SB0929/817374/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 929
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike "and Feldman" and substitute ", Kelley, Feldman, Astle, Benson, Hershey, Jennings, Mathias, Middleton, Pugh, and Reilly"; in line 8, strike "and approval"; strike beginning with "authorizing" in line 10 down through "manner" in line 13 and substitute "authorizing the Commissioner to order corrective action under certain circumstances; requiring the Commissioner to deny inspection of the parts of a certain plan that contain certain confidential information; requiring certain regulations to identify the parts of a certain plan that may be considered confidential by the carrier"; strike beginning with "establishing" in line 16 down through "circumstances;" in line 23 and substitute "authorizing the Commissioner to take into consideration certain factors in adopting the regulations; requiring the Commissioner, in consultation with certain persons, to adopt regulations, on or before a certain date, that specify certain standards for dental services; requiring a carrier to have certain means by which enrollees and prospective enrollees may notify the carrier of certain information;"; in line 25, after "carriers" insert "periodically to review a certain sample of their network directory for a certain purpose and retain documentation of the review or"; strike beginning with "requiring" in line 27 down through "circumstances;" in line 28; and in line 29, after "information;" insert "requiring certain certification standards established by the Maryland Health Benefit Exchange to be consistent with certain provisions of law and prohibiting the standards from being implemented before a certain date; requiring a certain carrier to make the carrier's network directory available to certain enrollees in a certain manner; requiring a certain carrier's network directory to include certain information; requiring a certain carrier to notify each enrollee at certain times about how to obtain certain information; requiring certain information to be accurate on a certain date; requiring a certain carrier to update certain information at certain intervals; requiring the Commissioner to take into account

certain factors before imposing a penalty on a certain carrier for inaccurate network directory information;".

On page 2, in line 6, after "circumstances;" insert "specifying the provisions of State insurance law relating to provider panels that apply to managed care organizations; repealing a requirement that certain carriers that use provider panels adhere to certain standards for accessibility of covered services in accordance with certain regulations; repealing a requirement that certain standards for health maintenance organizations set out in regulations adopted by the Secretary of Health and Mental Hygiene include provisions for assuring that certain services are accessible; repealing a certain condition for an insurer or nonprofit health service plan to receive authorization from the Commissioner to offer a certain insurance policy; authorizing the Commissioner to designate a certain system under certain circumstances; requiring a carrier to accept certain information for a provider submitted in a certain manner, from certain persons;"; in line 7, after "of" insert "certain provisions of"; in the same line, after "Act;" insert "providing for a delayed effective date for certain provisions of this Act;"; after line 8, insert:

"BY repealing and reenacting, with amendments,
Article – Health – General
Section 15-102.3(a) and 19-705.1(b)(1)(i)
Annotated Code of Maryland
(2015 Replacement Volume)

BY repealing and reenacting, without amendments,
Article – Health – General
Section 19-705.1(a)
Annotated Code of Maryland
(2015 Replacement Volume)";

in line 11, strike "15-112" and substitute "14-205.1(a), 15-112,"; and after line 13, insert:

"BY repealing and reenacting, with amendments,
Article – Insurance
Section 15-112(n) and (p)
Annotated Code of Maryland
(2011 Replacement Volume and 2015 Supplement)
(As enacted by Section 1 of this Act)

BY adding to
Article – Insurance
Section 15-112.3 and 31-115(m)
Annotated Code of Maryland
(2011 Replacement Volume and 2015 Supplement)".

AMENDMENT NO. 2

On page 2, after line 15, insert:

"Article – Health – General

15-102.3.

(a) The provisions of [§ 15-112] **§ 15-112(B)(1)(II) AND (2), (E) THROUGH (L), (Q), (R), AND (T)** of the Insurance Article (Provider panels) shall apply to managed care organizations in the same manner they apply to carriers.

19–705.1.

(a) The Secretary shall adopt regulations that set out reasonable standards of quality of care that a health maintenance organization shall provide to its members.

(b) (1) The standards of quality of care shall include:

(i) **[**1.**]** A requirement that a health maintenance organization shall provide for regular hours during which a member may receive services, including providing for services to a member in a timely manner that takes into account the immediacy of need for services; **[**and

2. Provisions for assuring that all covered services, including any services for which the health maintenance organization has contracted, are accessible to the enrollee with reasonable safeguards with respect to geographic locations;**]**";

and after line 16, insert:

"14–205.1.

(a) The Commissioner may authorize an insurer or nonprofit health service plan to offer a preferred provider insurance policy that conditions the payment of benefits on the use of preferred providers if the insurer or nonprofit health service plan**[**:

(1) has demonstrated to the Secretary of Health and Mental Hygiene that the provider panel of the insurer or nonprofit health service plan complies with the regulations adopted under § 19–705.1(b)(1)(i)2 of the Health – General Article; and

(2)**]** does not restrict payment for covered services provided by nonpreferred providers:

[(i)**]** **(1)** for emergency services, as defined in § 19–701 of the Health – General Article;

[(ii)**]** **(2)** for an unforeseen illness, injury, or condition requiring immediate care; or

[(iii)**] (3)** as required under § 15–830 of this article.”.

On page 4, in line 1, strike “1.”; in the same line, after “plan,” insert “**HEALTH MAINTENANCE ORGANIZATION,**”; in line 4, after “enrollees;” insert “**AND**”; and strike in their entirety lines 5 through 12, inclusive.

AMENDMENT NO. 3

On page 3, in line 12, after “**(8)**” insert “**(I)**”; strike beginning with “**A**” in line 12 down through “**INDIVIDUALS**” in line 14 and substitute “**A HEALTH CARE SETTING OR INSTITUTION PROVIDING PHYSICAL, MENTAL, OR SUBSTANCE USE DISORDER HEALTH CARE SERVICES.**

(II) “HEALTH CARE FACILITY” INCLUDES:

1. A HOSPITAL;

2. AN AMBULATORY SURGICAL OR TREATMENT CENTER;

3. A SKILLED NURSING FACILITY;

4. A RESIDENTIAL TREATMENT CENTER;

5. AN URGENT CARE CENTER;

6. A DIAGNOSTIC, LABORATORY, OR IMAGING CENTER;

7. A REHABILITATION FACILITY; AND

(Over)

8. ANY OTHER THERAPEUTIC HEALTH CARE SETTING";

after line 16, insert:

"**(10) "NETWORK" MEANS A CARRIER'S PARTICIPATING PROVIDERS AND THE HEALTH CARE FACILITIES WITH WHICH A CARRIER CONTRACTS TO PROVIDE HEALTH CARE SERVICES TO THE CARRIER'S ENROLLEES UNDER THE CARRIER'S HEALTH BENEFIT PLAN.**

(11) "NETWORK DIRECTORY" MEANS A LIST OF A CARRIER'S PARTICIPATING PROVIDERS AND PARTICIPATING HEALTH CARE FACILITIES.";

and in lines 17, 19, 22, and 25, strike "**(10)**", "**(11)**", "**(12)**", and "**(13)**", respectively, and substitute "**(12)**", "**(13)**", "**(14)**", and "**(15)**", respectively.

AMENDMENT NO. 4

On page 5, in line 7, after "**(II)**" insert "**1.**"; in line 8, after "**PROVIDERS**" insert "**, INCLUDING ESSENTIAL COMMUNITY PROVIDERS,**"; in line 9, after "**INDIVIDUALS**" insert "**; OR**

2. FOR A CARRIER THAT PROVIDES A MAJORITY OF COVERED PROFESSIONAL SERVICES THROUGH PHYSICIANS EMPLOYED BY A SINGLE CONTRACTED MEDICAL GROUP AND THROUGH HEALTH CARE PROVIDERS EMPLOYED BY THE CARRIER, INCLUDE ALTERNATIVE STANDARDS FOR ADDRESSING THE NEEDS OF LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS";

in lines 16 and 27, in each instance, strike "**AND APPROVAL**"; in line 21, strike "**PROVIDER NETWORK**" and substitute "**ACCESS PLAN**"; and after line 27, insert:

"**(III) THE COMMISSIONER MAY ORDER CORRECTIVE ACTION IF, AFTER REVIEW, THE ACCESS PLAN IS DETERMINED NOT TO MEET THE REQUIREMENTS OF THIS SUBSECTION.**".

On pages 5 and 6, strike in their entirety the lines beginning with line 28 on page 5 through line 4 on page 6, inclusive, and substitute:

"**(3) (I) IN ACCORDANCE WITH § 4-335 OF THE GENERAL PROVISIONS ARTICLE, THE COMMISSIONER SHALL DENY INSPECTION OF THE PARTS OF THE ACCESS PLAN FILED UNDER THIS SUBSECTION THAT CONTAIN CONFIDENTIAL COMMERCIAL INFORMATION OR CONFIDENTIAL FINANCIAL INFORMATION.**

(II) THE REGULATIONS ADOPTED BY THE COMMISSIONER UNDER SUBSECTION (D) OF THIS SECTION SHALL IDENTIFY THE PARTS OF THE ACCESS PLAN THAT MAY BE CONSIDERED CONFIDENTIAL BY THE CARRIER.".

AMENDMENT NO. 5

On page 6, strike beginning with the colon in line 15 down through the comma in line 16; in line 17, after "**AND**" insert "**, IF APPLICABLE,**"; strike beginning with "**AND**" in line 18 down through the semicolon in line 21; in line 29, after "**(V)**" insert "**1.**"; in the same line, after "**PROVIDERS**" insert "**, INCLUDING ESSENTIAL COMMUNITY PROVIDERS,**"; and in line 31, after the semicolon insert "**OR**

2. FOR A CARRIER THAT PROVIDES A MAJORITY OF COVERED PROFESSIONAL SERVICES THROUGH PHYSICIANS EMPLOYED BY A SINGLE CONTRACTED MEDICAL GROUP AND THROUGH HEALTH CARE PROVIDERS EMPLOYED BY THE CARRIER, THE CARRIER'S EFFORTS TO ADDRESS THE NEEDS OF LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS;".

(Over)

AMENDMENT NO. 6

On page 7, in lines 4 and 5, strike "**AND AT LEAST QUARTERLY**"; in line 7, after "**(D)**" insert "**(1)**"; in lines 11 and 12, strike "**, INCLUDING CRITERIA RELATING TO**" and substitute "**.**

(2) IN ADOPTING THE REGULATIONS, THE COMMISSIONER MAY TAKE INTO CONSIDERATION";

and in lines 13, 16, 19, 20, 21, 22, 23, 25, 26, 27, and 29, strike "**(1)**", "**(2)**", "**(3)**", "**(4)**", "**(5)**", "**(6)**", "**(7)**", "**(I)**", "**(II)**", "**1.**", and "**2.**", respectively, and substitute "**(I)**", "**(II)**", "**(III)**", "**(IV)**", "**(V)**", "**(VI)**", "**(VII)**", "**1.**", "**2.**", "**A.**", and "**B.**", respectively.

On page 8, in lines 1, 3, and 6, strike "**(III)**", "**(8)**", and "**(9)**", respectively, and substitute "**3.**", "**(VIII)**", and "**(IX)**", respectively; in line 5, strike "**AND**"; and in line 8, after "**SERVICES**" insert "**;**

(X) ANY STANDARDS ADOPTED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES OR USED BY THE FEDERALLY FACILITATED MARKETPLACE; AND

(XI) ANY STANDARDS ADOPTED BY ANOTHER STATE".

AMENDMENT NO. 7

On page 8, after line 8, insert:

"**(E) (1) ON OR BEFORE DECEMBER 31, 2017, FOR A CARRIER THAT IS A DENTAL PLAN ORGANIZATION OR AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT PROVIDES COVERAGE FOR DENTAL SERVICES, THE COMMISSIONER, IN CONSULTATION WITH APPROPRIATE STAKEHOLDERS, SHALL ADOPT**

REGULATIONS TO SPECIFY THE STANDARDS UNDER SUBSECTION (B)(1)(I) OF THIS SECTION FOR DENTAL SERVICES.

(2) THE REGULATIONS SHALL:

(I) ENSURE THAT ALL ENROLLEES, INCLUDING ADULTS AND CHILDREN, HAVE ACCESS TO PROVIDERS AND COVERED SERVICES WITHOUT UNREASONABLE DELAY AND TRAVEL;

(II) ENSURE ACCESS TO PROVIDERS, INCLUDING ESSENTIAL COMMUNITY PROVIDERS, THAT SERVE PREDOMINANTLY LOW-INCOME, MEDICALLY UNDERSERVED INDIVIDUALS; AND

(III) REQUIRE THE CARRIER TO SPECIFY HOW THE CARRIER WILL MONITOR, ON AN ONGOING BASIS, THE ABILITY OF ITS PARTICIPATING PROVIDERS TO PROVIDE COVERED SERVICES TO ITS ENROLLEES.

(3) IN ESTABLISHING THE STANDARDS FOR DENTAL SERVICES, THE COMMISSIONER MAY CONSIDER THE APPROPRIATENESS OF QUANTITATIVE AND NONQUANTITATIVE CRITERIA.";

and in lines 9 and 16, strike "**(E)**" and "**(F)**", respectively, and substitute "**(F)**" and "**(G)**", respectively.

On page 9, in line 4, strike "**(U)**" and substitute "**(V)**".

On page 10, in lines 5, 15, 16, and 25, strike "**(G)**", "**(K)**", "**(H)**", and "**(I)**", respectively, and substitute "**(H)**", "**(L)**", "**(I)**", and "**(J)**", respectively.

On page 12, in lines 7, 10, 14, 18, 30, and 33, strike “**(J)**”, “**(K)**”, “**(K)**”, “**(L)**”, “**(M)**”, and “(i)”, respectively, and substitute “**(K)**”, “**(L)**”, “**(L)**”, “**(M)**”, “**(N)**”, and “**(1)**”, respectively; and in line 30, strike “(1)”.

On page 13, in line 1, strike “(ii)” and substitute “**(2)**”.

On page 16, in line 23, strike “**(O)**” and substitute “**(P)**”.

AMENDMENT NO. 8

On page 12, in line 30, strike the second set of brackets; and in the same line, strike “**SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A**”.

On pages 13 through 16, strike in their entirety the lines beginning with line 3 on page 13 through line 17 on page 16, inclusive, and substitute:

“**(O) (1) A CARRIER SHALL HAVE A CUSTOMER SERVICE TELEPHONE NUMBER, E-MAIL ADDRESS LINK, OR OTHER ELECTRONIC MEANS BY WHICH ENROLLEES AND PROSPECTIVE ENROLLEES MAY NOTIFY THE CARRIER OF INACCURATE INFORMATION IN THE CARRIER’S NETWORK DIRECTORY.**”.

On page 16, in line 18, strike “**(7)**” and substitute “**(2)**”; in line 19, after “**DIRECTORY**” insert “**BY A PERSON OTHER THAN THE PROVIDER**”; in the same line, after “**THE**” insert “**REPORTED**”; in line 21, strike “**15**” and substitute “**45**”; in the same line, after “**RECEIVING**” insert “**THE**”; in lines 21 and 22, strike “**OF THE POTENTIAL INACCURACY**”; and in lines 28 and 31, in each instance, strike “**SUBSECTIONS (M) AND (N)**” and substitute “**SUBSECTION (N)**”.

On page 17, in lines 1, 17, 22, and 28, strike “**(S)**”, “**(P)**”, “**(Q)**”, and “**(R)**”, respectively, and substitute “**(T)**”, “**(Q)**”, “**(R)**”, and “**(S)**”, respectively; in line 2, strike

"**SUBSECTIONS (M) AND (N)**" and substitute "**SUBSECTION (N)**"; and strike in their entirety lines 4 through 16, inclusive, and substitute:

"**(3) A CARRIER SHALL:**

(I) 1. PERIODICALLY REVIEW AT LEAST A REASONABLE SAMPLE SIZE OF ITS NETWORK DIRECTORY FOR ACCURACY; AND

2. RETAIN DOCUMENTATION OF THE REVIEW AND MAKE THE REVIEW AVAILABLE TO THE COMMISSIONER ON REQUEST; OR

(II) CONTACT PROVIDERS LISTED IN THE CARRIER'S NETWORK DIRECTORY WHO HAVE NOT SUBMITTED A CLAIM IN THE LAST 6 MONTHS TO DETERMINE IF THE PROVIDERS INTEND TO REMAIN IN THE CARRIER'S PROVIDER NETWORK.".

On page 18, in lines 7, 18, and 32, strike "**(S)**", "**(T)**", and "**(U)**", respectively, and substitute "**(T)**", "**(U)**", and "**(V)**", respectively; in line 7, strike the second set of brackets; in line 9, strike "**SUBSECTIONS (M) AND (N)**" and substitute "**SUBSECTION (N)**"; in line 10, strike "notification" and substitute "**ELECTRONIC NOTIFICATION OR NOTIFICATION BY FIRST-CLASS MAIL TRACKING METHOD**"; in line 12, strike the bracket; in line 17, strike the bracket; and in line 32, strike "**(F)(3)(III)**" and substitute "**(G)(3)(III)**".

On page 19, in lines 7, 23, 24, and 27, strike "**(V)**", "**(F)(3)(I)1**", "**(F)(3)(III)2**", and "**(F)(3)(III)2**", respectively, and substitute "**(W)**", "**(G)(3)(I)1**", "**(G)(3)(III)2**", and "**(G)(3)(III)2**", respectively; and in line 7, strike "**(T)(1)**" and substitute "**(U)(1)**".

AMENDMENT NO. 9

On page 20, after line 15, insert:

(Over)

"31-115.

(M) ANY CERTIFICATION STANDARDS ESTABLISHED UNDER SUBSECTION (K) OF THIS SECTION RELATED TO NETWORK ADEQUACY OR NETWORK DIRECTORY ACCURACY:

(1) SHALL BE CONSISTENT WITH THE PROVISIONS OF § 15-112 OF THIS ARTICLE; AND

(2) MAY NOT BE IMPLEMENTED UNTIL JANUARY 1, 2019.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Insurance

15-112.

(n) **(1)** A carrier shall make **THE CARRIER'S NETWORK DIRECTORY** available to prospective enrollees on the Internet and, on request of a prospective enrollee, in printed form**[**:

(1) a list of providers on the carrier's provider panel; and

(2) information on providers that are no longer accepting new patients**]**.

(2) THE CARRIER'S NETWORK DIRECTORY ON THE INTERNET SHALL BE AVAILABLE:

(I) THROUGH A CLEAR LINK OR TAB; AND

(II) IN A SEARCHABLE FORMAT.

(3) THE NETWORK DIRECTORY SHALL INCLUDE:

(I) FOR EACH PROVIDER ON THE CARRIER'S PROVIDER PANEL:

1. THE NAME OF THE PROVIDER;

2. THE SPECIALTY AREAS OF THE PROVIDER;

3. WHETHER THE PROVIDER CURRENTLY IS ACCEPTING NEW PATIENTS;

4. FOR EACH OFFICE OF THE PROVIDER WHERE THE PROVIDER PARTICIPATES ON THE PROVIDER PANEL:

A. ITS LOCATION, INCLUDING ITS ADDRESS; AND

B. CONTACT INFORMATION FOR THE PROVIDER;

5. THE GENDER OF THE PROVIDER, IF THE PROVIDER NOTIFIES THE CARRIER OR THE MULTI-CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM DESIGNATED UNDER § 15-112.3 OF THIS SUBTITLE OF THE INFORMATION; AND

6. ANY LANGUAGES SPOKEN BY THE PROVIDER OTHER THAN ENGLISH, IF THE PROVIDER NOTIFIES THE CARRIER OR THE MULTI-

CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM DESIGNATED UNDER § 15-112.3 OF THIS SUBTITLE OF THE INFORMATION;

(II) FOR EACH HEALTH CARE FACILITY IN THE CARRIER'S NETWORK:

1. THE HEALTH CARE FACILITY'S NAME;

2. THE HEALTH CARE FACILITY'S ADDRESS;

3. THE TYPES OF SERVICES PROVIDED BY THE HEALTH CARE FACILITY; AND

4. CONTACT INFORMATION FOR THE HEALTH CARE FACILITY; AND

(III) A STATEMENT THAT ADVISES ENROLLEES AND PROSPECTIVE ENROLLEES TO CONTACT A PROVIDER OR A HEALTH CARE FACILITY BEFORE SEEKING TREATMENT OR SERVICES, TO CONFIRM THE PROVIDER'S OR HEALTH CARE FACILITY'S PARTICIPATION IN THE CARRIER'S NETWORK.

(p) (1) A carrier shall notify each enrollee at the time of initial enrollment and renewal about how to access or obtain the information required under subsection (n) of this section.

(2) (i) 1. Information provided in printed form under subsection (n) of this section shall be [updated] ACCURATE ON THE DATE OF PUBLICATION.

2. A CARRIER SHALL UPDATE THE INFORMATION PROVIDED IN PRINTED FORM at least once a year.

(ii) **1.** **[**Subject to subsection (t) of this section, information**]** **INFORMATION** provided on the Internet under subsection (n) of this section shall be **[**updated**]** **ACCURATE ON THE DATE OF INITIAL POSTING AND ANY UPDATE.**

2. IN ADDITION TO THE REQUIREMENT TO UPDATE ITS PROVIDER INFORMATION UNDER SUBSECTION (T)(1) OF THIS SECTION, A CARRIER SHALL UPDATE THE INFORMATION PROVIDED ON THE INTERNET at least once every 15 days.

(3) A carrier shall:

(i) 1. periodically review at least a reasonable sample size of its network directory for accuracy; and

2. retain documentation of the review and make the review available to the Commissioner on request; or

(ii) contact providers listed in the carrier's network directory who have not submitted a claim in the last 6 months to determine if the providers intend to remain in the carrier's provider network.

(4) A CARRIER SHALL DEMONSTRATE THE ACCURACY OF THE INFORMATION PROVIDED UNDER PARAGRAPH (3) OF THIS SUBSECTION ON REQUEST OF THE COMMISSIONER.

(5) BEFORE IMPOSING A PENALTY AGAINST A CARRIER FOR INACCURATE NETWORK DIRECTORY INFORMATION, THE COMMISSIONER SHALL

TAKE INTO ACCOUNT, IN ADDITION TO ANY OTHER FACTORS REQUIRED BY LAW, WHETHER:

(I) THE CARRIER AFFORDED A PROVIDER OR OTHER PERSON IDENTIFIED IN § 15-112.3(C) OF THIS SUBTITLE AN OPPORTUNITY TO REVIEW AND UPDATE THE PROVIDER'S NETWORK DIRECTORY INFORMATION:

1. THROUGH THE MULTI-CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM DESIGNATED UNDER § 15-112.3 OF THIS SUBTITLE; OR

2. DIRECTLY WITH THE CARRIER;

(II) THE CARRIER CAN DEMONSTRATE THE EFFORTS MADE, IN WRITING, ELECTRONICALLY, OR BY TELEPHONE, TO OBTAIN UPDATED NETWORK DIRECTORY INFORMATION FROM A PROVIDER OR OTHER PERSON IDENTIFIED IN § 15-112.3(C) OF THIS SUBTITLE;

(III) THE CARRIER HAS CONTACTED A PROVIDER LISTED IN THE CARRIER'S NETWORK DIRECTORY WHO HAS NOT SUBMITTED A CLAIM IN THE LAST 6 MONTHS TO DETERMINE IF THE PROVIDER INTENDS TO REMAIN ON THE CARRIER'S PROVIDER PANEL;

(IV) THE CARRIER INCLUDES IN ITS NETWORK DIRECTORY THE LAST DATE THAT A PROVIDER UPDATED THE PROVIDER'S INFORMATION;

(V) THE CARRIER HAS IMPLEMENTED ANY OTHER PROCESS OR PROCEDURE TO:

1. ENCOURAGE PROVIDERS TO UPDATE THEIR NETWORK DIRECTORY INFORMATION; OR

2. INCREASE THE ACCURACY OF ITS NETWORK DIRECTORY; AND

(VI) A PROVIDER OR OTHER PERSON IDENTIFIED IN § 15-112.3(C) OF THIS SUBTITLE HAS NOT UPDATED THE PROVIDER'S NETWORK DIRECTORY INFORMATION, DESPITE OPPORTUNITIES TO DO SO.

15-112.3.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "CARRIER" HAS THE MEANING STATED IN § 15-112 OF THIS SUBTITLE.

(II) "CARRIER" DOES NOT INCLUDE A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH – GENERAL ARTICLE.

(3) "MULTI-CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM" MEANS THE SYSTEM DESIGNATED BY THE COMMISSIONER FOR USE BY PROVIDERS TO PROVIDE AND UPDATE THEIR NETWORK DIRECTORY INFORMATION WITH CARRIERS.

(B) THE COMMISSIONER MAY DESIGNATE A MULTI-CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM DEVELOPED BY A NONPROFIT ALLIANCE OF HEALTH PLANS AND TRADE ASSOCIATIONS IF:

(1) THE SYSTEM IS AVAILABLE TO PROVIDERS NATIONALLY;

(2) THE SYSTEM IS AVAILABLE TO PROVIDERS AT NO CHARGE;

(3) THE SYSTEM ALLOWS PROVIDERS TO:

(I) ATTEST ONLINE TO THE ACCURACY OF THEIR INFORMATION; AND

(II) 1. CORRECT ANY INACCURATE INFORMATION; AND

2. ATTEST TO THE CORRECTION; AND

(4) THE NONPROFIT ALLIANCE HAS A WELL-ESTABLISHED MECHANISM FOR OUTREACH TO PROVIDERS.

(C) A CARRIER SHALL ACCEPT NEW AND UPDATED NETWORK DIRECTORY INFORMATION FOR A PROVIDER SUBMITTED:

(1) (I) THROUGH THE MULTI-CARRIER COMMON ONLINE PROVIDER DIRECTORY INFORMATION SYSTEM; OR

(II) DIRECTLY TO THE CARRIER; AND

(2) FROM:

(I) THE PROVIDER;

(II) A HOSPITAL OR ACADEMIC MEDICAL CENTER THAT:

1. IS A PARTICIPATING PROVIDER ON THE CARRIER'S PROVIDER PANEL; AND

2. ACTS AS A CREDENTIALING INTERMEDIARY FOR THE CARRIER FOR PROVIDERS THAT:

A. PARTICIPATE ON THE CARRIER'S PROVIDER PANEL; AND

B. HAVE PRIVILEGES AT THE HOSPITAL OR ACADEMIC MEDICAL CENTER; OR

(III) ANY OTHER PERSON THAT PERFORMS CREDENTIALING FUNCTIONS ON BEHALF OF A PROVIDER.".

AMENDMENT NO. 10

On page 23, in line 2, strike "**CONSISTENT**" and substitute "**IN ACCORDANCE**"; in the same line, after "**THE**" insert "**TIMELINESS**"; and in line 7, strike "**; OR**" and substitute a period.

AMENDMENT NO. 11

On page 24, in line 2, strike "**15-112(M)(1)**" and substitute "**15-112(N)(1)**"; strike in their entirety lines 4 and 5 and substitute:

"SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect January 1, 2017.";

in line 6, strike "3." and substitute "4."; and in the same line, after "That" insert ", except as provided in Section 3 of this Act,".