

ORIGINAL SENATE
FILE NO. SF0100

ENROLLED ACT NO. 59, SENATE

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

AN ACT relating to the insurance code; providing regulations for payment of claims from insurers or the insurer's intermediary to pharmacies; providing definitions; requiring rulemaking; providing applicability; and providing for effective dates.

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

Section 1. W.S. 26-52-201 through 26-52-203 are created to read:

CHAPTER 52
PHARMACY BENEFIT MANAGERS AND PAYMENT OF PHARMACY CLAIMS

ARTICLE 2
PAYMENT OF INSURANCE CLAIMS

26-52-201. Scope and applicability of chapter.

The following provisions apply to situations where there is a contract between an insurer or the insurer's intermediary and a pharmacy regarding the payment of insurance claims for pharmacy services pursuant to W.S. 26-52-102(a)(ix) submitted to an insurer or the insurer's intermediary.

26-52-202. Definitions.

(a) As used in this chapter:

(i) "Applicable number of calendar days" means:

(A) For claims submitted electronically, twenty-one (21) days;

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(B) For claims submitted in a manner other than electronically, thirty (30) days.

(ii) "Clean claim" means a claim that has no defect, including any lack of required substantiating documentation or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this chapter;

(iii) "Insurer" means as defined by W.S. 26-1-102(a)(xvi).

26-52-203. Payment of claims to pharmacy providers.

(a) A contract between an insurer or the insurer's intermediary and a pharmacy for prescription drug coverage offered by the insurer or the insurer's intermediary shall require the insurer or the insurer's intermediary to make payment to the pharmacy for all clean claims submitted by a pharmacy within the applicable number of calendar days after the date that the clean claim is received. For purposes of this section, a claim is considered to have been received:

(i) For claims submitted electronically, on the date that the claim is submitted; or

(ii) For claims submitted in any manner other than electronically, on the fifth day after the postmark date of the claim or the date specified on the time stamp of the transmission of the claim.

(b) For purposes of this section, a contract between an insurer or the insurer's intermediary and a pharmacy regarding prescription drug coverage offered by an insurer

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or the insurer's intermediary shall include any contract regarding prescription drug coverage offered by the insurer or the insurer's intermediary under which a pharmacy is legally obligated, either directly or through an intermediary such as a pharmacy benefit manager.

(c) If the insurer or the insurer's intermediary does not make payment within the applicable number of calendar days after a clean claim is received, or resubmitted under subsections (e) and (f) of this section, the insurer or the insurer's intermediary shall pay interest to the pharmacy at the rate of eighteen percent (18%) per annum, billed weekly.

(d) A claim shall be considered a clean claim if the insurer or the insurer's intermediary does not provide notice to the pharmacy of any deficiency in the claim within ten (10) days after an electronically submitted claim is received or within fifteen (15) days after a claim that is submitted in any other manner is received.

(e) If an insurer or the insurer's intermediary determines that a claim submitted is not a clean claim, the insurer or the insurer's intermediary shall notify the pharmacy of the determination within ten (10) days of receiving an electronically submitted claim or within fifteen (15) days of receiving a claim that is submitted in any other manner. The notice shall specify all defects in the claim and list all information or documents necessary for the proper processing and payment of the claim.

(f) A claim resubmitted to an insurer or the insurer's intermediary with additional information pursuant to subsection (e) of this section shall be considered to be a clean claim if the insurer or the insurer's intermediary

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fails to provide notice to the pharmacy of any defect in the claim within ten (10) days of the date that additional information is received if the claim is resubmitted electronically or within fifteen (15) days of the date that additional information is received if the claim is resubmitted in any other manner. A resubmitted claim that is considered to be a clean claim under this subsection shall be paid within the applicable number of calendar days after the date that the resubmitted claim is received and, if payment is not timely made, interest shall accrue as provided by subsection (c) of this section.

(g) Payment of a clean claim under this section shall be considered to have been made on the date that the payment is transferred to the pharmacy provider account, or to the central pay account of the pharmacy services administrative organization that is directly contracted by the pharmacy, with respect to claims paid electronically and on the date that the payment is submitted to the postal service or common carrier for delivery with respect to claims paid in any other manner.

(h) No insurer shall directly or indirectly charge a pharmacy or hold the pharmacy responsible for fees associated with claims payment.

Section 2. W.S. 26-15-124(a) is amended to read:

26-15-124. Claim to be accepted or rejected; attorney's fee.

(a) Claims for benefits under a life, accident or health insurance policy shall be rejected or accepted and paid by the insurer or its agent designated to receive the claims within forty-five (45) days after receipt of the

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proofs of loss and supporting evidence. Exceptions to the time of forty-five (45) days shall be made for accident and health insurance claims if there is any question as to the validity or the amount of the claim and the question is referred to the Wyoming state medical peer review committee for adjudication. Exceptions shall also be made as authorized by W.S. 26-16-112(a) and 26-52-203.

Section 3. The department of insurance shall promulgate all rules necessary to implement this act.

Section 4. This act shall apply to contracts renewed, amended or entered into between insurers and pharmacies beginning on or after July 1, 2024.

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Section 5.

(a) Except as otherwise provided by subsection (b) of this section, this act is effective July 1, 2024.

(b) Sections 3 and 5 of this act are effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

Speaker of the House

President of the Senate

Governor

TIME APPROVED: _____

DATE APPROVED: _____

I hereby certify that this act originated in the Senate.

Chief Clerk