

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 20, 2025

EXECUTIVE DIRECTION

Executive Director- Douglas Jacobs

1) Maryland has submitted our proposal for the CMS Rural Health Transformation fund, to enable our state to strengthen and improve the health and well-being of our rural residents. The submission reflects significant feedback from rural Marylanders and state partners, gathered through numerous community listening sessions and an open request for information.

Maryland's submission details near and longer-term projects and ideas in three areas of transformation: (1) Transform the Rural Health Workforce, (2) Promote Sustainable Access and Innovative Care for Rural Marylanders, and (3) Empower Rural Marylanders to Eat for Health. For additional details, please see the [proposal summary](#) or [full proposal narrative](#).

CMS must approve or deny all applications by December 31, 2025. If funds are awarded by CMS, the Maryland Department of Health will launch this work in partnership with other state agencies and work closely with rural stakeholders in shaping, implementing and evaluating program strategies.

There are several areas of potential MHCC involvement, including oversight of HIT connectivity (including supporting community-based organization connectivity, closed-loop referral tool interoperability, rural provider connectivity, and potential transformation fund initiatives), and telehealth infrastructure. Part of this is reflective of our current oversight of the State-Designated Health Care Utility and Health Information Exchange (HIE).

2) MHCC continues to participate in the Regulatory Working Group created related to the AHEAD model implementation. MHCC participated in two listening sessions related to the cost-shifting policy and Medicare Advantage market stabilization. Draft proposals will be displayed for public comment. MHCC is also starting its Primary Care Investment Workgroup related to development of PC Investment targets.

3) Additionally, staff continue to further develop the possible actions in relation to the previously presented Vision, outlining potential benefits, risks, workload, and funding considerations, to allow MHCC to effectively prioritize. Commissioners should expect further updates related to this strategic planning in December.

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2026

We submitted our legislative packet related to ASAM 3.7 Intermediate Care Facilities to the Governor's Legislative Office in early September and received approval to have the bill private sponsored. This means having a Delegate in the House and a Senator in the Seante sponsor the bill for MHCC.

We also submitted a placeholder to the Governor's Legislative Office on possible legislation that would expand MHCC's authority over mergers and acquisitions of health care facilities (we regulate) and provider practices and groups. We received approval to move forward to seek private sponsors for the bill for the coming legislative session.

Market Concentration Study

We are continuing to complete the Market Concentration study that we were asked to conduct by the legislature. Hilltop is the contractor doing the study for MHCC. In late September we had two stakeholder meetings - - one with insurance carriers and the other with providers. Hilltop is working on incorporating the feedback they received on the draft report. Commissioner Jensen reviewed the draft on behalf of the Commission and provided feedback as well. The report will be finalized prior to the December Commission meeting. Hilltop will be presenting the findings and recommendations in the report during the December meeting.

Website Redesign

We continue to do work on the website by preparing the content on our current website to be mitigated over to the new website wireframe and new design layout. We are finalizing an RFP for a communication consultant to help edit our content to fit the new design. We hope to begin this work before the end of the year.

Maryland Trauma Physician Services Fund

Uncompensated Care Claims

SCAS Management Group (SMG), the third-party administrator for the Trauma Fund processed **\$60,485.63** in uncompensated care claims through October 2025. All claims processing is up to date.

Stand-By

The Commission issued a payment of **\$900,000** to the Children's National Hospital towards reimbursement of their physicians' stand-by cost for FY 2025.

On-Call

The Commission processed requests from 11 of the 12 trauma/specialty centers towards reimbursement of on-call physicians' costs. The amounts requested from the 11 centers totaled **\$9,837,551**. The amounts issued in payments to the centers totaled **\$8,470,886**.

Grant Program

In late November/early December, the Commission will initiate the 2026 grant process for the Trauma Fund. Eligibility is extended to MIEMSS designated Maryland Level I, Level II and Level III trauma centers. A total of \$4,450,000 of FY 2026 funds will be available for grants; each trauma center will be eligible for \$495,357 in funding that may be spent during Calendar Year 2026. The FY 2026 grant cycle will provide trauma centers additional flexibility to use grants funds for purposes other than equipment, and will include additional reporting requirements and prioritization for investments that improve trauma care for members of underserved communities. Trauma centers will receive notification via email that the application cycle is open along with the application, and will be sent email confirmation when their application is received by MHCC. Grants are

anticipated to be awarded in February 2026; funding may be used for costs incurred between January 1, 2026 - December 31, 2026.

Program Audit

MHCC has engaged Myers and Stauffer LC on a routine audit of the Trauma Fund and related activities to identify areas to strengthen program integrity and improve MHCC administration of the Fund. As our internal team assesses and reviews audit findings, we may present opportunities to improve, strengthen, and enhance Trauma Fund administration to the Commission in future meetings.

Internet Utilization

MHCC Website

The MHCC website (<https://MHCC.maryland.gov>) had 5,590 during the month of October 2025.

Maryland Quality Reporting

[Maryland Quality Reporting](#)

Maryland Quality Reporting had 1,956 total users in September, a 38% increase from the previous month’s website traffic. The number of pages viewed per session increased slightly to 63 (up from 58 the previous month). The average session duration increased to a new high of 9 minutes and 40 seconds, showing that users are spending more time with the website’s content (compared to 3 minutes and 43 seconds during the same period last year). Maryland 211, Howard County Government, and the Power of Age Expo websites referred at least 15 users to the site. Facebook remained the primary source of social media referrals.

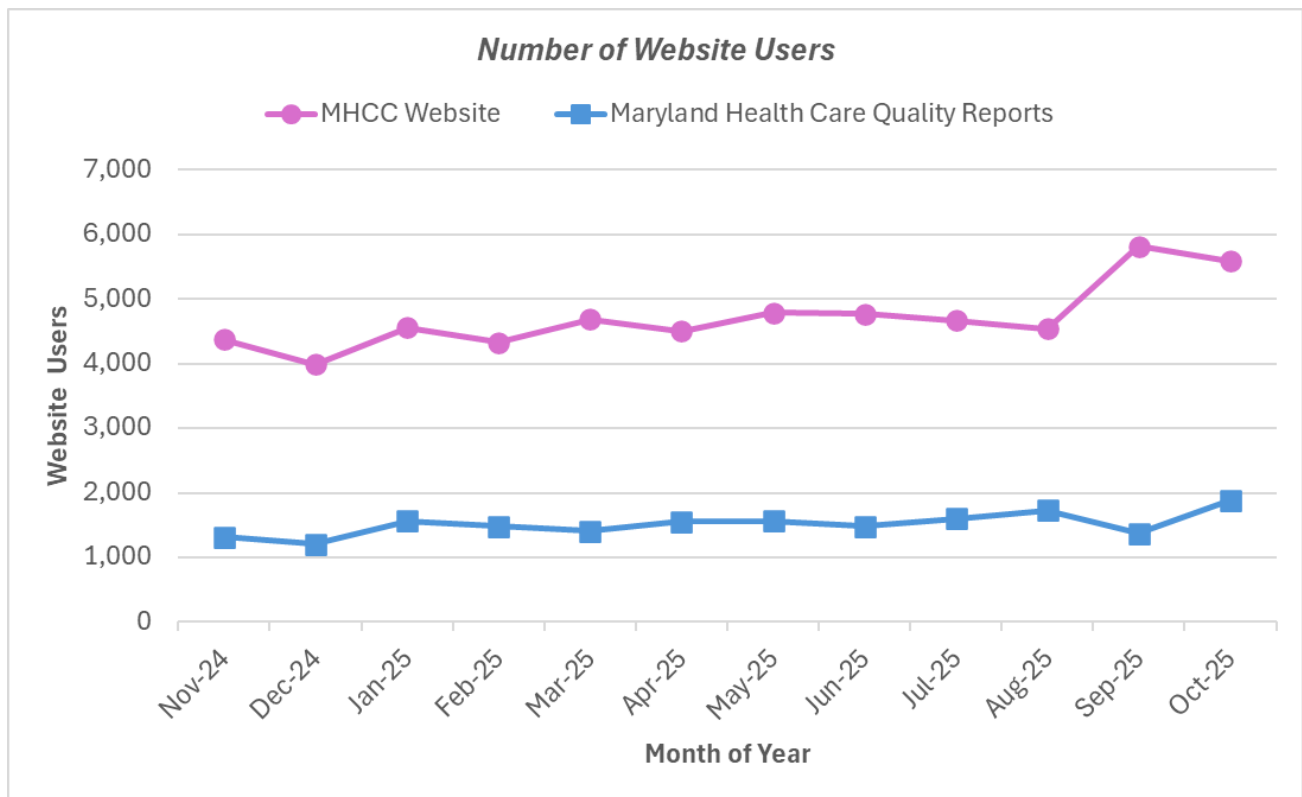


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

By the end of October 27 (82%) payors had submitted Q3 2025 data to the MCDB portal, and 15 (46%) had submitted complete, clean Q3 2025.

For Q3 2025 payor data, 15 payors (46%) passed all levels of data quality validation checks. Twelve payors (36%) currently have submissions under review, and six payors (18%) have not yet submitted their Q3 2025 data. To help gather this information, Onpoint staff will send weekly reminders to payors urging them to submit clean data before the November 30, 2025, deadline.

MHCC Data Regarding HMO Payments to Non-Participating Providers

Maryland Health-General Article §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. The Maryland Health Care Commission (MHCC) is required to annually update these minimum payment rates, which are published by the Maryland Insurance Administration (MIA).

As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008, adjusted by the cumulative Medicare Economic Index (MEI) before the start of each new calendar year. The 2025 MEI is **3.5%**. MHCC and MIA have agreed to modify the methodology if new E&M service codes are included in the BETOS E&M categories. Fee levels for new codes will be based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years.

Staff worked closely with MIA staff to post the latest HMO payment rates to Non-Participating Providers on the MIA website.

2026 MCDB Data Submission Manual

The 2026 MCDB Data Submission Manual has been successfully revised. While Maryland's reporting requirements remain unchanged, the manual includes a new State Health Plan indicator field in the eligibility file and a preauthorization flag in the claims file. In the 2026 APM data collection template, a billing provider field has been added to the primary care data collection template. Additionally, new guidance for payment categories has been included, along with examples for the payment category classification framework. MHCC staff shared the draft version with payor representatives for their feedback on the new changes. Staff will present the latest manual for approval at the November Commissioners meeting. The manual will be posted immediately after the meeting, pending the Commissioner's approval.

Special Projects – Jason Caplan

MHCC Mandate Study Updates (for December):

1. Required coverage for Ovarian cancer screenings: As a reminder 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).
2. Required coverage for Postpartum Depression Screenings. A meeting with Chair Beidle took place on 11/5 where it was determined that a withdrawal letter from MHCC will be submitted to the Senate Finance Committee explaining that the charge of the report (failed SB 411) which would allow cost sharing conflicts with state and federal law which prohibits cost sharing on PPD screenings.
3. Market Impact Analysis – Menopause Training and Insurance Coverage: All Carriers have responded to the survey questions and panels have been held with various providers. BerryDunn is drafting the report.

Updated Due Dates

Ovarian Cancer Cancer Screening - December 18, 2025

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

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Certificates of Conformance/Ongoing Performance

Suburban Hospital submitted a Certificate of Ongoing Performance application for cardiac surgery services and Holy Cross Hospital submitted a Certificate of Conformance to establish elective PCI services. These applications are currently under review.

Assessment of Need for Historically Underserved Populations

Staff have been working with stakeholders on the methodology to estimate the psychiatric bed need for the historically underserved populations as defined in COMAR 10.24.21. The information is being synthesized, along with the available data, and new estimates for bed need will be presented at an upcoming Commission meeting.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Continued work is underway to update the Hospice Chapter. Staff are also collaborating with the CON Division in review of Home Health Agency Certificate of Need (CON) projects. In addition, the Home Health Survey began on September 15, 2025, and runs through November 14, 2025.

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

- **22 Determinations of Coverage:**
 - **AAU Greenbelt** – Change of Ownership
 - **Amedisys Home Health Care** – Change of Ownership
 - License #HH7045
 - License #HH7108
 - License #HH7111

- License #HH7151
 - License #HH7048
 - **Amedisys Maryland, LLC Hospice** – Change of Ownership
 - License #H1536,
 - License #H1544
 - **Atlee Health and Rehab Center** – Waiver Bed Request
 - **Bethesda Center for Surgical Specialties** – New ASC
 - **Capital Women’s Care – Hagerstown** – New ASC
 - **Clearway Surgery Center of Glen Burnie** – Updates to Surgical Specialties
 - **HomeCall Inc., d/b/a HomeCall (HH7066)** – Name Change
 - **Innovations Surgery Center** – Expansion
 - **Johns Hopkins Hospital** – Establish Special Purpose Hybrid Operating Room
 - **Kensington Ambulatory Surgery Center** – Expansion
 - **Maryland Vision Surgical Center** – Updates to Surgical Specialties
 - **MedStar Health Home Care (HH#7068)** – Change of Address
 - **Meritus Medical Center** – Partial Closure of Inpatient Rehabilitation Unit
 - **Montgomery Hospice (License #H1503)** – Change of Address
 - **Ruxton SurgiCenter, LLC** – Change of Ownership
 - **University of Maryland Medical System** – New ASB
- **1 Commission Approval:**
Residences at Vantage Point (Docket No. 25-13-2472)

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

Health Information Technology Division – Nikki Majewski, Division Chief

- Implementation of statutory requirements related to noncontrolled prescription drugs (non-CDS), electronic health care transactions, and a consent management application (CMA) continues to progress. Dispenser reporting of non-CDS dispenses began on September 1st, in alignment with COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. Technical validation of non-CDS data submitted to CRISP has been completed and is now accessible to authorized CRISP users. Efforts to develop a centralized CMA, supported by CRISP and intended for use by all health information exchanges (HIEs) operating in Maryland, are advancing. In parallel, technical development of an interface to enable electronic health networks (EHNs) to submit select administrative transactions to CRISP is ongoing. Implementation snapshot (CRISP reporting):

Consent Management Application

- Percent complete to go-live (i.e., CMA is made available to HIEs by April 30, 2026): 10%
 - Percent complete in developing the CMA structure, layout, and functionality: 15%
 - Percent complete in conducting validation testing with HIEs (to ensure the CMA functions correctly before deployment – functionality, performance, and security): 0%

Electronic Health Care Transactions

- Percent complete to go-live (to support AHEAD Model as requested by November 30, 2026 in advance of timelines in regulation): 5%

- Percent complete in finalizing transaction technical submission guidance with EHNs (target March 2026): 10%
 - Percent of EHNs reporting transaction information to CRISP: 0%
- Informal draft amendments to the existing preauthorization regulatory framework, COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*, were released for public comment. Payors, along with more than 65 provider and consumer organizations, were notified of the release. These amendments align with federal policy, promote transparency, and support implementation of 2024 State law. Additionally, amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, which include provisions for sharing transaction information with CRISP, were published in the *Maryland Register* on October 31st and will take effect on November 10th.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

- Activities are progressing toward finalizing the ninth session in the *Real-World Medicine and Case Studies Webinars* series, which will highlight the importance of medication reconciliation and effective medication management for patients with multiple chronic conditions. Designed to deliver concise, expert-led insights, the webinar series continues to explore timely clinical topics. Concurrently, planning is underway for the November 21st *Learning Network* virtual symposium, *Best Practices for Coordinating Care and Managing Referrals*, hosted in collaboration with MedChi, The Maryland State Medical Society. This event will feature subject matter experts presenting on select Medicare Physician Fee Schedule care navigation codes, CRISP tools that support referral workflows, and best practices for improving care coordination and referral management.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

Preliminary results of the enhanced Annual Freestanding Ambulatory Surgical Facility (FASF) survey are being prepared for public reporting and analysis. The enhanced survey includes questions regarding screening for social determinants of health (SDOH) and private equity ownership status. Fifty-eight percent of respondents (181/312) reported that they “Always” or “Sometimes” screen for SDOH factors. Less than 5% of the respondents reported private equity ownership. The ten facilities that reported private equity ownership had a common surgical specialty of ophthalmology (7 out of 10).

Staff participated in the Power of Age Expo, our largest annual outreach event which attracts thousands of seniors and caregivers from across Maryland. Staff engaged with an estimated 6,000 attendees and distributed materials to raise awareness of the Maryland Quality Reporting consumer website and other available resources.

The Fall issue of the Maryland Quality Corner newsletter was released last month, featuring current initiatives in progress at MHCC, including innovation in prior authorization processes and investing in primary care. The newsletter reaches approximately 2,000 subscribers.