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	Dual Special Needs Plan	01/01/2026	12/31/2026	02/11/2026	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	**Contact name** First and last name of the contact person.	Alison Kirchgasser
IA.2	**Contact email address** Enter email address. Department or program-wide email addresses are permitted.	alison.kirchgasser@mass.gov
IA.3	**State or territory** Auto-populates from your account profile.	Massachusetts
IA.4	**Date of report submission** CMS receives this date upon submission of this report.	02/12/2026
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 1: New contract

		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	Commonwealth Care Alliance
		Molina
		Tufts Health Plan
		United Healthcare
		Mass General Brigham Health Plan

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	**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: Annually Plan(s): Commonwealth Care Alliance, Molina, United Healthcare, Tufts Health Plan, Mass General Brigham Health Plan **Plan Provider Directory Review** Utilized Frequency: Semi-annually Plan(s): Commonwealth Care Alliance, Molina, Tufts Health Plan, United Healthcare, Mass General Brigham Health Plan **Secret Shopper: Network Participation** Utilized Frequency: Annually Plan(s): Commonwealth Care Alliance, Molina, Tufts Health Plan, United Healthcare, Mass General Brigham Health Plan **Secret Shopper: Appointment Availability** Not utilized **Electronic Visit Verification Data Analysis** Not utilized **Review of Grievances Related to Access** Utilized Frequency: Monthly Plan(s): Commonwealth Care Alliance, Molina, Tufts Health Plan, United Healthcare, Mass General Brigham Health Plan **Encounter Data Analysis** Utilized Frequency: Monthly Plan(s): Commonwealth Care Alliance, Molina, Tufts Health Plan, United Healthcare, Mass General Brigham Health Plan

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: 10

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care	Maximum time and distance	2 Providers within the applicable Medicare Advantage time and distance standards	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
2	Hospital	Maximum time and distance	2 Providers within the applicable Medicare Advantage time and distance standards, except that if only one (1) hospital is located within a County, the second hospital may be within a fifty (50) mile radius of the Enrollee's ZIP code of residence	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
3	Hospital; Skilled Nursing Facility	Maximum time and distance	2 Providers within the applicable Medicare Advantage time and distance standards,	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation,	Adult	Statewide

			except that if only one (1) nursing facility is located within a County, the second nursing facility may be within a fifty (50) mile radius of the Enrollee's ZIP code of residence.	Review of Grievances Related to Access, Encounter Data Analysis		
4	Mental health; Outpatient and Diversionary BH	Maximum time or distance	2 Providers that are either within a fifteen (15) mile radius or thirty (30) minutes from the Enrollee's ZIP code of residence;	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
5	LTSS; Adult Foster Care, Durable Medical Equipment and Medical/Surgical Supplies, Oxygen and Respiratory Therapy Equipment, Home Health, Continuous Skill Nursing	Minimum number of network providers	2 Providers that will deliver services at the Enrollee's residence	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	MLTSS	Statewide
6	LTSS	Maximum time or distance	2 Providers per Covered Service that	Geomapping, Plan Provider Directory Review,	MLTSS	Statewide

			are either within a fifteen (15) mile radius or thirty (30) minutes from the Enrollee's ZIP code of residence, except that with EOHHS prior approval, the Contractor may offer Enrollees only one community LTSS provider per Covered Service.	Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis		
7	Specialist; Anesthesiologists, Audiologists, Hematologists	Maximum time or distance	1 Provider within a twenty (20) mile radius or forty (40) minutes from the Enrollee's Zip code of residence	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide

8	Hospital; Emergency Medicine Providers, Urgent Care Centers	Maximum time or distance	1 Provider within a twenty (20) mile radius or forty (40) minutes from the Enrollee's Zip code of residence	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
9	Hospital; Chronic Disease and Rehabilitation Hospitals	Maximum time or distance	2 Providers at least one (1) of which is either within a thirty (30) mile radius or sixty (60) minutes from the Enrollee's Zip code of residence.	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	Adult	Statewide
10	Dental; Oral Surgeons	Maximum time or distance	1 Provider within a twenty (20) mile radius or forty (40) minutes from the Enrollee's Zip code of residence	Geomapping, Plan Provider Directory Review, Secret Shopper: Network Participation, Review of Grievances Related to Access, Encounter Data Analysis	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.

Commonwealth Care Alliance

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

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

Molina

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

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

Tufts Health Plan

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

B. Assurance of plan compliance for 438.206

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

United Healthcare

A. Assurance of plan compliance for 438.68

Indicator	Response
A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

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

Mass General Brigham Health Plan

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

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