



Maryland Insurance Administration
Attn: Jessica Blackmon, Government Relations and Regulatory Affairs Specialist
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202

August 10, 2026

Re: Draft Proposed Regulation 31.10.52 – Provider Directory Requirements

Dear Ms. Blackmon,

DataSpring, powered by CAQH, appreciates the opportunity to submit comments to the Maryland Insurance Administration (MIA) regarding draft proposed regulation 31.10.52-Provider Directory Requirements.

Provider directory accuracy is a significant challenge across the health care industry impacting access to care and perpetuating provider burden. A recent U.S. Department of Health and Human Services Office of Inspector General report highlights these challenges particularly related to maternal care access¹. Additionally, our own research indicates provider organizations continue to face significant administrative burden from current manual provider directory information verification methods, with many practices fielding frequent, lengthy phone-based requests that disrupt workflows, reduce time for patient care, and contribute to longer patient wait times.

Passage of Maryland HB 1093/SB 808 and federal enactment of the REAL Health Providers Act and the No Surprises Act all seek to improve provider directories. We applaud MIA for proposing regulations that support patients' access to care and minimize burden through provisions that support streamlined provider directory activities and concurrently heighten the accuracy of directory data.

We appreciate the Commissioner's recent designation of DataSpring in Bulletin 26-20² to serve as "the system ... designated by the Commissioner for use by providers to submit new and updated directory information to carriers." We recognize MIA intends to establish minimum standards for the review of provider directories through these proposed regulations. DataSpring shares the goals reflected in the proposed regulations to improve provider directory accuracy for consumers, clarify carrier obligations, reduce administrative burden among providers and carriers alike, and ensure that consumers, carriers, providers, and regulators have access to reliable provider information.

¹ U.S. Department of Health and Human Services, Office of the Inspector General. "Inaccurate Medicaid Managed Care Provider Directories May Limit Enrollees' Access to Maternal Health Care." June 2026.
<https://oig.hhs.gov/documents/evaluation/11709/OEI-05-24-00090.pdf>

² Maryland Insurance Administration. Bulletin 26-20: "Provisional Designation of Uniform Credentialing Form and Multi-Carrier Common Online Provider Directory Information System. July 24, 2026.
<https://insurance.maryland.gov/Pages/Bulletins/Bulletin-26-20.aspx>

For more than 25 years, DataSpring has united providers, carriers, and other healthcare organizations to improve the efficiency of data collection and improve the accuracy of essential information to help the healthcare system operate effectively. Today, DataSpring maintains the largest and most complete healthcare data foundation in the country, including more than 4.8 million full provider data records sourced directly from providers across all 50 states and the District of Columbia and augmented by third-party data sources.

DataSpring's nationally scaled Provider Data Portal (PDP) supports the efficient and streamlined collection, maintenance, validation and sharing of provider information for credentialing, directory management and related administrative functions. Providers and authorized practice administrators enter, update, and attest to professional and practice information once, then authorize that information to be shared with participating carriers and other approved organizations. We augment and validate provider-supplied data against additional third-party sources and produce a single reliable provider data record. This one-to-many model reduces payer-by-payer outreach to providers, limits duplicative attestation requests, and helps minimize conflicting records across carrier systems through a single source of truth.

We offer the following recommendations for proposed COMAR 31.10.52-Provider Directory Requirements:

- Update the definition of CAQH to reflect DataSpring.
- Incorporate the statutory requirement for carriers to use the online credentialing system as the primary source for creating and updating provider directories beginning January 1, 2027.
- Align directory refresh standards with federal cadences.
- Clarify whether penalty assessments account for good-faith use of DataSpring data.
- Support education to providers about new regulatory requirements.

Update the “CAQH” Definition to Reflect DataSpring

In June 2026, CAQH rebranded as DataSpring, powered by CAQH. Our legal entity remains CAQH, but to better reflect our new brand, we respectfully request the following definitional change of “CAQH”:

“CAQH” means the Council for Affordable Quality Healthcare d/b/a DataSpring or its successor, which offers an electronic system that simplifies data collection to support carriers’ credentialing and provider data needs including the creation and updating of provider directories.

Incorporate the Statutory Requirement Regarding the Use of Online Credentialing System

HB 1093/SB 808 added new subsection (p)(3) into Insurance Article, §15-112 stating, “A carrier shall use the online credentialing system as the primary source of information to create and update the carrier’s provider directory in accordance with regulations adopted by the Commissioner” beginning January 1, 2027. However, the proposed regulations omit this requirement despite its critical relevance to the creation and maintenance of provider

directories. To ensure clarity and statutory alignment, we respectfully recommend two amendments:

1. Add the following definition of “online credentialing system” into Section .01:
“Online credentialing system” has the meaning stated in Insurance Article §15–112(a), Annotated Code of Maryland.
2. Incorporate the requirement to use the online credentialing system as a new section in the regulations:

.0X Use of Online Credentialing System

Beginning January 1, 2027 a carrier shall use the online credentialing system as the primary source of information to create and update the carrier’s provider directory in accordance with §15-112(p)(3)(i), Annotated Code of Maryland.

Align Directory Data Refresh Standards

Proposed Section .05 (F) allows carriers to rely on a provider’s attestations made through DataSpring’s system within the past 120 days, a cycle dictated by the National Committee for Quality Assurance for provider credentialing standards. Conversely, federal policy framework under the No Surprises Act and the REAL Health Providers Act established directory-specific refresh cadences at least once every 90 days. The DataSpring PDP allows for this refresh cadence and therefore we respectfully request this update, which supports current directory data while preserving the administrative efficiency of a centralized, one-to-many provider workflow.

Consider Good-Faith Use of DataSpring Data

Bulletin 26-20 designated DataSpring as “the system ... for use by providers to submit new and updated directory information to carriers” and requires carriers to “accept new and updated network directory information for a provider submitted through DataSpring or directly to the carrier.” In addition, current Insurance Article §15-112(p)(6) and §15-112(p)(7) effective January 1, 2027, identifies factors the Commissioner must consider before imposing penalties for inaccurate provider directory information. However, neither the statute nor the proposed regulations specify whether a carrier’s good-faith use of the designated online credentialing system and multi-carrier common online provider directory information system must be considered when assessing penalties. We recommend that MIA clarify in Section .06 that a carrier has exercised reasonable diligence when it uses DataSpring as its primary source for provider directory information, relies on recent provider verification and attestations, and promptly incorporates provider-submitted updates through the platform into its provider directory. We ask MIA to consider whether a carrier should be subject to penalties solely because a directory entry is later determined to be inaccurate. This clarification would encourage use of the centralized, provider-attested data source designated by the State while helping ensure that carriers are not penalized for inaccuracies beyond their reasonable control.

Support Education to Providers on New Regulatory Requirements

Provider directory accuracy is a shared responsibility between carriers and providers. Providers and authorized practice administrators are best positioned to confirm practice locations, contact information, availability, and whether they are accepting new patients. While HB 1093/SB 808 contemplates carriers “inform[ing] providers that the online credentialing system is the primary source of information to create and update the carrier’s provider directory,” more can be done to raise awareness among providers and staff about the importance of provider directory accuracy for ensuring access to care. We encourage MIA to work with providers, staff and their surrogates to educate them on the new requirements and the importance of their active participation to help patients find and receive care.

DataSpring appreciates MIA’s leadership in advancing provider directory requirements to better serve consumers, carriers, providers, and regulators. We look forward to continued engagement with MIA as these regulations are refined and implemented, and we would welcome the opportunity to serve as a resource on additional provider directory matters.

Sincerely,

A handwritten signature in cursive script, reading "Melissa Speck".

Melissa Speck

Senior Director, Government & Public Affairs

T 202.517.0421 | MSpeck@DataSpring.com