

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2025

EXECUTIVE DIRECTION

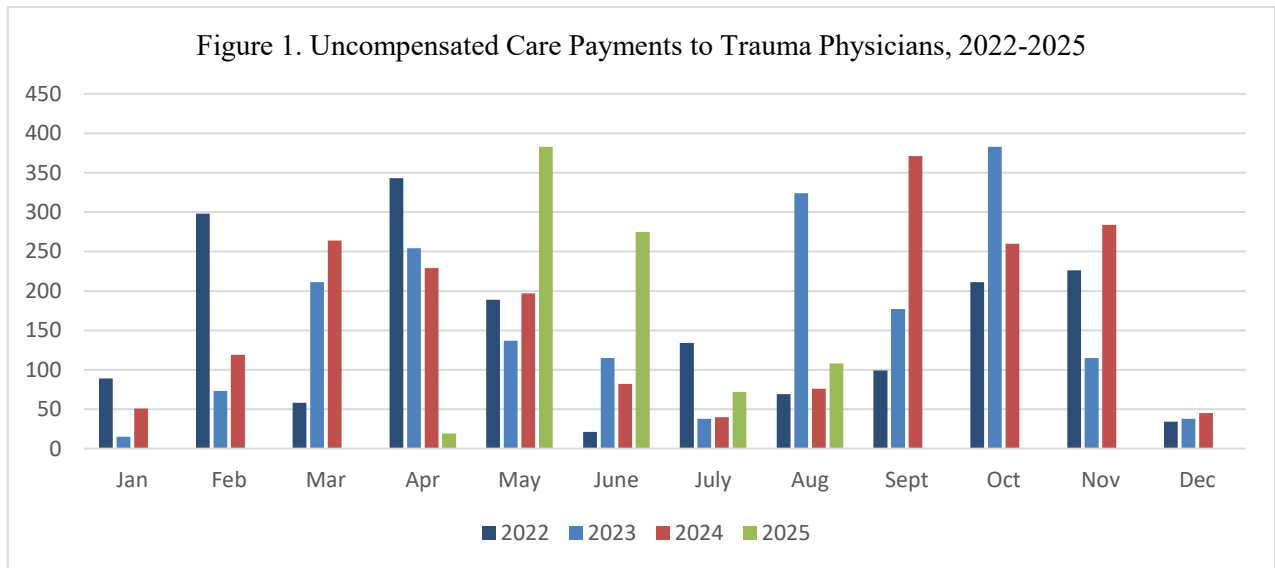
Maryland Trauma Physician Services Fund

Uncompensated Care Processing

SCAS Management Group (SMG), the third-party administrator for the Trauma Fund processed \$71,475.80 in uncompensated care claims through July 2025 and \$107,828.04 in uncompensated care claims through August 2025. All claims processing is up to date.

On Call

The new On-Call Web Portal is now active. The portal allows trauma centers to submit their center’s application for reimbursement of physicians on-call hours up to the maximum hours per the center’s trauma level. Additionally, the portal will allow centers to save and edit information recorded making future application submissions secure and more efficient. Applications for the 2025 January – July submission period will be accepted through the portal until October 31, 2025.



Internet Utilization

MHCC Website The MHCC website (<https://MHCC.maryland.gov>) had 4,537 during the month of August 2025.

WTC Website had 231 visitors during the month of August 2025.

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,663 total users in July, similar to the previous month's website traffic. In August, traffic stayed relatively steady with 1,795 total users. Sessions and views per session increased significantly over the past two months. The number of pages viewed per session jumped 1,633.5%, from 1.5 to 26.3 pages in July, and this upward trend continued into August, increasing from 26.3 pages to 56.1 pages (113.2% increase). The average session duration rose significantly by 22.1% in August, reaching its highest time since the new website rollout at 8 minutes and 49 seconds.

In July and August, Maryland 211, the Maryland Attorney General, and Howard County Government referred at least 20 users to the site. Facebook remained the main social media referral source.

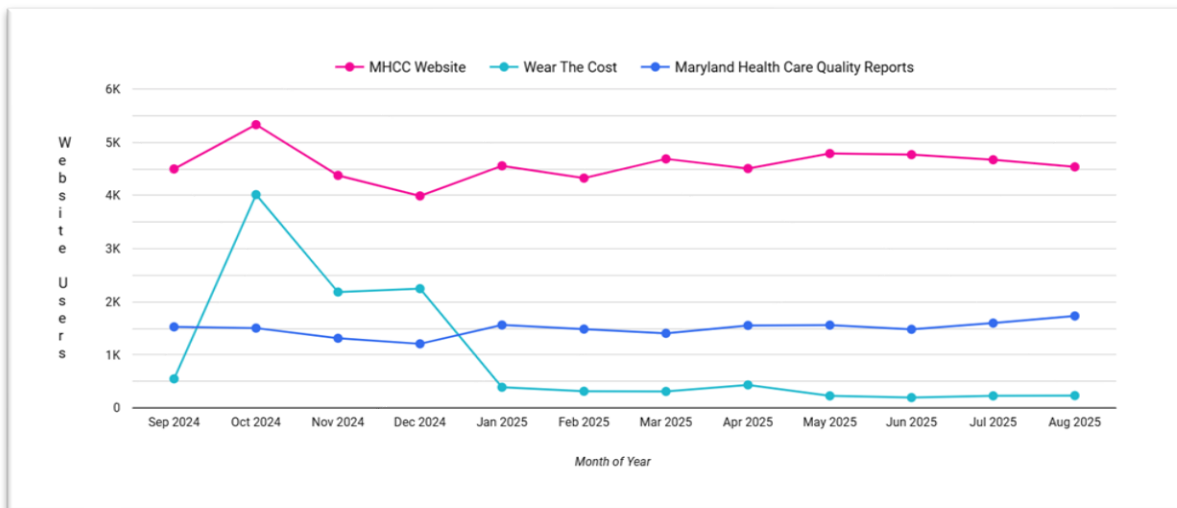


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

At the end of August, 35 (100%) payors submitted complete, clean Q2 2025 data to the Onpoint portal.

In the second quarter of 2025, 35 (100%) of the payor data passed the Tier 3 data quality validation checks. To ensure timely data submission, MHCC and Onpoint staff sent weekly reminders to payors during the last two weeks of August, urging them to submit clean 2025 Q2 data before the deadline of 08/31/2025. Elevance Health was granted a waiver to submit data by August 30, 2025. They have submitted both Q1 and Q2 data this time.

Alternate Payment Method Data Submission

The MHCC staff, in collaboration with Freedman HealthCare (FHC), organized technical meetings with payor representatives from CareFirst, Cigna, Aetna, and United Healthcare to assist them with their upcoming 2023 and 2024 APM file data submissions, which are due on 9/30/2025. FHC staff shared insights gained during the 2024 data collection and reporting cycle with the payors. The staff will coordinate with a Kaiser representative to schedule a technical meeting.

Additionally, FHC staff developed a survey to gather input from the provider community regarding the scope and terms of APMs offered by payors in the commercial market. Once the final version is completed in September, it will be published on the commission's website.

APCD Public Reporting and Data Release – Mahlet ‘Mahi’ Konjit-Solomon

The *Wear the Cost* initiative has been a consequential program that has set the stage for federal reforms. Since its inception, there has been many new federal efforts to promote price transparency, including “Transparency in Coverage” at the insurer level and “Hospital Price Transparency,” at the hospital level, with the proliferation of third parties that have made this information more usable for consumers. The *Wear the Cost* data has also not been updated since 2021. As a result, staff is taking some time to think and discuss, to determine the best new direction for the *Wear The Cost* initiative to ensure additional value added for consumers.

Special Projects – Jason Caplan.

MHCC Mandate Study Updates:

1. Required coverage for Pharmacogenomic testing: We have conducted an interview with Dr. Jim Steveson at John Hopkin’s School of Medicine regarding pharmacogenomics. We have scheduled a panel discussion with

Myriad Genetics (the company who pushed for the legislation) on 9/5. To date we have received survey responses from CareFirst, Aetna, Kaiser, and Cigna. We are waiting for a response from United.

2. Required coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence: I have had multiple meetings with lobbying groups and healthcare professionals who supported this legislation and developed a panel which we conducted with BerryDunn. We have received a response from CareFirst, United, Cigna and Kaiser with Aetna, asking for an extension until 9/5.
3. Required coverage for Ovarian cancer screenings: We did not have any panel discussions for this mandate and have received all carrier responses. On 8/14 Chair Pena-Melnyk requested a separate Ovarian Cancer study based on the failed legislation HB 1366 from the 2025 session. After review of the legislation and discussion with the Milliman team we agreed to add the Chair's request to the ongoing mandated study. We developed an updated timeline and cost by pushing back the due date to December 18th (December Commission Meeting) and an additional cost to the contract of \$17,000. We have received all survey responses.

Required coverage for Postpartum Depression Screenings. Axene did not need any expert input into their study. We have received carrier responses from CareFirst, Cigna, Kaiser, and United and an extension until 9/5 was granted for Aetna.

4. Required coverage for Scalp Cooling systems, used to treat hair loss as a side effect of Chemotherapy. We conducted a discussion with Dr. Tkaczuk, an oncologist specializing in breast cancer from the University of Maryland, on their utilization of scalp cooling systems. We have received all Carrier responses for this Mandate.
5. ***NEW*** Market Impact Analysis – Menopause Training and Insurance Coverage: On 7/22 we received an email from Chair Pena Melynk to conduct a study on the impact of requiring coverage for Menopause treatment as well as training for healthcare professionals. I developed the RFP and had it posted for response by 7/29 with an expedited review period ending on 8/8. I convened the panel to review the proposals on 8/13, and we issued an award to BerryDunn on 8/21. MHCC and BerryDunn had a kickoff meeting on 8/27 where a work plan and survey questions were provided. I reviewed and provided feedback on the workplan and questions to BerryDunn on 9/2 where they made the changes. After a call with BerryDunn we had clarifying questions for the Chair which we emailed to her on 9/3 once we have a response from the chair, we will edit our survey questions to send out to the carriers.

Updated Due Dates

Postpartum Depression Screening - October 16, 2025

Ovarian Cancer Cancer Screening - ~~October 16, 2025~~ December 18, 2025

Pharmacogenomic Testing - November 20, 2025

Aesthetic Services - November 20, 2025

Scalp Cooling Systems - November 20, 2025

Market Impact Analysis – Menopause Training and Insurance Coverage - December 18, 2025

Trauma Fund Activities Update

Presented at the TraumaNet meeting on updates to the Trauma Physician Services Fund as well as updates on the new grant application timeline and process. Met with the Finance team and determined based on the statute and what remains in the fund we can disburse approx \$4.3M to the trauma centers in grants. Met with the AGs and Trauma Fund team to determine the revised application process for FY 26 and what changes we might want to make for FY27. We will edit the grant application and provide the updates to HSCRC and MIEMSS by 10/13 for their review.

Updates on the legislative study in Biomarker Testing (2024 Legislative Session):

The Survey questionnaire was sent out on 7/7 with a due date of 8/22. We have received responses from CareFirst, Aetna, and United. We are still waiting on responses from Kaiser and Cigna. Follow requests have been sent to both outstanding Carriers. A draft version of the report is due 10/15.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

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

The annual hospital surveys regarding licensed beds for fiscal year (FY) 2026 was posted on the Maryland Health Care Commission’s web site on August 8, 2025 and is located at the following link: https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/chcf_acute_care_fy26_licensedbeds.pdf Staff is compiling the results of the supplemental surveys regarding service capacity across different service lines and utilization in a chartbook and anticipates the chartbook will be finalized by the end of October.

Psychiatric Utilization Projections and Assessment of Need for Historically Underserved Populations

Staff presented the psychiatric utilization projections and its assessment of the need for acute psychiatric services for historically underserved populations, as defined in COMAR 10.24.21 at the Commission meeting on July 17, 2025, along with comments received after posting those documents on June 11, 2025, requesting public comment. Staff subsequently conducted additional research and analysis in response to feedback from Commissioners. Meetings have been held with stakeholders related to estimates of the need for acute psychiatric services for historically underserved populations that require further refinement. Staff plans to present their work at a future meeting and request Commission approval for the need assessment for acute psychiatric services for historically underserved populations.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Home Health

The Certificate of Need (CON) review cycle for Home Health is now underway. Western Maryland was the first region to be opened with Letters of Intent due on August 15, 2025, followed by Baltimore City, Baltimore County and Howard County with Letters of Intent due on September 12, 2025. One letter of intent has been received for Western Maryland. Upcoming regions include the Lower and Upper Eastern Shore and Anne Arundel County, Prince George’s County and Montgomery County.

The FY24 Home Health Annual Survey opens on September 15, 2025. The survey collection period lasts for 60 days. The reporting requirements of the Maryland Home Health Agency Survey are specified in the Code of Maryland Regulations (COMAR 10.07.10.12). The data is used by the Commission to support planning for long-term care services and to update the [MHCC Quality Reporting Website](#), develop the State Health Plan, determine the need for additional capacity, and assess the financial health and performance of the industry.

Hospice

Over the summer, Commission staff held a workgroup with the hospice industry to review the State Health Plan Chapter for Hospice Services, COMAR 10.24.13. The workgroup met in four sessions in July and August. The workgroup input will be considered as the SHP is updated. Staff recommended changes will be shared with the workgroup, followed by posting for public comments. A final draft will be shared at a Commission meeting for approval.

Nursing Home

The 2024 Long-Term Care Survey data collection concluded on August 13, 2025 with a 99% response rate. The survey includes nursing homes, chronic care and assisted living facilities. The next step will be to validate the data using the Medicaid Cost Reports culminating in the data being published for Public Use on the Commission website.

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

Certificate of Need (CON)

CONs Relinquished

Change in Bed Capacity of Forestville Healthcare Center and Clinton Healthcare Center Docket No. 22-16-EX014 (Prince George’s County)

On July 18, 2025, CommuniCare Health Services relinquished its Exemption from Certificate of Need for its project to change the bed capacity between two of its comprehensive care facilities or nursing homes, thereby eliminating three-person rooms. CommuniCare Health Services indicates that the project is no longer financially viable at this time. CommuniCare Health Systems will not renovate its Forestville Healthcare Center and will retain the capacity at Forestville Healthcare Center and Clinton Healthcare Center at 162 and 267, respectively.

CON Letters of Intent

Tranquility Woods (Anne Arundel and Frederick County)

Tranquility Woods has submitted five letters of intent (LOI) to establish Track One Alcoholism and Drug Abuse Intermediate Care Facilities (ICF) providing American Society of Addiction Medicine (ASAM) Level 3.7 Medically Monitored Intensive Inpatient Services. One ICF, 8418 Peters Road in Frederick (Frederick County) will be a new facility, with 16 beds. The other four ICFs will be additional services provided by Tranquility Woods at existing locations in Pasadena (Anne Arundel County) follows:

- **171-A Ryan Road, Pasadena** – 16 adult ICF beds
- **804 River Glen Road, Pasadena** – 8 adult ICF beds
- **806 River Glen Road, Pasadena** – 8 adult ICF beds
- **809 River Glen Road, Pasadena** – 8 adult ICF beds
- **8418 Peters Road, Frederick** -16 adults ICF beds

Quality One Care Home Health, Inc– (Frederick, Carroll, and Washington Counties)

Quality One Care, an existing residential service agency, submitted an LOI to establish a new home health agency (HHA) in the Western Maryland region. Quality One proposes to serve a multi-jurisdictional region that includes Frederick, Carroll, and Washington Counties. The LOI was filed in accordance with the CON review schedule, published in the Maryland Register on July 11, 2025, and aligns with the MHCC's identified need for additional HHA services in this geographic region.

Ruxton SurgiCenter, LLC – (Baltimore County)

Ruxton SurgiCenter is an existing ambulatory surgical center (ASC) in Towson (Baltimore County) with two operating rooms and two procedure rooms. Ruxton SurgiCenter proposes to establish an ambulatory surgical facility (ASF) by adding two additional operating rooms. At project completion, Ruxton SurgicCenter will have four operating rooms and four procedure rooms, located in a newly constructed medical office building at 7401 Osler Drive, Towson, MD 21204.

Pre-Application Conference

Ruxton SurgiCenter, LLC (Baltimore County) held on July 23, 2025.

Quality One Care Home Health, Inc. (Frederick, Carroll, Washington Counties) held on August 27, 2025.

Request for Project Change Application/Exemption Filed

University of Maryland Upper Shore Medical Center at Easton (Talbot County) – Docket No. 23-20-2463

On August 8, 2025, Shore Health System requested a project change to its approved project to relocate and replace Shore Medical Center at Easton. Shore Health System's relocated hospital will include seven operating rooms and two cardiac catheterization labs among other hospital rooms and spaces. Shore Health System proposes to decrease the number of operating rooms in the new hospital from seven to six and the number of cardiac catheterization labs from two to one. According to Shore Health System, these changes will lower costs without compromising the facility's ability to meet the projected needs of the service area population. Shore Health System anticipates that once the hospital is constructed and volumes increase in the subsequent years, it will take the required steps to implement the seventh operating room and the second catheterization lab.

Determinations of Coverage

- **Ambulatory Surgery Centers (ASC)**

Civista Clinical Services, LLC d/b/a University of Maryland Charles Regional La Plata ASC Civista Clinical Services, LLC requested to establish an ASC with one procedure room and zero operating rooms at 101 Centennial Street, Suite 109 E La Plata, MD 20646. The ASC will specialize in Urology and anticipates beginning services on July 15, 2025.

Forest Heights Ambulatory Surgical Center (Prince George's County)

Forest Heights Ambulatory Surgical Center requested to establish an ASC with two sterile operating rooms and zero procedure rooms at 5410 Indian Head Highway, 1st Floor, Oxon Hill, MD 20745. The ASC will specialize in Oral Surgery and anticipates beginning services in April 2026.

Maryland Vision Surgical Center, LLC (Frederick County)

Maryland Vision Surgical Center, LLC requested to establish an ASC with two sterile operating rooms and one procedure room at 112 Thomas Johnson Drive Frederick, MD 21702. The ASC will specialize in Ophthalmology and anticipates beginning services on March 1, 2026.

VSA Surgery Center of Abingdon, LLC (Harford County)

VSA Surgery Center of Abingdon (VSA Abingdon) is an ASC with two procedure rooms and zero sterile operating rooms, located at 3435 Box Hill Corporate Center Drive, Suite H, Abingdon, MD 21009. The ASC notified the Commission of a change in ownership that will occur on or about July 31, 2025. The ten physician members who each had 10 percent ownership interest in VSA Abingdon will transfer their ownership interest to Aaron Snyder, M.D. Aaron Snyder, M.D. will own 100 percent of VSA Abingdon.

VSA Surgery Center of Abingdon, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Richard Bafford, M.D.	10%	-
Andre Buickians, M.D.	10%	-
Carter Freiburg, M.D.	10%	-
Micah Girotti, M.D.	10%	-
Donald Hahn, M.D.	10%	-
Michael Osgood, M.D.	10%	-
Clint Protack, M.D.	10%	-
Kristian Ulloa, M.D.	10%	-
Yi Zhou, M.D.	10%	-
Philip Rivera, M.D.	10%	-
Aaron Snyder, M.D.	-	100%

VSA Surgery Center of Lutherville, LLC (Baltimore County)

VSA Surgery Center of Lutherville, LLC, (VSA Lutherville) is an ASC with one procedure room and zero sterile operating rooms, located at 1840 York Road, Suites E – F, Timonium, MD 21093. The ASC notified the Commission of a change in ownership that will occur on or about July 31, 2025. The ten physician members who each had 10 percent ownership interest in VSA Lutherville will transfer their ownership interest to Aaron Snyder, M.D. Aaron Snyder, M.D. will own 100 percent of VSA Lutherville.

VSA Surgery Center of Lutherville, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Richard Bafford, M.D.	10%	-
Andre Buickians, M.D.	10%	-
Carter Freiburg, M.D.	10%	-
Micah Girotti, M.D.	10%	-
Donald Hahn, M.D.	10%	-
Michael Osgood, M.D.	10%	-
Clint Protack, M.D.	10%	-
Kristian Ulloa, M.D.	10%	-
Yi Zhou, M.D.	10%	-
Philip Rivera, M.D.	10%	-
Aaron Snyder, M.D.	-	100%

Rockville ESC North MD Endoscopy ASC, LLC dba Endoscopic Surgical Centre of Maryland North (Montgomery County)

Endoscopic Surgical Centre of Maryland North (Endoscopic Surgical-North) is an ASC with three procedure rooms and no sterile operating rooms, located at 15005 Shady Grove Road #300, Rockville, MD (Montgomery County). 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:

Rockville ESC North MD Endoscopy ASC, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Amsurg Holdings, LLC	51%	30%
Endoscopic Surgical Centre of Maryland North, LLC	49%	70%
Total Ownership	100%	100%

Silver Spring MD Endoscopy ASC, LLC dba Endoscopic Surgical Centre of Maryland (Montgomery County)

Endoscopic Surgical Centre of Maryland (Endoscopic Surgical) is an ASC with two non-sterile procedure rooms and no sterile operating rooms, located at 10801 Lockwood Drive Suite 110, Silver Spring, MD (Montgomery County). 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:

Rockville ESC North MD Endoscopy ASC, LLC	Pre-Transaction Percentage	Post-Transaction Percentage
Amsurg Holdings, LLC	51%	30%
Endoscopic Surgical Centre of Maryland North, LLC	49%	70%
Total Ownership	100%	100%

Johns Hopkins Surgery Centers Series – (Howard County)

Johns Hopkins Surgery Centers Series – Howard County is an ASC with two sterile operating rooms and two procedure rooms, located at 5759 Cedar Lane in Columbia, MD (Howard County). The ASC notified the Commission of its plan to add Cardiovascular services to its existing specialties. The ASC will continue to perform procedures in General Surgery as well as the following specialties: Colon and Rectal, OB/GYN, Orthopedic, Pain Management, Podiatry, Urology, Ophthalmologic, Ear/Nose/Throat (ENT), and Plastic/Reconstructive Surgery.

NSPC Surgery Center of Chevy Chase, LLC (Montgomery County)

NSPC Surgery Center of Chevy Chase, LLC requested to establish an ASC with two procedure rooms and zero operating rooms located at 5550 Friendship Boulevard, Suite 450B, Chevy Chase, MD 20815. The ASC will specialize in Pain Management and anticipates beginning services in January 2026.

University of Maryland School of Dentistry Ambulatory Surgery Center (Baltimore City) University of Maryland School of Dentistry Ambulatory Surgery Center requested to establish an ASC with two sterile operating rooms and three non-sterile procedure rooms located at 650 W. Baltimore Street, Baltimore, MD 21201. The ASC will specialize in Oral Surgery procedures and anticipates beginning services in November 2026.

- **Acquisition/Change of Ownership (Not ASC)**

Autumn Lake Healthcare

Autumn Lake Healthcare filed notice of planned acquisitions of the following 12 nursing homes:

- LG-OHI Frederick LLC, d/b/a Autumn Lake Healthcare at Ballenger Creek
- LG-OHI Clinton, LLC d/b/a Autumn Lake Healthcare at Bradford Oaks
- LG-OHI Catonsville, LLC d/b/a Autumn Lake Healthcare at Catonsville
- LG-OHI Cambridge, LLC d/b/a Autumn Lake Healthcare at Chesapeake Woods
- LG-OHI Walkersville, LLC d/b/a Autumn Lake Healthcare at Glade Valley
- LG-OHI Bellona, LLC d/b/a Autumn Lake Healthcare at Homewood
- LG-OHI 8720 Emge, LLC d/b/a Autumn Lake Healthcare at Loch Raven
- LG-OHI East Melrose, LLC d/b/a Autumn Lake Healthcare at Long Green
- LG-OHI 8710 Emge, LLC d/b/a Autumn Lake Healthcare at Parkville
- LG-OHI Wentworth, LLC d/b/a Autumn Lake Healthcare at Perring Parkway
- LG-PHI Annapolis, LLC d/b/a Autumn Lake Healthcare at Spa Creek
- LG-OHI Gambrills, LLC d/b/a Autumn Lake Healthcare at Waugh Chapel

This transaction involves a change in the indirect owners of the real property and bed rights of the above twelve facilities. The ownership of the operating companies Opcos will not be affected by this transaction.

The acquisitions will not add any new individuals or entities to the ownership chain of the facilities. The acquiring entity affirmed that there are no unsatisfied conditions related to the facilities' Certificates of Need, and that there will be no changes to the services provided by the facilities or their bed complement. The applicant affirmed that no principals of the acquiring entity have ever pled guilty to, or been convicted of, a criminal offense in any way connected with the ownership, development, or management of a health care facility. The transaction will be on August 20, 2025, and the purchase price is \$329,834,000.

Maryland COMAR 10.24.20.06A(1) states that "a person seeking to acquire a facility licensed entirely, or in part, as a nursing home shall request approval for the acquisition in accordance with Health-General §19-120.2 and this regulation, unless the acquisition only involves changes of ownership among existing owners of the nursing home." In the transaction there is only a change in the ownership amongst existing owners. No Certificate of Need nor Commission approval is required for these acquisitions to proceed.

- **Licensure**

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

Northwest Hospital Center, Inc. (Northwest Hospital)- (Baltimore County)

Northwest Hospital requested an extension of the temporary delicensure of 17 comprehensive care facility (CCF) beds. The original temporary delicensure was granted on September 5, 2023. The hospital is seeking additional time while the MHCC completes the publication of nursing home bed need data. The Commission has approved the request, extending the temporary delicensure until September 5, 2026. The 17 CCF beds will remain in the Commission's inventory for the facility during this period.

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

Keswick Health requested an extension of temporary delicensure of 54 CCF beds. The original temporary delicensure of 54 CCF beds was granted on August 10, 2024. The CCF requested additional time for the facility to complete renovations and relocation of programming spaces. The Commission extended the temporary delicensure until August 10, 2026, and will retain the beds in the Commission's inventory of 242 beds for the facility.

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

Health Information Technology Division – Nikki Majewski, Division Chief

Joint Chairman Information Request

A report on the implementation of Chapter 333 (SB 648), *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (2023) was submitted to the Chairmen of the Senate Budget and Taxation Committee and House Appropriations Committee. The Committees requested an update on access to patient medical records and electronic health care transaction data in the 2025 Joint Chairmen’s report. The 2023 law authorizes nursing homes that contract with or use an electronic health record (EHR) vendor or electronic health network (EHN) to authorize the release of patient medical records or electronic health care transactions to a business associate. The report includes information on implementation activities, issues, and recommendations for improving electronic access to data, and was requested by October 1, 2025.

Artificial Intelligence (AI) Symposium

A presentation on the use of AI technology to automate clinical documentation was released as part of a Fast Focus Series featuring 25-minute sessions highlighting real-world applications of AI in health information technology. Planning commenced with LifeBridge Health for a discussion on using AI to enhance virtual care delivery. Additional sessions will be prerecorded and posted on the dedicated AI Symposium webpage and shared with nearly 300 stakeholders that have subscribed to the series.

Prior Authorization

A report was drafted on payors implementation of the online process required by Chapters 848 and 847 (SB 791/HB 932) *Health Insurance – Utilization Review – Revisions* (2024). The draft includes information on third-party intermediaries that support the underlying technical infrastructure for the online process, allowing users to view patients' real-time benefit information, determine if prior authorization is required, and submit requests directly within EHR or e-prescribing workflows. The report is due to the General Assembly by December 1, 2025. Amendments to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*, are being drafted that will allow certain providers who are unable to access the online process by July 2026 to request a waiver. A review was completed of payors and pharmacy benefit managers compliance with the regulations as it relates to their implementation of four benchmarks established in law (2012).

Regulations

A 30-day public comment period on proposed amendments to existing EHN regulations (COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*) concluded on September 8th. The regulations support the implementation of legislation passed by the General Assembly in 2021 and incorporate feedback from public comments on regulations previously proposed in October 2024. Amendments require EHNs to submit electronic health care transactions to the State-Designated health information exchange (HIE), specify the process for developing technical submission guidance for EHNs, and clarify that information from transactions may be used to support the State’s participation in the Advancing All-Payer Health Equity Approaches and Development Model. The regulations are anticipated to be finalized this fall.

Legally Protected Health Information

A letter was submitted to the Chairs of the Senate Finance Committee and the House Health and Government Operations Committee in response to a request for information regarding the willingness of EHNs and HIEs (entities) to extend the implementation of protections for legally protected health information (LPHI) to new gender-affirming care codes ahead of the final rule making of COMAR 10.11.08, *Abortion Care Disclosure*. Preliminary draft amendments to COMAR 10.11.08 prepared by the Maryland Department of Health (MDH) was shared with entities. State law (2023) requires entities to implement technical capabilities to filter and restrict from disclosure mifepristone data and related abortion care codes, and other LPHI, as determined by the Secretary of Health. Most entities expressed an intent to proceed with implementation concurrently with the regulatory process, which MDH anticipates finalizing by Q1 2026.

Noncontrolled Prescription Drugs

A flyer was drafted with answers to frequently asked questions pertaining to dispenser reporting of noncontrolled (non-CDS) prescription drugs. COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting* requires dispensers to begin reporting non-CDS dispense information to CRISP by September 1, 2025. Two webinars were held in collaboration with CRISP to support dispenser readiness with an overview of statutory and regulatory requirements as well as technical guidance on submitting non-CDS data. Dispensers who meet certain criteria may request a time-limited waiver.

Electronic Data Interchange (EDI)

An analysis of data from 37 payers 2024 EDI Progress Report (report) was completed. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with annual premiums of \$1 million or more to submit a report by June 30th each year. Key insights from the analysis are shaping a findings summary, targeted for completion in Q4 2025.

CRISP State Designation

A State Designation Agreement (SDA) between MHCC and CRISP was renewed for a three-year period through 2028. The SDA provides a framework for data management and outlines responsibilities that support the State's efforts to improve care delivery and public health. Maryland law requires MHCC and the Health Services Cost Review Commission to designate a statewide HIE. CRISP was competitively selected based on its performance and dedication to advancing the objectives of its State partners.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Learning Network Virtual Meetings

A virtual symposium is scheduled for September 19th in partnership with MedChi, The Maryland State Medical Society. The agenda includes an overview of the Centers for Medicare & Medicaid Services (CMS) Advanced Primary Care Management service codes, which are Medicare codes that provide payment for resources used to deliver comprehensive care to patients with chronic conditions. The symposium will also feature provider perspectives on how primary care teams can be tailored to serve the diverse needs of specific populations.

Learning Network: On Demand Webinars

Staff launched a webinar series, *Beyond the Textbook: Real-World Medicine and Case Studies*. The series is currently composed of eight sessions that spotlight critical themes, such as advancing equitable care delivery, enhancing patient-centered outcomes, and improving chronic disease management. Planning is underway for additional sessions focused on practice transformation and value-based care. Select participants will be eligible to receive continuing education credits.

Practice Transformation

Final close-out activities were completed for the Advancing Practice Transformation in Ambulatory Practices Program, which concluded in June. From 2021 to 2025, the program supported nearly 87 primary care and specialty practices in preparing for the transition to value-based care models. The grantee, MedChi Care

Transformation Organization, helped enhance practice readiness through workflow redesign and targeted training informed by the CMS Transforming Clinical Practice Initiative.

Primary Care Investment Workgroup

A draft of the 2025 Primary Care Investment Workgroup Report was completed. Chapter 667 (SB 734), *Maryland Health Care Commission – Primary Care Report and Workgroup (2022)* requires MHCC to complete an annual analysis of primary care and make recommendations on the level of primary care investment relative to overall health care spending. The report includes recommendations to strengthen Maryland’s primary care system and is due to the General Assembly by December 1, 2025.

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. Assisted living facility profiles were updated with the data from the CY2023 Long Term Care Survey. This update includes services offered, room types, daily room rates and hospice affiliation. Results from the 2024 Nursing Home Experience of Care survey were released for individual facilities and statewide. This release includes scores by domain and by individual measure, as well as facility reports and the statewide report. Home Health profile pages have been updated with the July 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 Assisted Living and Hospice healthcare worker influenza vaccination surveys were uploaded to the website. Results from the 2024-25 NSHN Skilled Nursing healthcare worker influenza survey were uploaded. Updated fact sheets for Home Health and Nursing Homes were posted under Resources. Hospital data was also updated from the most recent CMS Care Compare refresh. 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. Website traffic was slightly higher in August (1,732 users) compared to July (1,598 users). The most frequently viewed topics on the MQR site include assisted living, hospice, and nursing homes. 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 both July and August. Topics included National Immunization Awareness Month, World Breastfeeding 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.

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 went live July 1 and is located here:

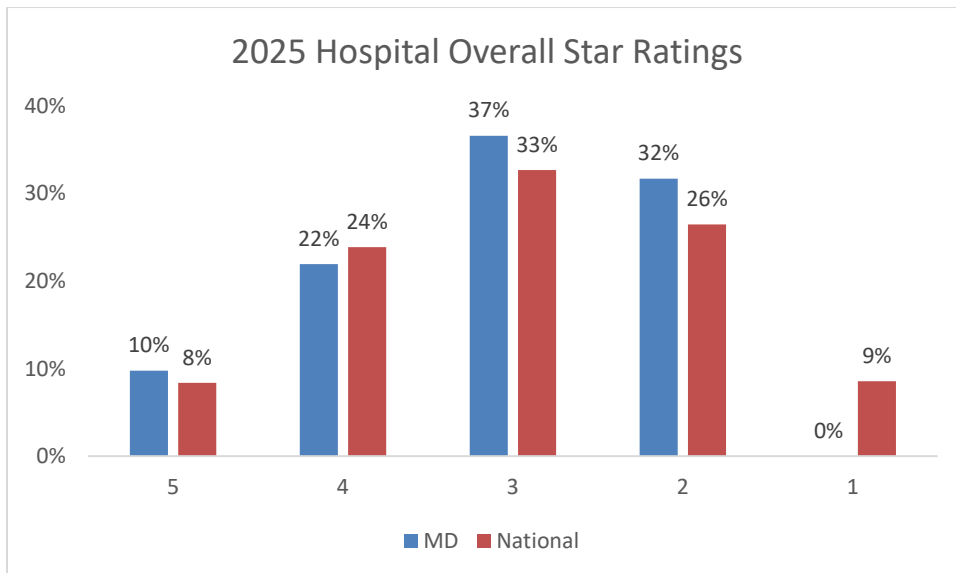
<https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/MHHReportCard.aspx>.

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 MQR consumer website. CY2024 Statewide hospital performance was significantly better than the national experience for the following infection types: catheter associated urinary tract infections (CAUTI), central line associated blood stream infections (CLABSI), clostridium difficile (CDI), methicillin resistant staphylococcus aureus (MRSA), surgical site infections for coronary artery bypass graft (CABG) and colon procedures. Maryland hospitals performed about the same as the national experience on the following surgical site procedures: hip replacement and knee replacement. Statewide performance was worse than the national experience for abdominal hysterectomy. MHCC has engaged with low performing hospitals to request plans of action and staff continue to monitor performance and improvement efforts. The Maryland hospital healthcare worker flu vaccination rate was 93%. This a slight decline since the previous reporting season and years past, though Maryland remains among the top 3 states nationally for employee flu vaccination coverage.

CMS Hospital Overall Star Ratings

CMS utilizes a star rating system to measure hospital performance to help consumers make informed healthcare decisions. The star rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital (5 stars is the best). Star ratings are updated annually, and the most recent ratings were released in July. Compared to the nation, Maryland follows a similar distribution, though there are more 2 and 3-star facilities and fewer 1-star facilities, proportionally. Maryland ranks 15th in the nation with 9.8% of hospitals achieving a 5-star rating. This is higher than in 2024 when Maryland ranked 40th with 4.9% of hospitals achieving a 5-star rating. Among the 6 states in the region, Maryland ranks 3rd behind Delaware and Pennsylvania.



Rank	State	Percent of 5 Star Facilities
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1	Delaware	16%
2	Pennsylvania	11%
3	Maryland	10%
4	Virginia	8%
5/6	District of Columbia	0%
5/6	West Virginia	0%

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

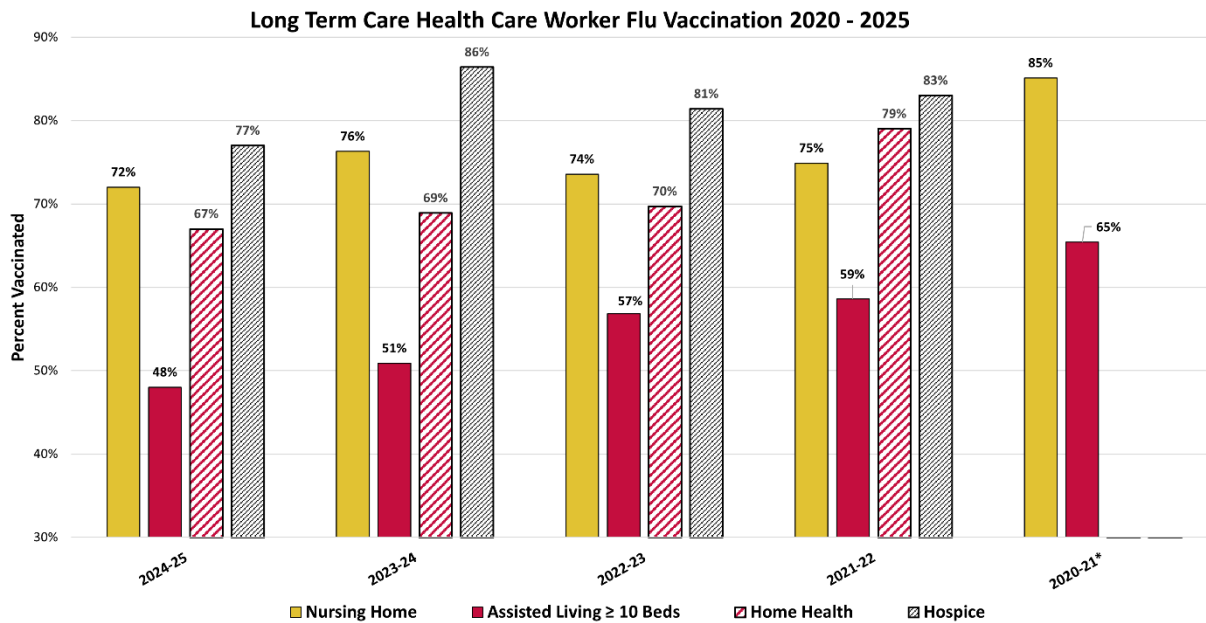
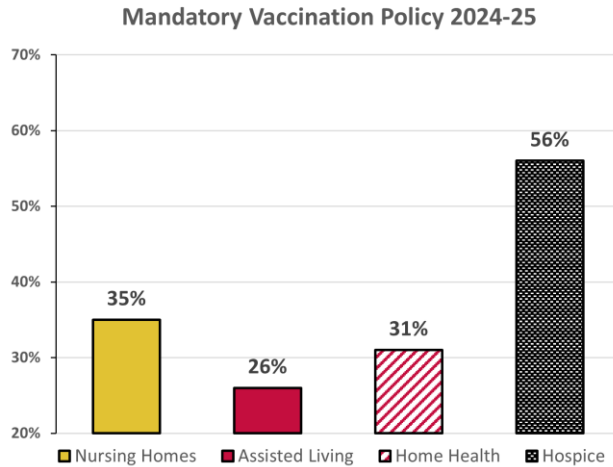
2024 survey results have been posted on the MQR consumer website. In preparation for the administration of the 2025 survey, nursing homes have submitted their resident lists, and lists have been vetted and approved. The first attempt to reach family members for the 2025 survey is on track to begin in early October. To improve communication, the invitation letter that serves to invite family members to complete the survey was rewritten to be simpler and more direct.

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 to further collaboration and enhance our data sharing arrangements. We discussed the possibility of sharing the results, reports and data from the Nursing Home Family Experience of Care Survey. We had a productive meeting on August 7, and both OHCQ representatives were interested in the survey. They requested time to think about the survey and how it might be useful to their work. Staff will follow up with OHCQ in the near future and update the Commission as appropriate.

Long Term Care Health Care Worker Influenza Vaccination Surveys

Health care worker influenza vaccination data is live on the Quality Reporting website. The rates were as follows: assisted living 47.5%, home health 67.3%, nursing homes 72.1%, and hospice 76.9%. Vaccination rates ranged from 0% to 100% in assisted living facilities and nursing homes and ranged from 13% to 100% in home health agencies and 0% to 97.7% in hospices. 76 assisted living facilities, 13 skilled nursing facilities and three home health agencies achieved a 100% vaccination rate. No hospices had a 100% vaccination rate.



Infection prevention practices and mandatory vaccination policies among long term care facilities were surveyed. 55.6% of hospices, 34.8% of skilled nursing facilities, 30.7% of home health agencies and 26.2% of assisted living facilities with ten or more beds had mandatory influenza vaccination policies in place. Consequences for staff declination of vaccination ranged from requirements to wear a face mask to dismissal from employment. Considerations were made for staff with medical contraindications or religious objections.

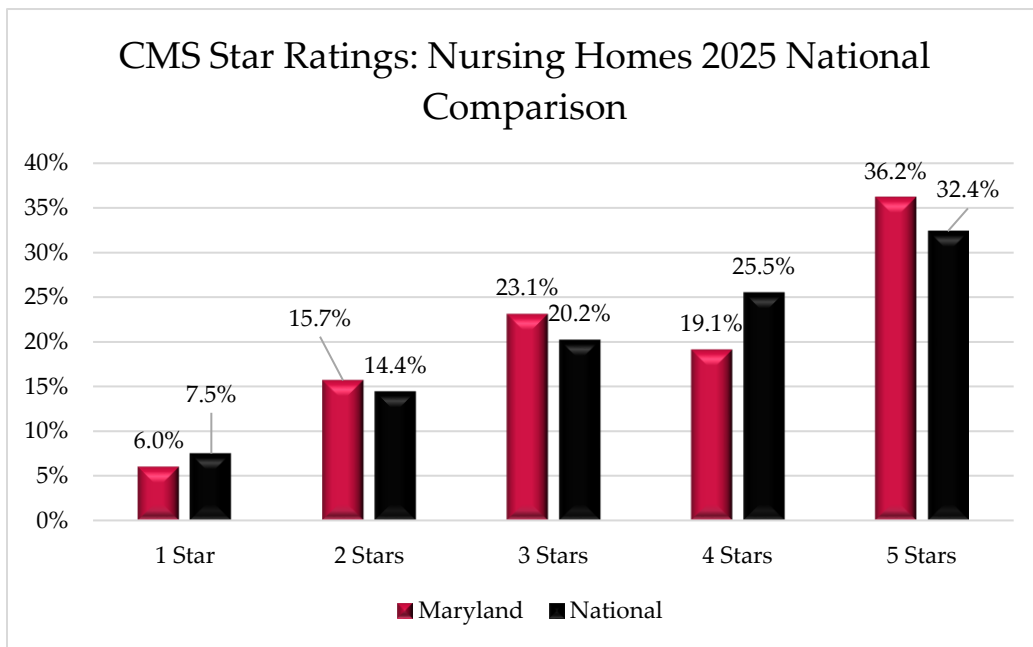
CMS Nursing Home Overall Star Ratings

Periodically, staff compare nursing homes in Maryland to nursing homes nationally and regionally. The information below uses data from the July 2025 CMS nursing home data.

Maryland ranks 15th in the nation out of 52 states and territories with 36.2% of nursing homes achieving a 5-star rating. This is higher than in 2023 when Maryland ranked 29th with 32.2% of nursing homes achieving a 5-star rating. Among the 6 states in the region, Maryland ranks 4th behind the District of Columbia, Delaware, and Pennsylvania.

Rank	State	Percent of 5 Star Facilities
1	District of Columbia	59%
2/3	Delaware	37%
2/3	Pennsylvania	37%
4	Maryland	36%
5	Virginia	32%
6	West Virginia	28%

Proportionally, Maryland has more 5-star facilities compared to the nation. Maryland has fewer 4-star facilities than the nation, more 3-star facilities, and approximately the same number of 2-star facilities and 1-star facilities compared to the nation, proportionally. See graph below.



Health Plan Quality Initiatives

Staff are more than 2/3 of the way through data collection. Data collection should be completed by the end of September or in early October. Staff are finalizing an issue brief that focuses on maternal health and utilizes commercial health plan data from 2023. Staff have begun a second issue brief 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 the Maryland Office of Long Term Services and Supports

The Maryland Department of Health Office of Long-Term Services and Supports uses the Commission’s reporting to calculate the payments for the Nursing Home Pay for Performance/Pay for Improvement program.

Staff shared the results from the 2024 Nursing Home Experience of Care survey and the NHSN Skilled Nursing Facility (Influenza) Vaccination Summary with the Office of Long-Term Services and Supports.

Collaboration with Center for Healthcare Facilities Planning and Development

Staff are working with the Center for Healthcare Facilities and Development to lead an industry-wide hospice workgroup focused on incorporating quality metrics in determining hospice need and reviewing relevant portions of the state health plan. Four workgroup sessions took place between July 7 and August 18, and the co-chairs, along with other staff, will analyze data and draft a revised state health plan for hospice services based on the discussion and feedback from the workgroup.

Outpatient Quality Initiative—Mariama Simmons

Ambulatory Surgery Facilities (ASFs)

The annual Freestanding Ambulatory Surgical Facility (FASF) survey was opened on August 6th. Facility administrators were emailed their Facility ID and password for the 28-question survey. This year, the survey was enhanced to include questions that 1) track private equity firm ownership; 2) classify operating room specialty types; 3) collect aggregate patient demographic data; and 4) assess how facilities are addressing social determinants of health factors. COMAR requires the survey to be completed within 45 business days, so the survey will close on October 8th. A total of 338 facilities will be surveyed for the 2024 reporting year. The table below shows the progression of survey completion as of September 3rd.

Survey Completion Status of 2024 FASF Survey			
	Submitted	Started	Not Started
Facility Count	38	135	165

Adult Medical Day Care (AMDC)

Staff launched the annual Adult Medical Day Care (AMDC) survey from June 10, 2025, through July 16, 2025. The AMDC survey collects facility descriptive information from each center including, location, contact information, hours of operation, services provided, and daily rates. The survey also captures the influenza vaccination rates for the health care workers at each facility. Staff is reviewing and cleaning the data for posting on our MQR consumer website.