

MARYLAND HEALTH CARE COMMISSION

Update of Activities

May 2026

EXECUTIVE DIRECTION

Legislative Session 2026 – Close Out Update

Since the last update the Maryland 2026 Legislative Session has ended. Governor Moore has held two of the four scheduled bill signings. Our bill regarding ASAM 3.7 intermediate care facilities, *HB0498 / SB0444 - Certificate of Need - Intermediate Health Care Facilities*, was signed by the Governor on April 14th, the day after the session closed. Dr. Jacobs and Tracey DeShields were present for the bill signing. *SB0494/HB0944 - Maryland Health Care Commission - Certificates of Need and Material Change Transactions* did not pass during this legislative session. However, we will be directed to establish a workgroup to address the bill over the interim with the goal of reintroducing it during the 2027 legislative session.

As of the close of the legislative session, MHCC has been tasked with several additional studies, workgroups, reports, and initiatives including work related to topics including behavioral health rate setting, trauma fund on call reimbursement, quality reporting and public transparency, long term care, and benefit costs and impact, and is currently assessing the activities that we are required to lead or participate in.

AHEAD Regulatory Work Plan - Post-Acute Care and Workforce Priorities

Last September, Governor Moore issued a directive to create a working group of State regulatory agencies to identify priorities for achieving Maryland's goals and objectives under the AHEAD Model. In October, the working group submitted a work plan outlining topics of focus, a deliverable timeline, and an approach to stakeholder engagement. Two of the topics included in the work plan that MHCC was asked to help lead on were post-acute care and health workforce.

- **Post Acute Care:** Focuses on efficiency in discharging hospital patients to clinically-appropriate post-acute care settings. Keeping patients in the hospital longer than necessary is not ideal from a patient recovery perspective and increases the total cost of care. The work plan calls for recommendations emphasizing quality, access and cost savings, including the impact of mergers and acquisitions.
- **Health Workforce:** Calls on MHCC to develop a strategic plan that holistically addresses health workforce development needs, noting that strengthening the health workforce is also a key element of Maryland's Rural Health Transformation Program.

The work plan also focuses on the role of GME support under the AHEAD model and how this will be affected by the transition to Medicare global budgets in 2028.

To better understand priorities related to each of these topics, MHCC met one-on-one and in focus groups with a broad set of partners including state health officials and representatives of academic medical centers, provider groups, payers, area health education centers, post-acute care facilities, community health centers, local health departments, direct care workers, community colleges, and health information technology companies. Staff is currently preparing draft reports that provide background on these topics, recommendations, and summaries of the focus group discussions. MHCC will present this information at a future Commission meeting.

Maryland Trauma Physician Services Fund

MHCC staff, with support from SCAS Management Group, the Trauma Fund's third party administrator, has provided technical assistance upon request of several trauma centers seeking to improve the quality of their claims submissions to ensure accurate claims processing. Over the past two months, several batches of previously denied uncompensated care claims have now been resubmitted with corrected information and reimbursed, allowing reimbursement to flow more effectively to our State's trauma centers for uncompensated care. MHCC continues to work on process improvements and deliver technical assistance to trauma centers and improve the integrity and accuracy of claims submission and processing.

Website Update

The [MHCC Commission website](#) reported 6,028 users in April, up by nearly one thousand from March, while the [Maryland Quality Reporting site](#) had 1,833 users in April, a slight uptick from last month. MHCC Staff has been working to modernize and update the MHCC main site and a redesigned and updated website was launched Friday, May 8th. The Commission's new site is graphically enhanced, user friendly, and fully accessible to individuals who are blind and low vision, and MHCC staff invites ongoing feedback on ways we can improve our web experience to better meet the needs of all users, Commissioners, and consumers.

CENTER FOR ANALYSIS & INFORMATION SYSTEMS

Medical Care Data Base Updates: Collection of Denied Claims, 2026 Data Submissions

MHCC began collecting 2026 First Quarter data from reporting entities in April. In the first month, 14/31 (46%) entities had submitted data that passed all quality checks, with the remaining submissions expected over the coming weeks. Reporting compliance is up from last year – compared to the same time last year, about 39% (12/31) of reporting entities had submitted data by this point, indicating a faster start to reporting for the 2026 reporting year.



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

Electronic Health Care Transactions

A CRISP-convened evaluation committee is reviewing the proposals received in response to their Request for Proposals (RFP) to identify a vendor to support the collection and management of electronic health care transactions submitted by certified electronic health networks (COMAR 10.25.07.09). CRISP anticipates making an award decision by the end of May. Transaction data will support the State's participation in the AHEAD Model. Registered health information exchange (HIE) entities are scheduling testing sessions with CRISP to prepare for implementation of the consent management application (CMA). HIEs are required to connect with the CMA, which will enable HIEs to securely share health care consumers' opt-out status (COMAR 10.25.18.03).

Rural Health Transformation Fund Grants

[MHCC posted a Request for Applications \(RFA\)](#) under the Maryland Rural Health Transformation Program for a funding opportunity that supports expanding access to primary care in designated rural areas of the state. Approximately \$6.3 million is now available to eligible organizations to establish or expand primary care in rural Maryland. The grant will focus on strengthening operational capacity and improving access to high-quality, whole-person care, including preventive care services, chronic disease management, and reduced hospitalization. MHCC will competitively award up to 15 one-year grants, with a maximum award of \$1.6 million. The RFA is posted on MHCC's updated website, and MHCC is promoting this opportunity across social media platforms, conducting an informational webinar session, and has prepared frequently asked questions and guidance for applicants. MHCC is proud to be a part of the efforts to increase access to high quality, affordable primary care services and drive practice transformation across Maryland's rural and geographically isolated communities.

Primary Care Workgroups & Learning Network Events

The Primary Care Investment Workgroup (Workgroup) convened to review proposed investment targets across commercial payors, Medicaid, Medicare Advantage, and the State Employee Health Plan. The Workgroup also reviewed an investment opportunity map that identifies areas with high need and relatively low primary care spending. The map will inform future decisions on primary care investment and resource allocation.

CENTER FOR HEALTH PLANNING

Certificate of Need: Applications Under Review



Current Certificate of Need (CON) activities include the Ruxton Ambulatory Surgery Center project in Baltimore County; five home health applications across Western, Southern, and Central Maryland, one of which has been docketed; three Intermediate Care Facility (ICF) applications for substance use treatment that have submitted Letters of Intent (two located in Baltimore City and one in Carroll County); and a Letter of Intent for a Residential Treatment Center (RTC) serving children and adolescents following acute psychiatric hospitalization, (to be located in Carroll County).

Nursing Home Acquisitions

The Commission has received applications from several entities seeking to acquire nursing homes over the past month and is working toward gathering complete information from applicants. The Commission will initiate a public interest review of each transaction and share information with the public about each proposed acquisition as the applications are deemed complete.

Annual Surveys

MHCC surveys multiple practice settings annually to gather information on available health care services. This includes collecting data on patient demographics, practice and facility infrastructure and financial health, capacity, programs and services, and patient satisfaction at a facility-level from hospitals, ambulatory surgical facilities, and long term care settings including nursing homes, assisted living facilities, hospice, and home health. This year, MHCC is fielding questions related to acquisitions and changes in ownership across facility types to better understand the impact of ongoing changes in ownership across facility types. This will enable MHCC to analyze and assess the effect these changes have on organizations' financial stability, consumer choice and competition, and the provision of health care services in Maryland.

MHCC is currently fielding surveys for long term care settings including nursing homes (recently closed, 100% response rate), chronic care, and assisted living facilities. The next round of surveys will open in June for hospitals and ambulatory surgery facilities. In addition to current settings, this year, MHCC will be initiating data collection for intermediate care facilities (ICFs) for the first time, with a target release date in July. This new facility-level survey will support implementation of the recently passed legislation related to Certificates of Need for ICFs and enhance MHCC's ability drive informed, strategic health care planning for the state.

Pending Actions

Change of Ownerships

- Piney Orchard Surgery Center, LLC
- TMS-CJ Intermediate, LLC d/b/a KidsCare Home Health of Maryland, LLC (HH7161R)

Other Requests

- The Chevy Chase ASC – *closure of ASC located at 5530 Wisconsin Avenue Suite 500, Chevy Chase, MD 20815.*
- Clearway Surgery Center of Hagerstown, LLC - *modification of services of an ambulatory surgery center (ASC) located at 1165 Imperial Drive, Suite 100 in Hagerstown, Maryland.*



- Shady Grove Fertility Ambulatory Surgery Center (ASC) - *expanding the existing ambulatory surgery center (ASC) to include an eighth procedure room located at 9601 Blackwell Rd, Suite 500, Rockville, MD 20850.*

Letters of Intent

- Reach Behavioral Health - *proposes to establish a Track One Alcoholism and Drug Abuse Intermediate Care Facility (ICF) providing ASAM Level 3.7 Medically Monitored Intensive Inpatient services ASAM Level 3.7 Withdrawal Management Services. The proposed facility will consist of 20 adult ICF beds and will be located at 200 Central Avenue, Baltimore, Maryland 21202.*

CENTER FOR QUALITY MEASUREMENT & REPORTING

Long Term Care: Nursing Homes

The 2025 Nursing Home Family Experience of Care Survey has concluded. Facilities have received their individual reports, and the statewide and individual facility report data will be added to the Quality Reporting site by the end of May. There was a slight improvement in several scores compared to previous years. For example, the domains Care Provided to Resident (mean=3.3 on a scale of 1 to 4), Activities (mean=2.9 on a scale of 1 to 4), and the Overall Experience Rating (mean=7.4 on a scale of 1 to 10) were statistically significantly higher this year compared to previous years. Other domains such as Food and Meals (mean=3.0 on a scale of 1 to 4) and the Percent Who Would Recommend the Nursing Home (72%) were higher than previous years, but the difference was not statistically significant. Higher numbers are better in all instances, so this signals some improvement across dimensions of patient experience. However, although some scores increased, scores overall are relatively stable compared to previous years. Staff will monitor upcoming years to determine if this is an upward trend or a routine variation.

CRISP HCAHPS (Patient Experience) Dashboard

The CRISP HCAHPS Patient Experience Dashboard, which was designed to support improvements in hospital patient satisfaction, is nearing completion of CMS- aligned patient-mode and case-mix adjustments. Current results show that 95% of scores fall within ±1% of CMS-reported values. These refinements will further strengthen the accuracy and reliability of the existing dashboard. The updated version is planned for release for hospital and State use later this summer.

Communication & Outreach

MHCC staff have diligently worked to increase the Commission’s footprint and broaden awareness of the Commission’s work among government partners, interested stakeholders, and the general public. MHCC has recently increased our use of listservs, social media, and web updates to promote opportunities to engage with the Commission, including providing comments on MHCC’s policies and activities, applying for grants, and accessing the Commission’s analyses and resources. In addition to MHCC staff’s ongoing participation in in-person events (e.g., Maryland

Department of Health Minority Health Resource Fair in April), and promotion of awareness activities (e.g., Black Maternal Health Week, National Public Health Week), the Commission is increasing our high-profile exposure. Over the past month, the Executive Director has participated in external conferences as a featured speaker, conducted an interview with National Public Radio (NPR), and actively promoted MHCC content on social media to engage with a broader audience.

