Network Adequacy and Access Assurances (NAAAR) Report for Indiana: Hoosier Healthwise

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Hoosier Healthwise	MCO	01/01/2025	12/31/2025	06/29/2026	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.	06/29/2026
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 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?** 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, CareSource, Managed Health Services, MDwise **Plan Provider Directory Review** Utilized Frequency: Annually Plan(s): Anthem, CareSource, Managed Health Services, MDwise **Secret Shopper: Network Participation** Utilized Frequency: Ad-hoc. Utilized by external quality review organization (EQRO) for the external quality review (EQR) Plan(s): Anthem, CareSource, Managed Health Services, MDwise **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, CareSource, Managed Health Services, MDwise **Electronic Visit Verification Data Analysis** Not utilized **Review of Grievances Related to Access** Utilized Frequency: Annually Plan(s): Anthem, CareSource, MDwise, Managed Health Services **Encounter Data Analysis** Not utilized

Member Access to Providers

Utilized

Description: The MCOs must submit a member access report. The member access report captures the availability of provider, by mileage, to the number of members enrolled in 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: 24

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; PMPs	Provider to enrollee ratios	The MCOs shall meet or exceed the following provider-to-member ratio: 1:1,000 for PMPs.	Plan Provider Directory Review	Adult & Pediatric	Statewide
2	Mental health	Provider to enrollee ratios	The MCOs shall meet or exceed the following provider-to-member ratio, 1:1,000 for Behavioral Health Providers.	Plan Provider Directory Review	Adult & Pediatric	Statewide
3	OB/GYN; OB/GYN physicians	Provider to enrollee ratios	The MCOs shall meet or exceed the following provider-to-member ratio, 1:2,000 for OB/GYNs.	Plan Provider Directory Review	Adult & Pediatric	Statewide
4	Primary care; Pediatricians	Provider to enrollee ratios	The MCOs shall meet or exceed the following provider-to-member ratio, 1:2,000 for pediatricians.	Plan Provider Directory Review	Adult & Pediatric	Statewide

5	Dental	Provider to enrollee ratios	The MCOs shall meet or exceed the following provider-to-member ratio,1:2,000 for dentists.	Plan Provider Directory Review	Adult & Pediatric	Statewide
6	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 MCOs shall meet or exceed the following provider-to-member ratio, 1:5,000.	Plan Provider Directory Review, Member Access to Providers Report	Adult & Pediatric	Statewide
7	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 to Providers Report	Adult & Pediatric	Urban
8	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 to Providers Report	Adult & Pediatric	Rural
9	Primary care; PMPs	Maximum distance to travel	The MCOs shall ensure access to primary	Geomapping, Member Access to	Adult & Pediatric	Statewide

			medical providers within at least thirty (30) miles of a member's residence.	Providers Report		
10	Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, Occupational therapists, Oncologists, Ophthalmologists, Diagnostic testing, Optometrists, Orthodontists, Orthopedic surgeons, Otolaryngologist, Physical therapists, Psychiatrists, Pulmonologists, Speech therapists, Urologists	Maximum distance to travel	The MCOs shall provide, at a minimum, two providers for each specialty type within sixty (60) miles of a member's residence.	Geomapping, Member Access to Providers Report	Adult & Pediatric	Statewide
11	Specialist; Cardiothoracic surgeons, Dermatologists, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists, prosthetic suppliers	Maximum distance to travel	The MCOs shall provide, at a minimum, one specialty provider within ninety (90) miles of a member's residence.	Geomapping, Member Access to Providers Report	Adult & Pediatric	Statewide

12	Specialist; DME	Minimum number of network providers	Two (2) durable medical equipment providers shall be available to provide services to the MCOs members in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult & Pediatric	County
13	Specialist; Home Health	Minimum number of network providers	Two (2) home health providers shall be available to provide services to the MCOs members.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult & Pediatric	County
14	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, Member Access to Providers Report	Adult & Pediatric	County
15	Mental health	Maximum time or distance	The MCOs shall provide at least one (1) behavioral health provider within thirty (30) minutes or thirty (30) miles.	Geomapping, Member Access to Providers Report	Adult & Pediatric	Urban

16	Mental health	Maximum time or distance	The MCOs shall provide at least one (1) behavioral health provider within forty-five (45) minutes or forty-five (45) miles from a member's home.	Geomapping, Member Access to Providers Report	Adult & Pediatric	Rural
17	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 to Providers Report	Adult & Pediatric	Statewide
18	Substance Use Disorder (SUD); Medication-Assisted Treatment	Maximum distance to travel	The MCOs shall ensure the availability of a MAT provider within thirty (30) miles of a member's residence.	Geomapping, Member Access to Providers Report	Adult & Pediatric	Statewide
19	Dental	Maximum distance to travel	The MCOs 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 & Pediatric	Statewide

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

23	Hospital	Minimum number of network providers	The MCOs must contract with a minimum of 90% of IHCP enrolled acute care hospitals.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult & Pediatric	Statewide
24	Primary care; PMPs	Hours of operation	The MCOs 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 & 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 24

10 Maximum distance to travel

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

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, 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 & Pediatric

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

Description

Throughout 2025, like in 2024, Anthem experienced challenges meeting network standards for diagnostic testing providers, orthodontists, and oral surgeons.

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

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 orthodontists and 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 details of the outreach to providers.

Reassessment date

10/31/2026

11 Maximum distance to travel

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

Provider type(s)

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

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

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

Description

Throughout 2025, like in 2024, Anthem experienced challenges meeting network standards for nonhospital based anesthesiologists, prosthetic suppliers, and radiation oncologists.

Analyses used to identify deficiencies

Geomapping

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

Member Access to Providers

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

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 details of the outreach to providers.

Reassessment date

10/31/2026

20 Maximum distance to travel

The MCOs shall ensure specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of a member's residence.

Provider type(s)

Dental

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

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

Description

Throughout 2025, like in 2024, Anthem experienced challenges meeting network standards for 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

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

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 details of the outreach to providers.

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 24

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 24

10 Maximum distance to travel

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

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, 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 & Pediatric

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

Description

Throughout 2025, like in 2024, CareSource experienced challenges meeting network standards 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

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

Monitoring progress

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

Reassessment date

10/31/2026

11 Maximum distance to travel

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

Provider type(s)

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

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

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

Description

Throughout 2025, like in 2024, CareSource encountered challenges meeting network standards for interventional radiologists.

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

CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

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

Reassessment date

10/31/2026

13 Minimum number of network providers

Two (2) home health providers shall be available to provide services to the MCOs members.

Provider type(s)

Specialist; Home Health

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

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

Description

Throughout 2025, like in 2024, CareSource experienced challenges meeting network standards for home health 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 to Providers Report

What the plan will do to achieve compliance

CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

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

Reassessment date

10/31/2026

17 Maximum distance to travel

The transport distance to an inpatient psychiatric facility from a member's home shall not 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 & Pediatric

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

Description

Throughout 2025, like in 2024, CareSource encountered challenges meeting network standards for inpatient psychiatric facilities.

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

CareSource continues to contract with Medicaid providers when they are enrolled to close access to care gaps.

Monitoring progress

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

Reassessment date

10/31/2026

19 Maximum distance to travel

The MCOs 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 & Pediatric

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

Description

Throughout 2025, like in 2024, CareSource experienced challenges meeting network standards for general dentistry.

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

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

Monitoring progress

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

Reassessment date

10/31/2026

20 Maximum distance to travel

The MCOs shall ensure specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of a member's residence.

Provider type(s)

Dental

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

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

Description

Throughout 2025, like in 2024, CareSource experienced challenges meeting network standards for 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

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

Monitoring progress

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

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 24

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: 9 of 24

7 Maximum distance to travel

The transport distance to a hospital from a member's home shall not exceed thirty (30) miles.

Provider type(s)

Hospital

Analysis method(s)	Region	Population
Geomapping, Member Access to Providers Report	Urban	Adult & Pediatric

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

Description

During the reporting period, MHS had a small number of members in two counties who are outside adequacy for acute care hospitals.

Analyses used to identify deficiencies

Geomapping

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

Member Access to Providers

What the plan will do to achieve compliance

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

Reassessment date

10/31/2026

9 Maximum distance to travel

The MCOs shall ensure access to primary medical providers within at least thirty (30) miles of a member's residence.

Provider type(s)

Primary care; PMPs

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

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

Description

Throughout 2025, like in 2024, MHS encountered challenges maintaining network adequacy for PMPs.

Analyses used to identify deficiencies

Geomapping

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

Member Access to Providers

What the plan will do to achieve compliance

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

Reassessment date

10/31/2026

10 Maximum distance to travel

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

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MHS encountered challenges maintaining network adequacy for diagnostic testing providers, orthodontists, oral surgeons, dentists, endocrinologists, gastroenterologists, hematologists, nephrologists, oncologists, ophthalmologists, otolaryngologists, pulmonologists, speech therapists, and urologists.

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

MHS continues to contract with Medicaid providers when they are enrolled to close access to care 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 details of the outreach to providers.

Reassessment date

10/31/2026

11 Maximum distance to travel

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

Provider type(s)

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

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

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

Description

Throughout 2025, like in 2024, MHS encountered challenges maintaining network adequacy for cardiothoracic surgeons, dermatologists, rheumatologists, and radiation oncologists.

Analyses used to identify deficiencies

Geomapping

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

Member Access to Providers

What the plan will do to achieve compliance

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

Reassessment date

10/31/2026

12 Minimum number of network providers

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

Provider type(s)

Specialist; DME

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

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

Description

Throughout 2025, like in 2024, MHS encountered challenges maintaining network adequacy for DME 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 to Providers Report

What the plan will do to achieve compliance

MHS continues to contract with Medicaid providers when they are enrolled to close access to care 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 details of the outreach to providers.

Reassessment date

10/31/2026

17 Maximum distance to travel

The transport distance to an inpatient psychiatric facility from a member's home shall not 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MHS had challenges meeting network standards for inpatient psychiatric facilities. The State found that only a small number of members in two counties are outside the mileage, but regardless MHS works toward meeting the standard.

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

MHS continues to contract with Medicaid providers when they are enrolled to close access to care 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 details of the outreach to providers.

Reassessment date

10/31/2026

19 Maximum distance to travel

The MCOs 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MHS experienced challenges meeting network standards for general dentistry.

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

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

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 details of the outreach to providers.

Reassessment date

10/31/2026

20 Maximum distance to travel

The MCOs shall ensure specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of a member's residence.

Provider type(s)

Dental

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

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

Description

Throughout 2025, like in 2024, MHS experienced challenges meeting network standards for 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

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

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 details of the outreach to providers.

Reassessment date

10/31/2026

22 Maximum distance to travel

The MCOs shall ensure the availability of at least two OB/GYNs practicing within sixty (60) miles of a member's residence and at least one OB/GYNs practicing within thirty (30) miles of a member's residence.

Provider type(s)

OB/GYN; OB/GYN physicians

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

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

Description

During 2025, the State identified that MHS has a number of counties outside adequacy for OB/GYNs.

Analyses used to identify deficiencies

Geomapping

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

Member Access to Providers

What the plan will do to achieve compliance

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

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 24

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 24

10 Maximum distance to travel

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

Provider type(s)

Specialist; Anesthesiologists, Cardiologists, Dentists, Oral Surgeons, Endocrinologists, Gastroenterologists, General surgeons, Hematologists, Nephrologists, Neurologists, OB/GYNs, Occupational therapists, 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MDwise experienced challenges meeting network standards 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

MDwise will not be expected to achieve compliance with the standard as it is no longer a plan with Indiana Medicaid effective January 1, 2026. MDwise's last day serving HHW members was 12/31/2025.

Monitoring progress

While the State will continue to monitor MDwise's transition, Indiana Medicaid officials will no longer monitor progress with network standards since the plan will not have members in 2026. Enrollment of MDwise-only providers was monitored by the State and sent to the three MCOs to outreach the providers.

Reassessment date

10/31/2026

13 Minimum number of network providers

Two (2) home health providers shall be available to provide services to the MCOs members.

Provider type(s)

Specialist; Home Health

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

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

Description

Throughout 2025, like in 2024, MDwise experienced challenges meeting network standards for home health 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 to Providers Report

What the plan will do to achieve compliance

MDwise will not be expected to achieve compliance with the standard as it is no longer a plan with Indiana Medicaid effective January 1, 2026. MDwise's last day serving HHW members was 12/31/2025.

Monitoring progress

While the State will continue to monitor MDwise's transition, Indiana Medicaid officials will no longer monitor progress with network standards since the plan will not have members in 2026. Enrollment of MDwise-only providers was monitored by the State and sent to the three MCOs to outreach the providers.

Reassessment date

10/31/2026

17 Maximum distance to travel

The transport distance to an inpatient psychiatric facility from a member's home shall not 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MDwise experienced challenges meeting network standards for inpatient psychiatric facilities.

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

MDwise will not be expected to achieve compliance with the standard as it is no longer a plan with Indiana Medicaid effective January 1, 2026. MDwise's last day serving HHW members was 12/31/2025.

Monitoring progress

While the State will continue to monitor MDwise's transition, Indiana Medicaid officials will no longer monitor progress with network standards since the plan will not have

members in 2026. Enrollment of MDwise-only providers was monitored by the State and sent to the three MCOs to outreach the providers.

Reassessment date

10/31/2026

19 Maximum distance to travel

The MCOs 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 & Pediatric

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

Description

Throughout 2025, like in 2024, MDwise experienced challenges meeting network standards for general dentistry.

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

MDwise will not be expected to achieve compliance with the standard as it is no longer a plan with Indiana Medicaid effective January 1, 2026. MDwise's last day serving HHW members was 12/31/2025.

Monitoring progress

While the State will continue to monitor MDwise's transition, Indiana Medicaid officials will no longer monitor progress with network standards since the plan will not have members in 2026. Enrollment of MDwise-only providers was monitored by the State and sent to the three MCOs to outreach the providers.

Reassessment date

10/31/2026

20 Maximum distance to travel

The MCOs shall ensure specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of a member's residence.

Provider type(s)

Dental

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

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

Description

Throughout 2025, like in 2024, MDwise experienced challenges meeting network standards for 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

MDwise will not be expected to achieve compliance with the standard as it is no longer a plan with Indiana Medicaid effective January 1, 2026. MDwise's last day serving HHW members was 12/31/2025.

Monitoring progress

While the State will continue to monitor MDwise's transition, Indiana Medicaid officials will no longer monitor progress with network standards since the plan will not have members in 2026. Enrollment of MDwise-only providers was monitored by the State and sent to the three MCOs to outreach the providers.

Reassessment date

10/31/2026

Exceptions standards for 438.68

Total: 0 of 24

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