



Workgroup to Study the Rise in Adverse Decisions in the State Health Care System

Meeting #1: Wednesday, November 19, 2025

Maryland Insurance Administration (MIA) and the Health Services Cost Review Commission (HSCRC)

Marie Grant, MIA, Insurance Commissioner

Deborah Rivkin, HSCRC, Director, Government Relations



Today's Discussion

Welcome

- **Workgroup Member Introductions**
 - Comments from Senator Beidle
 - Comments from Delegate Kerr
- **Overview of Workgroup Charges**
- **Data Available to the MIA and HSCRC**
- **Workgroup Extension Request**
- **Workgroup Chair Appointment Process**
- **Comments from Workgroup Members and Public Stakeholders, as time allows**



Workgroup Member Introductions

Workgroup Members

Entity Required to be Represented	Representative Name	Representative Organization
Maryland Insurance Commissioner	Marie Grant	Maryland Insurance Administration (MIA)
Executive Director of the HSCRC's Designee	Deborah Rivkin	Health Services Cost Review Commission (HSCRC)
Maryland State Senate	Chair Pamela Beidle	Maryland State Senate, Chair, Senate Finance
Maryland House of Delegates	Delegate Kenn Kerr	Maryland House of Delegates
Deputy Secretary of the Maryland Medicaid Program's Designee	Dr. Djinge Lindsay	Maryland Department of Health - Medicaid
Maryland Health Care Commission	Nikki Majewski	Maryland Health Care Commission
Chesapeake Regional Information System for our Patients (CRISP)	Megan Priolo	Chesapeake Regional Information System for our Patients (CRISP)
Health Education and Advocacy Unit	Kimberly Cammarata	Health Education and Advocacy Unit

Workgroup Members

Entity Required to be Represented	Representative Name	Representative Organization
Maryland Hospital Association	Patrick Carlson	Maryland Hospital Association
The League of Life and Health Insurers	Zachary Alan Peters	CVS
Managed Care Plan	Jai Mitra Seunarine	Jai Medical Systems
Large Hospital System	Heather Virginia Little	University of Maryland Medical Center
Community Hospital	Victoria W. Bayless	Luminis Health
Pharmacy Services Provider	Dr. Adetoro Oriaifo	Total Health Care
Behavioral Health Provider	Dr. Vickye Hayter	Emerge Lifestyle Consulting
Commercial Carrier	Gaetane Delva Brunson	CareFirst
Patient Advocacy Organization;	Dan Martin	Mental Health Association of Maryland

Workgroup Members

Entity Required to be Represented	Representative Name	Representative Organization
Physician (1 of 2)	Jagdeep Singh	
Physician (2 of 2)	Dr. Ivan N. Zama	
MedChi	Dr. James J. York	MedChi
A Federally Qualified Health Center	Georgina Baez	Baltimore Medical System

Agency Staff and Support

Name	Agency	Workgroup Role
Riley Williams	MIA	Lead Staff for Workgroup
Janice Lepore	HSCRC	Staff for Workgroup
Claudine Williams	HSCRC	HSCRC Subject Matter Expert
Allan Pack	HSCRC	HSCRC Subject Matter Expert
Curtis Wills	HSCRC	HSCRC Subject Matter Expert
Marcella Guccione	HSCRC	HSCRC Subject Matter Expert
David Cooney	MIA	MIA Subject Matter Expert
Mary Kwei	MIA	MIA Subject Matter Expert
Louis Butler	MIA	MIA Subject Matter Expert

Workgroup Charges

Workgroup Charges

HB 995/SB 776 Charges:

“(F) The Workgroup Shall:

1. Review existing State adverse decision reporting requirements for all health payers in the State and include in its final report:
 - i. the number of adverse decisions compared to the total number of claims processed each year on average;
 - ii. the number of enrollees in each health plan offered in the State;
 - iii. the diagnostic and procedure information for each adverse decision; and
 - iv. any other data used to inform the Workgroup’s goal of reducing adverse decisions;...”

Workgroup Charges

HB 995/SB 776 Charges Continued:

- “2. Make recommendations to improve State reporting on adverse decisions, including recommendations regarding:
- i. standardized definitions of:
 - 1. medical service categories;
 - 2. health settings;
 - 3. adverse decisions; and
 - 4. Medical necessity;
 - ii. a standardized method for categorizing adverse decisions and prior authorization denials; and
 - iii. a standardized process for reporting grievances or filing complaints and appealing adverse decisions;
3. develop strategies for, and make recommendations to reduce, the number of adverse decisions; and
4. develop recommendations for legislation to address the rise in adverse decisions and standardize State reporting requirements regarding adverse decisions across all payers.”

Available Data from the MIA and HSCRC

Data that is Available to the MIA

Each December, the MIA publishes a report on the Health Care Appeals and Grievance Law, as required by § 15-10A-06 of the Insurance Article. This report summarizes the statistical information the MIA has compiled for adverse decisions, grievance decisions and complaints for commercial, fully-insured health benefit plans.

The Appeals and Grievance Law requires carriers to submit quarterly reports to the Commissioner about their adverse decisions and grievance decisions. Specifically, carriers must provide to the MIA, in accordance with the Commissioner's Report and Instructions ([carrier-reporting-form.pdf](#)):

- Total number of enrolled members as of the last day of the quarter being reported entitled to health care benefits under a health benefit plan issued or delivered in the State of Maryland by the carrier;
- Total number of clean claims received for reimbursement processed by the carrier under a health benefit plan issued or delivered in the State of Maryland
- The total number of adverse decisions issued by the carrier;
- Up to the five most common procedure codes for adverse decisions;
- The total adverse decisions issued and grievances filed and outcome;
- Up to the five most common procedure codes for adverse and grievance decisions;
- The number and outcome of all other cases that resulted from an adverse decision involving the length of stay for inpatient hospitalization;

Data that is Available to the MIA

The quarterly Appeals and Grievance reports received by the MIA only contains data for commercial, fully-insured health benefit plans.

- In 2024, the percentage of the population under the age of 65 with fully insured health benefits was approximately 17.4%, or approximately one third of the commercial market serving Maryland's under 65 population.

The MIA does not receive adverse decisions data for self-insured health benefit plans or Federal Employees Health Benefit Plans (FEHBP).

The MIA's 2024 Appeals and Grievance Report will be published in early December, 2025.

Overview of Adverse Decision Trends in the Fully-Insured Market

MIA Category/Type of Service	2023		2024		Percent Change 2023-2024
	Number	Percent	Number	Percent	
A. Inpatient hospital services	1,539	1.4%	1,786	1.6%	16.0%
B. Emergency room services	199	0.1%	61	0.1%	-69.3%
C. Mental health services	652	0.6%	1,627	1.5%	149.5%
D. Physician services	4,449	4.1%	4,605	4.1%	3.5%
E. Laboratory, radiology services	16,634	15.2%	15,484	13.9%	-6.9%
F. Pharmacy services	62,210	57.0%	63,958	57.4%	2.8%
G. PT, OT, ST services (including inpatient rehab)	3,630	3.3%	4,565	4.1%	25.8%
H. Skilled nursing facility	135	0.1%	238	0.2%	76.3%
I. Durable medical equipment	1,668	1.5%	1,554	1.4%	-6.8%
J. Dental	16,732	15.3%	16,256	14.6%	-2.8%
K. Home health services	120	0.1%	132	0.1%	10.0%
L. Obesity, IVF, Podiatry, Hearing and Vision	1,155	1.1%	1,160	1.0%	0.4%
Total	109,123		111,426		2.1%

Data Available to the HSCRC

- HSCRC collects the total number of cases with billed charges written off as denied and total denied charges for those cases on a quarterly basis.
- The data can be further aggregated by:
 - Payer type
 - Health Plan Payer
 - Patient Category (IP, OP, ED)
 - Denial reason
- Data is not at the claim level - i.e., additional clinical and payment information is not available.
- Data is not audited or validated by the HSCRC

Discussion: Workgroup Extension Request

HB 995/SB 776 Charges:

“(g) On or before December 1, 2025, the Workgroup shall report its findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.”

Given the administrative challenges to identify appropriate individuals for each workgroup seat, appointments to the workgroup were not finalized until mid-November.

Process for Electing a Chair of the Workgroup

HB 995/SB 776 Charges:

“(c) The Workgroup members shall elect the chair of the Workgroup.”

The Workgroup staff will follow up via email with Workgroup Members to submit names and a process in place for electing a chair of the Workgroup.

Questions and/or Comments from Workgroup Members



Questions and/or Comments from Public Stakeholders, as time allows



Written Comments


Written comments will be accepted through EOD Wednesday, November 26, 2025, on the topics covered in today's meeting.

Those can be submitted via email to:

riley.williams@maryland.gov and
janice.lepore1@maryland.gov

Contact Information



 **800-492-6116 | 410-468-2000 | 800-735-2258 (TTY)**

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Thank
you