



Draft Regulations For Informal Comments: COMAR 10.25.06, *Maryland Medical Care Data Base (MCDB) and Data Collection*

COMMISSION MEETING APRIL 16, 2026



Introduction

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Scope and Purpose of Regulations

COMAR 10.25.06

•**Purpose:** Regulations establish appropriate methods for collecting Statewide data on selected health care services provided either under a Maryland contract or to Maryland residents by health care practitioners and facilities.

•**Scope:** The health care data is collected from

- Payors
 - Private: Life and Health Insurance Carriers and HMOs
 - Public: Medicare, Medicaid
- Third-Party Administrators (TPAs)
- Managed Behavioral health care organizations
- Pharmacy Benefit Managers (PBMs)
- Providers for whom the Maryland Health Care Commission (MHCC) otherwise receives data



Reason for Amending Regulations COMAR 10.25.06

- **Data in the MCDB is Largely Incomplete:**
 - Ongoing Adverse Decisions discussions with the MIA, HSCRC, MDH, and HEAU
 - All data gathering related to prior authorization are in larger, broad categories such as “DME” and not “continuous glucose monitor.”
 - State does not know the service-level information regarding denials and why
 - MHCC is collecting data in the MCDB on claims subject to prior authorization
 - MCDB data is still largely incomplete as it does not allow the State to calculate measures such as denial rates
 - Collecting denied claims will give insights to the state regarding what health care services are being denied through utilization management procedures

Definition of a Denied Claim



- **What other APCD States are doing:**

- Staff collaborated with three APCD States: Colorado, Texas, and Connecticut

- **Denied claim** — means that a reporting entity has issued a notice that a claim submitted for an eligible member was not covered in part or in full due to contractual terms,

- such as benefit maximums,
- place of service,
- provider type, or
- care deemed experimental,
- investigational, or
- not medically necessary or
- other reasons as depicted in the MCDB Data Submission Manual

- **Denied Claim Exclusions:** does not include claims that were denied or rejected due to

- incomplete coding (missing— never enter a payer's adjudication system) or
- duplication, or
- claims denied because the patient was not an eligible member.

Time Period for Submitting Denied Claims Data



- **Frequency of Submissions:** Denied Claims will follow the current frequency of quarterly.
- **Denied Claims submitted along with calendar year 2027 submissions:**
 - each reporting entity shall submit to the Commission a complete set of the entity's historical data for claims denied during each quarter of calendar year 2026 in the form and manner described in Regulations .07—.14 (*see appendix*) and the 2027 MCDB Data Submission Manual
 - Schedule of submissions to the MCDB:
The 2026 submissions will follow the current 2027 schedule as depicted in the MCDB Data Submission Manual



Next Steps — Timetable *(Anticipated)*

- Release for a two-week informal comment period
- Bring back as proposed regulations to the Commission at the May 21, 2026 Commission meeting and publish the proposed regulations for formal comment
- Bring back the Proposed Permanent Regulations to the Commission on September 17, 2026, for approval as **Final Permanent Regulations** COMAR 10.25.06.
- **Final Regulations** become effective in October, to be incorporated into the MCDB Submission Manual for reporting in 2027

Appendix



Regulations .07 — .14

- .07 Professional Services Data Report Submission
- .08 Pharmacy Data Report Submission
- .09 Provider Directory Report Submission
- .10 Institutional Services Data Report Submission
- .11 Eligibility Data Report Submission
- .12 Plan Benefit Design Report
- .13 Dental Services Data Report.
- .14 Non-Fee-for-Service Expenses Report



Questions