Network Adequacy and Access Assurances (NAAAR) Report for Indiana: Hoosier Care Connect (HCC)

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Hoosier Care Connect (HCC)	MCO	04/01/2025	12/31/2025	07/29/2026	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** First and last name of the contact person.	Cinthia Gonzales
IA.2	**Contact email address** Enter email address. Department or program-wide email addresses are permitted.	Cinthia.GonzalesCruz@fssa.IN.gov
IA.3	**State or territory** Auto-populates from your account profile.	Indiana
IA.4	**Date of report submission** CMS receives this date upon submission of this report.	07/29/2026
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 Program Annual Report (MCPAR) for this program for the same reporting period.

	Indicator	Response
	Plan name	Anthem Managed Health Services United Healthcare

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?** 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.	**Geomapping** Utilized Frequency: Geomapping is utilized during readiness review and by the EQRO for the network adequacy protocol of the EQR. Additionally, the State may request ad hoc maps at any time. Plan(s): Anthem, Managed Health Services, United Healthcare **Plan Provider Directory Review** Utilized Frequency: Annually Plan(s): Anthem, Managed Health Services, United Healthcare **Secret Shopper: Network Participation** Utilized Frequency: Ad-hoc. Utilized by external quality review organization (EQRO) for the external quality review (EQR) Plan(s): Anthem, Managed Health Services, United Healthcare **Secret Shopper: Appointment Availability** Utilized Frequency: Ad-hoc (EQRO) and annual (State oversight). Utilized by the EQRO for the EQR. Every January, the MCOs 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 MCOs randomly select PMPs to receive test calls each year and submit findings to the State. Plan(s): Anthem, Managed Health Services, United Healthcare **Electronic Visit Verification Data Analysis** Not utilized **Review of Grievances Related to Access** Utilized Frequency: Annually Plan(s): Anthem, Managed Health Services, United Healthcare **Encounter Data Analysis** Not utilized

		Member Access Reports Utilized Description: The MCOs must submit a member access report. The report captures the availability of providers, by mileage, to the number of members enrolled in each county in Indiana. Frequency: Annually Plan(s): Anthem, Managed Health Services, United Healthcare

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

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 C.F.R. § 438.68; select “Add standard” to report each unique standard. 42 C.F.R. § 438.206 standards will be addressed in section III. Plan compliance.

Standard total count: 15

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Hospital	Maximum distance to travel	The transport distance to a hospital from a member's home shall not exceed thirty (30) miles.	Geomapping, Member Access Reports	Adult & Pediatric	Urban
2	Hospital	Maximum distance to travel	The transport distance to a hospital from a member's home shall not exceed sixty (60) miles.	Geomapping, Member Access Reports	Adult & Pediatric	Rural
3	Mental health; Inpatient Psychiatric Facilities	Maximum distance to travel	The transport distance to an inpatient psychiatric facility from a member's home shall not exceed sixty (60) miles.	Geomapping, Member Access Reports	Adult & Pediatric	Statewide
4	Primary care; PMPs	Maximum distance to travel	The MCOs must ensure the availability of a physician to serve as the ongoing source of care appropriate to a member's clinical	Geomapping, Member Access Reports	Adult & Pediatric	Statewide

			condition within at least thirty (30) miles of the member's residence.			
5	Primary care; PMPs	Hours of operation	Each PMP must be available to see members at least three (3) days per week for a minimum of twenty (20) hours per week at any combination of no more than two (2) locations.	Plan Provider Directory Review, Member Access Reports	Adult & Pediatric	Statewide
6	Primary care; PMPs	Hours of operation	The MCOs must ensure that members have access to their provider (or appropriate designee 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 & Pediatric	Statewide

7	Specialist; Anesthesiologists, Cardiologists, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oral Surgeons, Oncologists, Ophthalmologists, Optometrists, Orthopedic surgeons, Orthopedists, Otolaryngologists, Psychiatrists, Physical therapists, Podiatrists, Psychiatrists, Pulmonologists, Speech therapists, Urologists, Diagnostic testing	Minimum number of network providers	The MCOs must provide, at a minimum, two (2) specialty providers within sixty (60) miles of a member's residence.	Plan Provider Directory Review, Geomapping, Member Access Reports	Adult & Pediatric	Statewide
8	Specialist; Prosthetic suppliers, Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, Neurosurgeons, Non-hospital-based anesthesiologists (e.g., pain medicine), Pathologists, Radiation oncologists, Rheumatologists	Minimum number of network providers	The MCOs must provide, at a minimum, one (1) specialty provider within ninety (90) miles of a member's residence.	Plan Provider Directory Review, Geomapping, Member Access Reports	Adult& Pediatric	Statewide
9	Specialist; Durable Medical Equipment	Minimum number of	Two (2) durable	Plan Provider Directory	Adult & Pediatric	County

		network providers	medical equipment providers must be available to provide services to the MCOs members in each county.	Review, Geomapping, Member Access Reports		
10	Specialist; Home Health	Minimum number of network providers	Two (2) home health providers must be available to provide services to the MCOs members in each county.	Plan Provider Directory Review, Geomapping, Member Access Reports	Adult & Pediatric	County
11	Mental health; CMHCs, Social Workers, APRNs, School Psychologists, Clinical Social Workers, HSPPs, Psychologists, Outpatient Mental Health and Addiction Clinics	Maximum time or distance	The MCOs must provide at least one (1) behavioral health provider able to treat adults and children within thirty (30) minutes or thirty (30) miles from the member's residence.	Geomapping, Plan Provider Directory Review, Member Access Reports	Adult & Pediatric	Statewide
12	Substance Use Disorder (SUD); Medication Assisted Treatment (MAT)	Maximum time or distance	The MCOs must ensure the availability of a MAT provider within thirty (30) miles of the	Plan Provider Directory Review, Geomapping, Member Access Reports	Adult & Pediatric	Statewide

			member's residence.			
13	Pharmacy	Maximum time or distance	The MCOs must provide at least two (2) pharmacy providers within thirty (30) miles or thirty (30) minutes from a member's residence in each county	Geomapping, Plan Provider Directory Review, Member Access Reports	Adult & Pediatric	County
14	Mental health; Community Mental Health Center's	Minimum number of network providers	The MCOs are required to contract with CMHCs who are certified by the FSSA Division of Mental Health and Addiction (DMHA)	Plan Provider Directory Review, Member Access Reports	Adult and Pediatric	Statewide
15	Dental; General dentistry	Maximum distance to travel	The MCOs must ensure the availability of an adult general dentistry provider and pediatric dentistry provider within thirty (30) miles of a member's residence.	Geomapping, Member Access Reports, Plan Provider Directory Review	Adult and Pediatric	Statewide

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 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: 3 of 15

7 Minimum number of network providers

The MCOs must provide, at a minimum, two (2) specialty providers within sixty (60) miles of a member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Oral Surgeons, Oncologists, Ophthalmologists, Optometrists, Orthopedic surgeons, Orthopedists, Otolaryngologists, Psychiatrists, Physical

therapists, Podiatrists, Psychiatrists, Pulmonologists, Speech therapists, Urologists, Diagnostic testing

Analysis method(s)	Region	Population
Plan Provider Directory Review, Geomapping, Member Access Reports	Statewide	Adult & Pediatric

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

Description

Throughout the reporting period, Anthem experienced challenges meeting network standards for oral surgeons.

Analyses used to identify deficiencies

Geomapping

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

Member Access Reports

Plan Provider Directory Review

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

What the plan will do to achieve compliance

Anthem currently has an open dental network and continues to contract with Medicaid providers when they are enrolled to close access gaps. Anthem did not receive any exceptions, but the State is aware that the shortage of oral surgeons is a statewide issue.

Monitoring progress

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

Reassessment date

10/31/2026

12 Maximum time or distance

The MCOs must ensure the availability of a MAT provider within thirty (30) miles of the member’s residence.

Provider type(s)

Substance Use Disorder (SUD); Medication Assisted Treatment (MAT)

Analysis method(s)	Region	Population
Plan Provider Directory Review, Geomapping, Member Access Reports	Statewide	Adult & Pediatric

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

Description

Throughout the reporting period, Anthem experienced challenges maintaining network adequacy for SUD providers.

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 Reports

What the plan will do to achieve compliance

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 MCOs' monthly provider relations meetings with the Office of Medicaid Policy and Planning. In these meetings, Anthem is expected to update the State on their efforts to close these gaps and the outreach details to providers.

Reassessment date

10/31/2026

15 Maximum distance to travel

The MCOs must ensure the availability of an adult general dentistry provider and pediatric dentistry provider within thirty (30) miles of a member's residence.

Provider type(s)

Dental; General dentistry

Analysis method(s)	Region	Population
	Statewide	Adult and Pediatric

Geomapping,
Member Access
Reports, Plan
Provider Directory
Review

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

Description

Throughout the reporting period, Anthem experienced challenges maintaining network adequacy for dental specialists.

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 Reports

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.

Monitoring progress

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

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 15

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: 3 of 15

7 Minimum number of network providers

The MCOs must provide, at a minimum, two (2) specialty providers within sixty (60) miles of a member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs,

Occupational therapists, Oral Surgeons, Oncologists, Ophthalmologists, Optometrists, Orthopedic surgeons, Orthopedists, Otolaryngologists, Psychiatrists, Physical therapists, Podiatrists, Psychiatrists, Pulmonologists, Speech therapists, Urologists, Diagnostic testing

Analysis method(s)	Region	Population
Plan Provider Directory Review, Geomapping, Member Access Reports	Statewide	Adult & Pediatric

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

Description

During the reporting period, MHS experienced challenges maintaining network adequacy for diagnostic testing providers, 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 Reports

What the plan will do to achieve compliance

To alleviate this concern, MHS currently has an open dental network. To achieve compliance, MHS continued to contract with Medicaid providers when they are enrolled to close member access gaps.

Monitoring progress

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

Reassessment date

10/31/2026

12 Maximum time or distance

The MCOs must ensure the availability of a MAT provider within thirty (30) miles of the member's residence.

Provider type(s)

Substance Use Disorder (SUD); Medication Assisted Treatment (MAT)

Analysis method(s)	Region	Population
Plan Provider Directory Review, Geomapping, Member Access Reports	Statewide	Adult & Pediatric

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

Description

During the reporting period, MHS experienced challenges maintaining network adequacy for SUD providers.

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 Reports

What the plan will do to achieve compliance

To achieve compliance, MHS continues to contract with Medicaid providers when they are enrolled to close member access gaps.

Monitoring progress

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

Reassessment date

10/31/2026

15 Maximum distance to travel

The MCOs must ensure the availability of an adult general dentistry provider and pediatric dentistry provider within thirty (30) miles of a member's residence.

Provider type(s)

Dental; General dentistry

Analysis method(s)	Region	Population

Geomapping, Member Access Reports, Plan Provider Directory Review	Statewide	Adult and Pediatric

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

Description

Throughout the reporting period, MHS experienced challenges maintaining network adequacy for dental specialists.

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 Reports

What the plan will do to achieve compliance

To achieve compliance, MHS has an open dental network and continues to contract with Medicaid providers when they are enrolled to close member access gaps.

Monitoring progress

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

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 15

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

United Healthcare

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: 2 of 15

7 Minimum number of network providers

The MCOs must provide, at a minimum, two (2) specialty providers within sixty (60) miles of a member's residence.

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs,

Occupational therapists, Oral Surgeons, Oncologists, Ophthalmologists, Optometrists, Orthopedic surgeons, Orthopedists, Otolaryngologists, Psychiatrists, Physical therapists, Podiatrists, Psychiatrists, Pulmonologists, Speech therapists, Urologists, Diagnostic testing

Analysis method(s)	Region	Population
Plan Provider Directory Review, Geomapping, Member Access Reports	Statewide	Adult & Pediatric

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

Description

Throughout the reporting period, UHC experienced challenges maintaining network adequacy for 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 Reports

What the plan will do to achieve compliance

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

Monitoring progress

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

Reassessment date

10/31/2026

15 Maximum distance to travel

The MCOs must ensure the availability of an adult general dentistry provider and pediatric dentistry provider within thirty (30) miles of a member's residence.

Provider type(s)

Dental; General dentistry

Analysis method(s)	Region	Population
Geomapping, Member Access Reports, Plan Provider Directory Review	Statewide	Adult and Pediatric

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

Description

Throughout the reporting period, UHC experienced challenges maintaining network adequacy for dental specialists.

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 Reports

What the plan will do to achieve compliance

To achieve compliance, UHC has an open dental network and continues to contract with Medicaid providers when they are enrolled to close member access gaps.

Monitoring progress

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

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 15

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