

**ALIC****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:

<b>ALIC</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
<b>Allergy and Immunology</b>	100%	99.9%	100%
<b>Applied Behavior Analyst</b>	100%	98.7%	100%
<b>Cardiovascular Disease</b>	100%	100%	100%
<b>Chiropractic</b>	100%	100%	100%
<b>Dermatology</b>	100%	100%	100%
<b>Endocrinology</b>	100%	100%	100%
<b>ENT/Otolaryngology</b>	100%	100%	100%
<b>Gastroenterology</b>	100%	100%	100%
<b>General Surgery</b>	100%	100%	100%
<b>Gynecology, OB/GYN</b>	100%	99.8%	100%
<b>Gynecology Only</b>	100%	99.9%	100%
<b>Licensed Clinical Social Worker</b>	100%	100%	100%
<b>Nephrology</b>	100%	100%	100%
<b>Neurology</b>	100%	100%	100%
<b>Oncology – Medical and Surgical</b>	100%	100%	100%
<b>Oncology – Radiation/Radiation Oncology</b>	100%	100%	100%
<b>Ophthalmology</b>	100%	100%	100%
<b>Pediatrics – Routine/Primary Care</b>	100%	99.8%	100%
<b>Physiatry, Rehabilitative Medicine</b>	100%	100%	100%
<b>Plastic Surgery</b>	100%	100%	100%

<b>ALIC</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
<b>Podiatry</b>	100%	100%	100%
<b>Primary Care Physician</b>	100%	100%	100%
<b>Psychiatry</b>	100%	100%	100%
<b>Psychology</b>	100%	100%	100%
<b>Pulmonology</b>	100%	100%	100%
<b>Rheumatology</b>	100%	100%	100%
<b>Urology</b>	100%	100%	100%
<b>All other licensed or certified providers under contract with a carrier not listed</b>	100%	100%	100%
<b>Facility Type:</b>			
<b>Acute Inpatient Hospitals</b>	100%	100%	100%
<b>Critical Care Services – Intensive Care Units</b>	100%	100%	100%
<b>Diagnostic Radiology</b>	100%	100%	100%
<b>Inpatient Psychiatric Facility</b>	100%	100%	100%
<b>Outpatient Dialysis</b>	100%	100%	100%
<b>Outpatient Infusion/Chemotherapy</b>	99.8%	100%	100%
<b>Pharmacy</b>	100%	99.9%	100%
<b>Skilled Nursing Facilities</b>	100%	100%	100%
<b>Surgical Services (Outpatient or Ambulatory Surgical Center)</b>	100%	100%	100%
<b>Other Behavioral Health/Substance Abuse Facilities</b>	100%	99.7%	100%
<b>All other licensed or certified facilities under contract with a carrier not listed</b>	100%	100%	100%

(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 our PPO 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	ALIC-Contract	
	Count	Count	% Contracted
Rural	395	251	64%
Suburban	190	64	34%
Urban	549	203	37%
<b>Grand Total</b>	<b>1,134</b>	<b>508</b>	<b>45%</b>

(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	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%

<b>Appointment Waiting time Standard Results</b>	<b>ALIC</b>
<b>Non-urgent specialty care within 30 calendar days</b>	100%
<b>Non-urgent behavioral health/substance use disorder services- within 10 calendar days</b>	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.**

	<b>Provider-to- Enrollee Ratio Standard</b>	<b>ALIC Results</b>
Primary Care	1:1200	230:1200
Pediatrics	1:2000	560:2000
OB/GYN	1:2000	168:2000
Behavioral Health Care or Service	1:2000	279:2000
Substance Use Disorder Care & Services	1:2000	32:2000