

Network Adequacy Executive Summary

Carrier Name: [Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.](#)

Network Access Plan Name and Year: [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	92.1	95.7	100
Allergy & 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
Genetics †	100	100	100
General Surgery	100	100	100
Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery	100	100	100
Infectious Diseases †	99.9	100	100
Licensed Clinical Social Worker	100	100	100
Licensed Professional Counselor	100	100	100

Nephrology	100	100	100
Neurological Surgery †	100	100	100
Neurology	100	100	100
Nutrition †	100	100	100
Oncology—Medical, Surgical	100	100	100
Oncology—Radiation/Radiation Oncology	100	100	100
Ophthalmology	100	100	100
Optometry †	100	100	100
Orthopedic Surgery †	100	100	100
Pediatrics—Routine/Primary Care	100	100	100
Physiatry, Rehabilitative Medicine	100	100	100
Physical Therapy †	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	99.9	100	100
Pulmonology	100	100	100
Rheumatology	100	100	100
Urgent Care †	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 20 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
Ambulatory Infusion Therapy Center	100	100	100
Critical Care Services – Intensive Care Units	100	100	100
Diagnostic Radiology	100	100	100
Hospice/Palliative Care †	100	100	100
Inpatient Psychiatric Facility	100	100	100
Opioid Treatment Services Provider	100	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	0	0	0
Skilled Nursing Facilities	100	100	100
Substance Use Disorder Residential Treatment Facility	97.9	100	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	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.

(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.

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.

	Urban number; percent	Suburban number; percent	Rural 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. 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		
(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:

	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 calendar day
Preventive care/Well visit	4.5 calendar days
Non-urgent specialty care	1 calendar day
Non-urgent mental health	3 calendar days
Non-urgent substance use disorder care	3 calendar 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

(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, 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.	