



March 23, 2026

Council of the District of Columbia
Health Committee
ATTN: Chair Christina Henderson
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

RE: B26-0523 Streamlining Medicaid Credentialing Amendment Act of 2025

Dear Chair Henderson and Committee Members,

Thank you for the opportunity to submit written testimony regarding B26-0523 Streamlining Medicaid Credentialing Amendment Act of 2025. We appreciate the intended desire to reduce administrative processes, maintain quality, promote faster provider onboarding and create greater patient access. There are many different components, dependencies and accountable parties in the Medicaid provider credentialing process. We believe the District can achieve its objectives for the proposed centralized credentialing legislation by utilizing (1) the uniform credentialing application already in use today among the District's providers and insurers; (2) a digital platform that hosts the current uniform credentialing application; and (3) a centralized verification service to streamline the review of providers' credentialing data.

Uniform Application

CAQH's uniform credentialing application currently supports credentialing by the District's health plans and Medicaid managed care organizations (MCOs). In 2006 the District codified CAQH's application in DCMR 26-A42¹ Uniform Credentialing and Recredentialing Form. The Department of Insurance, Securities and Banking's (DISB) website states "DISB regulations require health insurers and credentialing intermediaries to accept the most current version of the CAQH Provider Application as the sole application for credentialing and recredentialing providers participating on a health insurer's provider panel."² Moreover, since 2021 the Department of Health Care Finance has used approximately 19,000 CAQH provider profiles to support provider enrollment in the Medicaid program. Regionally, the application is mandated in Maryland for commercial and Medicaid managed care; Virginia for Medicaid managed care; and recently became mandated in West Virginia for Medicaid managed care. Moreover, B26-0523's Statement of Introduction highlights successes in Ohio and Maryland, both of which mandate CAQH's credentialing application for Medicaid managed care and commercial credentialing.

The proposed legislation offers an opportunity to develop a centralized provider credentialing system that extends the current uniform credentialing application mandated by DISB for commercial health insurers. Since DHCF and Medicaid MCOs currently leverage CAQH's application data to make credentialing decisions today, we urge the committee to formally align the application used under the proposed Medicaid centralized credentialing system with the existing form designated by DISB.

¹ [DCMR 26-A42](#)

² [District of Columbia Department of Insurance, Banking and Securities. Uniform Credentialing/Recredentialing Provider Application.](#)

A Single, Digital Front Door

There are additional steps in the credentialing process that can benefit from a streamlined approach, such as the exchange of information between the Department and providers. CAQH's credentialing application is primarily accessed through our Provider Data Platform, which ensures the seamless exchange of providers' information for credentialing and other administrative use cases, while leveraging technology to collect provider data, identify errors, and prompt providers to confirm or update discrepancies. CAQH has a strong national footprint through the use of our Provider Data Platform, serving as the single "front door" for provider data. DISB currently allows DC providers to complete and submit CAQH's credentialing application electronically via our Provider Data Platform, which can be likened to the college Common App. This has resulted in significant use of CAQH's credentialing application as the primary tool to collect and manage provider data by the Medicaid MCOs, commercial health plans, and health care providers serving the District. B 26-523 provides an opportunity to utilize CAQH's Provider Data Platform for the exchange of providers' information, similar to what California mandated in 2025 for commercial health plans – and is considering further expanding to Medicaid.

CAQH designed our Provider Data Platform to ensure that provider data is in a state of continuous readiness for initial credentialing or recredentialing, along with 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 health plans at the same time, eliminating redundant data requests from carriers to providers. If incorporated into the proposed centralized credentialing system, it would result in less provider abrasion, improved data accuracy, and more efficient business processes for the Department and MCOs.

Leveraging CAQH's uniform application and Provider Data Platform promotes:

- ✓ **Consistency:** Using CAQH's credentialing application for the proposed consolidated credentialing system ensures continuity with current practices in the District, regionally and nationally.
- ✓ **Uniformity:** CAQH's Provider Data Platform provides a uniform user experience for health care providers and payers, 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.
- ✓ **District and MCO Oversight:** CAQH's credentialing application and Provider Data Platform will support the District's provider enrollment and credentialing processes by ensuring appropriate data capture to support determinations regarding a provider's qualifications to render care to enrollees and bill Medicaid. Our PSV solution could be leveraged to support the District's decision-making process for providers' participation.
- ✓ **Enhanced Access:** The way states operationalize these processes, including the structure of their credentialing systems, can affect provider participation in Medicaid and subsequently access to care for Medicaid enrollees. A uniform, consistent process across all insurance markets promotes provider participation and enrollee access.

Centralized Verification

A third opportunity to streamline the credentialing process is the use of a singular tool to validate providers' data. CAQH's Primary Source Verification (PSV) solution streamlines the review of provider data, verifies the accuracy of a provider's professional credentials along with other information, and is an important tool to ensure quality care and prevent fraud, waste, and abuse. Our PSV process checks provider information against 500+ authoritative sources to provide the information needed to approve or deny a provider's participation in a

health plan network. Centralizing this provides the expected efficiencies seen in a singular solution – one standard, one process, and one point of contact for providers.

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.

Given CAQH's current role in supporting health care provider credentialing in the District and regionally, we believe B26-0523 offers an opportunity to provide consistency for health care providers and carriers. We appreciate the committee's consideration of our proposed amendment and welcome 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 KBallantine@CAQH.org or 202-870-3288.

Sincerely,



Kristen Ballantine
Vice President, Government & Public Affairs, CAQH

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Recommended Amendment

We recommend the Committee add language to the proposed legislation to ensure that CAQH's credentialing application remains the standard intake for provider data collection in the District. Doing so ensures that health care providers have a standardized experience submitting and maintaining their credentialing data for Medicaid and commercial health plans. This can be done by adding a new definition of "credentialing application" that either specifies CAQH's credentialing application and provider data portal; or refers to the form designated by DISB's Commissioner and allows for electronic submission.

Option 1- Specify CAQH's Credentialing Application

In section 2 (a) add:

(2B) "Credentialing application" means the form published by the Council for Affordable Quality Healthcare (CAQH) or its successor for credentialing and re-credentialing of a health care provider for participation on a provider panel. The application may be completed electronically using the CAQH provider data platform or its successor system.

Option 2- Refer to DISB Commissioner's Designation of a Credentialing Application

In Section 2 (a) add:

(2B) "Credentialing application" means the form designed by the Commissioner of Insurance, Banking and Securities, by regulation pursuant to § 31-3254, for credentialing and re-credentialing of a health care provider for participation on a provider panel. The credentialing application may be submitted electronically using the corresponding electronic system.

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