmacy

I. State and program information

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state's 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Indicator	Response
Is this analysis method used to assess plan compliance? Select “Yes” if the method is utilized to assess plan compliance with the state’s standards, as required at 42 C.F.R. § 438.68.	Geomapping Utilized Frequency: Annually Plan(s): Molina Healthcare CHIP, Select Health CHIP, Healthy U CHIP Plan Provider Directory Review Not utilized Secret Shopper: Network Participation Not utilized Frequency: Plan(s): Secret Shopper: Appointment Availability Not utilized Electronic Visit Verification Data Analysis Not utilized Review of Grievances Related to Access Not utilized Encounter Data Analysis Not utilized Frequency: Plan(s):

Section II. Program-level access and network adequacy standards

II. Program-level access and network adequacy standards

Report each network adequacy standard included in managed care program contract for this program as required under 42 C.F.R. § 438.68; select “Add standard” to report each unique standard. 42 C.F.R. § 438.206 standards will be addressed in section III. Plan compliance.

Standard total count: 18

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; Family practitioner, pediatrician, pediatric primary care nurse practitioner, primary care physician assistant	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Pediatric	Urban
2	Primary care; Family practitioner, pediatrician, pediatric primary care nurse practitioner, primary care physician assistant	Maximum time or distance	85% of members must have access within 20 miles or 30 minutes	Geomapping	Pediatric	Rural
3	Primary care; Family practitioner, pediatrician, pediatric primary care nurse practitioner, primary care physician assistant	Maximum time or distance	75% of members must have access within 30 miles or 60 minutes	Geomapping	Pediatric	Frontier
4	OB/GYN; OB/GYN, Prenatal Care/Women's Health Nurse Practitioner, Non-Physician Prenatal Care Provider (OB/GYN Physician Assistant), Non-Physician Prenatal Care Provider (Nurse Midwife)	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Female Members Aged 16 and Older	Urban
5	OB/GYN; OB/GYN, Prenatal Care/Women's Health Nurse Practitioner, Non-Physician Prenatal Care Provider (OB/GYN Physician Assistant), Non-Physician Prenatal Care	Maximum time or distance	85% of members must have access within 40 miles or 75 minutes	Geomapping	Female Members Aged 16 and Older	Rural

	Provider (Nurse Midwife)					
6	OB/GYN; OB/GYN, Prenatal Care/Women's Health Nurse Practitioner, Non-Physician Prenatal Care Provider (OB/GYN Physician Assistant), Non-Physician Prenatal Care Provider (Nurse Midwife)	Maximum time or distance	75% of members must have access within 60 miles or 90 minutes	Geomapping	Female Members Aged 16 and Older	Frontier
7	Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Adult and Pediatric	Urban
8	Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology,	Maximum time or distance	85% of members must have access within 40 miles or 75 minutes	Geomapping	Adult and Pediatric	Rural

rheumatology,
urology

9	Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology	Maximum time or distance	75% of members must have access within 60 miles or 90 minutes	Geomapping	Adult and Pediatric	Frontier
10	Hospital	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Adult and Pediatric	Urban
11	Hospital	Maximum time or distance	85% of members must have access within 40 miles or 75 minutes	Geomapping	Adult and Pediatric	Rural
12	Hospital	Maximum time or distance	75% of members must have access within 60 miles or 90 minutes	Geomapping	Adult and Pediatric	Frontier
13	Pharmacy	Maximum time or distance	95% of members must have access within 10	Geomapping	Adult and Pediatric	Urban

miles or 20
minutes

14	Pharmacy	Maximum time or distance	85% of members must have access within 20 miles or 30 minutes	Geomapping	Adult and Pediatric	Rural
15	Pharmacy	Maximum time or distance	75% of members must have access within 30 miles or 60 minutes	Geomapping	Adult and Pediatric	Frontier
16	Mental health	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Adult and Pediatric	Urban
17	Mental health	Maximum time or distance	85% of members must have access within 20 miles or 30 minutes	Geomapping	Adult and Pediatric	Rural
18	Mental health	Maximum time or distance	75% of members must have access within 30 miles or 60 minutes	Geomapping	Adult and Pediatric	Frontier

Section III. Plan compliance

III. Plan compliance

Use this section to report on plan compliance with the state’s standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

Molina Healthcare CHIP

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state’s standards, as required at 42 C.F.R. § 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 3 of 18

7

Maximum time or distance

95% of members must have access within 10 miles or 20 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Region

Population

Plan deficiencies for Molina Healthcare CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard is 95%. Molina achieves 17.6% for urban, which is 77.4% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 17.60 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Majority of Pediatric subspecialties are employed/delegated by University of Utah Health & Intermountain Health. Nearest options are in Urban counties. Molina has contracted with these providers. Molina is aware that there are insufficient providers to meet time/distance adequacy standards for pediatric subspecialties. Access to care for members in Rural and Frontier counties is available via telehealth/virtual services by the participating pediatric subspecialists in Urban counties. Pediatric providers may not indicate their specialty taxonomy code with subspecialties that align with those in the HSAG (Utah's EQRO) taxonomy crosswalk however, pediatric members often do receive those services through general pediatric providers. Molina continues monthly ongoing monitoring for any new provider opportunities that may be recruited to close a network gap.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

8 Maximum time or distance

85% of members must have access within 40 miles or 75 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

Plan deficiencies for Molina Healthcare CHIP: 42 C.F.R. § 438.68**III.C.2b Plan deficiencies: description**

The standard is 85%. Molina achieved 64.7%, which is 20.3% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 64.70 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Majority of Pediatric subspecialties are employed/delegated by University of Utah Health & Intermountain Health. Nearest options are in Urban counties. Molina has contracted with these providers. Molina is aware that there are insufficient providers to meet time/distance adequacy standards for pediatric subspecialties. Access to care for members in Rural and Frontier counties is available via telehealth/virtual services by the participating pediatric subspecialists in Urban counties. Pediatric providers may not indicate their specialty taxonomy code with subspecialties that align with those in the HSAG (Utah's EQRO) taxonomy crosswalk however, pediatric members often do receive those services through general pediatric providers. Molina continues monthly ongoing monitoring for any new provider opportunities that may be recruited to close a network gap.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards

III.C.2e Reassessment for plan deficiencies

12/01/2026

9 Maximum time or distance

75% of members must have access within 60 miles or 90 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology,

oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

Plan deficiencies for Molina Healthcare CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard for frontier is 75%. Molina achieved 17.6%, which is 57.4% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 17.60 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Majority of Pediatric subspecialties are employed/delegated by University of Utah Health & Intermountain Health. Nearest options are in Urban counties. Molina has contracted with these providers. Molina is aware that there are insufficient providers to meet time/distance adequacy standards for pediatric subspecialties. Access to care for members in Rural and Frontier counties is available via telehealth/virtual services by the participating pediatric subspecialists in Urban counties. Pediatric providers may not indicate their specialty taxonomy code with subspecialties that align with those in the HSAG taxonomy crosswalk however, pediatric members often do receive those services through general pediatric providers. Molina continues monthly ongoing monitoring for any new provider opportunities that may be recruited to close a network gap.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

Exceptions standards for 438.68

Total: 0 of 18

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Select Health CHIP

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at 42 C.F.R. § 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 3 of 18

7 Maximum time or distance

95% of members must have access within 10 miles or 20 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology,

oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

Plan deficiencies for Select Health CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

Standard is 95%. Select Health achieved 17.6%, which is 77.4% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 17.60 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Select Health is committed to doing the following for a better outcome with urban specialties, to define these providers in our data, and capture them moving forward for network adequacy. In addition, Select Health is committed to doing the following for members who do not have access to these providers in urban areas:

- Low cost Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. Telehealth eVisits are available to SH Medicaid members for only \$35. Telehealth Urgent Care and Physical Therapy visits are available for only \$69. Other Telehealth services include, but are not limited to lactation consultation, behavioral health, nutrition, primary care, and specialty care, all available at low cost to the member.
- Exceptions are granted for all Medicaid members, if needed, to go out-of-network, and Select Health will pay in-network rates, if medically necessary or for extenuating circumstances.
- Single-Case Agreements
- Travel Vouchers
- Ongoing monitoring of patterns of care, discussing with practitioners how to better accommodate members in these areas, understand referral patterns, and continue to recruit and identify providers to contract with in these rural or frontier areas. Select Health is willing to look into provider claims and identify specific specialists who are providing care and services to pediatric members; as proposed.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

8 Maximum time or distance

85% of members must have access within 40 miles or 75 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

Plan deficiencies for Select Health CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard for rural is 85% of members. Select Health achieved 41.20%, which is 43.8% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 41.20 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Select Health understands the demographic and geographical limitations of contracting a provider for this specific provider category is challenging for rural and frontier areas. In addition to the ongoing and planned efforts, Select Health does continue to help service and provide access to these members in these areas, Select Health is committed to providing the following: • Low cost Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. Telehealth eVisits are available to SH Medicaid members for only \$35. Telehealth Urgent Care and Physical Therapy visits are available for only \$69. Other Telehealth services include, but are not limited to lactation consultation, behavioral health, nutrition, primary care, and specialty care, all available at low cost to the member. • Exceptions are granted for all Medicaid members, if needed, to go out-of-network, and Select Health will pay in-network rates, if medically necessary or for extenuating circumstances. • Single-Case Agreements • Travel Vouchers • Ongoing monitoring of patterns of care, discussing with practitioners how to better accommodate members in these areas, understand referral patterns, and continue to recruit and identify providers to contract with in these rural or frontier areas. Select Health is willing to look into provider claims and identify specific specialists who are providing care and services to pediatric members; as proposed.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

9 Maximum time or distance

75% of members must have access within 60 miles or 90 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

Plan deficiencies for Select Health CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard for frontier is 75%. Select Health achieved 5.90% which is well below the standard by 69.1%.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 5.90 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Select Health understands the demographic and geographical limitations of contracting a provider for this specific provider category is challenging for rural and frontier areas. In addition to the ongoing and planned efforts, Select Health does continue to help service and provide access to these members in these areas, Select Health is committed to providing the following: Low cost Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. Telehealth eVisits are available to SH Medicaid members for only \$35. Telehealth Urgent Care and Physical Therapy visits are available for only \$69. Other Telehealth services include, but are not limited to lactation consultation, behavioral health, nutrition, primary care, and specialty care, all available at low cost to the member. • Exceptions are granted for all Medicaid members, if needed, to go out-of-network, and Select

Health will pay in-network rates, if medically necessary or for extenuating circumstances. • Single-Case Agreements • Travel Vouchers • Ongoing monitoring of patterns of care, discussing with practitioners how to better accommodate members in these areas, understand referral patterns, and continue to recruit and identify providers to contract with in these rural or frontier areas. Select Health is willing to look into provider claims and identify specific specialists who are providing care and services to pediatric members; as proposed.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

Exceptions standards for 438.68

Total: 0 of 18

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Healthy U CHIP

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at 42 C.F.R. § 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 3 of 18

7 Maximum time or distance

95% of members must have access within 10 miles or 20 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

Plan deficiencies for Healthy U CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard for urban is 95%. Healthy U achieved only 11.8%, which is 83.2% lower than the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 11.80 %

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Healthy U indicated despite reported deficiencies in pediatric subspecialties, there are providers in Frontier, Rural, and Urban counties to serve pediatric populations. Healthy U indicated their plan continues to develop the network and seek out opportunities in each county type. Below is the plan response by provider category: Allergy and immunology: The CHIP network contains 183 Allergy & Immunology provider locations to serve member populations in Urban counties. They do not show as Pediatric specialists but serve our pediatric populations. Dermatology, pediatric: The CHIP network has 408 provider locations in urban counties to serve our membership. Endocrinology, Pediatric: CHIP network has 165 locations, of which 104 locations treat all populations. Gastroenterology, pediatric: CHIP network includes 56 provider locations across counties with identified deficiencies that are not pediatric specialists. These locations help to meet our members' needs. General Surgery, Pediatric: CHIP network includes 1,035 provider locations across counties with identified deficiencies that are not pediatric specialists. These locations help to meet our members' needs. Infectious Disease, Pediatric: Network included 134 locations, including 13 in the identified counties, some of which are not pediatric specialists. Nephrology, Pediatric: Network includes 319 provider locations for providers that do not identify as pediatric specialists, among another 41 locations that are pediatric specialist. These providers help to serve all members' needs. Neurology, Pediatric: In addition to our Pediatric Neurologists, we have 2,080 locations across urban counties, to bring the total locations to 2,191, that serve members' needs. Oncology/Hematology: There are 268 provider locations in Urban counties that are not pediatric specialist but serve all populations. These providers help to meet network adequacy. Ophthalmology, pediatric: There are 430 provider locations for general ophthalmologist across Urban counties that help to meet members' needs. Otolaryngology, Pediatric: We have 348 provider locations contracted in Urban counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Physical Medicine, Pediatric: We have 258 provider locations contracted in Urban counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Pulmonology, Pediatric: We have 192 provider locations in Urban counties that do not specialize as pediatric. These providers help to serve all member populations. Rheumatology, Pediatric: In addition to Pediatric Rheumatologist in Urban counties, we have 86 additional general practice specialists that help to serve the community. Urology, Pediatric: In addition to the Pediatric Urologist we have in network, we have 218 provider locations for general urologist that have indicated they care for pediatric populations. These providers help us to meet member needs in our networks.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

8 Maximum time or distance

85% of members must have access within 40 miles or 75 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)	Region	Population
Geomapping	Rural	Adult and Pediatric

Plan deficiencies for Healthy U CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard for rural is 85%. Healthy U achieved 11.8%, which is 83.2% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 11.80 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Healthy U indicated despite reported deficiencies in pediatric subspecialties, there are providers in Frontier, Rural, and Urban counties to serve pediatric populations. Healthy U indicated their plan continues to develop the network and seek out opportunities in each county type. Below is Healthy U's response by provider category: Allergy & Immunology, Pediatric: The CHIP network contains 14 Allergy & Immunology provider locations to serve member populations in rural counties. They do not show as Pediatric specialists, but serve our pediatric populations. Dermatology, Pediatric: The CHIP network has 59 provider locations in rural counties to serve our membership. Endocrinology, Pediatric: The CHIP plan continues to develop the network and seek out opportunities in rural counties, like Carbon, Sanpete, and Sevier. Many providers do not identify as pediatric specialists, but provide care to all populations. Gastroenterology, Pediatric: Healthy U CHIP is researching and looking to add providers to our network. This is done through a number of avenues, including reaching out to providers/groups that are contracted on other Medicaid plans, particularly in the counties identify by Tableau. There are 21 provider groups that serve members that are not pediatric specialists. General Surgery, Pediatric: CHIP network includes 79 provider locations across counties with identified deficiencies that are not pediatric specialists. These locations help to meet our members' needs. Infectious Disease, Pediatric: Plan is working to identify opportunities to close this gap in identified counties. Nephrology,

Pediatric: Network includes 31 provider locations for providers that do not identify as pediatric specialists. These providers help to serve all members' needs. Neurology, Pediatric: 71 provider locations in rural counties do not identify as pediatric specialists, but meet our members' needs. Oncology/Hematology, Pediatric: While we continue to seek out specialists, there are 32 provider locations in the network in rural counties that serve all populations, while not being Pediatric specialists. Ophthalmology, Pediatric: We have contracted with 55 provider locations, 27 of which are in the counties identified as insufficient. These providers help to meet network adequacy Otolaryngology, Pediatric: We have 25 provider locations contracted in Rural counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Physical Medicine, Pediatric: We have 53 provider locations contracted in Rural counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Pulmonology, Pediatric: We have 18 provider locations contracted in rural counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Rheumatology, Pediatric: We have 10 general rheumatology provider locations in Rural counties that help to serve our members, where pediatric specialists may not be available. Urology, Pediatric: We have 24 general urologists in Rural counties to help members receive care where pediatric specialist may not be available.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

9 Maximum time or distance

75% of members must have access within 60 miles or 90 minutes

Provider type(s)

Specialist; Allergy & immunology, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, oncology/hematology, ophthalmology, orthopedic surgery, otolaryngology, physical medicine, pulmonology, rheumatology, urology

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

Plan deficiencies for Healthy U CHIP: 42 C.F.R. § 438.68

III.C.2b Plan deficiencies: description

The standard is 75%. Healthy U achieved 11.8% for frontier, which is 83.2% below the standard.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results annually: Percent of enrollees that can access this provider type within the standard:

Annual (optional): 11.80 %

Date of analysis of annual snapshot (optional): 06/01/2025

III.C.2c Plan deficiencies: description of what the plan will do to achieve compliance with this standard.

Healthy U indicated despite reported deficiencies in pediatric subspecialties, there are providers in Frontier, Rural, and Urban counties to serve pediatric populations. Healthy U indicated their plan continues to develop the network and seek out opportunities in each county type. Healthy U responses by provider category is below: Allergy & Immunology, Pediatric: The CHIP network contains 5 Allergy & Immunology provider locations to serve member populations in Frontier counties. They do not show as Pediatric specialists, but serve our pediatric populations. Behavioral Health Facilities - All: We are actively working to update our CHIP network to add providers and facilities to the network. We are working with behavioral health facilities that are contracted on other plans, as well as working to identify any additional opportunities, to help bolster the network. Dermatology, Pediatric: The CHIP network has 39 provider locations in frontier counties to serve our membership. Endocrinology, Pediatric: The CHIP plan continues to develop the network and seek out opportunities in frontier counties. Many providers do not identify as pediatric specialists, but provide care to all populations. Gastroenterology, Pediatric: Healthy U CHIP is researching and looking to add providers to our network. This is done through a number of avenues, including reaching out to providers/groups that are contracted on other Medicaid plans. General Surgery, Pediatric: CHIP network includes 39 provider locations across counties with identified deficiencies that are not pediatric specialists. These locations help to meet our members' needs. Infectious Disease, Pediatric: Plan is working to identify opportunities to close this gap. We have struggled to identify opportunities to contract with Pediatric Infectious Disease physicians, but utilize the State's provider finder, Quest Enterprise Software, NPPEs, and internet searches. Nephrology, Pediatric: Network includes 23 provider locations for providers that do not identify as pediatric specialists. These providers help to serve all members' needs. Neurology, Pediatric: All 85 provider locations in frontier counties do not identify as pediatric specialists, but do help to meet our members' care needs. Oncology/Hematology, Pediatric: While we continue to seek out specialists, there are 12 provider locations in the network in Frontier counties, 10 of which are in the Frontier counties called out in the Tableau report. Ophthalmology, Pediatric: We have contracted with 16 provider locations, 11 of which are in the counties identified as insufficient. These providers help to meet network adequacy as we continue to look for other options for members. Otolaryngology, Pediatric: We have 18 provider locations contracted in Frontier counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Physical Medicine, Pediatric: We have 22 provider locations contracted in Frontier counties that are not listed as pediatric specialists. These help to augment our network where pediatric specialists are not available. Pulmonology, Pediatric: We continue to research contracting option, but have 3 pulmonologists in Frontier counties that do not specialize as Pediatric. Rheumatology, Pediatric: We have 5 general rheumatology provider locations in Frontier counties that help to serve our members, where pediatric specialists may not be available. Urology, Pediatric: We have

successfully included 17 general urologists in our network to help members receive care where pediatric specialists may not be available.

III.C.2d Plan deficiencies: monitoring progress

The State EQRO will reassess to determine if the health plans have improved. The EQRO will also submit and review the health plan response excels to the plans to determine what efforts the plans are making to come in alignment with the standards.

III.C.2e Reassessment for plan deficiencies

12/01/2026

Exceptions standards for 438.68

Total: 0 of 18

B. Assurance of plan compliance for 438.206

Indicator	Response
B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses