

Draft Work Plan:
Workgroup to Study the Rise in Adverse Decisions in the State Health Care System

Workgroup Charges:

1. Review existing State adverse decision reporting requirements for all health payers in the State and include in its final report:
 - a. the number of adverse decisions compared to the total number of claims processed each year on average;
 - b. the number of enrollees in each health plan offered in the State;
 - c. the diagnostic and procedure information for each adverse decision; and
 - d. any other data used to inform the Workgroup's goal of reducing adverse decisions;
2. Make recommendations to improve State reporting on adverse decisions, including recommendations regarding:
 - a. standardized definitions of:
 - i. medical service categories;
 - ii. health settings;
 - iii. adverse decisions; and
 - iv. Medical necessity;
 - b. a standardized method for categorizing adverse decisions and prior authorization denials; and
 - c. 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.
5. Report study findings and recommendations to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2026 (original due date of December 1, 2025 was revised per extension request dated December 1, 2025).

Workgroup Actions as of March 30, 2026

Meeting/Action	Date	Topic(s)	Speaker(s)
Public workgroup meeting #1	November 19, 2025	<ul style="list-style-type: none"> ● Member introductions ● Overview of Workgroup charges ● Overview of data that is available to the MIA & HSCRC ● Discussion: Workgroup extension request 	<p>Marie Grant, Maryland Insurance Commissioner</p> <p>Deb Rivkin, Health Service Cost Review Commission</p>
Submit interim report	December 1, 2025	Interim Report Letter	N/A
Public workgroup meeting #2	March 30, 2026	<ol style="list-style-type: none"> 1. Select the Workgroup's chair 2. MIA presentation: <i>Overview of the Appeals & Grievance Process</i> 3. MHA Presentation: <i>MHA Analysis of Denials Data</i> 4. Discussion about work plan 	<p>Marie Grant, Maryland Insurance Commissioner</p> <p>Louis Butler, Director, Appeals and Grievance Unit, MIA</p> <p>Patrick Carlson & Brian Burkhalter, Maryland Hospital Association</p>

**Future Draft Work Plan
April 2026 - December 1, 2026**

Meeting/Action	Target Date	Topic(s)	Speaker(s)
Public workgroup meeting #3	Early May, 2026	1. Review Work Plan 2. MHCC presentation on the Medicare space, including: <ul style="list-style-type: none"> • Medicare & MA policy; • Info on Prior auth/denials; • Policy including regs on Medicare Advantage. 	Dr. Douglas Jacobs, Executive Director of MHCC
Public workgroup meeting #4	Early June, 2026	1. MDH/MD Medicaid presentation on adverse decisions in the Medicaid space. 2. Placeholder: stakeholder presentations	MDH/MD Medicaid TDB: Stakeholders
Public workgroup meeting #5	July, 2026	1. Comparative analysis on definitions used 2. Discuss recommendations to standardize: <ul style="list-style-type: none"> • The definitions in Workgroup charge 2a • A method for categorizing adverse decisions and prior authorization denials; and • A process for reporting grievances or filing complaints and appealing adverse decisions; 3. Develop possible strategies for reducing the number of adverse decisions; 4. Brainstorm recommendations for legislation to address the rise in adverse decisions and standardize State reporting requirements regarding adverse decisions across all payers.	

**Future Draft Work Plan
April 2026 - December 1, 2026**

Meeting/Action	Target Date	Topic(s)	Speaker(s)
Public workgroup meeting #6	August, 2026	Review and vote on the the recommendations for: <ul style="list-style-type: none"> ● Standardized definitions (charge 2) ● Reducing the number of adverse decisions (charge 3) ● Standardized reporting requirements across all payers (charge 4) 	
Report drafting	September 14 - October 2, 2026	N/A - Agency staff will work on draft, in consultation with workgroup chair	N/A
Public workgroup meeting #7	October 5, 2026	Review and discuss draft report	
Release draft report released for public feedback (two weeks)	October 6, 2026	N/A	N/A
Record closes for public comments on draft report	October 16, 2026	N/A	N/A
Report revisions based on public feedback (as needed)	October 19 - 30, 2026	N/A - Agency staff will incorporate revisions	N/A

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Meeting/Action	Target Date	Topic(s)	Speaker(s)
Revised report, reflective of changes based on public feedback, shared with workgroup members for review	November 2, 2026	N/A	N/A
Report finalized and submitted to GLO for review and approval	November 6, 2026	N/A	N/A
Final report submitted to MGA	December 1, 2026	N/A	N/A