

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

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
ACO	MCO	01/01/2024	12/31/2024	10/27/2025	Phearomany Yoshida	Submitted

## Section I. State and program information

### A. State information and reporting scenario

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	<b>Contact name</b> First and last name of the contact person.	Bridget Convey
IA.2	<b>Contact email address</b> Enter email address. Department or program-wide email addresses are permitted.	bconvey@utah.gov
IA.3	<b>State or territory</b> Auto-populates from your account profile.	Utah
IA.4	<b>Date of report submission</b> CMS receives this date upon submission of this report.	10/27/2025
IA.5	<b>Reporting scenario</b> 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.

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## B. Add plans

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 Plan Annual Report (MCPAR) for this program for the same reporting period.

Indicator	Response
Plan name	Health Choice Utah
	Healthy U
	Molina Healthcare
	Select Health Community Care

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## C. Provider type coverage

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".

Number	Indicator	Response
N/A	Select all core provider types covered in the program	Primary Care Specialist OB/GYN Hospital Pharmacy

## D. Analysis methods

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.

Number	Indicator	Response
N/A	<p><b>Is this analysis method used to assess plan compliance?</b></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><b>Geomapping</b></p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Health Choice Utah, Healthy U, Molina Healthcare, Select Health Community Care</p> <p><b>Plan Provider Directory Review</b></p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</p> <p><b>Secret Shopper: Network Participation</b></p> <p>Not utilized</p> <p><b>Secret Shopper: Appointment Availability</b></p> <p>Not utilized</p> <p><b>Electronic Visit Verification Data Analysis</b></p> <p>Not utilized</p> <p><b>Review of Grievances Related to Access</b></p> <p>Not utilized</p> <p><b>Encounter Data Analysis</b></p> <p>Not utilized</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 CFR § 438.68; select “Add standard” to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

**Standard total count: 21**

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult	Urban
2	Primary care	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Adult	Rural
3	Primary care	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Adult	Frontier
4	OB/GYN	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult and Pediatric	Urban
5	OB/GYN	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Adult and Pediatric	Rural
6	OB/GYN	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Adult and Pediatric	Frontier

<b>7</b>	Specialist	Maximum time or distance	90% of members must have access within 30 miles or 45 minutes	Geomapping	Adult	Urban
<b>8</b>	Specialist	Maximum time or distance	90% of members must have access within 80 miles or 100 minutes	Geomapping	Adult	Rural
<b>9</b>	Specialist	Maximum time or distance	90% of members must have access within 110 miles or 125 minutes	Geomapping	Adult	Frontier
<b>10</b>	Hospital	Maximum time or distance	90% of members must have access within 30 miles or 45 minutes	Geomapping	Adult and Pediatric	Urban
<b>11</b>	Hospital	Maximum time or distance	90% of members must have access within 60 miles or 80 minutes	Geomapping	Adult and Pediatric	Rural
<b>12</b>	Hospital	Maximum time or distance	90% of members must have access within 100 miles or 110 minutes	Geomapping	Adult and Pediatric	Frontier



<b>13</b>	Pharmacy	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult and Pediatric	Urban
<b>14</b>	Pharmacy	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Adult and Pediatric	Rural
<b>15</b>	Pharmacy	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Adult and Pediatric	Frontier
<b>16</b>	Primary care	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Pediatric	Urban
<b>17</b>	Primary care	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Pediatric	Rural
<b>18</b>	Primary care	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Pediatric	Frontier
<b>19</b>	Specialist	Maximum time or distance	90% of members	Geomapping	Pediatric	Urban

			must have access within 30 miles or 45 minutes			
20	Specialist	Maximum time or distance	90% of members must have access within 80 miles or 100 minutes	Geomapping	Pediatric	Rural
21	Specialist	Maximum time or distance	90% of members must have access within 110 miles or 125 minutes	Geomapping	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.

### Health Choice Utah

#### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  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: 4 of 21**

## 7 Maximum time or distance

90% of members must have access within 30 miles or 45 minutes

### Provider type(s)

Specialist

### Analysis method(s)

Geomapping

### Region

Urban

### Population

Adult

## Plan deficiencies for Health Choice Utah: 42 C.F.R. § 438.68

### Description

The standard of 90% of members must have access within 30 miles or 45 minutes. For Health Choice Utah, the percentage of enrollee is 82.4%; this is 7.6% 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): 82

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

For endocrinology, the default in Urban adequacy stems exclusively from a default in Cache County. Provider Download lists Cache Valley Endocrine Center as a provider in this specialty in Cache County. HCU is contracted with this group but did not include them on the NAV report as both providers at this location are Nurse Practitioners. Specialist NPs do not have an appropriate category designated on the NAV report. As such, no further action is needed to address specialty adequacy. For infectious disease, the default in Urban adequacy stems exclusively from a default in Cache County. Brandon Webb is an Infectious Disease provider affiliated with Intermountain Health in Cache County. Dr. Webb was erroneously left off of the NAV report as HCU is contracted with all Intermountain Health providers in Cache County. As such, no further action is needed to address specialty adequacy. For pulmonary, the default in Urban adequacy stems exclusively from a default in Cache County. Russell Hirts Jr. is a Pulmonology provider affiliated with Intermountain Health in Cache County. Dr. Hirst was erroneously left off of the NAV report as HCU is contracted with all Intermountain Health providers in Cache County. As such, no further action is needed to address specialty adequacy.

#### **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.

#### **Reassessment date**

12/01/2025

## **10 Maximum time or distance**

90% of members must have access within 30 miles or 45 minutes

#### **Provider type(s)**

Hospital

#### **Analysis method(s)**

Geomapping

#### **Region**

Urban

#### **Population**

Adult and Pediatric

## **Plan deficiencies for Health Choice Utah: 42 C.F.R. § 438.68**

#### **Description**

The standard is 90%. Health Choice Utah is at 50% of the population is within the time/distance standard. This is 40% 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

12/01/2025

## 11 Maximum time or distance

90% of members must have access within 60 miles or 80 minutes

**Provider type(s)**

Hospital

**Analysis method(s)**

Geomapping

**Region**

Rural

**Population**

Adult and Pediatric

### Plan deficiencies for Health Choice Utah: 42 C.F.R. § 438.68

**Description**

The standard is 90%. Health Choice has 50% of the population that is within time/distance standard; this is 40% 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

**19 Maximum time or distance**

90% of members must have access within 30 miles or 45 minutes

**Provider type(s)**

Specialist

**Analysis method(s)**

Geomapping

**Region**

Urban

**Population**

Pediatric

**Plan deficiencies for Health Choice Utah: 42 C.F.R. § 438.68****Description**

The standard is. Health Choice Utah's percentage is 88.2% for urban specialists for pediatrics. This is 1.8% less than the standard of 90%.

**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): 88

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

For pediatric pulmonology and infectious disease, the default in urban adequacy stems exclusively from a default in Cache County. Per Provider Download, no providers of this specialty within Cache County. The plan is recommending that an exemption should be made for this deficiency; however, the State has not granted any exceptions yet.

**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.

**Reassessment date**

12/01/2025

**Exceptions standards for 438.68**

**Total: 0 of 21**

**B. Assurance of plan compliance for 438.206**

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  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

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  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: 2 of 21**

#### 11 Maximum time or distance

90% of members must have access within 60 miles or 80 minutes

**Provider type(s)**

Hospital

**Analysis method(s)**

Geomapping

**Region**

Rural

**Population**

Adult and Pediatric

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

### Description

The standard is 90%. Health U's rate for hospitals is 50% for hospitals. This is 40% below 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

### 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.

### Reassessment date

12/01/2025

## 20 Maximum time or distance

90% of members must have access within 80 miles or 100 minutes

### Provider type(s)

Specialist

### Analysis method(s)

Geomapping

### Region

Rural

### Population

Pediatric

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

### Description

The standard is 90%. Healthy U's pediatric specialist rate is 64.7% for rural. This is 25.3% below 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): 65

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

Healthy U contracts with all pediatric specialists within UUMG pediatric specialty services and all pediatric hospitals within Utah. The pediatric specialty network deficiency identified across all ACO plans appears to be a lack of available pediatric specialists throughout the state of Utah. The plan regularly reviews deficiencies to try and identify new opportunities for contracting in order to meet network standards.

**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.

**Reassessment date**

12/01/2024

**Exceptions standards for 438.68**

**Total: 0 of 21**

**B. Assurance of plan compliance for 438.206**

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

**Molina Healthcare**

**A. Assurance of plan compliance for 438.68**

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  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: 5 of 21**

## 11 Maximum time or distance

90% of members must have access within 60 miles or 80 minutes

### Provider type(s)

Hospital

### Analysis method(s)

Geomapping

### Region

Rural

### Population

Adult and Pediatric

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

### Description

The standard is 90%. Molina shows 50% for, which is 40% below the standard for rural hospitals.

### 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

12/01/2025

## 12 Maximum time or distance

90% of members must have access within 100 miles or 110 minutes

**Provider type(s)**

Hospital

**Analysis method(s)**

Geomapping

**Region**

Frontier

**Population**

Adult and Pediatric

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

**Description**

The target is 90%. Molina achieved 50% for rural hospitals time and distance; this is 40% 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

12/01/2025

## 19 Maximum time or distance

90% of members must have access within 30 miles or 45 minutes

### Provider type(s)

Specialist

### Analysis method(s)

Geomapping

### Region

Urban

### Population

Pediatric

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

### Description

The standard is 90%. Molina achieves 82.4% of their members within the time/distance standard for pediatric specialists. This is 7.6% 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): 82

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

Molina plans to load a combination of subspecialty taxonomies so that they will align to HSAG Specialty/Taxonomy Crosswalk. Molinda also plans to review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina also plans to review and implement true network adequacy gap exceptions where there are no providers within time/distance requirements to meet adequacy.

### 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.

### Reassessment date

12/01/2025

## 20 Maximum time or distance

90% of members must have access within 80 miles or 100 minutes

### Provider type(s)

Specialist

Analysis method(s)	Region	Population
Geomapping	Rural	Pediatric

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

### Description

The standard is 90%. Molinda achieved 70.6% for pediatrics specialty inf rural areas.

### 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): 71

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

Molina plans to load a combination of subspecialty taxonomies so that they will align to HSAG Specialty/Taxonomy Crosswalk. Molinda also plans to review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina also plans to review and implement true network adequacy gap exceptions where there are no providers within time/distance requirements to meet adequacy.

### 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.

### Reassessment date

12/01/2025

## 21 Maximum time or distance

90% of members must have access within 110 miles or 125 minutes

### Provider type(s)

Specialist

Analysis method(s)	Region	Population
Geomapping	Frontier	Pediatric

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

### Description

The standard is 90%. Molina achieves 70.6%, which is 19.4% below the standard for pediatric specialty in frontier areas.

**Analyses used to identify deficiencies**

Geomapping

Frequency of compliance findings (optional): Report results by quarter: Not answered, optional

**What the plan will do to achieve compliance**

Molina plans to load a combination of subspecialty taxonomies so that they will align to HSAG Specialty/Taxonomy Crosswalk. Molinda also plans to review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina also plans to review and implement true network adequacy gap exceptions where there are no providers within time/distance requirements to meet adequacy.

**Monitoring progress**

The State EQRO will be reviewing health plan deficiencies again each year to determine if they've improved in any category.

**Reassessment date**

12/01/2024

**Exceptions standards for 438.68**

**Total: 0 of 21**

**B. Assurance of plan compliance for 438.206**

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

**Select Health Community Care**

**A. Assurance of plan compliance for 438.68**

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  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: 6 of 21**

**10 Maximum time or distance**

90% of members must have access within 30 miles or 45 minutes

**Provider type(s)**

Hospital

**Analysis method(s)**

Geomapping

**Region**

Urban

**Population**

Adult and Pediatric

**Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68**

**Description**

Standard is 90%. Select health achieved 50%, which is 40% less 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

12/01/2025

**11 Maximum time or distance**

90% of members must have access within 60 miles or 80 minutes

**Provider type(s)**

Hospital

**Analysis method(s)**

Geomapping

**Region**

Rural

**Population**

Adult and Pediatric

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**Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68****Description**

The standard is for 90% of members to have access. Select health achieves 50%, which is 40% below the standard for rural.

**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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

**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.

**Reassessment date**

12/01/2025



## 12 Maximum time or distance

90% of members must have access within 100 miles or 110 minutes

### Provider type(s)

Hospital

### Analysis method(s)

Geomapping

### Region

Frontier

### Population

Adult and Pediatric

## Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68

### Description

The standard is 90%. Select Health achieved 50%, which is 40% below the standard for frontier.

### 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): 50

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

The State does not have a response from the health plan on how they plan to achieve compliance standard at this time.

### 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.

### Reassessment date

12/01/2025

## 19 Maximum time or distance

90% of members must have access within 30 miles or 45 minutes

### Provider type(s)

Specialist

### Analysis method(s)

Geomapping

### Region

Urban

### Population

Pediatric

## Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68

### Description

The standard is 90%. Select Health is achieving 1.8% 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): 88

Date of analysis of annual snapshot (optional): 06/01/2024

### What the plan will do to achieve compliance

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: Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. • Service Approvals are granted for all Medicaid members, to go out-of-network, and Select Health will pay PAR rates. • 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 or find and identify providers to contract with in these urban areas.

### 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.

### Reassessment date

12/01/2025

## 20 Maximum time or distance

90% of members must have access within 80 miles or 100 minutes

### Provider type(s)

Specialist

### Analysis method(s)

Geomapping

### Region

Rural

### Population

Pediatric

## Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68

### Description

The standard is 90%. Select health is achieving 23.5%, which is well below the standard by 66.5%.

**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): 24

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

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 to continue to help service and provide access to these members in these areas, Select Health is committed to providing the following: • Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. • Service Approvals are granted for all Medicaid members, to go out-of-network, and Select Health will pay PAR rates. • 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.

**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.

**Reassessment date**

12/01/2025

**21 Maximum time or distance**

90% of members must have access within 110 miles or 125 minutes

**Provider type(s)**

Specialist

**Analysis method(s)**

Geomapping

**Region**

Frontier

**Population**

Pediatric

**Plan deficiencies for Select Health Community Care: 42 C.F.R. § 438.68**

**Description**

The standard is 90%. Select health achieved 88.2%, which is 1.8% under 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): 88

Date of analysis of annual snapshot (optional): 06/01/2024

**What the plan will do to achieve compliance**

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 to continue to help service and provide access to these members in these areas, Select Health is committed to providing the following: • Telehealth services for members directly, where they don't need to drive outside of their time and distance standards, if applicable. • Service Approvals are granted for all Medicaid members, to go out-of-network, and Select Health will pay PAR rates. • 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.

**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.

**Reassessment date**

12/01/2025

**Exceptions standards for 438.68**

**Total: 0 of 21**

**B. Assurance of plan compliance for 438.206**

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