



**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

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Christopher R. Nicolopoulos
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Bulletin

Docket No: INS 21-102-AB

To: All Health Carriers
From: Commissioner Christopher R. Nicolopoulos, Esq. *C.R.N.*
Date: November 19, 2021
Re: Provider Directories

The purpose of this Bulletin is to remind health carriers of their obligations respecting provider directories including recent legislative changes that will be effective January 1, 2022.

All insurers offering or issuing policies of health and dental insurance in New Hampshire that include a provider network with differential payment or coverage associated with use of an in-network provider must comply with N.H. Code of Admin. R. PART Ins 2701.12 (Provider Directories). Insurers are required to maintain for each plan a current and accurate electronic provider directory that is accessible to the general public.¹ The electronic directory must include a description of criteria used by the insurer to build the network in plain language for each plan.²

The provider directory must include in a searchable format the following information for health care professionals: name; gender; participating office location(s); specialty, if applicable; medical group affiliations, if applicable; facility affiliations, if applicable; participating facility affiliations, if applicable; languages spoken other than English, if applicable; and whether the provider is accepting new patients.³ The provider's contact information, board certifications, and whether clinical staff speak a language other than English must also be included in the directory.⁴

With respect to hospitals, the provider directory must include in a searchable format the following information: name; type of hospital; location; and accreditation status.⁵ For facilities other than hospitals, the provider directory must include in a searchable format the facilities name, type of facility, services

¹ Ins 2701.12 (a)(1).

² Ins 2701.12(a)(4).

³ Ins 2701.12 (b)(1).

⁴ Ins 2701.12 (c)(1).

⁵ Ins 2701.12 (b)(2).

performed at the facility and the location.⁶ The directory must also list the telephone number of the hospital or facility.⁷

If a plan has tiers or only covers specific services of an in-network provider, the insurer must include in the directory, in plain language, the criteria used to tier providers.⁸ The provider directory must clearly indicate what tier or level each provider, hospital or facility is placed.⁹ If a provider is only in-network for specific services, those services must be listed.¹⁰

A printed directory must include a disclosure that the information was correct as of the date it was printed and include the print date.¹¹ Individuals must be directed to consult the insurer's electronic directory or call the customer service number to obtain current provider directory information.¹²

Insurers are required to update their provider directories at least monthly and must periodically audit their directories for accuracy.¹³ Documentation of such audits must be retained and provided to the Department upon request.¹⁴ To notify the insurer of inaccurate information on the provider directory the provider directories must also include (1) a customer service email and telephone number or (2) an electronic link.¹⁵

The Consolidated Appropriations Act, 2021 ("CAA") places additional requirements on provider directories beginning January 1, 2022. The CAA requires insurers to establish (1) processes to periodically verify and update the provider directory information, (2) procedures for the removal of information from the directory that the insurer has been unable to verify and (3) processes to update the directory within 2 business days of receiving information.¹⁶ The insurer must also establish a response protocol to respond as soon as possible and no later than 1 business day to requests for information received by telephone or other electric means from an enrolled individual.¹⁷ An insurer must cover services as in-network if an individual relied on information obtained from the provider directory or if the individual is not provided with the requested provider information within 1 business day.¹⁸

⁶ Ins 2701.12 (b)(3).

⁷ Ins 2701.12 (c)(2).

⁸ Ins 2701.12 (a)(4)(b).

⁹ Ins 2701.12 (a)(4)(c).

¹⁰ Ins 2701.12 (a)(4)(d).

¹¹ Ins 2701.12 (d).

¹² *Id.*

¹³ Ins 2701.12 (a)(2) and (3).

¹⁴ Ins 2701.12 (a)(3).

¹⁵ Ins 2701.12 (a)(6)

¹⁶ 42 USCS § 300gg-115 (a).

¹⁷ 42 USCS § 300gg-115 (a).

¹⁸ 42 USCS § 300gg-115 (b).