



## **Regulatory Guidance: Electronic Health Networks Reporting of Electronic Health Care Transactions**

*January 7, 2026 - Version 1*

### **Overview**

During the 2021 legislative session, the Maryland General Assembly enacted Chapters 791 and 790, *Public Health – State Designated Exchange – Clinical Information*. This law requires electronic health networks (EHNs) certified by the Maryland Health Care Commission (MHCC) to submit specified electronic health care transactions to the State-Designated Health Information Exchange (CRISP) for public health and clinical purposes. CRISP is required to develop and implement policies and procedures consistent with regulations adopted by MHCC. The existing EHN regulatory framework, COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, provides the foundation for implementing the law.<sup>1</sup>

This document is intended to serve as a resource for EHNs to support timely compliance with the regulations. Included are answers to frequently asked questions that MHCC has received regarding the regulatory requirements. Questions about this regulatory guidance can be directed to Anna Gribble at [anna.gribble1@maryland.gov](mailto:anna.gribble1@maryland.gov). For information on technical guidance for submitting transaction information to CRISP, contact Meg LaMar at [Megan.Lamar@crisphealth.org](mailto:Megan.Lamar@crisphealth.org).

### **Questions**

#### **1. How will information from electronic health care transactions (transactions) be used?**

Information from transactions will provide essential insights for data-driven interventions necessary to advance public health and clinical initiatives, including the comprehensive health strategy outlined under the Achieving Healthcare Efficiency through Accountable

---

<sup>1</sup> The MHCC convened townhall meetings from September 2021 to March 2022 with representatives from EHNs and CRISP to inform an iterative implementation strategy. Draft amendments to COMAR 10.25.07 were temporarily put on hold to develop and implement emergency regulations required by Chapter 248 (Senate Bill 786) and Chapter 249 (House Bill 812), *Health - Reproductive Health Services - Protected Information and Insurance Requirements* (2023). The amendments to COMAR 10.25.07 became effective on November 10, 2025.

Design (AHEAD) Model.<sup>2</sup> These data are particularly critical as Maryland works to improve population health, reduce disparities, and address the growth of health care costs. Timely access to health care utilization data will enable policymakers and provider organizations to implement strategies that address the unique needs of Maryland's diverse population.

Statewide accountability requirements under the AHEAD Model include targets for all-payer total cost of care growth and all-payer primary care investment, in addition to existing Medicare fee-for-service targets. The State must establish these targets in 2026 for calendar years 2027 through 2030. Transaction data will support analyses to calculate baselines and trend factors for commercial insurance and Medicare Advantage and will also inform MHCC recommendations on primary care investment targets.

Under [Maryland law \(2021\)](#), the transaction data may be used for a variety of public health and clinical purposes, including the State's participation in the AHEAD model, treatment, health and quality improvement, patient safety, and care coordination.

**2. Are EHNs required to provide data from employee benefit plans subject to the Employee Retirement Income Security Act (ERISA), and data from the Federal Employees Health Benefits Program (FEHBP)?**

EHNs are not required to provide any plan data. EHNs are required to submit provider data, specifically 837P (professional) and 837I (institutional) transactions, regardless of the type of plan to which the transactions are directed, including ERISA and FEHBP plans.

**3. What is the format and required information that EHNs must provide to CRISP?**

EHNs must format their submission files to CRISP adhering to the *Electronic Health Care Transactions Technical Submission Guidance* (Technical Guidance), which CRISP anticipates releasing in early 2026. The 2026 Technical Guidance will detail the process for submitting data for the 837P and 837I transactions. The MHCC may expand transaction reporting to CRISP in a future release of the Technical Guidance.

**4. Is the information that EHNs are required to provide to CRISP the minimum necessary?**

Yes, the information that EHNs must provide to CRISP is the minimum necessary to accomplish the public health and clinical purposes identified in § 4-302.3 of the Health-General Article and COMAR 10.25.07.

---

<sup>2</sup> More information on the AHEAD Model is available at: [www.cms.gov/priorities/innovation/ahead/faqs#gen](https://www.cms.gov/priorities/innovation/ahead/faqs#gen).



## 5. When should EHNs begin providing test transaction data to CRISP?

EHNs should begin planning with CRISP to test data starting as early as January 2026. The Technical Guidance will support EHNs in preparing for file testing. For more information and to schedule a testing timeframe, EHNs should contact CRISP – Meg LaMar at [Megan.Lamar@crisphealth.org](mailto:Megan.Lamar@crisphealth.org).

EHNs must detail their progress in preparing for file testing in quarterly implementation updates to MHCC.<sup>3</sup> More information about the format and timing of these updates will be shared in Q1 2026.

## 6. Does MHCC require EHNs to enter into a Business Associate Agreement (BAA) with CRISP?

No, MHCC does not require a BAA between CRISP and EHNs. CRISP is receiving transaction information pursuant to its role as the State-Designated HIE and Health Data Utility on behalf of the State. CRISP may require EHNs to enter into a standard data use agreement.

## 7. Are EHNs required to block transactions related to legally protected health information?

Yes, under §§ 4-302.5 and 4-302.3 of the Health-General Article, EHNs are prohibited from disclosing Mifepristone data and other legally protected health information (LPHI) to CRISP. The Secretary of the Maryland Department of Health has identified the list of codes that must be blocked at [COMAR 10.11.08.03](#). EHNs who are unable to immediately implement this requirement may request a short exemption for good cause by following the exemption request procedure outlined at COMAR 10.25.07.09H. Exemption requests must be submitted to MHCC by **February 13, 2026** and include the EHN's implementation timeline to comply with LPHI requirements. For more information, please review [Chapter 249/House Bill 812 \(2023\) Health – Reproductive Health Services – Protected Information and Insurance Requirements](#) (2023) and the [MHCC EHN Implementation Guidance](#). Requests may be submitted via email to [anna.gribble1@maryland.gov](mailto:anna.gribble1@maryland.gov).

---

<sup>3</sup> [COMAR 10.25.07.09J Implementation Reporting](#)

