

# Network Adequacy and Access Assurances (NAAAR) Report for Indiana: PathWays for Aging

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
PathWays for Aging	MCO	07/01/2024	06/30/2025	12/31/2025	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	<b>Contact name</b>	Cinthia Gonzales
		First and last name of the contact person.
IA.2	<b>Contact email address</b>	Cinthia.gonzalescruz@fssa.in.gov
		Enter email address. Department or program-wide email addresses are permitted.
IA.3	<b>State or territory</b>	Indiana
		Auto-populates from your account profile.
IA.4	<b>Date of report submission</b>	12/31/2025
		CMS receives this date upon submission of this report.
IA.5	<b>Reporting scenario</b>	Scenario 2: Annual report
		<p>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:</p> <p>Scenario 1: At the time the plan enters into a contract with the state;</p> <p>Scenario 2: On an annual basis</p> <p>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.</p> <p>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.</p> <p>The state should not report on any other plans or programs under this scenario. As another</p>

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	Humana
	Anthem
	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	<b>Select all core provider types covered in the program</b>	Primary Care Specialist Mental health Substance Use Disorder (SUD) OB/GYN Hospital Pharmacy Dental LTSS

---

## 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	<b>Is this analysis method used to assess plan compliance?</b>	<p><b>Geomapping</b></p> <p>Utilized</p> <p>Frequency: Geomapping is utilized during readiness review. Readiness review is a 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 protocol 4 for the external quality review (EQR).</p> <p>Plan(s): Humana, Anthem, United Healthcare</p>
	<b>Plan Provider Directory Review</b>	<p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Humana, United Healthcare, Anthem</p>
	<b>Secret Shopper: Network Participation</b>	<p>Utilized</p> <p>Frequency: Ad-hoc. Utilized by external quality review organization (EQRO) for the external quality review (EQR).</p> <p>Plan(s): Humana, Anthem, United Healthcare</p>
	<b>Secret Shopper: Appointment Availability</b>	<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 healthcare needs. Therefore, the MCEs randomly select PMPs to receive test calls each year and submit findings to the State.</p> <p>Plan(s): Humana, Anthem, United Healthcare</p>
	<b>Electronic Visit Verification Data Analysis</b>	<p>Not utilized</p>
	<b>Review of Grievances Related to Access</b>	

Utilized  
Frequency: Annually  
Plan(s): Humana, Anthem, United Healthcare

#### **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): Humana, Anthem, United Healthcare

---

## **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: 57**

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Hospital; Acute care	Minimum number of network providers	The MCEs must contract with a minimum of 90% of IHCP Enrolled acute care hospitals in the State	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
2	Primary care; FQHCs and RHCs	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) located in the State.	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 in Community Mental Health Centers (CMHC) located in the State.	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 ratios: 1:1,000 for PMPs.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide

			The MCEs must meet or exceed the following provider-to-member ratios: 1:1,000 for Behavioral Health Providers.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
5	Mental health	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:1,000 for Behavioral Health Providers.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
6	OB/GYN	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:2,000 for Gynecologists.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
7	Dental	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:2,000 for Dentists.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	Adult	Statewide
8	Specialist; Anesthesiology, Cardiology, Endocrinology, Gastroenterology, Geriatricians, 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 the following provider-to-member ratios: 1:5,000 for these specialties.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide

9	LTSS; Skilled Nursing Facilities	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
10	LTSS; Skilled Nursing Facility	Minimum number of network providers	The MCEs must provide at least one facility located in each county, unless there is no facility located in the county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
11	LTSS; Adult Day	Minimum number of network providers	The MCEs must contract with 90% of IHCP enrolled providers.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	MLTSS	Statewide
12	LTSS; Adult Family	Minimum number of network providers	The MCEs must contract with 90% of IHCP enrolled providers.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
13	LTSS; Assisted Living	Minimum number of network providers	The MCEs must contract with 90% of IHCP enrolled providers.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
14	Hospital	Maximum distance to travel	The transport distance to a hospital from the member's	Geomapping, Plan Provider Directory Review,	Adult	Urban

		home shall be usual and customary, not to exceed thirty (30) miles.	Member Access to Providers Report		
15	Hospital	Maximum distance to travel	The transport distance to a hospital from the member's home shall be usual and customary, not to exceed thirty (60) miles.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult Rural
16	Primary care	Maximum distance to travel	The MCEs shall ensure access to PMPs within at least thirty (30) miles of a member's residence.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult Statewide
17	Specialist; Anesthesiology, Cardiology, Oral Surgeons, General Surgeons, Endocrinology, Diagnostic Testing, Gastroenterology, Nephrology, Neurology, Gynecology, Ophthalmology, Optometry, Orthodontists, Orthopedic Surgery, General Surgery, Pulmonology, Psychiatry, Urology, Otolaryngology, Oncology, Speech Therapy, and Physical and Occupational Therapy	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.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult Statewide

	Specialist; Prosthetic Suppliers, Cardiothoracic surgeons, Dermatologists, Geriatricians, 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, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
18						
19	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
20	Pharmacy	Maximum time or distance	The MCE or its Pharmacy Benefit Manager (PBM) must provide at least two (2) pharmacy providers serving each county within thirty (30) miles or thirty (30) minutes from a member's residence.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	County

<p><b>21</b> Mental health</p>	<p>Maximum time or distance</p>	<p>The MCEs shall provide at least one (1) behavioral health provider within thirty (30) minutes or thirty (30) miles from the member's home.</p>	<p>Geomapping, Plan Provider Directory Review, Member Access to Providers Report</p>	<p>Adult</p>	<p>Urban</p>
<p><b>22</b> Mental health</p>	<p>Maximum time or distance</p>	<p>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.</p>	<p>Geomapping, Plan Provider Directory Review, Member Access to Providers Report</p>	<p>Adult</p>	<p>Rural</p>
<p><b>23</b> Mental health; Inpatient Psychiatric Facilities</p>	<p>Maximum distance to travel</p>	<p>The transport distance to an inpatient psychiatric facility from the member's home shall not exceed sixty (60) miles.</p>	<p>Geomapping, Plan Provider Directory Review, Member Access to Providers Report</p>	<p>Adult</p>	<p>Statewide</p>
<p><b>24</b> Substance Use Disorder (SUD); Medication-Assisted Treatment</p>	<p>Maximum distance to travel</p>	<p>The MCEs shall ensure the availability of a MAT provider within thirty (30) miles of a member's residence.</p>	<p>Geomapping, Plan Provider Directory Review, Member Access to Providers Report</p>	<p>Adult</p>	<p>Statewide</p>

25	Dental	Maximum distance to travel	The MCEs shall ensure the availability of a dentist practicing in general dentistry within thirty (30) miles of the member's residence.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	Adult	Statewide
26	Dental	Maximum distance to travel	Specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of the member's residence.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
27	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, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide
28	OB/GYN	Maximum distance to travel	The MCEs shall ensure the availability of at least two (2) gynecologists practicing within sixty (60) miles of the member's residence and at least one (1) gynecologist practicing within thirty	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Adult	Statewide

			(30) miles of the member's residence.			
29	LTSS; Home Health	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:150.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
30	LTSS; Home Health	Minimum number of network providers	The MCEs must contract with at least two providers in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
31	LTSS; Hospice	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
32	LTSS; Hospice	Minimum number of network providers	The MCEs must contract with at least two providers in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
33	LTSS; Attendant care	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	MLTSS	Statewide
34	LTSS; Attendant care	Minimum number of	The MCEs must contract	Geomapping, Plan Provider	MLTSS	County

	network providers	with at least one provider in each county.	Directory Review, Member Access to Providers Report		
35	LTSS; Service coordination	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:300.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS Statewide
36	LTSS; Service coordination	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS County
37	LTSS; Structured family care	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS Statewide
38	LTSS; Structured family care	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS County

39	LTSS; Community transitions	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:300.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
40	LTSS; Community transitions	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
41	LTSS; personal emergency response	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
42	LTSS; personal emergency response	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
43	LTSS; Integrated healthcare coordination	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:300.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	MLTSS	Statewide
44	LTSS; Integrated healthcare coordination	Provider to enrollee ratios	The MCEs must contract with at least one provider	Plan Provider Directory Review, Geomapping, Member	MLTSS	County

			in each county.	Access to Providers Report		
45	LTSS; home delivered meals	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:200.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
46	LTSS; home delivered meals	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Plan Provider Directory Review, Geomapping, Member Access to Providers Report	MLTSS	County
47	LTSS; home modifications	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
48	LTSS; home modifications	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
49	LTSS; home and community assistance	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide

50	LTSS; home and community assistance	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
51	LTSS; community transportation	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:200.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
52	LTSS; community transportation	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
53	LTSS; nutritional supplements	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-member ratios: 1:400.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	Statewide
54	LTSS; nutritional supplements	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report	MLTSS	County
55	LTSS; pest control	Provider to enrollee ratios	The MCEs must meet or exceed the following provider-to-	Geomapping, Plan Provider Directory Review, Member	MLTSS	Statewide

		member ratios: 1:400.	Access to Providers Report	
56	LTSS; pest control	Minimum number of network providers	The MCEs must contract with at least one provider in each county.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report MLTSS County
57	Mental health; Inpatient Psychiatric Facilities	Minimum number of network providers	The MCEs must contract with at least 90% of all inpatient geriatric psychiatric facilities in the State.	Geomapping, Plan Provider Directory Review, Member Access to Providers Report Adult 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.

#### Humana

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

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

**Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted**

### Non-compliant standards for 438.68

**Total: 9 of 57**

#### 7 Provider to enrollee ratios

The MCEs must meet or exceed the following provider-to-member ratios: 1:2,000 for Dentists.

##### Provider type(s)

Dental

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

#### Plan deficiencies for Humana: 42 C.F.R. § 438.68

##### Description

As of July 1, 2025, Humana did not meet ratio expectations for dentists.

##### 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 in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

**Monitoring progress**

Humana'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**

07/01/2026

## **11 Minimum number of network providers**

The MCEs must contract with 90% of IHCP enrolled providers.

**Provider type(s)**

LTSS; Adult Day

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Plan Provider Directory Review, Geomapping, Member Access to Providers Report	Statewide	MLTSS

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

**Description**

During the reporting period, Humana experienced challenges maintaining network adequacy for adult day centers.

**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**

This deficiency has been a topic of discussion between the State and Humana. Humana continues to have an open network and contracts with Medicaid providers when

possible to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **16 Maximum distance to travel**

The MCEs shall ensure access to PMPs within at least thirty (30) miles of a member's residence.

#### **Provider type(s)**

Primary care

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan	Statewide	Adult
Provider Directory		
Review, Member		
Access to Providers		
Report		

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

#### **Description**

As of July 1, 2025, Humana experienced minor challenges maintaining network adequacy for PMPs in one (1) county.

#### **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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible, to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **17 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; Anesthesiology, Cardiology, Oral Surgeons, General Surgeons, Endocrinology, Diagnostic Testing, Gastroenterology, Nephrology, Neurology, Gynecology, Ophthalmology, Optometry, Orthodontists, Orthopedic Surgery, General Surgery, Pulmonology, Psychiatry, Urology, Otolaryngology, Oncology, Speech Therapy, and Physical and Occupational Therapy

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Statewide	Adult

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

**Description**

As of July 1, 2025, Humana experienced major challenges maintaining network adequacy for oral surgeons in all counties. Humana also experienced moderate challenges maintaining network adequacy for gynecologists in five (5) counties. Humana is compliant with the remaining providers in this metric.

**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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers

when possible, to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **18 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; Prosthetic Suppliers, Cardiothoracic surgeons, Dermatologists, Geriatricians, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital-based anesthesiologist, pathologists, radiation oncologists, rheumatologists

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Statewide	Adult

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

#### **Description**

As of July 1, 2025, Humana experienced major challenges maintaining network adequacy for cardiothoracic surgeons in fifty-one (51) counties. Humana was compliant with the remaining providers in this metric.

#### **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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **20 Maximum time or distance**

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

#### **Provider type(s)**

Pharmacy

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

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

#### **Description**

As of July 1, 2025, Humana experienced major challenges maintaining network adequacy for pharmacies in sixty-seven (67) counties.

#### **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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers

when possible, to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **25 Maximum distance to travel**

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

#### **Provider type(s)**

Dental

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Plan Provider	Statewide	Adult
Directory Review,		
Geomapping,		
Member Access to		
Providers Report		

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

#### **Description**

As of July 1, 2025, Humana experienced major challenges maintaining network adequacy for dentists in eighty-seven (87) counties.

#### **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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

#### **Monitoring progress**

Humana'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**

07/01/2026

## **26 Maximum distance to travel**

Specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of the member's residence.

**Provider type(s)**

Dental

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan	Statewide	Adult
Provider Directory		
Review, Member		
Access to Providers		
Report		

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

**Description**

As of July 1, 2025, Humana experienced major challenges maintaining network adequacy for oral surgeons and orthodontists in every county.

**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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible, to close access to care gaps.

**Monitoring progress**

Humana'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**

07/01/2026

## **28 Maximum distance to travel**

The MCEs shall ensure the availability of at least two (2) gynecologists practicing within sixty (60) miles of the member's residence and at least one (1) gynecologist practicing within thirty (30) miles of the member's residence.

**Provider type(s)**

OB/GYN

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Statewide	Adult

---

## **Plan deficiencies for Humana: 42 C.F.R. § 438.68**

**Description**

As of July 1, 2025, Humana experienced moderate challenges maintaining network adequacy for gynecologists in five (5) counties (2 within 60 miles).

**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**

This deficiency was identified in the 2025 EQR and will be communicated with Humana. Humana continues to have an open network and contracts with Medicaid providers when possible, to close access to care gaps.

**Monitoring progress**

Humana'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.

## Exceptions standards for 438.68

**Total: 0 of 57**

### B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## Anthem

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

**Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted**

### Non-compliant standards for 438.68

**Total: 6 of 57**

## 17 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; Anesthesiology, Cardiology, Oral Surgeons, General Surgeons, Endocrinology, Diagnostic Testing, Gastroenterology, Nephrology, Neurology, Gynecology, Ophthalmology, Optometry, Orthodontists, Orthopedic Surgery, General Surgery, Pulmonology, Psychiatry, Urology, Otolaryngology, Oncology, Speech Therapy, and Physical and Occupational Therapy

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

---

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

### Description

As of July 1, 2025, Anthem experienced major challenges maintaining network adequacy for orthodontists in fifty-two (52) counties and oral surgeons in eight (8) counties.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible, 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

07/01/2026

## 18 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; Prosthetic Suppliers, Cardiothoracic surgeons, Dermatologists, Geriatricians, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital-based anesthesiologist, pathologists, radiation oncologists, rheumatologists

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

---

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

### Description

As of July 1, 2025, Anthem experienced moderate challenges maintaining network adequacy for nonhospital based anesthesiologists in nine (9) counties. Anthem met standards for the other specialties in this metric.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible 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

07/01/2026

## 24 Maximum distance to travel

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

### Provider type(s)

Substance Use Disorder (SUD); Medication-Assisted Treatment

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

---

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

### Description

As of July 1, 2025, Anthem experienced major challenges maintaining network adequacy for SUD providers in forty-four (44) counties.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible, 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

07/01/2026

---

## 25 Maximum distance to travel

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

**Provider type(s)**

Dental

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Plan Provider Directory Review, Geomapping, Member Access to Providers Report	Statewide	Adult

---

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

**Description**

As of July 1, 2025, Anthem experienced minor challenges maintaining network adequacy for dentists in one (1) county.

**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**

This deficiency was identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible 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**

07/01/2026

## **26 Maximum distance to travel**

Specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of the member's residence.

**Provider type(s)**

Dental

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Statewide	Adult

---

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

As of July 1, 2025, Anthem experienced moderate challenges maintaining network adequacy for oral surgeons in eight (8) counties and major challenges for orthodontists in fifty-two (52) counties.

**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**

These deficiencies were identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible, 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**

07/01/2026

---

**28 Maximum distance to travel**

The MCEs shall ensure the availability of at least two (2) gynecologists practicing within sixty (60) miles of the member's residence and at least one (1) gynecologist practicing within thirty (30) miles of the member's residence.

**Provider type(s)**

OB/GYN

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

---

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

### Description

As of July 1, 2025, Anthem experienced minor challenges maintaining network adequacy for gynecologists in one (1) county (2 within 60 miles).

### 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

This deficiency was identified in the 2025 EQR and will be communicated with Anthem. Anthem continues to have an open network and contracts with Medicaid providers when possible 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

07/01/2026

## Exceptions standards for 438.68

**Total: 0 of 57**

## B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

## United Healthcare

### A. Assurance of plan compliance for 438.68

Indicator	Response
<b>A. Assurance of plan compliance for 438.68</b>  III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

**Select “Enter/Edit” to provide details on standards that were either non-compliant or for which an exception was granted**

#### Non-compliant standards for 438.68

**Total: 6 of 57**

#### 17 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; Anesthesiology, Cardiology, Oral Surgeons, General Surgeons, Endocrinology, Diagnostic Testing, Gastroenterology, Nephrology, Neurology, Gynecology, Ophthalmology, Optometry, Orthodontists, Orthopedic Surgery, General

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

---

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

### Description

As of July 1, 2025, UHC experienced major challenges maintaining network adequacy for diagnostic testing in seventy-two (72) counties. However, since most hospitals provide diagnostic testing, UHC has not had a member access issue since go-live.

### 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

This deficiency was confirmed by the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

### Monitoring progress

UHC'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

07/01/2026

## 18 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: Prosthetic Suppliers, Cardiothoracic surgeons, Dermatologists, Geriatricians, Infectious disease specialists, Interventional radiologists, neurosurgeons, non-hospital based anesthesiologist, pathologists, radiation oncologists, rheumatologists

<b>Analysis method(s)</b>	<b>Region</b>	<b>Population</b>
Geomapping, Plan Provider Directory Review, Member Access to Providers Report	Statewide	Adult

---

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

### **Description**

As of July 1, 2025, UHC experienced major challenges maintaining network adequacy for cardiothoracic surgeons in seventy-nine (79) counties and interventional radiologists in all ninety-two (92) counties.

### **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**

This deficiency was identified in the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

### **Monitoring progress**

UHC'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**

07/01/2026

## **24 Maximum distance to travel**

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

### **Provider type(s)**

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

---

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

### Description

As of July 1, 2025, UHC experienced major challenges maintaining network adequacy for SUD providers in sixty-four (64) counties.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

### Monitoring progress

UHC'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

07/01/2026

## 25 Maximum distance to travel

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

### Provider type(s)

Dental

Analysis method(s)	Region	Population
	Statewide	Adult

Plan Provider  
Directory Review,  
Geomapping,  
Member Access to  
Providers Report

---

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

### Description

As of July 1, 2025, UHC experienced minor challenges maintaining network adequacy for dentists in two (2) counties.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

### Monitoring progress

UHC'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

07/01/2026

## 26 Maximum distance to travel

Specialty dentists such as orthodontists and dental surgeons shall be available within sixty (60) miles of the member's residence.

### Provider type(s)

Dental

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

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

### Description

As of July 1, 2025, UHC experienced major challenges maintaining network adequacy for orthodontists in thirty-one (31) counties.

### 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

This deficiency was confirmed by the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible to close access to care gaps.

### Monitoring progress

UHC'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

07/01/2026

## 28 Maximum distance to travel

The MCEs shall ensure the availability of at least two (2) gynecologists practicing within sixty (60) miles of the member's residence and at least one (1) gynecologist practicing within thirty (30) miles of the member's residence.

### Provider type(s)

OB/GYN

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

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

### Description

As of July 1, 2025, UHC experienced moderate challenges maintaining network adequacy for gynecologists in five (5) counties.

### 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

This deficiency was identified in the 2025 EQR and will be communicated with UHC. UHC continues to have an open network and contracts with Medicaid providers when possible, to close access to care gaps.

### Monitoring progress

UHC'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

07/01/2026

## Exceptions standards for 438.68

**Total: 0 of 57**

### B. Assurance of plan compliance for 438.206

Indicator	Response
<b>B. Assurance of plan compliance for 438.206</b>  III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses