Network Adequacy Executive Summary

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

Network Access Plan Name and Year: Select – 2026

(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%	99.77%	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	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.*			
Anesthesiology	100%	100%	100%
Audiology	100%	100%	100%
Cardiothoracic Surgery	100%	100%	100%
Emergency Medicine	100%	100%	100%
Genetics	100%	100%	100%
Infectious Diseases	100%	100%	100%
Neurological Surgery	99.72%	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	99.31%	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 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%	99.92%	100%
Ambulatory Infusion Centers	100%	99.92%	100%
Critical Care Services — Intensive Care Units	100%	99.92%	100%
Diagnostic Radiology	100%	100%	100%
Inpatient Psychiatric Facility	100%	100%	100%
Opioid Treatment Services Provider	99.13%	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	61.88%	92.09%	100%
Skilled Nursing Facilities	100%	100%	100%
Substance Use Disorder Residential Treatment Facility	100%	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.

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"); therefore, this requirement is not applicable.

	Urban	Suburban	Rural
	Number; Percent (%)	Number; Percent	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. 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.

Kaiser Permanente does not have contracts with local health departments; therefore, there are no participating providers to report, and this requirement is not applicable.

Service	Number of In-Network Local Health Departments Offering:	Percentage of Maryland Health Depts. Offering Services in Carrier's Network
(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	24 Hours
Inpatient urgent care for mental health services	24 Hours
Inpatient urgent care for substance use disorder services	24 Hours
Outpatient urgent care for mental health services	24 Hours
Outpatient urgent care for substance use disorder services	24 Hours
Routine primary care	1 Days
Preventive care/Well visit	1 Days
Non-urgent specialty care	1 Days
Non-urgent mental health	1.5 Days
Non-urgent substance use disorder care	1 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

Kaiser Permanente is a group model integrated health care delivery system/Health Maintenance Organization ("HMO"); therefore, 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.	