

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

December 2025

EXECUTIVE DIRECTION

We held an initial meeting on December 2nd with the Primary Care Investment Workgroup (PCIW), to discuss setting of the Primary Care Investment Targets. In that meeting, MHCC reviewed its published Primary Care Investment Report, and overviewed possible considerations for development of a methodology. We also outlined opportunities for public input in the methodology prior to submitting draft and final Primary Care Investment Targets to the Governor's Office and CMS.

We have also been continuing work with CRISP, the Maryland Department of Health (MDH), and the Department of Human Services (DHS), in order to develop methodologies to more accurately identify individuals who should have a medical exemption to community engagement provisions of HR1. The intent would be to use CRISP data to ensure that individuals who qualify for an exemption do not inadvertently and incorrectly lose access to SNAP or Medicaid.

Legislative Session 2026

We are busy preparing for the coming 2026 legislative session. This year we will have a small group of Commissioners making up the Commission's legislative committee along with senior staff. We are working on the details and will discuss more during the Commission retreat.

Maryland Trauma Physician Services Fund

Uncompensated Care Claims

SCAS Management Group (SMG), the third-party administrator for the Trauma Fund processed **\$64,084.25** uncompensated care claims through November 2025. This represents a 6% increase over last month. All claims processing is up to date.

Grant Program

Notification was sent out via email to all 9 trauma centers eligible for the 2026 Trauma Fund grant. Each center may be awarded up to \$495,537. In previous years, funding was restricted to equipment used in the delivery of trauma care 50% or more of the time. However, the Commission is pleased to announce an expansion to the use of awarded funds, which may now be used for equipment, including equipment that can be used to support delivery of mobile, community-based trauma care, as well as training, certification, patient/community education and outreach programs to improve trauma care access. Higher priority will be given to investments that will improve trauma care among underserved communities and trauma centers are encouraged to consider investments that promote community-based trauma care delivered outside the four walls of a trauma center. MHCC has also enhanced required reporting, with grantees required to report on the anticipated impact their proposed investments will have on trauma care access, quality, safety, and outcomes, and required to identify MIEMSS-reported quality metrics they'll use to monitor grant investment impact. Applications are due January 9th, 2026, anticipated awards in February. Grant funds may be used to cover expenses incurred between January 1, 2026 and December 31, 2026.

Internet Utilization

MHCC Website The MHCC website (<https://MHCC.maryland.gov>) had 4,505 during the month of November 2025.

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,451 total users in November, a 26% decrease from the previous month's website traffic. The average session duration increased to a new high of 12 minutes and 29 seconds, showing that users are spending more time with the website's content (compared to 4 minutes and 15 seconds during the same period last year). Maryland 211 and Howard County Government websites referred at least 15 users to the site. Facebook remained the primary source of social media referrals.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

- **2026 MCDB Data Submission Manual:** The 2026 data submission manual was presented to the commissioners by the staff, who sought their approval. The manual was updated based on input from the payor representatives and posted on the MHCC website
- MHCC staff have created a Data Hub workplan, which includes creating an agency-wide integrated data hub and with linkage with HIE data. The first steps underway include launching the environmental scan, forming a cross-center workgroup, and working with the Freedman contractor to define the detailed activities and implementation steps.
- Update on Biomarker testing report: The biomarker presentation took place on 11/20. The Commission requested a cover letter to the report regarding the limitations of the data available and the biomarker definition. These changes are now complete and will accompany the report to the legislature.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Certificates of Conformance/Ongoing Performance

MHCC received the Certificate of Ongoing Performance application for cardiac surgery for Suburban Hospital, as well as a Certificate of Conformance to establish elective PCI services at Holy Cross Hospital. These applications are currently under review.

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

The chartbook for Maryland's General and Special Hospital Facilities and Services for FY 2024, depicting the utilization and capacity for specific service lines, is being finalized. It will be available on MHCC website when complete.

Survey administration dates for 2026 are scheduled. The Long-Term Care and Hospice Surveys will be initiated in March, and the Home Health Survey will be in September.

Data Collection for the 2024 Home Health Survey has been completed with 100% compliance. The survey data will be available on the MHCC website

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

- **21 Determinations of Coverage:**
 - **Bethesda Operator, LLC d/b/a Montcare at Bethesda** – (10) Waiver Bed Request
 - **Clearway Pain Surgery Center of Windsor Mill** – Change of Name
 - **Delmarva Spine & Pain, LLC** – New ASC
 - **Eastern Shore Endoscopy, LLC** – Change of Ownership
 - **Green House Residents Care and Rehabilitation at Stadium Place** – (5) Waiver Bed Request
 - **Heart Center of Southern Maryland** – replace an existing cardiac PET scanner
 - **Maryland Endoscopy Center, LLC** – Change of Ownership
 - **Maryland Surgery Center for Women, LLC** – Change of Ownership
 - **MSC Ambulatory Surgery Center (Frederick)** – Change of Ownership
 - **National Vascular, LLC d/b/a NVP ASC – Rockville, LLC** – New ASC
 - **Potomac Operator, LLC d/b/a Montcare at Potomac** – (10) Waiver Bed Request
 - **Potomac View Surgery Center, LLC** – Change of Ownership
 - **Rockville Endoscopy Center, LLC** – add one (1) procedure room, resulting in two (2) procedure rooms
 - **The Baltimore Endoscopy, LLC d/b/a Gastrointestinal Diagnostic Center** – Change of Ownership
 - **The Bel Air Endoscopy ASC, LLC d/b/a Harford Endoscopy Center** – Change of Ownership
 - **The Chevy Chase ASC, LLC d/b/a Chevy Chase Endoscopy Center** – Change of Ownership
 - **The Eye Center, LLC** – Change of Ownership
 - **The Glen Burnie MD Endoscopy ASC, LLC d/b/a Endocentre of Quarterfield Station** – Change of Ownership
 - **The Laurel MD Endoscopy ASC, LLC d/b/a Ambulatory Endoscopy Center of MD** – Change of Ownership
 - **The Pikesville MD Endoscopy ASC, LLC d/b/a Endocentre of Baltimore** – Change of Ownership
 - **The Waldorf Endoscopy ASC, LLC d/b/a Waldorf Endoscopy Center** – Change of Ownership
- **Four Certificate of Need Letters of Intent (LOI's) were received:**
 - **First Health Care Consultants** — establish a new HHA Anne Arundel, Montgomery, Prince George's, Charles, Calvert, and St. Mary's Counties
 - **Integrated Community Services** — establish a new HHA in Anne Arundel, Montgomery, and Prince George's Counties
 - **Medstar Southern Maryland Hospital Center** — application to construct an advanced critical care tower on its hospital campus
 - **Quality One Home Health** — establish a new HHA in Anne Arundel, Montgomery, Prince George's, Charles, Calvert, and St. Mary's Counties
- **One Commission Approval:**
 - **AAMC Surgery Center-Annapolis Ambulatory Surgical Docket No. 25-02-2473**

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

- Planning is underway to update the *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (non-CDS manual). The manual provides technical guidance to dispensers and their technology vendors on submitting non-CDS dispense information to CRISP (COMAR 10.25.18.13). The Commission must annually approve the manual by June 1st. A Town Hall with CRISP and electronic health networks (EHNs) was held on November 14th to review draft components of the *Electronic Health Care Transactions Technical Submission Guidance*. The guidance includes technical requirements for EHNs submitting information from electronic health care transactions to CRISP for public health and clinical purposes (COMAR 10.25.07.09). Development of a consent management application (CMA) is also underway to centralize the process for consumers to opt out of or opt in to sharing their electronic health information through a health information exchange (HIE). CRISP is required to make the CMA available to registered HIEs in Q2 2026 (COMAR 10.25.18.03). The following is an implementation snapshot reported by CRISP.

Consent Management Application

- Percent complete to go-live (i.e., CMA is made available to HIEs by April 30, 2026): 15%
 - Percent complete in developing the CMA structure, layout, and functionality: 20%
 - 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): 10%
 - Percent complete in finalizing transaction technical submission guidance with EHNs (anticipated March 2026): 20%
 - Percent of EHNs reporting transaction information to CRISP: 0%
- Public comments were received from 11 organizations on the informal draft amendments to COMAR 10.25.17. Approximately 65 payors, providers, and consumer organizations were notified of the release. The amendments foster transparency and support the implementation of 2024 State law.
- The ninth and 10th sessions in the *Real-World Medicine and Case Studies Webinar* series were recorded. The webinars highlight Federally Qualified Health Center (FQHC) experiences with implementing AI scribe technology, and lessons learned from the use of e-consults to enable greater access to specialists. The series provides practical insights on emerging tools and approaches that support clinicians in delivering high-quality, patient-centered care. On November 21st, MHCC’s Learning Network, in collaboration with MedChi, The Maryland State Medical Society, hosted its ninth virtual symposium in the past two years, *Best Practices for Coordinating Care and Managing Referrals*. During the event, subject matter experts reviewed select Medicare Physician Fee Schedule codes, overviewed CRISP tools that streamline referral workflows, and discussed evidence-based strategies to strengthen care coordination and referral management.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

- Staff is analyzing the results of the 2024 Annual Freestanding Ambulatory Surgical Facility (FASF) survey in preparation of the FASF public use file. The file will be posted on the MHCC website by the end of the month.
- Health plan quality data collection for 2024 is complete. The data will be available on the website by the end of the month. Maryland health plans exceeded on the following HEDIS measures: asthma medication ratio, immunizations for adolescents, receiving statin therapy for patients for cardiovascular disease, statin adherence for patients with diabetes, effective continuation phase treatment for antidepressant medication management, monitoring the use of opioids from multiple providers, assessing risk of continued opioid use for 31+ days, cervical cancer screening, language diversity, and race/ethnicity diversity. Maryland health plans need to improve on the following HEDIS measures: use of opioids at high dosage, use of imaging studies for low back pain, glycemic status assessment for patients with diabetes. Eight health plans had at least one measure that was a National Top Performer.

NCQA has an accreditation that assesses health equity. It is currently called Health Equity Accreditation, but it is being renamed Health Outcomes Accreditation on January 15. Staff added this accreditation to the Quality Reporting website. Currently, Kaiser Permanente and CareFirst BlueChoice HMO have the accreditation.

- Staff monitor Maryland hospital performance on national rating and ranking systems, including the Leapfrog Hospital Safety Grades. The Fall 2025 grades were recently released. Maryland ranked 20th in the nation, improving from 21st in Spring 2025 based on the percentage of hospitals earning an “A.” Of Maryland’s 40 hospitals that received a grade, 30% received an A, consistent with the prior cycle. Compared to Spring 2025, Maryland saw fewer B grades, a slight increase in C grades, and one hospital earned a D. Performance was as follows:

Letter Grade	Nat'l Fall 2025	MD Fall 2025 n=40	MD Spring 2025 n=40
A	32%	12 (30%)	12 (30%)
B	26%	12 (30%)	15 (37.5%)
C	33%	15 (37.5%)	13 (32.5%)
D	8%	1 (2.5%)	0 (0%)
F	1%	0 (0%)	0 (0%)