

INSURANCE PROVIDER ASSESSMENT ACT (EXCERPT)
Act 175 of 2018

550.1755 Waiver request; notification of member months, rate, and insurance providers by tier.

Sec. 5. (1) If the department of health and human services has not already submitted an application to the federal Centers for Medicare and Medicaid Services to request a waiver, for a period of not less than 5 years, of the broad-based and uniformity provisions of section 1903(w)(3)(B) and (C) of title XIX of the social security act, 42 USC 1396b, relating to the assessment imposed under this act, the department of health and human services shall submit the request before October 1, 2018 and as necessary thereafter to implement this act.

(2) Within 30 days after the effective date of this act, the department of health and human services shall notify the department of the number of member months and the rate to be imposed on these member months under section 7(1)(a)(i) for the 2018-2019 state fiscal year and identify the specialty prepaid health plans subject to the assessment under this act.

(3) Within 30 days after the effective date of this act, the department of insurance and financial services shall provide the department with a list of insurance providers by tier that are subject to the assessment under this act.

History: 2018, Act 175, Imd. Eff. June 11, 2018.