

# Network Adequacy and Access Assurances Report (NAAAR)

## Technical Assistance Resource for States

### Frequently Asked Questions

August 2025

#### Section 1: General Questions

##### **1. What is the requirement for the NAAAR and what is changing?**

Federal regulations at 42 Code of Federal Regulations (CFR) 438.207(d) require that States (1) submit an assurance of compliance to CMS that each contracted managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP), collectively referred to as “managed care plans,” meets the State’s requirement for availability of services; and (2) include documentation of an analysis that supports the assurance of the adequacy of the network for each contracted managed care plan.

The requirement for States to submit this information began for all contracts with rating periods starting on or after July 1, 2018. Since October 2022, States have been required to submit their NAAARs using the CMS-issued Excel reporting template, which provides a standard format with instructions. Beginning July 30, 2025, States will have the option to complete the NAAAR in the Medicaid Data Collection Tool for Managed Care Reporting (MDCT MCR) web portal. The Excel template has been updated to align with the webform and may be submitted for rating periods starting **before** July 9, 2025. However, for all **rating periods starting on or after July 9, 2025**, States must complete the NAAAR in MDCT MCR.

##### **2. What are the major changes in the new July 2025 NAAAR MDCT MCR webform?**

MDCT MCR introduces a feature that enables States to reuse information from prior NAAAR submissions in the MDCT MCR, including network adequacy standards for each provider type, reducing year-over-year reporting burden. In addition, the NAAAR in MDCT MCR further standardizes how States document network adequacy standards and analysis methods used for monitoring compliance. Section III. Plan Compliance expands reporting on compliance by plan and network adequacy standard and includes optional questions for capturing noncompliance results.

##### **3. What is changing in the NAAAR Excel template?**

The template has been updated to align with the MDCT MCR webform and is available on the MDCT MCR web portal and Medicaid.gov at: [Medicaid and CHIP Managed Care Reporting](#). While States may use the Excel file for data collection and send it to CMS at [mcdgmcoactions@cms.hhs.gov](mailto:mcdgmcoactions@cms.hhs.gov) for rating periods starting **before** July 9, 2025, we encourage States to start completing the NAAAR in MDCT MCR as soon as possible.

Beginning with contracts that have rating periods starting on or after July 9, 2025, States must complete the NAAAR in MDCT MCR.

**4. Can the NAAAR Excel template be uploaded to the MDCT MCR or emailed to CMS instead of entering the data in the MDCT MCR?**

The NAAAR Excel template will continue to be accepted for official reporting for a limited time but cannot be uploaded to the MDCT MCR web portal. States that elect this submission method must send their completed reports to [mcgdmcoactions@cms.hhs.gov](mailto:mcgdmcoactions@cms.hhs.gov).

As previously noted, beginning with contracts that have rating periods starting on or after July 9, 2025, States must complete the NAAAR in MDCT MCR.

**5. When are States required to submit a NAAAR?**

Beginning with rating periods that start on or after July 9, 2025, States must submit a NAAAR under the following three scenarios:

1. When the State enters into a contract with an MCO, PIHP, or PAHP, and sufficiently in advance to enable CMS to make a determination that the contract entered into as specified at 42 CFR 438.207(c)(1) is approved under 42 CFR 438.3(a).
2. On an annual basis and no later than 180 calendar days after each rating period.
3. When there is a significant change, as defined by the State, in the operations that would affect the adequacy of capacity of services of an MCO, PIHP, or PAHP, and with the submission of the associated contract, as required at 42 CFR 438.3(a).

**6. Are States required to report network adequacy and access information in both the MCPAR and the NAAAR?**

Starting July 30, 2025, if States provide the date in the MCPAR webform that you have submitted or plan to submit a NAAAR through the MDCT MCR webform for the same reporting period, you will not need to answer the MCPAR network adequacy questions (C2.V.1 through C2.V.8). CMS will monitor and validate these attestations to ensure that States submit their NAAAR as committed in a timely manner.

**7. Where can I get more information on the NAAAR or MDCT MCR?**

For technical questions related to accessing the MDCT MCR, contact the MDCT Help Desk at [mdct\\_help@cms.hhs.gov](mailto:mdct_help@cms.hhs.gov).

For content-specific questions about the NAAAR—such as how to interpret a field, define compliance, or complete the template—contact the Managed Care Technical Assistance (TA) team at [ManagedCareTA@cms.hhs.gov](mailto:ManagedCareTA@cms.hhs.gov).

## **Section 2. Questions on MDCT MCR Access and Use, Excel Template, and Report Submission**

### **1. How do State staff obtain access to the MDCT MCR portal?**

The MDCT MCR portal is online at <https://mdctmcr.cms.gov>. To access the portal, you must register for one of two user roles: State Representative or State User. Information to help you decide the appropriate user role and for requesting CMS Identity Data Management (IDM) system access to these roles can be found in the [MCR IDM Access Guide for State Representatives](#) and the [MCR IDM Access Guide for State Users](#).

For additional information about gaining access to the MDCT MCR, please visit the [Medicaid Data Collection Tool \(MDCT\) for Managed Care Reporting](#) page. If you are having trouble accessing the MDCT MCR, please contact the MDCT Help Desk at [mdct\\_help@cms.hhs.gov](mailto:mdct_help@cms.hhs.gov).

### **2. What is the difference between the State Representative and State User role?**

State Representatives and State Users have the same privileges (e.g., add data, edit data, review data/report, save report, submit report) within MDCT MCR. The only difference is that State Representatives can approve and remove a State User's access to MDCT MCR.

### **3. Can State Representatives request access for State Users on their behalf?**

No, State Users must register for the MDCT MCR themselves.

### **4. How can States get the name of their State Representative or get assistance if the State Representative no longer works for the State?**

States can obtain the name of their current State Representative or get assistance if their State Representative no longer works for the State by emailing [ManagedCareTA@cms.hhs.gov](mailto:ManagedCareTA@cms.hhs.gov). CMS recommends that States maintain more than one State Representative so that the State can always access MDCT.

### **5. How does the State Representative receive a notification that a State User needs to be approved?**

The State Representative will receive an email notification from the IDM system to notify them of pending State User requests.

### **6. If I have an IDM User ID for other CMS system applications (e.g., Quality Measures Reporting [QMR], CMS Abstraction and Reporting Tool [CARTS]), do I still need to request access specific to MDCT MCR for NAAAR reporting?**

Yes, having access to other CMS systems such as QMR and CARTS will not grant you automatic access to the MDCT MCR portal. However, if you have an existing IDM User ID, you can use that same User ID to request the appropriate MDCT MCR role in IDM (i.e., State Representative or State User).

**7. During data entry, does the webform have to be completed in order?**

The webform must be completed in order because, for some sections, the user will only be able to enter information for a section once they have completed preceding sections. For example, if the user navigates to Section *III. Plan Compliance* but has not yet completed Section *II. Program-Level Access and Network Adequacy Standards*, the Section III page will indicate that the user cannot make entries until they have completed Section II.

**8. Can partially completed forms be saved as "in progress?"**

Yes, the status will continue to show "in progress," but you must click "Continue" to save your data before logging out. Do not click the "Submit" button until the report is complete, as you will not be able to edit it after you click "Submit."

**9. Can multiple people work on the same report? What happens if two people try to edit the same field?**

Yes, multiple people can work on the same report at the same time. We recommend that individuals work on different sections of the report to avoid overwriting data. If two people are working on the same data, the last person to save the data will override any previously entered information. If someone navigates to a page that is already filled out and saved, they will have to delete the information and replace it to make updates.

**10. Can reports be reviewed before submission?**

Reports can be viewed from the MDCT MCR dashboard. Click on the report and then review each section using the navigation bar on the left-hand side of the screen. You can also export all responses into one Portable Document Format (PDF). This function is available under the "Review and Submit" page: Click "Review PDF" and then click "Download PDF."

**11. Can data be edited after submission?**

Post-submission changes are not encouraged, and CMS will only approve post-submission changes in limited circumstances with the provision of appropriate justification. Should you need to make a change to your submitted NAAAR, please email [ManagedCareTA@cms.hhs.gov](mailto:ManagedCareTA@cms.hhs.gov) to request CMS approval.

**12. Will CMS be able to view our data once it is submitted?**

Yes, CMS will have read-only access to the data. This means that CMS will be able to view the data but not edit the information. In certain cases, CMS will reach out to States to request revisions to the data or to clarify data submitted.

**13. Who will CMS contact for questions during the review? If the State Representative is different than the submitter, will both be notified?**

CMS will contact both the submitter and the individual listed as the point of contact in Section I of the NAAAR webform.

**14. Does CMS provide feedback to States on NAAAR submissions?**

CMS does not approve NAAAR reports or routinely provide general feedback. CMS may provide feedback to specific States in an effort to improve data quality or address performance issues. If you are seeking specific feedback on a submitted report or have questions as you prepare a new submission, please email [ManagedCareTA@cms.hhs.gov](mailto:ManagedCareTA@cms.hhs.gov).

**15. Will the data from previous reporting periods be saved and automatically populated for future submissions?**

MDCT MCR saves the data that States submit. The MDCT MCR includes a “copy” feature. States will be able to use the “copy” functionality to automatically populate certain portions of a new NAAAR submission using data from an existing NAAAR record. Specifically, States will be able to copy: managed care plan information, provider coverage details, analysis methods used to monitor plan compliance, and network adequacy standards.

**16. If we contact the MDCT Help Desk, what is the turnaround time for receiving a response?**

Usually, the MDCT Help Desk acknowledges the inquiry within the same business day. The resolution time of an issue depends on the severity and complexity of the issue.

**Section 3: Questions on NAAAR Content**

**1. Do we need to submit NAAARs for PAHPs that only cover non-emergency medical transportation (NEMT) services?**

No, States do not need to submit NAAARs for NEMT PAHPs.

**2. Can NAAARs for separate Children’s Health Insurance Programs (CHIP) be submitted in MDCT MCR?**

This option is not currently available; however, States may use the [Reporting Template](#) and submit completed NAAARs for separate CHIPs to [mcgdmcoactions@cms.hhs.gov](mailto:mcgdmcoactions@cms.hhs.gov).

**3. Are NAAARs required for Medicaid and Medicare Plans (MMPs)?**

Medicaid and Medicare managed care plans are not exempt from NAAAR requirements at 42 CFR 438.207 and States must submit a report for these plans. However, to reduce duplication, States can complete network adequacy sections of the report (II.A.1–II.A.7) for Medicaid-only covered services.

**4. If a program has a rating period other than 12 months, how should a partial year of data be reported?**

Please contact the TA Team at [ManagedCareTA@cms.hhs.gov](mailto:ManagedCareTA@cms.hhs.gov) to discuss your State’s specific circumstances. CMS may advise you to report a partial year of data or more than 12 months of data in one NAAAR. Any time a NAAAR contains more or less than 12 months of data, the

State should indicate that in the Reporting Period Start Date and Reporting Period End Date fields.

**5. When is “Not Applicable” (N/A) an acceptable response?**

Only use “N/A” if the question does not apply to your managed care program. It should not be used if the answer is “zero” or “none.” This should be used infrequently, if at all.

**6. Where do I report on provider types that are not listed?**

Section I lists provider types. If it does not list the provider type on which you are seeking to report, select the provider type category closest to the provider type. If you are not sure about the category, select “Specialist.” For example, you should list durable medical equipment, NEMT, and home health under Specialist in Section I. You will have the opportunity to enter a more specific provider type as a subcategory when creating standards in Section II.

**7. Does the NAAAR include the Payment Analysis?**

Yes, 42 CFR 438.207(d)(2) requires States to report data in the NAAAR from payment analyses reflecting payments made by managed care plans for certain services for all rating periods beginning on or after July 9, 2026. This means that any NAAARs submitted to CMS starting January 1, 2028, must contain payment analysis data. CMS anticipates that the MDCT MCR NAAAR webform will be ready to accept entry of payment analysis data by January 1, 2028.

CMS developed an optional Payment Analysis template for States to use for collecting data from managed care plans that are necessary to complete the payment analysis data fields. The template is available on Medicaid.gov at [Medicaid and CHIP Managed Care Reporting | Medicaid](#) or by clicking on [NAAAR Payment Analysis Template](#). This template includes instructions and prepopulated formulas that plans can use to conduct the payment analyses and that States can use to collect and analyze plans’ data. We strongly encourage States and plans to use this template to familiarize themselves with the requirements and provide complete and accurate data.

**8. What are the requirements for posting the NAAAR on the State website?**

42 CFR 438.207(d)(3) requires States to post the NAAAR to the State’s website within 30 calendar days of submission to CMS. States may post the completed NAAAR Excel template or the 508-compliant PDF printout from MDCT. States may post their NAAAR data in a different format as long as the data are exactly the same as what was submitted to CMS. To maximize accessibility, we encourage States to post the 508-compliant PDF, which can be generated by clicking “Review PDF” followed by “Download PDF” within the Review & Submit tab of the MDCT MCR webform.