

Network Adequacy Executive Summary

Carrier Name: [UnitedHealthcare of the MidAtlantic](#)

Network Access Plan Name and Year: [Choice, 2023](#)

(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. Insert rows as needed for other providers and facility types included on the carrier’s provider panel but not listed in the chart, including physical therapists and licensed dietitian-nutritionists, 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.

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 | 93.9% | 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% | 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% |

| | | | |
|--|------|-------|------|
| Outpatient Substance Use Disorder Facility | 100% | 100% | 100% |
| Pharmacy | 100% | 100% | 100% |
| Residential Crisis Services | 5% | 92.6% | 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 providers under contract with a carrier not included above, add rows as needed to list | | | |
| Convenience Care Clinics | 100% | 100% | 100% |
| Urgent Care Centers | 100% | 100% | 100% |

Addiction Medicine is a shared specialty between our medical and behavioral network of providers. These access numbers are based on the medical network because it is not a reportable provider type for Optum Behavioral Health. Members can also seek substance use disorder care with our network of providers (ex. alcohol/drug counselors, licensed MH/SA clinicians, licensed social workers).

For the provider types Autism, Licensed Practical Nurse, Specialty Nurse and Other Mental Health Substance Abuse (MHSA) Licensed Clinicians, no specific recruitment activities are undertaken for these providers as they typically join our network through their affiliation with recruited prescribers, supervising professionals or facilities.

*[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.

1834 providers

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

18%

(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.

| | Urban number; percent | Suburban number; percent | Rural number; percent |
|--|-----------------------|--------------------------|-----------------------|
| (i) Medical services | 74;59.2% | 12;36.4% | 82;83.7% |
| (ii) Mental health services | 62;46.3% | 28;34.6% | 80;74.8% |
| (iii) Substance use disorder services | 30;18.8% | 17;16% | 40;56.3% |

(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 | 47 | 85% |
| (ii) Mental health services | 19 | 10.2% |
| (iii) Substance use disorder services | 15 | 3.8% |

(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:

| | Median Appointment Waiting Time |
|---|---------------------------------|
| Urgent care for medical services | 24 hours |
| Inpatient urgent care for mental health services | * |
| Inpatient urgent care for substance use disorder services | * |
| Outpatient urgent care for mental health services | 32.5 hours |
| Outpatient urgent care for substance use disorder services | 28.5 hours |
| Routine primary care | 14 days |
| Preventive care/Well visit | 14 days |
| Non-urgent specialty care | 30 days |
| Non-urgent mental health | 4 days |
| Non-urgent substance use disorder care | 4 days |

*This data was not collected for our 2023 filing as our vendor survey statement of work did not include surveying in network facilities for Inpatient Urgent Care Mental Health Services or Inpatient Urgent Care for Substance Use Disorder Services. In order to meet this requirement an in-house survey needed to be designed and distributed to all participating facilities and the appropriate respondent identified. The survey design, respondent identification and subsequent deployment was completed in May 2024 and will be repeated in October 2024.

[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

(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; | 6,109 |
| Provider Service Type | Number of Providers per 2,000 Enrollees |
| (ii) 2,000 enrollees for pediatric care; | 2,239 |
| (iii) 2,000 enrollees for obstetrical/gynecological care; | 2,795 |
| (iv) 2,000 enrollees for mental health care or service; and | 6,596 |
| (v) 2,000 enrollees for substance use disorder care and services. | 1,138 |