



## **MARYLAND PODIATRIC MEDICAL ASSOCIATION**

---

The Adams Building, Suite 301  
600 Baltimore Avenue  
Towson, Maryland 21204

Telephone: (410) 332-0736

Facsimile: (410) 332-0885

July 9, 2025

Sent via email: [Mary.kwei@maryland.gov](mailto:Mary.kwei@maryland.gov)

The Honorable Marie Grant  
Commissioner  
Maryland Insurance Administration  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202

Dear Commissioner Grant and Associate Commissioner Kwei:

On behalf of the Maryland Podiatric Medical Association (MPMA), we appreciate the opportunity to provide comments regarding the Maryland Insurance Administration's inquiry into provider directory accuracy and the methods carriers use to verify provider information.

As medical professionals we understand that accurate provider directories are essential for ensuring timely access to care. That said, we are also concerned about the growing administrative demands being placed on providers as part of directory verification processes.

Many podiatrists in Maryland work in practices that maintain centralized credentialing departments, which are responsible for updating provider data and verifying its accuracy annually. Providers are required to notify credentialing departments of any changes, ensuring that updates flow consistently through established systems. Because of this structure, individual podiatrists often disregard direct outreach from insurance carriers, operating under the understanding that all updates are to be handled through credentialing channels.

We respectfully raise the following points for consideration:

**1. Leverage of CAQH Systems:**

The Council for Affordable Quality Healthcare (CAQH) was established to streamline provider data management and credentialing across carriers. We ask whether the MIA encourages or requires carriers to utilize CAQH for provider directory updates, and whether the Administration supports centralizing this function to reduce duplicative outreach.

**2. Delegated Credentialing Processes:**

For providers operating within group practices or hospital systems that manage credentialing internally, verification requests should be directed to those departments. Individual outreach to providers in these settings is often unnecessary and inefficient.

**3. Data Accuracy Presumptions:**

If a provider does not respond to repeated outreach attempts and has no recent claims or credentialing activity, it may be reasonable to flag the listing as potentially outdated. However, removal from the directory should not occur solely due to lack of response when there is other supporting data—such as credentialing updates or CAQH attestation—confirming the provider’s active status.

We urge the MIA to guide carriers toward a more coordinated, efficient verification process that uses centralized tools and respects existing credentialing systems. Requiring individual podiatrists to respond to multiple carrier requests on a rolling basis creates an undue burden, especially for providers focused on delivering direct patient care.

Thank you for your attention to this issue and for your ongoing efforts to protect patient access. We welcome the opportunity to collaborate further on these matters.

Sincerely,

Priya Parthasarathy, DPM  
President, Maryland Podiatric Medical Association