

Network Adequacy and Access Assurances (NAAAR) Report for Indiana: Healthy Indiana Plan

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Healthy Indiana Plan	MCO	01/01/2024	12/31/2024	11/18/2025	Cinthia Gonzales Cruz	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	Cinthia Gonzales
		First and last name of the contact person.
IA.2	Contact email address	Cinthia.GonzalesCruz@fssa.IN.gov
		Enter email address. Department or program-wide email addresses are permitted.
IA.3	State or territory	Indiana
		Auto-populates from your account profile.
IA.4	Date of report submission	11/18/2025
		CMS receives this date upon submission of this report.
IA.5	Reporting scenario	Scenario 2: Annual report
		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 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	Anthem
	CareSource
	Managed Health Services
	MDwise

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 Substance Use Disorder (SUD) OB/GYN 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	Is this analysis method used to assess plan compliance?	<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: Geomapping is utilized during readiness review. Readiness review is systematic large-scale review of MCE staffing, policies and procedures, processes, documents, member and provider communication, subcontracts, system capabilities, and provider networks to ensure the health plan is prepared in advance of a new contract go-live. Further, Geomapping is used by the external quality review organization (EQRO) for network auditing purposes for the external quality review (EQR).</p> <p>Plan(s): Anthem, CareSource, Managed Health Services, MDwise</p>
	<p>Plan Provider Directory Review</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Anthem, CareSource, Managed Health Services, MDwise</p>	
	<p>Secret Shopper: Network Participation</p> <p>Utilized</p> <p>Frequency: Ad-hoc. Utilized by external quality review organization (EQRO) for the external quality review (EQR).</p> <p>Plan(s): Anthem, CareSource, Managed Health Services, MDwise</p>	
	<p>Secret Shopper: Appointment Availability</p> <p>Utilized</p> <p>Frequency: Ad-hoc (EQRO) and annual (State oversight). Utilized by external quality review organization (EQRO) for the external quality review (EQR). Every January, the MCEs submit their provider 24-hour availability audit. Members should be able to access PMP's 24 hours a day, 7 days a week for urgent and emergent health care needs. Therefore, the MCEs randomly select PMPs to receive test calls each year and submit findings to the State</p> <p>Plan(s): Anthem, CareSource, Managed Health Services, MDwise</p>	
	<p>Electronic Visit Verification Data Analysis</p> <p>Not utilized</p>	
	<p>Review of Grievances Related to Access</p>	

Utilized
Frequency: Annually
Plan(s): Anthem, CareSource, Managed Health Services, MDwise

Encounter Data Analysis

Not utilized

Member Access to Providers Report

Utilized

Description: Every October, the MCEs must submit a count of their enrolled providers by standard (dentist, behavioral health, etc.) and by county. Additionally, the MCEs must also submit a member access report. The member access report captures the availability of provider, by mileage, to each county in Indiana.

Frequency: Annually

Plan(s): Anthem, CareSource, Managed Health Services, MDwise

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: 25

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Hospital	Minimum number of network providers	The MCE must contract with a minimum of 90% of IHCP enrolled acute care hospitals.	Member Access to Providers Report, Geomapping, Plan Provider Directory Review	Adult	Statewide
2	Primary care	Minimum number of network providers	The MCEs must contract with a minimum of 90% of IHCP enrolled Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC).	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
3	Mental health	Minimum number of network providers	The MCEs must contract with a minimum of 90% of IHCP enrolled Community Mental Health Centers (CMHC) located in the State of Indiana.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
4	Primary care	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member	Plan Provider Directory Review	Adult	Statewide

			The MCEs must meet or exceed the following provider-to- member ratio, 1:1,000 for Behavioral Health Providers.	Plan Provider Directory Review	Adult	Statewide
5	Mental health	Provider to enrollee ratios	The MCEs must meet or exceed provider-to- member ratio of 1:2,000 for OB/GYNs.	Plan Provider Directory Review	Adult	Statewide
6	OB/GYN	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to- member ratio,1:2,000 for dentists.	Plan Provider Directory Review	Adult	Statewide
7	Dental	Provider to enrollee ratios	The MCEs must meet or exceed a provider-to- member ratio of 1:5,000 for these specialists.	Plan Provider Directory Review	Adult	Statewide
8	Specialist; Anesthesiology, Cardiology, Endocrinology, Gastroenterology, Nephrology, Ophthalmology, Orthopedic Surgery, General Surgery, Pulmonology, Rheumatology, Psychiatry, Urology, Infectious Disease, Otolaryngology, Oncology, Dermatology, and Physiatry/Rehabilitative	Provider to enrollee ratios	The MCEs must meet or exceed a provider-to- member ratio of 1:5,000 for these specialists.	Plan Provider Directory Review	Adult	Statewide

9	Hospital	Maximum distance to travel	The transport distance to a hospital from a member's home shall be the usual and customary, not to exceed sixty (60) miles.	Geomapping, Member Access to Providers Report	Adult Rural
10	Primary care	Maximum distance to travel	The MCEs must ensure access to PMPs within at least thirty (30) miles of the member's residence.	Geomapping, Member Access to Providers Report	Adult Statewide
11	Primary care	Hours of operation	The MCEs shall ensure that members have telephone access to their PMP (or appropriate designate such as a covering physician) in English and Spanish twenty-four (24)-hours-a-day, seven (7)-days-a-week	Secret Shopper: Appointment Availability	Adult Statewide
12	Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons,	Maximum distance to travel	The MCEs shall provide, at a minimum, two providers for each	Geomapping, Member Access to Providers Report	Adult Statewide

Hematologists,
Nephrologists,
Neurologists,
OB/GYNs,
Occupational
therapists, Oncologists,
Ophthalmologists,
Diagnostic testing,
Optometrists,
Orthodontists,
Orthopedic surgeons,
Otolaryngologist,
Physical therapists,
Psychiatrists,
Pulmonologists,
Speech therapists,
Urologists

			specialty type within sixty (60) miles of the member's residence.			
13	Specialist; Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, neurosurgeons, non- hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists	Maximum distance to travel	The MCEs shall provide, at a minimum, one specialty provider within ninety (90) miles of the member's residence.	Geomapping, Member Access to Providers Report	Adult	Statewide
14	Specialist; ancillary	Minimum number of network providers	Two (2) durable medical equipment providers shall be available to provide services to the MCE's members in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	County
15	Specialist; home health	Minimum number of network providers	Two (2) home health providers must be available to provide	Geomapping, Plan Provider Directory Review, Member Access to	Adult	County

services to
the MCEs
members in
each county.

16 Pharmacy

Maximum
time or
distance

The MCE or
its Pharmacy
Benefits
Manager
(PBM) shall
provide at
least two (2)
pharmacy
providers
within thirty
(30) miles or
thirty (30)
minutes
from a
member's
residence.

Geomapping,
Member
Access to
Providers
Report

Adult County

17 Mental health

Maximum
time or
distance

The MCEs
shall provide
at least one
(1)
behavioral
health
provider
within thirty
(30) minutes
or thirty (30)
miles from
the
member's
home.

Geomapping,
Member
Access to
Providers
Report

Adult Urban

			The MCEs shall provide at least one (1) behavioral health provider within forty-five (45) minutes or forty-five (45) miles from the member's home.	Geomapping, Member Access to Providers Report	Adult	Rural
18	Mental health	Maximum time or distance				
19	Mental health; inpatient psychiatric facilities	Maximum distance to travel	The MCEs must ensure the transport distance to a facility from the member's home doesn't exceed sixty (60) miles.	Geomapping, Member Access to Providers Report	Adult	Statewide
20	Substance Use Disorder (SUD); Medication-Assisted Treatment	Maximum distance to travel	The MCEs shall ensure the availability of a MAT provider within thirty (30) miles.	Geomapping, Member Access to Providers Report	Adult	Statewide
21	Dental	Maximum distance to travel	The MCEs shall ensure the availability of a dentist practicing in general, family, and pediatric dentistry within thirty (30) miles of the	Geomapping, Member Access to Providers Report	Adult	Statewide

		member's residence			
22	Dental	Maximum distance to travel	The MCEs must ensure specialty dentists such as orthodontists and dental surgeons are available within sixty (60) miles of the member's residence.	Geomapping, Member Access to Providers Report	Adult Statewide
23	Specialist; Dialysis	Maximum distance to travel	The MCEs shall ensure the availability of one dialysis treatment center within sixty (60) miles of the member's residence.	Geomapping, Member Access to Providers Report	Adult Statewide
24	OB/GYN	Maximum distance to travel	The MCEs shall ensure the availability of at least two OB/GYNs practicing within sixty (60) miles of the member's residence and at least one OB/GYNs practicing within thirty (30) miles of the member's residence.	Geomapping, Member Access to Providers Report	Adult Statewide

		The transport distance to a hospital from the member's home shall be the usual and customary, not to exceed thirty (30) miles.	Geomapping, Member Access to Providers Report	Adult	Urban
25	Hospital	Maximum distance to travel			

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.

Anthem

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68	No, the plan does not comply on all standards based on all analyses or exceptions granted
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.	

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 25

12 Maximum distance to travel

The MCEs shall provide, at a minimum, two providers for each specialty type within sixty (60) miles of the member’s residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oncologists, Ophthalmologists, Diagnostic testing, Optometrists, Orthodontists, Orthopedic surgeons, Otolaryngologist, Physical therapists, Psychiatrists, Pulmonologists, Speech therapists, Urologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Anthem: 42 C.F.R. § 438.68

Description

As of October 2024, Anthem encountered challenges maintaining network adequacy for diagnostic testing providers, orthodontists, and oral surgeons.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

The diagnostic testing deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with Anthem. Anthem continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

Anthem's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

13 Maximum distance to travel

The MCEs shall provide, at a minimum, one specialty provider within ninety (90) miles of the member's residence.

Provider type(s)

Specialist; Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Anthem: 42 C.F.R. § 438.68

Description

As of October 2024, Anthem experienced challenges maintaining network adequacy for nonhospital based anesthesiologists, prosthetic suppliers, and radiation oncologists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

These deficiencies were identified through the 2025 EQR, recently made available to the State and will be communicated with Anthem. Anthem continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

Anthem's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

The MCEs shall ensure the availability of a dentist practicing in general, family, and pediatric dentistry within thirty (30) miles of the member's residence

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Anthem: 42 C.F.R. § 438.68

Description

As of October 2024, Anthem encountered challenges maintaining network adequacy for dental specialists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, Anthem currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps. In rural regions, or underserved areas, innovative strategies such as partnering with Federally Qualified Health Centers (FQHCs) to offer mobile dentistry have been deployed by Anthem.

Monitoring progress

Anthem's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

22 Maximum distance to travel

The MCEs must ensure specialty dentists such as orthodontists and dental surgeons are available within sixty (60) miles of the member's residence.

Provider type(s)

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Anthem: 42 C.F.R. § 438.68

Description

As of October 2024, Anthem encountered challenges maintaining network adequacy for oral surgeons and orthodontists.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, Anthem currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps. In rural regions, or underserved areas, innovative strategies such as partnering with Federally Qualified Health Centers (FQHCs) to offer mobile dentistry have been deployed by Anthem.

Monitoring progress

Anthem's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

Exceptions standards for 438.68

Total: 0 of 25

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

CareSource

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 25

12 Maximum distance to travel

The MCEs shall provide, at a minimum, two providers for each specialty type within sixty (60) miles of the member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oncologists, Ophthalmologists, Diagnostic testing,

Optometrists, Orthodontists, Orthopedic surgeons, Otolaryngologist, Physical therapists, Psychiatrists, Pulmonologists, Speech therapists, Urologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource encountered challenges maintaining network adequacy for diagnostic testing providers, dentists, and oral surgeons.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

The diagnostic testing deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with CareSource. CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

13 Maximum distance to travel

The MCEs shall provide, at a minimum, one specialty provider within ninety (90) miles of the member's residence.

Provider type(s)

Specialist; Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists

Analysis method(s)

Region

Population

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource encountered challenges maintaining network adequacy for interventional radiologists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with CareSource. CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

15 Minimum number of network providers

Two (2) home health providers must be available to provide services to the MCEs members in each county.

Provider type(s)

Specialist; home health

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	County	Adult

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource encountered challenges maintaining network adequacy for home health providers.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with CareSource. CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

19 Maximum distance to travel

The MCEs must ensure the transport distance to a facility from the member's home doesn't exceed sixty (60) miles.

Provider type(s)

Mental health; inpatient psychiatric facilities

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource encountered challenges maintaining network adequacy for inpatient psychiatric facilities.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with CareSource. CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

21 Maximum distance to travel

The MCEs shall ensure the availability of a dentist practicing in general, family, and pediatric dentistry within thirty (30) miles of the member's residence

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource experienced challenges maintaining network adequacy for dentists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, CareSource currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

22 Maximum distance to travel

The MCEs must ensure specialty dentists such as orthodontists and dental surgeons are available within sixty (60) miles of the member's residence.

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for CareSource: 42 C.F.R. § 438.68

Description

As of October 2024, CareSource experienced challenges maintaining network adequacy for oral surgeons and orthodontists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, CareSource currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps.

Monitoring progress

CareSource's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

Exceptions standards for 438.68

Total: 0 of 25

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

Managed Health Services

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 25

The MCEs shall provide, at a minimum, two providers for each specialty type within sixty (60) miles of the member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oncologists, Ophthalmologists, Diagnostic testing, Optometrists, Orthodontists, Orthopedic surgeons, Otolaryngologist, Physical therapists, Psychiatrists, Pulmonologists, Speech therapists, Urologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68

Description

As of October 2024, MHS encountered challenges maintaining network adequacy for diagnostic testing providers, orthodontists, oral surgeons, endocrinologists, hematologists, oncologists, pulmonologists, and speech therapists.

Analyses used to identify deficiencies

Member Access to Providers Report

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

With the exception of oral surgeons and orthodontists, these deficiencies were identified through the 2025 EQR, recently made available to the State. The deficiencies will be communicated with MHS. MHS continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

13 Maximum distance to travel

The MCEs shall provide, at a minimum, one specialty provider within ninety (90) miles of the member's residence.

Provider type(s)

Specialist; Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68**Description**

As of October 2024, MHS encountered challenges maintaining network adequacy for cardiothoracic surgeons and cardiovascular surgeons.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

These deficiencies were identified through the 2025 EQR, recently made available to the State and will be communicated with MHS. MHS continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

14 Minimum number of network providers

Two (2) durable medical equipment providers shall be available to provide services to the MCE's members in each county.

Provider type(s)

Specialist; ancillary

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review, Member	County	Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68

Description

As of October 2024, MHS encountered challenges maintaining network adequacy for DME providers.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with MHS. MHS continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

19 Maximum distance to travel

The MCEs must ensure the transport distance to a facility from the member's home doesn't exceed sixty (60) miles.

Provider type(s)

Mental health; inpatient psychiatric facilities

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68

Description

As of October 2024, MHS encountered challenges maintaining network adequacy for inpatient psychiatric facilities.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with MHS. MHS continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

21 Maximum distance to travel

The MCEs shall ensure the availability of a dentist practicing in general, family, and pediatric dentistry within thirty (30) miles of the member's residence

Provider type(s)

Dental

Analysis method(s)

Geomapping,
Member Access to
Providers Report

Region

Statewide

Population

Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68

Description

As of October 2024, MHS encountered challenges maintaining network adequacy for general dentists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, MHS currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

22 Maximum distance to travel

The MCEs must ensure specialty dentists such as orthodontists and dental surgeons are available within sixty (60) miles of the member's residence.

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for Managed Health Services: 42 C.F.R. § 438.68

Description

As of October 2024, MHS encountered challenges maintaining network adequacy for orthodontists and oral surgeons.

Analyses used to identify deficiencies

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

To alleviate this concern, MHS currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps

Monitoring progress

MHS' network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

Exceptions standards for 438.68

Total: 0 of 25

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

MDwise

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: 5 of 25

The MCEs shall provide, at a minimum, two providers for each specialty type within sixty (60) miles of the member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oncologists, Ophthalmologists, Diagnostic testing, Optometrists, Orthodontists, Orthopedic surgeons, Otolaryngologist, Physical therapists, Psychiatrists, Pulmonologists, Speech therapists, Urologists

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for MDwise: 42 C.F.R. § 438.68

Description

As of October 2024, MDwise encountered challenges maintaining network adequacy for orthodontists, diagnostic testing, and oral surgeons.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

The diagnostic testing deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with MDwise. MDwise continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MDwise's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

15 Minimum number of network providers

Two (2) home health providers must be available to provide services to the MCEs members in each county.

Provider type(s)

Analysis method(s)	Region	Population
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	County	Adult

Plan deficiencies for MDwise: 42 C.F.R. § 438.68

Description

As of October 2024, MDwise encountered challenges maintaining network adequacy for home health providers.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with MDwise. MDwise continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MDwise's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

19 Maximum distance to travel

The MCEs must ensure the transport distance to a facility from the member's home doesn't exceed sixty (60) miles.

Provider type(s)

Mental health; inpatient psychiatric facilities

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for MDwise: 42 C.F.R. § 438.68

Description

As of October 2024, MDwise encountered challenges maintaining network adequacy for inpatient psychiatric facilities.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

What the plan will do to achieve compliance

This deficiency was identified through the 2025 EQR, recently made available to the State and will be communicated with MDwise. MDwise continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

MDwise's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

21 Maximum distance to travel

The MCEs shall ensure the availability of a dentist practicing in general, family, and pediatric dentistry within thirty (30) miles of the member's residence

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for MDwise: 42 C.F.R. § 438.68

Description

As of October 2024, MDwise encountered challenges maintaining network adequacy for general dentists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, MDwise currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps.

Monitoring progress

MDwise's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

22 Maximum distance to travel

The MCEs must ensure specialty dentists such as orthodontists and dental surgeons are available within sixty (60) miles of the member's residence.

Provider type(s)

Dental

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Statewide	Adult

Plan deficiencies for MDwise: 42 C.F.R. § 438.68

Description

During CY 2024, MDwise encountered challenges maintaining network adequacy for orthodontists.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Not answered, optional

Plan Provider Directory Review

Frequency of compliance findings (optional): Not answered, optional

Member Access to Providers Report

What the plan will do to achieve compliance

To alleviate this concern, MDwise currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps.

Monitoring progress

MDwise's network adequacy concerns are addressed in the MCEs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, the MCEs are expected to update the State on their efforts to close these gaps and the details of the outreach to providers.

Reassessment date

01/31/2026

Exceptions standards for 438.68

Total: 0 of 25

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