

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

July 2025

EXECUTIVE DIRECTION

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2026

We are working on the draft bill related to ASAM 3.7 Intermediate Care Facilities. The draft is a slight modification of HB 1515 introduced during the 2025 legislative session. We are also looking at making another bill, that is a technical bill to standardize and update the terms used for ambulatory surgical facilities to ambulatory surgical centers.

Behavioral Health Workforce

The Behavioral Health Workforce Assessment Study was completed last December 2024. We are moving into phase two. Phase two will be looking at implementation strategies for the Behavioral Health Workforce Investment Fund. To begin this phase, we issued an RFP which closed early in May and the awarded contractor should be announced soon.

Website Redesign

Work continues on the website redesign. We are beginning to work on the content. We will be working with a communication consultant to help edit our content to fit the new design. We hope to begin this work in the next month.

10 Fun Facts About July

1. July was named after Julius Caesar in 44 BC as part of the Julian calendar reform.
2. The United States Declaration of Independence was adopted on July 4, 1776, leading to the annual celebration of Independence Day.
3. On July 14, 1789, the storming of the Bastille in Paris marked the beginning of the French Revolution.
4. The first atomic bomb was tested on July 16, 1945, in [New Mexico](#), USA, as part of the Manhattan Project.
5. Neil Armstrong became the first person to walk on the moon on July 20, 1969, during the Apollo 11 mission.
6. July is typically the warmest month of the year in the Northern Hemisphere.
7. The Dog Days of summer traditionally run from July 23 to August 23, named after Sirius (the Dog Star).
8. In the Southern Hemisphere, July is equivalent to January in the Northern Hemisphere in terms of seasons.
9. The Earth reaches its aphelion (farthest point from the sun) in early July.
10. July has 31 days, making it one of the seven months in the Gregorian calendar with this duration.

MHCC-related news coverage: selected articles and commentary

Maryland Department of Health and Behavioral Health

MDH Press Release “ICYMI: Maryland state partners convene roundtable to discuss more than \$1 trillion in proposed federal cuts to Medicaid, Marketplace, and SNAP,” June 20, 2025

<https://health.maryland.gov/newsroom/Pages/Maryland-state-partners-convene-roundtable-to-discuss-proposed-federal-cuts-to-Medicaid-Marketplace-SNAP.aspx>

Cornfield, J., “Washington state agency that oversees Medicaid will get a new director,” Washington State Standard, June 23, 2025

<https://washingtonstatestandard.com/2025/06/23/washington-state-agency-that-oversees-medicaid-will-get-a-new-director/>

Behavioral Health

“Improvements In Behavioral Health Workforce,” WCBC Radio, June 30, 2025

<https://www.wbcbradio.com/?news=improvements-in-behavioral-health-workforce>

News, “Sheppard Pratt Breaks Ground on New Residential Crisis Program in Howard County,” June 23, 2025

<https://yieldpro.com/2025/06/residential-crisis-program/>

Health Insurance

Thompson, C., “Maryland Gov. Moore describes ‘fierce urgency’ at NAACP Detroit dinner”, The Detroit News, June 29, 2025

<https://www.detroitnews.com/story/news/local/detroit-city/2025/06/29/naacp-detroit-70th-freedom-fund-dinner-wes-moore/84360254007/>

Murphy, T., “More employers adopting ICHRAs, giving workers money to buy their own health insurance,” Associated Press, Baltimore Sun, June 20, 2025

<https://www.baltimoresun.com/2025/06/20/health-insurance-employees-ichras/>

Laws, J., “Health Insurance Change to Improve Service for 257 Million Americans,” Newsweek, June 23, 2025 and updated June 24, 2025

<https://www.newsweek.com/health-insurance-change-improve-service-257-million-americans-2089327>

Gardenswartz, J., “Health insurers agree to speed up prior authorizations for common services and procedures,” WMAR 2 (abc), June 23, 2025

<https://www.wmar2news.com/politics/health-care/health-insurers-agree-to-speed-up-prior-authorizations-for-common-services-and-procedures>

“How tariffs are impacting 2026 health insurance premiums,” Advisory Board, June 23, 2025

<https://www.advisory.com/daily-briefing/2025/06/23/tariff-premium>

Health Information Data

Chiang, M., *Inaccurate Race Data in Electronic Health Records Poses Risk of Bias in AI Healthcare Systems*,” Gene Online, June 22, 2025

<https://www.geneonline.com/inaccurate-race-data-in-electronic-health-records-poses-risk-of-bias-in-ai-healthcare-systems/>

“SAS Unleashes Next-Gen AI Tools to Transform Healthcare Analytics,” Precedence Research, June 20, 2025

<https://www.precedenceresearch.com/news/sas-ai-healthcare-analytics>

Fox, A., “Mobile charting in Oracle EHR is now available in the U.S.,” Healthcare IT News, June 20, 2025
<https://www.healthcareitnews.com/news/mobile-charting-oracle-ehr-now-available-us>

Telehealth

Siwicki, B., “With telehealth, Kennedy Krieger Institute slashes visit wait time by four months,” Health IT News, June 23, 2025
<https://www.healthcareitnews.com/news/telehealth-kennedy-krieger-institute-slashes-visit-wait-time-four-months>

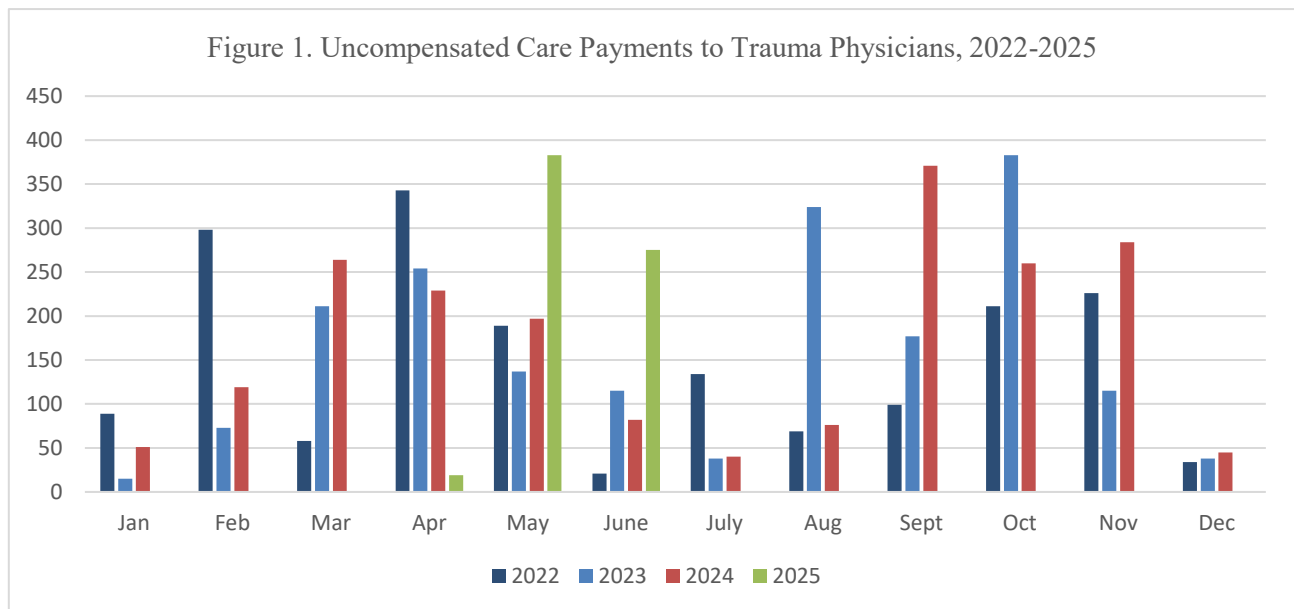
Nursing Homes

“Broken Sprinkler Pipe Displaces 74 Residents at Ellicott City Senior Healthcare Facility (UPDATED),” Howard County Government, June 29, 2025
<https://www.howardcountymd.gov/fire-and-rescue-services/broken-sprinkler-pipe-displaces-74-residents-ellicott-city-senior>

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

SCAS Management Group (SMG), our third-party administrator for the Trauma Fund processed \$382,505.42 in uncompensated care claims through May 2025 and \$274,711.99 in uncompensated care claims through June 2025.



Internet Utilization

MHCC Website The MHCC website (<https://MHCC.maryland.gov>) had 4,767 during the month of June 2025.

WTC Website had 194 visitors during the month of June 2025.

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,533 users in June, which was similar to the previous month’s activity. The number of new users remained constant while the sessions decreased slightly (8.6%). The website notably had a 30.4% increase in the average session duration, meaning users spent more time on the website.

This month, the site received referrals of at least 10 users from Maryland 211 (100 or 6.4%), Howard County Government (19 or 6.9%), Maryland Attorney General (14 or 5.1%), and medicare.org (10 or 3.6%).

The website notably had 68 users, or 24.7% of user traffic for the month, from the Quality Corner newsletter release and 12 users from a staff member’s presentation at the end of June.

Facebook remained the primary social media referral source.

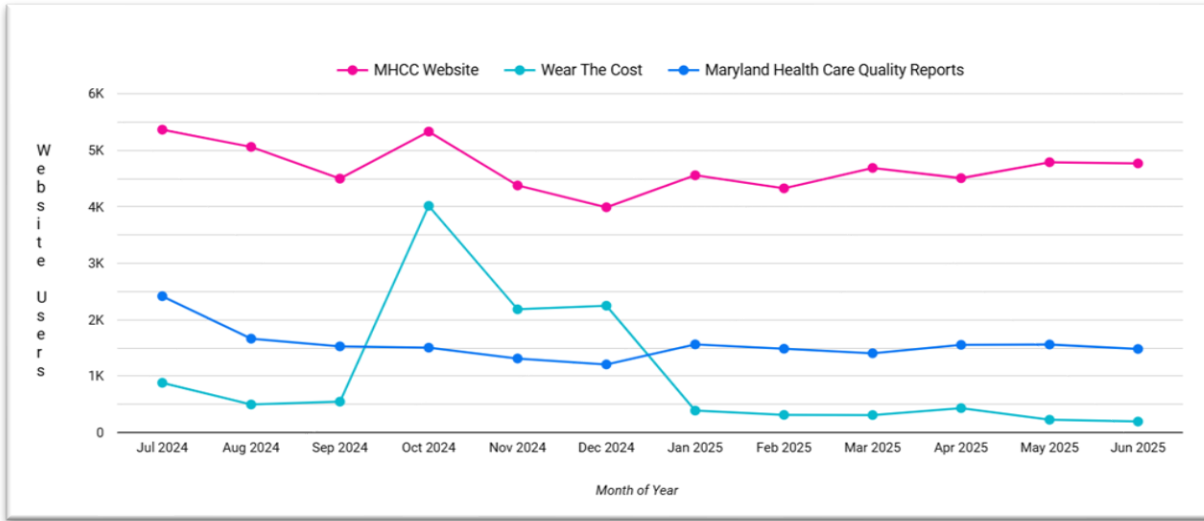


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

As of 6/30/2025, 35 (100%) payors had submitted Q1 2025 data to the MCDB

At the end of June 2025, 100% of the payor data successfully passed all levels of data quality validation checks required by Onpoint and MHCC. Onpoint will kick-start the extraction process to create the annual 2024 extract by the end of July 2025.

Maryland Insurance Administration (MIA) Rate Review Support

MHCC staff delivered MIA reconciliation reports to the MIA to support the 2025 rate review process

Staff provided enrollment and allowed claims data (2022-2024) for individual and small group markets for CareFirst, UnitedHealthcare, and Kaiser. Exhibits displaying MCDB/MIA data reconciliations by service category (facility inpatient and outpatient, professional, and prescription drug) for three years by payor were provided to the MIA.

Special Projects – Jason Caplan

MHCC Hired Four Actuarial Consulting Firms to Conduct Five Mandated Benefits Studies for 2025

Convened review panels for 5 mandates and provided ratings and analysis for 30 received proposals for the following studies:

1. Required coverage for Pharmacogenomic testing; which means laboratory genetic testing, including single-gene and multigene panel testing to evaluate how an individual’s genetic profile may impact the efficacy, safety, or toxicity of medications. The testing shall be covered if; the testing is ordered to treat a diagnosis of depression or anxiety; and the provider is considering a medication change, dose adjustment, or augmentation and the medication under consideration has known gene-drug interaction.
2. Required coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence.
3. Required coverage for ovarian cancer screenings.
4. Required coverage for postpartum depression screenings.
5. Required coverage for Scalp Cooling systems, used to treat hair loss as a side effect of chemotherapy.

We selected the vendors for the studies; Milliman - for the Ovarian Cancer Screening, Axene - for the Postpartum Depression Screening, Lewis and Ellis - for the Scalp Cooling Systems, and Berry Dunn - for both Aesthetic Services and the Pharmacogenomic Testing.

Conducted award kickoff meetings with each vendor to discuss work plans and next steps for the mandated studies. Reviewed, edited and provided analysis for Survey questions, with the Ovarian Cancer and Scalp Cooling System Mandates both of which have been sent out to the Carriers. We are still waiting on the draft questions from Axene and Berry Dunn. We are in the process of coordinating expert panels for the Aesthetic Services, Scalp Cooling Systems, and Pharmacogenomic Testing mandates. The final presentations for each mandate will be on the following dates.

Postpartum Depression Screening - October 16, 2025

Ovarian Cancer Screening - October 16, 2025

Pharmacogenomic Testing - November 20, 2025

Aesthetic Services - November 20, 2025

Scalp Cooling Systems - November 20, 2025

Trauma Fund Activities Update

Presented at the TraumaNet meeting on updates to the Trauma Physician Services Fund and discussed legislative proposals from TraumaNet regarding the fund. Negotiated for information needed from MDOT to help forecast projections on funding to be received into the Trauma Fund.

MHCC Hired The Hilltop Institute at UMBC (“Hilltop”) to conduct a legislative study in Biomarker Testing (2024 Legislative Session)

Executed a contract with Hilltop for the Biomarker Study required of HB1217 (2023), the report is due to the legislature on December 1, 2025. The legislature wanted MHCC to study the cost of requiring insurers to cover Biomarker testing in all cases. Biomarker testing is already mandated to be covered for cancer screenings.

We received survey questions to the carriers and have reviewed and provided feedback. Commissioner Foreman as well as the MIA have also provided feedback on the survey questions which were incorporated and provided to Hilltop.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

May 24th- June 30, 2025

COMAR 10.24.17 State Health Plan chapter for Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services

MHCC’s Cardiac Services Advisory Committee (CSAC) met on June 4, 2025, to discuss potential changes to COMAR 10.24.17. The discussion focused on the role of volume in standards for Certificate of Need and Certificates of Ongoing Performance for both cardiac surgery and PCI programs. The date of the next meeting has not been determined, but the target date is in September 2025.

Certificates of Ongoing Performance

Three applications for Certificates of Ongoing Performance for PCI services were submitted in June: White Oak Medical Center (Docket No. 25-15-CP064), Suburban Hospital (Docket No. 25-15-CP065), and University of Maryland Shore Regional Health at Easton (Docket No. 25-20-CP066).

Annual Hospital Surveys of Service Capacity and Licensed Beds for FY 2026

The annual hospital surveys were distributed to Maryland’s 42 acute care general hospitals and 27 special hospitals on June 4, 2025, requesting completed surveys by July 1, 2025. The survey is for each general hospital to report the FY 2026 licensed bed allocation across 4 categories: 1. Medical, Surgical, Gynecological, Addictions (MSGA), 2. Pediatrics, 3. Obstetrics and 4. Psychiatric. The number of licensed beds available for each hospital to allocate for FY 2026 is determined by utilization in the 12-month period ending March 31, 2025 and an assumed occupancy rate of approximately 71% for CY 2026. A second supplemental survey requires hospitals to report on capacity across different service lines and utilization in the prior year. Examples of the type of information hospitals are requested to report include number of beds available, number of beds staffed, total number of surgery minutes, types of operating rooms available, capacity for specific acute psychiatric services, and utilization of outpatient psychiatric programs,

As of the close of business on July 1, 2025, 88% of hospitals had submitted responses to the licensed bed surveys, and 86% had submitted the supplemental surveys.

Psychiatric Utilization Projections and Assessment of Need for Historically Underserved Populations

An assessment of the need for acute psychiatric beds for historically underserved populations, as identified in COMAR 10.24.21 were posted for public comment, including supplemental information, and utilization projections for acute psychiatric services. The comment period ended on June 24, 2025. The comments and any recommended changes to the assessment of the need for acute psychiatric beds for historically underserved populations will be presented to the Commission before final publication.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Home Health

The State Health Plan for Home Health Agency Services, COMAR 10.24.16 requires publication of the draft quality measures and required performance levels for the quality measures that an applicant must achieve in order to be considered in the upcoming Certificate of Need (CON) review cycle. These metrics must be considered for approval by the Commission prior to a review. At the June Commission meeting, staff presented the recommended qualifying quality criteria. The Commission approved using the Medicare Care Compare national metrics for quality as opposed to the State metrics. The use of the national metrics will yield a larger and more diverse applicant pool especially in rural areas. The CON review schedule addendum for home health will be posted in the July 11, 2025 edition of the Maryland Register and the Commission website.

Hospice

A workgroup has been established to review the State Health Plan Chapter for Hospice Services, COMAR 10.24.13 and corresponding methodology. The workgroup will meet for four sessions beginning July 7, 2025. Information about the Hospice Workgroup can be accessed at the following link: https://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hospice.aspx.

Nursing Homes

The Comprehensive Care Facility (nursing home) portion of the Long-Term Care Survey concluded in June. Staff led the survey effort for the Commission and achieved a 100% response rate. The remainder of the Long-Term Care Survey which includes assisted living and chronic care will continue another 30 days into July of 2025.

Facility Services Planning and Policy/Certificate of Need – Ewurama Shaw-Taylor

Certificate of Need (CON)

CONs Approved

Foundations Inpatient, LLC (Foundations) Docket No. 24-03-2471 (Baltimore County)

Foundations Inpatient, LLC (Foundations) requested to establish a new Track One Intermediate Care Facility (ICF). The proposed ICF will be a 40-bed ASAM Level 3.7 medically-managed residential program for adults at 7131 Rutherford Road in Windsor Mill (Baltimore County). The Commission approved the Certificate of Need at the June 12, 2025 Commission Meeting. The applicant will finance the entire cost of this project with cash.

The total project cost is \$753,348.

Pre-Application Conference

AAMC Surgery Center – Annapolis (Anne Arundel County) held on May 30, 2025.

SCA Surgicenter, LLC d/b/a AAMC Surgery Center is an existing freestanding ambulatory surgery center, currently licensed as an ASC – 2 with two operating rooms and no procedure rooms. AAMC Surgery Center proposes to operate the center as an ambulatory surgical facility (‘ASF’) with three total operating rooms and one procedure room.

CON Applications Filed

Residences at Vantage Point (RVP) Matter No. 25-13-2472 (Howard County) submitted an application to convert 13 continuing care retirement community (CCRC) nursing home beds to public beds. RVP is licensed for 44 nursing home beds in 30 private and semi-private rooms. The project will use existing rooms and will not require renovation or construction of additional space.

Determinations of Coverage

- **Ambulatory Surgery Centers (ASC)**

Summit Ambulatory Center, LLC – Largo (Prince George’s County)

Summit Ambulatory Center, LLC – Largo requested a Determination of Coverage to establish an ASC with two non-sterile procedure rooms and one sterile operating room at 950 Harry S. Truman Drive N., Suite 520 in Largo. The proposed ASC is owned by CUA/USP Maryland Surgery Center, LLC and Chesapeake Urology Associates, LLC. The ASC will specialize in Urology and anticipates beginning services on June 27, 2025.

Clearway Surgery Center of Prince Frederick, LLC (Calvert County)

Clearway Surgery Center of Prince Frederick is an ASC with one procedure room and no operating rooms, located at 110 Hospital Road, Suite 304, in Prince Frederick. The ASC notified the Commission of a change in ownership. The ASC affirmed that there were no other changes to the ASC other than the minority ownership change. The ownership of the ASC pre- and post-transaction is as follows:

Clearway Surgery Center of Prince Frederick, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Kure Pain, LLC	75%	73%
Ehsan Abdeshahian, M.D.	15%	10%
Charles Simmons, M.D.	10%	12%
Total Ownership	100%	100%

Clearway Surgery Center of Annapolis, LLC (Anne Arundel County)

Clearway Surgery Center of Annapolis is an ASC with two procedure room and no operating rooms, located at 810 Bestgate Road, Suite 120 in Annapolis. The ASC notified the Commission of a change in ownership. The ASC affirmed that there were no other changes to the ASC other than the minority ownership change. The ownership of the ASC pre- and post-transaction is as follows:

Clearway Surgery Center of Annapolis, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Kure Pain New Co., LLC	78%	70%
Rock Lee Surgery Center (owned by Oluseyi Fadayomi, M.D.)	10%	10%
3:16, (owned by Charles Simmons, M.D.) LLC	6%	10%
Archer Health, (owned by Wai Leong Foo, D.O.) LLC	6%	10%
Total Ownership	100%	100%

West Annapolis Surgery Center, LLC (Anne Arundel County)

West Annapolis Surgery Center is an ASC with one sterile operating room and one non-sterile procedure room, located at 104 Ridgely Avenue, Suite 301 in Annapolis. West Annapolis Surgery Center requested a determination of coverage to expand the ASC by one sterile operating room, bringing the total capacity to two sterile operating rooms and one non-sterile procedure room.

- **Licensure**
 - **Relinquishment of Bed Capacity or a Health Care Facility**

Minerva (Minvera) Home Health Care HH 7166 (Calvert and Montgomery Counties) informed the Commission of the closure of its services, effective May 31, 2025. Minerva was licensed to provide home health services in Calvert and St. Mary’s Counties. Minerva was not providing Medicare-certified home health services to any patients; therefore, no patient notifications of the closure were required. Minerva informed its stakeholders and healthcare partners of the closure. There are 17 other Medicare-certified home health agencies that currently serve residents of either Calvert or St. Mary’s Counties or both. Minerva will continue to operate as a residential service agency (RSA). The RSA office is located at 2301 Dorsey Road, Suite 111 Glen Burnie, MD 21061.

○ **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Keswick Multi-Care Center, Inc (Keswick) - (Baltimore City)

Keswick Health requested an extension of temporary delicensure of 18 comprehensive care facility (CCF). The original temporary delicensure of 18 CCF beds was granted on July 3, 2024. The CCF requested additional time for the facility to complete renovations and relocation of programming spaces. The Commission extended the temporary delicensure until July 3, 2026, and will retain the beds in the Commission’s inventory of 242 beds for the facility.

• **Other**

Carroll MD OPCO, LLC (Carroll County)

Carroll MD OPCO, LLC (Carroll County) notified the Commission of a change in its business as (d/b/a) name. Carroll MD OPCO LLC will simplify its d/b/a name from Copper Ridge Nursing and Assisted Living Center to Copper Ridge. Carroll MD OPCO, LLC Copper Ridge attests that there are no changes in ownership structure or operational control as a result of the d/b/a change.

Molecular Imaging Services, LLC (Baltimore County)

Molecular Imaging Services requested a determination of non-coverage regarding major medical equipment (MME), a cardiac PET/CT scanner. The cardiac PET/CT scanner is used for imaging, particularly for cardiac testing. MME is not considered a “medical service,” therefore, Molecular Imaging Services does not require a CON or any other Commission approval to purchase the cardiac PET/CT scanner.

Somatus, Inc.

Somatus, Inc. requested a determination of non-coverage for a home hemodialysis training program. Under Health-General §19-120, home hemodialysis training is not considered a “medical service,” therefore, Somatus, Inc. does not require a CON or any other Commission approval to establish a home hemodialysis training program.

***CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE
DELIVERY***

Health Information Technology Division – Nikki Majewski, Division Chief

Joint Chairman Information Request

A draft report was developed in response to the 2025 Joint Chairmen’s Report, addressing the implementation of Chapter 333 (SB 648), *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (2023). The law authorizes nursing homes that contract with or use an electronic health network (EHN) or electronic health record (EHR) vendor to direct the vendor to release patient medical records or electronic health care transactions to a business associate of the nursing home. The report outlines

implementation activities and highlights challenges that have delayed progress. The report is due to the General Assembly by October 1, 2025.

Artificial Intelligence Symposium

Efforts are underway to expand the Artificial Intelligence (AI) Symposium series. A prerecorded discussion with the Executive Medical Director of Digital Health and Innovation at Johns Hopkins explored piloting and scaling virtual AI scribe technology. The conversation highlighted local and national trends in provider adoption, governance frameworks, and the importance of consumer transparency. Additionally, collaboration opportunities are being explored with the University of Maryland School of Public Health.

Telehealth Policy Spotlight

A summary of the national telehealth policy landscape has been drafted. The draft includes letter grades for all 50 states based on the annual Telehealth Innovation Report Card published by the Cicero Institute, as well as updates on federal policies extending certain telehealth flexibilities through September 30, 2025. An analysis of audio-only and audio-video telehealth usage among Maryland hospital systems is underway. A spotlight is scheduled for release in Q3 2025.

Prior Authorization

Drafting is underway of a report examining how payors and pharmacy benefits managers are implementing Chapters 848 and 847 (SB 791/HB 932), *Health Insurance – Utilization Review – Revisions* (2024). The legislation aims to streamline prior authorization through an online process that integrates with e-prescribing and EHR platforms by July 1, 2026. The online process must accept and approve prior authorizations and provide real-time patient out-of-pocket cost information at the point of prescribing. The report is due to the General Assembly by December 1, 2025. Potential amendments to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*, are under consideration to establish a waiver process as required by law for providers who are unable to access the online process due to technology-related challenges.

Regulations

Proposed amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* (regulations) were submitted to the Governor's Office and the Joint Committee on Administrative, Executive, and Legislative Review. The proposed regulations support the implementation of 2021 legislation requiring MHCC-certified EHNs to transmit electronic health care transactions to CRISP, the State-Designated Health Information Exchange (HIE). The amendments incorporate select feedback from public comments on regulations previously proposed and clarify that electronic health care transactions can be used to support the State's participation in the *AHEAD Model*. The proposed regulations are anticipated to be posted in the Maryland Register on July 25, 2025, with a 30-day public comment period. MHCC-certified EHNs were sent a reminder about the requirements to submit electronic health care transactions to CRISP.

Reproductive Health

The final quarterly update on the implementation of Chapters 248 and 249 (SB 786/HB 812), *Health - Reproductive Health Services - Protected Information and Insurance Requirements* (2023), was submitted to the Senate Finance Committee and the Health and Government Operations Committee. The law requires EHNs and HIEs to restrict the disclosure of legally protected health information (LPHI). LPHI includes mifepristone data, as well as diagnoses, procedures, medications, or related codes for abortion care, as defined by COMAR 10.11.08, *Abortion Care Disclosure*. Distribution of an LPHI questionnaire is planned for July to assess implementation of Epic's EHR software upgrades that block LPHI codes.

Noncontrolled Prescription Drugs

The *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (dispenser manual) was finalized and posted to MHCC's website. The dispenser manual was developed collaboratively with stakeholders and provides technical guidance on submitting dispense information for noncontrolled prescription drugs (non-CDS) to CRISP. COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting*, require dispensers to begin submitting non-CDS dispense information to CRISP by September 1, 2025. The

regulations allow dispensers who meet specific conditions to apply for a time-limited waiver. Efforts to raise awareness of the dispenser manual and waiver process are planned for this summer, in partnership with select provider associations and health professional licensing boards.

Electronic Data Interchange

Data collection is complete for the 2024 Electronic Data Interchange (EDI) Progress Report. Preliminary data analysis was conducted on EDI progress reports submitted by 37 payers. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with annual premiums of \$1 million or more to report census-level data on electronic health care transactions by June 30th each year. An EDI spotlight on findings from the analysis is planned for Q4 2025.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Learning Network

A virtual event focused on enhancing patient access to care through telehealth technology was held in collaboration with MedChi, The Maryland State Medical Society. The program featured presentations from a subject matter expert and a representative from clinical practice. In addition, the first three sessions of the on-demand webinar series, *Beyond the Textbook: Real-World Medicine and Case Studies*, are nearing completion. Planning is underway for future sessions that will explore topics related to advanced care delivery and value-based care. Continuing education credits are available to eligible participants.

Practice Transformation

The Advancing Practice Transformation in Ambulatory Practices Program concluded in June. Over the past four years, the program has supported approximately 87 primary care and specialty practices in efforts to advance high-quality, cost-effective care. The MedChi Care Transformation Organization delivered training to participating practices, focusing on select modules from the Centers for Medicare & Medicaid Services, Transforming Clinical Practice Initiative. Development is currently underway on a flyer outlining key considerations for risk-based contracting.

Primary Care Investment Workgroup

Drafting is in progress for the 2025 Primary Care Investment Workgroup (PCIW) Report, which will include findings from the annual primary care investment analysis, as mandated by Chapter 667 (SB 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022). A PCIW meeting is planned for Q3 2025 to review preliminary findings. The final report is due to the Governor and General Assembly by December 1, 2025.

EHN Certifications

Recertification was completed for two EHNs in Q2 2025. COMAR 10.25.07 requires payers operating in the State to accept electronic health care transactions from MHCC-certified EHNs. The certification process ensures EHNs meet standards related to privacy and confidentiality, business practices, physical and human resources, technical performance, and security. A total of 31 EHNs operating in Maryland are MHCC-certified.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

The Maryland Quality Reporting (MQR) website

MQR Website Updates

Staff continue to work with Advanta Government Services (AGS), the website contractor, to update the [Maryland Quality Reporting](#) consumer site. Home Health profile pages have been updated with the April 2025 data released for the CMS Care Compare refresh. Home Health updates include family satisfaction scores and star ratings and quality measure scores and star ratings. Results from the MHCC 2024-25 Home Health healthcare worker influenza vaccination survey were uploaded to the website. Hospice profile pages have been updated with the May 2025 data released for the CMS Care Compare refresh. Hospice updates include federal quality measure scores for the Hospice Item Set and the Hospice Care Index, and hospice CAHPS scores and star rating. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continue to respond to consumer inquiries and requests for printed material received via the quality reports email.

MQR Website Traffic

Staff monitor traffic to the consumer site using Google Analytics software. There were approximately 1,500 users in June. The most frequently viewed topics on the MQR site include assisted living, nursing homes, and hospitals. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 80 social media posts in June. Topics included Men's Health Week, National Safety Month, Elder Abuse Awareness Week, and general promotional posts for the MQR website. These topics generally coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events and are designed to link readers back to the MQR website.

COMR in the Community

Staff provided a website demonstration during the bimonthly convening of the Maryland Local Health Improvement Coalition (LHIC). The demonstration was tailored to the group's needs to increase awareness of the site and illustrate how professionals can integrate the quality resource tool into their workflows based on community-specific priorities. The goal was to equip LHIC members with practical knowledge they can take back and apply within their local communities.

Hospital Quality Initiatives – Courtney Carta

HB1051 Maternal Health – Assessment, Referrals, and Reporting

Under HB 1051 the Health Secretary, in collaboration with the MHCC, must develop a Maryland report card for birthing facilities (hospitals and freestanding birthing centers) and collect the necessary information to complete an annual report card for each birthing facility in the state. Staff have worked closely with MDH and other stakeholders to provide analytic expertise and maternity-related quality metrics. The report card is expected to go live July 1st and is located here: <https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/MHHReportCard.aspx>.

Healthcare Associated Infections

All Maryland acute care hospitals are required to report certain healthcare associated infections to the CDC's National Healthcare Safety Network (NHSN). MHCC publicly reports this data annually on the MHCQR consumer website. Staff are finalizing the results for public reporting of CY2024 data which will include all required infection types: central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections (CAUTI), Clostridium difficile (c. diff), Methicillin-Resistant Staphylococcus Aureus (MRSA), and surgical site infections (SSI). The results will be posted on the MQR website in July.

Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQMs) are performance measures that track hospital quality using data from electronic health records. Hospitals are required to submit eCQMs as part of the Centers for Medicare and Medicaid Service's (CMS) Inpatient Quality Reporting (IQR) program. Although Maryland hospitals do not participate in the CMS payment program, MHCC and HSCRC require these measures to be reported in alignment with CMS. Staff have worked with HSCRC, CRISP, and Medisolv on this statewide data collection initiative and the first eCQM measure (eOPI-1, Safe use of Opioids) was publicly reported on the Maryland Quality Reporting website last year. As this initiative has progressed and expanded, additional eCQM measures have been added for public reporting including Hospital Harm – Severe Hypoglycemia and Hospital Harm – Severe Hyperglycemia. Staff are finalizing the data, and the results will be posted on the MQR website in July.

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

2024 reports have been distributed to nursing homes, and data are being prepared for the website. Data will be available on the Quality Reporting website in July. The survey administration for 2025 has kicked off and staff are preparing materials for distribution to nursing home administrators to begin collecting resident lists.

Follow Up to May Commission Meeting Inquiries

Staff contacted the Executive Director and the Deputy Director of State Programs at the Office of Health Care Quality about the possibility of receiving the reports or data from this yearly survey. We received a positive response on June 24. CMS is updating federal software systems throughout July, so OHCQ staff asked that we meet in August, and a meeting is set for August 7. Staff will provide an update after that meeting.

Long Term Care Health Care Worker Influenza Vaccination Surveys

The home health-health care worker influenza vaccination data is now live on the Quality Reporting website. The average vaccination rate was 62.3% (with a range of 13.2% to 100%). The hospice health care worker influenza vaccination data has been submitted to the website contractor but is not loaded to the website yet. The average vaccination rate was 79.6% (with a range of 0% to 98.1%).

Health Plan Quality Initiatives

Staff are in the middle of data collection and have completed the second draft of an issue brief that focuses on maternal health. Staff have begun a second issue briefly focused on minority cardiovascular health. The issue brief uses health plan and other applicable data to create policy suggestions and provide information on the state of maternal health in Maryland.

Collaboration with Center for Healthcare Facilities Planning and Development

Staff are working with the Center for Healthcare Facilities and Development on a hospice workgroup. Staff are working with the hospice industry to determine needs based on quality and are working to re-write portions of the state health plan which has not been rewritten since 2013. The first workgroup is scheduled for July 7, and there are four meetings planned.

Outpatient Quality Initiative—Mariama Simmons

Ambulatory Surgery Facilities (ASFs)

The staff collaborated with the Center for Healthcare Facilities Planning and Development to finalize the enhancements to the Annual Freestanding Ambulatory Surgical Facility (FASF) Survey. The proposed changes include querying ASFs on their efforts to assess and address the Social Determinants of Health (SDOH) and requiring an additional financial question about expenses. The survey will also be expanded to better track changes in facility ownership by private equity organizations. Staff shared the proposed updates with an

industry representative to ensure that the changes were easy to understand and to minimize the reporting burden. Staff are working to complete the revisions on the web application and will host a webinar to discuss the survey revisions with facility administrators. The goal is to have the survey open and available for surgical facility administrators before the end of July.

Adult Medical Day Care (AMDC)

In June, staff launched the annual survey for all licensed adult medical day care (AMDC) programs. The survey collects programmatic data such as services offered, hours of operation, payments and cost of services. The staff recently added the collection of health care worker influenza vaccination rates to the survey. To date about 31% (40/130) of the facilities have completed their surveys. The survey will close on July 16, 2025.