

TO: Chief Financial Officers

FROM: William Henderson, Acting Executive Director

DATE: Wednesday, September 30, 2026

RE: Instructions for FY 2026 Schedule CDS-A – Change in Volume of Outpatient Infusion, Chemotherapy, and Biological Oncology Drugs

The purpose of this memorandum is to summarize the instructions regarding the collection of volume data related to outpatient infusion, chemotherapy, and biological oncology drugs that are included in the CDS-A policy and will be updated as part of the mid-year rate order process on January 1, 2027.

As in prior years, HSCRC staff (Staff) intends to make retrospective adjustments to hospitals' Global Budget Revenue for the volume change in these high-cost physician-administered outpatient drugs. The adjustments may be positive to reflect increased volumes, or negative to reflect decreased volumes. Hospitals' GBR agreements require that Staff be notified of the movement of services including drugs to unregulated settings regardless of whether the movement was initiated by the hospital, the payers, or other third parties. The schedule CDS-A does not substitute for this disclosure requirement.

Consistent with the previous seven years, the standard state-wide list of high-cost physician-administered outpatient oncology and infusion drugs was developed by first referencing the case-mix data, as well as recent additions to the Medicare Average Sales Price (ASP) list. The list was trimmed down by the inclusion criteria:

- 3M's EAPG Class Code of VII or higher for Pharmacotherapy / Chemotherapy (or its equivalent Class Code for Therapeutic Radiopharmaceutical EAPGs 245, 246 or for Brachytherapy EAPGs 336, 337) in either of the past two fiscal years (to reference relatively high cost per patient visit);
- State-wide case-mix charges in either of the past two fiscal years of \$2 million or greater (to measure relatively high-cost utilization);
- Market share by point of service of less than 90% at physicians' offices (to minimize inclusion of drugs best served outside of a hospital setting); and
- Inclusion of alternate HCPCS codes for listed drugs (to capture brand, generic, biologic, biosimilar, replacement, discontinued, and temporary codes).

Attached you will find one of two CDS-A related templates and related instructions. The CDS-A template for your hospital will be available for download via CRISP Reporting Services on Wednesday, September 30, 2026, and reflects the final FY 2026 drug list. Instructions for downloading the template can be found below in the appendix to this memo. Staff is requesting each hospital to review its CDS-A template, indicate exceptions to the case-mix data, and suggest revisions. In addition, the 340B Price Data Template (attached here) is to be completed by all hospitals that participated in the federal 340B drug discount program in either FY 2025 or FY 2026.

HCPCS code dosages as defined in Medicare 2026 ASP Drug Pricing File effective July 1, 2026, through September 30, 2026, and found at CMS.gov, should be used when referencing dose measurements and/or volumes. Drugs procured free of cost (for research and promotional programs), or at nominal value (sometimes referred to as "nickel" drugs due to vendor errors or irregularities inconsistent with the regulations of the 340B program) should be excluded. Procurement prices in effect at the end of the fiscal year, June 30, 2026, should be used for 340B drugs. Once completed, submit both Excel templates to the HSCRC at hsrc.oncology-drugs@maryland.gov by Monday, October 26, 2026.

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The complete CDS-A schedule is subject to audit review. The audit review may include comparing volume data to case-mix reporting and pricing comparisons to that of other hospitals and/or external data. If evidence of unreported shifting to unregulated settings is found, hospitals may have 0.5 percent of their annual update withheld. Since the CDS-A schedule may be used in adjusting GBR revenue, please take due care and diligence in reviewing the templates for accuracy.

At the conclusion of the audit cycle, the computed average discounted procurement cost per dose for those drugs included in the state-wide list of high-cost drugs will be distributed to those hospitals responding to the audit survey and participating in the federal 340B drug discount program. This list will also be shared with the Maryland Prescription Drug Affordability Board and will not include any data identifying a particular hospital.

In late 2024 the Commission adopted a new approach for implementing the audit adjustments. Final audit adjustments on January 1, 2027, will true up temporary funding provided on July 1, 2026 (or earlier when applicable) to the audit results. This change has not and will not have an impact on the audit process itself, which remains as described in this memo.

If you have any questions concerning the above, please contact Staff member Anthony Martell or Bob Gallion (anthony.martell@maryland.gov or Bob.Gallion@Maryland.gov) Thank you for your cooperation on this important funding initiative.

Appendix: Instructions for downloading CDS-A Template

Follow the steps below to access the CDS-A Survey in the CRISP Reporting Services (CRS) Portal.

1. Log in to the CRS Portal at <https://reports.crisphealth.org/> using your CRS credentials. Please contact your CRS Point of Contact if you do not have access to the CRS Portal.
2. Click on the “HSCRC Regulatory Reports” card.
3. Click on the “CDS-A Reports” item in the list of reports.
4. From the list of available CDS-A Reports:
 - a. Click the download (↓) button to download a Zip archive with the Survey for all Hospitals accessible to you.
 - b. Click on the workbook (📊) button next to each Hospital to download the Survey one Hospital at a time.



Attachment: Excel file containing state-wide drug list, templates, and detailed instructions for submissions.