ORIGINAL HOUSE BILL NO. HB0025

ENROLLED ACT NO. 19, HOUSE OF REPRESENTATIVES

SIXTY-SEVENTH LEGISLATURE OF THE STATE OF WYOMING 2024 BUDGET SESSION

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

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

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

- 42-4-204. Department subrogated to right of recovery of applicant or recipient; utilization of personal health insurance; insurance coverage of recipients.
- (e) In addition to the separate requirements set forth in W.S. 42-4-205, all health insurers, including all self-insured plans, group health plans as defined in section 607(1) of the Employee Retirement Income Security Act of 1974, service benefit plans, managed care organizations, pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service, shall agree, as a condition of doing business in the state of Wyoming, to:
- (iii) Respond within sixty (60) days to any inquiry by the state regarding a claim for payment for any health care item or service that is submitted not later than three (3) years after the date of the provision of such health care item or service; and
- (iv) Agree not to deny a claim submitted by the state solely on the basis of the date of submission of the claim, the type or format of the claim form, a failure to

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obtain required prior authorization or a failure to present
proper documentation at the point of sale that is the basis
of the claim, if:

Section 2. This act is effective July 1, 2024.

(END)

Speaker of the House	President of the Senate
Governor	
TIME APPROVED:	
DATE APPROVED:	
I hereby certify that this act original	ginated in the House.
Chief Clerk	