

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

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
HOME	MCO	01/01/2024	12/31/2024	09/30/2025	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	Healthy Outcomes Medical Excellence (HOME)

---

## 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

## 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): Healthy Outcomes Medical Excellence (HOME)</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: 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	Female Members aged 16 and Older	Urban
5	OB/GYN	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Female Members aged 16 and Older	Rural
6	OB/GYN	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Female Members aged 16 and Older	Frontier

<b>7</b>	Specialist	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult	Urban
<b>8</b>	Specialist	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Adult	Rural
<b>9</b>	Specialist	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Adult	Frontier
<b>10</b>	Hospital	Maximum time or distance	90% of members must have access within 10 miles or 15 minutes	Geomapping	Adult and Pediatric	Urban
<b>11</b>	Hospital	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Adult and Pediatric	Rural
<b>12</b>	Hospital	Maximum time or distance	90% of members must have access within 60 miles or 70 minutes	Geomapping	Adult and Pediatric	Frontier
<b>13</b>	Pharmacy	Maximum time or distance	90% of members	Geomapping	Adult and	Urban

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

			miles or 15 minutes			
20	Specialist	Maximum time or distance	90% of members must have access within 35 miles or 45 minutes	Geomapping	Pediatric	Rural
21	Specialist	Maximum time or distance	90% of members must have access within 60 miles or 70 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.

### Healthy Outcomes Medical Excellence (HOME)

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

Indicator	Response
<p><b>A. Assurance of plan compliance for 438.68</b></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>B. Assurance of plan compliance for 438.206</b></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>