

RCW 48.208.010 Covered lives assessment—Notification.

(Contingent expiration date.) (1) All health carriers and medicaid managed care organizations shall pay an annual covered lives assessment under RCW 74.76.030.

(2) The commissioner shall assess a per member per month assessment for health carriers pursuant to RCW 74.76.030.

(3) The commissioner shall annually notify, in writing, each health carrier of the estimated total assessment and its payment obligation for the upcoming year. The commissioner shall determine a payment schedule for receipt of assessments under this section in accordance with the medicaid access program rules established by the authority. Payment collections may be made no more frequently than quarterly.

(4) Payments from health carriers are due to the commissioner within 45 days of the payment schedule determined under subsection (3) of this section. The commissioner shall charge interest as defined by RCW 43.17.240, which begins to accrue on the 46th day, on amounts received after the 45-day period. The commissioner may allow each health carrier in arrears to submit a payment plan, subject to approval by the commissioner and initial payment under an approved payment plan.

(5) The commissioner shall deposit annual assessments and interest collected under this section with the state treasurer to the credit of the medicaid access program account created in RCW 74.76.040.

(6) Health carriers shall submit any annual statements or other reports deemed necessary by the commissioner for the health care authority to calculate the assessment in a manner consistent with the schedule and procedures in accordance with RCW 74.76.030. [2025 c 359 s 4.]

Effective date—2025 c 359 ss 1-12, 14-16, and 18-20: See note following RCW 74.76.010.

Contingent expiration date—2025 c 359: See note following RCW 74.76.010.