

# Executive Summary template

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Network Plan Name and Filing Year: [Kaiser Foundation of the Mid-Atlantic States Inc., 2022](#)

## (1) Travel Distance Standards

(a) For each provider type listed in COMAR 31.10.44.04, 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.

Provider Type	Urban Area	Suburban Area	Rural Area
Allergy & Immunology	100	100	100
Applied Behavioral Analyst	100	99.8	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 Only	98.7	96.4	100
Gynecology, OB/GYN	100	100	100
Infectious Diseases*	100	100	100
Licensed Clinical Social Worker	100	100	100
Nephrology	100	100	100
Neurological Surgery*	100	100	100
Neurology	100	100	100
Oncology—Medical, Surgical	100	100	100
Oncology—Radiation/Radiation Oncology	100	100	100
Ophthalmology	100	99.7	100
Optometry*	100	100	100
Orthopedic Surgery*	100	100	100
Pediatrics—Routine/Primary Care	100	100	100
Physiatry, Rehabilitative Medicine	99.9	100	100
Plastic Surgery	99.8	100	100
Podiatry	100	100	100
Primary Care Physician	100	100	100
Psychiatry	100	100	100
Psychology	100	100	100
Pulmonology	100	100	100

Rheumatology	100	100	100
Urology	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 15 miles for Urban Areas, 40 miles for Suburban Areas, and 90 miles for Rural Areas.

Facility Type	Urban Area	Suburban Area	Rural Area
Acute Inpatient Hospitals	100	100	100
Critical Care Services – Intensive Care Units	100	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	100	100	100
Other Behavioral Health/Substance Abuse Facilities*	100	100	100
Outpatient Dialysis	100	100	100
Outpatient Infusion/Chemotherapy	100	100	100
Skilled Nursing Facilities	100	100	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	100	100	100

\*Chemical Dependency Day Treatment, Inpatient Substance Abuse, Psychiatric Day Treatment, Outpatient Substance Abuse.

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 15 miles for Urban Areas, 40 miles for Suburban Areas, and 90 miles for Rural Areas.

## Certified Nurse Practitioners

(b) List the total number of **certified registered nurse practitioners** counted as a primary care provider: **0**

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

## Essential Community Providers

(e) List the total number of essential community providers in the carrier’s network and the total percentage of essential community providers available in the health benefit plan’s service area that are participating providers.

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.

## (2) Appointment Waiting Time Standards

(a) For each appointment type listed in Regulation 31.10.44.05, list the percentage of enrollees for which the carrier met the appointment wait time standards, in the following format:

Appointment Waiting Time Standard	% Meeting the standard
Urgent care — within 72 hours	100%
Routine primary care — within 15 calendar days	99.4%
Preventative Visit/Well Visit — within 30 calendar days	96.3%
Non-urgent Ancillary Services - Within 30 Calendar Days	100%
Non-urgent specialty care — within 30 calendar days	94.2%
Non-urgent behavioral health/substance use disorder services — within 10 calendar days	94.4%

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

14.9%

## (3) Provider-to-Enrollee Ratio Standards

(a) This subsection does not apply to Group Model HMO health benefit plans.

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.

(b) For all other carriers, list whether the provider-to-enrollee ratios meet the standards listed in COMAR 31.10.44.06 of this chapter for each of the following categories:

Provider Service Type	Provider-to-Enrollee Ratio Standard	Meets the Standard?
Primary care	1:1200	
Pediatric care	1:2000	
Obstetrical/gynecological care	1:2000	
Behavioral health care or service	1:2000	
Substance use disorder care and services	1:2000	