

# Network Adequacy Executive Summary

---

Carrier Name: Kaiser Permanente Insurance Company \_\_\_\_\_

Network Access Plan Name and Year: 2024 Maryland Access Plan \_\_\_\_\_

## (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 *	98.7	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	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 *	99.9	100
Psychiatry – Geriatric, Outpatient	85.6	95.9	100
Psychiatry – Outpatient	100	100	100
Psychology	100 *	100 *	100
Pulmonology	100	100	100
Rheumatology	100	100	100
Urology	100	100	100
<b>For other licensed or certified providers, add each in a separate row here in alphabetical order.</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
PRO Other: Acupuncture	92.6	99.9	99.8
PRO Other: Allied (hospital based)	100	100	100
PRO Other: Anesthesiology	100	100	100
PRO Other: Audiology	99.9	100	100
PRO Other: Blood Banking/Transfusion Medicine (hospital based)	94.2	99.9	99.6
PRO Other: Certified Nurse Anesthetist	100	100	100
PRO Other: Clinical Genetics	95.6	100	100
PRO Other: Clinical Nurse Specialist	100	100	100
PRO Other: Colon and Rectal Surgery	100	100	100
PRO Other: Critical Care Medicine	100	100	100
PRO Other: Dermatopathology	98.8	100	100
PRO Other: Developmental-Behavioral Pediatrics	49.2	98.7	99.6
PRO Other: Diagnostic Radiology	100	100	100
PRO Other: Diet/Nutrition	100	100	100
PRO Other: Emergency Medicine	100	100	100

PRO Other: Emergency Room (hospital based)	99.9	100	100
PRO Other: Foot & Ankle Orthopedic Surgery	95.6	99.9	99.8
PRO Other: General Vascular Surgery	100	100	100
PRO Other: Genetic Counselor	79	100	100
PRO Other: Hand Surgery	100	100	100
PRO Other: Hematology	100	100	100
PRO Other: Hospice and Palliative Medicine	100	100	100
PRO Other: Infectious Diseases	100	100	100
PRO Other: Interventional Radiology and Diagnostic Radiology	100	100	100
PRO Other: Marriage and Family Counseling	93.9	99.9	100
PRO Other: Maternal and Fetal Medicine	100	100	100
PRO Other: Neonatal-Perinatal Medicine	100	100	100
PRO Other: Neonatology (hospital based)	98.9	100	100
PRO Other: Neurological Surgery	100	100	100
PRO Other: Neuroradiology	100	100	100
PRO Other: Nuclear Medicine	99.2	100	100
PRO Other: Nuclear Radiology	98.5	100	99.8
PRO Other: Nurse Practitioner	100	100	100
PRO Other: Occupational Medicine	40	79.6	99.4
PRO Other: Occupational Therapy	100	100	100
PRO Other: Optometry	100	100	100
PRO Other: Oral and Maxillofacial Surgery	94.9	99.9	99.6
PRO Other: Orthopedic Sports Medicine	95.4	100	100
PRO Other: Orthopedic Surgery	100	100	100
PRO Other: Orthopedic Surgery of Spine	97.7	99.9	100
PRO Other: Other (hospital based)	100	100	100
PRO Other: Pain Medicine	100	100	100
PRO Other: Pathology	100	100	100
PRO Other: Pediatric Anesthesiology (hospital based)	44	88.6	99.8
PRO Other: Pediatric Critical Care Medicine	98.8	100	100
PRO Other: Pediatric Emergency Medicine	100	100	100
PRO Other: Pediatric Infectious Disease	99.2	99.9	99.6
PRO Other: Pediatric Orthopedics	99.5	99.9	99.8
PRO Other: Pediatric Radiology	99.9	100	100
PRO Other: Pediatric Rehabilitation Medicine	62.6	98.6	99.6

PRO Other: Physical Therapy	100	100	100
PRO Other: Physician Assistant	100	100	100
PRO Other: Preventive Med/Public Health	83.2	98.6	99.6
PRO Other: Psychiatry (hospital based)	76.8	98.9	99.8
PRO Other: Psychosomatic Medicine	94.9	99.9	99.8
PRO Other: Radiology (hospital based)	100	100	100
PRO Other: Sleep Medicine	100	100	100
PRO Other: Speech Therapy	97.9	100	100
PRO Other: Spinal Cord Injury (sci) medic	84.5	98.6	99.4
PRO Other: Sports Medicine	100	100	100
PRO Other: Surgical Critical Care	100	100	100
PRO Other: Thoracic Surgery	100	99.9	100
PRO Other: Undersea/Hyperbaric Medicine	39.2	91.7	99.2
PRO Other: Vascular Interven Radiology	100	100	100
PRO Other: Vascular Surgery	100	100	100
<b>Facility Type</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
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	19.8	100 *	100 *
Opioid Treatment Services Provider	41.5	57.2	92
Outpatient Dialysis	100	100	100
Outpatient Mental Health Clinic	19.8	45.6	78.2
Outpatient Substance Use Disorder Facility	0	0	39.6
Residential Crisis Services	29.3	52.2	90.2
Skilled Nursing Facilities	95.6	100	100
Substance Use Disorder Residential Treatment Facility	100 *	99.9	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	100	100	100
<b>For other licensed or certified facilities, add each in a separate row here in alphabetical order.</b>	<b>Urban Area</b>	<b>Suburban Area</b>	<b>Rural Area</b>
FAC Other: Acute Rehabilitation	100	100	100
FAC Other: Ambulance/Ground Transportation	99.6	100	100
FAC Other: Clinic	99.6	99.9	100
FAC Other: Dialysis	100	100	100
FAC Other: Durable Medical Equipment	100	100	100
FAC Other: Home Infusion Therapy	100	100	100

FAC Other: Home Nursing Services	100	99.9	100
FAC Other: Hospice	94	99.3	99.6
FAC Other: Medical Equipment	83.9	99.2	99.6
FAC Other: Occupational Health	99	100	99.8
FAC Other: Oncology	97.6	99.9	99.8
FAC Other: Orthotics/Prosthetics	99.8	100	100
FAC Other: Outpatient Rehabilitation	100	100	100
FAC Other: Physical Therapy	100	100	100
FAC Other: Respiratory	57.5	99.9	99.8
FAC Other: Retail Treatment Clinic	94.9	100	100
FAC Other: Sleep Disorder	97.7	100	100
FAC Other: Surgical Center	100	100	100
FAC Other: Urgent Care	100	100	100
FAC Other: Visiting Nurse	100	100	100
FAC Other: Work Hardening	6.4	64.5	98.6

**KPIC Response:** MultiPlan measured each specialty against the Maryland travel distance standards, based on the estimated driving distance from the employee location to the closest provider, applying the appropriate urban/suburban/rural standard based on the employee’s ZIP code. Please note that when the employee address provided is in a state other than Maryland, is a P.O. Box, or includes “care of,” that address was excluded from the calculation above because they do not align with actual member residences in Maryland.

Although nurse practitioners are coded as primary care providers for the purposes of the provider directory, they are included as part of the “all other licensed or certified providers” when calculating network adequacy. MultiPlan includes nearly 150 different types of providers into the catch-all category “All other licensed or certified providers under contract with a carrier not listed,” ranging from Acupuncture to Vascular Surgery. This category encompasses practitioners who do not fall into the specialty categories designated by the state.

The 12 orange highlighted deficiencies in the travel distance table above have potential targets available for recruitment; the 7 grey-highlighted remaining deficiencies in the travel distance results table do not have potential targets available.

MultiPlan’s analysis of the 2024 travel distance results identified 19 Population Category + Specialty combinations measuring travel distance at less than 100%, after the telehealth credit. MultiPlan is continuing to research other data sources to identify other potential targets.

Based on the current review, this leaves 12 Population Category + Specialty combinations where MultiPlan has identified targets at the ZIP code level. Each Population Category may cover multiple ZIP codes with potential deficiencies for the applicable specialty, and MultiPlan may identify more than one target per deficiency. MultiPlan will work to bring those available providers into the

network and expect that some of these targets could resolve gaps across multiple deficient ZIP codes per specialty. Detailed information is available in the document, **“9a Travel Distance Gap Analysis.xlsx”**.

The tan highlighted numbers represent the deficiency in each of “all other provider & facility” types that are in the network and outside of the Maryland Provider and Facility types. MultiPlan does not actively recruit for these providers.

*\* 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.

**KPIC Response:** Zero (0) registered nurse practitioners are counted as primary care providers in MultiPlan’s network for the purposes of travel/distance calculation. Although some nurse practitioners may be coded as primary care providers for the purposes of the provider directory, they are included as part of the “all other licensed or certified providers” when calculating network adequacy.

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

**KPIC Response:** Zero percent (0%) of primary care providers are certified registered nurse practitioners in MultiPlan’s network for the purposes of travel/distance calculation. Although some nurse practitioners may be coded as primary care providers for the purposes of the provider directory, they are included as part of the “all other licensed or certified providers” when calculating network adequacy.

(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.

	<b>Urban number; percent</b>	<b>Suburban number; percent</b>	<b>Rural number; percent</b>
<b>(i) Medical services</b>	29; 30.5%	4; 16%	39; 32.8%
<b>(ii) Mental health services</b>	8; 2.2%	2; 1.3%	5; 2.9%
<b>(iii) Substance use disorder services</b>	12; 2.8%	5; 3.9%	7; 3.5%

(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.

**KPIC Response:** MultiPlan is unable to provide the breakdown as the providers could be included in all of the 3 categories below. However, 10 of the 152 local health departments listed by the state are participating in network with MultiPlan, which is 6.5%.

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

## **(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):

	<b>Median Appointment Waiting Time</b>
<b>Urgent care for medical services</b>	4 hours
<b>Inpatient urgent care for mental health services</b>	
<b>Inpatient urgent care for substance use disorder services</b>	
<b>Outpatient urgent care for mental health services</b>	
<b>Outpatient urgent care for substance use disorder services</b>	
<b>Routine primary care</b>	7 days
<b>Preventive care/Well visit</b>	7 days
<b>Non-urgent specialty care</b>	7 days
<b>Non-urgent mental health</b>	7 days
<b>Non-urgent substance use disorder care</b>	7 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]*

**KPIC Response:** MultiPlan collects and categorizes appointment wait time data from its network providers. MultiPlan asks network groups and providers to provide either their next available appointment time or their averages (whichever they are willing to provide with a degree of certainty). MultiPlan collects this data from different contacts within the entities so there is no standard way this is being communicated to Multiplan. This information is associated to provider locations when reported out, not individual providers.

The appointment wait time percentages provided above by MultiPlan are a calculation of the number of providers’ locations whose reported data would meet the Maryland standard, as a percentage of all provider locations that reported appointment wait time data. Providers who have not reported appointment wait time data for their locations are not included in this calculation.

Providers do not indicate what percentage of their appointments are provided via telehealth.

### **(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:

<b>Provider Service Type</b>	<b>Number of Providers per 1,200 Enrollees</b>
(i) 1,200 enrollees for primary care;	2,303
<b>Provider Service Type</b>	<b>Number of Providers per 2,000 Enrollees</b>
(ii) 2,000 enrollees for pediatric care;	1,256
(iii) 2,000 enrollees for obstetrical/gynecological care;	898
(iv) 2,000 enrollees for mental health care or service; and	1,904
(v) 2,000 enrollees for substance use disorder care and services.	51