

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

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Dental Plans	PAHP	07/01/2024	06/30/2025	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.

---

## 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	Premier Access CHIP
	Premier Access
	MCNA Dental

---

## 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	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><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): Premier Access, MCNA Dental, Premier Access CHIP</p> <p><b>Plan Provider Directory Review</b></p> <p>Not utilized</p> <p><b>Secret Shopper: Network Participation</b></p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</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> <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: 3**

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Dental	Maximum time or distance	95% of members must have access to a Network Provider within 15 miles or 30 minutes	Geomapping	General and Pediatric	Urban
2	Dental	Maximum time or distance	85% of members must have access within 75 miles or 90 minutes	Geomapping	General and Pediatric	Rural
3	Dental	Maximum time or distance	75% of members must have access within 100 miles or 120 minutes	Geomapping	General 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.

## Premier Access CHIP

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

### 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

## Premier Access

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

## 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

## MCNA Dental

### 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 standards for 438.68

Total: 1 of 3

3      **Maximum time or distance**

75% of members must have access within 100 miles or 120 minutes

**Provider type(s)**

Dental

**Analysis method(s)**

Geomapping

**Region**

Frontier

**Population**

General and  
Pediatric

**Plan deficiencies for MCNA Dental: 42 C.F.R. § 438.68**

**Description**

The standard is 75%. MCNA achieved 50%, which is 25% 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**

MCNA has identified that this finding is a result of a lack of Pediatric Dentists in Grand and San Juan counties. MCNA provides sufficient availability of dental services for the eligible population in these geographic service areas through the Primary Care General Dentists that serve our members and continues to receive claims for children being treated by General Dentists that treat both the adult and children’s membership in these counties. It is common practice for providers in underserved geographic service areas, such as San Juan and Grand counties, to take additional continuing education in various areas of dentistry to allow them the ability to perform services that would have otherwise been referred to another provider specialty. The Utah contract recognizes both General Dentists as well as Pediatric Dentists as Primary Care providers acting within the scope of their license providing comprehensive oral health care. MCNA recognizes San Juan and Grand counties as a dental health professional shortage area and continues to invite all qualified dental providers to participate in the Utah network with particular attention given to monitoring any new providers to this area. MCNA is requesting consideration to recognize these alternate care providers as meeting the access to time and distance standards for the ongoing care of this population, as there are no Pediatric Dentists available to contract. In the event that a member(s) in San Juan

or Grand County require to be treated by a Pediatric Dentist, MCNA will engage an out-of-network provider of the specialty type needed to agree via a Letter of Agreement to see our member on a case-by-case basis to ensure the member is receiving the care needed. The Network Development team will continue recruitment efforts with any providers that move into this area and monitor any grievances related to network access to ensure all members are provided with the care that is needed.

**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 3**

**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