



July 9, 2025

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

RE: Provider Directory Regulatory Feedback

Dear Associate Commissioner Kwei and the Maryland Insurance Administration,

On behalf of the National Association of Dental Plans (NADP)¹ and the Alliance of Maryland Dental Plans², we appreciate the opportunity to provide feedback regarding Maryland's oversight of provider network directory requirements and how these align with the federal No Surprises Act (NSA). As the Administration considers potential regulatory updates, we respectfully offer the following observations and recommendations from the perspective of the dental insurance industry.

Applicability of the No Surprises Act to Dental Plans

The federal No Surprises Act does not apply to excepted benefits, including standalone dental plans. Extending NSA-like requirements to dental coverage exceeds the scope and intent of the law and would impose unnecessary administrative burdens on carriers. We urge the Administration to preserve the federal exemption for excepted benefits but offer the following comments should dental plans be included in any future regulatory changes.

Frequency and Scope of Directory Reviews

HB 1292, introduced during the 2025 legislative session, proposed a 90-day provider directory audit requirement under §15-112. This provision was ultimately removed prior to the bill's passage. Given this legislative outcome, we believe it would be inappropriate to impose the 90-

¹ NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental indemnity and discount dental products to more than 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

² The Alliance of Maryland Dental Plans serves as the state trade association for the dental benefits industry and acts as the leading voice before the Maryland General Assembly, regulatory agencies, the Maryland Health Benefit Exchange, and other entities that engage with the insurance industry.

day standard through regulation.

In Maryland, carriers currently conduct comprehensive annual audits, consistent with standards in nearly all other states. We strongly support maintaining this annual review standard to limit administrative burden and prevent provider fatigue. Mandating quarterly outreach to partial or entire directories would significantly increase costs and may reduce provider responsiveness due to receiving requests from multiple carriers.

If regulatory definitions are being considered, we recommend interpreting the “periodically review” language in §15-112(p)(3) as an annual requirement. Smaller, more frequent sampling would introduce administrative complexity without materially improving accuracy compared to a full annual review.

Verification Methods and Processes

Dental carriers use various directory verification methods currently, including secure self-service portals accessible to providers to edit their directory listing at any time. Another common and effective approach involves plan notices that direct providers to confirm or update their information online. Additional audit requirements, such as third-party licensing checks, would introduce administrative burdens and cost with limited benefit.

Providers who do not respond during the annual review may be suppressed from the directory unless a recent claim confirms active participation. However, we caution against requiring automatic removal after a fixed interval, as this may restrict access to care by excluding active providers who missed a verification notice.

Treatment of Errors and Data Accuracy

We do not support creating distinctions between “meaningful” and “non-meaningful” errors, as such definitions would be subjective and administratively burdensome without improving accuracy.

Similarly, we oppose requirements to track and report each error, its correction date, or associated consumer complaints. Carriers already offer consumers tools, such as feedback links, to report directory information issues, which are handled through existing internal processes.

Oversight, Reporting, and Penalties

Maryland’s current regulatory framework provides sufficient oversight. Directory inaccuracies are often due to provider non-responsiveness rather than carrier error. Penalizing carriers for issues beyond their control would be unjust and ineffective.

Carriers can correct duplicate records when identified. Dental carriers as excepted benefit plans also do not currently track instances where out-of-network providers are treated as in-network under the NSA and do not support new data collection requirements in this area.

We support the Administration’s goal of maintaining accurate directories through balanced,

effective oversight. Maryland's existing annual audit process has proven successful for dental carriers, and we recommend continuing this model in future regulatory frameworks.

Thank you for your consideration. We welcome continued dialogue on this important issue.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Bianca", with a stylized, flowing script.

Bianca Balale
Director of Government Affairs
National Association of Dental Plans (NADP)

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a stylized, flowing script and a long horizontal line extending to the right.

Matthew Celentano
Executive Director
Alliance of Maryland Dental Plans