
By: **Delegate Bromwell**

Introduced and read first time: March 2, 2005

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Professionals - Credentialing Information - Electronic Collection,**
3 **Filing, and Display**

4 FOR the purpose of requiring the Department of Health and Mental Hygiene to
5 develop and implement a certain Maryland Health Professionals Credentialing
6 Data Source; providing for the purpose of the Credentialing Data Source;
7 requiring certain health occupation boards to provide certain credentialing
8 information about certain health professionals to the Department on or before a
9 certain date; authorizing certain health occupation boards or certain health
10 professionals to send certain additional credentialing information to the
11 Department; requiring the Department to develop and implement a certain
12 electronic system for sending and receiving certain required credentialing
13 information; requiring the Department to include a certain link on the website
14 of the Department; providing for the requirements of the Credentialing Data
15 Source; requiring the Department to continue to list certain credentialing
16 information about certain health professionals after the expiration of certain
17 health professionals' licenses, certificates, or registrations; requiring the
18 Department to adopt certain regulations; altering the time frame by which a
19 carrier may accept or reject a certain provider for participation on the carrier's
20 provider panel and send a certain notice; requiring the uniform credentialing
21 form to place certain instructions in a certain location on the uniform
22 credentialing form; requiring the Maryland Insurance Commissioner, in
23 conjunction with the State Board of Physicians, to develop a certain electronic
24 system for completing and filing the uniform credentialing form; providing for
25 the requirements of a certain electronic system; requiring the State Board of
26 Physicians to maintain a certain electronic system; defining certain terms; and
27 generally relating to the electronic collection, filing, and display of credentialing
28 information of health professionals.

29 BY adding to
30 Article - Health Occupations
31 Section 1-601 through 1-605 to be under the new subtitle "Subtitle 6. Maryland
32 Health Professionals Credentialing Data Source"
33 Annotated Code of Maryland
34 (2000 Replacement Volume and 2004 Supplement)

1 BY repealing and reenacting, with amendments,
2 Article - Insurance
3 Section 15-112 and 15-112.1
4 Annotated Code of Maryland
5 (2002 Replacement Volume and 2004 Supplement)

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

8 **Article - Health Occupations**

9 SUBTITLE 6. MARYLAND HEALTH PROFESSIONALS CREDENTIALING DATA SOURCE.

10 1-601.

11 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
12 INDICATED.

13 (B) "CREDENTIALING DATA SOURCE" MEANS THE MARYLAND HEALTH
14 PROFESSIONALS CREDENTIALING DATA SOURCE.

15 (C) "HEALTH PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS LICENSED,
16 CERTIFIED, OR REGISTERED BY A HEALTH OCCUPATION BOARD TO PRACTICE A
17 HEALTH PROFESSION UNDER THIS ARTICLE.

18 (D) "MARYLAND HEALTH PROFESSIONALS CREDENTIALING DATA SOURCE"
19 MEANS AN ELECTRONIC DATABASE OF CREDENTIALING INFORMATION ABOUT EACH
20 OF THE HEALTH PROFESSIONALS LICENSED, CERTIFIED, OR REGISTERED BY A
21 HEALTH OCCUPATION BOARD IN THIS STATE.

22 1-602.

23 (A) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A MARYLAND
24 HEALTH PROFESSIONALS CREDENTIALING DATA SOURCE.

25 (B) THE PURPOSE OF THE CREDENTIALING DATA SOURCE IS TO INCREASE
26 THE ACCURACY OF CREDENTIALING INFORMATION AND TO REDUCE THE TIME IT
27 TAKES TO VERIFY A HEALTH PROFESSIONAL'S CREDENTIALS BY LOCATING THE
28 CREDENTIALING INFORMATION IN A SINGLE, CENTRAL DATABASE IN THE
29 DEPARTMENT.

30 1-603.

31 (A) ON OR BEFORE JULY 1, 2006, EACH HEALTH OCCUPATION BOARD
32 AUTHORIZED TO ISSUE A LICENSE OR CERTIFICATE UNDER THIS ARTICLE SHALL
33 PROVIDE TO THE DEPARTMENT THE FOLLOWING INFORMATION THAT HAS BEEN
34 VERIFIED BY A PRIMARY SOURCE ABOUT EACH HEALTH PROFESSIONAL THE HEALTH
35 OCCUPATION BOARD HAS LICENSED, CERTIFIED, OR REGISTERED:

1 (1) THE NAME OF THE PROFESSIONAL SCHOOL FROM WHICH THE
2 INDIVIDUAL GRADUATED AND EARNED A DEGREE;

3 (2) THE DATE OF THE INDIVIDUAL'S PROFESSIONAL SCHOOL
4 GRADUATION;

5 (3) THE DATE OF THE INDIVIDUAL'S INITIAL LICENSURE,
6 CERTIFICATION, OR REGISTRATION IN MARYLAND;

7 (4) THE DATE OF AN INDIVIDUAL'S LAST LICENSE, CERTIFICATE, OR
8 REGISTRATION RENEWAL;

9 (5) THE EXPIRATION DATE OF THE INDIVIDUAL'S LICENSE,
10 CERTIFICATE, OR REGISTRATION; AND

11 (6) A LIST OF ANY DISCIPLINARY ACTIONS TAKEN BY THE HEALTH
12 OCCUPATION BOARD AGAINST A LICENSEE OR CERTIFICATE OR REGISTRATION
13 HOLDER.

14 (B) EACH HEALTH OCCUPATION BOARD OR HEALTH PROFESSIONAL MAY
15 SEND THE DEPARTMENT THE FOLLOWING INFORMATION OR ANY OTHER
16 CREDENTIALING INFORMATION THE DEPARTMENT DETERMINES IS APPROPRIATE,
17 WITH A NOTATION OF WHETHER THE INFORMATION HAS BEEN VERIFIED BY A
18 PRIMARY SOURCE:

19 (1) POSTGRADUATE TRAINING INCLUDING SCHOOLING AND PRACTICAL
20 EXPERIENCE;

21 (2) SPECIALTY BOARD CERTIFICATION;

22 (3) AREAS OF PRACTICE;

23 (4) HOSPITALS AT WHICH A LICENSEE OR CERTIFICATE OR
24 REGISTRATION HOLDER PRACTICES OR HOLDS PRIVILEGES; OR

25 (5) A LIST OF ANY DISCIPLINARY ACTIONS TAKEN BY A LICENSING
26 AUTHORITY IN ANOTHER STATE.

27 (C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN ELECTRONIC
28 SYSTEM FOR SENDING AND RECEIVING THE INFORMATION REQUIRED OR SENT BY A
29 HEALTH OCCUPATION BOARD OR HEALTH PROFESSIONAL UNDER THIS SECTION.

30 1-604.

31 (A) THE DEPARTMENT SHALL INCLUDE A LINK TO THE CREDENTIALING DATA
32 SOURCE ON THE WEBSITE OF THE DEPARTMENT.

33 (B) THE CREDENTIALING DATA SOURCE WEBSITE SHALL INCLUDE:

34 (1) A SEARCH FUNCTION THAT PERMITS INQUIRY BY ENTERING A
35 HEALTH PROFESSIONAL'S FULL NAME; AND

1 (2) A CLEAR NOTICE OF WHETHER THE POSTED INFORMATION HAS
2 BEEN VERIFIED BY A PRIMARY SOURCE AND WHAT ENTITY VERIFIED THE
3 INFORMATION.

4 (C) THE DEPARTMENT SHALL CONTINUE TO LIST THE CREDENTIALING
5 INFORMATION OF A HEALTH PROFESSIONAL LICENSED, CERTIFIED, OR REGISTERED
6 BY A HEALTH OCCUPATION BOARD FOR AT LEAST 10 YEARS AFTER A HEALTH
7 PROFESSIONAL'S MARYLAND LICENSE, MARYLAND CERTIFICATION, OR MARYLAND
8 REGISTRATION HAS EXPIRED.

9 1-605.

10 THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THE
11 PROVISIONS OF THIS SUBTITLE.

12 **Article - Insurance**

13 15-112.

14 (a) (1) In this section the following words have the meanings indicated.

15 (2) (i) "Carrier" means:

- 16 1. an insurer;
- 17 2. a nonprofit health service plan;
- 18 3. a health maintenance organization;
- 19 4. a dental plan organization; or
- 20 5. any other person that provides health benefit plans
21 subject to regulation by the State.

22 (ii) "Carrier" includes an entity that arranges a provider panel for a
23 carrier.

24 (3) "Enrollee" means a person entitled to health care benefits from a
25 carrier.

26 (4) "Provider" means a health care practitioner or group of health care
27 practitioners licensed, certified, or otherwise authorized by law to provide health care
28 services.

29 (5) (i) "Provider panel" means the providers that contract either
30 directly or through a subcontracting entity with a carrier to provide health care
31 services to the carrier's enrollees under the carrier's health benefit plan.

32 (ii) "Provider panel" does not include an arrangement in which any
33 provider may participate solely by contracting with the carrier to provide health care
34 services at a discounted fee-for-service rate.

- 1 (b) A carrier that uses a provider panel shall establish procedures to:
- 2 (1) review applications for participation on the carrier's provider panel in
3 accordance with this section;
- 4 (2) notify an enrollee of:
- 5 (i) the termination from the carrier's provider panel of the primary
6 care provider that was furnishing health care services to the enrollee; and
- 7 (ii) the right of the enrollee, on request, to continue to receive
8 health care services from the enrollee's primary care provider for up to 90 days after
9 the date of the notice of termination of the enrollee's primary care provider from the
10 carrier's provider panel, if the termination was for reasons unrelated to fraud, patient
11 abuse, incompetency, or loss of licensure status;
- 12 (3) notify primary care providers on the carrier's provider panel of the
13 termination of a specialty referral services provider; and
- 14 (4) notify a provider at least 90 days before the date of the termination of
15 the provider from the carrier's provider panel, if the termination is for reasons
16 unrelated to fraud, patient abuse, incompetency, or loss of licensure status.

17 (c) A carrier that uses a provider panel:

- 18 (1) on request, shall provide an application and information that relates
19 to consideration for participation on the carrier's provider panel to any provider
20 seeking to apply for participation;
- 21 (2) shall make publicly available its application; and
- 22 (3) shall make efforts to increase the opportunity for a broad range of
23 minority providers to participate on the carrier's provider panel.

24 (d) (1) A provider that seeks to participate on a provider panel of a carrier
25 shall submit an application to the carrier.

26 (2) (i) Subject to paragraph (3) of this subsection, the carrier, after
27 reviewing the application, shall accept or reject the provider for participation on the
28 carrier's provider panel.

29 (ii) If the carrier rejects the provider for participation on the
30 carrier's provider panel, the carrier shall send to the provider at the address listed in
31 the application written notice of the rejection.

32 (3) (i) Except as provided in paragraph (4) of this subsection, within
33 30 days after the date a carrier receives a completed application, the carrier shall
34 send to the provider at the address listed in the application written notice of:

35 1. the carrier's intent to continue to process the provider's
36 application to obtain necessary credentialing information; or

1 (4) the type or number of complaints or grievances that the provider files
2 or requests for review under the carrier's internal review system established under
3 subsection (h) of this section.

4 (f) (1) A carrier may not deny an application for participation or terminate
5 participation on its provider panel solely on the basis of the license, certification, or
6 other authorization of the provider to provide health care services if the carrier
7 provides health care services within the provider's lawful scope of practice.

8 (2) Notwithstanding paragraph (1) of this subsection, a carrier may
9 reject an application for participation or terminate participation on its provider panel
10 based on the participation on the provider panel of a sufficient number of similarly
11 qualified providers.

12 (3) A violation of this subsection does not create a new cause of action.

13 (g) A carrier may not terminate participation on its provider panel or
14 otherwise penalize a provider for:

15 (1) advocating the interests of a patient through the carrier's internal
16 review system established under subsection (h) of this section;

17 (2) filing an appeal under Subtitle 10B of this title; or

18 (3) filing a grievance or complaint on behalf of a patient under Subtitle
19 10A of this title.

20 (h) Each carrier shall establish an internal review system to resolve
21 grievances initiated by providers that participate on the carrier's provider panel,
22 including grievances involving the termination of a provider from participation on the
23 carrier's provider panel.

24 (i) (1) For at least 90 days after the date of the notice of termination of a
25 primary care provider from a carrier's provider panel for reasons unrelated to fraud,
26 patient abuse, incompetency, or loss of licensure status, the primary care provider
27 shall furnish health care services to each enrollee:

28 (i) who was receiving health care services from the primary care
29 provider before the notice of termination; and

30 (ii) who, after receiving notice under subsection (b) of this section of
31 the termination of the primary care provider, requests to continue receiving health
32 care services from the primary care provider.

33 (2) A carrier shall reimburse a primary care provider that furnishes
34 health care services under this subsection in accordance with the primary care
35 provider's agreement with the carrier.

36 (j) (1) A carrier shall make available to prospective enrollees on the
37 Internet and, on request of a prospective enrollee, in printed form:

- 1 (i) a list of providers on the carrier's provider panel; and
2 (ii) information on providers that are no longer accepting new
3 patients.

4 (2) A carrier shall notify each enrollee at the time of initial enrollment
5 and renewal about how to obtain the following information on the Internet and in
6 printed form:

- 7 (i) a list of providers on the carrier's provider panel; and
8 (ii) information on providers that are no longer accepting new
9 patients.

10 (3) (i) Information provided in printed form under paragraphs (1) and
11 (2) of this subsection shall be updated at least once a year.

12 (ii) Information provided on the Internet under paragraphs (1) and
13 (2) of this subsection shall be updated at least once every 15 days.

14 (4) A policy, certificate, or other evidence of coverage shall:

15 (i) indicate clearly the office in the Administration that is
16 responsible for receiving and responding to complaints from enrollees about carriers;
17 and

18 (ii) include the telephone number of the office and the procedure for
19 filing a complaint.

20 (k) The Commissioner:

21 (1) shall adopt regulations that relate to the procedures that carriers
22 must use to process applications for participation on a provider panel; and

23 (2) in consultation with the Secretary of Health and Mental Hygiene,
24 shall adopt strategies to assist carriers in maximizing the opportunity for a broad
25 range of minority providers to participate in the delivery of health care services.

26 (l) (1) (i) In this subsection the following words have the meanings
27 indicated.

28 (ii) 1. "Health benefit plan" has the meaning stated in § 15-1201
29 of this title.

30 2. "Health benefit plan" includes dental plans and other
31 health benefit plans that contract with dentists to offer dental care services.

32 (iii) "Provider panel" includes an arrangement in which any
33 provider may participate solely by contracting with the carrier to provide health care
34 services at a discounted fee-for-service rate.

1 (2) Except as provided in paragraph (3) of this subsection, a carrier that
2 offers coverage for health care services through one or more health benefit plans or
3 contracts with providers to offer health care services through one or more provider
4 panels may not require a provider, as a condition of participation or continuation on a
5 provider panel for one health benefit plan of a carrier, to serve also on a provider
6 panel of another health benefit plan of the carrier.

7 (3) Subject to § 15-102.5 of the Health - General Article, a carrier that
8 offers health care services as a managed care organization as defined under §
9 15-101(e) of the Health - General Article, may require a provider, as a condition of
10 participation on a provider panel for one or more health benefit plans of the carrier, to
11 serve on a provider panel of the managed care organization.

12 (4) If a provider elects to terminate participation on the provider panel of
13 a health benefit plan, the provider shall:

14 (i) notify the carrier at least 90 days before the date of termination;
15 and

16 (ii) for at least 90 days after the date of the notice of termination,
17 continue to furnish health care services to an enrollee of the carrier for whom the
18 provider was responsible for the delivery of health care services prior to the notice of
19 termination.

20 15-112.1.

21 (a) (1) In this section the following words have the meanings indicated.

22 (2) (i) "Carrier" means:

- 23 1. an insurer;
- 24 2. a nonprofit health service plan;
- 25 3. a health maintenance organization;
- 26 4. a dental plan organization; or
- 27 5. any other person that provides health benefit plans
28 subject to regulation by the State.

29 (ii) "Carrier" includes an entity that arranges a provider panel for a
30 carrier.

31 (3) "Credentialing intermediary" means a person to whom a carrier has
32 delegated credentialing or recredentialing authority and responsibility.

33 (4) "Health care provider" means an individual who is licensed, certified,
34 or otherwise authorized under the Health Occupations Article to provide health care
35 services.

1 (5) "Provider panel" means the providers that contract with a carrier to
2 provide health care services to the enrollees under a health benefit plan of the carrier.

3 (6) "Uniform credentialing form" means the form designated by the
4 Commissioner through regulation for use by a carrier or its credentialing
5 intermediary for credentialing and recredentialing a health care provider for
6 participation on a provider panel.

7 (B) THE UNIFORM CREDENTIALING FORM SHALL PLACE SPECIFIC
8 INSTRUCTIONS FOR INFORMATION AT THE LOCATION WHERE THE SOURCE OF
9 INFORMATION IS REQUIRED TO BE FILLED IN BY THE INDIVIDUAL ON THE UNIFORM
10 CREDENTIALING FORM.

11 [(b)] (C) (1) A carrier or its credentialing intermediary shall accept the
12 uniform credentialing form as the sole application for a health care provider to
13 become credentialed or recredentialed for a provider panel of the carrier.

14 (2) A carrier or its credentialing intermediary shall make the uniform
15 credentialing form available to any health care provider that is to be credentialed or
16 recredentialed by that carrier or credentialing intermediary.

17 [(c)] (D) The Commissioner may impose a penalty not to exceed \$500 against
18 any carrier for each violation of this section by the carrier or its credentialing
19 intermediary.

20 [(d)] (E) (1) The Commissioner shall adopt regulations to implement the
21 provisions of this section.

22 (2) (I) In adopting the regulations required under paragraph (1) of this
23 subsection, the Commissioner shall [consider the use of], IN CONJUNCTION WITH
24 THE STATE BOARD OF PHYSICIANS, DEVELOP an electronic [format for] SYSTEM FOR
25 COMPLETING AND FILING the uniform credentialing form [and the filing of the
26 uniform credentialing form by electronic means] THAT:

27 1. ALLOWS A INDIVIDUAL TO DOWNLOAD A PAPER COPY OF
28 THE UNIFORM CREDENTIALING FORM FROM THE INTERNET TO SUBMIT BY MAIL TO
29 THE STATE BOARD OF PHYSICIANS; OR

30 2. MAY BE COMPLETED AND FILED ON-LINE WITH THE
31 STATE BOARD OF PHYSICIANS.

32 (II) THE ELECTRONIC SYSTEM DEVELOPED UNDER
33 SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL:

34 1. HAVE A MECHANISM THAT REFUSES TO FILE AN
35 INCOMPLETE UNIFORM CREDENTIALING FORM ON-LINE AND IMMEDIATELY
36 NOTIFIES THE PHYSICIAN OF WHICH AREAS ON THE UNIFORM CREDENTIALING
37 FORM NEED TO BE COMPLETED;

1 2. HAVE A MECHANISM THAT PROVIDES A PHYSICIAN WITH
2 IMMEDIATE ELECTRONIC VERIFICATION OF RECEIPT BY THE STATE BOARD OF
3 PHYSICIANS ON THE PHYSICIAN'S COMPLETED UNIFORM CREDENTIALING FORM;
4 AND

5 3. DISPLAY A COPY OF A PHYSICIAN'S COMPLETED UNIFORM
6 CREDENTIALING FORM ON-LINE ONLY TO PERSONS AUTHORIZED BY THE PHYSICIAN
7 TO ACCESS THE PHYSICIAN'S UNIFORM CREDENTIALING FORM.

8 (III) THE STATE BOARD OF PHYSICIANS SHALL MAINTAIN THE
9 ELECTRONIC SYSTEM REQUIRED UNDER THIS PARAGRAPH.

10 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
11 October 1, 2005.