

# Title 31 MARYLAND INSURANCE ADMINISTRATION

## Subtitle 10 HEALTH INSURANCE — GENERAL

### Chapter 52 Provider Directory Requirements

Authority: Insurance Article, §§ 15-112(a), (n), (p, and (t), 15-112.3(a)(3), and (c), and 15-830(g)(2)(i) Annotated Code of Maryland

#### **.01 Definitions**

A. In this chapter, the following terms have the meanings indicated:

##### **B. Terms Defined**

- (1) "Carrier" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.
- (2) "CAQH" means the Council for Affordable Quality Healthcare.
- (3) "Commissioner" means the Insurance Commissioner of the State of Maryland.
- (4) "Enrollee" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.
- (5) "Participating provider" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.

Maryland.

- (6) "Provider" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.
- (7) "Provider directory" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.
- (8) "Provider panel" has the meaning stated in Maryland Insurance Article §15-112(a), Annotated Code of Maryland.
- (9) "Review" means the review or audit of a provider directory by a carrier for accuracy of the elements listed in § 15-112(n)(3) of the Insurance Article.

#### **.02 Carrier Contact**

A. A carrier shall have means by which an enrollee or prospective enrollee can notify the carrier of inaccurate information in the carrier's provider directory.

B. A carrier shall establish the following means by which enrollees and prospective enrollees may notify the carrier of inaccurate information in the carrier's provider directory:

- (1) A customer service telephone number;
- (2) An e-mail address link; and
- (3) Other electronic means.

#### **.03 Reviews**

A. (1) The review that is required by § 15-112(p)(3)(i) of the Insurance Article shall be performed periodically by a carrier of at least a reasonable sample size of its provider directory for accuracy; and

(2) The carrier shall retain documentation of the review and make the review available to the Commissioner on request; or

(3) The carrier shall contact providers listed in the carrier's 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.

B. (1) A periodic review shall occur no less frequently than every three months.

(2) A reasonable sample size is no less than 25% of provider listings.

(3) A periodic review of a reasonable sample size shall result in a review of 100% of listings in the provider directory no less often than every 15 months.

C. A carrier shall update provider directory listings within 15 working days of discovering an inaccuracy during the review.

D. A carrier shall retain documentation of its reviews for a period of no less than 5 years.

E. A carrier shall make the documentation of any review available to the Commissioner upon request.

#### **.04 Notification to Readers**

A. A carrier shall include in a provider directory that is in printed form a statement notifying readers that the information contained in the provider directory is accurate as of the date of the publication;

B. A carrier shall include in a provider directory that is in printed form a statement notifying readers that in order to obtain the most current information, the individual should:

- (1) Consult the provider directory on the internet; or
- (2) Contact the carrier directly.

#### **.05 Inaccuracies**

A. If notified of a potential inaccuracy in their provider directory by a person other than the provider, a carrier shall:

(1) Investigate the reported inaccuracy; and

(2) Take any corrective action necessary to update the provider directory within 45 working days after receiving the notification.

B. A carrier shall mark as "unverified" an entry or listing in their provider directory if:

(1) An enrollee or prospective enrollee submits notification of an inaccuracy; and

(2) The carrier is unable to obtain confirmation of the correct information from the provider within 30 days of requesting confirmation.

- C. A carrier shall mark an entry or listing in a provider directory as “not accepting new patients” if:
- (1) An enrollee or prospective enrollee submits information that a provider is not accepting new patients; and
  - (2) The carrier cannot confirm if the provider is accepting new patients.
- D. A carrier may remove an entry or listing for a provider from their provider directory if:
- (1) An enrollee or prospective enrollee submits notification that a provider is no longer participating in a carrier’s provider panel; and
  - (2) The provider’s continued participation cannot be verified with the provider within 120 days of the notification by the enrollee or prospective enrollee.
- E. Provider directory information newly posted on the internet shall be accurate on the date of its posting.
- F. A carrier may rely upon a provider’s attestations made through CAQH within the past 120 days to verify data.
- G. A carrier may deem an update made through CAQH to be an update from the provider, and update information in their provider directory based on the CAQH changes and attestation.

**.06 Penalties**

- A. The Maryland Insurance Commissioner may impose a penalty or penalties against a carrier for providing inaccurate information in a provider directory or violating any provisions of this Chapter.
- B. Before imposing a penalty against a carrier for inaccurate provider directory information, the Commissioner shall take into account, in addition to any other factors required by law, the factors listed in § 15–112(p)(6) of the Maryland Insurance Article.

**.07 Commissioner Surveys**

- A. The Commissioner may conduct or require a carrier to conduct a centralized survey to assess the accuracy of a carrier’s provider directory.
- B. The survey referenced in paragraph A of this regulation shall utilize a statistically reliable and valid methodology that includes making direct contact with a random selection of participating providers for each carrier to assess the accuracy of a provider’s entry within a carrier’s provider directory.
- C. To conduct the survey, the Commissioner may or may require a carrier to:
- (1) Contract with a vendor to conduct the survey; and
  - (2) Charge a carrier a reasonable fee to cover the costs of conducting the survey, if the Commissioner is conducting the survey.