

HOUSE BILL 1292

J5

(5lr3303)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by **Delegates Kaiser, Feldmark, Guzzone, Harrison, Hill, Kaufman, ~~and Taylor~~ Taylor, Alston, Bagnall, Bhandari, Chisholm, Cullison, Hutchinson, S. Johnson, Kerr, Kipke, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Ross, Szeliga, Taveras, White Holland, Woods, and Woorman**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Provider Directory – Required Updates**

3 FOR the purpose of renaming “network directory” to be “provider directory” to conform to
4 a certain federal law; altering the time period within which ~~a carrier is~~ certain
5 carriers are required to update the information that must be made available in the
6 carrier’s provider directory on the Internet; ~~requiring a carrier to verify and, as~~
7 ~~necessary, update the carrier’s provider directory with a certain frequency~~ altering
8 the information required to be included in a provider directory; requiring that a
9 provider directory in printed form include a certain statement regarding the
10 accuracy of the provider information; and generally relating to provider directories
11 of health insurance carriers.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 BY repealing and reenacting, with amendments,
2 Article – Insurance
3 Section 15–112(a), (n), (p), and (t), 15–112.3(a)(3) and (c), and 15–830(g)(2)(i)
4 Annotated Code of Maryland
5 (2017 Replacement Volume and 2024 Supplement)

6 BY repealing and reenacting, without amendments,
7 Article – Insurance
8 Section 15–112.3(a)(1)
9 Annotated Code of Maryland
10 (2017 Replacement Volume and 2024 Supplement)

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
12 That the Laws of Maryland read as follows:

13 **Article – Insurance**

14 15–112.

15 (a) (1) In this section the following words have the meanings indicated.

16 (2) “Accredited hospital” has the meaning stated in § 19–301 of the
17 Health – General Article.

18 (3) “Ambulatory surgical facility” has the meaning stated in § 19–3B–01 of
19 the Health – General Article.

20 (4) “Behavioral health care services” has the meaning stated in § 15–127
21 of this subtitle.

22 (5) (i) “Carrier” means:

23 1. an insurer;

24 2. a nonprofit health service plan;

25 3. a health maintenance organization;

26 4. a dental plan organization; or

27 5. any other person that provides health benefit plans
28 subject to regulation by the State.

29 (ii) “Carrier” includes an entity that arranges a provider panel for a
30 carrier.

1 (6) “Credentialing intermediary” means a person to whom a carrier has
2 delegated credentialing or recredentialing authority and responsibility.

3 (7) “Enrollee” means a person entitled to health care benefits from a
4 carrier.

5 (8) “Group model health maintenance organization” has the meaning
6 stated in § 19–713.6(a) of the Health – General Article.

7 (9) “Health benefit plan”:

8 (i) for a group or blanket plan in the large group market, has the
9 meaning stated in § 15–1401 of this title;

10 (ii) for a group in the small group market, has the meaning stated in
11 § 31–101 of this article; and

12 (iii) for an individual plan, has the meaning stated in § 15–1301 of
13 this title.

14 (10) (i) “Health care facility” means a health care setting or institution
15 providing physical, mental, or substance use disorder health care services.

16 (ii) “Health care facility” includes:

- 17 1. a hospital;
- 18 2. an ambulatory surgical or treatment center;
- 19 3. a skilled nursing facility;
- 20 4. a residential treatment center;
- 21 5. an urgent care center;
- 22 6. a diagnostic, laboratory, or imaging center;
- 23 7. a rehabilitation facility; and
- 24 8. any other therapeutic health care setting.

25 (11) “Hospital” has the meaning stated in § 19–301 of the Health – General
26 Article.

27 (12) “Network” means a carrier’s participating providers and the health care
28 facilities with which a carrier contracts to provide health care services to the carrier’s
29 enrollees under the carrier’s health benefit plan.

1 [(13) “Network directory” means a list of a carrier’s participating providers
2 and participating health care facilities.]

3 [(14)] (13) “Online credentialing system” means the system through which
4 a provider may access an online provider credentialing application that the Commissioner
5 has designated as the uniform credentialing form under § 15–112.1(e) of this subtitle.

6 [(15)] (14) “Participating provider” means a provider on a carrier’s provider
7 panel.

8 [(16)] (15) “Provider” means a health care practitioner or group of health
9 care practitioners licensed, certified, or otherwise authorized by law to provide health care
10 services.

11 (16) “**PROVIDER DIRECTORY**” MEANS A LIST OF A CARRIER’S
12 PARTICIPATING PROVIDERS AND PARTICIPATING HEALTH CARE FACILITIES.

13 (17) (i) “Provider panel” means the providers that contract either
14 directly or through a subcontracting entity with a carrier to provide health care services to
15 the carrier’s enrollees under the carrier’s health benefit plan.

16 (ii) “Provider panel” does not include an arrangement in which any
17 provider may participate solely by contracting with the carrier to provide health care
18 services at a discounted fee-for-service rate.

19 (n) (1) A carrier shall make the carrier’s [network] **PROVIDER** directory
20 available to prospective enrollees on the Internet and, on request of a prospective enrollee,
21 in printed form.

22 (2) The carrier’s [network] **PROVIDER** directory on the Internet shall be
23 available:

24 (i) through a clear link or tab; and

25 (ii) in a searchable format.

26 (3) The [network] **PROVIDER** directory shall include:

27 (i) for each provider on the carrier’s provider panel:

28 1. the name of the provider;

29 2. the specialty areas of the provider;

30 3. whether the provider currently is accepting new patients;

1 4. for each office of the provider where the provider
2 participates on the provider panel:

3 A. its location, including its address; and

4 B. contact information for the provider;

5 5. the gender of the provider, if the provider notifies the
6 carrier or the multi-carrier common online provider directory information system
7 designated under § 15–112.3 of this subtitle of the information; and

8 6. any languages spoken by the provider other than English,
9 if the provider notifies the carrier or the multi-carrier common online provider directory
10 information system designated under § 15–112.3 of this subtitle of the information;

11 (ii) for each health care facility in the carrier's network:

12 1. the health care facility's name;

13 2. the health care facility's address;

14 3. the types of services provided by the health care facility;

15 and

16 4. contact information for the health care facility; and

17 (iii) a statement that advises enrollees and prospective enrollees to
18 contact a provider or a health care facility before seeking treatment or services, to confirm
19 the provider's or health care facility's participation in the carrier's network **AND THE**
20 **ENROLLEE'S HEALTH BENEFIT PLAN.**

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

24 (2) (i) 1. Information provided in printed form under subsection (n)
25 of this section shall be accurate on the date of publication.

26 2. A carrier shall update the information provided in printed
27 form at least once a year.

28 (ii) 1. Information provided on the Internet under subsection (n)
29 of this section shall be accurate on the date of initial posting and any update.

1 2. In addition to the requirement to update its provider
2 information under subsection (t)(1) of this section, a carrier shall update the information
3 provided on the Internet at least once every 15 days.

4 (3) A carrier shall:

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

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

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

12 (4) A carrier shall demonstrate the accuracy of the information provided
13 under paragraph (3) of this subsection on request of the Commissioner.

14 (5) A CARRIER SHALL INCLUDE IN A PROVIDER DIRECTORY THAT IS
15 IN PRINTED FORM A STATEMENT NOTIFYING A READER THAT:

16 (I) THE INFORMATION CONTAINED IN THE PROVIDER
17 DIRECTORY IS ACCURATE AS OF THE DATE OF PUBLICATION; AND

18 (II) TO OBTAIN THE MOST CURRENT INFORMATION, THE
19 INDIVIDUAL SHOULD CONSULT THE PROVIDER DIRECTORY ON THE INTERNET OR
20 CONTACT THE CARRIER DIRECTLY.

21 [5] (6) Before imposing a penalty against a carrier for inaccurate
22 network directory information, the Commissioner shall take into account, in addition to
23 any other factors required by law, whether:

24 (i) the carrier afforded a provider or other person identified in §
25 15-112.3(c) of this subtitle an opportunity to review and update the provider's network
26 directory information:

27 1. through the multi-carrier common online provider
28 directory information system designated under § 15-112.3 of this subtitle; or

29 2. directly with the carrier;

30 (ii) the carrier can demonstrate the efforts made, in writing,
31 electronically, or by telephone, to obtain updated network directory information from a
32 provider or other person identified in § 15-112.3(c) of this subtitle;

1 (iii) the carrier has contacted a provider listed in the carrier's
2 network directory who has not submitted a claim in the last 6 months to determine if the
3 provider intends to remain on the carrier's provider panel;

4 (iv) the carrier includes in its network directory the last date that a
5 provider updated the provider's information;

6 (v) the carrier has implemented any other process or procedure to:

7 1. encourage providers to update their network directory
8 information; or

9 2. increase the accuracy of its network directory; and

10 (vi) a provider or other person identified in § 15-112.3(c) of this
11 subtitle has not updated the provider's network directory information, despite
12 opportunities to do so.

13 (t) (1) **(I) A SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, A**
14 carrier shall update the information that must be made available on the Internet under
15 subsection (n) of this section within [15] **2** working days after receipt of electronic
16 notification or notification by first-class mail tracking method from the participating
17 provider of a change in the applicable information.

18 **(II) A DENTAL CARRIER SHALL UPDATE THE INFORMATION**
19 **REQUIRED BY THIS SUBSECTION WITHIN 15 WORKING DAYS AFTER RECEIPT OF THE**
20 **NOTIFICATION DESCRIBED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH.**

21 (2) Notification is presumed to have been received by a carrier:

22 (i) 3 working days after the date the participating provider placed
23 the notification in the U.S. mail, if the participating provider maintains the stamped
24 certificate of mailing for the notice; or

25 (ii) on the date recorded by the courier, if the notification was
26 delivered by courier.

27 ~~**(3) AT LEAST ONCE EVERY 90 DAYS, EACH CARRIER SHALL VERIFY**~~
28 ~~**AND, AS NECESSARY, UPDATE THE INFORMATION INCLUDED IN THE CARRIER'S**~~
29 ~~**PROVIDER DIRECTORY.**~~

30 15-112.3.

31 (a) (1) In this section the following words have the meanings indicated.

1 (3) “Multi-carrier common online provider directory information system”
 2 means the system designated by the Commissioner for use by providers to provide and
 3 update their [network] PROVIDER directory information with carriers.

4 (c) A carrier shall accept new and updated [network] PROVIDER directory
 5 information for a provider submitted:

6 (1) (i) through the multi-carrier common online provider directory
 7 information system; or

8 (ii) directly to the carrier; and

9 (2) from:

10 (i) the provider;

11 (ii) a hospital or academic medical center that:

12 1. is a participating provider on the carrier’s provider panel;

13 and

14 2. acts as a credentialing intermediary for the carrier for

15 providers that:

16 A. participate on the carrier’s provider panel; and

17 B. have privileges at the hospital or academic medical center;

18 or

19 (iii) any other person that performs credentialing functions on behalf
 20 of a provider.

21 15-830.

22 (g) (2) Each carrier shall make a copy of each of the procedures filed under
 23 paragraph (1) of this subsection available to its members:

24 (i) in the carrier’s online [network] PROVIDER directory required
 25 under § 15-112(n)(1) of this title; and

26 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 1, 2026,
 27 the ~~Commission~~ Insurance Commissioner shall report to the General Assembly, in
 28 accordance with § 2-1257 of the State Government Article, on any changes to regulations
 29 related to the accuracy of provider directories.

1 SECTION ~~2~~ 3 AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.