

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

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
CHIP	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	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.	10/27/2025
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.

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	Molina Healthcare CHIP
	Select Health CHIP

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 Mental health Hospital Pharmacy Dental

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>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): Molina Healthcare CHIP, Select Health CHIP</p> <p>Plan Provider Directory Review</p> <p>Not utilized</p> <p>Secret Shopper: Network Participation</p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</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 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: 18

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Pediatric	Urban
2	Primary care	Maximum time or distance	85% of members must have access within 20 miles or 30 minutes	Geomapping	Pediatric	Rural
3	Primary care	Maximum time or distance	75% of members must have access within 30 miles or 60 minutes	Geomapping	Pediatric	Frontier
4	OB/GYN	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	Maximum time or distance	85% of members must have access within 40 miles or 75 minutes	Geomapping	Female Members Aged 16 and Older	Rural
6	OB/GYN	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	Maximum time or distance	95% of members must have access within 10 miles or 20 minutes	Geomapping	Adult and Pediatric	Urban
8	Specialist	Maximum time or distance	85% of members must have access within 40 miles or 75 minutes	Geomapping	Adult and Pediatric	Rural
9	Specialist	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	Geomapping	Adult and	Urban

			must have access within 10 miles or 20 minutes		Pediatric	
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: 6 of 18

7

Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

Description

The standard for urban is 95% of members. Molina CHIP MCO achieved 41.2% of members, which is below the standard by 53.8%.

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

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

What the plan will do to achieve compliance

Molina CHIP will load combined sub specialty taxonomies so that they will align to the EQRO Specialty/Taxonomy Crosswalk. Molina will review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina will also 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

8 Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

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

The standard is 85% for specialists in the rural area. Molina CHIP achieved 64.7%, which is below the standard by 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): 65

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

What the plan will do to achieve compliance

Molina will load combined sub specialty taxonomies so that they will align to the EQRO's Specialty/Taxonomy Crosswalk. Molina will review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina will also 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

9 Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

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

Description

The standard is 75% of their members for the frontier area. Molina CHIP plan achieved 29.4%, which is below the standard by 45.6%.

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): 29

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

What the plan will do to achieve compliance

Molina will combine subspecialty taxonomies so that they will align to the EQRO's Specialty/Taxonomy Crosswalk. Molina will review and implement network adequacy process for telehealth services that will facilitate gap closure. Molina will also 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

10 Maximum time or distance

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

Provider type(s)

Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

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

Description

The standard is 95% for hospitals for the urban area. Molina CHIP achieved 50%, which is 45% 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

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

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

Provider type(s)

Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

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

Description

The standard for rural is 85%. Molina CHIP plan achieved 50%, which is 35% below the standard for the rural setting.

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

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

Provider type(s)

Hospital

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

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

Description

The standard is 75% for the rural setting. Molina CHIP achieved 50%, which is 25% 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

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: 9 of 18

6

Maximum time or distance

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

Provider type(s)

OB/GYN

Analysis method(s)

Geomapping

Region

Frontier

Population

Female Members
Aged 16 and Older

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

Description

The standard for frontier is 75%. Select Health CHIP achieved 50%, which is 25% 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

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

7 Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

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

Description

The standard is 95% for specialists in the urban area. Select Health CHIP achieved 29.4%, which is 65.6% 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): 29

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

8 Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

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

Description

The standard is 85% for the rural area. Select Health CHIP achieved 23.5%, which is 61.5% 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): 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

9 Maximum time or distance

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

Provider type(s)

Specialist

Analysis method(s)

Geomapping

Region

Frontier

Population

Adult and Pediatric

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

Description

The standard is 75%. Select Health CHIP achieved 0%, well under the standard by 75%.

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): 0

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

10 Maximum time or distance

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

Provider type(s)

Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

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

Description

The standard is 95%. Select Health CHIP achieved 50%, which is below the standard by 45%.

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

11 Maximum time or distance

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

Provider type(s)

Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

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

Description

The standard is 85%. Select Health achieved 50%, which is 35% 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

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

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

Provider type(s)

Hospital

Analysis method(s)

Region

Population

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

Description

The standard is 75%. Select Health CHIP achieved 50%, which is 25% 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

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

16 Maximum time or distance

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

Provider type(s)

Mental health

Analysis method(s)

Geomapping

Region

Urban

Population

Adult and Pediatric

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

Description

The standard is 95%. Select Health CHIP achieved 75%, which is 20% 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): 75

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

17 Maximum time or distance

85% of members must have access within 20 miles or 30 minutes

Provider type(s)

Mental health

Analysis method(s)

Geomapping

Region

Rural

Population

Adult and Pediatric

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

Description

The standard is 85%. Select Health CHIP achieved 75%, which is 10% 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): 75

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 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