



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

COMMISSION MEETING MAY 21, 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 useful but there is work to be done:**
 - Ongoing work by state agency partners that require service-level information
 - All data collected by state agencies related to utilization management are in larger, broad categories such as “DME”, laboratory, radiology, pharmacy, and mental health services but not at specific health services such as “continuous glucose monitor.” — only limited to the fully insured market
 - 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 across all payors 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
- MHCC has changed the denied claim definition in response to informal comments



Regulations *Informal Comments*

- Draft amendments to COMAR 10.25.06 were released informal comment in April 2026
- Received 6 comment letters representing payors and other organizations (*See Appendix*)
 - Four comment letters supported the amendments

Responses to specific informal comments



- Health insurers requested that MHCC not use the specified definition of “denied” since that would be administratively burdensome, and other state all-payer claims databases collect all claims instead. Hospitals requested the same, because they were concerned about other non-paid claims that weren’t necessarily denials.

MHCC is changing our approach to proceed with proposing to collect all claims, in response to comments, rather than including a specific definition of “denied claims” and collecting those. This should be both more comprehensive and reduce burden for health insurers.

- Health insurers requested that MHCC adopt the same quarterly submission for denied claims.

We are clarifying that MHCC never planned to alter its data submission from quarterly. The first submission would be May 31, 2027

- Health insurers questioned the timing of this initiative, pointing to the ongoing Adverse Decisions Workgroup

Many state agencies need this data now. For example, The Maryland Health Benefit Exchange (MHBE) Value Plan Workgroup needs this data to analyze “*Continuous Glucose Monitors*” and diabetes care denials for the “Value Plan” to assess its standardized cost-sharing

Time Period for Submitting Denied Claims Data



- **Frequency of Submissions:** As per the comment responses, all claims will follow the current frequency submission of quarterly.
 - MHCC is proposing to collect one year of historical data (2026) starting in 2027.
 - 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)*



- 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



• **Comment Letters – Organizations**

- The League of Life and Health Insurers
- Kaiser Permanente of the Mid-Atlantic States, Inc.
- Maryland Hospital Association
- MedChi—The Maryland State Medical Society
- Legal Action Center
- Maryland Health Benefit Exchange



Questions