

# HOUSE BILL 1093

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CF SB 808

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By: ~~Delegate Cullison~~ Delegates Cullison, Alston, Bagnall, Guzzone, Hill, Hutchinson, S. Johnson, Kaufman, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Ross, Szeliga, Taveras, White Holland, and Woorman

Introduced and read first time: February 11, 2026

Assigned to: Health

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2026

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance – Provider Panels – Requirements**

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

18 BY repealing and reenacting, with amendments,

19 Article – Insurance

20 Section 15–112(a), (g), (p), (t), and (w), ~~and (x)~~ 15–112.1, and 15–112.3

21 Annotated Code of Maryland

22 (2017 Replacement Volume and 2025 Supplement)

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### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY repealing and reenacting, without amendments,  
2 Article – Insurance  
3 Section 15–112(n), (o), and (u) ~~and 15–112.1~~  
4 Annotated Code of Maryland  
5 (2017 Replacement Volume and 2025 Supplement)

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

8 **Article – Insurance**

9 15–112.

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

11 (2) “Accredited hospital” has the meaning stated in § 19–301 of the  
12 Health – General Article.

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

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

17 (5) (i) “Carrier” means:

18 1. an insurer;

19 2. a nonprofit health service plan;

20 3. a health maintenance organization;

21 4. a dental plan organization; or

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

24 (ii) “Carrier” includes an entity that arranges a provider panel for a  
25 carrier.

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

28 (7) “Enrollee” means a person entitled to health care benefits from a  
29 carrier.

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

3 (9) “Health benefit plan”:

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

6 (ii) for a group in the small group market, has the meaning stated in  
7 § 31–101 of this article; and

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

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

12 (ii) “Health care facility” includes:

- 13 1. a hospital;
- 14 2. an ambulatory surgical or treatment center;
- 15 3. a skilled nursing facility;
- 16 4. a residential treatment center;
- 17 5. an urgent care center;
- 18 6. a diagnostic, laboratory, or imaging center;
- 19 7. a rehabilitation facility; and
- 20 8. any other therapeutic health care setting.

21 (11) “Hospital” has the meaning stated in § 19–301 of the Health – General  
22 Article.

23 (12) “Network” means a carrier’s participating providers and the health care  
24 facilities with which a carrier contracts to provide health care services to the carrier’s  
25 enrollees under the carrier’s health benefit plan.

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

1 (14) “Participating provider” means a provider on a carrier’s provider panel.

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

5 (16) “Provider directory” means a list of a carrier’s participating providers  
6 and participating health care facilities.

7 (17) (i) “Provider panel” means the providers that contract either  
8 directly or through a subcontracting entity with a carrier to provide health care services to  
9 the carrier’s enrollees under the carrier’s health benefit plan.

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

13 (g) (1) A provider that seeks to participate on a provider panel of a carrier shall  
14 submit an application to the carrier.

15 (2) (i) Subject to subparagraph (ii) of this paragraph and paragraph (3)  
16 of this subsection, the carrier, after reviewing the application, shall accept or reject the  
17 provider for participation on the carrier’s provider panel.

18 (ii) A carrier may not reject a provider who provides  
19 community-based health services for a program accredited under COMAR 10.63.02 for  
20 participation on the carrier’s provider panel because the provider practices within the scope  
21 of the provider’s license and is:

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

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

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

30 (iii) **[If] IN ACCORDANCE WITH PARAGRAPH (3) OF THIS**  
31 **SUBSECTION, IF** the carrier rejects the provider for participation on the carrier’s provider  
32 panel, the carrier shall send to the provider **[at the address listed in the application]** written  
33 notice of the rejection.

34 (3) (i) Subject to paragraph (4) of this subsection, within **[30] ~~5~~ 15** days  
35 after the date a carrier receives a completed application, the carrier shall send to the

1 provider at the E-MAIL address listed in the application **OR, IF AN E-MAIL ADDRESS IS**  
 2 **NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE**  
 3 **APPLICATION** written notice of:

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

6 2. the carrier's rejection of the provider for participation on  
 7 the carrier's provider panel.

8 (ii) The failure of a carrier to provide the notice required under  
 9 subparagraph (i) of this paragraph is a violation of this article and the carrier is subject to:

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

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

14 (iii) Except as provided in subsection (v) of this section and  
 15 subparagraph (iv) of this paragraph, if, under subparagraph (i)1 of this paragraph, a carrier  
 16 provides notice to the provider of its intent to continue to process the provider's application  
 17 to obtain necessary credentialing information, the carrier, within [120] ~~30~~ **60** days after  
 18 the date the notice is provided, shall:

19 1. accept or reject the provider for participation on the  
 20 carrier's provider panel; and

21 2. send written notice of the acceptance or rejection to the  
 22 provider at the E-MAIL address listed in the application **OR, IF AN E-MAIL ADDRESS IS**  
 23 **NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE**  
 24 **APPLICATION.**

25 (iv) For a provider described in paragraph (2)(ii) of this subsection,  
 26 if, under subparagraph (i)1 of this paragraph, a carrier provides notice to the provider of  
 27 its intent to continue to process the provider's application to obtain necessary credentialing  
 28 information, within [60] ~~15~~ **30** days after the date a carrier receives a completed  
 29 application, the carrier shall:

30 1. accept or reject the provider for participation on the  
 31 carrier's provider panel; and

32 2. send written notice of the acceptance or rejection to the  
 33 provider at the E-MAIL address listed in the application **OR, IF AN E-MAIL ADDRESS IS**

1 NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS LISTED IN THE  
2 APPLICATION.

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

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

9 ~~2.~~ the provisions of and penalties provided by §§ 4-113 and  
10 4-114 of this article.

11 (4) (i) ~~[1. Except as provided in subsubparagraph 4 of this~~  
12 ~~subparagraph, a] A carrier that receives a complete application shall [notify] SEND~~  
13 ~~WRITTEN NOTICE TO the provider that the application is complete.]~~

14 ~~2. If a carrier does not accept applications through the online~~  
15 ~~credentialing system, notice shall be given to the provider] at the E-MAIL address listed in~~  
16 ~~the application OR, IF AN E-MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE~~  
17 ~~MAILING ADDRESS LISTED IN THE APPLICATION within 10 days after the date the~~  
18 ~~application is received.~~

19 ~~3. If a carrier accepts applications through the online~~  
20 ~~credentialing system, the notice from the online credentialing system to the provider that~~  
21 ~~the carrier has received the provider's application shall be considered notice that the~~  
22 ~~application is complete.~~

23 ~~4. This subparagraph does not apply to a carrier that~~  
24 ~~arranges a dental provider panel until the Commissioner certifies that the online~~  
25 ~~credentialing system is capable of accepting the uniform credentialing form designated by~~  
26 ~~the Commissioner for dental provider panels.]~~

27 (ii) ~~1.~~ (I) A carrier that receives an incomplete application shall  
28 return the application to the provider at the E-MAIL address listed in the application OR,  
29 IF AN E-MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS  
30 LISTED IN THE APPLICATION within 10 days after the date the application is received.

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

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



1 3. whether the provider currently is accepting new patients;

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

4 A. its location, including its address; and

5 B. contact information for the provider;

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

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

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

13 1. the health care facility's name;

14 2. the health care facility's address;

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

16 and

17 4. contact information for the health care facility; and

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

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

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

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

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

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

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

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

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

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

18                   **[(3)] (4)   [A] IN ADDITION TO UPDATES REQUIRED UNDER**  
19 **PARAGRAPH (3) OF THIS SUBSECTION, A carrier shall:**

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

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

24   (ii)   contact providers listed in the carrier's provider directory who  
25 have not submitted a claim in the last 6 months to determine if the providers intend to  
26 remain in the carrier's provider network.

27                   **[(4)] (5)    A carrier shall demonstrate the accuracy of the information**  
28 **provided under paragraph [(3)] (4) of this subsection on request of the Commissioner.**

29                   **[(5)] (6)    A carrier shall include in a provider directory that is in printed**  
30 **form a statement notifying a reader that:**

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

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

3 ~~[(6)] (7)~~ Before imposing a penalty against a carrier for inaccurate  
4 network directory information, the Commissioner shall take into account, in addition to  
5 any other factors required by law, whether:

6 (i) the carrier afforded a provider or other person identified in ~~¶~~  
7 ~~15–112.3(c)] § 15–112.3(D)~~ of this subtitle an opportunity to review and update the  
8 provider's network directory information:

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

11 2. directly with the carrier;

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

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

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

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

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

25 [1.] **2.** encourage providers to update their network directory  
26 information; or

27 [2.] **3.** increase the accuracy of its network directory; and

28 [(vi) (V) a provider or other person identified in ~~¶~~  
29 ~~15–112.3(D)~~ of this subtitle has not updated the provider's network directory information,  
30 despite opportunities to do so.

31 (t) (1) [(i) Subject to subparagraph (ii) of this paragraph, a] **A** carrier shall  
32 update the information that must be made available on the Internet under subsection (n)  
33 of this section within 2 working days after receipt of electronic notification or notification

1 by first-class mail tracking method from the participating provider of a change in the  
2 applicable information.

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

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

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

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

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

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

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

22 (2) A nonparticipating provider shall notify an enrollee:

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

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

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

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

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

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

3 (iv) the provider:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 15-112.1.

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

11       (2) (i) “Carrier” means:

12           1. an insurer;

13           2. a nonprofit health service plan;

14           3. a health maintenance organization;

15           4. a dental plan organization;

16           5. a managed care organization; or

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

19       (ii) “Carrier” includes an entity that arranges a provider panel for a  
 20 carrier.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 **(III) THE SYSTEM ALLOWS PROVIDERS TO:**

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

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

3                   **(IV) THE VENDOR:**

4                   **1. ESTABLISHES AND MAINTAINS A STAKEHOLDER**  
5 **WORKGROUP TO IDENTIFY AND ADDRESS OPERATIONAL ISSUES TO ENSURE**  
6 **EFFICIENCY OF THE ONLINE CREDENTIALING SYSTEM CONSISTING OF**  
7 **REPRESENTATIVES OF:**

8                   **A. HEALTH AND DENTAL CARRIERS;**

9                   **B. MANAGED CARE ORGANIZATIONS;**

10                   **C. COMMUNITY HEALTH CENTERS, INCLUDING**  
11 **FEDERALLY QUALIFIED HEALTH CENTERS;**

12                   **D. BEHAVIORAL HEALTH PROVIDERS;**

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

15                   **F. CREDENTIALING INTERMEDIARIES;**

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

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

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

26                   **3. MEETS ALL OTHER REQUIREMENTS ESTABLISHED BY**  
27 **THE COMMISSIONER.**

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

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

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

5 (III) ANY LEGISLATIVE RECOMMENDATIONS; AND

6 (IV) ANY OTHER RELEVANT INFORMATION.

7 15–112.3.

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

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

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

12 (3) “Multi-carrier common online provider directory information system”  
 13 means the system designated by the Commissioner for use by providers to provide and  
 14 update their provider directory information with carriers.

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

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

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

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

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

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

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

26 ~~(III) GRANT ACCESS TO A DESIGNATED PERSON MANAGING THE~~  
 27 ~~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;

~~(H) 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, ADVANCE 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 (H) 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)(H) OF THIS SECTION;~~

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

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

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

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

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

7                               (ii) directly to the carrier; and

8                   (2) from:

9                               (i) the provider;

10                              (ii) a hospital or academic medical center that:

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

12 and

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

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

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

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

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

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.