Network Adequacy and Access Assurances (NAAAR) Report for Hawaii: NAAAR SFY 2025- HI

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
NAAAR SFY 2025- HI	PIHP	07/01/2024	06/30/2025	11/24/2025	Grant Shiira	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.	Grant Shiira
IA.2	**Contact email address** Enter email address. Department or program-wide email addresses are permitted.	gshiira@dhs.hawaii.gov
IA.3	**State or territory** Auto-populates from your account profile.	Hawaii
IA.4	**Date of report submission** CMS receives this date upon submission of this report.	11/24/2025
IA.5	**Reporting scenario** Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

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

B. Add plans

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it's entering into a contract with a plan or because there's a significant change in a plan's operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Plan Annual Report (MCPAR) for this program for the same reporting period.

	Indicator	Response
	Plan name	Community Care Services Program (CCS)

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**	Mental health Substance Use Disorder (SUD) Hospital Pharmacy

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: Quarterly Plan(s): Community Care Services Program (CCS) **Plan Provider Directory Review** Not utilized **Secret Shopper: Network Participation** Utilized Frequency: Quarterly Plan(s): Community Care Services Program (CCS) **Secret Shopper: Appointment Availability** Utilized Frequency: Quarterly Plan(s): Community Care Services Program (CCS) **Electronic Visit Verification Data Analysis** Not utilized **Review of Grievances Related to Access** Utilized Frequency: Quarterly Plan(s): Community Care Services Program (CCS) **Encounter Data Analysis** Not utilized **Member to Provider Comparison** Utilized Description: We compare the complete list of eligible providers in a Health Plan by type with the number of eligible members in the specified category (children, adults, etc.) Frequency: Quarterly Plan(s): Community Care Services Program (CCS)

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: 31

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Mental health; Adult Behavioral Health	Maximum time to travel	30 minutes driving time to an appointment	Geomapping	Adult	Urban
2	Hospital	Maximum time to travel	30 minutes maximum driving time	Geomapping	Adult	Urban
3	Hospital; Emergency Services Facilities	Maximum time to travel	30 minutes driving time	Geomapping	Adult	Urban
4	Pharmacy	Maximum time to travel	15 minutes driving time	Geomapping	Adult	Urban
5	Pharmacy; 24-hr pharmacy	Maximum time to travel	60 minute driving time	Geomapping	Adult	Urban
6	Mental health; Adult behavioral health	Maximum time to travel	60 minutes driving time to an appointment	Geomapping	Adult	Rural
7	Hospital	Maximum time to travel	60 minutes driving time	Geomapping	Adult	Rural
8	Hospital; Emergency Services Facilities	Maximum time to travel	60 minutes driving time	Geomapping	Adult	Rural
9	Pharmacy	Maximum time to travel	60 minutes driving time	Geomapping	Adult	Rural
10	Mental health; Adult behavioral health	Hours of operation	Immediate care 24 hours a day 7 days a week for emergency medical situations	Geomapping	Adult	Statewide

11	Mental health; Adult behavioral health	Appointment wait time	Urgent behavioral health visits within 72 hours	Secret Shopper: Appointment Availability	Adult	Statewide
12	Mental health; Adult behavioral health	Appointment wait time	Standard behavioral health visits within 21 calendar days	Secret Shopper: Appointment Availability	Adult	Statewide
13	Mental health; Adult Behavioral Health	Provider to enrollee ratios	1:25 Active caseload of unlicensed case managers	Member to Provider Comparison	Adult	Statewide
14	Mental health; Adult Behavioral Health	Provider to enrollee ratios	1:40 Active caseload of licensed case managers	Member to Provider Comparison	Adult	Statewide
15	Mental health; Adult Behavioral Health	Provider to enrollee ratios	1:200 Active caseload of case management supervisors	Member to Provider Comparison	Adult	Statewide
16	Mental health; Adult and Behavioral Health	Minimum number of network providers	Members have access to psychiatrists, psychologists, social workers, certified substance abuse counselors, and advance practice nurses trained in psychology	Member to Provider Comparison	Adult	Statewide
17	Mental health; Adult behavioral health	Minimum number of network providers	Members have access to case management	Member to Provider Comparison	Adult	Statewide

18	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to inpatient behavioral health hospital services	Member to Provider Comparison	Adult	Statewide
19	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to outpatient behavioral health hospital services	Member to Provider Comparison	Adult	Statewide
20	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to mental health rehabilitation services providers	Member to Provider Comparison	Adult	Statewide
21	Substance Use Disorder (SUD)	Minimum number of network providers	Members have access to SUD services providers	Member to Provider Comparison	Adult	Statewide
22	Substance Use Disorder (SUD)	Minimum number of network providers	Members have access to day treatment programs	Member to Provider Comparison	Adult	Statewide
23	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to psychosocial rehabilitation (PSR) / Clubhouse	Member to Provider Comparison	Adult	Statewide
24	Pharmacy	Minimum number of network providers	Members have access to pharmacies	Member to Provider Comparison	Adult	Statewide
25	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to laboratory services	Member to Provider Comparison	Adult	Statewide

26	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to crisis services: mobile crisis response and crisis residential services	Member to Provider Comparison	Adult	Statewide
27	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to interpretation services providers	Member to Provider Comparison	Adult	Statewide
28	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to CIS providers	Member to Provider Comparison	Adult	Statewide
29	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to representative payee	Member to Provider Comparison	Adult	Statewide
30	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to supported employment	Member to Provider Comparison	Adult	Statewide
31	Mental health; Adult Behavioral Health	Minimum number of network providers	Members have access to peer specialist	Member to Provider Comparison	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.

Community Care Services Program (CCS)

A. Assurance of plan compliance for 438.68

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

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

Non-compliant standards for 438.68

Total: 5 of 31

11 Appointment wait time

Urgent behavioral health visits within 72 hours

Provider type(s)

Mental health; Adult behavioral health

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for Community Care Services Program (CCS): 42 C.F.R. § 438.68

Description

Urgent Behavioral Health Visits within 72 hours were not met for Quarter 1. The vendor that assessed the Secret Shopper Metrics went out of business on October 2024, thus the Secret Shopper metrics for Q2, Q3, Q4 are unable to be evaluated. The state has procured a new vendor to continue the Secret Shopper and we aim to restart the survey in January 2026.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report and assessment of actual appointment availability has been hampered by two factors: inaccuracies in provider information furnished by the health plans, and issues with secret shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working the health plans to improve provider data quality so that telephone numbers in the sampling frame are active and accurate, and is working the contractor to construct different shopper scripts to identify the callers as brand new members who would not yet have an Medicaid ID number.

Monitoring progress

The state will continue to administer the Secret Shopper calls and timely access report for quarterly monitoring.

Reassessment date

01/31/2026

12 Appointment wait time

Standard behavioral health visits within 21 calendar days

Provider type(s)

Mental health; Adult behavioral health

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for Community Care Services Program (CCS): 42 C.F.R. § 438.68

Description

Standard behavioral health visits within 21 calendar days were not met for Quarter 1. The vendor that assessed the Secret Shopper Metrics went out of business on October 2024, thus the Secret Shopper metrics for Q2, Q3, Q4 are unable to be evaluated. The state has procured a new vendor to continue the Secret Shopper and we aim to restart the survey in January 2026.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 8

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report and assessment of actual appointment availability has been hampered by two factors: inaccuracies in provider information furnished by the health plans, and issues with secret shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working the health plans to improve provider data quality so that telephone numbers in the sampling frame are active and accurate, and is working the contractor to construct different shopper scripts to identify the callers as brand new members who would not yet have an Medicaid ID number.

Monitoring progress

The state will continue to administer secret shopper calls and timely access report for quarterly monitoring.

Reassessment date

01/31/2026

22 Minimum number of network providers

Members have access to day treatment programs

Provider type(s)

Substance Use Disorder (SUD)

Analysis method(s)	Region	Population
Member to Provider Comparison	Statewide	Adult

Plan deficiencies for Community Care Services Program (CCS): 42 C.F.R. § 438.68

Description

Access to day treatment programs were not met for all four quarters.

Analyses used to identify deficiencies

Geomapping

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

Member to Provider Comparison

What the plan will do to achieve compliance

The Provider Network Adequacy report collecting this information was still relatively new during SFY 2025. The state continues to work with a contractor to improve data quality and accuracy for future reporting. MQD will continue to monitor quarterly and assess for compliance.

Monitoring progress

The state will continue monitoring the results of the geomapping in the quarterly provider network report.

Reassessment date

01/31/2026

23 Minimum number of network providers

Members have access to psychosocial rehabilitation (PSR) / Clubhouse

Provider type(s)

Mental health; Adult Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparison	Statewide	Adult

Plan deficiencies for Community Care Services Program (CCS): 42 C.F.R. § 438.68

Description

Access to psychosocial rehabilitation/clubhouse were not met for all four quarters

Analyses used to identify deficiencies

Geomapping

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

Member to Provider Comparison

What the plan will do to achieve compliance

The Provider Network Adequacy report collecting this information was still relatively new during SFY 2025. The state continues to work with a contractor to improve data

quality and accuracy for future reporting. MQD will continue to monitor quarterly and assess for compliance.

Monitoring progress

The state will continue monitoring the results of the geomapping in the quarterly provider network report.

Reassessment date

01/31/2026

30 Minimum number of network providers

Members have access to supported employment

Provider type(s)

Mental health; Adult Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparison	Statewide	Adult

Plan deficiencies for Community Care Services Program (CCS): 42 C.F.R. § 438.68

Description

Access to supported employment were met for Quarter 1 and 2 but were unmet for Quarter 3 and 4.

Analyses used to identify deficiencies

Geomapping

Frequency of compliance findings (optional): Report results by quarter: Percent of enrollees that can access this provider type within the standard:

Q1 (optional): 100

Q2 (optional): 100

Q3 (optional): 0

Q4 (optional): 0

Member to Provider Comparison

What the plan will do to achieve compliance

The Provider Network Adequacy report collecting this information was still relatively new during SFY 2025. The state continues to work with a contractor to improve data quality and accuracy for future reporting. MQD will continue to monitor quarterly and assess for compliance.

Monitoring progress

The state will continue monitoring the results of the geomapping in the quarterly provider network report.

Reassessment date

01/31/2026

Exceptions standards for 438.68

Total: 0 of 31

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