

# Executive Summary template

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Network Plan Name and Filing Year: **FLICA Choice 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 and Immunology	100.0%	100.0%	100.0%
Applied Behavioral Analyst	100.0%	100.0%	100.0%
Cardiovascular Disease	100.0%	100.0%	100.0%
Chiropractic	100.0%	100.0%	100.0%
Dermatology	100.0%	100.0%	100.0%
Endocrinology	100.0%	100.0%	100.0%
ENT/Otolaryngology	100.0%	100.0%	100.0%
Gastroenterology	100.0%	100.0%	100.0%
General Surgery	100.0%	100.0%	100.0%
Gynecology, OB/GYN	100.0%	100.0%	100.0%
Gynecology Only	100.0%	100.0%	100.0%
Licensed Clinical Social Worker	100.0%	100.0%	100.0%
Nephrology	100.0%	100.0%	100.0%
Neurology	100.0%	100.0%	100.0%
Oncology - Medical and Surgical	100.0%	100.0%	100.0%
Oncology - Radiation/Radiation Oncology	100.0%	100.0%	100.0%
Ophthalmology	100.0%	100.0%	100.0%
Pediatrics - Routine/Primary Care	100.0%	92.9%	100.0%
Physiatry, Rehabilitative Medicine	100.0%	100.0%	100.0%
Plastic Surgery	100.0%	100.0%	100.0%
Podiatry	100.0%	100.0%	100.0%
Primary Care Provider	100.0%	100.0%	100.0%
Psychiatry	100.0%	100.0%	100.0%
Psychology	100.0%	100.0%	100.0%
Pulmonology	100.0%	100.0%	100.0%
Rheumatology	100.0%	100.0%	100.0%
Urology	100.0%	100.0%	100.0%

Provider Type	Urban Area	Suburban Area	Rural Area
All other licensed or certified providers under contract with a carrier not listed	100.0%	100.0%	100.0%

Facility Type	Urban Area	Suburban Area	Rural Area
Acute Inpatient Hospitals	100.0%	100.0%	100.0%
Critical Care Services / Intensive Care Units	100.0%	100.0%	100.0%
Diagnostic Radiology	100.0%	100.0%	100.0%
Inpatient Psychiatric Facility	100.0%	100.0%	100.0%
Outpatient Dialysis	100.0%	100.0%	100.0%
Outpatient Infusion/Chemotherapy	100.0%	100.0%	100.0%
Pharmacy	100.0%	100.0%	100.0%
Skilled Nursing Facility	100.0%	100.0%	100.0%
Surgical Services (Outpatient or Ambulatory Surgical Center)	100.0%	100.0%	100.0%
Other Behavioral Health/Substance Abuse Facilities	100.0%	100.0%	100.0%
All other licensed or certified facilities under contract with a carrier not listed	100.0%	100.0%	100.0%

### Certified Nurse Practitioners

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

1,330

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

27.0%

### 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.

	ECPs in Service Area	ECPs Under Contract	
	Count	Count	% Contracted
Rural	64	36	56.3%
Suburban	10	5	50.0%
Urban	64	44	68.8%
Total	138	85	61.6%

## (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:

<b>Appointment Waiting Time Standard</b>	<b>% meeting the standard</b>
Urgent care — within 72 hours	100% (urgent care centers)
Routine primary care — within 15 calendar days	97.4%
Preventative Visit/Well Visit — within 30 calendar days	99.7%
Non-urgent specialty care — within 30 calendar days	98.4%
Non-urgent behavioral health/substance use disorder services — within 10 calendar days	90.1%

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

The telehealth data is based on actual provider filed claims, so all telehealth appointments which are elected by the member and clinically appropriate to bill as claims are considered when calculating wait time standard results.

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

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

(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:

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