Chapter 247

(House Bill 1310)

AN ACT concerning

Health Insurance - Provider Panels - Procedures and Credentialing Practices

FOR the purpose of altering a certain time period after a certain date within which a carrier is required to send a certain notice; altering a certain time period after a certain date within which a carrier is required to make a certain decision and send a certain notice under certain circumstances; prohibiting a carrier from imposing a limit on the number of certain providers at a health care facility that may be credentialed to participate on a certain provider panel; and generally relating to health insurance and provider panels.

BY repealing and reenacting, with amendments,

Article - Insurance Section 15-112(g) Annotated Code of Maryland (2017 Replacement Volume)

BY adding to

Article – Insurance Section 15–112(x) Annotated Code of Maryland (2017 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance

15-112.

- (g) (1) A provider that seeks to participate on a provider panel of a carrier shall submit an application to the carrier.
- (2) (i) Subject to paragraph (3) of this subsection, the carrier, after reviewing the application, shall accept or reject the provider for participation on the carrier's provider panel.
- (ii) If the carrier rejects the provider for participation on the carrier's provider panel, the carrier shall send to the provider at the address listed in the application written notice of the rejection.

- (3) (i) Subject to paragraph (4) of this subsection, within [30] 15 days after the date a carrier receives a completed application, the carrier shall send to the provider at the address listed in the application a written notice of:
- 1. the carrier's intent to continue to process the provider's application to obtain necessary credentialing information; or
- 2. the carrier's rejection of the provider for participation on the carrier's provider panel.
- (ii) The failure of a carrier to provide the notice required under subparagraph (i) of this paragraph is a violation of this article and the carrier is subject to the penalties provided by § 4–113(d) of this article.
- (iii) Except as provided in subsection (v) of this section, if, under subparagraph (i)1 of this paragraph, a carrier provides notice to the provider of its intent to continue to process the provider's application to obtain necessary credentialing information, the carrier, within [120] 60 days after the date the notice is provided, shall:
- 1. accept or reject the provider for participation on the carrier's provider panel; and
- 2. send written notice of the acceptance or rejection to the provider at the address listed in the application.
- (iv) The failure of a carrier to provide the notice required under subparagraph (iii)2 of this paragraph is a violation of this article and the carrier is subject to the provisions of and penalties provided by §§ 4–113 and 4–114 of this article.
- (4) (i) 1. Except as provided in subsubparagraph 4 of this subparagraph, a carrier that receives a complete application shall notify the provider that the application is complete.
- 2. If a carrier does not accept applications through the online credentialing system, notice shall be given to the provider at the address listed in the application within 10 days after the date the application is received.
- 3. If a carrier accepts applications through the online credentialing system, the notice from the online credentialing system to the provider that the carrier has received the provider's application shall be considered notice that the application is complete.
- 4. This subparagraph does not apply to a carrier that arranges a dental provider panel until the Commissioner certifies that the online credentialing system is capable of accepting the uniform credentialing form designated by the Commissioner for dental provider panels.

- (ii) 1. A carrier that receives an incomplete application shall return the application to the provider at the address listen in the application within 10 days after the date the application is received.
- 2. The carrier shall indicate to the provider what information is needed to make the application complete.
- 3. The provider may return the completed application to the
- 4. After the carrier receives the completed application, the carrier is subject to the time periods established in paragraph (3) of this subsection.
- (5) A carrier may charge a reasonable fee for an application submitted to the carrier under this section.
- (X) A CARRIER MAY NOT IMPOSE A LIMIT ON THE NUMBER OF <u>BEHAVIORAL</u> <u>HEALTH</u> PROVIDERS AT A HEALTH CARE FACILITY THAT MAY BE CREDENTIALED TO PARTICIPATE ON A PROVIDER PANEL.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2018.

Approved by the Governor, April 24, 2018.