

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 1093
Health

(Delegate Cullison, *et al.*)

Finance

Health Insurance - Provider Panels - Requirements

This bill alters the process through which health care providers apply to participate on a carrier's provider panel. The bill repeals authorization for a carrier to charge an application fee and alters requirements relating to updating information in a provider directory. It also alters requirements associated with designating (1) a provider credentialing application for an online credentialing system as the uniform credentialing form and (2) a multi-carrier common online provider directory information system for use by providers. The Insurance Commissioner must adopt regulations related to the online credentialing system and submit a specified annual report on the findings of a stakeholder workgroup. **The bill takes effect January 1, 2027.**

Fiscal Summary

State Effect: Any impact on the Maryland Insurance Administration (MIA) can be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary/Current Law:

Provider Panel Procedures

Notice After Receipt of Completed Application: Under current law, a provider seeking to participate on a carrier's provider panel must submit an application to the carrier. Within 30 days after receipt of a completed application, a carrier must send the provider a written

notice of the carrier's intent to continue to process the provider's application or the carrier's rejection of the provider for participation on the carrier's provider panel. A carrier that fails to provide this required notice is subject to suspension or revocation of a certificate of authority and/or a penalty of at least \$100 and as much as \$125,000 per violation.

The bill reduces the timeframe by which this notice must be sent from 30 days to 15 days and specifies that notice must be sent to the provider at the email address listed in the application or, if an email address is not listed, the mailing address listed.

Notice of Acceptance or Rejection of Provider: Under current law, if a carrier provides notice to the provider of its intent to continue to process the provider's application, the carrier must, within 120 days after the date the notice is provided, accept or reject the provider for participation and send written notice of the acceptance or rejection. A carrier that fails to send this notice is subject to suspension or revocation of a certificate of authority and/or a penalty of at least \$100 and as much as \$125,000 per violation as well as being issued a cease-and-desist order.

The bill reduces the timeframe by which this notice must be sent from 120 days to 60 days and specifies that notice must be sent to the provider at the email address listed in the application or, if an email address is not listed, the mailing address listed.

Acceptance or Rejection of Certain Community-based Health Services Providers: Under current law, for certain providers of community-based health services for an accredited program, if a carrier provides notice of its intent to continue to process the provider's application to obtain necessary credentialing information, the carrier must, within 60 days after the date the carrier receives a completed application, send written notice of the acceptance or rejection to the provider.

The bill reduces the timeframe by which this notice must be sent from 60 days to 30 days and specifies that notice must be sent to the provider at the email address listed in the application or, if an email address is not listed, the mailing address listed.

Notice When Application Is Complete: Under current law, a carrier must notify the provider when an application is complete either through the online credentialing system or by mail within 10 days after a complete application is received. A carrier must return an incomplete application to the provider by mail within 10 days of receipt and notify the provider what information is needed to complete the application.

The bill repeals the requirement that a carrier notify a provider when an application is complete. The bill specifies that a carrier must return an incomplete application to the provider at the email address listed in the application or, if an email address is not listed, the mailing address listed.

Online Credentialing System

Under current law, “online credentialing system” means the system through which a provider may access an online provider credentialing application that the Insurance Commissioner has designated as the uniform credentialing form. A carrier may charge a reasonable fee for an application submitted to a carrier to serve on a provider panel.

The bill clarifies that “online credentialing system” means the system through which a provider may access *and submit* an online credentialing application and repeals the authority of a carrier to charge a fee.

Uniform Credentialing Form

The bill requires a carrier to (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 form that is monitored by the carrier and is not the general customer service line; (3) establish a direct email address for inquiries on the form that is monitored by the carrier and is not the general customer service email address; and (4) respond to voice messages and emails within two business days after receipt.

The Commissioner must 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. A carrier must use the online credentialing system as the primary source of information to create and update the carrier’s provider directory in accordance with the regulations.

Updating Information in Provider Directories

Under current law, a carrier must demonstrate the accuracy of the information in a provider directory on request of the Commissioner. Before imposing a penalty against a carrier for inaccurate network directory information, the Commissioner must consider certain factors.

The bill removes from this list of factors whether 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 and adds an additional factor of whether a carrier has implemented a process to inform providers that the online credentialing system is the primary source of information to create and update the carrier’s provider directory.

The bill also repeals the requirement that a dental carrier update specified information within 15 working days after receipt of notification.

Designation of a Provider Credentialing Application and a Multi-carrier Common Online Provider Directory

Under current law, the Commissioner may designate a provider credentialing application developed by a nonprofit alliance of health plans and trade associations as the uniform credentialing form if the application is available to providers at no charge and use of it is not conditioned on submitting the application to a carrier through the online credentialing system. In addition, 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 the system is available to providers nationally, is available at no charge, and allows providers to attest online to the accuracy of their information and correct (and attest to the correction of) any inaccurate information. The nonprofit alliance must have a well-established mechanism for outreach to providers.

The bill repeals reference to the provider credentialing application and the multi-carrier common online provider directory information system being developed by a nonprofit alliance of health plans and trade associations.

The bill specifies that the Commissioner may designate a provider credentialing application for an online credentialing system as the uniform credentialing form if:

- 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
- 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 specified representatives and (2) submits a report to the Commissioner by September 1 each year on the findings of the workgroup and improvements implemented because of the workgroup's findings and, for each carrier, 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 acceptance or rejection of the application; and (3) meets all other requirements established by the Commissioner.

By December 1, 2027, and annually thereafter, the Commissioner must report to the General Assembly on the findings of the workgroup, improvements implemented because of the workgroup's findings, any legislative recommendations, and any other relevant information.

The bill also repeals, relative to designation of a multi-carrier common online provider directory information system, the requirement that such a system be available to providers nationally and at no charge. Rather than allow a provider to correct any inaccurate

information and attest to the correction, the bill specifies that system must allow providers to update their information every 120 days or at a frequency established by the Commissioner.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 808 (Senator King) - Finance.

Information Source(s): Maryland State Treasurer's Office; Maryland Insurance Administration; Department of Legislative Services

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