



MARYLAND HEALTH CARE COMMISSION

Update of Activities

April 2026

EXECUTIVE DIRECTION

Legislative Session 2026

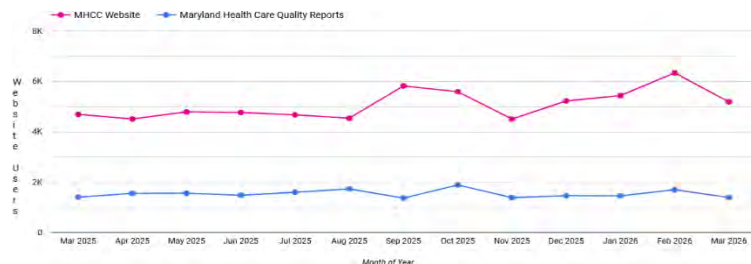
MHCC provided significant technical assistance to legislators and committee staff on request during this legislative session. On request of the General Assembly, MHCC Staff provided estimates of the cumulative financial impact on premiums for 11 mandated benefit/legislative studies to the legislature during session. These estimates, provided in real-time rather than after close of session, were used to support analysis of legislative proposals under consideration. As the legislative session closes for 2026, MHCC will review all finalized bills and legislative text to assess new activities and mandated studies due in the coming year. The April Commission meeting will include a Legislative Wrap-Up overviewing outcomes on the bills the Commission has been tracking and priority activities that the Commission will undertake in the coming months at the direction of the legislature.

Maryland Trauma Physician Services Fund

Trauma Fund grants were disbursed to 9 eligible trauma center grantees, totaling approximately \$4.46 million (\$495,357.77 to each eligible center). As a condition of the grant, the Commission will require semi-annual reporting of quality and impact metrics. Reporting mechanisms are in development and the first reporting is expected from trauma centers around June 2026. In addition, trauma centers have now submitted and been reimbursed for on-call hours submitted for the period between July – December 2025. On-call reimbursements across facilities totaled approximately \$9.93 million.

Website Update

The [MHCC Commission website](#) reported 5,188 users in March (slightly down from February), while the [Maryland Quality Reporting site](#) had 1,796 users in March (level). Over the past year, unique users for the Maryland Quality Reporting site have remained stable between 1-2,000, indicating steady traffic. In contrast, unique users to the MHCC fluctuate have increased overall through the past year, from under 4,000 users to over 4,000 for the same period, with specific peak months likely



driven by specific activities or updates of interest to users. MHCC Staff has been working to modernize and update the MHCC main site. During the April Commission meeting, staff will preview new site (planned web relaunch April 30). The updated website, the Maryland Quality Reporting site, and all of the Commission’s publicly available information will comply with all ADA requirements, including new requirements for accessibility effective April 2026. MHCC Staff is working diligently to ensure all individuals, including those with disabilities, have meaningful access to all Commission resources and information.

CENTER FOR ANALYSIS & INFORMATION SYSTEMS

MCDB Data Submission Status, Payor Compliance, and Technical Support

Beginning in March 2026, CAIS staff initiated a series of meetings with representatives from each payor to address their noncompliance with established MCDB reporting requirements for pharmacy rebate data. Only one data submitter has submitted this information to the MCDB from 2020 through 2025. The Commission is now pursuing recovery of retrospective data from 2020 to the present. This longitudinal information is critical for producing accurate analyses of pharmacy expenditures and will enable the MHCC and its state partners to assess net versus gross costs.

Misvalued Codes Analysis

In March, staff presented findings from an analysis of potentially misvalued codes in the Medicare Physician Fee Schedule (PFS) using 2023 Maryland All Payors Claims Data (APCD) data. The study supports MHCC’s goal of promoting more accurate service valuation, as emphasized in the recent primary care investment report. As a result of this study (a team effort), a recommendation was submitted by MHCC to CMS for potentially misvalued codes requesting revaluation of physician work time based on empiric data. MHCC awaits CMS’s response.

AHEAD Model TCOC Data Support

Staff are currently working on estimating the missing self-insured ERISA and FEHBP data from the MCDB using regression models and the Insurance/Employer Component of the Medical Expenditure Panel Survey data. This information will be presented to the AHEAD Model workgroup facilitated by HSCRC on or before April 10, 2026. In addition, staff are working on completion factor development to account for commercial claims run-off provided to the AHEAD Model workgroup. This will align the commercial claims with Medicaid claims, which has 12 months of run-off claims.

CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE DELIVERY

Feedback on Digital Tools Linking Health and Social Services and Supports



Approximately 26 organizations responded to a Request for Information (RFI) on essential features in digital tools and platforms that help health care providers connect individuals to social support services and resources. A review of the responses is underway; findings will inform the development of strategies to advance interoperability between electronic health record systems and social health systems.

Electronic Health Care Transactions

A Request for Proposals (RFP) was released by CRISP to identify a vendor to support its collection and management of electronic health care transactions. The RFP aligns with technical requirements for electronic health networks (EHNs) submitting transaction information to CRISP (COMAR 10.25.07.09), as finalized in March 2026. In addition, health information exchange (HIE) entities provided feedback on near final draft technical specifications for connecting to the consent management application (CMA) developed by CRISP. This will facilitate the electronic sharing of health care consumers opt out status among HIEs operating in the State (COMAR 10.25.18.03).

Noncontrolled Prescription Drugs Dispenser Data

Dispensers reviewed draft updates to the Noncontrolled Prescription Drugs Dispenser Data Submission Manual (manual). The manual provides technical guidance for submitting noncontrolled prescription drug (non-CDS) dispense information to CRISP and must be updated annually (COMAR 10.25.18.13). The draft updates clarify select processes for non-CDS reporting. This will be the first update to the manual, which will be published in the Maryland Register for a public comment period.

Rural Health Transformation Fund Grants

MHCC will be administering a grant to expand access to primary care in rural communities, in support of Maryland's participation in the CMS Rural Health Transformation Fund Program, with the first year of funding available in 2026 and potential CMS funding for additional years through 2030. MHCC's grant program will be focused on strengthening personnel, technology, and operational capacity needed to start-up or expand primary care in rural communities, with approximately \$6.4 million available in competitive grants for 2026/2027. This funding opportunity is anticipated later this Spring, with more information for potential grantees forthcoming.

Primary Care Workgroups & Learning Network Events

A Learning Network event, Primary Care Innovation: Connected Primary Care and Collaborative Behavioral Health, is planned for April 9th that will highlight MedStar Health's Connected Primary Care and Collaborative Behavioral Health models. These models aim to improve patient care by integrating primary care, behavioral health services, and technology-enabled support systems. In addition, the Primary Care Investment Workgroup (Workgroup) is planning to convene in April to review proposed targets for commercial payors, Medicaid, Medicare Advantage, and the State Employee Health Plan. The Workgroup will also consider an investment opportunity map

that highlights areas with significant need and comparatively low primary care spending. The map will inform future primary care investment planning and resource allocation.

CENTER FOR HEALTH PLANNING

Visualizing Data for Planning

Staff developed MHCC's first internal Power BI dashboard to visualize Annual Hospice Survey data (CY 2018–2024). This interactive, self-service tool highlights key trends in hospice capacity, utilization, demographics, and financial performance. It equips staff, leadership, and external stakeholders with actionable operational insights to support the CON program and forecast Maryland's future hospice needs. The dashboard is currently undergoing internal testing, with future plans to integrate CMS Hospice claims data from the APCD.

Certificate of Need Reviews: Home Health

The Certificate of Need (CON) review cycle for Home Health that began on August 15, 2025, has ended. The last date to accept CON letters of intent was April 3, 2026, for the Maryland Lower Shore, which includes Caroline, Dorchester, Somerset, Talbot, Wicomico, and Worcester counties. Five applications from three facilities in three health planning regions have been received and will be reviewed and presented to the Commission for a decision in upcoming months.

Psychiatric Utilization Projections and Historically Underserved Populations

The utilization forecast for acute psychiatric hospital beds in CY 2031 and the needs determination for historically underserved populations established by the Commission during the February meeting was published in the Maryland Register on March 20, 2026. Moving forward, CON applicants that propose a project for acute psychiatric services must discuss the need for the proposed project in relation to the published utilization forecast for 2031 and needs determination for historically underserved populations.

Annual Surveys

The Long Term Care annual survey opened on March 23, 2026, with a 60-day data collection period for nursing homes, chronic care, and assisted living facilities. After the closing date, the data is validated using the Medicaid Cost Reports, then published for public use on the MHCC website. This data is used to update the [MHCC Quality Reporting Website](#), develop the State Health Plan, determine the need for additional capacity, and assess the financial health and performance of the industries. This year's survey includes acquisition transaction data from both assisted living and nursing home facilities as part of the survey process. In addition, the Annual Hospital Surveys of Service Capacity and Licensed Beds for fiscal year 2027 are currently being prepared for distribution to hospitals (planned release June 2026).

Pending Actions

Change of Ownerships

- AAU Greenbelt ASC, LLC
- Anne Arundel Urological Surgery Center, LLC
- Smart Pain Surgery Center at Whitemarsh, LLC dba Clearway Surgery Center of White Marsh
- Oakland MRI Center
- University of Maryland Medicine Surgery Center

Facility Name Changes

- Current Name: Andochick Center for Cosmetic Surgery (Andochick)
 - *New Name: Scott E Andochick MD PA*
- Current Name: Montgomery Hospice, Inc. (Hospice 1503)
 - *New Name: Montgomery and Prince George's Hospice*
- Current Name: University of Maryland School of Dentistry
 - *New Name: University of Maryland Ambulatory Surgery Center – School of Dentistry*

New Ambulatory Surgical Centers (ASCs)

- Innovative Surgery Center at Bel Air – 515 South Tollgate Road, Bel Air, MD 21014

Other Requests

- Baltimore Eye Surgical Center – *addition of general anesthesia services*
- NSPC Surgery Center of Maryland, LLC – *addition of interventional radiology services*
- MedStar Medical Group-Southern Maryland, LLC d/b/a MedStar Shah Medical Group at Calvert Medical Arts Center– *add urology surgical procedures*
- Radiology Associates of Maryland, LLC, d/b/a The Radiology Clinic (The Radiology Clinic) - *establishment of a new outpatient imaging center located at 7500 Old Georgetown Rd, Ste 4, Bethesda, MD 20814*
- Radiology Associates of Maryland, LLC, d/b/a The Radiology Clinic (The Radiology Clinic) - *establishment of a new outpatient imaging center located at 112 Thomas Johnson Dr, Suite 102, Frederick, Maryland, 21702*
- Watkins Mill ASC, LLC (Watkins Mill) – *change of address which included an updated suite number*

Letters of Intent

- Westminster Rescue Mission, Inc. (WRM) – *proposes to establish a Track One Alcoholism and Drug Abuse Intermediate Care Facility (ICF) at ASAM Level 3.7 Medically Monitored Intensive Inpatient and ASAM Level 3.7 Withdrawal Management Services. The facility will include twelve adult ICF beds located at 658 Lucabaugh Mill Rd, Westminster, MD 21157.*



- Rite of Passage (ROP) – *proposes to establish a 48-bed mixed gender Residential Treatment Center (RTC) providing 24-hour structured, trauma-informed behavioral health services for youth with serious emotional and behavioral disorders.*

CENTER FOR QUALITY MEASUREMENT & REPORTING

AHEAD Post Acute Care Strategy

MHCC staff, led by the Chief Strategy Officer, have hosted three focus groups related to strengthening post-acute care in support of the AHEAD model. These external stakeholder meetings yielded insights from representatives of state agencies, professional boards, the legislature, and providers and staff from hospitals, nursing homes, hospices, home health agencies, adult medical day care centers, and community health organizations. Staff are now synthesizing meeting findings, generating recommendations, and will begin drafting a report to the Governor.

Unlicensed Assisted Living Providers

MHCC Staff is participating in an interagency workgroup to understand and improve care among unlicensed assisted living providers. The workgroup, convened in partnership by the Secretaries of the Maryland Department of Health and Department of Aging, is drafting a report and recommendations to assess the current state and potential opportunities to strengthen care in unlicensed assisted living facilities, including populations served, oversight and licensure, legal requirements, and data collection within these facilities. MHCC is leading drafting portions of this report and will continue to provide updates on the workgroup's progress.

Communication & Outreach

Staff participated in the Black Family Wellness Expo, held at The Village at Mondawmin in Baltimore City. The event was well attended by the community and featured health screenings, financial counseling, mental health and behavioral health support, and more. This is an opportunity for MHCC Staff to interact with the community, promote the resources on the Quality Reporting website, and network with a wide professional audience. Thank you to Commissioner Blake for facilitating this connection for the third year in a row. In addition, MHCC posted approximately 80 social media messages in March on Patient Safety Awareness Week, National Kidney Month, and promotion of the MQR website. MHCC posts are tailored to align with the U.S. Department of Health and Human Services national health observances and aim to link readers back to the MQR website.

