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**TO: ALL INSURERS OFFERING INSURANCE IN MARYLAND**

**RE: HEALTH CARE REGULATORY ASSESSMENT AND  
INSURANCE REGULATION ASSESSMENT**

**REVISED: FEBRUARY 4, 2013**

The Health Care Regulatory Fund was created in FY 1999 to fund expenses incurred by the MIA's Appeals and Grievances Unit (including the Health Advocacy Unit (HAU)), relative to Chapter 112, 1998 Laws of Maryland, on an ongoing basis. Chapter 112 established the Appeals and Grievances Unit within the MIA and expanded the duties and responsibilities of the HAU within the Attorney General's Office.

The Health Care Regulatory Assessment shall be calculated using the approved MIA Appeals and Grievances Unit budget (which includes the HAU budget) according to the formulas set forth in the Insurance Article § 2-112.2 (c). In addition to federal exclusions, a carrier issuing health insurance is allowed to exclude the following health insurances from the amount currently listed in the annual report: Long-term care; disability; accidental travel and accidental death and dismemberment; credit health; a product for which payment of benefits is conditioned on a determination of medical necessity made solely by the treating provider not acting on behalf of the carrier; and any other product for which payment of benefits is not conditioned on a determination of medical necessity. [Insurance Article § 2-112.2(a)(3)(ii)]

Chapter 774, 1998 Laws of Maryland established an Insurance Regulation Fund to pay all costs and expenses incurred by the MIA that are related to its responsibilities to regulate insurance activities of insurers licensed in this State. The correlating annual Insurance Regulation Assessment is calculated according to the formulas set forth in Insurance Article § 2-502 for each type of insurer licensed in this State.

Please complete the Supplemental Filing form, available as part of the online Premium Tax Return for your company. **The form is due, as is your company's premium tax return, no later than March 15 of each calendar year.** The information reported in the Supplemental Filing is critical in calculating the correct assessments due from each insurer for both the Health Care Regulatory Fund and the Insurance Regulation Fund. In the case of a carrier issuing health insurance, the MIA will base the assessment on the entire health premium listed in the annual report in the event that a carrier does not submit this Supplemental Filing. Failure to properly report the requested information may result in sanctions or fines to the carrier.