

Network Adequacy and Access Assurances (NAAAR) Report for Utah: Utah Medicaid Integrated Care (UMIC)

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Utah Medicaid Integrated Care (UMIC)	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	Integrated Health Choice
	Integrated Healthy U
	Integrated Molina
	Integrated Selected Health

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
	LTSS

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
<p>Is this analysis method used to assess plan compliance?</p> <p>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.</p>	<p>Geomapping</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Integrated Health Choice, Integrated Healthy U, Integrated Molina, Integrated Selected Health</p> <p>Plan Provider Directory Review</p> <p>Not utilized</p> <p>Secret Shopper: Network Participation</p> <p>Not utilized</p> <p>Secret Shopper: Appointment Availability</p> <p>Not utilized</p> <p>Electronic Visit Verification Data Analysis</p> <p>Not utilized</p> <p>Review of Grievances Related to Access</p> <p>Not utilized</p> <p>Encounter Data Analysis</p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</p>

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: 6

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; Family Practitioner, internist, primary care nurse practitioner, primary care physician assistant	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult	Urban
2	OB/GYN; OB/GYN, prenatal care/women's health nurse practitioner, non-physician prenatal provider (OB/GYN physician assistant), non-physician prenatal care provider (nurse midwife)	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult	Urban
3	Specialist; Allergist and immunologist, cardiologist, dermatologist, endocrinologist, gastroenterologist, general surgeon, infectious disease, nephrologist, neurologist, oncologist/hematologist, ophthalmologist, orthopedic surgeon, otolaryngologist (ENT), physical medicine specialist, pulmonologist, rheumatologist, urologist	Maximum time or distance	90% of members must have access within 30 miles or 45 minutes	Geomapping	Adult	Urban
4	Hospital	Maximum time or distance	90% of members must have access within 30 miles or 45 minutes	Geomapping	Adult and Pediatric	Urban

5	Pharmacy	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult and Pediatric	Urban
6	Mental health	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult and Pediatric	Urban

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.

Integrated Health Choice

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>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.</p>	<p>Yes, the plan complies on all standards based on all analyses</p>

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>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.</p>	<p>Yes, the plan complies on all standards based on all analyses</p>

Integrated Healthy U

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>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.</p>	<p>Yes, the plan complies on all standards based on all analyses</p>

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

Integrated Molina

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.	Yes, the plan complies on all standards based on all analyses

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

Integrated Selected Health

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.	Yes, the plan complies on all standards based on all analyses

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