Chapter 706

(Senate Bill 808)

AN ACT concerning

Health Insurance – Provider Panels – Requirements

FOR the purpose of altering the process ~~though~~ through which health care providers apply to participate on a carrier's provider panel, including for certain notice requirements; ~~establishing certain civil penalties for carriers that fail to provide certain notices in a certain manner and certain time frame;~~ repealing the authorization for a carrier to charge a certain application fee; requiring carriers to use certain information to update the carrier's provider directory at a certain frequency; altering a requirement for certain carriers to update certain information on a provider directory within a certain period of time after receipt of certain notices; altering a requirement for carriers to reimburse for certain covered services provided by a nonparticipating provider; ~~expanding the types of providers a carrier is prohibited from limiting on a provider panel;~~ altering the credentialing applications that the Maryland Insurance Commissioner may designate for a certain credentialing system and the circumstances under which the designation may be made; altering certain requirements for a multi–carrier common online provider directory information system; and generally relating to health insurance provider panels.

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–112(a), (g), (p), (t), and (w), ~~and (x)~~ 15–112.1, and 15–112.3
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
Article – Insurance
Section 15–112(n), (o), and (u) ~~and 15–112.1~~
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

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

Article – Insurance

15–112.

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

(2) "Accredited hospital" has the meaning stated in § 19–301 of the Health – General Article.

(3) "Ambulatory surgical facility" has the meaning stated in § 19–3B–01 of the Health – General Article.

(4) "Behavioral health care services" has the meaning stated in § 15–127 of this subtitle.

(5) (i) "Carrier" means:

1. an insurer;

2. a nonprofit health service plan;

3. a health maintenance organization;

4. a dental plan organization; or

5. any other person that provides health benefit plans subject to regulation by the State.

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

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

(7) "Enrollee" means a person entitled to health care benefits from a carrier.

(8) "Group model health maintenance organization" has the meaning stated in § 19–713.6(a) of the Health – General Article.

(9) "Health benefit plan":

(i) for a group or blanket plan in the large group market, has the meaning stated in § 15–1401 of this title;

(ii) for a group in the small group market, has the meaning stated in § 31–101 of this article; and

(iii) for an individual plan, has the meaning stated in § 15–1301 of this title.

(10) (i) "Health care facility" means a health care setting or institution providing physical, mental, or substance use disorder health care services.

(ii) "Health care facility" includes:

1. a hospital;

2. an ambulatory surgical or treatment center;

3. a skilled nursing facility;

4. a residential treatment center;

5. an urgent care center;

6. a diagnostic, laboratory, or imaging center;

7. a rehabilitation facility; and

8. any other therapeutic health care setting.

(11) "Hospital" has the meaning stated in § 19–301 of the Health – General Article.

(12) "Network" means a carrier's participating providers and the health care facilities with which a carrier contracts to provide health care services to the carrier's enrollees under the carrier's health benefit plan.

(13) "Online credentialing system" means the system through which a provider may access **AND SUBMIT** an online provider credentialing application that the Commissioner has designated as the uniform credentialing form under § 15–112.1(e) of this subtitle.

(14) "Participating provider" means a provider on a carrier's provider panel.

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

(16) "Provider directory" means a list of a carrier's participating providers and participating health care facilities.

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

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

(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 subparagraph (ii) of this paragraph and 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) A carrier may not reject a provider who provides community–based health services for a program accredited under COMAR 10.63.02 for participation on the carrier's provider panel because the provider practices within the scope of the provider's license and is:

1. a licensed master social worker, as defined in § 19–101 of the Health Occupations Article;

2. a licensed graduate alcohol and drug counselor, a licensed graduate marriage and family therapist, a licensed graduate professional art therapist, or a licensed graduate professional counselor, as those terms are defined in § 17–101 of the Health Occupations Article; or

3. a registered psychology associate, as defined in § 18–101 of the Health Occupations Article.

(iii) **[**If**]** **IN ACCORDANCE WITH PARAGRAPH (3) OF THIS SUBSECTION, 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**]** ~~5~~ **15** days after the date a carrier receives a completed application, the carrier shall send to the provider at the **E–MAIL** address listed in the application **OR, IF AN E–MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE APPLICATION** 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:

~~**1. A CIVIL PENALTY OF $500 PER DAY FOR EACH DAY THE NOTICE WAS NOT SENT, TO BE COLLECTED BY THE COMMISSIONER AND PAID TO THE PROVIDER; AND**~~

~~**2.**~~ the penalties provided by § 4–113(d) of this article.

(iii) Except as provided in subsection (v) of this section and subparagraph (iv) of this paragraph, 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**]** ~~**30**~~ **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 **E–MAIL** address listed in the application **OR, IF AN E–MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE APPLICATION**.

(iv) For a provider described in paragraph (2)(ii) of this subsection, 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, within **[**60**]** ~~**15**~~ **30** days after the date a carrier receives a completed application, the carrier 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 **E–MAIL** address listed in the application **OR, IF AN E–MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE APPLICATION**.

(v) The failure of a carrier to provide the notice required under subparagraph (iii)2 or (iv) of this paragraph is a violation of this article and the carrier is subject to~~:~~

~~**1. A CIVIL PENALTY OF $500 PER DAY FOR EACH DAY THE NOTICE WAS NOT SENT, TO BE COLLECTED BY THE COMMISSIONER AND PAID TO THE PROVIDER; AND**~~

~~**2.**~~ 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~~**] A** carrier that receives a complete application shall **[**notify**] SEND WRITTEN NOTICE TO** 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 E–MAIL address listed in the application **OR, IF AN E–MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING 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.~~ **(I)** A carrier that receives an incomplete application shall return the application to the provider at the **E–MAIL** address listed in the application **OR, IF AN E–MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE APPLICATION** within 10 days after the date the application is received.

~~2.~~ **(II)** The carrier shall indicate to the provider what information is needed to make the application complete.

~~3.~~ **(III)** The provider may return the completed application to the carrier.

~~4.~~ **(IV)** After the carrier receives the completed application, the carrier is subject to the time periods established in paragraph (3) of this subsection.

(5) **(I) IN THIS PARAGRAPH, "UNIFORM CREDENTIALING FORM" MEANS THE FORM DESIGNATED BY THE COMMISSIONER UNDER § 15–112.1(E) OF THIS SUBTITLE.**

(II) A carrier **[**may charge a reasonable fee for an application submitted to the carrier under this section**] SHALL:**

1. ALLOW A PROVIDER TO SUBMIT THE UNIFORM CREDENTIALING FORM USING THE ONLINE CREDENTIALING SYSTEM;

2. ESTABLISH A DIRECT TELEPHONE NUMBER FOR INQUIRIES ON THE UNIFORM CREDENTIALING FORM THAT IS MONITORED BY THE CARRIER AND IS NOT THE GENERAL CUSTOMER SERVICE LINE;

3. ESTABLISH A DIRECT E–MAIL ADDRESS FOR INQUIRIES ON THE UNIFORM CREDENTIALING FORM THAT IS MONITORED BY THE CARRIER AND IS NOT THE GENERAL CUSTOMER SERVICE E–MAIL ADDRESS; AND

4. RESPOND TO VOICE MESSAGES RECEIVED AT THE TELEPHONE NUMBER ESTABLISHED UNDER ITEM 2 OF THIS SUBPARAGRAPH AND E–MAILS RECEIVED AT THE E–MAIL ADDRESS ESTABLISHED UNDER ITEM 3 OF THIS SUBPARAGRAPH WITHIN 2 BUSINESS DAYS AFTER RECEIPT OF THE VOICE MESSAGE OR E–MAIL.

(n) (1) A carrier shall make the carrier's provider directory available to prospective enrollees on the Internet and, on request of a prospective enrollee, in printed form.

(2) The carrier's provider directory on the Internet shall be available:

(i) through a clear link or tab; and

(ii) in a searchable format.

(3) The provider directory shall include:

(i) for each provider on the carrier's provider panel:

1. the name of the provider;

2. the specialty areas of the provider;

3. whether the provider currently is accepting new patients;

4. for each office of the provider where the provider participates on the provider panel:

A. its location, including its address; and

B. contact information for the provider;

5. the gender of the provider, if the provider notifies the carrier or the multi–carrier common online provider directory information system designated under § 15–112.3 of this subtitle of the information; and

6. any languages spoken by the provider other than English, if the provider notifies the carrier or the multi–carrier common online provider directory information system designated under § 15–112.3 of this subtitle of the information;

(ii) for each health care facility in the carrier's network:

1. the health care facility's name;

2. the health care facility's address;

3. the types of services provided by the health care facility; and

4. contact information for the health care facility; and

(iii) a statement that advises enrollees and prospective enrollees to contact a provider or a health care facility before seeking treatment or services, to confirm the provider's or health care facility's participation in the carrier's network and the enrollee's health benefit plan.

(o) (1) A carrier shall have a customer service telephone number, e–mail address link, or other electronic means by which enrollees and prospective enrollees may notify the carrier of inaccurate information in the carrier's network directory.

(2) If notified of a potential inaccuracy in a network directory by a person other than the provider, a carrier shall investigate the reported inaccuracy and take corrective action, if necessary, to update the network directory within 45 working days after receiving the notification.

(p) (1) A carrier shall notify each enrollee at the time of initial enrollment and renewal about how to access or obtain the information required under subsection (n) of this section.

(2) (i) 1. Information provided in printed form under subsection (n) of this section shall be accurate on the date of publication.

2. A carrier shall update the information provided in printed form at least once a year.

(ii) 1. Information provided on the Internet under subsection (n) of this section shall be accurate on the date of initial posting and any update.

2. In addition to the requirement to update its provider information under subsection (t)(1) of this section, a carrier shall update the information provided on the Internet at least once every 15 days.

(3) (I) A CARRIER SHALL USE THE ONLINE CREDENTIALING SYSTEM AS THE PRIMARY SOURCE OF INFORMATION TO CREATE AND UPDATE THE CARRIER'S PROVIDER DIRECTORY IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE COMMISSIONER.

(II) THE COMMISSIONER SHALL ADOPT REGULATIONS GOVERNING THE USE BY A CARRIER OF THE ONLINE CREDENTIALING SYSTEM TO CREATE AND UPDATE THE CARRIER'S PROVIDER DIRECTORY, INCLUDING THE REQUIRED FREQUENCY OF UPDATES.

[(3)**] (4) [**A**] IN ADDITION TO UPDATES REQUIRED UNDER PARAGRAPH (3) OF THIS SUBSECTION, A** carrier shall:

(i) 1. periodically review at least a reasonable sample size of its provider directory for accuracy; and

2. retain documentation of the review and make the review available to the Commissioner on request; or

(ii) 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.

[(4)**] (5)** A carrier shall demonstrate the accuracy of the information provided under paragraph **[**(3)**] (4)** of this subsection on request of the Commissioner.

[(5)**] (6)** A carrier shall include in a provider directory that is in printed form a statement notifying a reader that:

(i) the information contained in the provider directory is accurate as of the date of publication; and

(ii) to obtain the most current information, the individual should consult the provider directory on the Internet or contact the carrier directly.

[(6)**] (7)** Before imposing a penalty against a carrier for inaccurate network directory information, the Commissioner shall take into account, in addition to any other factors required by law, whether:

(i) the carrier afforded a provider or other person identified in ~~[~~§ 15–112.3(c)~~]~~ **~~§ 15–112.3(D)~~** of this subtitle an opportunity to review and update the provider's network directory information:

1. through the multi–carrier common online provider directory information system designated under § 15–112.3 of this subtitle; or

2. directly with the carrier;

[(ii) the carrier can demonstrate the efforts made, in writing, electronically, or by telephone, to obtain updated network directory information from a provider or other person identified in § 15–112.3(c) of this subtitle;**]**

[(iii)**] (II)** the carrier has contacted a provider listed in the carrier's network directory who has not submitted a claim in the last 6 months to determine if the provider intends to remain on the carrier's provider panel;

[(iv)**] (III)** the carrier includes in its network directory the last date that a provider updated the provider's information;

[(v)**] (IV)** the carrier has implemented any other process or procedure to:

1. INFORM PROVIDERS THAT THE ONLINE CREDENTIALING SYSTEM IS THE PRIMARY SOURCE OF INFORMATION TO CREATE AND UPDATE THE CARRIER'S PROVIDER DIRECTORY;

[1.**] 2.** encourage providers to update their network directory information; or

[2.**] 3.** increase the accuracy of its network directory; and

[(vi)**] (V)** a provider or other person identified in ~~**[**~~§ 15–112.3(c)~~**] §**~~ **15–112.3(D)** of this subtitle has not updated the provider's network directory information, despite opportunities to do so.

(t) (1) **[**(i) Subject to subparagraph (ii) of this paragraph, a**] A** carrier shall update the information that must be made available on the Internet under subsection (n) of this section within 2 working days after receipt of electronic notification or notification by first–class mail tracking method from the participating provider of a change in the applicable information.

[(ii) A dental carrier shall update the information required by this subsection within 15 working days after receipt of the notification described in subparagraph (i) of this paragraph.**]**

(2) Notification is presumed to have been received by a carrier:

(i) 3 working days after the date the participating provider placed the notification in the U.S. mail, if the participating provider maintains the stamped certificate of mailing for the notice; or

(ii) on the date recorded by the courier, if the notification was delivered by courier.

(u) (1) A carrier may not require a provider that provides health care services through a group practice or health care facility that participates on the carrier's provider panel under a contract with the carrier to be considered a participating provider or accept the reimbursement fee schedule applicable under the contract when:

(i) providing health care services to enrollees of the carrier through an individual or group practice or health care facility that does not have a contract with the carrier; and

(ii) billing for health care services provided to enrollees of the carrier using a different federal tax identification number than that used by the group practice or health care facility under a contract with the carrier.

(2) A nonparticipating provider shall notify an enrollee:

(i) that the provider does not participate on the provider panel of the enrollee's carrier; and

(ii) of the anticipated total charges for the health care services.

(w) (1) Notwithstanding subsection (u)(1) of this section, a carrier shall reimburse a group practice on the carrier's provider panel at the participating provider rate for covered services provided by a provider who is not a participating provider if:

(i) the provider is employed by or a member of the group practice;

(ii) the provider has applied for acceptance on the carrier's provider panel and the carrier has notified the provider of the carrier's intent to continue to process the provider's application to obtain necessary credentialing information;

(iii) the provider has a valid license issued by a health occupations board to practice in the State; and

(iv) the provider:

1. is currently credentialed by an accredited hospital in the State; **[**or**]**

2. has professional liability insurance**; OR**

3. HAS IMMUNITY UNDER THE FEDERAL TORT CLAIMS ACT OR THE MARYLAND TORT CLAIMS ACT.

(2) A carrier shall reimburse a group practice on the carrier's provider panel in accordance with paragraph (1) of this subsection from the date the notice required under subsection (g)(3)(i)1 of this section is sent to the provider until the date the notice required under subsection (g)(3)(iii)2 of this section is sent to the provider.

(3) A carrier that sends written notice of rejection of a provider for credentialing under subsection (g)(3)(iii)2 of this section shall reimburse the provider as a nonparticipating provider for covered services provided on or after the date the notice is sent.

(4) A health maintenance organization may not deny payment to a provider under this subsection solely because the provider was not a participating provider at the time the services were provided to an enrollee.

(5) A provider who is not a participating provider of a carrier and whose group practice is eligible for reimbursement under paragraph (1) of this subsection may not hold an enrollee of the carrier liable for the cost of any covered services provided to the enrollee during the time period described in paragraph (2) of this subsection, except for any deductible, copayment, or coinsurance amount owed by the enrollee to the group practice or provider under the terms of the enrollee's contract or certificate.

(6) A group practice shall disclose in writing to an enrollee at the time services are provided that:

(i) the treating provider is not a participating provider;

(ii) the treating provider has applied to become a participating provider;

(iii) the carrier has not completed its assessment of the qualifications of the treating provider to provide services as a participating provider; and

(iv) any covered services received must be reimbursed by the carrier at the participating provider rate.

~~(x) A carrier may not impose a limit on the number of~~ **[**~~behavioral health providers at a health care facility~~**]** ~~THE FOLLOWING that may be credentialed to participate on a provider panel:~~

~~**(1) BEHAVIORAL HEALTH PROVIDERS AT A HEALTH CARE FACILITY;**~~

~~**(2) PROVIDERS AT A FEDERALLY QUALIFIED HEALTH CENTER;**~~

~~**(3) PROVIDERS AT A LOCAL HEALTH DEPARTMENT;**~~

~~(4) PROVIDERS AT A SCHOOL–BASED HEALTH CENTER; OR~~

~~(5) OTHER ESSENTIAL COMMUNITY PROVIDERS.~~

15–112.1.

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

(2) (i) "Carrier" means:

1. an insurer;

2. a nonprofit health service plan;

3. a health maintenance organization;

4. a dental plan organization;

5. a managed care organization; or

6. any other person that provides health benefit plans subject to regulation by the State.

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

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

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

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

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

(b) (1) Except as provided in subsection (c) of this section, a carrier or its credentialing intermediary shall accept the uniform credentialing form as the sole application for a health care provider to become credentialed or recredentialed for a provider panel of the carrier.

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

(c) The requirements of subsection (b) of this section do not apply to a hospital or academic medical center that:

(1) is a participating provider on the carrier's provider panel; and

(2) acts as a credentialing intermediary for that carrier for health care practitioners that:

(i) participate on the carrier's provider panel; and

(ii) have privileges at the hospital or academic medical center.

(d) The Commissioner may impose a penalty not to exceed $500 against any carrier for each violation of this section by the carrier or its credentialing intermediary.

(e) (1) The Commissioner may adopt regulations to implement the provisions of this section.

(2) The Commissioner may designate a provider credentialing application ~~developed by a nonprofit alliance of health plans and trade associations~~ for an online credentialing system offered to carriers and providers as the uniform credentialing form if:

(i) the provider credentialing application is available to providers at no charge; ~~and~~

(ii) use of the provider credentialing application is not conditioned on submitting the provider credentialing application to a carrier through the online credentialing system**;**

(III) THE SYSTEM ALLOWS PROVIDERS TO:

1. GRANT ACCESS TO A DESIGNATED PERSON MANAGING THE CREDENTIALING PROCESS FOR THE PROVIDER; AND

2. ACCESS THE SYSTEM DIRECTLY WITHOUT THE ASSISTANCE OF A THIRD PARTY; AND

(IV) THE VENDOR:

1. ESTABLISHES AND MAINTAINS A STAKEHOLDER WORKGROUP TO IDENTIFY AND ADDRESS OPERATIONAL ISSUES TO ENSURE

EFFICIENCY OF THE ONLINE CREDENTIALING SYSTEM CONSISTING OF REPRESENTATIVES OF:

A. HEALTH AND DENTAL CARRIERS;

B. MANAGED CARE ORGANIZATIONS;

C. COMMUNITY HEALTH CENTERS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS;

D. BEHAVIORAL HEALTH PROVIDERS;

E. PRIVATE PRACTICES OF PHYSICIANS, DENTISTS, ADVANCE PRACTICE CLINICIANS, AND OTHER CLINICIANS; AND

F. CREDENTIALING INTERMEDIARIES;

2. SUBMITS A REPORT TO THE COMMISSIONER BY SEPTEMBER 1 EACH YEAR ON:

A. THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER ITEM 1 OF THIS ITEM AND IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE WORKGROUP'S FINDINGS; AND

B. FOR EACH CARRIER, THE CALCULATION OF THE AVERAGE NUMBER OF DAYS BETWEEN THE DATE THE CARRIER RECEIVES A COMPLETED CREDENTIALING APPLICATION AND THE DATE THE CARRIER SENDS WRITTEN NOTICE TO THE PROVIDER OF THE ACCEPTANCE OR REJECTION OF THE APPLICATION; AND

3. MEETS ALL OTHER REQUIREMENTS ESTABLISHED BY THE COMMISSIONER.

(3) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2027, THE COMMISSIONER SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON:

(I) THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER PARAGRAPH (2)(IV)1 OF THIS SUBSECTION;

(II) IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE WORKGROUP'S FINDINGS;

(III) ANY LEGISLATIVE RECOMMENDATIONS; AND

(IV) ANY OTHER RELEVANT INFORMATION.

15–112.3.

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

(2) (i) "Carrier" has the meaning stated in § 15–112 of this subtitle.

(ii) "Carrier" does not include a managed care organization, as defined in Title 15, Subtitle 1 of the Health – General Article.

(3) "Multi–carrier common online provider directory information system" means the system designated by the Commissioner for use by providers to provide and update their provider directory information with carriers.

(b) The Commissioner may designate a multi–carrier common online provider directory information system ~~developed by a nonprofit alliance of health plans and trade associations~~ if:

(1) ~~the system is available to providers nationally;~~

~~(2) the system is available to providers at no charge;~~

~~(3)~~ the system allows providers to:

(i) attest online to the accuracy of their information; ~~[~~and~~]~~

(ii) **[**1. correct any inaccurate information; and

2. attest to the correction**] UPDATE THE PROVIDER'S INFORMATION EVERY 120 DAYS OR AT A FREQUENCY ESTABLISHED BY THE COMMISSIONER;**

~~(III) GRANT ACCESS TO A DESIGNATED PERSON MANAGING THE CREDENTIALING PROCESS FOR THE PROVIDER; AND~~

~~(IV) ACCESS THE SYSTEM DIRECTLY WITHOUT THE ASSISTANCE OF A THIRD PARTY~~; and

~~(4)~~ **(2)** the ~~nonprofit alliance:~~ **VENDOR**

~~(I)~~ has a well–established mechanism for outreach to providers~~.~~**;**

~~(II) ESTABLISHES AND MAINTAINS A STAKEHOLDER WORKGROUP TO IDENTIFY AND ADDRESS OPERATIONAL ISSUES TO ENSURE EFFICIENCY OF THE ONLINE CREDENTIALING SYSTEM CONSISTING OF REPRESENTATIVES OF:~~

~~1. HEALTH AND DENTAL CARRIERS;~~

~~2. MANAGED CARE ORGANIZATIONS;~~

~~3. COMMUNITY HEALTH CENTERS, INCLUDING FEDERALLY QUALIFIED HEALTH CENTERS;~~

~~4. BEHAVIORAL HEALTH PROVIDERS;~~

~~5. PRIVATE PRACTICES OF PHYSICIANS, DENTISTS, ADVANCED PRACTICE CLINICIANS, AND OTHER CLINICIANS; AND~~

~~6. CREDENTIALING INTERMEDIARIES;~~

~~(III) SUBMITS A REPORT TO THE COMMISSIONER BY SEPTEMBER 1 EACH YEAR ON THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER ITEM (II) OF THIS ITEM AND IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE WORKGROUP'S FINDINGS; AND~~

~~(IV) MEETS ALL OTHER REQUIREMENTS ESTABLISHED BY THE COMMISSIONER.~~

~~(C) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2027, THE COMMISSIONER SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON:~~

~~(1) THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER SUBSECTION (B)(4)(II) OF THIS SECTION;~~

~~(2) IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE WORKGROUP'S FINDINGS;~~

~~(3) ANY LEGISLATIVE RECOMMENDATIONS; AND~~

~~(4) ANY OTHER RELEVANT INFORMATION.~~

~~[~~(c)~~]~~ ~~(D)~~ A carrier shall accept new and updated provider directory information for a provider submitted:

(1) (i) through the multi–carrier common online provider directory information system; or

(ii) directly to the carrier; and

(2) from:

(i) the provider;

(ii) a hospital or academic medical center that:

1. is a participating provider on the carrier's provider panel; and

2. acts as a credentialing intermediary for the carrier for providers that:

A. participate on the carrier's provider panel; and

B. have privileges at the hospital or academic medical center; or

(iii) any other person that performs credentialing functions on behalf of a provider.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October 1, 2026~~ January 1, 2027.

Approved by the Governor, May 26, 2026.