

Department of Legislative Services
Maryland General Assembly
2019 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 989 (Delegate Parrott)
Health and Government Operations

Health Insurance - Multi-Carrier Common Online Provider Directory
Information Systems - Designation and Acceptance of Information

This bill requires a carrier to accept new and updated network directory information for a provider submitted through the multi-carrier common online provider directory information system when information is outdated or missing. To be designated as a multi-carrier common online provider directory information system by the Insurance Commissioner, a system must be designated as the operating rule authoring entity by the U.S. Secretary of Health and Human Services.

Fiscal Summary

State Effect: The bill does not directly affect governmental operations or finances.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Current Law: “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.

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 attest online to the accuracy of their

information and correct (and attest to the correction of) any inaccurate information; and (4) the nonprofit alliance has a well-established mechanism for outreach to providers.

A carrier must accept new and updated network directory information for a provider submitted (1) through the multi-carrier common online provider directory information system or directly to the carrier and (2) from the provider, a hospital or academic medical center that participates on the carrier's provider panel and acts as a credentialing intermediary for the carrier, or any other person that performs credentialing functions on behalf of a provider.

Background: The Maryland Insurance Administration advises that the Commissioner has not yet designated a multi-carrier common online provider directory information system. Under the bill, if and when a system is designated, it must be the system designated by the U.S. Secretary of Health and Human Services as the operating rule entity.

According to the federal Centers for Medicare and Medicaid Services, operating rules are the necessary business rules and guidelines for the electronic exchange of information. Operating rules set certain requirements for transactions that are covered by the federal Health Insurance Portability and Accountability Act. They specify the information that must be included when conducting standard transactions, making it easier for providers to use electronic means to handle administrative transactions. CAQH CORE, a nonprofit alliance of health insurers, is the authoring entity of the operating rules currently adopted by the U.S. Department of Health and Human Services.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Centers for Medicare and Medicaid Services; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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