Network Adequacy Executive Summary

Carrier Name: Aetna Life Insurance Company (ALIC)

Network Access Plan Name and Year: ALIC 2025

(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.*

For the "Other licensed or certified provider services" and "Other licensed or certified facilities" sections, insert separate rows as needed for each additional provider type and facility type included on the carrier's provider panel, in alphabetical order at the bottom of each section, 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.

When selecting the additional provider types and facilities types to list on the executive summary, if the policy/certificate for a health benefit plan that uses the provider panel includes coverage for a specific service that is only available from particular provider types or facility types, each of those applicable provider types and facility types must be listed separately. This includes, but is not limited to, physical therapists and licensed dietician-nutritionists, and any of the providers listed in the attached spreadsheet, if the providers are included on the carrier's provider panel and if associated benefits are provided under the carrier's health benefit plans. Note that, except as provided in the examples from the attached spreadsheet, it is not necessary to include additional separate rows for subspecialties of provider types already listed in the chart in COMAR 31.10.44.05.

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	98.9	99.6	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	99.9	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 provider services, add each in a separate row here in alphabetical order.			
Acupuncture	100	99.9	100
Anesthesiology	100	100	100
Audiology	100	100	100
Cardiothoracic Surgery	100	100	100
Nutritionist	100	100	100
Emergency Medicine	100	100	100
Infection Disease	100	100	100
Neurosurgery	100	100	100
Occupational Therapy	100	100	100
Optometry	100	100	100
Oral Surgery	98.3	99.7	100
Orthopedic Surgery	100	100	100
Pain Management	100	100	100

	Urban Area	Suburban Area	Rural Area
Physical Therapy	100	100	100
Respiratory Therapy	0	0	0
Sleep Medicine	100	100	100
Speech Therapy	100	100	100
Vascular & Interventional Radiology	100	100	100
Facility Type	**Urban Area**	**Suburban Area**	**Rural Area**
Acute Inpatient Hospitals	99.9	100	100
Ambulatory Infusion Centers	100	100	100
Critical Care Services — Intensive Care Units	100	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	98.6	100	100
Opioid Treatment Services Provider	98.4	99.5	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	19.8	57.2	86
Skilled Nursing Facilities	100	100	100
Substance Use Disorder Residential Treatment Facility	100	99.9	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	100	100	100
For other licensed or certified facilities, add each in a separate row here in alphabetical order.			
Acute Rehabilitation facility	27.1	96.4	100
Cardiac Catheterization Services	100	100	100
Cardiac Surgery Program	100	100	100
Hospice / Palliative Facility	99.9	100	100
Mammography	100	100	100
Outpatient Laboratory	100	100	100
Urgent Care	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.

5258 certified registered nurse practitioners counted as primary care providers.

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

36% 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.

	Urban Number; Percent (%)	Suburban Number; Percent	Rural Number; Percent
(i) Medical services	391 ; 38%	142 ; 39%	349 ; 65%
(ii) Mental health services	172 ; 42%	73 ; 43%	114 ; 62%
(iii) Substance use disorder services	148 ; 30%	50 ; 33%	103 ; 48%

(d) List the total number of **local health departments** in the carrier's network providing the services in the chart below. Out of the total number of local health departments in the carrier's service area providing each type of service, list the percentage of the local health departments providing those services that participate in the carrier's network. For a listing of local health departments, see https://health.maryland.gov/Pages/departments.ASPX.

Service	Number of In-Network Local Health Departments Offering:	Percentage of Maryland Health Depts. Offering Services in Carrier's Network
(i) Medical services	22	92%
(ii) Mental health services	13	54%
(iii) Substance use disorder services	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, with the appropriate unit of time (e.g. hours or calendar days):

	Median Appointment Waiting Time
Urgent care for medical services	1 Hour
Inpatient urgent care for mental health services	4 Hours
Inpatient urgent care for substance use disorder services	2.5 Hours
Outpatient urgent care for mental health services	24 Hours
Outpatient urgent care for substance use disorder services	24 Hours
Routine primary care	2 Days
Preventive care/Well visit	3 Days
Non-urgent specialty care	5 Days
Non-urgent mental health	3 Days
Non-urgent substance use disorder care	3 Days

[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:

Provider Service Type	Number of Providers per 1,200 Enrollees
(i) 1,200 enrollees for primary care;	894.02

Provider Service Type	Number of Providers per 2,000 Enrollees
(ii) 2,000 enrollees for pediatric care;	322.46
(iii) 2,000 enrollees for obstetrical/gynecological care;	289.00
(iv) 2,000 enrollees for mental health care or service; and	1470.16
(v) 2,000 enrollees for substance use disorder care and services.	833.42