

Chapter 648

(House Bill 1292)

AN ACT concerning

Health Insurance – Provider Directory – Required Updates

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

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–112(a), (n), (p), and (t), 15–112.3(a)(3) and (c), and 15–830(g)(2)(i)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, without amendments,

Article – Insurance

Section 15–112.3(a)(1)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

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

Article – Insurance

15–112.

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

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

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

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

(5) (i) “Carrier” means:

1. an insurer;
2. a nonprofit health service plan;
3. a health maintenance organization;
4. a dental plan organization; or

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

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

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

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

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

(9) “Health benefit plan”:

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

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

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

(10) (i) “Health care facility” means 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
8. any other therapeutic health care setting.

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

(12) “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.

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

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

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

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

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

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

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

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

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

(i) through a clear link or tab; and

(ii) in a searchable format.

(3) The [network] **PROVIDER** 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 **AND THE ENROLLEE'S HEALTH BENEFIT PLAN.**

(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 accurate on the date of publication.

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

(ii) 1. Information provided on the Internet under subsection (n) of this section shall be 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] PROVIDER 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] PROVIDER 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) A CARRIER SHALL INCLUDE IN A PROVIDER DIRECTORY THAT IS IN PRINTED FORM A STATEMENT NOTIFYING A READER THAT:

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

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

[(5)] (6) 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.

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

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

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

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

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

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

15-112.3.

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

(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] **PROVIDER** directory information with carriers.

(c) A carrier shall accept new and updated [network] **PROVIDER** 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.

15-830.

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

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

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

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

Approved by the Governor, May 20, 2025.