



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

March 1, 2021

Dear Insurers, Nonprofit Health Service Plans and Health Maintenance Organizations:

The Maryland Health Care Commission (MHCC) is requesting that you provide us with the necessary information to calculate the Commission's Fiscal Year 2022 user fee assessment.

Health General Article §19-111 permits us to levy an assessment against all "payors" in the State. A "payor" defined in §19-111 (A) (6) is:

- (I) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with this article of the insurance article; or
- (II) A health maintenance organization that holds a certificate of authority in the State.

The Insurance Article §15-1201 (f) states that:

- (1) "Health benefit plan" means:
 - (i) a policy or certificate for hospital or medical benefits;
 - (ii) a nonprofit health services plan; or
 - (iii) a health maintenance organization subscriber or group master contract.
- (2) "Health benefit plan" includes a policy or certificate for hospital or medical benefits that covers residents of this State who are eligible employees and that is issued through:
 - (i) a multiple employer trust or association located in this State or another state; or
 - (ii) a professional employer organization, coemployer, or other organization located in this State or another state that engages in employee leasing.
- (3) "Health benefit plan" does not include:
 - (i) accident-only insurance;
 - (ii) fixed indemnity insurance;
 - (iii) credit health insurance;
 - (iv) Medicare supplement policies;
 - (v) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement policies;
 - (vi) Long-term care insurance;
 - (vii) Disability income insurance;
 - (viii) Coverage issued as a supplement to liability insurance;
 - (ix) Workers' compensation or similar insurance;
 - (x) Disease-specific insurance;
 - (xi) Automobile medical payment insurance;
 - (xii) Dental insurance; or
 - (xiii) Vision insurance.

Although **Medicaid** is not listed as a specific exclusion, it is not assessable as it does not meet the definition of a health benefit plan.

The calculation of your Fiscal Year 2022 user fee assessment is based on the ratio of:

- The numerator being your total health benefit plan premiums **written** in the State during 2020, and
- The denominator being the total health benefit plan premiums **written** of all payors in the State during 2020.

Please complete the Fiscal Year 2022 MHCC Survey Form **no later than April 15, 2021**. The MHCC has the authority to impose a fine to any insurance company with a health, life or HMO business type that does not submit the requested information by the due date. We have the ability to fine up to \$1,000.00 per day for late submissions. Your cooperation in responding in a timely manner will allow us ample time to accurately calculate your assessment based on the information you provide to us on the completed survey. Please review your company's information and make any corrections or updates. Be sure to include an e-mail address that we may use to send you future information.

Please provide us with the total premiums your company **"wrote"** for health benefit plans in Maryland during the prior 12 month period, calendar year 2020. **Only insurance companies with a health, life or HMO business type are required to submit a survey.** All insurance companies with other business types are excluded from filing and will no longer receive the annual email notification request. Please be certain to carefully read the definitions and exclusions above before submitting your information. Submission errors impact all insurance companies and cannot be corrected once the assessment is billed.

We do ask companies that have vision or dental premium to submit a survey. Although vision and dental premiums are not assessable, the MHCC collects this information to identify companies required to comply under COMAR 10.25.06, Medical Care Data Base and Data Collection and COMAR 10.25.09, Requirements for Payers to Designate Electronic Health Networks. Dental and vision premium is an assessment exclusion and is only being collected for legislative mandated reporting.

If you have any questions regarding your survey form, please feel free to call me at (410) 764-5593 or by email at brian.banschbach@maryland.gov.

Sincerely,



Brian Banschbach, Administrator