



2026 MCDB Data Submission Manual Payor Meeting

JANUARY 22, 2026



Agenda

- ▶ About MHCC
- ▶ Data Submission Improvement Updates
- ▶ 2026 MCDB Deadlines
- ▶ New Updates in 2026 Data Submission Manual
- ▶ Frequently Asked Questions
- ▶ Changes Made to the 2026 APM Data Collection Template –Non-Portal Data Submission
- ▶ Payor Questions and Discussion



MHCC Mission and Vision

The Maryland Health Care Commission is an independent regulatory agency whose mission is to

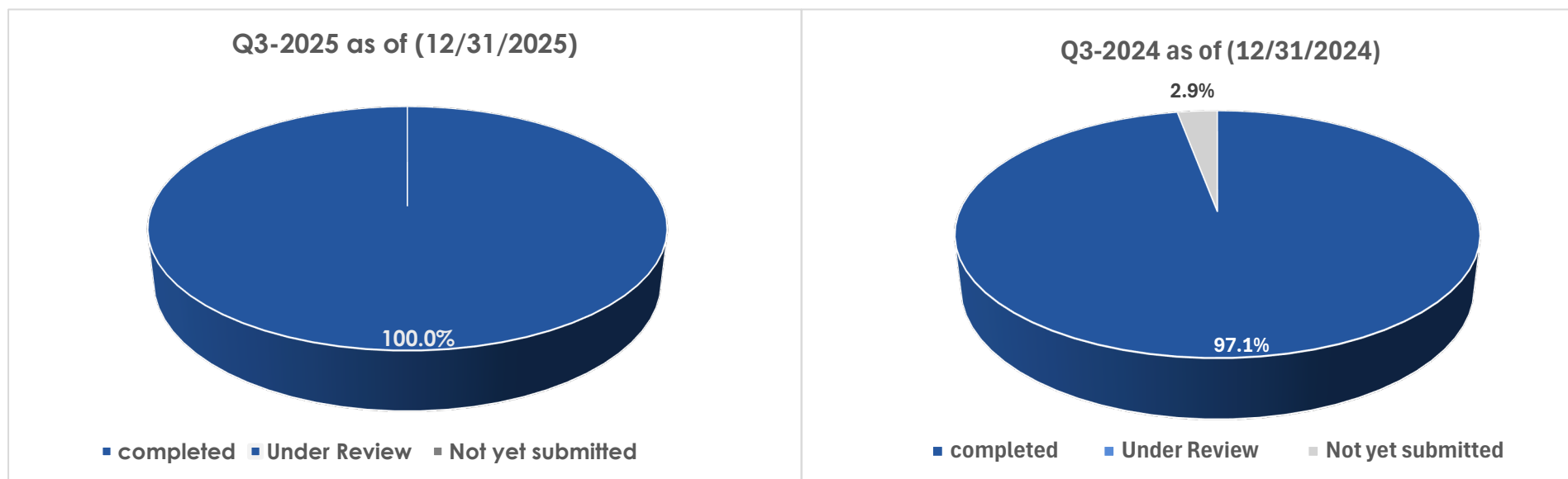
- ❑ Plan for health system needs,
- ❑ Promote informed decision-making,
- ❑ Increase accountability, and
- ❑ Improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost and quality of services to policy makers, purchasers, providers and the public.

The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.



Data Submission Update

Data Submission Comparison Quarter 3 (2025 vs 2024)





2026 DSM Update

❑ Added State Health Plan Indicator

This eligibility file flag identifies all individuals enrolled in the State Health Plan. 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 Flag

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 MCDB Deadlines

Note: Payor Certification of Encryption (due January 5, 2026) is required prior to submitting data in 2026

2026 Medical Care Data Base Submission Schedule				
MCDB Data Reporting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Reporting Period (Based on Paid Date)	01/01/26 – 03/31/26	04/01/26 – 06/30/26	07/01/26 – 09/30/26	10/01/26 – 12/31/26
Annual File Waiver Requests Due	1/15/2026	1/15/2026	1/15/2026	1/15/2026
Portal Submissions Begin	4/1/2026	7/1/2026	10/1/2026	1/1/2027
Format Modification Requests Begin	4/1/2026	7/1/2026	10/1/2026	1/1/2027
Extension Requests Due	4/30/2026	7/31/2026	10/31/2026	1/31/2027
Format Modification Requests Due	5/15/2026	8/15/2026	11/15/2026	2/15/2027
Final Data Submissions Due	5/31/2026	8/31/2026	11/30/2026	2/28/2027



2026 MCDB Deadlines (continued)

Submitted data is considered final when:

- ▶ Data submitted to the MCDB portal by final data submission due date has passed all data quality validations performed in Onpoint CDM



2026 MCDB Deadlines (continued)

Late Data Submission

- ▶ Submissions have not cleared all validation checks by final data submission date or approved extension date

Data Submission Deadline Extension

- ▶ Reporting entities must request a waiver on the MCDB Portal on or before the Extension Requests deadline for each reporting quarter

Penalties for Late Data Submission

- ▶ MHCC has the right to fine the entity up to \$1,000/day per report (COMAR 10.25.12).



I sent my file via the Onpoint Claims Data Manager (CDM). What happens next?

- ▶ Track your file's progress...
 - ▶ In CDM, login here: <https://cdm.onpointhealthdata.org/session/new>
 - ▶ Through review of automated emails detailing submission status
- ▶ Review your file's formatting, completeness, and validation results
- ▶ Remediate mapping issues and request variances when necessary
- ▶ Reach out to Onpoint for support in reviewing your file:
md-support@onpointhealthdata.org



How long is a variance request effective?

- ▶ Variance requests are effective until the end of the calendar year
- ▶ If your variance request should apply to a shorter or longer time period, please explain the rationale in your request

Variance Request Form

Please complete the form below to define your variance request. If you have any questions, please contact the [Onpoint Administrator](#).

No prior variance found for this quality check.

* Adjusted Lower Threshold % <input type="text" value="0.00"/>	* Adjusted Upper Threshold % <input type="text" value="100.00"/>	* Reporting Period Start Date <input type="text" value="05/01/2022"/>	* Reporting Period End Date <input type="text" value="12/31/2022"/>
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Lower thresholds cannot be adjusted to be greater than the expected threshold. *Upper thresholds cannot be adjusted for this validation.* *Start dates will default to the first day of the selected month.* *Please limit variance length to 5 years or less.*

* Comments

[View Variance History](#)



Submitter Codes Consolidation

- ▶ For payors with multiple, distinct submitter codes, MHCC and Onpoint have worked with them to reduce the total number of submitter codes
 - ▶ Example: MD001A, MD001B, MD001C consolidated to MD001
- ▶ Benefits include:
 - ▶ Fewer individual files to submit each submission year
 - ▶ Promotes streamlined downstream analytics and reporting, e.g., enrollment and claims captured under fewer distinct submitter codes and files



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

Contacts



For MCDB policies & submission rules contact:

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For data processing & MCDB Portal inquiries contact

md-support@onpointhealthdata.org