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
Primary Care Provider	100%	NA	NA
Gynecology, OB/GYN**	100%	NA	NA
Pediatrics**	100%	NA	NA
Allergy and Immunology	100%	NA	NA
Cardiovascular Disease	100%	NA	NA
Chiropractic	100%	NA	NA
Dermatology	100%	NA	NA
Endocrinology	100%	NA	NA
ENT/Otolaryngology	100%	NA	NA
Gastroenterology	100%	NA	NA
General Surgery	100%	NA	NA
Gynecology Only	100%	NA	NA
Nephrology	100%	NA	NA
Neurology	100%	NA	NA
Oncology – Medical and Surgical	100%	NA	NA
Oncology – Radiation/Radiation Oncology	100%	NA	NA
Ophthalmology	100%	NA	NA
Physiatry, Rehabilitative Medicine	100%	NA	NA
Plastic Surgery	100%	NA	NA
Podiatry	100%	NA	NA

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

AHLIC	Urban Area	Suburban Area	Rural Area
Inpatient Psychiatric Facility	100%	NA	NA
Other Behavioral Health/Substance Abuse Facilities	100%	NA	NA

NA – Zero membership

** The Student Health membership numbers are captured by the college zip code and one record per student enrolled. Student residence and demographic information is not captured as a result the total population of the membership will be used for OB/GYN and Pediatrics. Aetna's Maryland Student Health business for 2021 is limited to the Baltimore Metropolitan area.

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

AHLIC did not include the primary care nurse practitioners in its calculations for travel distance standards since AHLIC's systems do not allow AHLIC to readily determine this information. As part of plan benefits, an enrollee may choose to select a gynecologist, pediatrician, or certified registered nurse practitioner as their primary care provider. Primary Care Providers are grouped with General Practice, Family Practice, and Internal Medicine. Gynecologists and Pediatrics are measured separately. COMAR 31.10.44.04 §A (5) states: *When an enrollee elects to utilize a gynecologist, pediatrician, or certified registered nurse practitioner for primary care, a carrier may consider that utilization as a part of its meeting the primary care provider standards listed in §A (5) of this regulation. AHLIC performed additional research and has determined that we have roughly 1,402 Nurse Practitioners contracted as primary care providers in the network.*

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

Given the limitations noted above and improved analytics from last year, roughly 10% 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.

412 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.

31.86%

(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%

Appointment Waiting time Standard Results	AHLIC
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 <u>may</u> 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.

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