

AHLIC**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:

AHLIC	Urban Area	Suburban Area	Rural Area
Allergy and Immunology	100%	100%	100%
Applied Behavior 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	100%	100%	100%
Gynecology Only	100%	100%	100%
Licensed Clinical Social Worker	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%

AHLIC	Urban Area	Suburban Area	Rural Area
Plastic Surgery	100%	100%	100%
Podiatry	100%	100%	100%
Primary Care Physician	100%	100%	100%
Psychiatry	100%	100%	100%
Psychology	100%	100%	100%
Pulmonology	100%	100%	100%
Rheumatology	100%	100%	100%
Urology	100%	100%	100%
All other licensed or certified providers under contract with a carrier not listed	100%	100%	100%
Facility Type:			
Acute Inpatient Hospitals	100%	100%	100%
Critical Care Services – Intensive Care Units	100%	100%	100%
Diagnostic Radiology	100%	100%	100%
Inpatient Psychiatric Facility	100%	100%	100%
Outpatient Dialysis	100%	100%	99.3%
Outpatient Infusion/Chemotherapy	99.5%	100%	100%
Pharmacy	100%	100%	100%
Skilled Nursing Facilities	100%	100%	100%
Surgical Services (Outpatient or Ambulatory Surgical Center)	100%	100%	100%
Other Behavioral Health/Substance Abuse Facilities	100%	100%	100%
All other licensed or certified facilities under contract with a	100%	100%	100%

AHLIC	Urban Area	Suburban Area	Rural Area
carrier not listed			

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

1,402 registered nurse practitioners are primary care providers

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

11% of our entire PCP network is comprised of registered nurse practitioners

(d) List the total number of essential community providers in the carrier's network.

508 ECP providers are participating in this network

(e) List the total percentage of essential community providers available in the health benefit plan's service area that are participating providers.

ZipClass	All ECPs	AHLIC-Contract	
	Count	Count	% Contracted
Rural	395	251	64%
Suburban	190	64	34%
Urban	549	203	37%
Grand Total	1,134	508	45%

(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	AHLIC
Urgent care-within 72 hours	100%
Urgent care behavioral health/substance use disorder-within 72 hours	64%
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	100%
Non-urgent behavioral health/substance use disorder services- within 10 calendar days	72%

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

COMAR 31.10.44.05 indicates, when it is clinically appropriate and an enrollee elects to utilize a telehealth appointment, a carrier may consider that utilization as a part of its meeting the standards. We did not distinguish telehealth appointments when assessing the average appointment wait time. We did, however, include scripting in the 2021 medical provider telephonic surveys to note that appointments could be in person or via telemedicine.

(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.**

	Provider-to- Enrollee Ratio Standard	AHLIC Results
Primary Care	1:1200	*3761:1200
Pediatrics**	1:2000	*1818:2000
OB/GYN**	1:2000	*1287:2000
Behavioral Health Care or Service	1:2000	*3952:2000
Substance Use Disorder Care & Services	1:2000	15:2000

*High physician to member count due to low membership.