

**Title 31**  
**MARYLAND INSURANCE**  
**ADMINISTRATION**  
**Subtitle 10 HEALTH INSURANCE—**  
**GENERAL**

**31.10.44 Network Adequacy**

Authority: Insurance Article, §§2-109(a)(1) and 15-112(a)—(d), Annotated Code of Maryland

**Notice of Final Action**

[22-368-F]

On April 24, 2023, the Insurance Commissioner adopted amendments to existing Regulation .02, new Regulations .03 and .08, and amendments to and the recodification of existing Regulations .03—.06 and .07—.09 to be Regulations .04—.07 and .09—.11, respectively, under **COMAR 31.10.44 Network Adequacy**. This action, which was proposed for adoption in 50:4 Md. R. 160—171 (February 24, 2023), has been adopted with the nonsubstantive changes shown below.

**Effective Date: May 15, 2023.**

**Attorney General's Certification**

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of the changes and the basis for this conclusion are as follows:

The changes that were implemented were only to improve the formatting of the regulation or to add clarity.

**.03 Network Adequacy Standards.**

*A. Sufficiency Standards.*

(1) — (7) (proposed text unchanged)

(8) *The identification of the number of participating providers described in §A(7) of this regulation:*

(a) *Shall include [[all]] either:*

*(i) All participating providers who were credentialed for a specific provider type or specialty code listed in the uniform credentialing form described in Insurance Article, §15-112.1, Annotated Code of Maryland; or*

*(ii) All participating providers who reported a specific provider type or specialty code when completing the uniform credentialing form described in Insurance Article, §15-112.1, Annotated Code of Maryland; and*

(b) (proposed text unchanged)

(9) — (10) (proposed text unchanged)

*B. (proposed text unchanged)*

**.04 Filing and Content of Access Plan.**

A. — H. (proposed text unchanged)

*I. A carrier may file the information described in §C(3), (4), and (12) of this regulation separately from the other access plan materials described in §C of this regulation, provided the information described in §C(3), (4), and (12) of this regulation is submitted by a calendar day that shall be designated in a bulletin issued by the Commissioner at least 60 days prior to such filing date. The date by which the information described in §C(3), (4), and (12) of this regulation must be filed shall be set later in time than July 1 of the reporting year.*

**.08 Telehealth.**

A. — B. (proposed text unchanged)

C. *Appointment Waiting Time Credit.*

*(1) Subject to approval by the Commissioner as described in §C(3) of this regulation, when determining whether the carrier's provider panel meets the waiting time standards under Regulation .06E of this chapter for at least 90 percent of appointments in each category, a carrier may apply a telehealth credit of up to 10 [[percent]] percentage points for each appointment category where the standard is not met.*

(2) — (3) (proposed text unchanged)

D. (proposed text unchanged)

KATHLEEN A. BIRrane  
Insurance Commissioner