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Provider Directory Public Meeting (Virtual via Zoom)

Wednesday, June 25, 2025

09:30 a.m. - 11:00 a.m.

ZoomGov Link: <https://maryland-insurance.zoomgov.com/j/1615940253>

Dial-in: (646) 828-7666

Webinar ID: 161 594

0253<https://insurance.maryland.gov/Consumer/Documents/agencyhearings/AGENDA-L%26H-Industry-Meeting-652024.pdf>

1. Welcome – Mary Kwei, Associate Commissioner, Market Regulation and Professional Licensing

2. Questions for Public Feedback and Discussion:

- a. The federal No Surprises Act has provisions regarding provider network directories. The Administration has authority to enforce the No Surprises Act. How should Maryland law be updated to be clearly consistent with the federal law, and prevent confusion as to the requirements? Is there consensus that the No Surprises Act requires a review of the entire provider network directory every ninety (90) days?
- b. Section 15-112(p)(3) requires carriers to “periodically review” their directories. If the Administration were to define this term through regulation, what is the appropriate frequency to require periodic reviews of provider directories, if not the 90 days specified in the No Surprises Act?
- c. Section 15-112(p)(3) also uses the term “reasonable sample size.” If the Administration were to define this term by regulation, what is a reasonable sample size to expect to be used when conducting a review of a provider directory?
- d. What are the minimum required processes that should be undertaken as part of a provider directory review? For example: contact the provider's office, verify with

the Board of Physicians, etc. What sources or processes are currently being used to collect and update provider information in directories?

- e. Do carriers currently differentiate between a “meaningful error” and a “non-meaningful error” in a provider directory? For example, having directory information which lists the street address incorrectly versus listing the street address correctly, but the suite incorrectly. If not, is it reasonable to make the differentiation?
- f. Should carriers be required to report to the Commissioner network directory inaccuracies discovered during their review, date of discovery, and the date of correcting discovered inaccuracies?
- g. Should carriers be required to consider the number of received complaints related to inaccuracies in provider directories, and the result of those complaints in conducting their review of a provider directory?
- h. In reviewing the information submitted to the Commissioner pursuant to § 15-112(p)(4), should the Administration conduct additional verification of the accuracy of the provider directory, and should there be a threshold that suggests noncompliance with the requirements of § 15-112(p)(3)?
- i. If a carrier is unable to reach a provider to verify their contact information, what steps are currently being taken to verify the provider's information is accurate? What additional steps, if any, are reasonable to expect to be taken? Should the provider information be presumed to be accurate, and remain in the provider directory, or presumed to be inaccurate and removed from the provider directory?
- j. What mechanisms are in place to address changes in practice locations, specialties, or acceptance of new patients?
- k. How are duplicate records for the same provider currently handled?
- l. Should certain provider types, such as hospitals, be exempt from, or have different, periodic review requirements for provider directories? Please explain.
- m. If an inaccuracy is discovered (through any method) and not corrected in a certain time period, what would be an appropriate penalty/range of penalties to impose?
- n. Are carriers currently collecting data regarding the frequency of out-of-network providers being treated as in-network due to the requirements under the No Surprises Act?

3. Comments from registered speakers

4. Comments from unregistered participants, as time allows

5. Closing Remarks – Mary Kwei, Associate Commissioner, Market Regulation and Professional Licensing