DRAFT ONLY NOT APPROVED FOR INTRODUCTION

HOUSE BILL NO. [BILL NUMBER]

Provider enrollment-standards.

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

A BILL

for

1 AN ACT relating to the insurance code; requiring health insurance carriers to follow specified guidelines regarding 2 health care provider credentialing; specifying that health 3 carriers shall not be required to violate or fail to meet 4 5 requirements of a nationally recognized accrediting entity; providing definitions; specifying applicability; requiring 6 7 rulemaking; and providing for effective dates.

8

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

- **Section 1.** W.S. 26-56-101 and 26-56-102 are created 11
- 12 to read:

1	
2	CHAPTER 56 - HEALTH CARE PROVIDER CREDENTIALING
3	
4	26-56-101. Definitions.
5	
6	(a) As used in this chapter:
7	
8	(i) "Applicant" means a health care provider who
9	submits an application to a health carrier to become
10	credentialed as a participating health care provider in one
11	(1) or more of the health carrier's provider networks;
12	
13	(ii) "Application" means an applicant's most
14	recent application to become credentialed by a health
15	carrier as a participating health care provider in one (1)
16	or more of the health carrier's provider networks;
17	
18	(iii) "Completed credentialing application"
19	means a credentialing application that is free of defects
20	and contains all of the information that, when later
21	supplemented by verification and documentation gathered by
22	the health carrier during the primary source verification

1	process, is necessary for the health carrier to make a
2	credentialing decision;
3	
4	(iv) "Credentialing" means the process by which
5	a health carrier or its designee collects information
6	concerning an applicant, assesses whether the applicant
7	satisfies the requirements to become a participating health
8	care provider in one (1) or more of the health carrier's
9	provider networks, verifies all information submitted by
10	the applicant and approves or denies the applicant's
11	application;
12	
13	(v) "Health care provider" shall not mean
14	pharmacies and pharmacists;
15	
16	(vi) "Health carrier" means as defined by W.S.
17	26-13-303(a)(iii).
18	
19 20 21 22 23 24	**************************************
25	"Health carrier" means an entity subject to the
26 27	insurance laws and regulations of this state, or subject to the jurisdiction of the commissioner, that contracts or

offers to contract to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits or health services;

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26-56-102. Health care provider credentialing;

13 requirements.

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15 (a) Within seven (7) calendar days after a health carrier receives an application for credentialing, the 16 17 health carrier shall provide the applicant notice of having received the application in written or electronic form and 18 19 contact information for the person reviewing the 20 application. After receiving an application, a health 21 carrier shall determine whether the application is 22 complete. If the health carrier determines that the application is incomplete, the health carrier shall notify 23 24 the applicant in writing or by electronic means that the 25 application is incomplete within thirty (30) calendar days after the date the health carrier received the application. 26 The notice shall describe the items that are required to 27 28 complete the application. The health care provider shall 1 submit a completed credentialing application within thirty

2 (30) calendar days of receiving the notice. Failure of the

3 health care provider to submit a completed credentialing

4 application within thirty (30) days of receiving the notice

5 shall restart the timelines in this subsection.

6

7 (b) A health carrier shall conclude the process of 8 credentialing an applicant within sixty (60) calendar days 9 after the health carrier receives the applicant's 10 application. The sixty (60) calendar day period shall pause 11 if a health care provider receives notification that their 12 application is incomplete and shall resume after the health 13 carrier verifies that the health care provider has 14 resubmitted a completed credentialing application. A health carrier shall provide each applicant written or electronic 15 16 notice of the outcome of the applicant's credentialing at

18

17

19 (c) If an applicant becomes credentialed as a
20 participating health care provider in a health carrier's
21 network and a fully executed contract between the health
22 care provider and the health carrier is in effect prior to
23 reimbursement, the health carrier shall reimburse the

the conclusion of the credentialing process.

1	applicant for all covered reimbursable health care services
2	provided by the applicant beginning with the date the
3	health carrier received a completed credentialing
4	application from the applicant, unless preempted by federal
5	law.
6	
7	**************************************
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9	STAFF COMMENT
L 0	
L1	The credentialing working group believes that the language
L2	in (c) above may still need some work. The Committee may
L3	wish to consider altering the above language. As it stands
L 4	now, a health care provider will be reimbursed for covered
L 5	health care services that occurred after the health care
L 6	provider submitted a completed credentialing application if
L7	a contract between the health carrier and the health care
L 8	provider is in place before reimbursement.
L 9	
20	The Committee may wish to consider whether payment for
21	services should be backdated to the date when the completed
22	application was received or if a different standard should
23	be used, such as backdating payment for a specified number
24 25	of days.
26	**************
27	********
28	

(d) A health carrier shall not be required to approve 29 any application for credentialing, except as provided by 30 W.S. 26-22-503. 31

43 the insurer.

1	**************
2	*******
3	STAFF COMMENT
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5	W.S. 26-22-503 reads as follows:
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7	26-22-503. Policies with incentives or limits on
8	reimbursement authorized; conditions.
9	
10	(a) Notwithstanding any other provision of law to the
11	contrary:
12	
13	(i) Any provider may enter into a written
14	agreement with any group or insurer relating to health care
15	services which may be rendered to insureds, including
16 17	amounts to be charged the insured for services rendered;
18	(ii) Any group or insured may contract with
19	insurers to issue policies which:
20	insurers to issue policies which:
21	(A) Include incentives for the insured;
22	(A) Include incentives for the insured;
23	(B) Limit reimbursement for health care
24	services.
25	Services.
26	(iii) Before entering into any written agreement
27	under paragraph (a) (i) of this section, the group or
28	insurer shall establish terms and conditions to be required
29	of any provider interested in entering into the agreement.
30	In no event shall the established terms and conditions
31	discriminate against any Wyoming provider nor shall any
32	Wyoming provider willing to meet the established terms and
33	conditions be denied the right to enter into any written
34	agreement;
35	
36	(iv) This section shall not be construed to
37	expand the scope of coverage as defined by any agreement.
38	
39	(b) In no event may an insurer deny or limit
40	reimbursement to an insured under this article on the
41	grounds that the insured was not referred to the provider
42	by a person acting on behalf of or under an agreement with

1 2 3 4 5 6 7	(c) Any group may contract with an insurer, preferred provider organization or health maintenance organization for provision of medical services outside of Wyoming for the insureds of that group, provided the insureds are not restricted from utilizing any Wyoming provider who provides the same health care services.
8 9 10	**************************************
11	Section 3. The department of insurance shall
12	promulgate rules providing for a uniform credentialing
13	application that shall be used by applicants and health
14	carriers. Dental and vision insurance are exempt from using
15	the uniform application.
16	
17	Section 4. Nothing in this act shall require a health
18	carrier to violate or fail to meet a standard or
19	requirement of a nationally recognized accrediting entity.
20	
21	Section 5. This act shall apply to applications for
22	credentialing submitted to health carriers on or after July
23	1, 2025.
24	
25	Section 6.

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2 this section, this act is effective July 1, 2025.

4 (b) Sections 3 and 6 of this act are effective

(a) Except as otherwise provided by subsection (b) of

5 immediately upon completion of all acts necessary for a

6 bill to become law as provided by Article 4, Section 8 of

7 the Wyoming Constitution.

8

9 (END)