

# SENATE BILL 808

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CF HB 1093

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By: **Senator King**

Introduced and read first time: February 6, 2026

Assigned to: Finance

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 18, 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 Maryland Insurance  
14 Commissioner may designate for a certain credentialing system and the  
15 circumstances under which the designation may be made; altering certain  
16 requirements for a multi-carrier common online provider directory information  
17 system; and generally relating to health 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)

23 BY repealing and reenacting, without amendments,

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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 Article – Insurance  
2 Section 15–112(n), (o), and (u) ~~and 15–112.1~~  
3 Annotated Code of Maryland  
4 (2017 Replacement Volume and 2025 Supplement)

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

7 **Article – Insurance**

8 15–112.

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

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

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

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

16 (5) (i) “Carrier” means:

17 1. an insurer;

18 2. a nonprofit health service plan;

19 3. a health maintenance organization;

20 4. a dental plan organization; or

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

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

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

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

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

1 (9) “Health benefit plan”:

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

4 (ii) for a group in the small group market, has the meaning stated in  
5 § 31–101 of this article; and

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

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

10 (ii) “Health care facility” includes:

11 1. a hospital;

12 2. an ambulatory surgical or treatment center;

13 3. a skilled nursing facility;

14 4. a residential treatment center;

15 5. an urgent care center;

16 6. a diagnostic, laboratory, or imaging center;

17 7. a rehabilitation facility; and

18 8. any other therapeutic health care setting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 ~~2.~~ the provisions of and penalties provided by §§ 4–113 and  
 8 4–114 of this article.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23                           (i)    through a clear link or tab; and

24                           (ii)   in a searchable format.

25                   (3)    The provider directory shall include:

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

27                                   1.    the name of the provider;

28                                   2.    the specialty areas of the provider;

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

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

3                   A.     its location, including its address; and

4                   B.     contact information for the provider;

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

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

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

12                   1.     the health care facility's name;

13                   2.     the health care facility's address;

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

15 and

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

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

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

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

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

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



1            ~~[(6)]~~ (7) Before imposing a penalty against a carrier for inaccurate  
 2 network directory information, the Commissioner shall take into account, in addition to  
 3 any other factors required by law, whether:

4            (i) the carrier afforded a provider or other person identified in ~~§~~  
 5 ~~15-112.3(c)]~~ ~~§ 15-112.3(D)~~ of this subtitle an opportunity to review and update the  
 6 provider's network directory information:

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

9            2. directly with the carrier;

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

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

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

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

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

23            [1.] **2.** encourage providers to update their network directory  
 24 information; or

25            [2.] **3.** increase the accuracy of its network directory; and

26            [(vi)] (V) a provider or other person identified in ~~§~~ ~~15-112.3(c)]~~ ~~§~~  
 27 ~~15-112.3(D)~~ of this subtitle has not updated the provider's network directory information,  
 28 despite opportunities to do so.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33                  (iv) the provider:

- 1                                   1.     is currently credentialed by an accredited hospital in the  
2 State; [or]
- 3                                   2.     has professional liability insurance; **OR**
- 4                                   **3.     HAS IMMUNITY UNDER THE FEDERAL TORT CLAIMS**  
5 **ACT OR THE MARYLAND TORT CLAIMS ACT.**

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

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

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

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

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

- 25                                   (i)     the treating provider is not a participating provider;
- 26                                   (ii)    the treating provider has applied to become a participating  
27 provider;
- 28                                   (iii)  the carrier has not completed its assessment of the qualifications  
29 of the treating provider to provide services as a participating provider; and
- 30                                   (iv)   any covered services received must be reimbursed by the carrier  
31 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~~

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

1           ~~(4) (2)~~       the ~~nonprofit alliance;~~ VENDOR

2           ~~(H)~~       has a well-established mechanism for outreach to providers.;

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

7                     ~~1. HEALTH AND DENTAL CARRIERS;~~

8                     ~~2. MANAGED CARE ORGANIZATIONS;~~

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

11                    ~~4. BEHAVIORAL HEALTH PROVIDERS;~~

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

14                    ~~6. CREDENTIALING INTERMEDIARIES;~~

15           ~~(H) SUBMITS A REPORT TO THE COMMISSIONER BY SEPTEMBER~~  
16 ~~1 EACH YEAR ON THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER ITEM (H)~~  
17 ~~OF THIS ITEM AND IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE~~  
18 ~~WORKGROUP'S FINDINGS; AND~~

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

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

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

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

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

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

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

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

6 (ii) directly to the carrier; and

7 (2) from:

8 (i) the provider;

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

10 1. is a participating provider on the carrier’s provider panel;

11 and

12 2. acts as a credentialing intermediary for the carrier for

13 providers that:

14 A. participate on the carrier’s provider panel; and

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

16 or

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

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

Approved:

\_\_\_\_\_  
Governor.

\_\_\_\_\_  
President of the Senate.

\_\_\_\_\_  
Speaker of the House of Delegates.