

(1) Travel Distance Standards

- (a) For each provider type listed, list the percentage of enrollees, for which the carrier met the travel distance standards, in the following format:

	Urban Area	Suburban Area	Rural Area
Primary Care Provider			
Specialty Provider			

KPIC Response: Please see file MD Network Adequacy_KPIC, tab named “*USR Summary.*” More detailed access information is provided in the “*State Level*” and “*County Level*” tabs.

- (b) List the total number of certified registered nurse practitioners counted as a primary care provider.

KPIC Response: Registered nurse practitioners are not categorized as primary care providers in the PHCS network.

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

KPIC Response: Registered nurse practitioners are not categorized as primary care providers in the PHCS network.

- (d) List the total number of essential community providers in the carrier's network.

KPIC Response: We have 45 ECP locations in the PHCS network.

- (e) List the total percentage of essential community providers available in the health benefit plan's service area that are participating providers.

KPIC Response: We have 30% of the locations on the ECP list in network.

(2) Appointment Wait Time

- (a) For each appointment type, list the percentage of enrollees for which the carrier met the appointment wait time standards, in the following format:

Appointment Waiting Time Standard Results	
Urgent care- within 72 hours	
Routine primary care- within 15 calendar days	
Preventative Visit/Well Visit — within 30 calendar days	
Non-urgent specialty care — within 30 calendar days	
Non-urgent mental health/substance use disorder services — within 10 calendar days	

KPIC Response:

KPIC has a network access agreement with MultiPlan so that KPIC's insureds can access its network providers, including those under MultiPlan's PHCS Network.

KPIC uses the PHCS Network to support its insurance plans offered in Maryland. As a network provider, MultiPlan rarely has direct contact with plan enrollees and does not collect data from enrollees. While MultiPlan's provider agreements obligates providers to supply data about their average appointment wait times annually, MultiPlan reports that a significant number of providers do not supply the data.

Given how little data is available for PHCS network providers with respect to appointment wait times for 2017, KPIC has no reliable way to calculate whether the network providers met the appointment wait time standards.

MultiPlan is currently working on various network provider outreach efforts intended to increase the number of network providers reporting data regarding appointment wait times for 2018. The goal is to have sufficient data to report the results with confidence in 2018.

- (b) List the total percentage of telehealth appointments counted as part of the appointment waiting time standard results.

KPIC Response: The MultiPlan and PHCS Networks do not currently request any information about appointments completed via telehealth.

(3) Provider-to-Enrollee Ratio

(b) List whether the percentage of provider-to-enrollee ratios meet the provider-to-enrollee ratio standards listed for each of the following categories:

- (i) 1,200 enrollees for primary care;
- (ii) 2,000 enrollees for pediatric care;
- (iii) 2,000 enrollees for obstetrical/gynecological care;
- (iv) 2,000 enrollees for behavioral health care or service; and
- (v) 2,000 enrollees for substance use disorder care and services.

KPIC Response: Please see file **MD Network Adequacy_KPIC**, tab named "*Access Standards.*"