COMAR 31.10.44 .09 A (1) (a)

Network Adequacy Access Plan Executive Summary Form - Travel Distance Standards Results

Percentage Of Enrollees With Access Within Standards Identified In COMAR 31.10.44 .04 A (5)

| | COMAR 31.10.44 .04 A (5) | | |
|---|--------------------------|---------------|------------|
| Provider Type | Urban Area | Suburban Area | Rural Area |
| Primary Care Provider | N/A | N/A | N/A |
| Allergy and Immunology | N/A | N/A | N/A |
| Applied Behavioral Analyst | N/A | N/A | N/A |
| Cardiovascular Disease | N/A | N/A | N/A |
| Chiropractic | N/A | N/A | N/A |
| Dermatology | N/A | N/A | N/A |
| Endocrinology | N/A | N/A | N/A |
| ENT/Otolaryngology | N/A | N/A | N/A |
| Gastroenterology | N/A | N/A | N/A |
| General Surgery | N/A | N/A | N/A |
| Gynecology, OB/GYN | N/A | N/A | N/A |
| Gynecology Only | N/A | N/A | N/A |
| Licensed Clinical Social Worker | N/A | N/A | N/A |
| Nephrology | N/A | N/A | N/A |
| Neurology | N/A | N/A | N/A |
| Oncology - Medical and Surgical | N/A | N/A | N/A |
| Oncology - Radiation/Radiation Oncology | N/A | N/A | N/A |
| Ophthalmology | N/A | N/A | N/A |
| Pediatrics - Routine/Primary Care | N/A | N/A | N/A |
| Physiatry, Rehabilitative Medicine | N/A | N/A | N/A |
| Plastic Surgery | N/A | N/A | N/A |
| Podiatry | N/A | N/A | N/A |
| Psychiatry | N/A | N/A | N/A |
| Psychology | N/A | N/A | N/A |
| Pulmonology | N/A | N/A | N/A |
| Rheumatology | N/A | N/A | N/A |
| Urology | N/A | N/A | N/A |
| All other licensed or certified providers under contract with a | | | |
| carrier not listed | N/A | N/A | N/A |
| Facility Type | | | |
| Pharmacy | N/A | N/A | N/A |
| Acute Inpatient Hospitals | N/A | N/A | N/A |
| Critical Care Services / Intensive Care Units | N/A | N/A | N/A |
| Diagnostic Radiology | N/A | N/A | N/A |
| Inpatient Psychiatric Facility | N/A | N/A | N/A |
| Outpatient Dialysis | N/A | N/A | N/A |
| Outpatient Infusion/Chemotherapy | N/A | N/A | N/A |
| Skilled Nursing Facility | N/A | N/A | N/A |
| Surgical Services | | | |
| (Outpatient or Ambulatory Surgical Center) | N/A | N/A | N/A |

| Other Behavioral Health/Substance Abuse Facilities | N/A | N/A | N/A |
|--|-------|-------|-----|
| All other licensed or certified facilities under contract with a | .,,,, | .,,,, | , |
| carrier not listed | N/A | N/A | N/A |

| COMAR 31.10.44 .09 A (1) (b-e) Network Adequacy Access Plan Executive Summary Form | | | | | | | |
|---|------------------------------|----------------|----------------|----------------|----------------|-------|-------------------|
| # of Certified RNP as PCP | % Certified RNP as PCP | # ECP Urban | % ECP Urban | # ECP Rural | % ECP Rural | # ECP | % ECP Suburban |
| 876 | 21% | 24 | 35% | 30 | 47% | 3 | 50% |

COMAR 31.10.44 .09 A (2) (a-b)

Network Adequacy Access Plan Executive Summary Form - Appointment Waiting Time Standard Results

| Appointment Type | Percentage Of Enrollees With Access Within Standards Identified In COMAR 31.10.44.05 C |
|--|--|
| Urgent Care - | |
| Within 72 Hours | 100% |
| Routine Primary Care - | |
| Within 15 Calendar Days | 99% |
| Preventative Visit / Well Visit - | |
| Within 30 Calendar Days | 99% |
| Non-Urgent Specialty Care - | |
| Within 30 Calendar Days | 98% |
| Non-Urgent Behavioral Health/Substance Use Disorder Services - | |
| Within 10 Calendar Days | 100% |
| Total percentage of telehealth appointments counted as part of the appointment | |
| waiting time standard results | 100% |

COMAR 31.10.44 .09 A (3) (b) (i-v)

Network Adequacy Access Plan Executive Summary Form -Provider-To-Enrollee Ratio Standards Results

| Provider-To-Enrolle Ratio Standard Identified In COMAR 31.10.44.06 B | Actual Provider-To- Enrollee Ratio |
|---|--|
| Primary Care | |
| 1:1,200 | N/A |
| Pediatric Care | |
| 1:2,000 | N/A |
| Obstetrical/Gynecological Care | |
| 1:2,000 | N/A |
| Behavioral Health Care or Service | |
| 1:2,000 | N/A |
| Substance Use Disorder Care and Services | |
| 1:2,000 | N/A |