

# Network Adequacy and Access Assurances (NAAAR) Report for Massachusetts: One Care

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
One Care	MMP	01/01/2025	12/31/2025	05/26/2026	Alison Kirchgasser	Submitted

## Section I. State and program information

### A. State information and reporting scenario

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	<b>Contact name</b> First and last name of the contact person.	Alison Kirchgasser
IA.2	<b>Contact email address</b> Enter email address. Department or program-wide email addresses are permitted.	alison.kirchgasser@mass.gov
IA.3	<b>State or territory</b> Auto-populates from your account profile.	Massachusetts
IA.4	<b>Date of report submission</b> CMS receives this date upon submission of this report.	05/26/2026
IA.5	<b>Reporting scenario</b> Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

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## 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	Commonwealth Care Alliance
	Tufts One Care
	United Healthcare Connected for One Care

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## 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 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	<p data-bbox="313 107 704 180"><b>Is this analysis method used to assess plan compliance?</b></p> <p data-bbox="313 201 678 359">Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.</p>	<p data-bbox="813 138 992 170"><b>Geomapping</b></p> <p data-bbox="813 191 911 218">Utilized</p> <p data-bbox="813 239 1078 266">Frequency: Annually</p> <p data-bbox="813 287 1380 369">Plan(s): Commonwealth Care Alliance, Tufts One Care, United Healthcare Connected for One Care</p> <p data-bbox="813 411 1247 443"><b>Plan Provider Directory Review</b></p> <p data-bbox="813 464 911 491">Utilized</p> <p data-bbox="813 512 1078 539">Frequency: Monthly</p> <p data-bbox="813 560 1380 642">Plan(s): Commonwealth Care Alliance, Tufts One Care, United Healthcare Connected for One Care</p> <p data-bbox="813 684 1349 716"><b>Secret Shopper: Network Participation</b></p> <p data-bbox="813 737 911 764">Utilized</p> <p data-bbox="813 785 1078 812">Frequency: Annually</p> <p data-bbox="813 833 1380 915">Plan(s): Commonwealth Care Alliance, Tufts One Care, United Healthcare Connected for One Care</p> <p data-bbox="813 957 1224 1024"><b>Secret Shopper: Appointment Availability</b></p> <p data-bbox="813 1045 964 1073">Not utilized</p> <p data-bbox="813 1115 1263 1182"><b>Electronic Visit Verification Data Analysis</b></p> <p data-bbox="813 1203 964 1230">Not utilized</p> <p data-bbox="813 1272 1360 1304"><b>Review of Grievances Related to Access</b></p> <p data-bbox="813 1325 911 1352">Utilized</p> <p data-bbox="813 1373 1078 1400">Frequency: Monthly</p> <p data-bbox="813 1421 1380 1503">Plan(s): Commonwealth Care Alliance, Tufts One Care, United Healthcare Connected for One Care</p> <p data-bbox="813 1545 1154 1577"><b>Encounter Data Analysis</b></p> <p data-bbox="813 1598 911 1625">Utilized</p> <p data-bbox="813 1646 1078 1673">Frequency: Monthly</p> <p data-bbox="813 1694 1380 1776">Plan(s): Commonwealth Care Alliance, Tufts One Care, United Healthcare Connected for One Care</p>

# Section II. Program-level access and network adequacy standards

## II. Program-level access and network adequacy standards

Report each network adequacy standard included in managed care program contract for this program as required under 42 CFR § 438.68; select "Add standard" to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

**Standard total count: 5**

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care	Maximum time or distance	2 Providers within 30 Minutes or 15 Miles	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
2	Mental health; BH Outpatient, Adult Mobile Crisis Intervention, Community Crisis Stabilization, Community Support Program, Intensive Outpatient Program, Partial Hospitalization Program, Program of Assertive Community Treatment, Psychiatric Day Treatment	Maximum time or distance	2 Providers within 30 Minutes or 15 Miles	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
3	Substance Use Disorder (SUD); Clinical Stabilization Services for Substance Use Disorders (ASAM Level 3.5), Medically	Maximum time or distance	2 Providers within 30 Minutes or 15 Miles	Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances	Adult	Statewide

Monitored Intensive Services – Acute Treatment Services (ATS) for Substance Use Disorders - (ASAM Level 3.7), Recovery Coaching, Recovery Support Navigators, Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Level 3.1), Structured Outpatient Addiction Program

Related to Access, Encounter Data Analysis, Geomapping

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4	LTSS; Rehabilitation hospital	Maximum time or distance	1 Provider within 30 Minutes or 15 Miles	Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis, Geomapping	Adult	Statewide
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5	LTSS; Skilled Nursing Facility, Personal Care Assistant, Orthotics and Prosthetics, Oxygen and Respiratory Equipment,	Maximum time or distance	2 Providers within 30 Minutes or 15 Miles	Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to	Adult	Statewide
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Group Adult  
Foster Care,  
Adult Day  
Health, Adult  
Foster Care,  
Day  
Habilitation,  
Day Services

Access,  
Encounter  
Data  
Analysis,  
Geomapping

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## 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.

### Commonwealth Care Alliance

#### 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.	Yes, the plan complies on all standards based on all analyses

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#### B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="311 107 634 178"><b>B. Assurance of plan compliance for 438.206</b></p> <p data-bbox="311 205 727 474">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">Yes, the plan complies on all standards based on all analyses</p>

## Tufts One Care

### A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="311 825 618 896"><b>A. Assurance of plan compliance for 438.68</b></p> <p data-bbox="311 924 727 1268">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 825 1349 896">Yes, the plan complies on all standards based on all analyses</p>

### B. Assurance of plan compliance for 438.206

Indicator	Response
<p data-bbox="311 1518 634 1589"><b>B. Assurance of plan compliance for 438.206</b></p> <p data-bbox="311 1617 727 1877">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1518 1349 1589">Yes, the plan complies on all standards based on all analyses</p>

## United Healthcare Connected for One Care

## 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.	Yes, the plan complies on all standards based on all analyses

## 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