



*"Advocating for Nurse Practitioners since 1992"*

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

## **RE: Provider Directories**

Dear Commissioner Grant:

On behalf of the Nurse Practitioner Association of Maryland (NPAM), we appreciate the opportunity to provide input regarding provider directories and the efforts to verify provider information.

As advanced practice providers committed to accessible, high-quality care, we understand the importance of maintaining accurate provider directories for patients navigating network coverage. However, we also urge the Administration to consider the administrative realities providers face and to support a more streamlined, system-based approach to data verification.

Many healthcare organizations, including those employing nurse practitioners, maintain centralized credentialing departments responsible for submitting and updating provider information. These internal systems are designed to ensure that provider data is accurate and up to date, with annual verification as a standard protocol. Providers are typically required to notify credentialing teams of any changes, ensuring that internal records and payer-facing databases remain current.

As a result, individual providers often disregard verification requests received directly from carriers, under the assumption that credentialing departments are managing those updates comprehensively. In fact, responding to multiple, duplicative outreach attempts from different carriers creates unnecessary administrative burden, diverting providers from patient care.

To that end, we respectfully offer the following considerations:

### **1. Utilization of CAQH:**

The Council for Affordable Quality Healthcare (CAQH) was intended to serve as a central repository for provider credentialing data. We request clarification on whether MIA encourages or requires carriers to use CAQH for directory verification purposes.

Centralized use of CAQH could eliminate redundant outreach and ensure greater consistency across plans.

**2. Delegated Credentialing Should Be Honored:**

For organizations that maintain their own credentialing departments, we encourage the MIA to establish guidance that directs carriers to send verification requests through those departments, rather than to individual clinicians.

**3. Reasonable Burden and Presumptions:**

If a provider is unresponsive after multiple verification attempts, it is reasonable to presume the data may be outdated—if there is no evidence of recent claims activity or attestation through credentialing. However, we recommend that providers not be removed from directories solely due to lack of individual response when other sources, such as CAQH or delegated credentialing attestations, are current.

We urge a coordinated, technology-driven approach that avoids placing excessive administrative burdens on providers. Systems already exist to streamline this process—let's use them effectively.

Thank you for your consideration of our perspective. We welcome further discussion on how to create a fair and efficient directory verification process that balances accuracy with operational feasibility.

If you have any questions, please do not hesitate to contact our association via NPAM Executive Director, Malinda Duke, at [npamexecdir@gmail.com](mailto:npamexecdir@gmail.com).

Sincerely,

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