

Network Adequacy and Access Assurances (NAAAR) Report for Wisconsin: BadgerCare Plus

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
BadgerCare Plus	MCO	01/01/2025	12/31/2025	04/20/2026	Thomas Ladenthin	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	<p>Contact name</p> <p>First and last name of the contact person.</p>	Kimberly Schindler
IA.2	<p>Contact email address</p> <p>Enter email address. Department or program-wide email addresses are permitted.</p>	kimberly.schindler@dhs.wisconsin.gov
IA.3	<p>State or territory</p> <p>Auto-populates from your account profile.</p>	Wisconsin
IA.4	<p>Date of report submission</p> <p>CMS receives this date upon submission of this report.</p>	04/20/2026
IA.5	<p>Reporting scenario</p> <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: 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 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.</p>	Scenario 2: Annual report

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 Blue Cross Blue Shield
	Chorus Community Health Plans
	Dean Health Plan
	Group Health Cooperative of Eau Claire
	Group Health Cooperative of South Central
	Independent Care Health Plan
	MercyCare
	MHS Health Wisconsin
	Network Health Plan
	Molina
	Quartz
	Security
	UHC

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 Mental health Substance Use Disorder (SUD) OB/GYN Hospital 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	<p>Is this analysis method used to assess plan compliance?</p> <p>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>Geomapping</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Anthem Blue Cross Blue Shield, Chorus Community Health Plans, Dean Health Plan, Group Health Cooperative of Eau Claire, Group Health Cooperative of South Central, Independent Care Health Plan, MercyCare, MHS Health Wisconsin, Network Health Plan, Molina, Quartz, Security, UHC</p> <p>Plan Provider Directory Review</p> <p>Not utilized</p> <p>Frequency:</p> <p>Plan(s):</p> <p>Secret Shopper: Network Participation</p> <p>Not utilized</p> <p>Secret Shopper: Appointment Availability</p> <p>Utilized</p> <p>Frequency: Annually</p> <p>Plan(s): Anthem Blue Cross Blue Shield</p> <p>Electronic Visit Verification Data Analysis</p> <p>Not utilized</p> <p>Review of Grievances Related to Access</p> <p>Not utilized</p> <p>Encounter Data Analysis</p> <p>Not utilized</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: 54

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screeener, Screeener/Case Manager	Maximum time or distance	15 min / 10 miles	Geomapping	Adult	Urban
2	Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screeener, Screeener/Case Manager	Maximum time or distance	15 min / 10 miles	Geomapping	Pediatric	Urban
3	Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screeener, Screeener/Case Manager	Maximum time or distance	40 min / 30 miles	Geomapping	Adult	Rural
4	Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine,	Maximum time or distance	40 min / 30 miles	Geomapping	Pediatric	Rural

Pediatrician,
Screener,
Screener/Case
Manager

5	Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health	Maximum time or distance	45 min / 30 miles	Geomapping	Adult	Urban
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6	Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health	Maximum time or distance	45 min / 30 miles	Geomapping	Pediatric	Urban
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7	Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist	Maximum time or distance	75 min / 60 miles	Geomapping	Adult	Rural
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with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

Mental health; 112 -
 Licensed
 Psychologist (PhD)
 117 - Psychiatric
 Nurse 120 -
 Licensed
 Psychotherapist 121
 - Licensed
 Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

8

Maximum
 time or
 distance

75 min / 60
 miles

Geomapping

Pediatric

Rural

9

Substance Use
 Disorder (SUD); 112
 - Licensed
 Psychologist (PhD)
 117 - Psychiatric
 Nurse 120 -
 Licensed
 Psychotherapist 121
 - Licensed
 Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -

Maximum
 time or
 distance

45 min / 30
 miles

Geomapping

Adult

Urban

Registered Alcohol
& Drug Counselor
740 - Mental Health

10	Substance Use Disorder (SUD); 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Maximum time or distance	45 min / 30 miles	Geomapping	Pediatric	Urban
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11	Substance Use Disorder (SUD); 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Maximum time or distance	75 min / 60 miles	Geomapping	Adult	Rural
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12	Substance Use Disorder (SUD); 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121	Maximum time or distance	75 min / 60 miles	Geomapping	Pediatric	Rural
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– Licensed
 Psychotherapist
 with SAC 122 –
 Alcohol & Other
 Drug Abuse
 Counselor 123 –
 Certified
 Psychotherapist
 with SAC 124 –
 Certified
 Psychotherapist 126
 – Qualified
 Treatment Trainee
 (QTT) 339 –
 Psychiatry 532 –
 Registered Alcohol
 & Drug Counselor
 740 – Mental Health

13	OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife	Maximum time or distance	15 min / 10 miles	Geomapping	Adult	Urban
14	OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife	Maximum time or distance	15 min / 10 miles	Geomapping	Pediatric	Urban
15	OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife	Maximum time or distance	45 min / 30 miles	Geomapping	Adult	Rural

16	OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife	Maximum time or distance	45 min 30 miles	Geomapping	Pediatric	Rural
17	Hospital; 010 – Inpatient/Outpatient Hospital	Maximum time or distance	45 min / 30 miles	Geomapping	Adult	Urban
18	Hospital; 010 – Inpatient/Outpatient Hospital	Maximum time or distance	45 min / 30 miles	Geomapping	Pediatric	Urban
19	Hospital; 010 – Inpatient/Outpatient Hospital	Maximum time or distance	75 min / 60 miles	Geomapping	Adult	Rural
20	Hospital; 010 – Inpatient/Outpatient Hospital	Maximum time or distance	75 min / 60 miles	Geomapping	Pediatric	Rural
21	Dental; 271 – General Dentistry Practitioner 289 – Dental Hygienist	Minimum number of network providers	45 min / 30 miles	Geomapping	Adult	Urban
22	Dental; 271 – General Dentistry Practitioner 274 – Pediatric Dentist 289 – Dental Hygienist	Maximum time or distance	45 min / 30 miles	Geomapping	Pediatric	Urban
23	Dental; 271 – General Dentistry Practitioner 289 – Dental Hygienist	Maximum time or distance	90 min / 75 miles	Geomapping	Adult	Rural
24	Dental; 271 – General Dentistry Practitioner 274 – Pediatric Dentist 289 – Dental Hygienist	Maximum time or distance	90 min / 75 miles	Geomapping	Pediatric	Rural
25	Primary care; 092 – Certified Family Nurse Practitioners 093 – Other Nurse Practitioners 100 – Physician Assistants 316 – Family Practice 318 – General Practice 322 – Internal Medicine 090 – Certified Pediatric	Provider to enrollee ratios	1:100	Geomapping	Adult	Urban

Nurse Practitioners
 092 – Certified
 Family Nurse
 Practitioners 093 –
 Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal Medicine
 345 – Pediatricians
 080 – Federally
 Qualified Health
 Center (HealthCheck
 related) 734 –
 Screener
 (HealthCheck) 735 –
 Screener/Case
 Management
 (HealthCheck)

Primary care; 092 –
 Certified Family
 Nurse Practitioners
 093 – Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal
 Medicine 090 –
 Certified Pediatric
 Nurse Practitioners
 092 – Certified
 Family Nurse
 Practitioners 093 –
 Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal Medicine
 345 – Pediatricians
 080 – Federally
 Qualified Health
 Center (HealthCheck
 related) 734 –
 Screener
 (HealthCheck) 735 –
 Screener/Case
 Management
 (HealthCheck)

26

Provider to
 enrollee
 ratios

1:100

Geomapping

Pediatric

Urban

27

Primary care; 092 –
 Certified Family
 Nurse Practitioners
 093 – Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal

Provider to
 enrollee
 ratios

1:120

Geomapping

Adult

Rural

Medicine090 –
 Certified Pediatric
 Nurse Practitioners
 092 – Certified
 Family Nurse
 Practitioners 093 –
 Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal Medicine
 345 – Pediatricians
 080 – Federally
 Qualified Health
 Center (HealthCheck
 related) 734 –
 Screener
 (HealthCheck) 735 –
 Screener/Case
 Management
 (HealthCheck)

Primary care; 092 –
 Certified Family
 Nurse Practitioners
 093 – Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal
 Medicine090 –
 Certified Pediatric
 Nurse Practitioners
 092 – Certified
 Family Nurse
 Practitioners 093 –
 Other Nurse
 Practitioners 100 –
 Physician Assistants
 316 – Family
 Practice 318 –
 General Practice 322
 – Internal Medicine
 345 – Pediatricians
 080 – Federally
 Qualified Health
 Center (HealthCheck
 related) 734 –
 Screener
 (HealthCheck) 735 –
 Screener/Case
 Management
 (HealthCheck)

28

Provider to
 enrollee
 ratios

1:120

Geomapping

Pediatric

Rural

29

Mental health; 112 –
 Licensed
 Psychologist (PhD)
 117 – Psychiatric
 Nurse 120 –
 Licensed
 Psychotherapist 121
 – Licensed

Provider to
 enrollee
 ratios

1:900

Geomapping

Adult

Urban

Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

Mental health; 112 -
 Licensed
 Psychologist (PhD)
 117 - Psychiatric
 Nurse 120 -
 Licensed
 Psychotherapist 121
 - Licensed
 Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

30	Provider to enrollee ratios	1:900	Geomapping	Pediatric	Urban
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31	Provider to enrollee ratios	1:1100	Geomapping	Adult	Rural
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Registered Alcohol
& Drug Counselor
740 - Mental Health

32	Mental health; 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Provider to enrollee ratios	1:1100	Geomapping	Pediatric	Rural
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33	Substance Use Disorder (SUD); 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Provider to enrollee ratios	1:900	Geomapping	Adult	Urban
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34	Substance Use Disorder (SUD); 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed	Provider to enrollee ratios	1:900	Geomapping	Pediatric	Urban
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Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

Substance Use
 Disorder (SUD); 112
 - Licensed
 Psychologist (PhD)
 117 - Psychiatric
 Nurse 120 -
 Licensed
 Psychotherapist 121
 - Licensed
 Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee
 (QTT) 339 -
 Psychiatry 532 -
 Registered Alcohol
 & Drug Counselor
 740 - Mental Health

35

Provider to
 enrollee
 ratios

1:1100

Geomapping

Adult

Rural

36

Substance Use
 Disorder (SUD); 112
 - Licensed
 Psychologist (PhD)
 117 - Psychiatric
 Nurse 120 -
 Licensed
 Psychotherapist 121
 - Licensed
 Psychotherapist
 with SAC 122 -
 Alcohol & Other
 Drug Abuse
 Counselor 123 -
 Certified
 Psychotherapist
 with SAC 124 -
 Certified
 Psychotherapist 126
 - Qualified
 Treatment Trainee

Provider to
 enrollee
 ratios

1:1100

Geomapping

Pediatric

Rural

(QTT) 339 -
Psychiatry 532 -
Registered Alcohol
& Drug Counselor
740 - Mental Health

37 OB/GYN; 095 -
Nurse
Practitioner/Nurse
Midwife 212 - Nurse
Midwife 316 -
Family Practice 318
- General Practice
328 -
OB/Gynecologists
350 - Licensed
Midwife

Provider to
enrollee
ratios

1:100

Geomapping

Adult

Urban

38 OB/GYN; 095 -
Nurse
Practitioner/Nurse
Midwife 212 - Nurse
Midwife 316 -
Family Practice 318
- General Practice
328 -
OB/Gynecologists
350 - Licensed
Midwife

Provider to
enrollee
ratios

1:100

Geomapping

Pediatric

Urban

39 OB/GYN; 095 -
Nurse
Practitioner/Nurse
Midwife 212 - Nurse
Midwife 316 -
Family Practice 318
- General Practice
328 -
OB/Gynecologists
350 - Licensed
Midwife

Provider to
enrollee
ratios

1:120

Geomapping

Adult

Rural

40 OB/GYN; 095 -
Nurse
Practitioner/Nurse
Midwife 212 - Nurse
Midwife 316 -
Family Practice 318
- General Practice
328 -
OB/Gynecologists
350 - Licensed
Midwife

Provider to
enrollee
ratios

1:120

Geomapping

Pediatric

Rural

41 Dental; 271 -
General Dentistry
Practitioner 289 -
Dental Hygienist

Provider to
enrollee
ratios

1:1600

Geomapping

Adult

Urban

42 Dental; 271 -
General Dentistry
Practitioner 274 -
Pediatric Dentist
289 - Dental
Hygienist

Provider to
enrollee
ratios

1:1600

Geomapping

Pediatric

Urban

43	Dental; 271 – General Dentistry Practitioner 289 – Dental Hygienist	Provider to enrollee ratios	1:1900	Geomapping	Adult	Rural
44	Dental; 271 – General Dentistry Practitioner 274 – Pediatric Dentist 289 – Dental Hygienist	Provider to enrollee ratios	1:1900	Geomapping	Pediatric	Rural
45	Primary care; 092 – Certified Family Nurse Practitioners 093 – Other Nurse Practitioners 100 – Physician Assistants 316 – Family Practice 318 – General Practice 322 – Internal Medicine 090 – Certified Pediatric Nurse Practitioners 092 – Certified Family Nurse Practitioners 093 – Other Nurse Practitioners 100 – Physician Assistants 316 – Family Practice 318 – General Practice 322 – Internal Medicine 345 – Pediatricians 080 – Federally Qualified Health Center (HealthCheck related) 734 – Screener (HealthCheck) 735 – Screener/Case Management (HealthCheck)	Appointment wait time	Routine appointment within 15 business days from request.	Secret Shopper: Appointment Availability	Adult	Statewide
46	Primary care; 092 – Certified Family Nurse Practitioners 093 – Other Nurse Practitioners 100 – Physician Assistants 316 – Family Practice 318 – General Practice 322 – Internal Medicine 090 – Certified Pediatric Nurse Practitioners 092 – Certified Family Nurse Practitioners 093 – Other Nurse Practitioners 100 – Physician Assistants	Appointment wait time	Routine appointment within 15 business days from request.	Secret Shopper: Appointment Availability	Pediatric	Statewide

316 - Family Practice 318 - General Practice 322 - Internal Medicine 345 - Pediatricians 080 - Federally Qualified Health Center (HealthCheck related) 734 - Screener (HealthCheck) 735 - Screener/Case Management (HealthCheck)

47	Mental health; 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Appointment wait time	Routine appointment within 10 business days from request.	Secret Shopper: Appointment Availability	Adult	Statewide
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48	Mental health; 112 - Licensed Psychologist (PhD) 117 - Psychiatric Nurse 120 - Licensed Psychotherapist 121 - Licensed Psychotherapist with SAC 122 - Alcohol & Other Drug Abuse Counselor 123 - Certified Psychotherapist with SAC 124 - Certified Psychotherapist 126 - Qualified Treatment Trainee (QTT) 339 - Psychiatry 532 - Registered Alcohol & Drug Counselor 740 - Mental Health	Appointment wait time	Routine appointment within 10 business days from request.	Secret Shopper: Appointment Availability	Pediatric	Statewide
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49	<p>Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health</p>	Appointment wait time	Routine appointment within 10 business days from request.	Secret Shopper: Appointment Availability	Adult	Statewide
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50	<p>Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health</p>	Appointment wait time	Routine appointment within 10 business days from request.	Secret Shopper: Appointment Availability	Pediatric	Statewide
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51	<p>OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife</p>	Appointment wait time	Routine appointment within 15 business days from request.	Secret Shopper: Appointment Availability	Adult	Statewide
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52	OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife	Appointment wait time	Routine appointment within 15 business days from request.	Secret Shopper: Appointment Availability	Pediatric	Statewide
53	Dental; 271 – General Dentistry Practitioner 289 – Dental Hygienist	Appointment wait time	Routine appointment no less than 90 days and emergent no less than 24 hours.	Secret Shopper: Appointment Availability	Adult	Statewide
54	Dental; 271 – General Dentistry Practitioner 274 – Pediatric Dentist 289 – Dental Hygienist	Appointment wait time	Routine appointment no less than 90 days and emergent no less than 24 hours.	Secret Shopper: Appointment Availability	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 Blue Cross Blue Shield

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="313 2153 618 2225">A. Assurance of plan compliance for 438.68</p> <p data-bbox="313 2252 727 2601">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="764 2153 1360 2225">No, the plan does not comply on all standards based on all analyses or exceptions granted</p>

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: 0 of 54

Exceptions standards for 438.68

Total: 2 of 54

19 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

Exceptions granted for Anthem Blue Cross Blue Shield under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

20 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

Exceptions granted for Anthem Blue Cross Blue Shield under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>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>Yes, the plan complies on all standards based on all analyses</p>

Chorus Community Health Plans

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>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>No, the plan does not comply on all standards based on all analyses or exceptions granted</p>

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: 0 of 54

Exceptions standards for 438.68

Total: 2 of 54

19 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

Exceptions granted for Chorus Community Health Plans under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

20 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

Exceptions granted for Chorus Community Health Plans under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

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

Dean 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
<p data-bbox="311 110 634 182">B. Assurance of plan compliance for 438.206</p> <p data-bbox="311 206 730 478">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="764 110 1354 182">Yes, the plan complies on all standards based on all analyses</p>

Group Health Cooperative of Eau Claire

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="311 827 618 900">A. Assurance of plan compliance for 438.68</p> <p data-bbox="311 924 730 1279">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="764 827 1354 900">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 1524 634 1596">B. Assurance of plan compliance for 438.206</p> <p data-bbox="311 1620 730 1892">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="764 1524 1354 1596">Yes, the plan complies on all standards based on all analyses</p>

Group Health Cooperative of South Central

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>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>Yes, the plan complies on all standards based on all analyses</p>

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>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>Yes, the plan complies on all standards based on all analyses</p>

Independent Care Health Plan

A. Assurance of plan compliance for 438.68

Indicator	Response
<p>A. Assurance of plan compliance for 438.68</p> <p>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>No, the plan does not comply on all standards based on all analyses or exceptions granted</p>

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: 4 of 54

<p>1 Maximum time or distance</p> <p>15 min / 10 miles</p> <p>Provider type(s)</p>

Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)	Region	Population
Geomapping	Urban	Adult

Plan deficiencies for Independent Care Health Plan: 42 C.F.R. § 438.68

Description

The Rock Co. PCP network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

05/30/2026

2 Maximum time or distance

15 min / 10 miles

Provider type(s)

Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)	Region	Population
Geomapping	Urban	Pediatric

Plan deficiencies for Independent Care Health Plan: 42 C.F.R. § 438.68

Description

The Rock Co. PCP network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

05/30/2026

13 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Adult

Plan deficiencies for Independent Care Health Plan: 42 C.F.R. § 438.68

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors by June 2026.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

05/30/2026

14 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Pediatric

Plan deficiencies for Independent Care Health Plan: 42 C.F.R. § 438.68

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

Exceptions standards for 438.68**Total: 0 of 54****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.	No, the plan does not comply with all standards based on all analyses or exceptions granted

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The Rock Co. OB/GYN and PCP doesn't meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The analysis is based on geomapping time/distance standards.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The error is caused by incomplete provider in-network directory information. The expects the plan to resolve the data errors.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically analyze the plan's time/distance standards based on their revised directory.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	05/30/2026

MercyCare

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

MHS Health Wisconsin

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: 4 of 54

13 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

Plan deficiencies for MHS Health Wisconsin: 42 C.F.R. § 438.68

Description

The Eau Claire Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

14 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Pediatric

Plan deficiencies for MHS Health Wisconsin: 42 C.F.R. § 438.68

Description

The St Croix Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

17 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)	Region	Population
Geomapping	Urban	Adult

Plan deficiencies for MHS Health Wisconsin: 42 C.F.R. § 438.68

Description

The Eau Claire Co. Hospital network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

18 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

Plan deficiencies for MHS Health Wisconsin: 42 C.F.R. § 438.68

Description

The Eau Claire Co. Hospital network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to correct in-network directory data errors.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

Exceptions standards for 438.68

Total: 2 of 54

19 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

Exceptions granted for MHS Health Wisconsin under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Door Co. Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

20 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

Exceptions granted for MHS Health Wisconsin under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Door Co. Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Door Co. to meet standards.

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.	No, the plan does not comply with all standards based on all analyses or exceptions granted

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The plans Eau Claire Co. Hospital and St Croix Co. OB/GYN network doesn't meet time/distance standards. The plans Door Co. Hospital was granted an exception as insufficient hospitals are available to meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The geomapping analysis was used to identify deficiencies.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan is expected to remediate the network to meet time/distance standards.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically produce geomapping analysis to validate time/distance standards are met.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	07/01/2026

Network 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.	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: 17 of 54

1 Maximum time or distance

15 min / 10 miles

Provider type(s)

Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

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

Description

The plan's PCP network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

2 Maximum time or distance

15 min / 10 miles

Provider type(s)

Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

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

Description

The plan's PCP network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

3 Maximum time or distance

40 min / 30 miles

Provider type(s)

Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

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

Description

The plan's PCP network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

4 Maximum time or distance

40 min / 30 miles

Provider type(s)

Primary care; Primary care; Certified Family Nurse Practitioner, Certified Pediatric Nurse Practitioner, Other Nurse Practitioner, Physician Assistant, Family Practice, General Practice, Internal Medicine, Pediatrician, Screener, Screener/Case Manager

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

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

Description

The plan's PCP network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

6 Maximum time or distance

45 min / 30 miles

Provider type(s)

Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

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

Description

The plan's MH network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

7 Maximum time or distance

75 min / 60 miles

Provider type(s)

Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)	Region	Population
Geomapping	Rural	Adult

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

Description

The plan's MH network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

8 Maximum time or distance

75 min / 60 miles

Provider type(s)

Mental health; 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)	Region	Population
Geomapping	Rural	Pediatric

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

Description

The plan's MH network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan’s members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

9 Maximum time or distance

45 min / 30 miles

Provider type(s)

Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

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

Description

The plan’s SU network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan’s members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

10 Maximum time or distance

45 min / 30 miles

Provider type(s)

Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)	Region	Population
Geomapping	Urban	Pediatric

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

Description

The plan’s SU network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

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

What the plan will do to achieve compliance

The plan’s members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

11 Maximum time or distance

75 min / 60 miles

Provider type(s)

Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)	Region	Population
Geomapping	Rural	Adult

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

Description

The plan’s SU network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

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

What the plan will do to achieve compliance

The plan’s members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

12 Maximum time or distance

75 min / 60 miles

Provider type(s)

Substance Use Disorder (SUD); 112 – Licensed Psychologist (PhD) 117 – Psychiatric Nurse 120 – Licensed Psychotherapist 121 – Licensed Psychotherapist with SAC 122 – Alcohol & Other Drug Abuse Counselor 123 – Certified Psychotherapist with SAC 124 – Certified Psychotherapist 126 – Qualified Treatment Trainee (QTT) 339 – Psychiatry 532 – Registered Alcohol & Drug Counselor 740 – Mental Health

Analysis method(s)	Region	Population
Geomapping	Rural	Pediatric

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

Description

The plan's SU network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

13 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Adult

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

Description

The plan's OB/GYN network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards. The St Croix Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met. The plan is expected to remediate the St Croix Co. OB/GYN provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will monitor members' transition. The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards by 7/1/2026.

Reassessment date

01/01/2026

14 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

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

Description

The plan's OB/GYN network was decertified in Marathon Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards. The St. Croix Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met. The plan is expected to remediate the St. Croix Co. OB/GYN provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will monitor members' transition. The state will periodically analyze the plan's St Croix Co. OB/GYN time/distance standards based on their in-network directory.

Reassessment date

01/01/2026

15 Maximum time or distance

45 min / 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Region

Population

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

Description

The plan's OB/GYN network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

16 Maximum time or distance

45 min 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

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

Description

The plan's OB/GYN network was decertified in Forest, Lincoln, Oneida, Price, Taylor, and Vilas Co. on 1/1/2026 as the plan was unable to sustain sufficient time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan's members were transferred to another HMO of choice. The HMO must apply for reinstatement and demonstrate network standards are met.

Monitoring progress

The state will monitor members' transition.

Reassessment date

01/01/2026

17 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

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

Description

The Eau Claire Co. Hospital network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

18 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

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

Description

The Eau Claire Co. Hospital network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

Exceptions standards for 438.68

Total: 1 of 54

19 Maximum time or distance

75 min / 60 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

Exceptions granted for Network Health Plan under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Bayfield and Door Co. Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Bayfield and Door Co. to meet standards.

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.	No, the plan does not comply on all standards based on all analyses or exceptions granted

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

Non-compliant standards for 438.68

Total: 2 of 54

15 Maximum time or distance

45 min / 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

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

Description

The Chippewa and Clark Counties OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

16 Maximum time or distance

45 min 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

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

Description

The Chippewa and Clark counties OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

Exceptions standards for 438.68

Total: 2 of 54

17 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

Exceptions granted for Molina under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Eau Claire Co. Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Eau Claire Co. to meet standards.

18 Maximum time or distance

45 min / 30 miles

Provider type(s)

Hospital; 010 – Inpatient/Outpatient Hospital

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

Exceptions granted for Molina under 42 C.F.R. § 438.68(d)

Describe any network adequacy standard exceptions that the state has granted to the plan under 42 C.F.R. § 438.68(d).

The state has granted an exception to Eau Claire Co. Hospital time/distance standards.

Justification for exceptions granted under 42 C.F.R. § 438.68(d)

Insufficient Hospital facilities in Eau Claire Co. to meet standards.

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.	No, the plan does not comply with all standards based on all analyses or exceptions granted

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The plans Chippewa and Clark Counties OB/GYN network doesn't meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The geomapping analysis was used to identify deficiencies.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan is expected to remediate the network to meet time/distance standards.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically produce geomapping analysis to validate time/distance standards are met.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	07/01/2026

Quartz

A. Assurance of plan compliance for 438.68

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

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

Non-compliant standards for 438.68

Total: 2 of 54

13 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Urban

Population

Adult

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

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

14 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Urban

Population

Pediatric

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

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

Exceptions standards for 438.68

Total: 0 of 54

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>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>No, the plan does not comply with all standards based on all analyses or exceptions granted</p>

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The plan's Rock Co. OB/GYN network doesn't meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The geomapping analysis was used to identify deficiencies.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan is expected to remediate the network to meet time/distance standards.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically produce geomapping analysis to validate time/distance standards are met.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	07/01/2026

Security

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: 4 of 54

13 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Adult

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

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

14 Maximum time or distance

15 min / 10 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)	Region	Population
Geomapping	Urban	Pediatric

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

Description

The Rock Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

15 Maximum time or distance

45 min / 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Rural

Population

Adult

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

Description

The Oconto Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

16 Maximum time or distance

45 min 30 miles

Provider type(s)

OB/GYN; 095 – Nurse Practitioner/Nurse Midwife 212 – Nurse Midwife 316 – Family Practice 318 – General Practice 328 – OB/Gynecologists 350 – Licensed Midwife

Analysis method(s)

Geomapping

Region

Rural

Population

Pediatric

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

Description

The Oconto Co. OB/GYN network doesn't meet time/distance standards.

Analyses used to identify deficiencies

Geomapping

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

What the plan will do to achieve compliance

The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.

Monitoring progress

The state will periodically analyze the plan's time/distance standards based on their in-network directory.

Reassessment date

07/01/2026

Exceptions standards for 438.68

Total: 0 of 54

B. Assurance of plan compliance for 438.206

Indicator	Response
<p>B. Assurance of plan compliance for 438.206</p> <p>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>No, the plan does not comply with all standards based on all analyses or exceptions granted</p>

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The plan's Oconto and Rock Counties OB/GYN provider network doesn't meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The geomapping analysis was used to identify deficiencies.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan is expected to remediate the network to meet time/distance standards.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically produce geomapping analysis to validate time/distance standards are met.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	07/01/2026

UHC

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: 1 of 54

17	Maximum time or distance	
45 min / 30 miles		
Provider type(s) Hospital; 010 – Inpatient/Outpatient Hospital		
Analysis method(s)	Region	Population
Geomapping	Urban	Adult
<hr/>		
Plan deficiencies for UHC: 42 C.F.R. § 438.68		
Description The Eau Claire Co. Hospital network doesn't meet time/distance standards.		
Analyses used to identify deficiencies Geomapping Frequency of compliance findings (optional): Not answered, optional		
What the plan will do to achieve compliance The plan is expected to remediate the provider network by providing sufficient providers to meet time/distance standards.		
Monitoring progress The state will periodically analyze the plan's time/distance standards based on their in-network directory.		
Reassessment date 07/01/2026		

Exceptions standards for 438.68

Total: 0 of 54

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.	No, the plan does not comply with all standards based on all analyses or exceptions granted

Provide plan compliance details for the requirements at 42 C.F.R. § 438.206

Number	Indicator	Response
III.B.2	Delivery network-related requirements:	Does not maintain and monitor a sufficient network of appropriate providers
III.B.3	Furnishing of services; timely access-related requirements:	
III.B.4	Other requirements:	
III.B.5	Plan deficiencies: 42 C.F.R. § 438.206 description Describe additional plan deficiencies identified during the reporting period.	The plan's Eau Claire Co. Hospital network doesn't meet time/distance standards.
III.B.6	Plan deficiencies: 42 C.F.R. § 438.206 analyses used to identify deficiencies Indicate which analyses uncovered the deficiencies.	The geomapping analysis was used to identify deficiencies.
III.B.7	Plan deficiencies: 42 C.F.R. § 438.206 description of what the plan will do to achieve compliance Describe what the plan will do to achieve compliance.	The plan is expected to remediate the network to meet time/distance standards.
III.B.8	Plan deficiencies: 42 C.F.R. § 438.206 monitoring progress Describe how the state will monitor the plan's progress.	The state will periodically produce geomapping analysis to validate time/distance standards are met.
III.B.9	Reassessment for plan deficiencies: 42 C.F.R. § 438.206 Indicate when the state will reassess the plan's network to determine whether the plan has remediated those deficiencies.	07/01/2026