

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

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

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

1

2

CHAPTER 56

3

HEALTH CARE PROVIDER CREDENTIALING

4

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26-56-101. Definitions.

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(a) As used in this chapter:

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(i) "Applicant" means a health care provider who submits an application to a health carrier to become credentialed as a participating health care provider in one (1) or more of the health carrier's provider networks;

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(ii) "Application" means an applicant's most recent application to become credentialed by a health carrier as a participating health care provider in one (1) or more of the health carrier's provider networks;

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(iii) "Completed credentialing application" means a credentialing application that is free of defects and contains all of the information that, when later supplemented by verification and documentation gathered by the health carrier during the primary source verification

23

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;

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13 (v) "Health care provider" shall not mean
14 pharmacies and pharmacists;

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16 (vi) "Health carrier" means as defined by W.S.
17 26-13-303(a)(iii).

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20 *****

21 **STAFF COMMENT**

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23 **W.S. 26-13-303(a)(iii) reads as follows:**

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25 "Health carrier" means an entity subject to the
26 insurance laws and regulations of this state, or subject to
27 the jurisdiction of the commissioner, that contracts or

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

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12 26-56-102. Health care provider credentialing;
13 requirements.

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15 (a) Within seven (7) calendar days after a health
16 carrier receives an application for credentialing, the
17 health carrier shall provide the applicant notice of having
18 received the application in written or electronic form and
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
23 application is incomplete, the health carrier shall notify
24 the applicant in writing or by electronic means that the
25 application is incomplete within thirty (30) calendar days
26 after the date the health carrier received the application.
27 The notice shall describe the items that are required to
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.

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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
15 carrier shall provide each applicant written or electronic
16 notice of the outcome of the applicant's credentialing at
17 the conclusion of the credentialing process.

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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 covered services being provided, the health carrier shall

1 reimburse the applicant for all covered reimbursable health
2 care services provided by the applicant beginning with the
3 date the health carrier received a completed credentialing
4 application from the applicant, unless otherwise preempted
5 by federal law.

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

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11 *****
12 *****
13 STAFF COMMENT

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15 W.S. 26-22-503 reads as follows:

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17 26-22-503. Policies with incentives or limits on
18 reimbursement authorized; conditions.

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20 (a) Notwithstanding any other provision of law to the
21 contrary:

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23 (i) Any provider may enter into a written
24 agreement with any group or insurer relating to health care
25 services which may be rendered to insureds, including
26 amounts to be charged the insured for services rendered;

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28 (ii) Any group or insured may contract with
29 insurers to issue policies which:

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31 (A) Include incentives for the insured;

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33 (B) Limit reimbursement for health care
34 services.

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1 (iii) Before entering into any written agreement
 2 under paragraph (a)(i) of this section, the group or
 3 insurer shall establish terms and conditions to be required
 4 of any provider interested in entering into the agreement.
 5 In no event shall the established terms and conditions
 6 discriminate against any Wyoming provider nor shall any
 7 Wyoming provider willing to meet the established terms and
 8 conditions be denied the right to enter into any written
 9 agreement;

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 11 (iv) This section shall not be construed to
 12 expand the scope of coverage as defined by any agreement.

13
 14 (b) In no event may an insurer deny or limit
 15 reimbursement to an insured under this article on the
 16 grounds that the insured was not referred to the provider
 17 by a person acting on behalf of or under an agreement with
 18 the insurer.

19
 20 (c) Any group may contract with an insurer, preferred
 21 provider organization or health maintenance organization
 22 for provision of medical services outside of Wyoming for
 23 the insureds of that group, provided the insureds are not
 24 restricted from utilizing any Wyoming provider who provides
 25 the same health care services.

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30 **Section 3.** The department of insurance shall
 31 promulgate rules providing for a uniform credentialing
 32 application that shall be used by applicants and health
 33 carriers. Dental and vision insurance are exempt from using
 34 the uniform application.

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