INSURANCE PROVIDER ASSESSMENT ACT (EXCERPT)
Act 175 of 2018

550.1753 Definitions.

Sec. 3.

As used in this act:

(a) "Department" means the department of treasury.

(b) "Excess loss" or "stop loss" means coverage that provides insurance protection against the accumulation of total claims exceeding a stated level for a group as a whole or protection against a high-dollar claim on any 1 individual.

(c) "Federal employee health benefit" means the program of health benefits plans, as defined in 5 USC 8901, available to federal employees under 5 USC 8901 to 8914.

(d) "Fund" means the insurance provider fund created in section 13.

(e) "Health insurer" means an insurer authorized under the insurance code of 1956, 1956 PA 218, MCL 500.100 to 500.8302, to deliver, issue for delivery, or renew in this state a health insurance policy. Health insurer includes a health maintenance organization. Health insurer does not include a state department or agency administering a plan of medical assistance under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, or a person administering a self-funded plan.

(f) "Insurance provider" means a Medicaid managed care organization or a health insurer.

(g) "Medicaid contracted health plan" means a contracted health plan as that term is defined in section 106 of the social welfare act, 1939 PA 280, MCL 400.106.

(h) "Medicaid managed care organization" means a Medicaid contracted health plan or a specialty prepaid health plan.

(i) "Medicare" means the federal Medicare program established under title XVIII of the social security act, 42 USC 1395 to 1395lll.

(j) "Member months" means the total number of individuals for whom the insurance provider has recognized revenue for 1 month. If revenue is recognized for only part of a month for an individual, a prorated partial member month may be counted. Member months are determined by the department of insurance and financial services and do not include individuals enrolled in short-term medical, 1-time limited duration, noncomprehensive medical, specified disease, limited benefit, accident only, accidental death and dismemberment, disability income, long-term care, Medicare supplement, stand-alone dental, dental, Medicare, Medicare advantage, Medicare part D, vision, prescription, other individual write-in coverage, federal employee health benefit, Tricare, other group write-in coverage, credit, stop loss, excess loss, administrative services only, or administrative services contracts.

(k) "Specialty prepaid health plan" means an entity designated by the department of health and human services as a regional entity pursuant to section 204b of the mental health code, 1974 PA 258, MCL 330.1204b, or a specialty prepaid health plan pursuant to section 232b of the mental health code, 1974 PA 258, MCL 330.1232b, to provide mental health services, services to individuals with developmental disabilities, and substance use disorder services.

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