

Network Adequacy and Access Assurances (NAAAR) Report for Pennsylvania: Behavioral Health HealthChoices

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Behavioral Health HealthChoices	PIHP	01/01/2025	12/31/2025	10/23/2025	Scott Liddick	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.	Kevin Brumbach
IA.2	Contact email address Enter email address. Department or program-wide email addresses are permitted.	kbrumbach@pa.gov
IA.3	State or territory Auto-populates from your account profile.	Pennsylvania
IA.4	Date of report submission CMS receives this date upon submission of this report.	10/23/2025
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 Behavioral Health Organization
	Community Behavioral Health
	Carelon Health of Pennsylvania, Inc
	Magellan Behavioral Health of Pennsylvania, Inc
	Community Behavioral Health Care Network of Pennsylvania, Inc D/B/A PerformCare

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

D. Analysis methods

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state's 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Number

Indicator

Response

N/A

Is this analysis method used to assess plan compliance?

Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.

Geomapping

Utilized

Frequency: Annually

Plan(s): Community Care Behavioral Health Organization, Community Behavioral Health, Carelon Health of Pennsylvania, Inc, Magellan Behavioral Health of Pennsylvania, Inc, Community Behavioral Health Care Network of Pennsylvania, Inc D/B/A PerformCare

Plan Provider Directory Review

Not utilized

Secret Shopper: Network Participation

Not utilized

Secret Shopper: Appointment Availability

Not utilized

Electronic Visit Verification Data Analysis

Not utilized

Review of Grievances Related to Access

Utilized

Frequency: Annually

Plan(s): Community Care Behavioral Health Organization, Community Behavioral Health, Carelon Health of Pennsylvania, Inc, Magellan Behavioral Health of Pennsylvania, Inc, Community Behavioral Health Care Network of Pennsylvania, Inc D/B/A PerformCare

Encounter Data Analysis

Not utilized

Operations Reports

Utilized

Description: Operations reports provided in monitoring meetings

Frequency: Quarterly

Plan(s): Community Care Behavioral Health Organization, Community Behavioral Health, Carelon Health of Pennsylvania, Inc, Magellan Behavioral Health of Pennsylvania, Inc, Community Behavioral Health Care Network of Pennsylvania, Inc D/B/A PerformCare

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: 6

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Mental health; Intensive Behavioral Health Services, Clozaril Support, Family Based Mental Health Services, Inpatient Psychiatric Services, Mental Health Crisis Intervention, Mental Health Outpatient, Mental Health Partial Hospitalization, Peer Support Services, Targeted Case Management, Residential Treatment Facility	Maximum time to travel	Members must have a choice of at least 2 Providers for all state plan services except Crisis Intervention services. A minimum of one (1) provider must be available for Crisis Intervention services (telephone and mobile). For ambulatory services to which the Members travels, the Providers must be within 60 minutes travel time in rural areas.	Geomapping, Review of Grievances Related to Access, Operations Reports	Adult and Pediatric	Rural
2	Mental health; Intensive Behavioral Health Services, Clozaril Support, Family Based Mental Health Services, Inpatient Psychiatric	Maximum time to travel	Members must have a choice of at least 2 Providers for all state plan . For ambulatory services to which the Members travels, the	Geomapping, Review of Grievances Related to Access, Operations Reports	Adult and Pediatric	Urban

Services,
Mental Health
Crisis
Intervention,
Mental Health
Outpatient,
Mental Health
Partial
Hospitalization,
Peer Support
Services,
Targeted Case
Management,
Residential
Treatment
Facility

Providers
must be
within 30
minutes
travel time
in urban
areas. For
inpatient
and
residential
services at
least one of
two
providers
must be
within 30
minute
travel time
in urban
areas and
60 minutes
travel time
in rural
areas.

3	Substance Use Disorder (SUD); ASAM 4WM, ASAM 4.0, Methadone Maintenance, D&A Outpatient, Centers of Excellence for Opioid Disorder (COE)	Maximum time to travel	Members must have a choice of at least 2 Providers for all state plan . For ambulatory services to which the Members travels, the Providers must be within 60 minutes travel time in rural areas. For inpatient and residential services at least on of two providers must be	Geomapping, Review of Grievances Related to Access, Operations Reports	Adult and Pediatric	Rural
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within 30 minute travel time in urban areas and 60 minutes travel time in rural areas.

4	Substance Use Disorder (SUD); ASAM 4WM, ASAM 4.0, Methadone Maintenance, D&A Outpatient, Centers of Excellence for Opioid Disorder (COE)	Maximum time to travel	Members must have a choice of at least 2 Providers for all state plan . For ambulatory services to which the Members travels, the Providers must be within 30 minutes travel time in urban areas. For inpatient and residential services at least on of two providers must be within 30 minute travel time in urban areas and 30 minutes travel time in urban areas.	Geomapping, Review of Grievances Related to Access, Operations Reports	Adult and Pediatric	Urban
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5	Hospital; Mental Health Inpatient Services	Maximum time to travel	For inpatient and residential services at	Geomapping, Review of Grievances Related to Access,	Adult and Pediatric	Rural
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least one of two providers must be within 60 minutes travel time in rural areas. Operations Reports

6	Hospital; Mental Health Inpatient Services	Maximum time to travel	For inpatient and residential services at least one of two providers must be within 30 minutes travel time in urban areas.	Geomapping, Review of Grievances Related to Access, Operations Reports	Adult and Pediatric	Urban
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Section III. Plan compliance

III. Plan compliance

Use this section to report on plan compliance with the state's standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

Community Care Behavioral Health Organization

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="311 107 618 178">A. Assurance of plan compliance for 438.68</p> <p data-bbox="311 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">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="311 800 634 871">B. Assurance of plan compliance for 438.206</p> <p data-bbox="311 898 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 800 1349 871">Yes, the plan complies on all standards based on all analyses</p>

Community Behavioral Health

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="311 1482 618 1554">A. Assurance of plan compliance for 438.68</p> <p data-bbox="311 1581 727 1934">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1482 1349 1554">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>

Carelon Health of Pennsylvania, Inc

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>

Magellan Behavioral Health of Pennsylvania, Inc

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 107 618 178">A. Assurance of plan compliance for 438.68</p> <p data-bbox="310 205 727 554">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 107 1349 178">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="310 798 634 869">B. Assurance of plan compliance for 438.206</p> <p data-bbox="310 896 727 1167">III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 798 1349 869">Yes, the plan complies on all standards based on all analyses</p>

Community Behavioral Health Care Network of Pennsylvania, Inc D/B/A PerformCare

A. Assurance of plan compliance for 438.68

Indicator	Response
<p data-bbox="310 1535 618 1606">A. Assurance of plan compliance for 438.68</p> <p data-bbox="310 1633 727 1982">III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.</p>	<p data-bbox="761 1535 1349 1606">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="315 191 634 260">B. Assurance of plan compliance for 438.206</p> <p data-bbox="315 285 727 552">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>	Yes, the plan complies on all standards based on all analyses