

Executive Summary template

Network Plan Name and Filing Year: [AHLIC 2022](#)

(1) Travel Distance Standards-

(a) For each provider type listed in COMAR 31.10.44.04, 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.

Provider Type	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	N/A	N/A	N/A

Physiatry, Rehabilitative Medicine	100%	100%	100%
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	Urban Area	Suburban Area	Rural Area
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%	100%
Outpatient Infusion/Chemotherapy	100%	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 carrier not	100%	100%	100%

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Certified Nurse Practitioners

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

1,402

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

11%

Essential Community Providers

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

Results below based on the Federal Health and Human Services ECP list for Qualified Health Plan certification:

Total number in network- 129

Total percentage in network – 93%

(2) Appointment Waiting Time Standards

(a) For each appointment type listed in Regulation 31.10.44.05, list the percentage of enrollees for which the carrier met the appointment wait time standards, in the following format:

Appointment Waiting Time Standard	% meeting the standard
Urgent care — within 72 hours	100%
Routine primary care — within 15 calendar days	100%
Preventative 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	100%

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

We do not collect provider appointment wait time results based on overall utilization, nor do we ask providers to separate out responses between in-person and telehealth appointments. Therefore, we cannot calculate the percentage of telehealth appointments compared to in-person appointments for the purposes of Maryland specific wait time results. However, given the consistently available access to Teladoc within minutes from requesting an appointment, Aetna members have access to care at 100% compliance within the Maryland standards.

(3) Provider-to-Enrollee Ratio Standards-

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

(b) For all other carriers, list whether the provider-to-enrollee ratios meet the standards listed in COMAR 31.10.44.06 of this chapter for each of the following categories:

Provider Service Type	Provider-to-Enrollee Ratio Standard	Meets the Standard?
Primary care	1:1200	Yes
Pediatric care	1:2000	Yes
Obstetrical/gynecological care	1:2000	Yes
Behavioral health care or service	1:2000	Yes
Substance use disorder care and services	1:2000	Yes