

July 9, 2025

Mary Kwei
Associate Commissioner, Market Regulation and Professional Licensing
Maryland Insurance Administration
200 St. Paul Place
Suite 2700
Baltimore, MD 21202

Dear Associate Commissioner Kwei,

Thank you for the opportunity to provide input from our industry regarding the potential need for regulations to clarify the requirements of Section 15-112 of the Insurance Article.

In response to the specific questions posed by the Maryland Insurance Administration (MIA) on Provider Director Accuracy, CareFirst provides the following:

1. 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?

CareFirst Response: [Maryland law should be the same as Federal law to avoid conflicting regulatory requirements. The No Surprises Act requires providers and carriers to verify the accuracy of provider data in provider directories every ninety days. It should be noted that providers who are part of a delegated agreement with a carrier may be required, in accordance with the delegated agreement with the carrier, to verify provider data.](#)

2. 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?

CareFirst Response: [To help prevent provider fatigue from frequent carrier information requests, "periodic review" of directories under Section 15-112\(p\)\(3\) should be limited to no more than once a year.](#)

3. 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?

CareFirst Response: [Considering the size of CareFirst's network, which includes tens of thousands of providers, a reasonable sample size would be between 1% and 2%.](#)

4. 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?

CareFirst Response: [At a minimum, carriers should: \(1\) verify the accuracy of provider information with the Council for Affordable Quality Healthcare, Inc.'s \(CAQH\) centralized database; and \(2\) require providers to verify the accuracy of their information in provider directories at least once every ninety days.](#)

5. 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?

CareFirst Response: [We believe it is reasonable to distinguish between a meaningful error that affects a member's ability to access care and a non-meaningful error that does not have the same impact.](#)

6. 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?

CareFirst Response: [We believe that directing carrier resources towards enhancing the accuracy of provider directories would be a more effective use of those resources.](#)

7. 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?

CareFirst Response: [It is reasonable for carriers to consider a significant number of complaints related to inaccuracies in provider directories.](#)

8. 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)?

CareFirst Response: [The MIA should consider working with other State agencies on outreach to providers, including the verification of provider directory accuracy.](#)

9. 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?

CareFirst Response: If a provider is unresponsive to multiple attempts to verify the accuracy of the information included in the provider directory, the provider may be removed from the network. CareFirst recommends the MIA allow carriers to have a provider remain in the network so as to not disrupt access to care for existing patients but that carriers be permitted to suppress the provider's information in the public-facing provider directory until the provider validates their information thereby avoiding new patients relying on unvalidated information, and that the MIA clarify that such directory suppression would not be a violation of Insurance Article Section 15-112(n).

10. What mechanisms are in place to address changes in practice locations, specialties, or acceptance of new patients?

CareFirst Response: Our provider portal allows providers access to their information in our system and allows providers to make address changes along with other updates.

11. How are duplicate records for the same provider currently handled?

CareFirst Response: If we confirm a provider has a duplicate record, we merge the records into one record, through identification by National Provider Identifier (NPI) validation.

12. Should certain provider types, such as hospitals, be exempt from, or have different, periodic review requirements for provider directories? Please explain.

CareFirst Response: Hospitals are very static in terms of records and the main hospital campus should be exempt. Satellite sites of hospitals should be verified at least annually.

13. 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?

CareFirst Response: Penalties should be limited to deficiencies in actions taken by carriers rather than inaccuracies resulting from provider action or inaction. Carriers have been making significant investments to quickly and efficiently manage large volumes of updates.

14. 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?

CareFirst Response: We are gathering extensive data and have significant concerns regarding out-of-network claims and the No Surprises Act. We are closely monitoring lawsuits in other states where plans are suing providers and their intermediaries under wire fraud and racketeering statutes. CareFirst has been notably affected by private equity backed provider organizations exploiting the No Surprises Act and is currently evaluating options to ensure a healthy market for healthcare consumers.

We appreciate the MIA's proactive approach in seeking feedback and considering the perspectives of various stakeholders. Your willingness to engage with the industry demonstrates a commitment to ensuring that regulatory frameworks remain effective and responsive to the evolving needs of the healthcare sector. We welcome further discussion regarding our responses or other issues relating to provider directories.

Sincerely,

A handwritten signature in black ink that reads "Tinna Damaso Quigley". The script is fluid and cursive, with the first letters of each word being capitalized and prominent.

Tinna Damaso Quigley
Vice President, Government Affairs - Maryland