[(a) Victim injury, whether physical or psychological, shall be based on reasonable proof. Physical injury shall be more than minimal. Physical injuries such as lasting muscle damage or amputation are permanent. Proof of psychological injury shall be based on confirmed medical diagnosis or psychological counseling or treatment, or other forms of reasonable proof. Rape crisis hotlines, clergy conferences, educational counseling, and other similar services are considered psychological counseling or treatment. Permanent psychological injury shall be based on proof of a substantial impairment likely to be of an extended or continuous duration. Offenses involving photographic or video evidence of child pornography shall be scored as permanent victim injury.

(b) The individual completing the worksheet shall assign a score of 0 if there was no victim injury.

(c) The individual completing the worksheet shall assign a score of 1 if victim injury occurred and the injury was not permanent.

(d) The individual completing the worksheet shall assign a score of 2 if victim injury occurred and the injury was permanent or resulted in the death of the victim.

(e) The victim injury component of the offense score shall be completed for each offense to be sentenced.]

(a) In General. Victim injury means physical or psychological injury to the crime victim, the cause of which is directly linked to the conduct of the defendant in the commission of the offense. Injury is scored as none/minor, non-permanent, or permanent/death. The victim injury component of the offense score shall be completed for each offense to be sentenced.

(i) Zero points are scored if there was no or minor victim injury.

(ii) One point is scored if victim injury occurred and the injury was not permanent.

(iii) Two points are scored if victim injury occurred and the injury was permanent or resulted in the death of the victim.

(b) Proof of Injury.

(i) Victim injury, whether physical or psychological, shall be based on reasonable proof, but does not necessarily require proof of medical or psychological treatment.

(ii) The sentencing guidelines recognize that not all victims have access to psychological counseling or treatment. Victims may not have been provided treatment, and the psychological impact on certain victims, for example minors, may not manifest until later in life. Proof of psychological injury shall be based on confirmed medical diagnosis or psychological counseling or treatment, or other forms of reasonable proof. Rape crisis hotlines, clergy conferences, educational counseling, and other similar services are considered psychological counseling or treatment.

(c) Types of Injuries/Examples.

(i) No/Minor Injury. Examples of no/minor injuries include, but are not limited to, small cuts, scrapes, minimal or superficial bruises, and mild sprains that do not require immediate emergency care.

(ii) Non-Permanent Injury. Non-permanent injury shall be more than minor. Examples of non-permanent injuries include, but are not limited to, significant bruises and contusions accompanied by demonstrable pain and discomfort, lacerations and abrasions that have no residual effect, concussions without lasting neurological impact, and fractures, internal injuries, wounds, and sexually transmitted infections, which are serious but not life-threatening.

(iii) Permanent Injury or Death. Permanent injury shall be based on a substantial impairment or loss of function likely to be of an extended or continuous duration, or death. Examples of permanent injuries include, but are not limited to, lasting muscle damage, amputation, paralysis, protracted disfigurement, significant scarring, and death. Offenses involving photographic or video evidence of child pornography shall be scored as permanent victim injury.

(4)—(5) (text unchanged)

C. (text unchanged)

.10 Computation of the Offender Score.

A. (text unchanged)

B. Four Components of the Offender Score.

(1) Relationship to the Criminal Justice System When Instant Offense Occurred.

(a)—(b) (text unchanged)

(c) An offender is not considered to be in the criminal justice system if the offender was on unsupervised probation for an offense not punishable by imprisonment *or if the offender's only involvement with the criminal justice system was to comply with the ongoing reporting requirements associated with sex offender registration in the State or elsewhere*.

(d) (text unchanged)

(2) (text unchanged)

(3) Prior Adult Criminal Record.

(a)—(f) (text unchanged)

(g) Criminal Record Decay Factor. If an offender has lived in the community for at least 10 years prior to the instant offense without criminal justice system involvement resulting from an adjudication or a plea of nolo contendere, the criminal record shall be reduced by one level: from Major to Moderate, from Moderate to Minor, or from Minor to None. An offender was in the criminal justice system if the offender was on parole, on probation, incarcerated, on work release, on mandatory supervision, was an escapee, or had a comparable status. An offender is not considered to be in the criminal justice system if the offender was on unsupervised probation for an offense not punishable by imprisonment *or if the offender's only involvement with the criminal justice system was to comply with the ongoing reporting requirements associated with sex offender registration in the State or elsewhere*.

(h) (text unchanged)

(4) (text unchanged)

C. (text unchanged)

DAVID SOULE
Executive Director

Title 31
MARYLAND INSURANCE ADMINISTRATION
Subtitle 10 HEALTH INSURANCE—GENERAL

31.10.52 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

Notice of Proposed Action

[26-092-P]

The Insurance Commissioner proposes to adopt new Regulations **.01—.07** under a new chapter, **COMAR 31.10.52 Provider Directory Requirements**.

Statement of Purpose

The purpose of this action is to provide minimum standards for insurance carriers to conduct a periodic review of at least a reasonable sample size of its network directory for accuracy.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jessica Blackmon, Government Relations and Regulatory Affairs Specialist, Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, or call 410-468-2019, or email to insuranceregreview.mia@maryland.gov. Comments will be accepted through August 10, 2026. A public hearing has not been scheduled.

.01 Definitions.

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

B. Terms Defined.

(1) "Carrier" has the meaning stated in 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 Insurance Article, §15–112(a), Annotated Code of Maryland.

(5) "Other electronic means" means the use of electronic communication that the carrier provides for the purpose of receiving notification of an inaccurate provider network directory, which may include the use of a chat bot, text number, or other means that the carrier designates for the purpose of receiving notifications that the network directory is not accurate.

(6) "Participating provider" has the meaning stated in Insurance Article, §15–112(a), Annotated Code of Maryland.

(7) "Provider" has the meaning stated in Insurance Article, §15–112(a), Annotated Code of Maryland.

(8) "Provider directory" has the meaning stated in Insurance Article, §15–112(a), Annotated Code of Maryland.

(9) "Provider panel" has the meaning stated in Insurance Article, §15–112(a), Annotated Code of Maryland.

(10) "Review" means the review or audit of a provider directory by a carrier for accuracy of the elements listed in Insurance Article, §15-112(n)(3), Annotated Code of Maryland.

.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. The review that is required by Insurance Article, §15-112(p)(3)(i), Annotated Code of Maryland shall:

(1) Be performed periodically by a carrier of at least a reasonable sample size of its provider directory for accuracy; and

(2) The carrier shall:

(a) Retain documentation of the review and make the review available to the Commissioner on request; or

(b)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. A periodic review shall occur no less frequently than every 6 months.

C. A reasonable sample size is no less than 25 percent of provider listings.

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

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

F. 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 be marked as an "unverified" 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 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 Insurance Article, §15–112(p)(6), Annotated Code of Maryland.

.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 §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.

MARIE GRANT
Insurance Commissioner