

~~(4) THE COMMISSIONER SHALL APPORTION THE FEE AMONG THE PAYORS SUBJECT TO ASSESSMENT UNDER THIS SECTION BASED ON THE RATIO OF EACH PAYOR'S TOTAL PREMIUMS COLLECTED IN THE STATE TO THE TOTAL COLLECTED PREMIUMS OF ALL PAYORS IN THE STATE.~~

~~(C) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, EACH PAYOR ASSESSED A FEE IN ACCORDANCE WITH THIS SECTION SHALL MAKE PAYMENT TO THE COMMISSIONER.~~

~~(D) ON OR BEFORE SEPTEMBER 30 OF EACH YEAR, THE COMMISSIONER SHALL FORWARD TO THE MEDICAL CARE DATA REVIEW COMMISSION THE FEES ASSESSED UNDER THIS SECTION.~~

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN § 698 OF THIS ARTICLE.

(3) "PAYOR" MEANS:

(I) 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; OR

(II) A THIRD PARTY ADMINISTRATOR OR ANY OTHER ENTITY UNDER CONTRACT WITH A MARYLAND BUSINESS TO ADMINISTER HEALTH CARE BENEFITS.

(B) (1) ON OR BEFORE JUNE 30 OF EACH YEAR, THE COMMISSIONER SHALL ASSESS EACH PAYOR A FEE FOR THE UPCOMING FISCAL YEAR ESTABLISHED IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION AND § 19-1514 OF THE HEALTH - GENERAL ARTICLE.

(2) FOR EACH FISCAL YEAR, THE TOTAL ASSESSMENT FOR ALL PAYORS SHALL BE:

(I) SET BY A MEMORANDUM FROM THE MARYLAND HEALTH CARE ACCESS AND COST COMMISSION; AND

(II) APPORTIONED EQUITABLY BY THE COMMISSIONER BETWEEN THE CLASSES OF PAYORS DESCRIBED UNDER SUBSECTION (A)(1) AND (2) OF THIS SECTION AS DETERMINED BY THE COMMISSIONER.

(3) OF THE TOTAL ASSESSMENT APPORTIONED UNDER PARAGRAPH (2) OF THIS SUBSECTION TO PAYORS WITHIN THE MEANING OF SUBSECTION (A)(3)(I) OF THIS SECTION, THE COMMISSIONER SHALL ASSESS EACH SUCH PAYOR A FRACTION:

(I) THE NUMERATOR OF WHICH IS THE PAYOR'S TOTAL PREMIUMS COLLECTED IN THE STATE FOR HEALTH BENEFIT PLANS FOR AN APPROPRIATE PRIOR 12-MONTH PERIOD AS DETERMINED BY THE COMMISSIONER; AND