DRAFT

Access to Electronic Health Data for Skilled Nursing Facilities

(Chapter 333 | Senate Bill 648, *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records,* 2023)

2025 Joint Chairmen's Report (p. 174)

July 2025

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RESPONSE SUMMARY

This report was prepared in response to the request for information in the 2025 Joint Chairmen's Report[1] pertaining to *M00R01.01* (p. 174), *Maryland Health Care Commission, Access to Electronic Health Data for Skilled Nursing Facilities*. The Chairmen of the Senate Budget and Taxation Committee and House Appropriations Committee are interested in the implementation of Chapter 333 (Senate Bill 648),[2] *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (also referred to as Chapter 333 of 2023). The Chairmen requested an update on the status of granting access to electronic patient medical records and electronic health care transaction data[3] to business associates[4] of skilled nursing facilities (also referred to as nursing homes) under the Nursing Facility Connectivity Program administered by the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (also referred herein as CRISP). As per the committees' request, the Maryland Health Care Commission (MHCC), in collaboration with CRISP, submits a response that:

- describes activities to implement Chapter 333, including efforts to ensure that authorized data is released on a regular basis and in a timely manner;

- evaluates issues preventing full access to electronic patient medical records and electronic health care transactions as authorized in the legislation, noting any issues affecting business associates of skilled nursing facilities participating in the Nursing Facility Connectivity Program; and

- makes recommendations, including changes to law or regulations, to improve access to electronic patient medical records and electronic health care transactions as authorized.

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[1] Joint Chairmen's Report, 2025 Session, *Report on the Fiscal 2026 State Operating Budget (HB 350) And the State Capital Budget (HB 351) And Related Recommendations*. Available at: dls.maryland.gov/pubs/prod/RecurRpt/Joint-Chairmens-report_2025.pdf.

[2] Chapter 333 (Senate Bill 648), *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (2023). Available at: mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0648?ys=2023RS. The chapter is now codified as § 4-302.6 of the Health-General article of the Maryland code.

[3] The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the U.S. Department of Health & Human Services to adopt national standards for electronic health care transactions. A key goal was to simplify the business of health care (HIPAA Administrative Simplification). More information on the adopted transactions is available at: www.cms.gov/files/document/health-care-transactions-basics.pdf.

[4] Business associates are entities that create, receive, maintain, or transmit protected health information on behalf of a covered entity or another business associate. A business associate agreement is required when a business associate has access to protected health information. A business associate agreement is a legally binding contract that clarifies and limits permissible uses and disclosures of protected health information based on the contractual relationship between both parties and the activities or services being performed.

Implementation activities began following legislation previously enacted in 2021,[5] which includes provisions for nursing homes and MHCC-certified electronic health networks (EHNs)[6] to report certain information to CRISP for clinical and public health purposes.[7] Nursing homes are required to provide clinical information,[8] and EHNs must submit data from electronic health care transactions (or transactions)[9] to CRISP. CRISP has made progress integrating with nursing home electronic health record (EHR) systems (see Nursing Facility Connectivity Program). Over the next year, MHCC anticipates finalizing regulations to support the submission of transactions information to CRISP (see EHN Regulatory Framework).

These activities build upon the CRISP HIE infrastructure to improve population health and public health reporting. CRISP was competitively selected in August 2009 to serve as the State-Designated HIE[10] and has evolved to support multi-stakeholder needs through various use cases that use clinical and non-clinical data, while ensuring privacy and security of these data.[11] Maryland law (2022)[12] requires CRISP to operate as a health data utility (HDU) to collect, aggregate, and analyze electronic health data (including clinical, public health, and health administrative and operations data) to support the evaluation of public health interventions, advance health equity, facilitate communication of data between public health officials and health care providers, and enhance the interoperability of health information.[13]

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[5] Chapter 791 (Senate Bill 748) and Chapter 790 (House Bill 1022), *Public Health - State Designated Exchange - Clinical Information* (2021). Available at: mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0748?ys=2021RS&search=True.

[6] An EHN (also referred to as a health care clearinghouse) exchanges electronic health care transactions containing health insurance claims data between payors and providers. EHN services include verifying the accuracy of claims submitted, reporting on errors identified, and formatting transactions to align with national standards established by HIPAA. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires government and private payors to only accept transactions originating in Maryland from MHCC-certified EHNs. More information is available at: mhcc.maryland.gov/mhcc/pages/hit/hit_ehn/hit_ehn.aspx.

[7] Purposes include a state health improvement program, mitigation of a public health emergency, and improvement of patient safety.

[8] Upon request by the Maryland Department of Health.

[9] See n.3, *Supra*.

[10] Health – General Article §19-143, Annotated Code of Maryland (2009) charged MHCC and the Health Services Cost Review Commission with designating a statewide HIE.

[11] A State Designated HIE Designation Agreement (SDA) sets forth conditions for CRISP; changes to the SDA are considered as needed with redesignation occurring about every three years.

[12] Chapter 296 (House Bill 1127), *Public Health - State Designated Exchange - Health Data Utility* (2022): mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1127?ys=2022RS.

[13] In collaboration with Civitas Networks for Health, a national collaborative for HIE with more than 150 members, MHCC developed the *Health Data Utility Framework – A Guide to Implementation* (March 2023). The framework provides guidance on HDU structures and implementation approaches to support multi-stakeholder needs across care and service settings. More information available at: mhcc.maryland.gov/mhcc/pages/hit/hit_hdu/hit_hdu.aspx.

Nursing Facility Connectivity Program

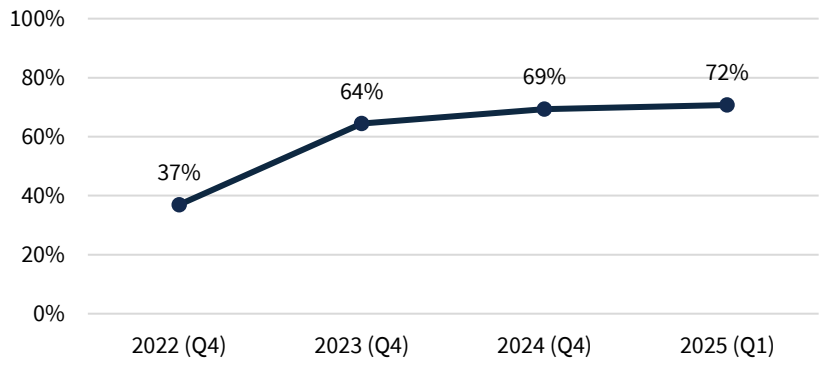
In September 2022, CRISP established the State-funded Nursing Facility Connectivity Program (program) in collaboration with three post-acute care associations (Health Facilities Association of Maryland, LeadingAge Maryland, and LifeSpan Network). The program supports the integration of clinical data from nursing home EHR systems with CRISP to improve patient care, automate prevention and surveillance programs, and reduce preventable hospital admissions and readmissions. CRISP competitively selected Real Time Medical Systems, LLC (Real Time) as its contractor to assist with data integration, analytics, and other technical support.

Real Time provides analytical tools to nursing homes that use data directly from nursing home EHR systems. Care teams use this information to identify changes in resident conditions, monitor high-risk patients, and identify emerging infections. A Clinical Technical Assistance Coordinator (i.e., a registered nurse) provides additional support to care teams at each nursing home. Nearly three quarters of nursing homes (72 percent, as of Q1 2025) participate in the program (Figure 1); these nursing homes have signed business associate agreements[14] with Real Time.

Figure 1. Nursing Facility Connectivity Program

Skilled Nursing Facilities with EHRs Integrated with CRISP

N=221



Data Source: CRISP

Notes: A large share of all nursing homes in the State are part of a chain (72 percent); Of those nursing homes that are participating in the program, most are chains (78 percent); the remaining nursing homes that are not yet in the program are split – chains (56 percent) and non-chains (44 percent).

[14] See n.4, *Supra*.

EHN regulatory framework

State law (2021)[15] requires MHCC to adopt regulations as it relates to MHCC-certified EHNs providing electronic health care transactions to CRISP. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, is the existing EHN regulatory framework. Amendments to the regulations were put on hold to develop emergency regulations required by legislation enacted in 2023,[16] which prohibits EHNs and HIEs from disclosing certain reproductive health information (referred to in regulation as legally protected health information).[17]

The MHCC anticipates finalizing amendments to COMAR 10.25.07 to support the collection and use of transaction information for public health purposes[18] in Q4 2025. The amendments specify the transactions that EHNs must submit to CRISP and include a provision for CRISP to develop technical submission guidance for EHNs within 12 months of the regulations' effective date. Proposed regulations are expected to be published in the July 25, 2025 edition of the Maryland Register; the regulations incorporate feedback from public comments on regulations previously proposed in Q4 2024[19] and clarify that transaction information can be used to support the State's participation in the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model.[20, 21]

Issues to implementation center on stakeholder concerns as it relates to reporting requirements in Maryland law. Disputes about the State's and CRISP's authority have created challenges and delays.

Litigation involving the Nursing Facility Connectivity Program

In January 2024, Real Time filed a lawsuit against PointClickCare Technologies, Inc. (or PCC),[22] the EHR vendor used by most nursing homes (82 percent) in the State. Real Time utilizes data

[15] See n.5, *Supra*.
[16] Chapter 248 (Senate Bill 786) and Chapter 249 (House Bill 812), *Health - Reproductive Health Services - Protected Information and Insurance Requirements* (2023). Available at: mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0786?ys=2023RS.
[17] Amendments to COMAR 10.25.07 to support implementation of the 2023 reproductive health law were finalized in May 2024.
[18] See n.7, *Supra*.
[19] Proposed regulations were published in the December 2, 2024 edition of the Maryland Register. The MHCC considered roughly 39 comments and revised select amendments, some of which were considered substantive and informed the decision to repropose the regulations.
[20] Chapter 615 (House Bill 1104), *Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund* (2025).
[21] The Centers for Medicare & Medicaid Services develops and administers the AHEAD Model.
[22] *Real Time Med. Sys., LLC v. PointClickCare Techs., Inc.,* No. 8:24-cv-00313(D. Md. Jan. 31, 2024).

from the PCC platform used by nursing homes in the Nursing Facility Connectivity Program. Real Time alleged that PCC was impeding its access to clinical records by using undecipherable CAPTCHA[23] tests designed to determine if users are human or a computer (bot) and was seeking exorbitant fees for the data.

At issue is the application of the 21st Century Cures Act (Cures Act)[24] and Chapter 333 of 2023,[25] which promotes interoperability across providers, payers, and public health partners. Certified EHR Technology vendors, including PCC, are prohibited by the Cures Act from interfering with the access, exchange, or use of electronic health information, referred to as "information blocking",[26] except as required by law or specified in an exception. PCC argues that its actions are supported by the Cures Act and the information blocking exceptions in the Cures Act supersede requirements in Chapter 333 of 2023. However, to date, no court has endorsed PCC's position or its use of CAPTCHAs; the courts have found PCC's actions likely constitute information blocking.[27]

Nationally, a similar lawsuit alleging anti-competitive data restrictions is ongoing. In September 2024, Particle Health, Inc., a technology vendor that serves as an intermediary to aggregate patient records, filed a federal antitrust lawsuit against Epic Systems Corporation (Epic), the largest EHR software vendor nationally. Particle Health alleges that Epic is using its market dominance to restrict access to patient data and stifle competition.[28]

EHN objections to proposed regulations

While EHNs generally acknowledge and support goals to improve public health in the State, they have expressed unease about a broad mandate to send transaction information to CRISP given rules that restrict data sharing, notably protections for self-insured employer health care plans governed by the Employee Retirement Income Security Act of 1974 (ERISA) and rules that apply

[23] CAPTCHA stands for "Completely Automated Public Turing Test to Tell Computers and Humans Apart" and relies on interpreting distorted images of text to keep interacting with a website or application.
[24] The Cures Act was enacted in December 2016 and promotes interoperability across EHR vendors and prohibits actions by health care providers, technology developers of certified health IT, and HIEs that would interfere with the access, exchange or use of electronic health information, 42 USCA § 300jj-52.
[25] See n.2, *Supra*.
[26] 42 USCA § 300jj-52.
[27] On July 29, 2024, the United States District Court for the District of Maryland entered a preliminary injunction against PCC's use of indecipherable CAPTCHAs. *Real Time Med. Sys., LLC v. PointClickCare Techs., Inc.,* 2024 WL 3569493, No. 8:24-cv-00313 (D. Md. July 29, 2024). PCC appealed this decision to the United States Court of Appeals for the Fourth Circuit, which affirmed the District Court's injunction. Real Time Medical Systems, Inc. v. PointClickCare Technologies, Inc., No. 24-1773 (4th Cir. 2025): law.justia.com/cases/federal/appellate-courts/ca4/24-1773/24-1773-2025-03-12.html.
[28] Nelson Mullins, *Particle Health, Epic, Carequality, and the Economics of Health Information Exchange*, October 2024. Available at: www.nelsonmullins.com/insights/insights/particle-health-epic-carequality-and-the-economics-of-health-information-excha.

to Medicare Advantage (42 CFR § 422.402) and Part D and the Federal Employees Health Benefits Program (5 U.S.C. § 8902(m)(1) and 48 C.F.R. § 1652.224–70).

Interpretations of ERISA preemption have resulted in various court challenges to state-level approaches to collect health information.[29] For example, the Supreme Court of the United States ruled in 2016 that ERISA preempts a Vermont statute requiring health care claims data to be reported to a state-maintained database (Gobeille v. Liberty Mutual Insurance Company).[30] The ERISA Industry Committee (ERIC) and select EHNs have expressed concerns about potential conflicts with Maryland's law and MHCC's proposed regulations (COMAR 10.25.07) that require EHNs to submit transaction information to CRISP.

EHNs have also noted the need to ensure appropriate authorizations and agreements are in place before disclosing transaction information to CRISP. EHNs have stated they may need to amend their business associate agreements with clients[31] and that providers may also need to update their Notice of Privacy Practices, though these standard documents typically already permit disclosures required by law.

Recommendations include legislative, regulatory, and policy-related actions that aim to improve access to data from EHRs and electronic health care transactions.

1. ***Require EHR vendors that integrate with business associates to utilize standards outlined in the most current version of the United States Core Data for Interoperability (USCDI), as established by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC). Amend COMAR 10.25.18, Health Information Exchanges: Privacy and Security of Protected Health Information, to support a phased implementation approach that requires EHR vendors with existing BA integrations to comply within six months.***

[29] America Action Forum, *Primer: ERISA Preemption*, February 2024. Available at: www.americanactionforum.org/insight/erisa-preemption/.

[30] This decision has affected states' All-Payer Claims Databases (APCDs) and their ability to draw meaningful conclusions from data, as employer-sponsored plans comprise a significant portion of the marketplace. APCDs are state-level databases of eligibility, enrollment, medical claims, and provider data from private and public payers. Maryland's APCD (i.e., Maryland Medical Care Database) includes data for state residents enrolled in private insurance including Medicare Advantage, Medicare fee-for-service, and Medicaid Managed Care Organizations; the database is used for estimates of cost and utilization, policy analyses, and evaluations of programs, among other things.

[31] EHNs serve as business associates to payers and providers and are required to enter into a business associate agreement. Business associates are permitted to disclose information as permitted or required by the business associate agreement or as required by law, including state statutes and regulations. 45 CFR § 164.504.

Rationale

USCDI, as mandated by the Cures Act, establishes a technical and policy baseline for accessing, exchanging, and using electronic health information.[32] Use of standards-based data elements advances interoperability, enabling the delivery of more coordinated and patient-centered care, enhances research and population health efforts, and helps reduce administrative burden. USCDI is relevant to business associates when integrating with health care providers and health IT developers. COMAR 10.25.18 is the existing regulatory framework for entities that meet the statutory definition of an HIE, which includes EHR vendors.[33] Amendments to the regulations can support a phased implementation approach to ensure interoperability with new and existing business associates, allowing time for business associates to upgrade their technology.

2. ***Strengthen data governance requirements for EHR vendors that meet the statutory definition of an HIE and integrate with business associates to improve data sharing and promote transparency. Amend COMAR 10.25.18 to ensure compliance and build trust.***

Rationale

Proprietary EHR software includes privacy functions for user authentication and access controls.[34] These controls can hinder data sharing by creating unnecessary hurdles and delays in enabling the authorized use of data to enhance care coordination and public health, counter to the goals of Chapter 333 of 2023. Amendments to COMAR 10.25.18 that outline specific data governance provisions for EHR vendors that integrate with third parties will enhance secure access, use, and exchange of data and build upon federal requirements in the Cures Act.

3. ***Promote broader participation in the Nursing Facility Connectivity Program through supportive measures.***

Rationale

[33] Health-General Article §4-301(i)(1), Annotated Code of Maryland (effective October 1, 2022).
[34] EHR In Practice, *EHR interoperability challenges and solutions*, December 2024. Available at: www.ehrinpractice.com/ehr-interoperability-challenges-solutions.html#:~:text=Vendor%20lock%2DIn:%20Some%20EHR,regions%2C%20further%20compounding%20the%20problem.

Nearly one-quarter of nursing homes are not yet participating in the Nursing Facility Connectivity Program, which limits the completeness and consistency of data essential for effective care coordination and public health planning. Efforts to foster broader participation in the Nursing Home Connectivity Program should align with quality reporting requirements, regulatory oversight, and state-supported initiatives. These efforts can better position nursing homes to fully contribute to an interconnected data-driven health care system.

4. ***Update the legislature by December 1st in 2026 and 2027 on CRISP and MHCC-certified EHNs' implementation of COMAR 10.25.07.09.***

Rationale

Activities are underway to finalize and implement amendments to COMAR 10.25.07 that support MHCC-certified EHNs submission of electronic health care transactions to CRISP.[35] Regulation .09 includes a requirement for CRISP to develop *Electronic Health Care Transactions Technical Submission Guidance* with stakeholder input and provisions for CRISP and MHCC-certified EHNs to report implementation updates to MHCC, including EHNs timelines for sending transaction information to CRISP. The regulations are expected to be finalized in Q4 2025. The MHCC will provide ongoing guidance to CRISP and EHNs to operationalize the regulations through 2027.

SUPPLEMENTARY INFORMATION

The following information provides additional background information and context for the Committees' request for information regarding the implementation of Chapter 333 of 2023. This includes related legislation that supports efforts to improve clinical care delivery and public health in Maryland and the current landscape of nursing homes use of EHRs and MHCC-certified EHNs.

Maryland Law

Chapter 333 (Senate Bill 648), *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (2023)[36] authorizes a nursing home that contracts with or uses an EHN or EHR vendor to direct the vendor to release patient medical records or electronic health care

[35] See n.5, *Supra*.
[36] See n.2, *Supra*.

transactions[37] to a business associate of the nursing home.[38] The law requires vendors to make the information available on a regular and timely basis to support patient care and monitoring. Vendors are prohibited from restricting, limiting, or charging a fee for the release of the information.[39]

The law builds upon Chapter 791 (Senate Bill 748) and Chapter 790 (House Bill 1022), *Public Health - State Designated Exchange - Clinical Information* (2021),[40] which aims to facilitate a State health improvement program, mitigate a public health emergency, and improve patient safety.[41] The legislation supports making certain reporting requirements introduced during the COVID-19 pandemic permanent; this includes provisions in an Executive Order[42] that required nursing homes to report COVID-19 infection information to CRISP to monitor its spread in and around nursing homes. The law also requires EHNs to provide transaction information to the State-Designated HIE. Chapter 615 (House Bill 1104), *Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund* (2025)[43] clarifies that transaction information may be used to support the State's participation in the AHEAD Model[44] and any successor models, among other things.

These laws support broader efforts within the State to integrate various data sources to strengthen care delivery, public health systems, and health preparedness and surveillance programs. Such efforts rely on the use of HIEs, which include EHR developers operating in the State.[45] The 2022 legislation[46] that requires the State-Designated HIE to operate as an HDU includes provisions for collecting noncontrolled (non-CDS) prescription drug dispense information.[47, 48] Dispenser[49] reporting of non-CDS information begins September 1, 2025. Non-

[37] See n.3, *Supra*.
[38] The law requires vendors to release the information in an electronic format that conforms to the specifications of ASTP/ONC or another form required by the State-Designated HIE.
[39] Md. Code Ann. Health-Gen. § 4-302.6(b)(2).
[40] See n.5, *Supra*.
[41] Md. Code Ann., Health-Gen. §4-302.3(f).
[42] Md. Exec. Order No. 20-04-29-01 (Apr. 29, 2020).
[43] See n.20, *Supra*.
[44] See n.20, Supra.
[45] As of June 2025, there are 16 HIE entities registered with MHCC, as required by COMAR 10.25.18.09.
[46] See n.12, *Supra*.
[47] A noncontrolled prescription drug is a prescription drug, as defined in the Health Occupations Article § 21-201, that is not a controlled dangerous substance designated under Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland.
[48] COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting*. The regulation includes a process for dispensers to request a time-limited waiver from reporting under certain conditions.
[49] A dispenser is a person authorized by law to dispense a noncontrolled prescription drug to a patient or a patient's agent in the State, including a nonresident pharmacy so authorized, with limited exceptions. COMAR 10.25.18.02.

CDS information will supplement dispense information for controlled dangerous substances[50] currently collected and made available through CRISP by the Maryland Prescription Drug Monitoring Program (PDMP).[51] The PDMP assists providers in care delivery and public health and safety authorities with reducing the misuse, abuse, and diversion of prescription drugs. Expanding access to a more complete patient medication history helps reduce medication discrepancies and adverse drug events that pose challenges to patient safety and the delivery of high-quality care.[52]

EHR Adoption in Skilled Nursing Facilities

All nursing homes operating in Maryland have adopted an EHR. Over 80 percent use PCC.[53, 54] PCC is a leading national EHR vendor for long-term care and has received the Certified EHR Technology designation from ASTP/ONC. This designation ensures EHRs meet certain technological capabilities, functionality, and security requirements using standards that support interoperability.[55] The remaining 18 percent of nursing homes use another EHR vendor; more than half use MatrixCare (Table 1).

Table 1. Electronic Health Record Vendor Share
Nursing Homes, 2022
N = 221

EHR Vendors	%
PointClickCare	82
MatrixCare	11
Other (10 EHR vendors)	7

Electronic Health Networks

COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires government and private payors operating in Maryland to accept

[50] A controlled dangerous substance is a drug or substance listed in Schedule I through Schedule V or an immediate precursor to a drug or substance listed in Schedule I through Schedule V, as designated under Criminal Law Article, Title 5, Subtitle 4, Annotated Code of Maryland.
[51] The PDMP is required to monitor the dispensing of prescription drugs that contain Schedules II, III, IV, or V controlled dangerous substances as defined Under Title 5, Subtitle 4 of the Criminal Law Article, Annotated Code of Maryland.
[52] Nationally, adverse drug events cause more than 1.5 million emergency department visits annually. More information is available at: www.cdc.gov/medication-safety/data-research/facts-stats/index.html.
[53] Use of PCC is higher among chains (86 percent) than non-chains (63 percent). Nearly 12 percent used MatrixCare, while the remaining eight percent used one of 23 other vendors.
[54] Data was collected via the Annual Long-Term Care Survey administered to nursing homes operating in Maryland.
[55] ASTP/ONC, *Certification of Health IT*. Available at: www.healthit.gov/topic/certification-ehrs/certification-health-it.

electronic health care transactions[56] from MHCC-certified EHNs. EHNs are intermediaries (also referred to as health care clearinghouses[57]) that exchange administrative and financial data with other covered entities.[58] Covered entities and their business associates are bound by HIPAA rules.[59] Health care clearinghouses are considered business associates when performing functions (e.g., processing claims) on behalf of a covered entity.

A total of 31 EHNs are MHCC-certified (as of June 2025, see Appendix). To qualify for certification, EHNs must be accredited or certified by a nationally recognized organization where standards related to privacy and confidentiality, business practices, physical and human resources, technical performance, and security are evaluated.[60] Change Healthcare (part of Optum, a subsidiary of UnitedHealth Group) is the largest clearinghouse routing nearly 40 percent (15 billion) of all claims nationally.[61] This share is generally reflective of Maryland; three other EHNs collectively route the next largest share of claim transactions – Availity (30 percent), RelayHealth (8 percent), and PNT Data Corp (7 percent).[62, 63] A health care claim is the most common transaction.[64]

2016 CRISP/EHN Demonstration

A 2016 pilot involving CRISP and two EHNs demonstrated the technical feasibility of reporting administrative transactions data to CRISP. The pilot successfully supported the use of claims

[56] Transactions include: health care claim X12N 837 transaction; health care claim payment advice X12N 835 transaction; health care claim status request/notification X12N 276/277 transaction; eligibility, coverage, or benefit inquiry/information X12N 270/271 transaction; benefit enrollment and maintenance X12N 834 transaction; health care service review information X12N 278 transaction; and payment order/remittance advice X12N 820 transaction. More information is available at: www.cms.gov/files/document/health-care-transactions-basics.pdf.

[57] Clearinghouses process nonstandard health information to conform to national standards for data content or format. More information available at: www.cms.gov/priorities/key-initiatives/burden-reduction/administrative-simplification/hipaa/covered-entities.

[58] Covered entities include payors, providers, and health care clearinghouses that electronically transmit health information in connection with a transaction covered by HIPAA. More information available at: www.hhs.gov/hipaa/for-professionals/covered-entities/index.html.

[59] Covered entities engage with business associates to carry out certain health care activities and functions established via a written business associate contract that includes rules to protect the privacy and security of protected health information. More information available at: www.hhs.gov/hipaa/for-professionals/covered-entities/index.html.

[60] The MHCC recognizes the Electronic Healthcare Network Accreditation Commission (EHNAC) and The Health Information Trust Alliance (HITRUST). Certification is valid for two years.

[61] Energy & Commerce, *What We Learned: Change Healthcare Cyber Attack*, May 2024. Available at: energycommerce.house.gov/posts/what-we-learned-change-healthcare-cyber-attack.

[62] Another 12 EHNs with shares less than five percent process the remaining claim transactions.

[63] Percentages are reflective of 2024 data for select private payers operating in Maryland. The MHCC annually collects this data, as required by COMAR 10.25.09. In February 2024, Change Healthcare detected a security incident causing systems to be disconnected from payer and provider operations nationwide. This interruption is expected to be reflected in data for 2024.

[64] A health care claim transaction is a request for payment or transmission of encounter information for the purpose of reporting delivery of health care services.

data in care delivery to inform providers about treatment relationships and missing data from ambulatory settings (e.g., diagnoses and procedures). The small scale of the pilot was a limitation, and it was not inclusive of all EHNs operating in the State.[65] Lessons learned brought to light policy-related challenges with broader implementation; this included potential conflicts with federal rules governing the exchange of certain data.

About MHCC – Advancing Diffusion of Health Information Technology

The MHCC supports initiatives that advance diffusion of health information technology (health IT) statewide in ways that improve access, exchange, and use of electronic health information, safeguard privacy and security, promote responsible use of artificial intelligence (AI), and improve health and health care equity. Key elements of health IT include EHRs, HIE, telehealth, and meaningful integration of AI-enabled technologies. Through stakeholder collaborations and legislative guidance, MHCC's initiatives play a pivotal role in fostering a more connected, efficient, and data-driven health care system.

[65] Most providers use multiple clearinghouses.

APPENDIX: MHCC-Certified EHNs

MHCC-Certified Electronic Health Networks *as of June 2025*	
1	athenaEDI™
2	Availity, LLC
3	Carestream Dental LLC
4	Claim MD
5	Cyfluent, Inc.
6	EDI Health Group, Inc.(dba, dentalXchange)
7	Experian Health
8	Eyefinity, Inc.
9	FDB
10	FinThrive Healthcare, Inc.
11	FinThrive Revenue Systems, LLC
12	Infinedi, LLC
13	Inmediata Health Group, LLC
14	Inovalon Provider, Inc.
15	InstaMed Communications, LLC
16	NantHealth, Inc.
17	Optum (medical and pharmacy)
18	Optum (dental)
19	Office Ally, LLC
20	Oracle Cerner (formerly Ability Network, Inc.)
21	PNC Bank, NA
22	PNT Data Corp.
23	RedSail Technologies (formerly QS/1)
24	RelayHealth Pharmacy Solutions
25	Smart Data Solutions, LLC
26	Surescripts LLC
27	The SSI Group, LLC
28	TriZetto Provider Solutions, LLC
29	Veradigm Inc.
30	Vyne Dental
31	Waystar

DRAFT

MARYLAND
Health Care
Commission

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