

**DRAFT ONLY  
NOT APPROVED FOR  
INTRODUCTION**

HOUSE BILL NO.

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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1           **42-4-204. Department subrogated to right of recovery**  
2 **of applicant or recipient; utilization of personal health**  
3 **insurance; insurance coverage of recipients.**

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

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

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22           (iv) Agree not to deny a claim submitted by the  
23 state solely on the basis of the date of submission of the

1 claim, the type or format of the claim form, a failure to  
2 obtain required prior authorization or a failure to present  
3 proper documentation at the point of sale that is the basis  
4 of the claim, if:

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STAFF COMMENT

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10 The Wyoming Department of Health's proposed amendment to  
11 (e)(iv)(intro) included the following additional language  
12 that is probably unnecessary to include in statute: as the  
13 department's payment of a claim for a medical item or  
14 service is considered the equivalent of the recipient  
15 having obtained authorization for the item or service.

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

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(END)