## I. Executive Summary Form

For each provider panel used by a carrier for a health benefit plan, the carrier must provide the network sufficiency results for the health benefit plan service area as follows:

- (1) Travel Distance Standards.
  - (a) For each provider type listed in the Chart in Section D, the percentage of enrollees, for which the carrier met the travel distance standards in the following format:

ALIC	Urban Area	Suburban Area	Rural Area
Primary Care Provider	100%	99.9%	100%
Gynecology, OB/GYN	99.8%	99.8%	100%
Pediatrics	99.9%	99.7%	100%
Allergy and Immunology	100%	99.9%	100%
Cardiovascular Disease	100%	100%	100%
Chiropractic	100%	100%	100%
Dermatology	99.8%	100%	100%
Endocrinology	100%	100%	100%
ENT/Otolaryngology	100%	99.9%	100%
Gastroenterology	100%	100%	100%
General Surgery	100%	100%	100%
Gynecology Only	100%	99.9%	100%
Nephrology	100%	100%	100%
Neurology	100%	100%	100%
Oncology – Medical and Surgical	99.8%	100%	100%
Oncology – Radiation/Radiation Oncology	100%	100%	100%
Ophthalmology	99.8%	100%	100%
Physiatry, Rehabilitative Medicine	100%	100%	100%
Plastic Surgery	100%	100%	100%
Podiatry	100%	100%	100%
Pulmonology	100%	100%	100%

ALIC	Urban Area	Suburban Area	Rural Area
Rheumatology	100%	100%	100%
Urology	99.8%	100%	98.9%
All other licensed or certified providers under contract with a carrier not listed (Other Specialists)	100%	100%	100%
Pharmacy	100%	99.9%	100%
Acute Inpatient Hospitals	100%	100%	100%
Critical Care Services – Intensive Care Units	99.8%	100%	100%
Diagnostic Radiology	99.8%	100%	100%
Outpatient Dialysis	100%	100%	100%
Outpatient Infusion/Chemotherapy	0%	16.9%	62.3%
Skilled Nursing Facilities	99.8%	100%	100%
Surgical Services (Outpatient or Ambulatory Surgical Center)	99.9%	100%	100%
All other licensed or certified facilities under contract with a carrier not listed (Other Facilities)	100%	100%	100%
Psychiatrist	100%	100%	100%
Psychologist	100%	100%	100%
Applied Behavior Analyst	100%	99.6%	98.4%
Licensed Clinical Social Worker	100%	100%	100%
All other licensed or certified providers under contract with a carrier not listed	100%	100%	100%
Inpatient Psychiatric Facility	100%	100%	100%

ALIC	Urban Area	Suburban Area	Rural Area
Other Behavioral Health/Substance Abuse Facilities	100%	99.7%	100%

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

**Response**: The specific number of registered nurse practitioners counted as primary care is not included in the geo-access data.

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

**Response**: Our systems are unable to determine the percentage of registered nurse practitioners that practice as primary care. Within the systems, nurse practitioners are a broad provider type and we cannot drill down to determine in which specialty field they practice.

- (d) List the total number of essential community providers in the carrier's network.
- 370 ECP providers are participating in our network
- (e) List the total percentage of essential community providers available in the health benefit plan's service area that are participating providers.

30.33%

- (2) Appointment Waiting Time Standards.
  - (a) For each appointment type listed in the Chart in Section F, list the percentage of enrollees for which the carrier met the appointment wait time standards, in the following format:

Appointment Waiting time Standard Results	ALIC
Urgent care-within 72 hours	95%
Routine primary care- within 15 calendar days	100%
Preventive Visit/Well Visit - within 30 calendar days	100%
Non-urgent specialty care within 30 calendar days (OB/GYN – high-volume)	100%
Non-urgent specialty care within 30 calendar days (Oncologists – high-impact)	100%
Non-urgent behavioral health/substance use disorder services- within 10 calendar days	98%

(b) List the total percentage of telehealth appointments counted as part of the appointment waiting time standard results.

**Response**: Telehealth appointments are not factored into appointment waiting time standards results.

(3) Provider-to-Enrollee Ratio Standards.

A carrier must list whether the percentage of provider-to-enrollee ratios meet the provider-to-enrollee ratio standards listed in Section G for each of the following categories:

- (i) 1,200 enrollees for primary care;
- (ii) 2,000 enrollees for pediatric care;
- (iii) 2,000 enrollees for obstetrical/gynecological care;
- (iv) 2,000 enrollees for behavioral health care or service; and
- (v) 2,000 enrollees for substance use disorder care and services.

**Response**: All provider types exceeded the provider-to-enrollee ratio standards as indicated in the chart below:

	Provider-to- Enrollee Ratio Standard	ALIC Results
Primary Care	1:1200	113:1200
Pediatrics	1:2000	308:2000
OB/GYN	1:2000	88:2000
Behavioral Health Care or Service	1:2000	366.8:2000
Substance Use Disorder Care & Services	1:2000	21.6:2000