



MARYLAND HEALTH CARE COMMISSION

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Revised 5/18/2021
MEMORANDUM

TO: Commissioners

FROM: Kenneth Yeates-Trotman
Director, Center for Analysis and Information Systems

DATE: May 13, 2021
Revised May 18, 2021

RE: Staff Recommendation for Proposed Permanent Amendments to Regulations -
COMAR 10.25.06 - *Maryland Medical Care Data Base and Data Collection*

Maryland Health Care Commission (MHCC) staff is recommending that the Commission adopt proposed permanent amendments to the regulations in COMAR 10.25.06 governing the Maryland Medical Care Data Base (MCDB) and its data collection process. The impetus for a review and updates to COMAR 10.25.06 began with the need to remove the language at COMAR 10.25.06.06C¹ to align with new regulations that will govern data release and be contained in one new chapter, COMAR 10.25.05, which are near finalization. Staff plans to present the new data release regulations to the Commission for consideration at its June meeting.

Staff engaged in a review of all the existing regulations in COMAR 10.25.06. During that review, staff identified some obsolete, outdated language that needed to be removed and the need for updated language and amendments to align with current and optimal data collection practices. The most substantive change to the regulations are the proposed amendments to COMAR 10.25.06.05A-C, which allows the Commission to require reporting entities to submit data more

¹ The current language at COMAR 10.25.06.06C to be deleted provides as follows:

[C. Disclosure of Data for Research Use. To ensure that confidential or privileged patient information is kept confidential, prior to any disclosure of data that contains "directly or indirectly identifiable health information", as defined in HIPAA:

(1) A review shall be conducted by an appropriate Institutional Review Board, as provided in COMAR 10.25.11;

(2) The Maryland Medical Assistance Program (Medicaid) shall review and approve any request for the release of Medicaid data.]

frequently than quarterly. The new proposed language regarding more frequent data submission is as follows:

A. Unless a different reporting time period is specified in the MCDB Submission Manual pursuant to §B of this regulation, each reporting entity shall submit to the Commission a complete set of the entity's data for claims paid during each quarter of a calendar year in the form and manner described in Regulations .07–.14 of this chapter within two months of the last day in the applicable quarter.

B. Each reporting entity shall submit at least quarterly to the Commission a complete set of the entity's data for claims paid during the specific time period in the form and manner described in Regulations .07–.14 of this chapter and within the time period specified in the MCDB Submission Manual, unless a more frequent submission schedule is specified by the Commission.

C. Before instituting a requirement that a reporting entity submit data for claims paid more frequently than quarterly, as required in §§A and B of this regulation, the Commission shall:

(1) Establish a multi-stakeholder group consisting of representatives of reporting entities, involved State agencies, and other stakeholders, as appropriate, to discuss the benefits and costs of expanding data collection; and

(2) Include a transition period for reporting entities to adjust to the new data submission schedule and process.

Staff's proposed amendments also clarify that pharmacy benefit managers and managed behavioral health companies are subject to the MCDB reporting requirements; expand non-fee-for-service data collection to include all services, not just medical services; and update the definitions of terms used throughout the regulations. In addition, the proposed amendments require Commission staff to convene a multi-stakeholder workgroup to discuss the benefits and costs of expanding data collection before changing the frequency of data submission under the proposed new requirements in COMAR 10.25.06.05A-C. The proposed amendments further require that the Commission establish a transition period for reporting entities to adjust to the new data submission schedule and process.

Staff convened a Workgroup consisting of privately insured payors (life and health insurance carriers, HMOs, third party administrators (TPAs), pharmacy benefit managers (PBMs), dental insurance companies), and State agencies (HSCRC, MDH-Medicaid) to obtain feedback on staff's proposed amendments. The Workgroup met on February 12, 2021.

The Health Services Cost Review Commission supports increasing the frequency of data submission to better align MCDB reporting with other reporting needed for Total Cost of Care Model performance monitoring. Payors did not raise specific concerns about more frequent reporting. Many states with All Payer Claims Databases (APCDs) are considering the same issue. Several payors emphasized the importance of providing a transition period for submitters if the frequency of data submission changes.

The full text of the regulations in COMAR 10.25.06 is attached (7 pages). Please note that: (1) existing regulatory language proposed to be deleted appears within brackets; and (2) new language proposed to be added to the regulations appears in italics.

Staff Recommendation

Staff recommends that the Commission adopt these amendments to the regulations in COMAR 10.25.06, *Maryland Medical Care Data Base and Data Collection*, as proposed permanent regulations.