

HOUSE BILL NO. HB0025

Medicaid-third party payor conditions.

Sponsored by: Joint Labor, Health & Social Services Interim
Committee

A BILL

for

1 AN ACT relating to the Wyoming Medical Assistance and
2 Services Act; requiring health insurers to respond to state
3 inquiries within sixty (60) days; prohibiting health
4 insurers from denying Medicaid payments as specified; and
5 providing for an effective date.

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7 *Be It Enacted by the Legislature of the State of Wyoming:*

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9 **Section 1.** W.S. 42-4-204(e)(iii) and (iv)(intro) is
10 amended to read:

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12 **42-4-204.** Department subrogated to right of recovery
13 of applicant or recipient; utilization of personal health
14 insurance; insurance coverage of recipients.

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1 (e) In addition to the separate requirements set
2 forth in W.S. 42-4-205, all health insurers, including all
3 self-insured plans, group health plans as defined in
4 section 607(1) of the Employee Retirement Income Security
5 Act of 1974, service benefit plans, managed care
6 organizations, pharmacy benefit managers, or other parties
7 that are, by statute, contract, or agreement, legally
8 responsible for payment of a claim for a health care item
9 or service, shall agree, as a condition of doing business
10 in the state of Wyoming, to:

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12 (iii) Respond within sixty (60) days to any
13 inquiry by the state regarding a claim for payment for any
14 health care item or service that is submitted not later
15 than three (3) years after the date of the provision of
16 such health care item or service; and

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18 (iv) Agree not to deny a claim submitted by the
19 state solely on the basis of the date of submission of the
20 claim, the type or format of the claim form, a failure to
21 obtain required prior authorization or a failure to present
22 proper documentation at the point of sale that is the basis
23 of the claim, if:

