



Qlarant 

Medicaid Managed Care Organization

Network Adequacy Validation

MY 2023 Protocol 4 Task



Submitted April 2025

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Maryland HealthChoice Program Network Adequacy Validation MY 2023

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Maryland HealthChoice Program

Network Adequacy Validation

MY 2023

Introduction

The Maryland Department of Health (MDH) administers the state's Medicaid managed care program, Maryland HealthChoice Program (HealthChoice). HealthChoice operates under a Centers for Medicare and Medicaid Services (CMS) 1115 waiver and Code of Maryland Regulations (COMAR) to provide quality healthcare that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. MDH is responsible for evaluating the quality of care provided to enrollees by HealthChoice's managed care organizations (MCOs).

Federal regulations require MDH to contract with an external quality review organization (EQRO) to provide annual, independent reviews assessing quality, access, and timeliness of care. This independent review ensures that services provided to enrollees meet the standards governing the HealthChoice program in the Code of Federal Regulations (CFR) and COMAR. MDH contracts with Qlarant to meet federal regulations and evaluate quality, access, and timeliness of care through focused validations of network adequacy (NAV) and access for HealthChoice enrollees.

In February 2023, CMS issued a new external quality review (EQR) protocol to assess MCO compliance with state and federal network adequacy standards: Protocol 4 – Validation of Network Adequacy¹. This new protocol states that MCOs must maintain provider networks that are sufficient to provide timely and accessible care to Medicaid enrollees across the continuum of care. Qlarant validated the network adequacy for the review period of January 1, 2023 – December 31, 2023, or measurement year (MY) 2023. There were no exemptions; therefore, Qlarant evaluated all nine MCOs for MY 2023:

- Aetna Better Health of Maryland (ABH)
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)

¹ CMS EQRO Protocols

- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Maryland (WPM)

Quality Strategy Highlights

MDH aims to deliver high quality, accessible care to managed care members. To achieve this goal, MDH developed a framework to focus quality improvement efforts for the HealthChoice Programs. Per the HealthChoice Quality Strategy², MDH has set a task goal of meeting network adequacy time and distance standards per COMAR regulation 10.67.05.06A. All MCOs scored confidence levels of *Moderate Confidence* and *High Confidence*, indicating the likelihood that their methodology for validating network adequacy time and distance standards will provide accurate results.

Methodology

As set forth in 42 CFR 438.68, states are required to set quantitative network adequacy standards for MCOs that account for regional factors and the needs of the state's Medicaid populations. MDH has outlined quantitative network adequacy standards within the following COMAR regulations for MY 2023.

Table 1. Network Adequacy Standards for MY 2023

COMAR	Requirement
10.67.05.05A(5)	Primary Care Provider (PCP) <ul style="list-style-type: none"> • An MCO may include, as appropriate, any of the following practitioners to serve as the primary care provider for an enrollee: General practitioner, Family practitioner, Internist, Pediatrician, OB/GYN, Physician assistant, Certified nurse midwife, Nurse practitioner (certified in any of the following areas of specialization: Adult, Pediatric, Geriatric, OB/GYN, School nurse, and Family), and a physician practicing in a specialty area other than those enumerated in §A(5)(b)—(e) of this regulation.
10.67.05.05B(8)(c - d)	Adequacy of Provider Network <ul style="list-style-type: none"> • Capacity <ul style="list-style-type: none"> ○ Unless the MCO can establish to the Department's satisfaction the adequacy of a higher ratio, the Department shall determine the MCO's capacity with respect to any local access area by assuming that in-plan individual practitioners, based on full-time equivalency, will be assigned no more than the

² [HealthChoice Quality Strategy 2022-2024](#)

	<p>number of enrollees that is consistent with a 200:1 ratio of enrollee to practitioner in the local access area.</p> <ul style="list-style-type: none"> ○ The Department may not approve an enrollee-to-PCP ratio that is higher than 2,000:1.
10.67.05.05-1A(2)(b)	The eight core specialties are: Cardiology, Otolaryngology (ENT), Gastroenterology, Neurology, Ophthalmology, Orthopedics, Surgery, and Urology.
10.67.05.05-1A(2)(c)	The six major specialties are: Allergy and immunology, Dermatology, Endocrinology, Infectious disease, Nephrology, and Pulmonology.
10.67.05.05-1A(2)(d)	The four pediatric subspecialties are: Cardiology, Gastroenterology, Neurology, and Surgery.
10.67.05.06A	<p>Except as provided in §C of this regulation, an MCO shall develop and maintain a provider network that meets the following time and distance standards:</p> <ul style="list-style-type: none"> • For adult and pediatric primary care, pharmacy, diagnostic laboratory and x-ray, and gynecology: <ul style="list-style-type: none"> ○ In urban areas, within 15 minutes or ten miles ○ In suburban areas, within 30 minutes or 20 miles ○ In rural areas, within 40 minutes or 30 miles • For prenatal care includes, but not limited to Obstetricians, certified nurse midwives, and family practitioners who provide prenatal care and perform deliveries, as defined in §B of this regulation: <ul style="list-style-type: none"> ○ In urban areas, within 15 minutes or 10 miles ○ In suburban areas, within 30 minutes or 20 miles ○ In rural areas, within 90 minutes or 75 miles • For acute inpatient hospitals: <ul style="list-style-type: none"> ○ In urban areas, within 20 minutes or 10 miles ○ In suburban areas, within 45 minutes or 30 miles ○ In rural areas, within 75 minutes or 60 miles • For core specialty types, as defined in Regulation .05-1A(2)(b) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 60 minutes or 45 miles ○ In rural areas, within 90 minutes or 75 miles • For major specialty types, as defined in Regulation .05-1A(2)(c) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 80 minutes or 60 miles ○ In rural areas, within 110 minutes or 90 miles • For pediatric subspecialty types, as defined in Regulation .05-1A(2)(d) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 80 minutes or 60 miles

	<ul style="list-style-type: none"> ○ In rural areas, within 250 minutes or 200 miles
10.67.05.06D-E	<p>Geographical Access: Local Access Areas- refer to Appendix B for zip codes per local access area.</p> <ul style="list-style-type: none"> • For purposes of this regulation: <ul style="list-style-type: none"> ○ Urban enrollment area includes Baltimore City. ○ Rural enrollment counties include: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne's, Saint Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester. ○ Suburban enrollment counties include: Baltimore County, Anne Arundel, Carroll, Harford, Howard, Montgomery, and Prince George's.

Qlarant sent a brief survey to each MCO to obtain detailed information, including MCO-source data and supporting documentation, regarding how the MCO conducts network adequacy and their NAV processes. Each MCO was requested to submit the following:

- Complete enrollment file from the measurement year containing demographic information for each enrollee, including date of birth, gender, and physical address.
Complete provider file from the measurement year containing demographic information for each provider location, including Provider NPI, provider specialty, and each unique physical address where enrollees can access the providers. The provider file also contained information regarding status as a primary care physician (PCP), acceptance of new patients, and any age restrictions a provider implements.
- A data dictionary detailing the contents of the requested files and possible values for each field.
- Documentation of provider-to-enrollee ratios for each provider the MCO (or affiliated contractor) monitors. The output could be from Excel or proprietary software, but it must contain counts for each provider type and counts for the number of enrollees.
- Documentation containing the number or percentage of enrollees whose physical address is within a set number of miles or minutes away from the nearest provider. The output could be from Excel or proprietary software, but it must contain counts for enrollees within the geographic region and the distance or time (e.g., average minutes, maximum minutes) to the nearest provider type.
- Any supporting documentation detailing standards and action plans related to network adequacy.

Qlarant evaluated the network adequacy validation processes conducted by MCOs for provider-to-enrollee ratios. Due to the variances in how MCOs conduct network adequacy by provider type for provider-to-enrollee ratios, Qlarant generated a list of 21 distinct provider types based on COMAR 10.67.05.05, to analyze MCOs' network adequacy processes for provider-to-enrollee ratios. Provider-to-enrollee ratio provider type indicators evaluated by Qlarant are listed below.

- PCP

- OB/GYN
- Core Specialties
- Major Specialties
- Pediatric Specialties

Qlarant evaluated the network adequacy processes conducted by MCOs for time and distance standards. Due to the variances in how MCOs conduct network adequacy by provider type for time and distance standards, Qlarant generated a list of 25 distinct provider types and 75 time and distance indicators to analyze MCOs' NAV processes for time and distance standards for geographic location (zip codes, rural, urban, and suburban). Time and distance standard indicators are identified in the table below.

Table 2. Time and Distance Standard Indicators

Provider Type	Urban		Suburban		Rural	
	Max Time (min)	Max Distance (miles)	Max Time (min)	Max Distance (miles)	Max Time (min)	Max Distance (miles)
Primary Care	15	10	30	20	40	30
Primary Care – Pediatric	15	10	30	20	40	30
Pharmacy	15	10	30	20	40	30
Diagnostic Laboratory/X-Ray	15	10	30	20	40	30
Gynecology	15	10	30	20	40	30
Prenatal Care	15	10	30	20	90	75
Acute Inpatient Hospitals	20	10	45	30	75	60
Core Specialties (Cardiology, ENT, Gastroenterology, Neurology, Ophthalmology, Orthopedics, Surgery, Urology)	30	15	60	45	90	75
Major Specialties (Allergy and Immunology, Dermatology, Endocrinology, Infectious Diseases, Nephrology, Pulmonology)	30	15	80	60	110	90
Pediatric Sub-Specialties (Cardiology, Gastroenterology, Neurology, Surgery)	30	15	80	60	250	200

Following the review of the submitted documentation, virtual site reviews were held with each MCO to resolve any outstanding questions. At the conclusion of the site reviews, Qlarant conducted a systematic review of the data sources to ensure all data variables needed for network adequacy monitoring were included. Qlarant reviewed each MCO's data collection, data processes, and data analyses to determine how well the health plan's work aligned with the state regulations. In order to determine if the MCO's results were valid, accurate, and reproducible, a random selection of one or two provider types was obtained for partial replication. Qlarant completed CMS *Protocol 4 Network Adequacy Validation* worksheet 4.6 to determine a validation score from 0% to 100% for each indicator. Finally, a validation rating was assigned to each MCO's individual indicators, ranging from *No Confidence* to *High Confidence*.

MCOs were scored according to the questionnaires in [Appendix A](#). Each score is converted to a validation rating as identified in the table below.

Table 3. Validation Rating Determination

Validation Score	Validation Rating
90.0% or greater	High Confidence
51.0% to 89.9%	Moderate Confidence
10.0% to 49.9%	Low Confidence
Less than 10%	No Confidence

In addition to Protocol 4, Qlarant conducts a NAV Focused Study to ensure MCOs can provide enrollees with timely access to necessary care and a sufficient number of in-network providers. Qlarant also validates the accuracy of MCOs' online provider directories. The MY 2023 NAV Focused Study report is provided in [Appendix C](#).

Results

The validated indicators were divided into two sections: Provider-to-Enrollee Ratios and Time and Distance Standards. Specific MCO findings can be found in [Appendix A](#).

Provider-to-Enrollee Ratios

COMAR requires MCOs to maintain a ratio of one provider per 200 enrollees, with a maximum limit of one provider per 2,000 enrollees. The table below summarizes the number of provider types MCOs included in their NAV for provider-to-enrollee ratios, how many provider types Qlarant was able to validate, and how many of the original 21 provider types were missing from validation.

The individual provider types included in each MCOs' network adequacy validation process are identified in the table below.

Table 4. MCO NAV Provider-to-Enrollee Ratios by Provider Type

Provider Type Indicators	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Provider Types per COMAR									
Primary Care Physicians (PCP)									
PCP	✓*	✓*	✓*	✓	✓	✓*	✓*	✓*	✓*
Pediatric PCP	✓	✓	✓	✓	✓	✓	✓	✓	✓
Women's Health									
OB/GYN	✓*	✓	✓		✓		✓	✓	✓
Core Specialties									
Cardiology	✓	✓	✓		✓		✓	✓	✓
ENT/Otolaryngology	✓	✓	✓		✓		✓	✓	✓
Gastroenterology	✓	✓	✓		✓		✓	✓	✓
Neurology	✓	✓	✓		✓		✓	✓	✓
Ophthalmology	✓	✓	✓		✓		✓	✓	✓
Orthopedics	✓	✓	✓		✓		✓		✓
Surgery	✓	✓	✓*		✓		✓	✓	✓
Urology	✓	✓	✓		✓		✓		✓
Major Specialties									
Allergy and Immunology	✓		✓		✓		✓		✓
Dermatology	✓		✓		✓		✓		✓
Endocrinology	✓		✓		✓		✓		✓
Infectious Diseases	✓		✓		✓		✓		✓
Nephrology	✓	✓	✓		✓		✓		✓
Pulmonology	✓		✓		✓		✓		✓
Pediatric Specialties									
Cardiology	✓		✓		✓		✓		✓
Gastroenterology	✓		✓		✓		✓		✓
Neurology	✓		✓		✓		✓		✓
Surgery	✓		✓		✓		✓		✓
Additional Provider Types									
Women's Health									
Prenatal Provider	✓				✓	✓			✓

Provider Type Indicators	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Ancillary Providers									
Acute Inpatient Hospitals					✓		✓		
Diagnostic Laboratories/X-Ray							✓*		
Pharmacy									
Other Specialties									
Hematology/Oncology	✓	✓	✓			✓	✓	✓	✓
Pain Management		✓							
Podiatry			✓						

*MCO conducted NAV for additional subspecialties.

- All MCOs conducted NAV for provider-to-enrollee ratios for PCP and Pediatric PCP provider types and seven of nine MCOs (ABH, CFCHP, JMS, MSFC, PPMCO, UHC, and WPM) included additional subspecialties for PCP provider types, such as family medicine or internal medicine.
- Seven of nine MCOs (ABH, CFCHP, JMS, MPC, PPMCO, UHC, and WPM) conducted NAV for provider-to-enrollee ratios for OB/GYN provider types and ABH included additional OB/GYN specialties, such as surgical gynecology.
- Four of nine MCOs (ABH, MPC, MSFC, and WPM) conducted NAV for provider-to-enrollee ratios for the Prenatal provider type.
- Six of nine MCOs (ABH, CFCHP, JMS, MPC, PPMCO, and WPM) conducted NAV for provider-to-enrollee ratios for all Core Specialties and JMS includes additional subspecialties for Surgery specialists. UHC did not include Orthopedics or Urology in its Core Specialties provider types in provider-to-enrollee ratios. KPMAS and MSFC did not include Core Specialties in its provider-to-enrollee ratios.
- Five of nine MCOs (ABH, JMS, MPC, PPMCO, and WPM) included all Major Specialties and Pediatric Specialties in its provider-to-enrollee ratios. CFCHP only included Nephrology in its Major Specialties.
- MPC and PPMCO were the only MCOs to include the Acute Inpatient Hospitals provider type in provider-to-enrollee ratios. PPMCO included subspecialties for Diagnostic Laboratories/X-ray provider types.
- Seven of nine MCOs (ABH, CFCHP, JMS, MSFC, PPMCO, UHC, and WPM) included Hematology/Oncology provider types in provider-to-enrollee ratios. CFCHP also included Pain Management, and JMS included Podiatry for Other Specialties provider types.

Table 5. Number of Indicators Included for NAV of Provider-to-Enrollee Ratios

MCO	Required Indicators Identified	Additional Indicators Identified	Number of Indicators Validated	Number of Required Indicators Missing
ABH	21	2	23	0
CFCHP	12	2	14	9
JMS	21	2	23	0
KPMAS	2	0	2	19
MPC	21	2	23	0
MSFC	2	2	4	19
PPMCO	21	3	20	4
UHC	8	1	9	13
WPM	21	2	23	0

- ABH, JMS, MPC, and WPM included all 21 provider types in its NAV process for provider-to-enrollee ratios.
- CFCHP did not include nine of the 21 provider types in its NAV process for provider-to-enrollee ratios. CFCHP did not include Pediatric Specialty providers or Major Specialty providers, except for Nephrology. CFCHP included two additional provider types: Oncology and Pain Management providers.
- KPMAS and MSFC did not include 19 of the 21 provider types in its NAV process for provider-to-enrollee ratios. KPMAS only included PCP and Pediatric PCP provider types in its NAV process. MSFC submitted information for PCPs and two additional provider types classified as High Volume or High Impact: Prenatal providers and Oncology providers.
- PPMCO did include all 21 provider types in its NAV process for provider-to-enrollee ratios. However, PPMCO reported one consolidated result for all four pediatric subspecialties, instead of reporting them separately.
- UHC did not include 12 of the 21 provider types in its NAV process for provider-to-enrollee ratios. UHC included PCP, Pediatric PCP, and several major specialty provider types. UHC also included one additional provider type: Oncology. UHC included OB/GYN provider types; however, the NAV process for this provider type was categorized as *cannot be validated* as its methodology and implementation is different when compared to the other provider types.
- In addition to the 21 provider types, ABH included two additional provider types: Prenatal providers, Hematology/Oncology.
- In addition to the 21 provider types, JMS included two additional provider types: Hematology/Oncology and Podiatry.
- In addition to the 21 provider types, MPC included one additional provider type and additional ancillary provider type: Prenatal providers and Acute Inpatient Hospitals.
- In addition to the 21 provider types, PPMCO included one additional provider type: Hematology/Oncology. PPMCO also included two ancillary providers: Acute Inpatient Hospitals and Diagnostic Laboratories/X-Ray.
- In addition to the 21 provider types, WPM included two additional provider types: Prenatal providers and Hematology/Oncology.

Qlarant requested a copy of each MCO's enrollee and provider directories used to calculate the provider-to-enrollee ratios. Analysts reviewed the variables in each file to assess completeness and the ability to categorize provider specialties into the provider categories listed in COMAR.

The table below summarizes the validation results of NAV processes for provider-to-enrollee ratios that were conducted by each MCO. Confidence levels were determined through completion of worksheet 4.2 for each MCO. An example of worksheet 4.2 is provided in [Appendix D](#).

Table 6. Validation Results for Provider-to-Enrollee Ratios

MCO	Total Indicators Identified	High Confidence (90.0% -100%)	Moderate Confidence (51.0%-89.9%)	Low Confidence (10.0% -49.9%)	No Confidence (0.0%-9.9%)	Could Not Be Validated
ABH	23	23	0	0	0	0
CFCHP	23	12	2	0	0	9
JMS	23	23	0	0	0	0
KPMAS	21	2	0	0	0	19
MPC	23	13	10	0	0	0
MSFC	23	4	0	0	0	19
PPMCO	24	20	0	0	0	4
UHC	22	8	1	0	0	13
WPM	23	23	0	0	0	0

- **ABH:** All validated indicators achieved a confidence level of *High Confidence* score of 93.8%. ABH has set ratio standards of one provider for 2,500 enrollees, which exceed the maximum value reported in COMAR.
- **CFCHP:** Twelve of the 14 validated indicators achieved a confidence level of *High Confidence* score of 100%. Two indicators, Pediatric PCPs and OB/GYN providers, received a confidence level of *Moderate Confidence* score of 68.8%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population and women's population, respectively. CFCHP did not include four Pediatric Specialty providers or five of the Major Specialty providers, except for Nephrology, so they could not be validated.
- **JMS:** All validated indicators achieved a confidence level of *High Confidence* score, ranging from 93.8% to 100%. The two indicators monitoring PCPs and Pediatric PCPs achieved a confidence level of *High Confidence* score of 100%, while the remaining 21 scored 93.8%. For these 21 indicators, JMS has set ratio standards of one provider for 7,000 enrollees, which exceed the maximum value reported in COMAR.
- **KPMAS:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. KPMAS only included PCP and Pediatric PCP provider types in its NAV process, so the remaining 19 providers could not be validated.

- **MPC:** Thirteen of the 23 validated indicators achieved a confidence level of *High Confidence* score of 100%. The remaining 10 indicators received a confidence level of *Moderate Confidence* score of 68.8%. These indicators include major specialties and core specialties that do not have a pediatric counterpart. Analysts identified that the monitoring activities for these indicators only looked at the adult population and the pediatric population was not accounted for in another monitoring activity.
- **MSFC:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. MSFC only submitted information for PCPs, Prenatal providers and Oncology providers, so the remaining 19 providers could not be validated
- **PPMCO:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. PPMCO only reported one consolidated result for all four pediatric subspecialties, instead of reporting them separately, so those four could not be validated.
- **UHC:** Eight of the validated indicators achieved a confidence level of *High Confidence* score of 100%. One indicator, Pediatric PCP, received a confidence level of *Moderate Confidence* score of 68.8%. Analysts identified that the monitoring activity looked at the entire enrollee population instead of the pediatric population. UHC did not include 12 of the 21 provider types in its NAV process for provider-to-enrollee ratios, so it could not be validated. One provider, OB/GYN, was categorized as *Could Not Be Validated*, due to the different method implemented in calculating this indicator compared to the other monitoring activities.
- **WPM:** All validated indicators achieved a confidence level of *High Confidence* score of 100%.

Time and Distance Standards

COMAR requires MCOs to have a physical location accessible to enrollees that meets time or distance requirements. Time and distance standards are based on the geographical category of the enrollees' physical addresses (e.g., urban, suburban, and rural) and provider types. MCOs are permitted to conduct NAV for *either* time or distance standards; validating both is not required.

- ABH and WPM included time indicators for each of their provider types.
- JMS and PPMCO included distance indicators for each of their provider types.
- CFCHP, KPMAS, MPC, MSFC, and UHC included time *and* distance indicators for each of their provider types.

The individual provider types included in each MCO's network adequacy validation process are identified in the table below.

Table 7. MCO NAV for Time and Distance Standards by Provider Type

Provider Type Indicators	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Provider Types per COMAR									
PCP									
PCP	✓*	✓*	✓*	✓	✓	✓*	✓*	✓	✓*
Pediatric PCP	✓	✓	✓	✓	✓	✓	✓	✓	✓
Women's Health									
OB/GYN	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prenatal Provider	✓	✓	✓	✓	✓	✓		✓	✓
Core Specialties									
Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
ENT/Otolaryngology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neurology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ophthalmology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orthopedics	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Major Specialties									
Allergy and Immunology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dermatology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Endocrinology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Infectious Diseases	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nephrology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pulmonology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatric Specialties									
Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neurology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ancillary Providers									
Acute Inpatient Hospitals	✓	✓		✓	✓	✓	✓	✓	✓
Diagnostic Laboratories/X-Ray	✓	✓		✓	✓*	✓	✓*	✓*	✓

Provider Type Indicators	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Pharmacy	✓	✓		✓		✓		✓	✓
Additional Provider Types									
Other Specialties									
Hematology/Oncology	✓	✓	✓			✓	✓		✓
Pain Management		✓							
Podiatry			✓						
Chiropractor								✓	
Occupational Therapy								✓	
Perinatology								✓	
Physical Therapy								✓	
Speech Therapy								✓	

* MCO conducted NAV for additional subspecialties.

- All MCOs included both PCP provider types; OB/GYN; all Core Specialties; all Major Specialties, and all Pediatric Specialties in NAV processes for time and distance standards. ABH, CFCHP, JMS, MSFC, PPMCO, and WPM included additional subspecialties for PCP provider types, such as “family medicine” or “internal medicine”.
- PPMCO was the only MCO that did not include Prenatal Provider in its NAV for time and distance standards for Women’s Health provider types.
- JMS was the only MCO that did not include Acute Inpatient Hospitals or Diagnostic Laboratories/X-Ray in its NAV for time and distance standards for Ancillary Provider types.
- MPC, PPMCO, and UHC included additional subspecialties for Diagnostic Laboratories/X-Ray in its Ancillary Provider types.
- Six of nine MCOs (ABH, CFCHP, KPMAS, MSFC, UHC, and WPM) included Pharmacy in its Ancillary Provider types.
- Six of nine MCOs (ABH, CFCHP, JMS, MSFC, PPMCO, and WPM) included Hematology/Oncology in its Other Specialties provider types.
- CFCHP was the only MCO to include Pain Management in its Other Specialties provider types.
- JMS is the only MCO to include Podiatry in its Other Specialties provider types.
- UHC was the only MCO to include Chiropractor, Occupational Therapy, Perinatology, Physical Therapy, and Speech Therapy in its Other Specialties types.

The table below summarizes the total number of indicators included in each MCO's NAV for time and distance standards.

Table 8. Number of Indicators Included in NAV for Time and Distance Standards

MCO	Required Indicators Identified	Additional Indicators Identified	Number of Indicators Validated	Number of Required Indicators Missing
ABH	75	3	78	0
CFCHP	75	6	81	0
JMS	44	4	48	6
KPMAS	75	0	75	0
MPC	72	0	72	3
MSFC	75	3	78	0
PPMCO	60	3	60	15
UHC	75	15	90	0
WPM	75	3	78	0

JMS was exempt from including time and distance NAV for rural areas due to the primary locations of its member/providers in urban and suburban areas.

- ABH, CFCHP, KPMAS, MPC, MSFC, UHC, and WPM included all 75 indicators in its NAV process for time and distance standards.
- JMS did not include six of the 50 indicators in its NAV process for time and distance standards.
- PPMCO did not include 12 of the 75 indicators in its NAV process for time and distance standards.
- In addition to the 25 provider types, ABH included one additional provider type: Hematology/Oncology.
- In addition to the 25 provider types, CFCHP included two additional provider types: Oncology and Pain Management.
- JMS included 21 of the 25 provider types and two additional provider types: Hematology/Oncology and Podiatry. JMS does not monitor network adequacy for ancillary providers (Acute Inpatient Hospitals, Pharmacy, and Diagnostic Lab and X-ray) as those monitoring efforts are accomplished by a separate division. Additionally, JMS is exempt from monitoring network adequacy for enrollees in designated rural areas, as the majority of its enrollees and service providers are located in designated urban and suburban areas.
- KPMAS included each provider type listed.
- MPC included 24 of the 25 provider types listed. MPC did not include one ancillary provider: Pharmacy.
- In addition to the 25 provider types, MSFC included one additional provider type: Hematology/Oncology.
- PPMCO included 20 of the 25 provider types listed and included one additional provider type: Hematology/Oncology. However, PPMCO did not include one ancillary provider: Pharmacy, and reported one consolidated result for Pediatric Specialties instead of four individual providers.
- In addition to the 25 provider types, UHC included five additional provider types: Chiropractor, Occupational Therapy, Perinatology, Physical Therapy, and Speech Therapy.
- In addition to the 25 provider types, WPM included one additional provider type: Hematology/Oncology.

The table below summarizes the validation results of monitoring activities focused on provider-to-enrollee ratios that were conducted by each MCO. Confidence levels were determined through the completion of worksheet 4.2 for each MCO. An example of worksheet 4.2 is provided in [Appendix D](#).

Table 9. Validation Results for Time and Distance Standards

MCO	Total Indicators Identified	High Confidence (90.0% - 100%)	Moderate Confidence (51.0% - 89.9%)	Low Confidence (10.0% - 49.9%)	No Confidence (0.0% - 9.9%)	Could Not Be Validated
ABH	78	78	0	0	0	0
CFCHP	81	60	21	0	0	0
JMS	54	48	0	0	0	6
KPMAS	75	75	0	0	0	0
MPC	72	42	30	0	0	3
MSFC	78	78	0	0	0	0
PPMCO	72	60	0	0	0	12
UHC	90	69	21	0	0	0
WPM	78	78	0	0	0	0

JMS was exempt from including time and distance NAV for rural areas due to the primary locations of its member/providers in urban and suburban areas.

- **ABH:** All validated indicators achieved a confidence level of *High Confidence* score of 100%.
- **CFCHP:** Sixty of the 81 validated indicators achieved a confidence level of *High Confidence* score of 100%. Monitoring regarding Pediatric PCPs, Pediatric Specialties, OB/GYN providers, and Prenatal providers received a confidence level of *Moderate Confidence* score of 70.6%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population and women's population, respectively.
- **JMS:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. As JMS does not monitor adequacy for ancillary providers, they could not be validated.
- **KPMAS:** All validated indicators achieved a confidence level of *High Confidence* score of 100%.
- **MPC:** Forty-two of the 72 validated indicators achieved a confidence level of *High Confidence* score of 100%. The remaining 30 indicators received a confidence level of *Moderate Confidence* score of 70.6%. These indicators include major specialties and core specialties that do not have a pediatric counterpart. Analysts identified that monitoring activities for these indicators only looked at the adult population and the pediatric population was not accounted for in another monitoring activity.
- **MSFC:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. MPC did not include one ancillary provider: Pharmacy, so they could not be validated.

- **PPMCO:** All validated indicators achieved a confidence level of *High Confidence* score of 100%. PPMCO did not report any Pharmacy and reported one consolidated result for Pediatric Specialties instead of four individual providers, so these five provider types could not be validated in urban, suburban, and rural areas.
- **UHC:** Sixty-nine of the 90 validated indicators achieved a confidence level of *High Confidence* score of 100%. The remaining 21 indicators received a confidence level of *Moderate Confidence* score of 70.6%. These indicators include Pediatric PCPs, Pediatric subspecialties, OB/GYN, and Prenatal providers. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population and women's population, respectively.
- **WPM:** All validated indicators achieved a confidence level of *High Confidence* score of 100%.

Conclusion

MCOs reported a different amount of distinct provider-to-enrollee ratios for provider types. Overall, there were 189 distinct provider-to-enrollee ratios that were identified across all MCO activities that could be validated based on COMAR, with 16 additional monitoring activities MCOs conducted for additional provider specialties not listed. Of the 205 total potential ratios that could be reported, 128 were reported and reviewed.

- Of the 21 provider types listed in COMAR, five MCOs reported ratios for every provider type: ABH, JMS, MPC, PPMCO, and WPM.
- All MCOs reported ratios for PCPs and Pediatric PCPs.
- Most MCOs reported ratios for OB/GYN providers; KPMAS and MSFC did not.
- ABH, MPC, MSFC, and WPM reported separate ratios for prenatal care.
- ABH, CFCHP, JMS, MPC, PPMCO, and WPM reported ratios for core specialties. UHC reported ratios for core specialties except for Orthopedics and Urology.
- ABH, JMS, MPC, PPMCO, and WPM reported ratios for major specialties. CFCHP only reported ratios for Nephrology.
- ABH, JMS, MPC, PPMCO, and WPM reported ratios for pediatric specialties.
- Most MCOs reported ratios for Oncology or Hematology/Oncology combined: KPMAS and MSFC did not.
- Two MCOs reported ratios for one or more ancillary providers: MPC and PPMCO.

MCOs' calculations of their provider-to-enrollee ratios scored confidence levels of *Moderate Confidence* to *High Confidence*, with scores ranging from 68.8% to 100%.

- All calculations for ABH, JMS, PPMCO, and WPM were scored with a confidence level of *High Confidence*.
- All calculations that could be validated for KPMAS and MSFC were scored with a confidence level of *High Confidence*; however, these scores were limited to PCPs and Women's Health. These MCOs did not report ratios for other providers.

- Calculations for CFCHP, MPC, and UHC scored with a confidence level of *Moderate Confidence* to *High Confidence*. Ratios that scored a confidence level of *Moderate Confidence* include specialties focused on the pediatric population or women's population.

MCOs reported a different amount of monitoring activities for time and/or distance standards for each of the 25 provider types listed in COMAR across three geographical areas. Overall, Qlarant identified 650 different monitoring activities that could be conducted across all MCOs, 626 of which were reported. There were an additional 34 monitoring activities for additional specialties that were reported.

- All MCOs, except for JMS, reported standards for urban, suburban, and rural populations. JMS was exempt from including rural areas in its NAV methodology due to the primary locations of its member/providers in urban and suburban areas.
- All MCOs reported time and/or distance standards for PCPs, Pediatric PCPs, OB/GYN, Core Specialties, and Major Specialties.
- All MCOs, except for PPMCO, reported separate time and/or distance standards for prenatal care.

MCOs' calculations for time and/or distance standards scored confidence levels of *Moderate Confidence* to *High Confidence*, with scores ranging from 70.6% to 100%.

- All calculations for ABH, KPMAS, MSFC, and WPM were scored with a confidence level of *High Confidence*.
- All calculations that could be validated for JMS and PPMCO were scored with a confidence level of *High Confidence*. JMS did not report calculations for any ancillary providers. PPMCO also reported a consolidated rate for all pediatric subspecialties.
- CFCHP, MPC, and UHC scored a confidence level of *Moderate Confidence* to *High Confidence*. Standards that scored a confidence level of *Moderate Confidence* include specialties focused on the pediatric population or women's population.

ABH

- Reported 101 monitoring activities, with 23 activities focused on network capacity and 78 activities focused on time and distance standards.
- Results for 23 of 23 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 93.8%. Zero of 23 indicators scored 100% due to the ratio standards used.
- Results for 78 of 78 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

CFCHP

- Reported 95 monitoring activities, with 14 activities focused on network capacity and 81 activities focused on time and distance standards.

- Results for 12 of 14 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for two of 14 indicators focused on network capacity were scored with a confidence level of *Moderate Confidence*, with scores equaling 68.8% due to the focus on all members of the enrollee population instead of the pediatric population (Pediatric PCPs) and women's population (OB/GYN).
- Results for 60 of 81 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 21 of 81 indicators focused on time and/or distance standards were scored with a confidence level of *Moderate Confidence*, with scores equaling 70.6% due to the focus on all members of the enrollee population instead of the pediatric population (Pediatric PCPs, Pediatric Specialties) and women's population (Women's Health Providers).

JMS

- Reported 71 monitoring activities, with 23 activities focused on network capacity and 48 activities focused on time and distance standards.
- Results for 23 of 23 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores ranging from 93.8% to 100%. Two of 23 indicators scored 100%, while the other 21 indicators scored 93.8% due to the ratio standards used.
- Results for 48 of 48 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

KPMAS

- Reported 77 monitoring activities, with two activities focused on network capacity and 75 activities focused on time and distance standards.
- Results for two of two indicators focused on network capacity were scored with *High Confidence*, with scores equaling 100%.
- Results for 75 of 75 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

MPC

- Reported 95 monitoring activities, with 23 activities focused on network capacity and 72 activities focused on time and distance standards.
- Results for 13 of 23 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.

- Results for 10 of 23 indicators focused on network capacity were scored with a confidence level of *Moderate Confidence*, with scores equaling 68.8% due to all the major specialties and four of the core specialties (Otolaryngology, Ophthalmology, Orthopedics, and Urology) focusing on the adult population and excluding the pediatric population.
- Results for 42 of 72 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 30 of 72 indicators focused on time and/or distance standards were scored with a confidence level of *Moderate Confidence*, with scores equaling 70.6% due to all the major specialties and four of the core specialties (Otolaryngology, Ophthalmology, Orthopedics, and Urology) focusing on the adult population and excluding the pediatric population.

MSFC

- Reported 81 monitoring activities, with four activities focused on network capacity and 78 activities focused on time and distance standards.
- Results for four of 14 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 78 of 78 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

PPMCO

- Reported 80 monitoring activities, with 20 activities focused on network capacity and 60 activities focused on time and distance standards.
- Results for 20 of 20 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 60 of 60 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

UHC

- Reported ten monitoring activities, with nine activities focused on network capacity and 90 activities focused on time and distance standards.
- Results for eight of nine indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.

- Results for one of nine indicators focused on network capacity were scored with a confidence level of *Moderate Confidence*, with a score equaling 68.8% due to the focus of the enrollee population on all members instead of the pediatric population (Pediatric PCPs).
- Results for 69 of 90 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 21 of 90 indicators focused on time and/or distance standards were scored with a confidence level of *Moderate Confidence*, with a score equaling 70.6% due to the focus of the enrollee population on all enrollees instead of the pediatric population (Pediatric PCPs and Pediatric Subspecialties) and women's population (OB/GYN and Prenatal Care Providers).

WPM

- Reported 101 monitoring activities, with 23 activities focused on network capacity and 78 activities focused on time and distance standards.
- Results for four of 14 indicators focused on network capacity were scored with a confidence level of *High Confidence*, with scores equaling 100%.
- Results for 78 of 78 indicators focused on time and/or distance standards were scored with a confidence level of *High Confidence*, with scores equaling 100%.

Recommendations

MCO Recommendations

- **ABH:** Continue to work towards setting ratio goals to meet COMAR regulations.
- **CFCHP:** Increase monitoring activity to include provider-to-enrollee ratios for major specialties. Update provider-to-enrollee ratio monitoring for pediatric providers and specialists to focus on the pediatric population. Update provider-to-enrollee ratio monitoring for women's health providers and specialists to focus on the women's population.
- **JMS:** Continue to work towards setting ratio goals to meet COMAR regulations. Expand geographic monitoring to enrollees in designated rural areas.
- **KPMAS:** Increase monitoring activity to include provider-to-enrollee ratios for core, major, and pediatric specialties.
- **MPC:** Expand monitoring activity to include the pediatric population in specialty areas where there is not a pediatric provider (e.g. major specialties).
- **MSFC:** Increase monitoring activity to include provider-to-enrollee ratios for core, major, and pediatric specialties.
- **PPMCO:** Report monitoring activity by provider type for pediatric subspecialties.

- **UHC:** Streamline efforts to report the same metric across multiple deliverables. Increase monitoring activity to include provider-to-enrollee ratios for major and pediatric specialties. Update provider-to-enrollee ratio monitoring for pediatric providers to focus on the pediatric population.
- **WPM:** Continue to work towards setting ratio goals to meet COMAR regulations.

MDH Recommendations

- MCOs employed different methods in conducting NAV for their provider-to-enrollee ratios based on the language listed in COMAR. If the state wishes to make objective comparisons across MCOs, Qlarant recommends updating the contract language to specify which provider types should be monitored.
- MDH should encourage MCOs to monitor and report provider-to-enrollee ratios for providers that are accepting new patients. This will provide additional insight into their capacity and can help inform recruiting and retention efforts for providers.
- MDH should add hematology/oncology to the list of major specialty providers.
- MDH should add clarifying language to ancillary providers, such as diagnostic/x-rays, to focus on individuals and/or facilities.
- MDH should reconsider or reinforce the maximum ratio threshold of 2,000 enrollees to one provider to align with NCQA accreditation standards for high-impact/high-volume specialties.
- MDH should provide MCOs with specific age and gender parameters when reporting provider-to-enrollee ratios and time and distance calculation results. For example, indicators looking at PCPs should include enrollees of all ages, while indicators looking at Pediatric PCPs should include enrollees between the ages of 0 and 20. Indicators related to women's health providers should include female enrollees ages 12 and older.

Appendix A: Worksheet 4.6 MCO Findings

Aetna Better Health of Maryland (ABH)

Table 8. ABH Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Aetna Better Health of Maryland			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	101	0	0	23 focused on network capacity and all were addressed; 78 focused on geographic accessibility and all were addressed
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	101	0	0	
For each data source, were all variables needed to calculate this indicator included?	101	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	101	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	101	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	101	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Aetna Better Health of Maryland			
Question	Yes	No	Not Applicable	Comments
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	101	0	Correct response is inverse, "No".
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	101	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	101	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	101	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	101	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	78	23	0	For network capacity 0 of 23; For geographic accessibility 78 of 78; Ratio standards exceeded maximum ratio threshold set forth by COMAR
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	101	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Aetna Better Health of Maryland			
Question	Yes	No	Not Applicable	Comments
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	101	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	101	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	101	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	101	Not Applicable
<p>In calculating this indicator, were valid sampling techniques used to protect against bias?</p> <p>Specify the type of sampling used in the "comments" field.</p>	0	0	101	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Aetna Better Health of Maryland			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	0	0	101	Uses time instead of distance
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	78	0	23	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	23	0	78	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	101	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	101	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	101	0	0	Note: Ratio standards exceeded maximum ratio threshold set forth by COMAR
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	101	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	101	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	101	0	0	

Table 9. ABH Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Aetna Better Health of Maryland		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	93.8%	High Confidence
Pediatric PCP	✓	93.8%	High Confidence
Women's Health			
OB/GYN	✓*	93.8%	High Confidence
Prenatal Provider	✓	93.8%	High Confidence
Core Specialties			
Cardiology	✓	93.8%	High Confidence
ENT/Otolaryngology	✓	93.8%	High Confidence
Gastroenterology	✓	93.8%	High Confidence
Neurology	✓	93.8%	High Confidence
Ophthalmology	✓	93.8%	High Confidence
Orthopedics	✓	93.8%	High Confidence
Surgery	✓	93.8%	High Confidence
Urology	✓	93.8%	High Confidence

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Aetna Better Health of Maryland		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Major Specialties			
Allergy and Immunology	✓	93.8%	High Confidence
Dermatology	✓	93.8%	High Confidence
Endocrinology	✓	93.8%	High Confidence
Infectious Diseases	✓	93.8%	High Confidence
Nephrology	✓	93.8%	High Confidence
Pulmonology	✓	93.8%	High Confidence
Pediatric Specialties			
Cardiology	✓	93.8%	High Confidence
Gastroenterology	✓	93.8%	High Confidence
Neurology	✓	93.8%	High Confidence
Surgery	✓	93.8%	High Confidence
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Aetna Better Health of Maryland		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Hematology/Oncology	✓	93.8%	High Confidence
Pain Management	-	-	-
Podiatry	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 10. ABH GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Aetna Better Health of Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women’s Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Aetna Better Health of Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Aetna Better Health of Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

CareFirst BlueCross BlueShield Community Health Plan

Table 11. CFCHP Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	CareFirst Community Health Plan			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	95	9	0	23 focused on network capacity but only 14 were addressed; 81 focused on geographic accessibility and all were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	95	0	0	
For each data source, were all variables needed to calculate this indicator included?	95	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	95	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	95	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	95	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	95	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	CareFirst Community Health Plan			
Question	Yes	No	Not Applicable	Comments
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	95	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	95	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	95	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	95	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	72	23	0	For network capacity 12 of 14; For geographic accessibility 60 of 81; process for pediatric PCPs and OB/GYN did not focus on intended enrollee population
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	72	23	0	For network capacity 12 of 14; For geographic accessibility 60 of 81; process for pediatric PCPs and OB/GYN did not focus on intended enrollee population
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	72	23	0	For network capacity 12 of 14; For geographic accessibility 60 of 81; process for pediatric PCPs and

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	CareFirst Community Health Plan			
Question	Yes	No	Not Applicable	Comments
				OB/GYN did not focus on intended enrollee population
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	95	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	95	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	95	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	95	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	95	Not Applicable
<p>In calculating this indicator, were valid sampling techniques used to protect against bias?</p> <p>Specify the type of sampling used in the "comments" field.</p>	0	0	95	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	CareFirst Community Health Plan			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	81	0	14	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	81	0	14	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	14	0	81	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	95	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	95	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	72	23	0	For network capacity 12 of 14; For geographic accessibility 60 of 81; process for pediatric PCPs, pediatric specialists and OB/GYN did not focus on intended enrollee population
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	72	23	0	For network capacity 12 of 14; For geographic accessibility 60 of 81; process for pediatric PCPs, pediatric specialists and OB/GYN did not focus on intended enrollee population

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	CareFirst Community Health Plan			
Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	95	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	95	0	0	

Table 12. CFCHP Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	CareFirst Community Health Plan		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	68.8%	Moderate Confidence
Women’s Health			
OB/GYN	✓	68.8%	Moderate Confidence
Prenatal Provider	-	-	-
Core Specialties			
Cardiology	✓	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Ophthalmology	✓	100%	High Confidence
Orthopedics	✓	100%	High Confidence

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	CareFirst Community Health Plan		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Surgery	✓	100%	High Confidence
Urology	✓	100%	High Confidence
Major Specialties			
Allergy and Immunology	-	-	-
Dermatology	-	-	-
Endocrinology	-	-	-
Infectious Diseases	-	-	-
Nephrology	✓	100%	High Confidence
Pulmonology	-	-	-
Pediatric Specialties			
Cardiology	-	-	-
Gastroenterology	-	-	-
Neurology	-	-	-
Surgery	-	-	-
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	✓	100%	High Confidence
Pain Management	✓	100%	High Confidence
Podiatry	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 13. CFCHP GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		CareFirst Community Health Plan					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Women’s Health							
OB/GYN	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Prenatal Provider	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		CareFirst Community Health Plan					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Gastroenterology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Neurology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Surgery	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		CareFirst Community Health Plan					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pain Management	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Jai Medical Systems, Inc.

Table 14. JMS Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	JAI Medical Systems			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	71	6	0	23 focused on network capacity and all were addressed; 54 focused on geographic accessibility but 48 were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	71	0	0	
For each data source, were all variables needed to calculate this indicator included?	71	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	71	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	71	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	71	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	71	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	JAI Medical Systems			
Question	Yes	No	Not Applicable	Comments
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	71	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	71	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	71	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	71	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	50	21	0	For network capacity 2 of 23; For geographic accessibility 48 of 48; Ratio standards exceeded maximum ratio threshold set forth by COMAR
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	71	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	71	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	71	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	JAI Medical Systems			
Question	Yes	No	Not Applicable	Comments
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	71	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	71	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	71	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	71	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field.	0	0	71	Not Applicable
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	48	0	23	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	0	0	71	Uses distance instead of time

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	JAI Medical Systems			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	23	0	48	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	71	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	71	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	71	0	0	Note: Ratio standards exceeded maximum ratio threshold set forth by COMAR
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	71	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	71	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	71	0	0	

Table 15. JMS Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	JAI Medical Systems		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women's Health			
OB/GYN	✓	93.8%	High Confidence
Prenatal Provider	-	-	-
Core Specialties			
Cardiology	✓	93.8%	High Confidence
ENT/Otolaryngology	✓	93.8%	High Confidence
Gastroenterology	✓	93.8%	High Confidence
Neurology	✓	93.8%	High Confidence
Ophthalmology	✓	93.8%	High Confidence
Orthopedics	✓	93.8%	High Confidence
Surgery	✓*	93.8%	High Confidence
Urology	✓	93.8%	High Confidence

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	JAI Medical Systems		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Major Specialties			
Allergy and Immunology	✓	93.8%	High Confidence
Dermatology	✓	93.8%	High Confidence
Endocrinology	✓	93.8%	High Confidence
Infectious Diseases	✓	93.8%	High Confidence
Nephrology	✓	93.8%	High Confidence
Pulmonology	✓	93.8%	High Confidence
Pediatric Specialties			
Cardiology	✓	93.8%	High Confidence
Gastroenterology	✓	93.8%	High Confidence
Neurology	✓	93.8%	High Confidence
Surgery	✓	93.8%	High Confidence
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	JAI Medical Systems		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Hematology/Oncology	✓	93.8%	High Confidence
Pain Management	-	-	-
Podiatry	✓	93.8%	High Confidence

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 16. JMS GeoAccess

Network Adequacy Validation							
State	MD						
Managed Care Organization (MCO) name	JAI Medical Systems						
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	-	-
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	-	-
Women’s Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	-	-
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	-	-
Core Specialties							

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		JAI Medical Systems					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Cardiology	✓	100%	High Confidence	100%	High Confidence	-	-
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	-	-
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	-	-
Neurology	✓	100%	High Confidence	100%	High Confidence	-	-
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	-	-
Orthopedics	✓	100%	High Confidence	100%	High Confidence	-	-
Surgery	✓	100%	High Confidence	100%	High Confidence	-	-
Urology	✓	100%	High Confidence	100%	High Confidence	-	-
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	-	-
Dermatology	✓	100%	High Confidence	100%	High Confidence	-	-
Endocrinology	✓	100%	High Confidence	100%	High Confidence	-	-
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	-	-
Nephrology	✓	100%	High Confidence	100%	High Confidence	-	-

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		JAI Medical Systems					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pulmonology	✓	100%	High Confidence	100%	High Confidence	-	-
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	-	-
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	-	-
Neurology	✓	100%	High Confidence	100%	High Confidence	-	-
Surgery	✓	100%	High Confidence	100%	High Confidence	-	-
Ancillary Providers							
Acute Inpatient Hospitals	-	-	-	-	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-
Other Specialties							
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	-	-
Pain Management	-	-	-	-	-	-	-
Podiatry	✓	100%	High Confidence	100%	High Confidence	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		JAI Medical Systems					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Kaiser Permanente of the Mid-Atlantic States, Inc.

Table 17. KPMAS Validation

Network Adequacy Validation				
State		MD		
Managed Care Organization (MCO) name:		Kaiser Permanente of the Mid-Atlantic States		
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	77	19	0	21 focused on network capacity but 2 were addressed; 75 focused on geographic accessibility and all were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	77	0	0	
For each data source, were all variables needed to calculate this indicator included?	77	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	77	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Kaiser Permanente of the Mid-Atlantic States			
Question	Yes	No	Not Applicable	Comments
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	77	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	77	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	77	0	Correct response is inverse, "No".
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	77	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	77	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	77	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	77	Not Applicable
Assessment of MCO Network Adequacy Methods				

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Kaiser Permanente of the Mid-Atlantic States			
Question	Yes	No	Not Applicable	Comments
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	77	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	77	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	77	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	77	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	77	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	77	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	77	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	77	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Kaiser Permanente of the Mid-Atlantic States			
Question	Yes	No	Not Applicable	Comments
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	77	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	75	0	2	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	75	0	2	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to-enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	2	0	75	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	77	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	77	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	77	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	77	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Kaiser Permanente of the Mid-Atlantic States			
Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	77	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	77	0	0	

Table 18. KPMAS Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Kaiser Permanente of the Mid Atlantic States		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women’s Health			
OB/GYN	-	-	-
Prenatal Provider	-	-	-
Core Specialties			
Cardiology	-	-	-
ENT/Otolaryngology	-	-	-
Gastroenterology	-	-	-
Neurology	-	-	-
Ophthalmology	-	-	-
Orthopedics	-	-	-
Surgery	-	-	-
Urology	-	-	-

Network Adequacy Validation			
State		MD	
Managed Care Organization (MCO) name		Kaiser Permanente of the Mid Atlantic States	
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Major Specialties			
Allergy and Immunology	-	-	-
Dermatology	-	-	-
Endocrinology	-	-	-
Infectious Diseases	-	-	-
Nephrology	-	-	-
Pulmonology	-	-	-
Pediatric Specialties			
Cardiology	-	-	-
Gastroenterology	-	-	-
Neurology	-	-	-
Surgery	-	-	-
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	-	-	-
Pain Management	-	-	-
Podiatry	-	-	-

- Indicates no activity and/or no comment

Table 19. KPMAS GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Kaiser Permanente of the Mid Atlantic States					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women’s Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Kaiser Permanente of the Mid Atlantic States					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Kaiser Permanente of the Mid Atlantic States					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	-	-	-	-	-	-	-
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

- Indicates no activity and/or no comment

Maryland Physicians Care

Table 20. MPC Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Maryland Physician Care			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	95	0	0	23 focused on network capacity and all were addressed; 72 focused on geographic accessibility and all were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	95	0	0	
For each data source, were all variables needed to calculate this indicator included?	95	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	95	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	95	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	95	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	95	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Maryland Physician Care			
Question	Yes	No	Not Applicable	Comments
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	95	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	95	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	95	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	95	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	55	40	0	For network capacity 13 of 23; For geographic accessibility 42 of 72; pediatric population excluded for major specialties and core specialties without a pediatric counterpart
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	55	40	0	For network capacity 13 of 23; For geographic accessibility 42 of 72; pediatric population excluded for major specialties and core specialties without a pediatric counterpart

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Maryland Physician Care			
Question	Yes	No	Not Applicable	Comments
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	55	40	0	For network capacity 13 of 23; For geographic accessibility 42 of 72; pediatric population excluded for major specialties and core specialties without a pediatric counterpart
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	95	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	95	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	95	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	95	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	95	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	Maryland Physician Care			
Question	Yes	No	Not Applicable	Comments
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	95	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	72	0	23	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	72	0	23	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	23	0	72	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	95	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	95	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	55	40	0	For network capacity 13 of 23; For geographic accessibility 42 of 72; pediatric population excluded for major specialties and core specialties without a pediatric counterpart

Network Adequacy Validation				
State		MD		
Managed Care Organization (MCO) name:		Maryland Physician Care		
Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	55	40	0	For network capacity 13 of 23; For geographic accessibility 42 of 72; pediatric population excluded for major specialties and core specialties without a pediatric counterpart
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	77	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	77	0	0	

Table 21. MPC Ratios

Network Adequacy Validation			
State		MD	
Managed Care Organization (MCO) name		Maryland Physician Care	
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women’s Health			
OB/GYN	✓	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence
Core Specialties			
Cardiology	✓	100%	High Confidence
ENT/Otolaryngology	✓	68.8%	Moderate Confidence
Gastroenterology	✓	100%	High Confidence

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Maryland Physician Care		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Neurology	✓	100%	High Confidence
Ophthalmology	✓	68.8%	Moderate Confidence
Orthopedics	✓	68.8%	Moderate Confidence
Surgery	✓	100%	High Confidence
Urology	✓	68.8%	Moderate Confidence
Major Specialties			
Allergy and Immunology	✓	68.8%	Moderate Confidence
Dermatology	✓	68.8%	Moderate Confidence
Endocrinology	✓	68.8%	Moderate Confidence
Infectious Diseases	✓	68.8%	Moderate Confidence
Nephrology	✓	68.8%	Moderate Confidence
Pulmonology	✓	68.8%	Moderate Confidence
Pediatric Specialties			
Cardiology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Surgery	✓	100%	High Confidence
Ancillary Providers			
Acute Inpatient Hospitals	✓	100%	High Confidence
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	-	-	-
Pain Management	-	-	-

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Maryland Physician Care		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Podiatry	-	-	-

- Indicates no activity and/or no comment

Table 22. MPC GeoAccess

Table 22: MCO GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Maryland Physician Care					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women's Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Maryland Physician Care					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Orthopedics	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Major Specialties							
Allergy and Immunology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Dermatology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Endocrinology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Infectious Diseases	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Nephrology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Pulmonology	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Maryland Physician Care					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pharmacy	-	-	-	-	-	-	-
Other Specialties							
Hematology/Oncology	-	-	-	-	-	-	-
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

MedStar Family Choice, Inc.

Table 23. MSFC Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	MedStar Family Choice			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	101	0	0	23 focused on network capacity and all were addressed; 78 focused on geographic accessibility and all were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	101	0	0	
For each data source, were all variables needed to calculate this indicator included?	101	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	101	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	101	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	101	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	101	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	MedStar Family Choice			
Question	Yes	No	Not Applicable	Comments
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	101	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	101	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	101	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	101	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	101	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	MedStar Family Choice			
Question	Yes	No	Not Applicable	Comments
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	101	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field.	0	0	101	Not Applicable
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	78	0	23	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	78	0	23	Applicable to geographic accessibility

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	MedStar Family Choice			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach to deriving provider-to-enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	23	0	78	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	101	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	101	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, did the MCO accurately interpret its results?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78

Table 24. MSFC Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	MedStar Family Choice		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women's Health			
OB/GYN	-	-	-
Prenatal Provider	✓	100%	High Confidence
Core Specialties			
Cardiology	-	-	-
ENT/Otolaryngology	-	-	-
Gastroenterology	-	-	-
Neurology	-	-	-
Ophthalmology	-	-	-
Orthopedics	-	-	-
Surgery	-	-	-
Urology	-	-	-
Major Specialties			
Allergy and Immunology	-	-	-
Dermatology	-	-	-
Endocrinology	-	-	-
Infectious Diseases	-	-	-
Nephrology	-	-	-

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	MedStar Family Choice		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Pulmonology	-	-	-
Pediatric Specialties			
Cardiology	-	-	-
Gastroenterology	-	-	-
Neurology	-	-	-
Surgery	-	-	-
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	✓	100%	High Confidence
Pain Management	-	-	-
Podiatry	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 25. MSFC GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		MedStar Family Choice					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women’s Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		MedStar Family Choice					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		MedStar Family Choice					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Priority Partners

Table 26. PPMCO Validation

Network Adequacy Validation				
State	MD			
Managed Care Organization MCO(MCO) name:	Priority Partners MCO			
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	80	16	0	24 focused on network capacity but 20 were addressed; 72 focused on geographic accessibility but 60 were addressed.
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	80	0	0	
For each data source, were all variables needed to calculate this indicator included?	80	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	80	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	80	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	80	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	80	0	Correct response is inverse, "No".

Network Adequacy Validation				
State	MD			
Managed Care Organization MCO(MCO) name:	Priority Partners MCO			
Question	Yes	No	Not Applicable	Comments
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	80	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	80	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	80	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	80	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	80	0	0	

Network Adequacy Validation				
State	MD			
Managed Care Organization MCO(MCO) name:	Priority Partners MCO			
Question	Yes	No	Not Applicable	Comments
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	80	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?	0	0	80	Not Applicable
A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.				
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	80	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	80	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias?	0	0	80	Not Applicable
Specify the type of sampling used in the "comments" field.				
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	60	0	20	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	0	0	80	Used distance instead of time

Network Adequacy Validation				
State	MD			
Managed Care Organization MCO(MCO) name:	Priority Partners MCO			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	20	0	60	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	80	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	80	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60
In calculating this indicator, did the MCO accurately interpret its results?	80	0	0	For network capacity 20 of 20; For geographic accessibility 60 of 60

Table 27. PPMCO Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Priority Partners MCO		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women's Health			
OB/GYN	✓	100%	High Confidence
Prenatal Provider	-	-	-
Core Specialties			
Cardiology	✓	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Ophthalmology	✓	100%	High Confidence
Orthopedics	✓	100%	High Confidence
Surgery	✓	100%	High Confidence
Urology	✓	100%	High Confidence
Major Specialties			
Allergy and Immunology	✓	100%	High Confidence
Dermatology	✓	100%	High Confidence
Endocrinology	✓	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence
Nephrology	✓	100%	High Confidence
Pulmonology	✓	100%	High Confidence
Pediatric Specialties			

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	Priority Partners MCO		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Cardiology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Surgery	✓	100%	High Confidence
Ancillary Providers			
Acute Inpatient Hospitals	✓	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓*	100%	High Confidence
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	✓	100%	High Confidence
Pain Management	-	-	-
Podiatry	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 28. PPMCO GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Priority Partners MCO					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Priority Partners MCO					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women's Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	-	-	-	-	-	-	-
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Priority Partners MCO					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pharmacy	-	-	-	-	-	-	-
Other Specialties							

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		Priority Partners MCO					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

UnitedHealthcare Community Plan

Table 29. UHC Validation

Network Adequacy Validation				
State		MD		
Managed Care Organization (MCO) name:		United HealthCare		
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	99	13	0	22 focused on network capacity but 9 were addressed; 90 focused on geographic accessibility and all were addressed.

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	United HealthCare			
Question	Yes	No	Not Applicable	Comments
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	99	0	0	
For each data source, were all variables needed to calculate this indicator included?	99	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	99	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	99	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	99	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	99	0	Correct response is inverse, "No".
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	99	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	99	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	United HealthCare			
Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	99	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	99	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	77	22	0	For network capacity 8 of 9; For geographic accessibility 69 of 90
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	77	22	0	For network capacity 8 of 9; For geographic accessibility 69 of 90
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	77	22	0	For network capacity 8 of 9; For geographic accessibility 69 of 90
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	99	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	99	Not Applicable

Network Adequacy Validation				
State		MD		
Managed Care Organization (MCO) name:		United HealthCare		
Question	Yes	No	Not Applicable	Comments
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	99	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	99	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	99	Not Applicable
<p>In calculating this indicator, were valid sampling techniques used to protect against bias?</p> <p>Specify the type of sampling used in the “comments” field.</p>	0	0	99	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	90	0	9	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	90	0	9	Used distance instead of time

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	United HealthCare			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	9	0	90	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	99	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	99	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	77	22	0	For network capacity 8 of 9; For geographic accessibility 69 of 90
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	77	22	0	For network capacity 8 of 9; For geographic accessibility 69 of 90
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	99	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	99	0	0	

Table 30. UHC Ratios

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	United Healthcare		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	68.8%	Moderate Confidence
Women's Health			
OB/GYN	✓	-	Could not validate
Prenatal Provider	-	-	-
Core Specialties			
Cardiology	✓	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Ophthalmology	✓	100%	High Confidence
Orthopedics	-	-	-
Surgery	✓	100%	High Confidence
Urology	-	-	-
Major Specialties			
Allergy and Immunology	-	-	-
Dermatology	-	-	-
Endocrinology	-	-	-
Infectious Diseases	-	-	-
Nephrology	-	-	-
Pulmonology	-	-	-
Pediatric Specialties			
Cardiology	-	-	-

Network Adequacy Validation			
State	MD		
Managed Care Organization (MCO) name	United Healthcare		
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Gastroenterology	-	-	-
Neurology	-	-	-
Surgery	-	-	-
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	✓	100%	High Confidence
Pain Management	-	-	-
Podiatry	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Table 31. UHC GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		United Healthcare					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		United Healthcare					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Women’s Health							
OB/GYN	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Prenatal Provider	✓	70.6%	Moderate Confidence	70.6%	Moderate Confidence	70.6%	Moderate Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		United Healthcare					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Gastroenterology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Neurology	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Surgery	✓	71%	Moderate Confidence	71%	Moderate Confidence	71%	Moderate Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	-	-	-	-	-	-	-
Pain Management	-	-	-	-	-	-	-

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		United Healthcare					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Podiatry	-	-	-	-	-	-	-
Chiropractor	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Occupational Therapy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Perinatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Physical Therapy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Speech Therapy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

- Indicates no activity and/or no comment

Wellpoint Maryland

Table 32. WPM Validation

Network Adequacy Validation				
State		MD		
Managed Care Organization (MCO) name:		WellPoint Maryland		
Question	Yes	No	Not Applicable	Comments
Overview				
Did the MCO address this indicator in its network adequacy monitoring activities?	101	0	0	23 focused on network capacity and all were addressed; 78 focused on geographic accessibility and all were addressed.
Assessment of data collection procedures				

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	WellPoint Maryland			
Question	Yes	No	Not Applicable	Comments
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	101	0	0	
For each data source, were all variables needed to calculate this indicator included?	101	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	101	0	Correct response is inverse, "No".
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	101	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	101	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	101	0	Correct response is inverse, "No".
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	101	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	101	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	WellPoint Maryland			
Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	101	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	101	Not Applicable
Assessment of MCO Network Adequacy Methods				
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	101	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	101	Not Applicable

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	WellPoint Maryland			
Question	Yes	No	Not Applicable	Comments
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	101	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	101	Not Applicable
<p>In calculating this indicator, were valid sampling techniques used to protect against bias?</p> <p>Specify the type of sampling used in the “comments” field.</p>	0	0	101	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	0	0	101	Used time instead of distance
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	78	0	23	Used distance instead of time

Network Adequacy Validation				
State	MD			
Managed Care Organization (MCO) name:	WellPoint Maryland			
Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	23	0	78	Applicable to provider-enrollee ratios
If applicable to this indicator, does the MCO's approach for determining the maximum wait time for an appointment match the state's expectation?	0	0	101	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If "no," please describe in the "comments" field.	101	0	0	
Assessment of MCO Network Adequacy Results				
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO's calculated values reflect the true values?	101	0	0	For network capacity 23 of 23; For geographic accessibility 78 of 78
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO's results reproducible and consistent?	101	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	101	0	0	

Table 33. WPM Ratios

Network Adequacy Validation State MD Managed Care Organization (MCO) name WellPoint Maryland			
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)			
PCP	✓*	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence
Women's Health			
OB/GYN	✓	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence
Core Specialties			
Cardiology	✓	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Ophthalmology	✓	100%	High Confidence
Orthopedics	✓	100%	High Confidence
Surgery	✓	100%	High Confidence
Urology	✓	100%	High Confidence
Major Specialties			
Allergy and Immunology	✓	100%	High Confidence
Dermatology	✓	100%	High Confidence
Endocrinology	✓	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence
Nephrology	✓	100%	High Confidence
Pulmonology	✓	100%	High Confidence

Network Adequacy Validation			
State		MD	
Managed Care Organization (MCO)		WellPoint Maryland	
name			
Provider to Enrollee Ratios	Monitored	Validation Score	Rating
Pediatric Specialties			
Cardiology	✓	100%	High Confidence
Gastroenterology	✓	100%	High Confidence
Neurology	✓	100%	High Confidence
Surgery	✓	100%	High Confidence
Ancillary Providers			
Acute Inpatient Hospitals	-	-	-
Diagnostic Laboratories/X-Ray	-	-	-
Pharmacy	-	-	-
Other Specialties			
Hematology/Oncology	✓	100%	High Confidence
Pain Management	-	-	-
Podiatry	-	-	-

- Indicates no activity and/or no comment

Table 34. WPM GeoAccess

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		WellPoint Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
PCP							
PCP	✓*	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric PCP	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Women’s Health							
OB/GYN	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Prenatal Provider	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Core Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
ENT/Otolaryngology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ophthalmology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Orthopedics	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Urology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		WellPoint Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Major Specialties							
Allergy and Immunology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Dermatology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Endocrinology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Infectious Diseases	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Nephrology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pulmonology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pediatric Specialties							
Cardiology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Gastroenterology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Neurology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Surgery	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Ancillary Providers							
Acute Inpatient Hospitals	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Diagnostic Laboratories/X-Ray	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence

Network Adequacy Validation							
State		MD					
Managed Care Organization (MCO) name		WellPoint Maryland					
Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pharmacy	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Other Specialties							
Hematology/Oncology	✓	100%	High Confidence	100%	High Confidence	100%	High Confidence
Pain Management	-	-	-	-	-	-	-
Podiatry	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-
Occupational Therapy	-	-	-	-	-	-	-
Perinatology	-	-	-	-	-	-	-
Physical Therapy	-	-	-	-	-	-	-
Speech Therapy	-	-	-	-	-	-	-

*MCO monitors subgroup specialties for provider type

- Indicates no activity and/or no comment

Appendix B: MCO Service Areas

Table 35. Local Access Area Zip Codes as Identified in COMAR

<i>Local Access Area</i>	<i>Zip Codes</i>
Allegany	21501, 21502, 21503, 21504, 21505, 21521, 21523, 21524, 21528, 21529, 21530, 21532, 21539, 21540, 21542, 21543, 21545, 21546, 21555, 21556, 21557, 21560, 21562, 21766
Anne Arundel North	20701, 20724, 20755, 21056, 21060, 21061, 21076, 21077, 21090, 21108, 21113, 21122, 21123, 21144, 21240
Anne Arundel South	20711, 20733, 20751, 20764, 20765, 20776, 20778, 20779, 21012, 21032, 21035, 21037, 21054, 21106, 21114, 21140, 21146, 21401, 21402, 21403, 21404, 21405, 21409
Baltimore City SE/Dundalk	21052, 21219, 21222, 21224, 21281
Baltimore City East	21202, 21203, 21205, 21213, 21231, 21287
Baltimore City North Central	21210, 21211, 21218
Baltimore City Northeast	21206, 21212, 21214, 21239
Baltimore City Northwest	21208, 21209, 21215, 21270
Baltimore City South	21225, 21226, 21230
Baltimore City West	21201, 21216, 21217, 21223
Baltimore County East	21021, 21022, 21027, 21051, 21087, 21128, 21156, 21162, 21220, 21221, 21236, 21237
Baltimore County North	21013, 21023, 21030, 21031, 21053, 21057, 21082, 21092, 21093, 21094, 21105, 21111, 21120, 21131, 21139, 21152, 21153, 21155, 21161, 21204, 21234, 21284, 21285, 21286
Baltimore County Northwest	21055, 21071, 21117, 21133, 21136, 21163, 21207, 21244, 21282
Baltimore County Southwest	21227, 21228, 21229
Calvert	20610, 20615, 20629, 20639, 20657, 20676, 20678, 20685, 20688, 20689, 20714, 20732, 20736, 20754, 20758
Caroline	21609, 21629, 21632, 21636, 21639, 21640, 21641, 21649, 21655, 21660, 21670
Carroll	21020, 21048, 21074, 21088, 21102, 21104, 21157, 21158, 21757, 21771, 21776, 21784, 21787, 21791
Cecil	21901, 21902, 21903, 21904, 21911, 21912, 21913, 21914, 21915, 21916, 21917, 21918, 21919, 21920, 21921, 21922, 21930
Charles	20601, 20602, 20603, 20604, 20611, 20612, 20616, 20617, 20622, 20625, 20632, 20637, 20640, 20643, 20645, 20646, 20658, 20661, 20662, 20664, 20675, 20677, 20682, 20693, 20695
Dorchester	21613, 21622, 21626, 21627, 21631, 21634, 21643, 21648, 21659, 21664, 21669, 21672, 21675, 21677, 21835, 21869

Local Access Area	Zip Codes
Frederick	21701, 21702, 21703, 21704, 21705, 21710, 21714, 21716, 21717, 21718, 21727, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21773, 21774, 21775, 21777, 21778, 21780, 21788, 21790, 21792, 21793, 21798
Garrett	21520, 21522, 21531, 21536, 21538, 21541, 21550, 21561
Harford East	21001, 21005, 21017, 21018, 21024, 21028, 21034, 21078, 21130
Harford West	21009, 21010, 21014, 21015, 21040, 21047, 21050, 21084, 21085, 21101, 21132, 21154, 21160
Howard County	20723, 20759, 20763, 20777, 20794, 21029, 21036, 21041, 21042, 21043, 21044, 21045, 21046, 21150, 21723, 21737, 21738, 21765, 21794, 21797
Kent	21610, 21620, 21635, 21637, 21645, 21646, 21650, 21661, 21667, 21678
Montgomery Mid-County	20812, 20813, 20814, 20815, 20816, 20817, 20818, 20824, 20825, 20827, 20830, 20832, 20833, 20848, 20849, 20850, 20851, 20852, 20853, 20854, 20855, 20857, 20859, 20889, 20891, 20892, 20895, 20896
Montgomery North	20837, 20838, 20839, 20841, 20842, 20847, 20871, 20872, 20874, 20875, 20876, 20877, 20878, 20879, 20880, 20882, 20883, 20884, 20885, 20886, 20898, 20997
Montgomery - Silver Spring	20860, 20861, 20862, 20866, 20868, 20901, 20902, 20903, 20904, 20905, 20906, 20907, 20908, 20910, 20911, 20912, 20913, 20914, 20915, 20916, 20918, 20990
Prince George's Northeast	20704, 20705, 20707, 20708, 20709, 20715, 20716, 20717, 20718, 20719, 20720, 20721, 20725, 20726, 20769
Prince George's Northwest	20703, 20706, 20710, 20712, 20722, 20731, 20737, 20738, 20740, 20741, 20742, 20743, 20768, 20770, 20771, 20780, 20781, 20782, 20783, 20784, 20785, 20787, 20788, 20789, 20791, 20792, 20797, 20799
Prince George's Southeast	20608, 20613, 20623, 20735, 20762, 20772, 20773, 20774, 20775
Prince George's Southwest	20607, 20744, 20745, 20746, 20747, 20748, 20749, 20750, 20752, 20753, 20757, 20790
Queen Anne's	21607, 21617, 21619, 21623, 21628, 21638, 21644, 21651, 21656, 21657, 21658, 21666, 21668
Somerset	21816, 21817, 21820, 21821, 21824, 21836, 21838, 21853, 21857, 21866, 21867, 21868, 21870, 21871, 21890
St. Mary's	20606, 20609, 20618, 20619, 20620, 20621, 20624, 20626, 20627, 20628, 20630, 20634, 20635, 20636, 20650, 20653, 20656, 20659, 20660, 20667, 20670, 20674, 20680, 20684, 20686, 20687, 20690, 20692
Talbot	21601, 21612, 21624, 21625, 21647, 21652, 21653, 21654, 21662, 21663, 21665, 21671, 21673, 21676, 21679
Washington	21711, 21713, 21715, 21719, 21720, 21721, 21722, 21733, 21734, 21740, 21741, 21742, 21746, 21750, 21756, 21767, 21779, 21781, 21782, 21783, 21795
Wicomico	21801, 20802, 21803, 21804, 21810, 21814, 21822, 21826, 21830, 21837, 21840, 21849, 21850, 21852, 21856, 21861, 21865, 21874, 21875
Worcester	21811, 21813, 21829, 21841, 21842, 21843, 21851, 21862, 21863, 21864, 21872

Table 36. HealthChoice MCO Open Service Areas

County	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Allegany	✓	✓			✓		✓	Voluntarily Frozen	✓
Anne Arundel	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baltimore City	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baltimore County	✓	✓	✓	✓	✓	✓	✓	✓	✓
Calvert	✓	✓		✓	✓	✓	✓	✓	✓
Caroline	✓	✓			✓		✓	✓	✓
Carroll	✓	✓	✓		✓		✓	✓	✓
Cecil	✓	✓			✓		✓	✓	✓
Charles	✓	✓		✓	✓	✓	✓	✓	✓
Dorchester	✓	✓			✓		✓	✓	✓
Frederick	✓	✓			✓		✓	✓	✓
Garrett	✓	✓			✓		✓	Voluntarily Frozen	✓
Harford	✓	✓	✓	✓	✓	✓	✓	✓	✓
Howard	✓	✓	✓	✓	✓		✓	✓	✓
Kent	✓	✓			✓		✓	✓	✓
Montgomery	✓	✓		✓	✓	✓	✓	✓	✓
Prince George's	✓	✓	✓	✓	✓	✓	✓	✓	✓
Queen Anne's	✓	✓			✓		✓	✓	✓
Somerset	✓	✓			✓		✓	✓	✓
St. Mary's	✓	✓		Frozen	✓	✓	✓	✓	✓
Talbot	✓	✓			✓		✓	✓	✓
Washington	✓	✓			✓		✓	✓	✓
Wicomico	✓	✓			✓		✓	✓	✓
Worcester	✓	✓			✓		✓	✓	✓

Appendix C: MY 2023 Network Adequacy Validation Focused Study

Measurement Year 2023 Network Adequacy Validation Report

Assessing Accuracy of MCO Provider Directories

Executive Summary

Introduction

The Maryland Department of Health (MDH) administers the state's Medicaid managed care program, Maryland HealthChoice Program (HealthChoice). HealthChoice operates under a Centers for Medicare and Medicaid Services (CMS) 1115 waiver and Code of Maryland Regulations (COMAR) to provide quality healthcare that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. MDH is responsible for evaluating the quality of care provided to enrollees by HealthChoice's managed care organizations.

Federal regulations require MDH to contract with an external quality review organization (EQRO) to provide annual, independent reviews assessing quality, access, and timeliness of care. This independent review ensures services provided to enrollees meet the standards governing the HealthChoice program in the Code of Federal Regulations (CFR) and COMAR. MDH contracts with Qlarant to meet federal regulations and evaluate quality, access, and timeliness of care through validations of network adequacy and access for HealthChoice enrollees.

HealthChoice emphasizes health promotion and disease prevention and requires health education and outreach services to be provided to enrollees. Utilization of a "medical home" connects each enrollee with a primary care provider (PCP) of their choice and identifies a PCP responsible for overseeing their medical care by providing preventive and primary care services, managing referrals, and coordinating all necessary care. MDH engages in a broad range of activities to monitor network adequacy and access to ensure efficient use and coverage for these services.

This report identifies Qlarant's NAV activities conducted for measurement year (MY) 2023, which took place in June and July 2023, for all nine MCOs. MDH set an 80% minimum compliance score for the MY 2023 network adequacy assessment to ensure MCOs are complying with all state and federal requirements. The following MCOs were assessed in this report:

- Aetna Better Health of Maryland (ABH)
- CareFirst Community Health Plan (CFCHP)

- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint (WPM)³

Qlarant evaluated the network adequacy of HealthChoice MCOs to ensure MCOs can provide enrollees with timely access to necessary care and a sufficient number of in-network providers. In MY 2023, 2,074 PCPs were part of the survey sample to monitor available coverage for current HealthChoice enrollees. Successful contact yielded a response rate of 59.3%, which represents 1,229 PCPs. Qlarant's surveyors verified:

- Accuracy of online provider directories, including telephone number and address;
- Provider acceptance of the MCO listed in the provider directory;
- Provider practice acceptance of new Medicaid patients;
- First availability for routine appointments; and
- First availability for urgent care appointments.

The corrective action process requires each MCO to submit a corrective action plan (CAP), which details the actions to be taken to correct any deficiencies identified during the NAV survey when the minimum compliance score has not been met for the accuracy of online provider directories or compliance with routine and urgent care appointment timeframes. CAPs must be submitted within 45 calendar days of receipt of the NAV results. CAPs are reviewed by Qlarant and determined adequate only if they address the following required elements and components:

- Action item(s) to address each requirement
- Methodology for evaluating the effectiveness of actions taken
- Timeframe for evaluating each action item, including plans for evaluation
- Responsible party for each action item

Based on the MY 2023 assessment, six MCOs (CFCHP, JMS, KPMAS, PPMCO, UHC, and WPM) are required to submit CAPs to Qlarant to improve compliance. The results are as follows:

³ Previously Amerigroup Community Care (ACC) as of January 1, 2023.

- CFCHP is required to submit a CAP to improve compliance with online provider directory accuracy of accepting new Medicaid patients in alignment with the telephonic survey answers for the listed MCO.
- JMS, PPMCO, and UHC are required to submit quarterly CAPs due to multiple years of not meeting the requirement of online provider directory accuracy of accepting new Medicaid patients in alignment with the telephonic survey answers for the listed MCO.
- KPMAS is required to submit a CAP to improve compliance with routine care appointment timeframes.
- KPMAS is required to submit a quarterly CAP due to multiple years of not meeting the requirement to improve compliance with urgent care appointment timeframes.
- PPMCO is required to submit a CAP to improve online provider directory specifications of available accommodations for individuals with disabilities at practice locations.
- WPM is required to submit a CAP to improve alignment with the online provider directory with staff responses regarding updated or corrected practice locations.

Qlarant recommends CAP closures for the following MCOs, as compliance was achieved for MY 2023 validations:

- CFCHP – “PCP’s Practice Telephone Number Matched Survey Response”
- JMS - “Practice has Accommodations for Patients with Disabilities (with specific details)”
- KPMAS - “Specifies PCP Accepts New Medicaid Patients & Matches Survey Response”
- MSFC - “Compliance with Routine Care Appointment Timeframe (within 30 days)”
- MPC - “Specifies PCP Accepts New Medicaid Patients & Matches Survey Response”
- WPM - “Specifies PCP Accepts New Medicaid Patients & Matches Survey Response”

Quality Strategy Highlights

Per the HealthChoice Quality Strategy for 2022-2024⁴, MDH has set a task goal based on pre-Covid public health emergency aggregate performance of increasing all NAV requirements to 90% or above by MY 2024. Based upon the HealthChoice Quality Strategy, specific HealthChoice performance metrics and targets are displayed in Table 1 below.

⁴ [MDH HealthChoice Quality Strategy](#)

Table 1. HealthChoice Aggregate Scores

Requirement: Minimum Compliance Score: $\geq 80\%$	HealthChoice Aggregate	MDH Quality Strategy Targets for MY 2024: $\geq 90\%$
Compliance with Routine Care Appointment Timeframe	90.5%	100%
Compliance with Urgent Care Appointment Timeframe	89.7%	93%
PCP Listed in Online Directory	97.3%	97%
PCP's Practice Location Matched Survey Response	90.5%	98%
PCP's Practice Telephone Number Matched Survey Response	92.6%	96%
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	77.8%	80%
Specifies Age of Patients Seen	97.4%	100%
Specifies Languages Spoken by PCP	96.9%	100%
Practice has Accommodations for Patients with Disabilities	94.7%	100%

Seven of the nine NAV requirements for MY 2023 exceeded MDH's goal of 90% or above; however, one out of the nine requirements met or exceeded the quality strategy target for MY 2024, *PCP Listed in Online Directory* (97.3%). Two of the nine NAV requirements for MY 2023 fell below MDH's goal of 90%. The HealthChoice Aggregate for *Compliance with Urgent Care Appointment Timeframe* was 0.3 percentage points from reaching the quality strategy goal percentage of 90% and *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* was 12.2 percentage points from reaching the quality strategy goal percentage. The latter category also fell below the MDH-established compliance threshold of 80% by 2.2 percentage points.

MY 2023 Network Adequacy Validation Activities

MDH established the following goals for MY 2023 NAV activities:

- Validate the accuracy of MCOs' online provider directories; and
- Assess compliance with MDH's access and availability requirements.

Table 2 defines MDH's directory requirements as well as access and availability requirements, outlined in the Code of Maryland Regulations (COMAR).

Table 2. Provider Directory and Access and Availability Requirements

COMAR	Standard
Accuracy of Provider Directory* <i>COMAR 10.67.05.02C(1)(d)</i>	MCOs shall maintain a provider directory listing individual practitioners who are the MCO's primary and specialty care providers in the enrollee's county, additionally indicating the PCP name, address, practice location(s), telephone number(s), website [uniform resource locator] URL as appropriate, group affiliation, cultural and linguistic capabilities, practices accommodations for physical disabilities, whether the provider is accepting new patients, and age range of patients accepted or no age limit.
30-Day Non-Urgent Care Appointment <i>COMAR 10.67.05.07A(3)(b)(iv)</i>	Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request.
48-Hour Urgent Care Appointment <i>COMAR 10.67.05.07A(3)(b)(iii)</i>	Individuals requesting urgent care shall be scheduled to be seen within 48 hours of the request.

*CMS finalized in the November 13, 2020, Federal Register that §438.10(h) (1) (vii) eliminated the indication of cultural competency training of the PCP requirement in the online directory. Therefore, MDH does not require a review of this component.

Survey and Validation Methodology

Surveyor and Validator Training and Quality Assurance

Qlarant's subcontractor, Cambridge Federal, conducted telephone surveys and Qlarant conducted validation of online provider directories for each PCP in the sample. MY 2023 orientation training for Cambridge Federal and Qlarant provider directory validators included:

- In-depth instruction by subject matter experts on the survey tool
- Updates on survey question revisions
- Mock scenarios of survey calls and data entry
- Inter-rater reliability testing
- Updates on online directory validation tools
- Follow-up education

To ensure quality survey and validation results, Qlarant performed quality checks and weekly oversight meetings with Cambridge Federal's lead surveyor and Qlarant's provider directory validators to review the following topics:

- Quality assurance activities
- Progress reports

- Surveyor/validator assignments
- Correction of data collection issues

Data Sources

Qlarant requested and received a list of contracted PCPs from each MCO. Qualifying providers for MY 2023 NAV activities specialized in one of the following areas: primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics. Qlarant instructed MCOs to submit the following information for each PCP:

- National Provider Identifier (NPI)
- Last and First Name
- Credentials
- Provider Type (MCO confirmed PCP status)
- Provider Specialty
- Practice Location (Address, Suite, City, Town, State, Zip)
- Telephone Number

Qlarant assessed each MCO's submission for completeness. Corrections were requested if issues regarding incomplete data, non-PCPs included in the listings, or incorrect telephone numbers were identified. MCOs provided lists for PCPs contracted in contiguous states to Maryland (Delaware, District of Columbia, Pennsylvania, Virginia, and West Virginia). Listings included 138 PCPs from contiguous states:

- Delaware (15)
- District of Columbia (102)
- Pennsylvania (1)
- Virginia (5)
- West Virginia (15)

Qlarant also requested the URL link enrollees use to access each MCO's online provider directory.

Sampling

The HealthChoice program network has 22,312 contracted PCPs across all nine MCOs. A random sample, based on the number of contracted PCPs, was selected for each MCO using a 90% confidence level (CL) and a 5% margin of error. Table 3 shows the total number of contracted PCPs per MCO and the respective sample sizes. The final sample included 2,074 PCPs.

Table 3. MY 2023 Contracted PCPs and Sample Size by MCO

MCO	Number of Contracted PCPs	Sample Size (90% CL +/- 5%)
ABH	2,343	243
CFCHP	3,266	250
JMS	724	198
KPMAS	392	161
MPC	2,364	243
MSFC	1,902	237
PPMCO	6,394	260
UHC	1,538	231
WPM	3,389	251
Total	22,312	2,074

Each PCP can only be sampled once for each MCO; therefore, if a PCP of a different name but the same address was included in the MCO's sample, it was replaced with a different PCP. This practice increased the number of unique PCPs in the sample for each MCO. PCPs with the same NPI number who are providing services at other practice locations (different addresses), as submitted by the MCOs, were not removed as duplicates from the sample.

Survey and Directory Validation Tool

The survey and directory validation tools are included in [Appendix A](#).

The telephone survey solicited responses to verify PCP information, including:

- Name and address of PCP
- Provider acceptance of the listed MCO and new Medicaid enrollees
- Routine and urgent care appointment availability

The validation of network adequacy was completed in two steps. Step 1 verified that the information obtained during the ten-question telephone survey matched the information provided by the MCO:

- Address
- Phone number

Step 2 verified the MCOs' online provider directories matched the following information for PCPs in the sample provided during the survey calls:

- Status of accepting new Medicaid patients
- Ages served by the PCP
- Languages spoken by the PCP
- Availability of accommodations for disabled patients and identified specific Americans with Disabilities Act of 1990 (ADA)-accessible equipment

Data Collection

Surveyors conducted and documented at least three call attempts. If the first call attempt resulted in no contact with a live respondent, surveyors attempted to call again on another day and time. At least three attempts were made for each call unless the surveyor reached a wrong number or if the office was found permanently closed. Surveyors confirmed wrong PCP telephone numbers by calling the telephone number twice; if the call resulted in a wrong number or the office was permanently closed, the survey ended. Surveyors ended the call on the third attempt if they were prompted to leave a message, were on hold for more than 5 minutes, or had no answer. Other reasons for a surveyor ending the call were:

- Respondent refused to participate
- PCP was not with the practice or did not practice at that location
- PCP was not a primary care provider
- PCP listed was not in the identified MCO's network

Surveys were considered 'successful' if the surveyor reached the PCP within three call attempts and completed the survey. Successful telephone surveys were validated against the details noted in the MCO's online directory. If the PCP was not in the MCO's online provider directory, the validation survey ended.

Surveys were conducted on weekdays during normal business hours from 9:00 a.m. to 5:00 p.m. Eastern Time. Responses to the survey questions were documented in the survey tool and stored electronically on Qlarant's secure web-based portal.

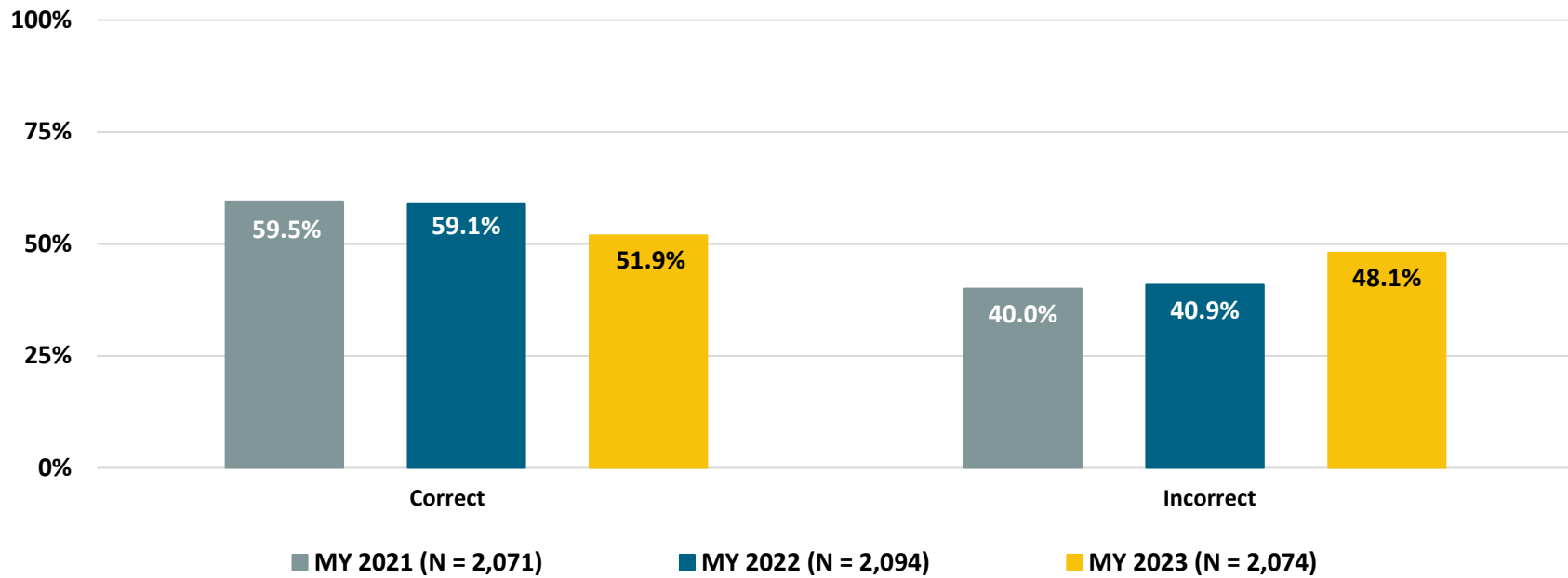
HealthChoice Results

Results of the telephone and validation surveys are broken down into the following categories:

- Accuracy of PCP Information
 - PCP Information
 - PCP Affiliation & Open Access
- Successful Contacts
- Unsuccessful Contacts
- Validation of MCO Online Provider Directories
- Compliance with Routine Appointment Requirements
- Compliance with Urgent Care Appointment Requirements

Accuracy of PCP Information

As noted above, the Validation Tool is pre-populated by MCOs with information about the PCPs prior to the start of the survey. When contact is made with the PCP, the PCP's pre-populated phone number and address are verified. Results for the percentage of PCPs where the provided phone number and address match the information provided by the MCO are demonstrated in Figure 1.

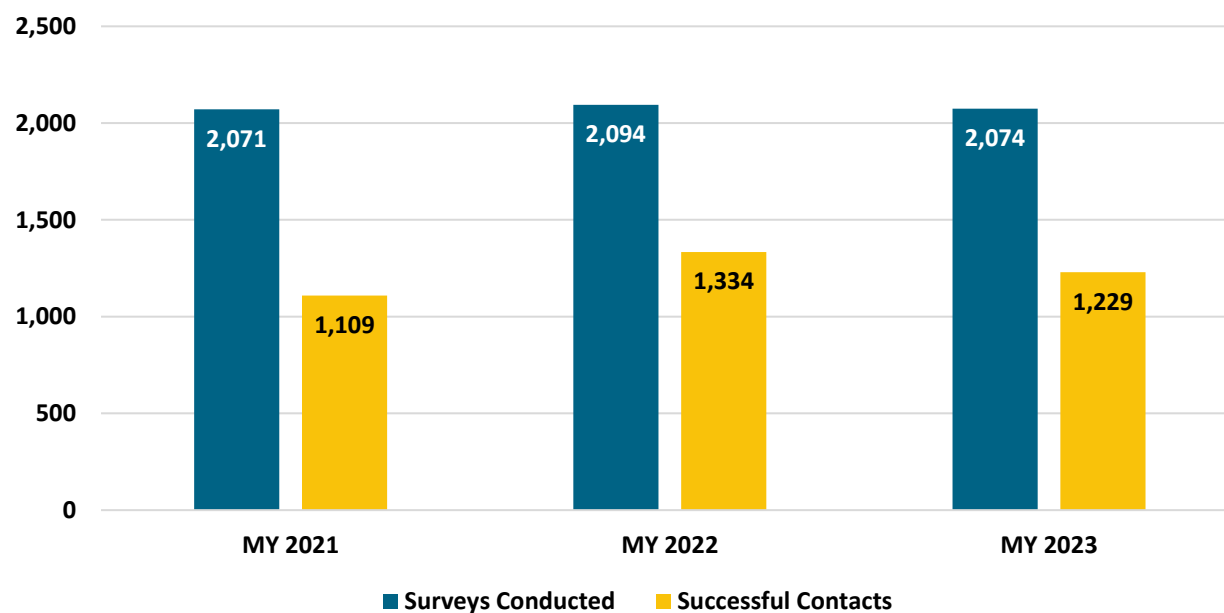
Figure 1. Accuracy of Provider Contact Information (Phone Number and Address)

In MY 2023, there was an increase of 7.2 percentage points for incorrect provider information compared to MY 2022 at 40.9%. Incorrect provider information increased by 8.1 percentage points in MY 2023 at 48.1% from MY 2021 at 40.0%.

Successful Contacts

The total successful PCP contacts are displayed in Figure 2 below.

Figure 2. Number of Surveys Conducted and Number of Successful PCP Contacts



The number of attempted PCP surveys conducted decreased from 2,094 in MY 2022 to 2,074 in MY 2023. The percentage of successful contacts decreased by 4.4 percentage points from MY 2022 (63.7%) to MY 2023 (59.3%).

The percentage of successful contacts from MY 2021 to MY 2023 is displayed in Figure 3 below.

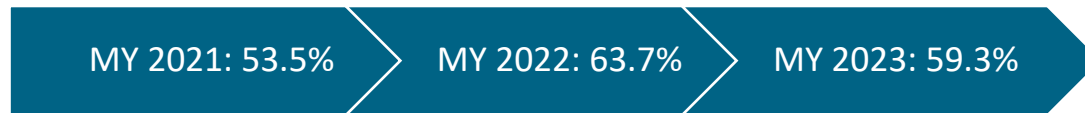
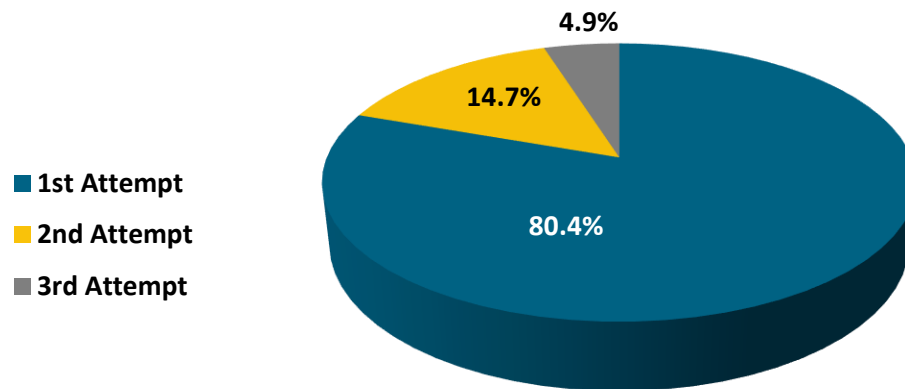
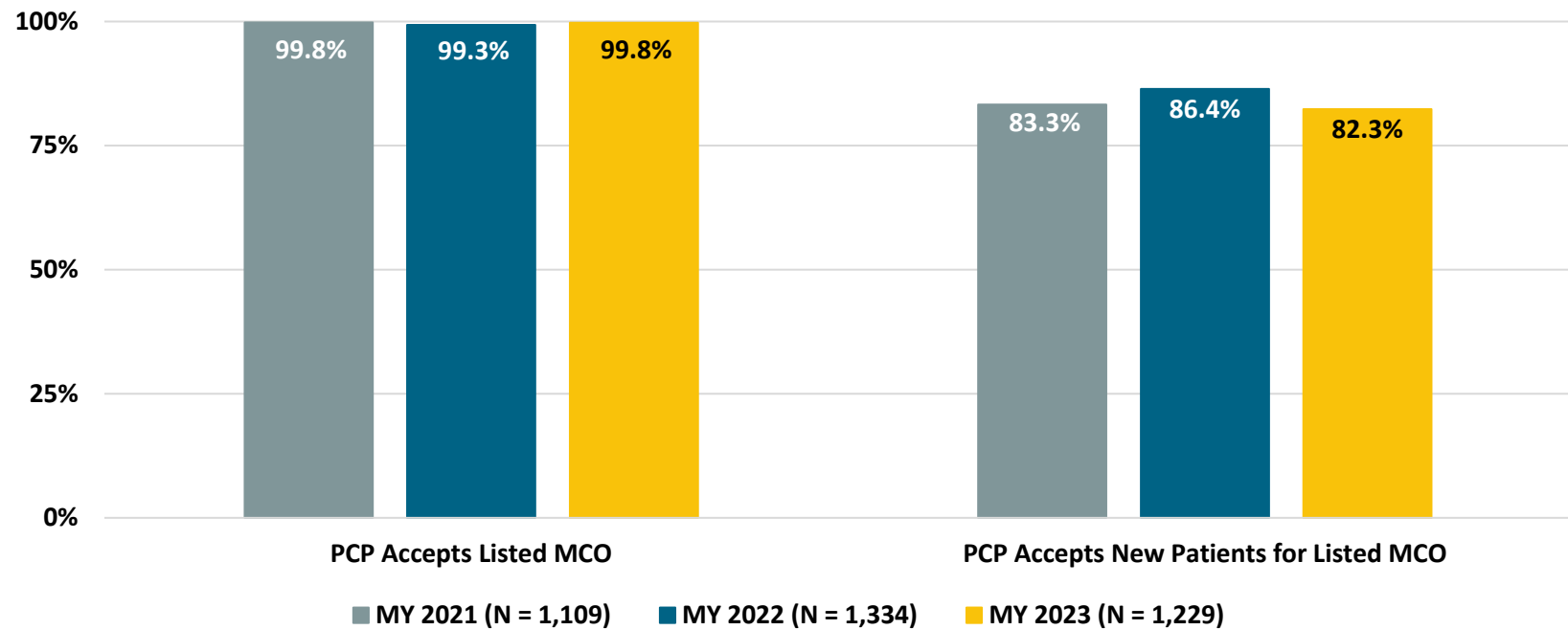
Figure 3. Percent of Successful PCP Contacts from MY 2021 to 2023

Figure 4 illustrates the number of call attempts surveyors used to reach PCPs before making contact and successfully completing the survey.

Figure 4. MY 2023 Responses by Call Attempt for Successful Contacts

Approximately 80% of providers were contacted on the first call attempt, 14.7% on the second call attempt, and 4.9% on the third attempt.

The MY 2023 telephone surveys also validated whether PCPs accepted the listed MCO and new Medicaid patients. Figure 5 displays the results for these survey elements per MY.

Figure 5. PCP Affiliation & Open Access

MY 2023 results are consistent with MYs 2021 and 2022. MY 2021 and 2023's results both indicated 99.8% of PCPs accepted the listed MCO. MY 2023 performance decreased from both MY 2021 and 2022, indicating 82.3% of PCPs accepted new patients for the listed MCO, which is a 4.1 percentage point decrease from MY 2022.

Accuracy of PCP information for successful survey contacts for MY 2023 is displayed in Table 4 below.

Table 4. MY 2023 MCO Results from Successful Contacts for Accuracy of PCP Information

Calls Per MCO		Successful Contacts		Accurate PCP Address Provided		Accepts Listed MCO		Accepts New Medicaid Patients Listed for MCO	
MCO	# of Calls	#	%	#	%	#	%	#	%
ABH	243	127	52.3%	108	85.0%	127	100.0%	113	89.0%
CFCHP	250	149	59.6%	133	89.3%	148	99.3%	117	78.5%
JMS	198	116	58.6%	110	94.8%	115	99.1%	85	73.3%
KPMAS	161	103	64.0%	102	99.0%	103	100.0%	76	73.8%
MPC	243	159	65.4%	136	85.5%	159	100.0%	140	88.1%
MSFC	237	156	65.8%	144	92.3%	156	100.0%	137	87.8%
PPMCO	260	114	43.8%	101	88.6%	114	100.0%	95	83.3%
UHC	231	168	72.7%	157	93.5%	167	99.4%	131	78.0%
WPM	251	137	54.6%	109	79.6%	137	100.0%	118	86.1%
Total	2,074	1,229	59.3%	1,100	89.5%	1,226	99.8%	1,012	82.3%

Compared to all other MCOs, contact with PPMCO's providers was least likely to be successful (43.8%). WPM had the lowest percentage of providers with accurate addresses (79.6%). All nine MCOs achieved greater than 99% for acceptance of the listed MCO. JMS and KPMAS had the lowest percentage of PCP acceptance of new Medicaid patients at 73.3% and 73.8%, respectively.

Unsuccessful Contacts

Of the 2,074 PCP surveys attempted in MY 2023, 845 PCP surveys were unsuccessful. Reasons for unsuccessful surveys were divided into two categories, "No Contact" and "PCP Response."

Unsuccessful surveys categorized as "No Contact" included calls in which the surveyor could not reach the PCP for one of the following reasons:

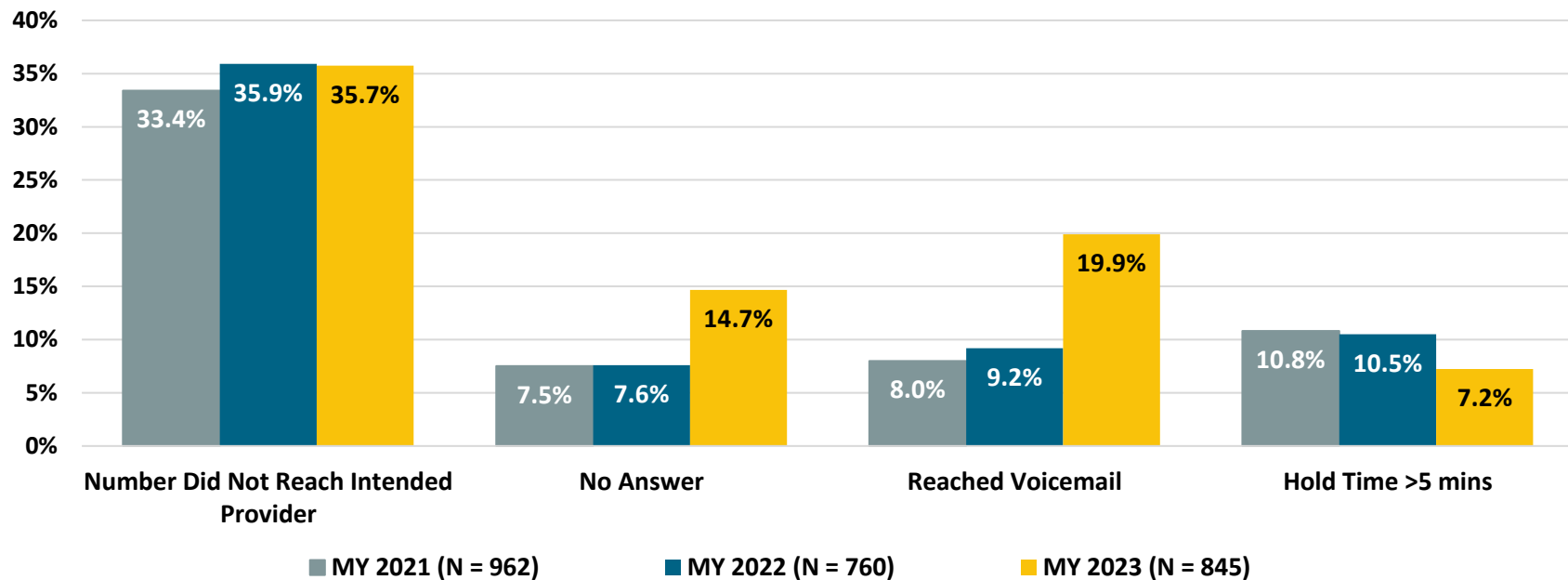
- The number did not reach the intended provider (e.g., wrong number, office closed, or provider not with practice)
- No answer
- Reached voicemail
- Hold time exceeded 5 minutes

Unsuccessful surveys categorized as “PCP Response” included calls that ended after the initial communication with a respondent for one of the following reasons:

- Wrong location was listed for the provider
- Provider is not a PCP
- Provider does not accept the listed MCO
- Refused to participate

Approximately 77.5% of telephone surveys were unsuccessful due to “No Contact.” Reasons for unsuccessful contact with the PCP, with process descriptions and percentages, are noted in Figure 6.

Figure 6. Unsuccessful Surveys due to “No Contact”



There was an increase in “No Contact” made to provider offices due to “No Answer” (14.7%) and “Reached Voicemail” (19.9%) compared to MY 2022 at 7.6% and 9.2%, respectively.

Table 5 provides MCO-specific information regarding the “No Contact” categories.

Table 5. “No Contact” Categories by MCO

MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Minutes	MCO Total
ABH	38.5%	21.9%	27.1%	12.5%	96
CFCHP	38.9%	20.0%	32.2%	8.9%	90
JMS	57.4%	14.8%	25.9%	1.9%	54
KPMAS	30.8%	11.5%	23.1%	34.6%	26
MPC	54.4%	11.8%	32.4%	1.5%	68
MSFC	30.3%	31.8%	27.3%	10.6%	66
PPMCO	50.4%	15.7%	20.9%	13.0%	115
UHC	40.0%	24.0%	22.0%	14.0%	50
WPM	62.2%	16.7%	20.0%	1.1%	90
Total	46.1%	18.9%	25.6%	9.3%	655

Results indicate the most common reason for unsuccessful calls for all MCOs was due to not reaching the intended provider (46.1%). Additional findings by MCO indicate the following:

- WPM had the highest percentage of survey calls that were unsuccessful due to not reaching the intended provider at 62.2%, followed by JMS at 57.4% and MPC at 54.4%.
- MSFC and UHC providers were more likely than other MCOs not to answer the survey call at 31.8% and 24.0%, respectively.
- CFCHP and MPC providers were more likely than other MCOs to send the surveyor to voicemail at 32.2% and 32.4%, respectively.
- JMS, MPC, and WPM providers were less likely than other MCOs to place the surveyor on hold for more than five minutes at 1.9%, 1.5%, and 1.1%, respectively. KPMAS providers had the highest rate of placing the surveyor on hold for more than five minutes at 34.6%.

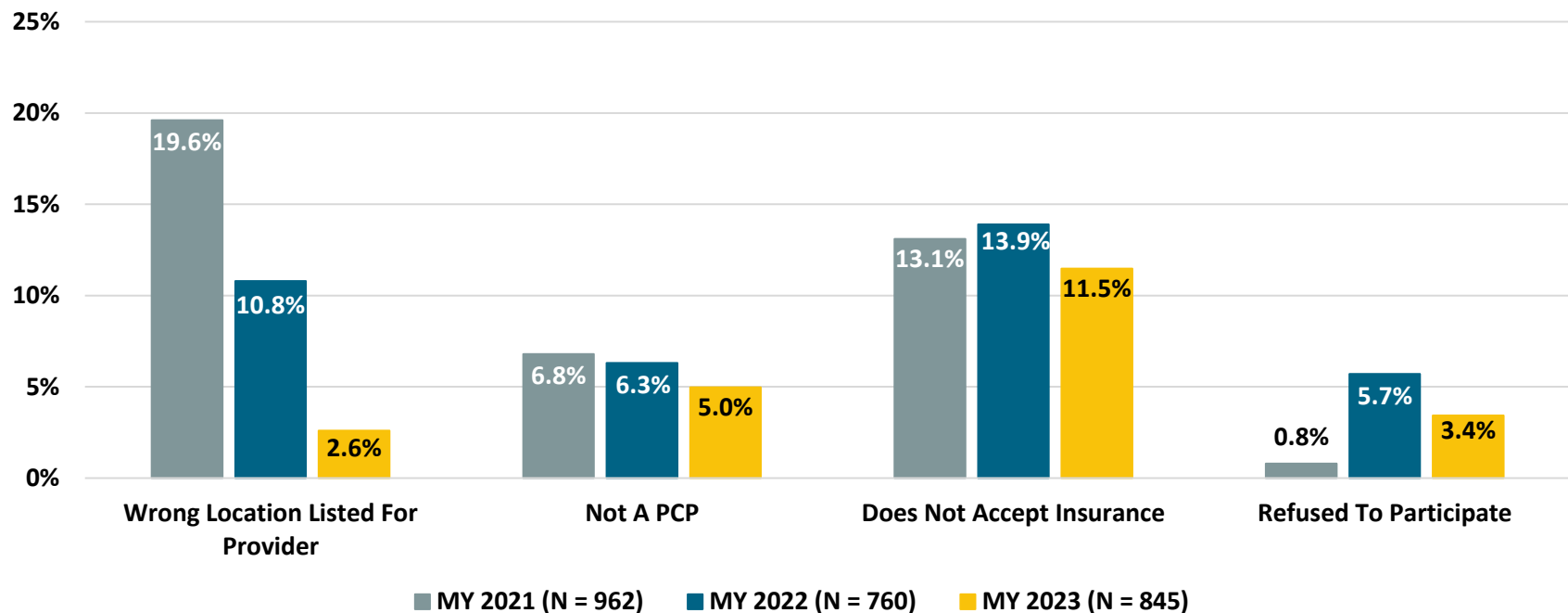
Approximately 23% of telephone surveys were unsuccessful due to “PCP Response.” The PCP telephone survey ended if any of the following criteria applied:

- The PCP did not practice at the listed address.
- The provider identified for the survey was not a PCP.

- The PCP did not accept the listed MCO.
- The respondent refused to participate in the survey.

The purpose of the survey is to identify barriers enrollees may face when attempting to contact their PCP to obtain primary care services, except for PCP offices that refused to participate. The percent of providers who refused to participate in the survey for MY 2023 was 3.4%. Figure 7 displays the percentage of unsuccessful calls due to “PCP Response” by measurement year.

Figure 7. Unsuccessful Surveys due to “PCP Response”



All four categories for unsuccessful surveys declined from MY 2022 to MY 2023. The proportion of unsuccessful surveys due to providers having the wrong location information declined from 10.8% to 2.6% in MY 2023. The proportion of unsuccessful surveys due to providers that were not PCPs declined from 6.3% to 5.0% from MY 2022 to MY 2023. After a slight increase from MY 2021 at 13.1% to MY 2022 at 13.9%, providers that

did not accept the MCO insurance decreased to 11.5% in MY 2023. After an increase from MY 2021 at 0.8% to 5.7% in MY 2022, PCP offices that refused to participate in the survey declined to 3.4% in MY 2023.

Table 6 displays unsuccessful surveys due to “PCP Response” per MCO.

Table 6. “PCP Response” per MCO

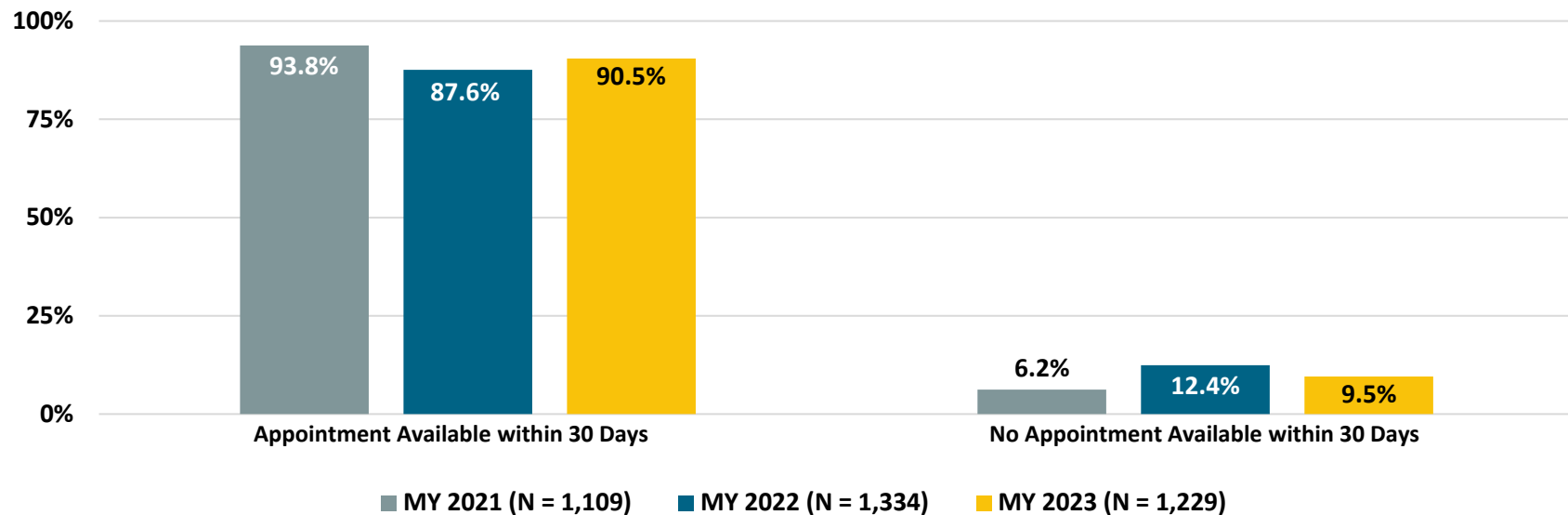
MCO	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	15.0%	35.0%	45.0%	5.0%	20
CFCHP	0.0%	27.3%	54.5%	18.2%	11
JMS	10.7%	21.4%	64.3%	3.6%	28
KPMAS	0.0%	3.1%	68.8%	28.1%	32
MPC	12.5%	6.3%	37.5%	43.8%	16
MSFC	13.3%	20.0%	60.0%	6.7%	15
PPMCO	6.5%	45.2%	41.9%	6.5%	31
UHC	7.7%	53.8%	38.5%	0.0%	13
WPM	37.5%	0.0%	37.5%	25.0%	24
Total	11.6%	22.1%	51.1%	15.3%	190

Results indicate the most common unsuccessful survey reason for “PCP Response” for all MCOs was that the provider did not accept the MCO’s insurance (51.1%). Additional findings per MCO indicate the following:

- WPM was more likely than other MCOs to have the wrong location listed for the provider at 37.5%.
- PPMCO and UHC were more likely than other MCOs to have a provider listed that was not a PCP at 45.2% and 53.8%, respectively.
- JMS and KPMAS were more likely than other MCOs to have PCPs not accept the MCO’s insurance at 64.3% and 68.8%, respectively.
- MPC was more likely than other MCOs to have PCPs refuse to participate in the survey at 43.8%.

Compliance with Routine Appointment Requirements

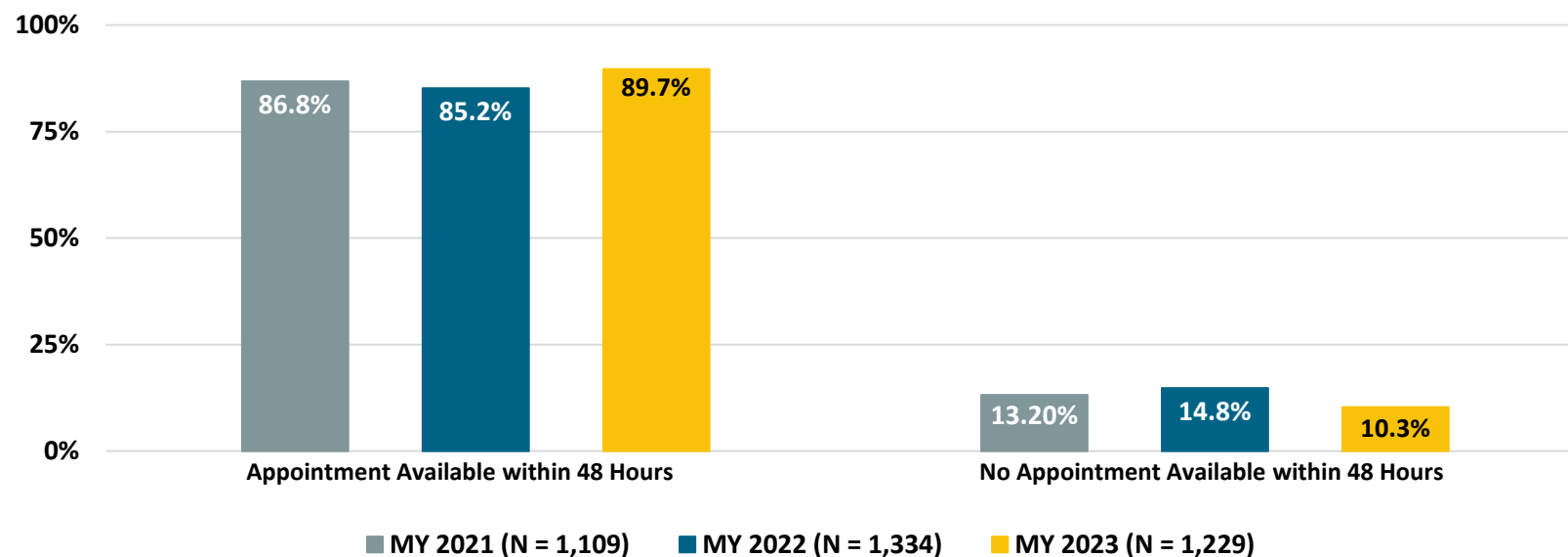
Survey results of PCP compliance with routine care appointment requirements are displayed in Figure 8. To meet compliance, providers had to have an appointment (in-person or telemedicine) available within 30 days of the survey call date with the service provider or an alternative provider at the same location.

Figure 8. Percent of PCPs in Compliance with Routine Care Appointment Requirements

PCP compliance with routine care appointment requirements increased by 2.9 percentage points in MY 2023 at 90.5% compared to MY 2022 at 87.6%. A decline in percentage points remains when compared to MY 2021 at 93.8%.

Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are displayed in Figure 9. To meet compliance, providers had to have an urgent care appointment (in-person or telemedicine) available within 48 hours either with the service provider or an alternative provider at the same location.

Figure 9. Percent of PCPs in Compliance with Urgent Care Appointment Requirements

PCP compliance with urgent care appointment requirements for MY 2023 (89.7%) increased by 2.9 percentage points compared to MY 2021 at 86.8% and increased by 4.5 percentage points compared to MY 2022 at 85.2%.

MCO-specific results for compliance with routine care and urgent care appointment timeframe requirements are displayed in Table 7.

Table 7. MY 2023 MCO Results for Compliance with Appointment Requirements

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
Compliance with Routine Care Appointment Timeframe (within 30 days) *										
Compliant with Timeframe	97.6%	91.3%	85.3%	<u>68.0%</u>	94.3%	91.7%	94.7%	91.7%	93.4%	90.5%
# of Wait Days (Average)	6	11	8	8	12	8	7	8	14	9
# of Wait Days (Range)	0-27	0-29	0-28	0-29	0-30	0-26	0-22	0-28	0-30	0-30
Compliance with Urgent Care Appointment Timeframe (within 48 hours) *										
Compliance w/ Urgent Care Appointment	94.5%	91.3%	88.8%	<u>77.7%</u>	89.9%	89.1%	89.5%	93.5%	89.1%	89.7%
Appointment Available w/ Requested PCP at Same Location w/ 48 hours (including telemedicine)	83.5%	84.6%	82.8%	48.5%	87.4%	82.7%	80.7%	82.7%	83.9%	80.7%
Appointment Available w/ Another PCP at Same Location w/ 48 hours (including telemedicine)	11.0%	6.7%	6.0%	29.1%	2.5%	6.4%	8.8%	10.7%	5.1%	9.0%

Underline denotes that the 80% minimum compliance score is unmet.

Results for compliance with routine care appointment availability within 30 days averaged 90.5% and ranged from 68.0% (KPMAS) to 97.6% (ABH). All MCOs except for KPMAS met the MDH-required minimum compliance score (80%) for compliance with the routine care appointment timeframe. The average wait time for a routine care appointment fell between six days (ABH) and 14 days (WPM), with the average being nine days. KPMAS will be required to submit a CAP to improve compliance with the routine appointment timeframe.

Results for compliance with urgent care appointments within 48 hours averaged 89.7% and ranged from 77.7% (KPMAS) to 94.5% (ABH). Most MCOs demonstrated a greater percentage of appointments with the requested PCP at the same location within 48 hours at 80.7%, ranging from 48.5% (KPMAS) to 87.4% (MPC). All MCOs except for KPMAS exceeded the MDH-required minimum compliance score (80%). KPMAS will be required to submit a CAP to improve compliance with the urgent care appointment timeframe.

MCO-Specific Results for Validation of Online Provider Directories

Qlarant validated the information in the MCO's online provider directory for each PCP that completed the telephone survey between June and July 2023. The online directories were reviewed for the following information:

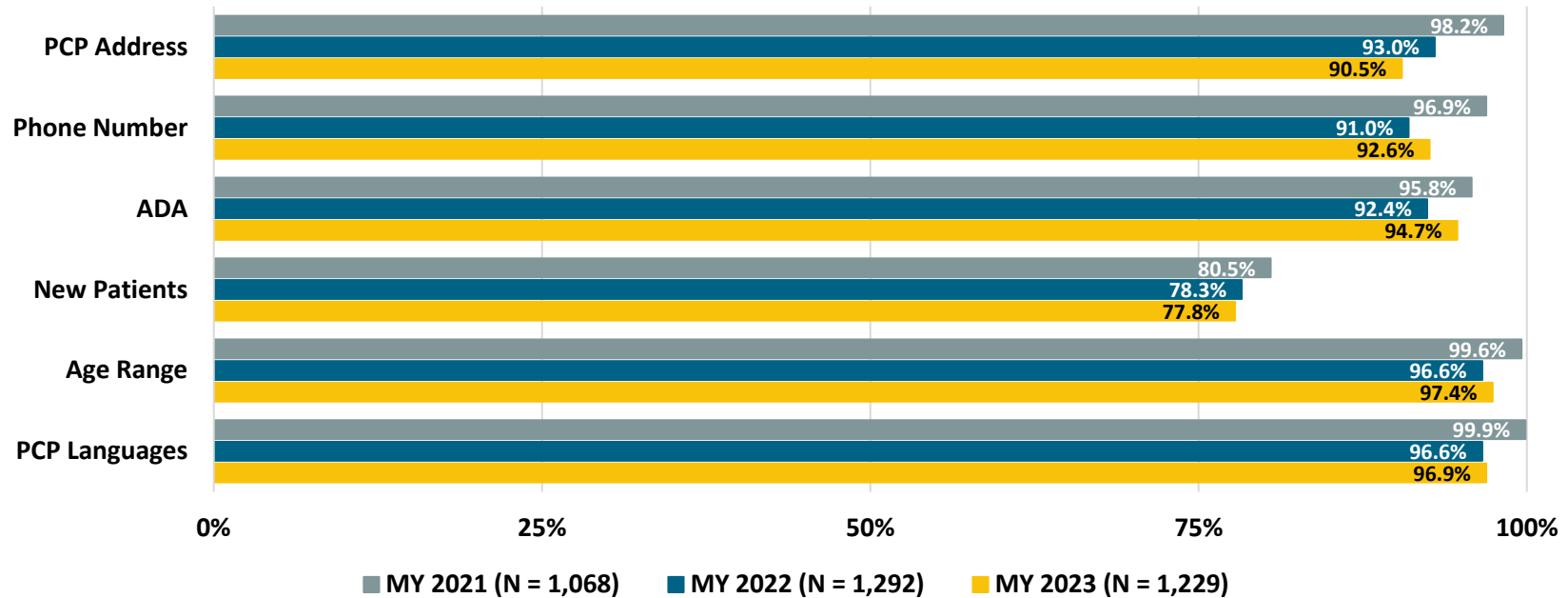
- **PCP Address:** Accuracy of the information presented in the online directory, such as the PCP's name, address, and practice location(s).
- **PCP Phone Number:** Accuracy of the telephone number presented in the online directory.
- **ADA (Practice Accommodations for Physical Disabilities):** Availability of specific accommodations for individuals with disabilities in the practice location, by indication in the online directory for the PCP.
- **New Patients:** Acceptance of new patients by the PCP, through indication in the online directory for the PCP.
- **Age Range:** Ages served by the PCP, through indication in the online directory for the PCP.
- **PCP Languages:** Languages spoken by the PCP, by indication in the online directory of the languages spoken by the PCP.

The MCOs' online provider directories demonstrated best practices including:

- Using placeholders for provider details that are missing, such as "none" or "none specified," rather than leaving a blank field.
- The ability to filter by additional search criteria, such as provider specialty and gender.
- Continuing to share when provider information was last updated by adding a date stamp at the bottom of each page.

Figure 10 shows the proportion of telephone survey results matching the online provider directories by each of the review components listed above.⁵

⁵ Providers who were not listed in the online provider directory are not included in this measure.

Figure 10. Online Provider Directory Validation Results

The proportion of successful telephone surveys matching the information within the online directory for MY 2023 is comparable to MY 2021 and MY 2022 across all review components. MY 2023 showed slight declines for PCP address (90.5% from 93.0%) and accepting new patients (77.8% from 78.3%) compared to MY 2022. MY 2023 showed increases for provider phone number (91.0% to 92.6%), ADA (92.4% to 94.7%), specifying age ranges (96.6% to 97.4%), and specifying PCP languages (96.6% to 96.9%) compared to MY 2022.

MCO-specific results for the validation of online provider directories are displayed in Table 8.

Table 8. MY 2023 MCO Results for Validation of Online Provider Directories

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
PCP Listed in Online Directory	94.5% ↓	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	99.4% ↑	100.0% =	89.9% ↑	97.8% ↑	97.3% ↑
PCP's Practice Location Matched Survey Response	86.6% ↓	90.6% ↓	96.6% ↑	99.0% ↑	93.1% ↑	96.2% ↑	92.1% ↓	83.9% ↓	<u>79.6%</u> ↓	90.5% ↓
PCP's Practice Telephone Number Matched Survey Response	90.6% ↓	92.6% ↑	97.4% ↓	86.4% ↓	94.3% ↓	96.8% ↓	96.5% ↓	86.3% ↓	92.7% ↓	92.6% ↑
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	81.9% ↓	<u>65.1%</u> ↓	<u>75.9%</u> ↑	80.6% ↑	85.5% ↑	87.8% ↑	<u>68.4%</u> ↑	<u>72.0%</u> ↓	81.8% ↑	77.8% ↓
Specifies Age of Patients Seen	94.5% ↑	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	99.4% ↑	100.0% =	90.5% ↑	97.8% ↑	97.4% ↑
Specifies Languages Spoken by PCP	94.5% ↑	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	98.1% ↑	96.5% ↓	90.5% ↑	97.8% ↑	96.9% ↑
Practice has Accommodations for Patients with Disabilities	94.5% ↑	99.3% ↑	99.1% ↑	99.0% ↓	98.1% ↓	99.4% ↓	<u>77.2%</u> ↓	89.9% ↑	94.2% ↓	94.7% ↓

Underline denotes that the 80% minimum compliance score is unmet.

↑ Improvement from MY 2022; ↓ Decline from MY 2022; = No Change from MY 2022

Validation of the MCO online provider directories demonstrates:

- Rates for PCPs listed in the online provider directories ranged from 89.9% (UHC) to 100% (JMS and PPMCO).
- Four out of seven components of the online provider directory validation improved compared to MY 2022:
 - The HealthChoice Aggregate percentage of PCP's *Practice Location Matched Survey Response* decreased 2.5 percentage points in MY 2023 (90.5%) compared to MY 2022 (93.0%).
 - The percentage of PCP's *Practice Telephone Number Matched Survey Response* declined for all MCOs compared to MY 2022, except for CFCHP (92.6%).
 - The percentage of online provider directories that specified the age of patients seen increased for all MCOs except for KPMAS (99.0%) and MPC (98.1%). PPMCO remained at 100.0% from MY 2022 to MY 2023.
 - All MCOs scored above the 80% minimum compliance score for *PCP Listed in Online Directory*, *PCP's Practice Telephone Number Matched Survey Response*, *Specifies Age of Patients Seen*, and *Specifies Languages Spoken by PCP*.

- WPM was the only MCO that scored below the minimum compliance score of 80% for *PCP's Practice Location Matched Survey Response* (79.6%).
- CFCHP (65.1%), JMS (75.9%), PPMCO (68.4%), and UHC (72.0%) scored below the minimum compliance score for *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response*; however, JMS and PPMCO's individual percentages are an improvement from MY 2022 (75.5% and 54.6%, respectively).
- PPMCO was the only MCO that scored below the minimum compliance score of 80% for *Practice has Accommodations for Patients with Disabilities (with specific details)* (74.6%).
- All MCOs scored above 90% for *Specifies Age of Patients Seen* and *Specifies Languages Spoken by PCP* components.

Conclusions

The overall response rate for MY 2023 surveys was 59.3%, which is a 4.4 percentage point decrease from MY 2022 (63.7%). MY 2023 resulted in an increase of unsuccessful contacts made to provider offices due to no answer (14.7%) and having reached a voicemail (19.9%) compared to MY 2022 results of 7.6% and 9.2%, respectively. Successful survey calls per MCO varied in consistency with MY 2022 with declines in total percent of successful calls for ABH (88.4% to 52.3%), CFCHP (71.1% to 59.6%), KPMAS (67.5% to 64.0%), UHC (77.4% to 72.7%), and WPM (54.8% to 54.6%). MSFC had the most notable increase in successfully completed calls from 57.2% in MY 2022 to 65.8% in MY 2023. Unsuccessful survey calls due to "No Contact" per MCO are consistent from MY 2022 to MY 2023. There was an increase of 11 percentage points for surveyors reaching a PCP's voicemail (14.6% to 25.6%). Unsuccessful survey calls due to "PCP Response" per MCO varied compared to MY 2022. Overall, MCOs with the wrong location listed for a provider decreased from 29.4% to 11.6%, with CFCHP and KPMAS resulting in 0%. There was an increase in providers inaccurately listed as a PCP in the MCO-supplied provider list from 17.2% in MY 2022 to 22.1% in MY 2023, with PPMCO and UHC resulting in the highest percentages at 45.2% and 53.8%, respectively. The percentage of providers that did not accept the listed MCO increased from 38.0% to 51.1%.

The online provider directory validation results are consistent from MYs 2021 to 2023 for accuracy with PCP addresses, phone numbers, ADA specifications, accepting new patients, specified age ranges, and specified languages spoken by the PCP. Overall compliance with routine and urgent care appointments has improved from MY 2022 to MY 2023, scoring approximately 90% for compliance in both categories.

Appendix D: Worksheet 4.2

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider for every 200 enrollees	Primary Care Provider (PCP)	Ratio of PCP providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Pediatric Primary Care Provider (PCP)	Ratio of PCP providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Women's Health Providers Gynecology Provider & Prenatal Care Providers (Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries)	Ratio of prenatal providers to enrollees	<i>Quantity of Practitioners: The number of unique prenatal care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled female beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Cardiology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Gastroenterology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Neurology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Ophthalmology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Orthopedics	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Otolaryngology/ENT	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Surgery	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Core Specialty Provider: Urology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Allergy/Immunology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Dermatology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Endocrinology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Infectious	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Nephrology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Major Specialty Provider: Pulmonology	Ratio of specialty providers to enrollees	<i>Quantity of Practitioners: The number of unique specialty care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Pediatric Specialty Provider: Cardiology	Ratio of specialty providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Pediatric Specialty Provider: Gastroenterology	Ratio of specialty providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Pediatric Specialty Provider: Neurology	Ratio of specialty providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees	Pediatric Specialty Provider: Surgery	Ratio of specialty providers to enrollees with valid age ranges	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time	Primary Care Provider (PCP)	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated urban areas</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 20 miles travel time	Primary Care Provider (PCP)	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time	Primary Care Provider (PCP)	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated rural areas</i></p>
Pediatric enrollees must have access to one provider within 15 minutes or 10 miles travel time	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated urban areas who have one or more providers with a location within 15 minutes or 10 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated urban areas</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 20 miles travel time	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 40 minutes or 30 miles travel time	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time	Gynecology Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time	Gynecology Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time	Gynecology Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated rural areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 15 minutes or 10 miles travel time	Prenatal Care Providers (Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries)	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <i>Denominator: All enrolled female beneficiaries with a MD residence in designated urban areas</i>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time	Prenatal Care Providers (Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries)	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <i>Denominator: All enrolled female beneficiaries with a MD residence in designated suburban areas</i>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Prenatal Care Providers (Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries)	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <i>Denominator: All enrolled female beneficiaries with a MD residence in designated rural areas</i>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Urology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time	Core Specialty Provider: Urology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time	Core Specialty Provider: Urology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas</i>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time	Pharmacy Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 20 miles travel time	Pharmacy Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time	Pharmacy Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 40 minutes or 30 miles travel time	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i></p>
All enrollees must have access to one acute inpatient hospital within 20 minutes or 10 miles travel time	Acute Inpatient Hospitals	Proportion of enrollees residing in designated urban areas who have one or more acute inpatient hospital within 20 minutes or 10 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 20 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas</i></p>
All enrollees must have access to one acute inpatient hospital within 45 minutes or 30 miles travel time	Acute Inpatient Hospitals	Proportion of enrollees residing in designated suburban areas who have one or more acute inpatient hospital within 45 minutes or 30 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 45 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas</i></p>
All enrollees must have access to one acute inpatient hospital within 75 minutes or 60 miles travel time	Acute Inpatient Hospitals	Proportion of enrollees residing in designated rural areas who have one or more acute inpatient hospital within 75 minutes or 60 miles from their residence	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 75 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas</i></p>