



Town Hall: Reporting Electronic Health Care Transactions to CRISP

January 30, 2026

Town Hall Overview



- ▶ Remarks from the Executive Director: Use of Transaction Information to Advance Statewide Goals
- ▶ Background on Legislation Enacted in 2021
- ▶ Supporting Regulations, COMAR 10.25.07
- ▶ Review of Regulatory Guidance
- ▶ Advancing Planning Efforts
- ▶ Next Steps

Advancing Statewide Goals with Transaction Information



- ▶ Timely access to health care utilization data enables policymakers and provider organizations to implement strategies that address the unique needs of Maryland's diverse population
- ▶ Information from transactions will inform statewide approaches to:
 - Facilitate a State health improvement program
 - Mitigate public health emergencies
 - Improve patient safety
 - Support innovative care delivery models such as AHEAD
- ▶ Transaction data is critical to guide development of all-payer total cost of care growth and primary care investment targets required under the AHEAD Model and Governor Moore's Executive Order (issued December 19, 2025)



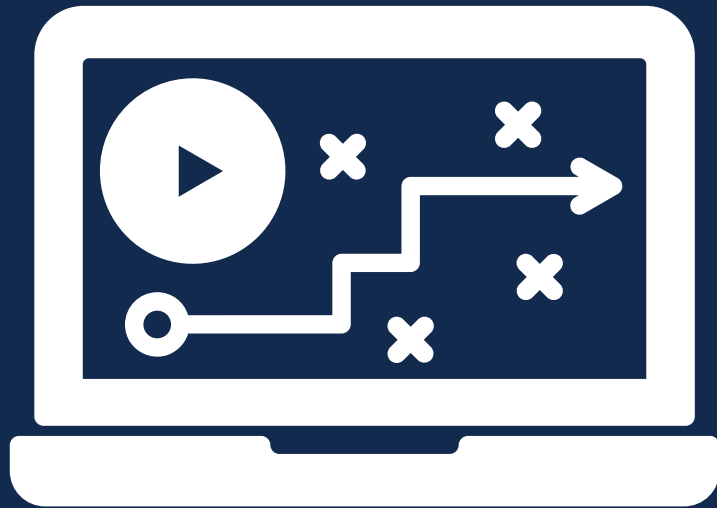
- ▶ [Chapter 791 \(Senate Bill 748\)](#) and [Chapter 790 \(House Bill 1022\)](#), *Public Health – State Designated Exchange – Clinical Information* (enacted in 2021) requires electronic health networks (EHNs) to submit electronic health care transactions to the State-Designated Health Information Exchange (CRISP); CRISP is required to develop and implement supporting policies and procedures
- ▶ [Chapter 615 \(House Bill 1104\)](#), *Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund* (enacted in 2025) clarifies that transaction information may be used to support the State’s participation in the AHEAD Model* and any successor models

*The Centers for Medicare & Medicaid Services develops and administers the AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model. For more information, visit: <https://www.cms.gov/priorities/innovation/innovation-models/ahead>.

Regulations



- ▶ COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* is the existing EHN regulatory framework to support implementation of the law
 - Amendments to the regulations became effective on November 10, 2025



MHCC Regulatory Guidance

Overview



Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

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.¹

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. For information on technical guidance for submitting transaction information to CRISP, contact Meg LaMar at 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

¹ 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 780) 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.

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- ▶ To support EHNs' timely compliance with the regulations, MHCC issued regulatory guidance (version 1) on January 7, 2026
- ▶ 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

1. How will information from electronic health care transactions (transactions) be used to support State initiatives?



“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 Design (AHEAD) Model.

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.”

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. EHNs must detail their progress in preparing for file testing in quarterly implementation updates to MHCC. 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* and the *MHCC EHN Implementation Guidance*. Requests may be submitted via email to anna.gribble1@maryland.gov.”



Advancing Planning Efforts

CRISP Technical Submission Guidance: Update

- # CRISP Updates

- ## Technical Submission Guidance

- Aiming to have a revised Technical Submission Guidance and a comments/responses document available 2/6
- If you have further comments on the revised version, please send by 2/13
 - If you need additional time, please let us know.

- ## Standard Connection Agreement

- Aiming to have this available early next week

- For more information: www.crisphealth.org/ehn



Next Steps



Thank you!

Questions about the regulations may be directed to Anna Gribble at anna.gribble1@maryland.gov.

Technical questions about submitting transactions data to CRISP may be directed to Meg Lamar at Megan.Lamar@crisphealth.org.



Appendix

Executive Order – Important Dates



- ▶ By no later than February 2026, initiate engagement with the Primary Care Investment Workgroup (PCIW) and other stakeholders to develop and advise on development of a primary care investment target
- ▶ Submit draft calendar year 2027-2030 all-payer total cost of care growth methodology and targets and primary care investment methodology and targets to the Governor no later than May 2026
- ▶ Submit final calendar year 2027-2030 all-payer total cost of care growth methodology and targets and primary care investment methodology and targets to the Governor no later than September 2026
- ▶ Starting in 2030 and applicable for all years thereafter, submit draft all-payer total cost of care growth targets and primary care investment targets to the Governor no later than May of calendar year preceding the target
- ▶ Starting in 2030, submit final all-payer total cost of care growth targets and primary care investment targets to the Governor no later than September of the calendar year preceding the target