

with utilization, quality, and risk, a review of clinical skills, adherence to hospital bylaws, policies and procedures, compliance with continuing education requirements, and mental and physical status.

(3) (5) If requested by the Department, a hospital shall provide documentation that, prior to employing or granting privileges to a physician, the hospital has complied with the requirements of this subsection and that, prior to renewing employment or privileges, the hospital has complied with the requirements of this subsection.

(4) (6) If a hospital fails to establish or maintain a ~~credentialing~~ CREDENTIALING process required under this subsection, the Secretary may impose the following penalties:

- (i) Delicensure of the hospital; or
- (ii) \$500 per day for each day the violation continues.

~~Article — Insurance~~

~~15-112.1.~~

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

(2) (i) "Carrier" means:

1. ~~an insurer;~~
2. ~~a nonprofit health service plan;~~
3. ~~a health maintenance organization;~~
4. ~~a dental plan organization; [or]~~
5. ~~A MANAGED CARE ORGANIZATION AS DEFINED IN § 15-101(F) OF THE HEALTH GENERAL ARTICLE;~~
6. ~~A MANAGED CARE BEHAVIORAL HEALTH CARE ORGANIZATION AS DEFINED IN § 15-127(A)(6) OF THIS TITLE; OR~~

~~7. any other person that provides health benefit plans subject to regulation by the State.~~

(ii) "Carrier" includes an entity that arranges a provider panel for a carrier.

(3) "Credentialing intermediary" means a person to whom a carrier has delegated credentialing or recredentialing authority and responsibility.

(4) "HEALTH CARE FACILITY" HAS THE SAME MEANING AS IN § 10-114 OF THE HEALTH GENERAL ARTICLE.

~~[(4)] (5) "Health care provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services OR MENTAL HEALTH SERVICES.~~