

# Network Adequacy Executive Summary

Carrier Name: Aetna Health and Life Insurance Company (AHLIC)

Network Access Plan Name and Year: AHLIC 2023

## (1) Travel Distance Standards

This chart lists the percentage of enrollees for which the carrier met the required travel distance standard for each provider type included in the carrier’s network in each geographic area served by the carrier.

*[Carrier Filing Instructions: For each provider type listed in COMAR 31.10.44.05, list the percentage of enrollees for which the carrier met the travel distance standards. Lists should be in the following format, with provider types first in alphabetical order, followed by facilities in alphabetical order. Insert rows as needed for other providers and facility types included on the carrier’s provider panel but not listed in the chart, including physical therapists and licensed dietitian-nutritionists, with the percentage met for the maximum standards of 15 miles for Urban Areas, 40 miles for Suburban Areas, and 90 miles for Rural Areas.*

*If the telehealth mileage credit described COMAR 31.10.44.08B was applied when calculating the percentage of enrollees for which the carrier met the travel distance standards, include an asterisk in the chart for each provider type and geographic area where the credit is being applied. Also include the required footnote below.]*

Provider Type	Urban Area	Suburban Area	Rural Area
Addiction Medicine	100	100	100
Allergy and Immunology	100	100	100
Applied Behavioral Analyst	100	100	100
Cardiovascular Disease	100	100	100
Chiropractic	100	100	100
Dermatology	100	100	100
Endocrinology	100	100	100
ENT/Otolaryngology	100	100	100
Gastroenterology	100	100	100
General Surgery	100	100	100
Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery	99.9	99.9	100
Licensed Clinical Social Worker	100	100	100
Licensed Professional Counselor	100	100	100
Nephrology	100	100	100
Neurology	100	100	100
Oncology – Medical and Surgical	100	100	100

Oncology – Radiation / Radiation Oncology	100	100	100
Ophthalmology	100	100	100
Pediatrics – Routine / Primary Care	100	100	100
Physiatry, Rehabilitative Medicine	100	100	100
Plastic Surgery	100	100	100
Podiatry	100	100	100
Primary Care (non-pediatric)	100	100	100
Psychiatry – Adolescent and Child, Outpatient	100	100	100
Psychiatry – Geriatric, Outpatient	100	100	100
Psychiatry – Outpatient	100	100	100
Psychology	100	100	100
Pulmonology	100	100	100
Rheumatology	100	100	100
Urology	100	100	100
For other licensed or certified providers under contract with a carrier not included above, add rows as needed to list	100	100	100
<b>Facility Type</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
Acute Inpatient Hospitals	99.9	100	100
Ambulatory Infusion Centers	99.9	100	100
Critical Care Services — Intensive Care Units	99.9	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	100	100	100
Opioid Treatment Services Provider	100	99.9	100
Outpatient Dialysis	100	100	100
Outpatient Mental Health Clinic	100	100	100
Outpatient Substance Use Disorder Facility	100	100	100
Pharmacy	100	100	100
Residential Crisis Services	100	100	100
Skilled Nursing Facilities	100	100	100
Substance Use Disorder Residential Treatment Facility	100	100	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	100	100	100
All other licensed or certified facilities under contract with a carrier not listed (Other Facilities)	100	100	100

*[Carrier Filing Instructions: Include the following footnote if the telehealth mileage credit was applied to any provide type and geographic area. \* As permitted by Maryland regulations, a telehealth*

*mileage credit was applied to up to 10 percent of enrollees for each provider type noted with an asterisk in each of the urban, rural, or suburban geographic areas. The mileage credit is 5 miles for urban areas, 10 miles for suburban areas, and 15 miles for rural areas.]*

(a) List the total number of **certified registered nurse practitioners** counted as a primary care provider.

(b) List the total percentage of primary care providers who are certified registered nurse practitioners.

(c) List the total number of **essential community providers** in the carrier’s network in each of the urban, rural, and suburban areas providing the services below. Additionally, list the total percentage of essential community providers available in the health benefit plan’s service area that are participating providers for each of the nine categories shown in the chart.

	<b>Urban number; percent</b>	<b>Suburban number; percent</b>	<b>Rural number; percent</b>
<b>(i) Medical services</b>	252 ; 30%	119 ; 31%	248 ; 56%
<b>(ii) Mental health services</b>	124 ; 40%	61 ; 32%	81 ; 50%
<b>(iii) Substance use disorder services</b>	276 ; 35%	114 ; 30%	203 ; 52%

(d) List the total number of **local health departments** in the carrier’s network providing the services in the chart below. Of all the health departments in the state providing the services below, list the percentage in the carrier’s network.

<b>Service</b>	<b>Number Offering Service in the Network</b>	<b>Percentage of Maryland Health Depts. Offering Service</b>
<b>(i) Medical services</b>	22	92%
<b>(ii) Mental health services</b>	13	54%
<b>(iii) Substance use disorder services</b>	22	92%

## **(2) Appointment Waiting Time Standards**

(a) For each appointment type listed in the chart below, list the calculated median waiting time to obtain an in-person appointment with a participating provider, in the following format:

**Disclaimer:** The data presented below is pending completion of a provider survey currently in progress with results expected by 12/31/2023. Available results from the provider survey conducted under the prior regulations have been populated, with the fields where results are not yet available marked as “pending.”

	<b>Median Appointment Waiting Time</b>
<b>Urgent care for medical services</b>	5 hours
<b>Inpatient urgent care for mental health services</b>	Pending
<b>Inpatient urgent care for substance use disorder services</b>	Pending
<b>Outpatient urgent care for mental health services</b>	Pending
<b>Outpatient urgent care for substance use disorder services</b>	Pending
<b>Routine primary care</b>	3.5 days
<b>Preventive care/Well visit</b>	4.5 days
<b>Non-urgent specialty care</b>	4 days
<b>Non-urgent mental health</b>	Pending
<b>Non-urgent substance use disorder care</b>	Pending

*[Carrier Filing Instructions: If the telehealth credit described in COMAR 31.10.44.08C was applied when determining whether the carrier’s provider panel met the required waiting time standards for at least 90 percent of appointments in any category, the carrier may include a statement on the executive summary disclosing the availability of telehealth appointments to supplement the in-person appointments for that category.*

*If the carrier arranges for telehealth services to be provided from participating providers beyond traditional office hours for an appointment type listed in COMAR 31.10.44.06, the carrier may include a statement on the executive summary disclosing the availability of those services]*

### **(3) Provider-to-Enrollee Ratio Standards**

(a) This subsection does not apply to Group Model HMO health benefit plans.

(b) For all other carriers, summarize the network performance for each provider-to-enrollee ratio standard listed in COMAR 31.10.44.07 by listing the calculated number of providers in the provider panel, rounded to the nearest whole number, for each of the following categories of enrollees:

<b>Provider Service Type</b>	<b>Number of Providers per 1,200 Enrollees</b>
(i) 1,200 enrollees for primary care;	2588
<b>Provider Service Type</b>	<b>Number of Providers per 2,000 Enrollees</b>
(ii) 2,000 enrollees for pediatric care;	1196
(iii) 2,000 enrollees for obstetrical/gynecological care;	782
(iv) 2,000 enrollees for mental health care or service; and	4963
(v) 2,000 enrollees for substance use disorder care and services.	5663