

# Network Adequacy Executive Summary

Carrier Name: \_\_\_Kaiser Permanente Insurance Company (KPIC)

Network Access Plan Name and Year: \_\_2023 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. 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	100	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
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	100	100
Psychiatry – Geriatric, Outpatient	98	100	100
Psychiatry – Outpatient	100	100	100
Psychology	100	100	100
Pulmonology	100	100	100
Rheumatology	100	100	100
Urology	100	100	100
For other licensed or certified providers under contract with a carrier not included above, add rows as needed to list	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	90.5	99.1	98.9
Critical Care Services – Intensive Care Units	100	100	100
Diagnostic Radiology	100	100	100
Inpatient Psychiatric Facility	98.8	100	100
Opioid Treatment Services Provider	0	0	41.8
Outpatient Dialysis	100	100	100
Outpatient Mental Health Clinic	16.6	42.8	73.7
Outpatient Substance Use Disorder Facility	0	0	23.9
Pharmacy- based on KPIC's contracted pharmacy vendor, MedImpact.	100	100	100
Residential Crisis Services	0	0	0
Skilled Nursing Facilities	100	100	100
Substance Use Disorder Residential Treatment Facility	50.5	78.7	100
Surgical Services (Outpatient or Ambulatory Surgical Center)	100	100	100
All other licensed or certified facilities under contract with a carrier not listed	100	100	100

*[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.]*

**KPIC’s 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. Please see “[State of MD Maps 2023 by Driving Distance Method and Standards.pdf](#)” for additional detail.

The 14 orange highlighted deficiencies in the travel distance table above have potential targets available for recruitment; the 5 grey-highlighted remaining deficiencies in the travel distance results table do not have potential targets available.

MultiPlan’s analysis of the travel distance results identified 19 Population Category + Specialty combinations measuring travel distance at less than 100%. Of these potentially deficient combinations, 5 Population Category + Specialty combinations have no targets available to recruit into the network according to NPPES data. We are continuing to research other data sources to identify other potential targets.

Based on the current review, this leaves 14 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 we may identify more than one target per deficiency. Multiplan reviewed NPPES, Google, [AHD.com](#), [Healthcarecompare.com](#), [health.usnews.com](#), [healthgrades.com](#), [webmd.com](#) as sources to identify prospective providers or facilities, and will work to bring those available providers into the network. Multiplan expects that some of these targets could resolve gaps across multiple deficient ZIP codes per specialty.

(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>	28; 49%	3; 50%	30; 48%
<b>(ii) Mental health services</b>	7; 78%	0; 0%	0; 0%
<b>(iii) Substance use disorder services</b>	2; 50%	0; 0%	0; 0%

**KPIC Response:** MultiPlan contracts with 45 of 127 Maryland ECPs listed in the CMS-published file for 2024, which equals 35%.

(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.

<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>	1	4%
<b>(ii) Mental health services</b>	0	0%
<b>(iii) Substance use disorder services</b>	0	0%

**KPIC Response:** MultiPlan has made outreaches inviting all 23 public health departments on this list in Maryland inviting them to participate in our network. MultiPlan is in active discussions with 6 entities.

## (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:

	<b>Median Appointment Waiting Time</b>
<b>Urgent care for medical services</b>	76.13%
<b>Inpatient urgent care for mental health services</b>	81.25%
<b>Inpatient urgent care for substance use disorder services</b>	100%
<b>Outpatient urgent care for mental health services</b>	81.25%
<b>Outpatient urgent care for substance use disorder services</b>	94.74%
<b>Routine primary care</b>	89.18%
<b>Preventive care/Well visit</b>	95.50%
<b>Non-urgent specialty care</b>	96.86%
<b>Non-urgent mental health</b>	87.33%
<b>Non-urgent substance use disorder care</b>	94.74%

*[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's data is not specific to KPIC members' experiences or actual results booking individual appointments. MultiPlan documents its expectations for appointment wait times in the network provider handbook. The provider handbook obligates providers to supply data about their average appointment wait times annually.

MultiPlan collects and categorizes appointment wait time data from its network providers. MultiPlan asks network groups and providers to provide either their standard wait times or their averages (whichever they are willing to provide with a degree of certainty). MultiPlan collects this data from different contacts within the entities we communicate with 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;	4,850
<b>Provider Service Type</b>	<b>Number of Providers per 2,000 Enrollees</b>
(ii) 2,000 enrollees for pediatric care;	2,439
(iii) 2,000 enrollees for obstetrical/gynecological care;	1,888
(iv) 2,000 enrollees for mental health care or service; and	2,336
(v) 2,000 enrollees for substance use disorder care and services.	44