Network Adequacy and Access Assurances (NAAAR) Report for Puerto Rico: Plan Vital

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
Plan Vital	MCO	01/01/2025	12/31/2025	10/07/2026	Hector Vazquez	Submitted

Section I. State and program information

I. State and program information

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.	Carlos Santiago Rosario
IA.2	**Contact email address** Enter email address. Department or program-wide email addresses are permitted.	csantiago@ases.pr.gov
IA.3	**State or territory** Auto-populates from your account profile.	Puerto Rico
IA.4	**Date of report submission** CMS receives this date upon submission of this report.	10/07/2026
IA.5	**Reporting scenario** Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 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.

I. State and program information

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	MMM Multihealth Inc Plan de Salud Menonita First Medical Health Plan Triple S

I. State and program information

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".

Indicator	Response
Select all core provider types covered in the program	Primary Care Specialist Mental health Substance Use Disorder (SUD) OB/GYN Hospital Pharmacy Dental

I. State and program information

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.

Indicator	Response
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): MMM Multihealth Inc, Plan de Salud Menonita, First Medical Health Plan, Triple S **Plan Provider Directory Review** Utilized Frequency: Monthly Plan(s): MMM Multihealth Inc, Plan de Salud Menonita, First Medical Health Plan, Triple S **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: Quarterly Plan(s): MMM Multihealth Inc, Plan de Salud Menonita, First Medical Health Plan, Triple S **Encounter Data Analysis** Not utilized

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: 48

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Primary care; Internal Medicine	Provider to enrollee ratios	1 to 700	Geomapping	Adult and Pediatric	Statewide
2	OB/GYN; Gynecologists	Provider to enrollee ratios	1 to 2800	Geomapping, Plan Provider Directory Review	Female 12 and older	Statewide
3	Hospital	Provider to enrollee ratios	1 to 50000	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
4	Primary care; General Practice	Minimum number of network providers	2 Per Municipality	Geomapping, Plan Provider Directory Review	Adult	Statewide
5	Primary care; Family Practice	Minimum number of network providers	1 Per Municipality	Geomapping, Plan Provider Directory Review	Pediatric	Statewide
6	Mental health; Psychiatrist, Psychologist, Licensed Clinical Social Worker, or other Licensed Behavioral Health Provider	Minimum number of network providers	1 Per Municipality	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
7	Primary care; FQHC	Minimum number of network providers	One	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
8	Hospital; Government Health Care Facilities	Minimum number of network providers	All available provider	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide

9	Mental health; Psychiatric Hospitals	Minimum number of network providers	All available provider	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
10	Mental health; Emergency Stabilization Units	Minimum number of network providers	All available provider	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
11	Mental health; Psychiatric Partial Hospitals	Minimum number of network providers	All available provider	Plan Provider Directory Review, Geomapping	Adult and pediatric	Statewide
12	Primary care; Internal Medicine	Minimum number of network providers	At least 2 within 15 miles/30 minutes	Plan Provider Directory Review, Geomapping	Adult and pediatric	Statewide
13	OB/GYN; Gynecologist	Minimum number of network providers	At least 2 within 15 miles/30 minutes	Geomapping, Plan Provider Directory Review	Female 12 and older	Statewide
14	Specialist; Cardiology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult	Urban
15	Specialist; Endocrinology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult	Urban
16	Specialist; Oncology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult	Urban
17	Specialist; Nephrology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult	Urban
18	Specialist; Pulmonology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult	Urban

19	Specialist; Cardiology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult	Non-Urban
20	Specialist; Endocrinology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult	Non-Urban
21	Specialist; Oncology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult	Non-Urban
22	Specialist; Nephrology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult	Non-Urban
23	Specialist; Pulmonology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult	Non-Urban
24	Specialist; Cardiology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Urban
25	Specialist; Endocrinology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Plan Provider Directory Review, Geomapping	Pediatric	Urban
26	Specialist; Oncology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Plan Provider Directory Review, Geomapping	Pediatric	Urban
27	Specialist; Pulmonology	Maximum time or distance	At least 1 within 30 miles/60 minutes	Plan Provider Directory Review, Geomapping	Pediatric	Urban
28	Specialist; Speech, Language and Hearing	Maximum time or distance	At least 1 within 30 miles/60 minutes	Plan Provider Directory Review, Geomapping	Pediatric	Urban

29	Specialist; Cardiology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Non-Urban
30	Specialist; Endocrinology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Non-Urban
31	Specialist; Oncology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Non-Urban
32	Specialist; Pulmonology	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Non-Urban
33	Specialist; Speech, Language and Hearing	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Pediatric	Non-Urban
34	Dental; Dental Provider	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Urban
35	Dental; Dental Provider	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Non-Urban
36	Mental health; Psychologist	Maximum time or distance	At least 1 within 15 miles/30 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
37	Mental health; Psychiatrist	Maximum time or distance	At least 1 within 15 miles/30 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
38	Mental health; Licensed Clinical Social Worker and/or Licensed	Maximum time or distance	15 miles/ 30 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide

	Professional Counselor					
39	Substance Use Disorder (SUD); Detoxification and rehabilitation provider	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Non-Urban
40	Mental health; Intensive Outpatient (IOP) or Partial Hospitalization (PHP)	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Non-Urban
41	Mental health; Addiction medicine/withdrawal management provider	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Urban
42	Mental health; Addiction medicine/withdrawal management provider	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Non-Urban
43	Hospital; Hospital	Maximum time or distance	At least 1 within 30 miles/60 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Urban
44	Hospital; Hospital	Maximum time or distance	At least 1 within 45 miles/90 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Non-Urban
45	Hospital; Emergency Room	Maximum time or distance	At least 1 within 20 miles/30 minutes	Geomapping, Plan Provider Directory Review	Adult and pediatric	Statewide
46	Pharmacy; Pharmacist	Maximum time or distance	10 minutes 2 miles	Geomapping	Adult	Urban
47	Pharmacy; Pharmacist	Maximum time or distance	20 minutes 5 miles	Geomapping	Adult	Suburban

48	Pharmacy; Pharmacist	Maximum time or distance	30 minutes 15 miles	Geomapping	Adult	Rural

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.

MMM Multihealth Inc

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

Plan de Salud Menonita

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

First Medical Health Plan

A. Assurance of plan compliance for 438.68

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

B. Assurance of plan compliance for 438.206

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

Triple S

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