



2026 MCDB Data Submission Manual (DSM)

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COMMISSION MEETING NOVEMBER 20, 2025



Presentation Item

- Background
- MCDB Overview – Portal Data Submission.
- New Updates in 2026 Data Submission Manual (DSM)
- 2026 Alternative Payment Model (APM) Data Collection - Purpose
- Changes Made to the 2026 APM Data Collection Template – Non-Portal Data Submission
- Next Steps



Background

- ❑ The Maryland Health Care Commission is required in regulation (COMAR 10.25.06.15) to make MCDB Data Submission Manual available to payors by November 21 of each year.
- ❑ Payors will use the Manual for the reporting periods in the subsequent year.
- ❑ Regulation also requires a timely posting of the Manual on the Commission website each year.



MCDB Overview – Portal Data Submission

- ❑ Commercial Reporting Entities with at least 1,000 total insured lives:
 - ❑ Life and Health Insurance Carriers and HMOs
 - ❑ TPAs, PBMs, Behavioral Health Administrators (most do not submit claims from ERISA plans)
 - ❑ Qualified Health Plans and Qualified Dental Plans
- ❑ Data reported:
 - ❑ Membership / Eligibility
 - ❑ Claims files: Professional, Institutional, Pharmacy (Outpatient) and Dental
 - ❑ Provider Directory
- ❑ Medicaid MCO/FFS Data:
 - ❑ Provided by Medicaid via The Hilltop Institute
- ❑ Medicare FFS Data:
 - ❑ Acquired through State Agency DUA with CMS



New Updates in 2026 DSM

□ Added State Health Plan Indicator

This eligibility file flag identifies all individuals enrolled in the State Health Plan (State Employees). It uses three values:

“0” = non-retiree enrolled in the State Health Plan.

“1” = retiree enrolled in the State Health Plan.

“2” indicates that the insured member is not enrolled in the State Health Plan.

□ Added Preauthorization Indicator

An indicator on a claim to identify if the claim requires prior authorization for a medical, dental, or prescription drug service. The value of the indicator will be either "Y" for yes, indicating that the claim requires prior authorization, or "N" for no, indicating that the claim does not require prior authorization.

Rationale: During the 2024 legislative session, the Maryland General Assembly enacted Chapter 848 (Senate Bill 791) and Chapter 847 (House Bill 932), Health Insurance – Utilization Review – Revisions. Among its provisions, the law mandates reporting on prior authorization frequency and adverse decisions. Payer reporting of prior authorization on claims will support MHCC’s data collection and analysis.



2026 Alternative Payment Model (APM) Data Collection: Purpose

- ❑ Chapter 298/297 of 2022 Laws of Maryland
 - ❑ Enabled private payors and providers to engage in capitation and two-sided risk contracting
 - ❑ Effective October 1, 2022
- ❑ MHCC required to gather data and develop annual report on:
 - ❑ Number and type of value-based arrangements
 - ❑ Quality outcomes of value-based arrangements
 - ❑ Number of complaints made regarding value-based arrangements
 - ❑ Cost-effectiveness of value-based arrangements
 - ❑ Impact of two-sided incentive arrangements on fee schedules



Changes Made to the 2026 APM Data Collection Template – Non-Portal Data Submission

- ❑ APM Data Submission Manual and Spreadsheet
 - ❑ Added four new quality measures for a total of ten measures
- ❑ Primary Care Data Submission Manual and Spreadsheet
 - ❑ Added billing provider submission fields, and update field headers (i.e., Total Non-Claims Payments and Total Non-Claims Payments Primary Care) for clarity in submission
 - ❑ Added definitions and submission guidance for Payment Categories C and D (Payments with shared savings and recoupments and Capitation and full risk payments)
 - ❑ Added details and examples to the Payment Category classification framework



Next Steps

- ❑ Commission questions and vote on posting the submission manual to the Commission website
- ❑ Disseminate Manual and follow up with Payor training in January 2026
- ❑ Implement changes for submission starting in May 2026 for Q1 2026 Data Reports



Questions