

# Electronic Health Network Certification/Recertification Application

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## I. Overview

COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires the Maryland Health Care Commission (MHCC or Commission) to certify electronic health networks (EHNs) that operate in Maryland.<sup>1</sup> The regulations also require government and private payors that accept electronic health care transactions (transactions) originating in Maryland to accept transactions only from MHCC certified EHNs. The MHCC requires EHNs to obtain national accreditation or certification before seeking MHCC certification. EHNs must meet the national best practice standards related to privacy and confidentiality, technical performance, business practices, physical and human resources, and security. EHNs initiate MHCC's certification process by submitting the *MHCC EHN Certification Application*.

## II. Application Instructions & Checklist

EHNs applying for MHCC certification or recertification must submit the following items:

**The MHCC EHN Certification/Recertification Application.** The EHN must complete this application and submit its responses to MHCC for review. Once completed, the application may be emailed to MHCC at: [EHN.Certification@maryland.gov](mailto:EHN.Certification@maryland.gov).

**Nationally Qualified Accreditation or Certification.** At this time, MHCC has recognized the Electronic Healthcare Network Accreditation Commission (EHNAC) and the Health Information Trust Alliance (HITRUST) as certification and accreditation entities. EHNs seeking MHCC certification are required to provide their EHNAC Site Visit Report or the HITRUST CSF Assurance Program Validated Assessment Report. The MHCC may seek additional information from EHNs to complete the evaluation process.

*Documentation must be submitted as follows:*

1. Email the documents to [EHN.Certification@maryland.gov](mailto:EHN.Certification@maryland.gov). Multiple emails up to 15 MB may be sent as needed; or
2. Provide MHCC with account/access to the network's SFTP site. Please contact MHCC by email at [EHN.Certification@maryland.gov](mailto:EHN.Certification@maryland.gov) to provide account access; or
3. Through the Commission's SFTP site, please contact MHCC by email at [EHN.Certification@maryland.gov](mailto:EHN.Certification@maryland.gov) to obtain account access to request a password; or
4. Another means as proposed by the network.

**Fees.** Upon receipt of the application, MHCC will issue an invoice to the EHN for the application fees.

The EHN must submit appropriate application fees to complete the certification/recertification process.

- A. **Initial Candidacy and Certification:** The application fee is \$400 for an EHN with one

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<sup>1</sup> COMAR 10.25.07 is available at: [dsd.maryland.gov/Pages/COMARSearch.aspx](http://dsd.maryland.gov/Pages/COMARSearch.aspx)

operational site plus \$200 for each additional operational site, if applicable.

- B. Recertification: The application fee is \$250 for an EHN with one operational site plus \$125 for each additional operation site, if applicable. All checks should be submitted to:

Maryland Health Care Commission  
c/o Maryland Department of Health  
Division of General Accounting  
201 W. Preston Street, 5th Floor  
Baltimore, MD 21201

**NOTE: All information submitted in this application is subject to the Maryland Public Information Act, General Provisions Article (“Gen. Prov.”) §§ 4-101 to 4-601 (2014).<sup>2</sup> The Maryland Public Information Act requires that MHCC deny a request for disclosure of any of its records that contain confidential commercial or financial information or trade secrets. See Gen. Prov. § 4-335. Therefore, it is important that an applicant clearly identify any information provided in an application that the applicant believes falls within the meaning of Gen. Prov. § 4-335 and should be withheld by MHCC in response to any Public Information Act request.**

Information pertaining to the protection of your information by MHCC is contained in the Maryland Public Information Act at:

[www.marylandattorneygeneral.gov/OpenGov%20Documents/PIA\\_manual\\_printable.pdf](http://www.marylandattorneygeneral.gov/OpenGov%20Documents/PIA_manual_printable.pdf)

### III. EHN Information

A. Corporation / Company (legal & business name):

Name of Contact:

Salutation: Title:

Address:

City:

State: Zip: Telephone #:

Email Address:

Name of Officer of the Organization:

Salutation: Title:

Address:

City:

State: Zip: Telephone #:

Email Address:

Company Website Address:

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<sup>2</sup> The full text of the Maryland Public Information Act, Gen. Prov. §§ 4-101 to 4-601, can be accessed online at: [www.marylandattorneygeneral.gov/OpenGov%20Documents/PIA\\_manual\\_printable.pdf](http://www.marylandattorneygeneral.gov/OpenGov%20Documents/PIA_manual_printable.pdf).

B. Does your EHN have operations in locations other than indicated above?      Yes      No  
*If yes, please list all EHN operation locations (include separate attachment as needed)*

- 1.
- 2.
- 3.

C. Please list the payors doing business in Maryland that your EHN supports (include separate attachment as needed).

- 1.
- 2.
- 3.

D. Select the administrative and clinical transactions your EHN processes in Maryland using the table below.

Check here if you support all transaction types

TRANSACTION TYPES SUPPORTED	PROVIDER TYPES				
	Hospital	Practitioner	Pharmacy	Dental	Other
<b>Health Plan Eligibility, Coverage or Benefit Inquiry (270)</b>					
<b>Health Plan Eligibility Coverage or Benefit Response (271)</b>					
<b>Health Claim Status (276)</b>					
<b>Health Claim Status Response (277)</b>					
<b>Referral Certification &amp; Authorization (278)</b>					
<b>Health Plan Premium Payments (820)</b>					
<b>Enrollment/Disenrollment in a Health Plan (834)</b>					
<b>Claim Payment &amp; Remittance Advice (835)</b>					
<b>Health Care Claim (837)</b>					

E. Disaster Recovery Plan

1. How often does your organization conduct disaster recovery testing?

Monthly      Quarterly      Annually      Other

2. What is the method of testing?

Checklist      Walkthrough      Simulation      Parallel      Full Interruption

3. Please provide the most recent test date (month/year)

4. Have all identified risks been mitigated to a level deemed appropriate by your organization?

Yes      No      (Include separate attachment of mitigation timeline/ disaster recovery plan update)

**F. Compliance with State and Federal Laws**

1. Has the principal, owner, or operator of the EHN, or the corporation itself, pled guilty to, been convicted of, or received probation before judgment for a crime related to the operation of the EHN within the last two years? If yes, please provide a detailed account on a separate page.

Yes      No

2. Has the principal, owner, or operator of the EHN, or the corporation itself, been found in violation of State or federal law governing the operation of the EHN within the last two years? If yes, please provide details on a separate page.

Yes      No

**G. Artificial Intelligence (AI)**

1. What types of health care AI features and capabilities does your organization currently use or plan to use in providing client services?

Currently Use      Plan to Use

(A) Data analytics

(B) Transaction validation and error checking

(C) Routing transactions

(D) Fraud detection and flagging of suspicious transactions

(E) Medical billing and coding

(F) Other (specify)

(G) None

**IV. Attestation & Information Statement**

By submitting this application, your organization agrees to be listed on MHCC's website as a State certified EHN, including corporate name, address, phone number, website address (if applicable), and other information as requested by MHCC.

I affirm under perjury and penalty that the information provided in this application is true and correct to the best of my knowledge and belief. I also understand that any false information provided shall be a cause for denial of this application or revocation of any certification granted.

I understand that MHCC certification is based on the EHN's ability to meet the requirements in the established criteria throughout the two-year certification period, and that failure to meet the

requirements shall result in revocation of MHCC certification. I agree to make all the required information from a nationally recognized accreditation or certification organization available to MHCC.

I recognize that all costs associated with the activities undertaken for State certification are at the expense of the applicant. I understand that MHCC is not responsible for any costs incurred in an applicant's pursuit of State certification.

**Note: *The person authorizing this application must be an officer of the corporation.***

**Signature:**

*Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.*

**Date:**

**Printed:**

**Title:**