HB 1093- Support with Amendments (FWA)
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Maryland General Assembly
House of Delegates Health Committee
ATTN: Chair Heather Bagnall, Vice Chair Bonnie Cullison
CC: Committee Members
240 Taylor House Office Building
241 Taylor House Office Building
Annapolis, Maryland 21401

Submitted via My MGA

RE: HB 1093-Health Insurance – Provider Panels – Requirements; Support with Amendments (FWA)

Dear Chair Bagnall, Vice Chair Cullison, and Committee Members,

Thank you for the opportunity to submit written testimony regarding HB 1093 – Health Insurance – Provider Panels – Requirements. HB 1093 is an important step toward streamlining the credentialing and provider directory processes for Maryland's carriers and healthcare providers. CAQH's position is Support with Amendments (proposed amendments attached).

For more than 25 years, CAQH has united providers, health plans, and other entities to improve the accuracy and efficiency of the information that helps healthcare operate effectively. Today, the organization maintains the largest and most complete healthcare data foundation in the country, including more than 4.8 million provider data records sourced directly from providers across all 50 states and the District of Columbia. Our records span primary care, behavioral health practitioners and other specialists from independent practices and large health systems alike. This data is used for a variety of administrative use cases by carriers, including provider credentialing and increasingly provider directory management.

CAQH's standard credentialing application has been designated[1] by the Maryland Insurance Administration (MIA) for 16 years as the sole health care provider credentialing application for use in Maryland. The majority of Maryland's health care providers have profiles in our Provider Data Platform, which serves as the current online credentialing system used widely by most commercial and Medicaid managed care carriers operating in Maryland. The Provider Data Platform ensures the seamless exchange of providers' information for both credentialing and provider directory use cases, while leveraging technology to collect provider data, identify errors, and prompt providers to confirm or update discrepancies.

[1] Maryland Insurance Administration. Bulletin 09-25. October 7, 2009

CAQH has a strong national footprint through use of our standard credentialing application, serving as the single "front door" for provider data via our Provider Data Platform. Regionally, the application is mandated in the District of Columbia (commercial and Medicaid managed care), Virginia (Medicaid managed care), and is expected to replace West Virginia's state-specific application. It is also accepted in Pennsylvania and Delaware.

CAQH designed our Provider Data Platform to ensure that provider data is in a state of continuous readiness for initial credentialing or recredentialing and provider directory inclusion. Providers are prompted to review and attest to the accuracy of their credentialing information on a recurring basis. Our system also enables providers to share their information with all participating carriers at the same time, eliminating redundant data requests from carriers to providers. This ultimately results in less provider abrasion, improved data accuracy, and more efficient business processes for carriers.

We respectfully request the committee to take this opportunity to codify CAQH's application and online system as proposed below, allowing for:

- ✓ **Consistency:** Codifying CAQH's solutions aligns with current practices in Maryland, regionally and nationally.
- ✓ **Uniformity:** CAQH's Provider Data Platform provides a consistent user experience for carriers and health care providers, at no cost to providers.
- ✓ **Trust:** CAQH's Provider Data Platform is utilized by 80% of U.S. physicians and approximately 3 million other providers including advanced practice providers, dentists, and mental health professionals.
- ✓ **Stakeholder Support**: In December 2025, MIA published two reports[2,3] conveying stakeholder feedback in support of mandating CAQH's credentialing and provider directory solutions. Four stakeholders recommended[4] CAQH, including Maryland Community Health System Care, First BlueCross BlueShield, Maryland Dental Action Coalition, and the Nurse Practitioner Association of Maryland. Three others noted widespread use of CAQH's Provider Data Platform.

Given that CAQH's credentialing application and online system are widely used by Maryland's health care providers and carriers, we believe HB 1093 offers an opportunity to codify this practice in statute, which would provide long-term clarity and consistency for health care providers and carriers. Alternatively, we recommend removal of references to nonprofit status within the existing statutes and proposed legislation to enable CAQH's provider credentialing application/online system to be eligible for designation going forward without change to its statutorily required functionality or free to provider nature.

CAQH greatly appreciates the committee's consideration of our proposed amendments and welcomes the opportunity to serve as a resource to you. Should you have any questions or would like additional information, please feel free to contact me at MSpeck@CAQH.org or (202) 517-0421.

Sincerely,

Melissa Speck
Senior Director, Government & Public Affairs, CAQH

[2] Maryland Insurance Administration. Dental Insurance Online Credentialing Report. December 1, 2025

[3] Maryland Insurance Administration. Health Insurance Provider Directory Updates Report. December 22, 2025

[4] Maryland Insurance Administration Provider Directory Public Meeting Comment Letters. June-July, 2025

Recommended Amendments

Amend "Uniform Credentialing Application" Definition in Ins. § 15-112.1 (a)(6) to Specify CAQH's Standard Credentialing Application

CAQH's credentialing application and online system is widely used by Maryland's health care providers and carriers. HB 1093 offers an opportunity to codify this practice in statute, enabling clarity and consistency for health providers and carriers. We recommend amending § 15-112.1 (a)(6) [Page 13, Lines 24-26] as follows:

> (6) "Uniform credentialing form" means the form [designated by the Commissioner] **PUBLISHED BY THE COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE OR ITS SUCCESSOR** for use by a carrier or its credentialing intermediary for credentialing and recredentialing a health care provider for participation on a provider panel.

If (a)(6) is amended to specify CAQH's credentialing application, then subsection § 15-112.1 (e)(2) [Page 14, Lines 17-24] should be struck in its entirety since the statute would specify the CAQH application instead of a separately designated application. Similarly, proposed § 15-112 (g)(5)(I) [Page 6, Lines 32-34] can be amended to read:

> **(5)(I) IN THIS PARAGRAPH, "UNIFORM CREDENTIALING FORM" MEANS THE FORM SPECIFIED IN § 15-112.1 (a)(6)** [DESIGNATED BY THE COMMISSIONER UNDER § 15-112.1(E)] **OF THIS SUBTITLE.**

Amend "Online Credentialing System" Definition in Ins. § 15-112 (a)(13) to Specify CAQH's Provider Data Platform

CAQH's credentialing application is accessed today by providers and carriers through our Provider Data Platform. If § 15-112.1 is amended to specify CAQH's standard credentialing application, then § 15-112 (a)(13) [Page 3, Lines 19-22] should similarly be amended to specify CAQH's Provider Data Platform. We recommend amending § 15-112 (a)(13) as follows:

> (13) "Online credentialing system" means the **COUNCIL FOR AFFORDABLE QUALITY HEALTH CARE PROVIDER DATA PLATFORM OR ANY SUCCESSOR** 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].

Amend "Multi-Carrier Common Online Provider Directory Information System" Definition in Ins. § 15-112.3 (a)(3) to Specify CAQH's Provider Data Platform

Consistent with proposed § 15-112 (p)(3), CAQH's provider data platform currently serves as a primary source for information used by participating carriers to develop their provider directories. In addition, the stakeholder feedback MIA documented in its December 2025 provider directory report reflects significant stakeholder support for designating CAQH's Provider Data Platform to serve as the "multi-carrier common online provider directory information system." Accordingly, we recommend amending the definition of "multi-carrier common online provider directory information system" in § 15-112.3 (a)(3) [Page 15, Lines 1-3] as follows:

> (3) "Multi-carrier common online provider directory information system" means the **COUNCIL FOR AFFORDABLE QUALITY HEALTH CARE PROVIDER DATA PLATFORM OR ANY SUCCESSOR** system [designated by the Commissioner] for use by providers to provide and update their provider directory information with carriers.

If (a)(3) is amended to specify CAQH's Provider Data Platform, then subsection (b) [Page 15, Line 4- Page 16, Line 9] and proposed subsection (c) [Page 16, Lines 10-18] may be struck in their entirety, as designation by the Insurance Commissioner would no longer be necessary. Additionally, § 15-112 (n)(5) and (n)(6) [Page 8, Lines 2-7] should be amended to reflect this change:

> 5. the gender of the provider, if the provider notifies the carrier or the multi-carrier common online provider directory information system [designated under] **SPECIFIED IN** § 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] **SPECIFIED IN** § 15-112.3 of this subtitle of the information;

Alternative Amendments Absent Codification of CAQH's Standard Credentialing Application and Online System

HB 1093 and its proposed provisions focus on the functionality of an online credentialing application and system. The corporate status of the administering entity does not affect the operation of these tools. Given this focus, the corporate status of the entity operating the system(s) is irrelevant. Because of this, CAQH recommends the following two amendments to remove references to corporate status from the eligibility criteria for designation by the Insurance Commissioner. These proposed changes would permit the Insurance Commissioner to be responsive to stakeholder feedback in support of CAQH's credentialing application and Provider Data Platform:

Ins. § 15-112.1 (e)(2) [Page 14, Lines 17-19]

> (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.

Ins. § 15-112.3 (b)(2) [Page 15, Line 4- Page 16, Line 9]

(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) [the nonprofit alliance] **THE SYSTEM OPERATOR**:

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(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, 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 (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.

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