- (3) A final disposition not resulting in payment on behalf of the insured. Reports shall be filed no later than 90 days after the end of the quarter during which (1), (2), or (3) above occurred.
 - (b) The reports required by subsection (a) of this section shall contain:
 - (1) The name and address of the insured;
 - (2) The insured's policy number;
 - (3) Date of occurrence which created the claim;
 - (4) Date of suit if filed;
 - (5) Date and amount of judgment or settlement, if any;
 - (6) Date and reason for final disposition if no judgment or settlement;
 - (7) A summary of the occurrence which created the claim; and
 - (8) Such other information as may be required.
- (d) (1) The reports filed in accordance with this section shall be treated as confidential records under § 10–624(c) of the State Government Article.
- (2) (I) Reports relating to physicians shall be released to the State Board of Physician Quality Assurance; reports relating to hospitals shall be released to the Department of Health and Mental Hygiene; and reports relating to nurses, dentists, podiatrists, optometrists, and chiropractors shall be released to the appropriate licensing board for such health providers.
- (II) IN ADDITION TO THE REQUIREMENTS OF SUBPARAGRAPH (I) OF THIS PARAGRAPH, REPORTS RELATING TO HOSPITALS AND TO ALL HEALTH CARE PRACTITIONERS SHALL BE RELEASED TO THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION.

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- (A) IN THIS SECTION, "PAYOR" MEANS A HEALTH INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF AUTHORITY TO OFFER HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE UNDER THIS ARTICLE.
- (B) (1) ON OR BEFORE JUNE 30 OF EACH YEAR, THE COMMISSIONER SHALL ASSESS EACH PAYOR A FEE ESTABLISHED IN ACCORDANCE WITH THE PROVISIONS OF § 19–1514 OF THE HEALTH—GENERAL ARTICLE.
- (2) THE COMMISSIONER, IN COOPERATION WITH THE MEDICAL CARE DATA REVIEW COMMISSION, MAY MAKE PROVISIONS FOR PARTIAL PAYMENTS.
- (3) THE TOTAL AMOUNT OF THE FEE FOR ALL PAYORS SHALL BE SET EACH YEAR BY A MEMORANDUM FROM THE MEDICAL CARE DATA REVIEW COMMISSION.