Network Adequacy Executive Summary

Carrier Name: **Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**

Network Access Plan Name and Year: **2024**

(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	99.6	100
Gastroenterology	100	100	100
General Surgery	100	100	100
Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery	100	100	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	100	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	99.8	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. †			
Anesthesiology	100	100	100
Audiology	100	100	100
Cardiothoracic Surgery	100	100	100
Emergency Medicine	100	100	100
Genetics	100	100	100
Infectious Diseases	99.9	100	100
Neurological Surgery	100	100	100
Nutrition	100	100	100
Occupational Therapy	100	100	100
Optometry	100	100	100
Orthopedic Surgery	100	100	100

Pain Management	100	100	100
Physical Therapy	100	100	100
Respiratory Therapy**	100	100	100
Sleep Medicine	99.2	100	100
Speech Therapy	100	100	100
Urgent Care	100	100	100
Vascular & Interventional Radiology	100	100	100
Vascular Surgery	100	100	100

† All other licensed or certified providers under contract with a carrier not listed in the Chart §A (5) of the regulation shall individually be required to meet maximum distances standards of 20 miles for Urban Areas, 40 miles for Suburban Areas, and 90 miles for Rural Areas. As stated in 31.10.44.05 B Group Model HMO Plans Sufficiency Standards.

**** Respiratory Therapy Services are provided by the contracted hospitals and overseen by their on-site physicians. Given this we believe this category should be aligned with Facility requirements rather than Provider.**

Facility Type	Urban Area	Suburban Area	Rural Area
Acute Inpatient Hospitals	100	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	100	100	100
Opioid Treatment Services Provider	100	100	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	0	0	0
Skilled Nursing Facilities	100	100	100
Substance Use Disorder Residential Treatment Facility	98.3	100	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	100	100	100
Cardiac Catheterization Services	100	100	100
Cardiac Surgery Services	100	100	100
Hospice/Palliative Care	100	100	100
Mammography Center	100	100	100
Outpatient Laboratory	100	100	100

Urgent Care	**100**	**100**	**100**

† **All other licensed or certified facilities under contract with a carrier not listed in the Chart §A (5) of the regulation shall individually be required to meet maximum distances standards of 15 miles for Urban Areas, 40 miles for Suburban Areas, and 120 miles for Rural Areas. As stated in 31.10.44.05 B Group Model HMO Plans Sufficiency Standards.**

*[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. **0**

(b) List the total percentage of primary care providers who are certified registered nurse practitioners. **0%**

(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.

As, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. ("Kaiser Permanente") is a group model integrated health care delivery system/Health Maintenance Organization ('HMO"), this requirement is not applicable.

	Urban number; percent	Suburban number; percent	Rural number; percent
(i) Medical services	;	;	;
(ii) Mental health services	;	;	;
(iii) Substance use disorder services	;	;	;

(d) List the total number of **local health departments** in the carrier's network providing the services in the chart below. Of all the health departments in the state providing the services below, list the percentage in the carrier's network.

Service	Number Offering Service in the Network	Percentage of Maryland Health Depts. Offering Service
(i) Medical services		
(ii) Mental health services		
(iii) Substance use disorder services		

(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 calendar day**
Inpatient urgent care for mental health services	**1 calendar day**
Inpatient urgent care for substance use disorder services	**1 calendar day**
Outpatient urgent care for mental health services	**1 calendar day**
Outpatient urgent care for substance use disorder services	**1 calendar day**
Routine primary care	**1 calendar day**
Preventive care/Well visit	**4 calendar days**
Non-urgent specialty care	**1 calendar day**
Non-urgent mental health	**4 calendar days**
Non-urgent substance use disorder care	**3.5 calendar 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

As, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. ("Kaiser Permanente") is a group model integrated health care delivery system/Health Maintenance Organization ('HMO"), this requirement is not applicable.

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