



Notice of Intent to Adopt Rules

A copy of the proposed rules may be obtained at <http://rules.wyo.gov>

Revised May 2018

1. General Information

| | | |
|-----------------------------------------|---------|------------------------------------|
| a. Agency/Board Name* | | |
| b. Agency/Board Address | c. City | d. Zip Code |
| e. Name of Agency Liaison | | f. Agency Liaison Telephone Number |
| g. Agency Liaison Email Address | | |
| h. Date of Public Notice | | i. Comment Period End Date |
| j. Public Comment URL or Email Address: | | |
| k. Program | | |

* By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No. Yes. Please provide the Chapter Numbers and Years Enacted
(eg: 2015 Session Laws Chapter 154):

3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.
Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification.

| | | | | |
|-----------------|---------------|------------------------------|----------------------------------|-----------------------------------|
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
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| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |
| Chapter Number: | Chapter Name: | <input type="checkbox"/> New | <input type="checkbox"/> Amended | <input type="checkbox"/> Repealed |

4. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. No. Yes. Please complete the boxes below.

| | | | |
|-------|-------|-------|-----------|
| Date: | Time: | City: | Location: |
|-------|-------|-------|-----------|

b. What is the manner in which interested persons may present their views on the rulemaking action?

By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Agency Liaison listed in Section 1 above.

5. Federal Law Requirements

a. These rules are created/amended/revoked to comply with federal law or regulatory requirements. No. Yes. Please complete the boxes below.

| |
|------------------------------------------------|
| Applicable Federal Law or Regulation Citation: |
|------------------------------------------------|

Indicate one (1):

The proposed rules meet, but do not exceed, minimum federal requirements.

The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

6. State Statutory Requirements

a. Indicate one (1):

The proposed rule change *MEETS* minimum substantive statutory requirements.

The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. Indicate one (1):

The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

Not Applicable.

7. Additional APA Provisions

a. Complete all that apply in regards to uniform rules:

These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):

_____ (Provide chapter numbers)

These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Principal Reasons).

_____ (Provide chapter numbers)

b. Checklist

The Statement of Principal Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

If applicable: In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Chapter 3, *Types of Rules Filings*, Section 1, Proposed Rules, of the Rules on Rules).

8. Authorization

a. I certify that the foregoing information is correct.

| | |
|----------------------------------------------|--|
| <i>Printed Name of Authorized Individual</i> | |
| <i>Title of Authorized Individual</i> | |
| <i>Date of Authorization</i> | |

DEPARTMENT OF INSURANCE

STATE OF WYOMING

IN THE MATTER OF THE)
PROMULGATION OF CHAPTER 71 OF)
THE INSURANCE RULES AND)
REGULATIONS)
)

Docket No. 19-01

STATEMENT OF PRINCIPAL REASONS

FOR

CHAPTER 71 OF THE WYOMING INSURANCE DEPARTMENT RULES AND REGULATIONS

Under the authority of W.S. § 26-19-115(f), the Department of Insurance is promulgating Chapter 71 of its Rules to set forth the requirements, forms, and licensing procedures for multiple employer welfare arrangements (MEWAs) as defined in W.S. § 26-1-102(a)(xlili).

As the name suggests, MEWAs are arrangements among two or more employers or self-employed individuals sharing a “commonality of interest.” Under a MEWA, multiple employers can provide employee welfare benefit plans to their employees and can involve any plan, fund, or program which is established or maintained by an employer or an employee organizer for the specific purpose of providing medical, surgical, or hospital care or benefits, or benefits in the event of sickness, accident, disability, or death.

During the 2019 Wyoming Legislature’s General Legislative Session, SF0044 (SEA49) (“the Act”) was passed and subsequently signed into law by Governor Mark Gordon with an effective date of July 1, 2019. The Act is intended to protect Wyoming consumers and to promote the stability of Wyoming’s health insurance market, to the extent permitted under

law, by requiring MEWAs to be licensed and allowing the Department the authority to establish duly promulgated rules that set forth criteria for licensing in accordance with state and federal requirements. This Chapter identifies the various requirements for MEWAs operating in Wyoming to be licensed.

When identifying the requirements for licensing, the Department focused on consumer protections, such as the requirement of an annual audited financial statement, evidence of stop-loss insurance coverage, and the required notice to employers and employees who obtain coverage from a MEWA as set forth in Section 9(c) of this Chapter. To the extent possible, the Department referred to existing definitions and statutes and avoided duplicative wording or reiteration of statutes.

As allowed in the Act, MEWAs licensed by the Department will be assessed annual licensing fees and those fees will be used to offset costs to the Department. Additionally, if it becomes necessary to conduct a financial examination of a MEWA, section 11(a) of this Chapter provides that any reasonable and proper expense of that examination will be borne by the MEWA, consistent with the enforcement authority of the Insurance Commissioner articulated in the Wyoming Insurance Code, including W.S. § 26-2-122.

CHAPTER 71
Multiple Employer Welfare Arrangements (MEWAs)

Section 1. Authority. This Chapter is promulgated pursuant to W.S. §§ 16-3-101 *et seq.*, 26-2-110(a), 26-19-115, and 26-4-101.

Section 2. Scope. This Chapter sets forth requirements, forms, and procedures regarding multiple employer welfare arrangements (MEWAs), as defined in W.S. § 26-1-102(a)(xliii).

Section 3. Definitions for purposes of this Chapter are as follows:

(a) “Administrative Services Only (ASO) Contract” means an arrangement in which an employer hires a third party to deliver administrative services to the employer such as claims processing and billing; the employer bears the risk for claims.

(b) "Carrier" shall be as defined in W.S. § 26-19-302(a)(v).

(c) “Commissioner” means the Wyoming Insurance Commissioner.

(d) “Department” means the Wyoming Department of Insurance.

(e) “Employee Welfare Benefit Plan,” as used in this Chapter, has the same meaning as that contained in 29 U.S.C. § 1002(1).

(f) “Employer” for purposes of this Chapter means a group of employers that will be treated as the “employer” sponsor of a single multiple-employer employee welfare benefit plan, or “group health plan” as those terms are defined in Title I of the Employee Retirement Income Security Act (ERISA) of 1974, 29 U.S.C. § 1001 *et seq.*, as amended.

(g) “Fully Insured Health Benefit Plan” means a health benefit plan in which the MEWA purchases health coverage from a state-licensed insurer and the insurer assumes the risk of paying the medical claims of the MEWA’s enrolled members.

(h) “Health Benefit Plan” means any hospital or medical policy or certificate, major medical expense insurance, hospital or medical service plan contract or health maintenance organization subscriber contract. "Health benefit plan" does not include accident-only, credit, dental, vision, Medicare supplement, long-term care or disability income insurance, coverage issued as a supplement to liability insurance, worker's compensation or similar insurance or automobile medical-payment insurance, nor does it include policies or certificates of specified disease, hospital confinement indemnity or limited benefit health insurance if the carrier offering the policies or certificates certifies to the commissioner that policies or certificates described in this paragraph are being offered and marketed as supplemental health insurance and not as a substitute for hospital or medical expense insurance or major medical expense insurance as defined in W.S. § 26-19-302(a)(xii).

(i) “Insurer” shall be as defined in W.S. § 26-1-102(a)(xvi).

(j) “Member” means any employee or former employee of an employer, or any current or former participant of an employee organization, or eligible dependent of an employee who is or may become eligible to receive a benefit of any type from an employee welfare benefit plan which covers employees of such employer or members of such organization, or whose beneficiaries may be eligible to receive any such benefit.

(k) “Multiple Employer Welfare Arrangement” or “MEWA”, for purposes of this Chapter, shall be as defined in W.S. § 26-1-102(a)(xliiii).

(l) “Qualified Actuary” means an individual who is qualified to sign the applicable statement of actuarial opinion in accordance with the American Academy of Actuaries qualification standards for actuaries signing the statements and who meets the requirements specified in the valuation manual.

(m) “Self-Insured Health Benefit Plan” means a health benefit plan that is provided directly by the MEWA for its members by providing funds to pay for a health benefit plan directly and the MEWA bearing the risk for covering medical claims.

(n) “Third Party Administrator” for purposes of this Chapter shall be as defined in W.S. § 26-53-101.

Section 4. Insurer or Third Party Administrator Requirements. Any insurer or third party administrator offering, providing, or administering a health benefit plan to a MEWA must hold the appropriate license issued by the Department.

Section 5. Licensing Requirements. A MEWA intending to offer a fully insured health benefit plan or a self-insured health benefit plan in this state shall be licensed by the Department prior to engaging in the business of insurance.

(a) All MEWA applications for license shall be on a form prescribed by the Department and shall include:

(i) A complete copy of the MEWA’s most recently filed U.S. Department of Labor, Form M-1;

(ii) Mailing address, contact person’s name, email address, and telephone number at which communications are to be received;

(iii) Names and addresses of the employer members;

(iv) Total number of covered lives by employer;

(v) Eligibility requirements for employer membership in the MEWA;

(vi) Fees, if any, charged for membership;

(vii) A copy of the MEWA’s by-laws and articles of incorporation or other organizational documents;

- (viii) The name and contact information for the Wyoming registered agent;
 - (ix) A copy of all current contracts between the MEWA and insurers or third party administrators to provide coverage for health care benefits and services to be offered in Wyoming; and
 - (x) A \$500 annual fee as required in W.S. § 26-4-101.
- (b) A MEWA offering a self-insured health benefit plan shall provide the following with an application for license, in addition to the required items in subparagraph (a):
- (i) A feasibility study, including, but not limited to, the methodology for establishing the contributions of its members. Such contributions shall be based on reasonable assumptions and certified by an actuary;
 - (ii) Evidence of stop-loss insurance coverage;
 - (iii) A Department-approved dissolution plan;
 - (iv) Most recent annual audited financial statement as defined in Section 6(b)(i) of this Chapter, showing that the MEWA is financially solvent; and
 - (v) An Actuarial Opinion from a qualified actuary stating that the reserves for the MEWA are adequate and in compliance with actuarial standards.
- (c) If the MEWA is domiciled outside of Wyoming, in addition to the requirements set forth in Sections 5(a) and (b), the MEWA shall provide copies of all materials used by the MEWA to secure approval in the domiciliary state, including evidence of approval by that domiciliary state.

Section 6. Renewal Requirements.

- (a) MEWAs offering fully insured health benefit plans or self-insured health benefit plans in Wyoming, shall submit the following information annually, on or before June 1:
- (i) The renewal form as prescribed by the Commissioner and posted on the Department's website;
 - (ii) A copy of the MEWA's most recently filed U.S. Department of Labor, Form M-1;
 - (iii) Total number of covered lives by employer;
 - (iv) Any changes in information previously filed with the Commissioner; and
 - (v) A \$500 filing fee.
- (b) In addition to the required items in subparagraph (a), a MEWA offering a self-insured health benefit plan shall provide the following with an application for license renewal:

(i) An audited financial statement for the most recently completed fiscal year certified by an independent certified public accountant. The financial statement shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP). At a minimum, the audited financial statement shall contain the following exhibits for the current and prior fiscal year:

- (A) Balance sheet;
- (B) Statement of gain or loss from operations;
- (C) Statement of changes in financial position;
- (D) Notes to financial statements; and
- (E) Management and internal control letters.

(ii) A statement of opinion as to the loss and loss expense reserves certified by a qualified actuary.

(iii) Evidence of stop-loss insurance coverage.

(iv) In addition to the annual audited financial statement, the Commissioner may require any MEWA to file additional financial information including, but not limited to, interim financial reports, additional financial reports or exhibits, or statements considered necessary to secure complete information concerning the condition, solvency, experience, transactions, or affairs of the MEWA. The Commissioner shall establish reasonable deadlines for filing these additional reports, exhibits, or statements. The Commissioner may require verification of any additional required information.

(v) The methodology for establishing the contributions of its members if changes have been made since the last application or renewal. Such contributions shall be based on reasonable assumptions and certified by an actuary.

(c) All filings made under this Chapter shall be submitted by hand-delivery or mail to the Wyoming Department of Insurance.

Section 7. Application Review. If the commissioner finds that the MEWA meets the requirements under this Chapter, he shall issue the MEWA a proper license or renewal. If he finds that the MEWA does not meet the requirements, the commissioner shall issue his order refusing the license with a statement of the reason for refusal. The commissioner shall act upon an application for license or renewal after its complete submission.

Section 8. Benefit Requirements

(a) Each health benefit plan offered to a MEWA shall, at a minimum, comply with requirements of W.S. §§ 26-19-301 to 26-19-310, but § 26-19-303(a) shall not apply.

(b) Every health benefit plan offered by an insurer to a MEWA shall include a process for subscribers to appeal adverse benefit determinations that complies with the requirements of Wyoming Statute Title 26, Chapter 40.

Section 9. Policy and Form Filing Requirements

(a) A MEWA operating in Wyoming shall file all policies, certificates, and contracts of insurance with the Department for prior approval before use in accordance with W.S. §§ 26-15-110 *et seq.*

(b) A MEWA not subject to W.S. § 26-19-102(a)(ix) shall be subject to the requirements of W.S. § 26-19-110.

(c) The following notice shall be provided to employers and employees who obtain coverage from a MEWA and shall be printed in no less than 12-point boldface type of uniform font:

“NOTICE: The Multiple Employer Welfare Arrangement (MEWA) is not an insurance company. For additional information about the MEWA, you should ask questions of your MEWA administrator, your employer, or you may contact the Wyoming Department of Insurance. Guaranty Fund coverage is not available to the MEWA.”

Section 10. Records Retention. A MEWA doing business in Wyoming shall maintain its books and records in accordance with the Wyoming Insurance Code.

Section 11. Enforcement. This Chapter shall not be construed to limit the enforcement authority of the Commissioner otherwise provided in the Wyoming Insurance Code.

(a) The Commissioner may, in his or her discretion, examine the business and financial affairs of a MEWA doing business in this State utilizing the powers granted under the Wyoming Insurance Code. The reasonable and proper expense of examination of the MEWA shall be borne by the MEWA.

(b) The MEWA must report any administrative actions against the MEWA taken by another jurisdiction or by another governmental entity to the Department within thirty (30) days of the final disposition of the matter.

(c) The Commissioner may decline to issue or renew a license issued pursuant to W.S. § 26-19-115(e) and this Chapter if the Commissioner finds that a MEWA does not satisfy any standard or requirement of this Chapter or any provision of other applicable State or federal law or regulation.

(d) The Commissioner may place on probation, suspend, revoke, or refuse to issue or renew a license issued by the Department, or may levy a civil penalty in accordance with W.S. § 26-1-107 or any combination of actions for a violation of any applicable Department rule or any provision of applicable State and federal law.

(e) When the Commissioner believes that a MEWA or any other person is operating in this State without being duly licensed or has violated the law, an administrative rule of the Department, or an Order of the Commissioner, the Commissioner may issue an order to cease and desist such violation or take any other action set forth in law or rule.

Section 12. Notification to the Department of Contracts with MEWAs

(a) Insurers and thirty party administrators shall notify the Department by March 1 of each year of all health benefit plan contracts and administrative services only (ASO) contracts it issued, renewed, or had in force for the previous calendar year, that covered MEWA members in Wyoming.

(b) The contract between the insurer and MEWA shall contain a provision whereby the insurer shall maintain, for the benefit of certificate holders, a deposit account covering thirty (30) days of claims should the contract be cancelled or terminated. The insurer or third party administrator shall notify the Department within five (5) business days of any cancellation or termination of a contract that covered a MEWA with members having employees or dependents in Wyoming.

Section 13. Insurance Producers and Brokers. A person, including a licensed producer, a broker, or other individual, soliciting, offering, or selling a health benefit plan on behalf of a MEWA to a Wyoming employer or a Wyoming resident, prior to engaging in or assisting any person to engage in offering a MEWA, shall carry out and document appropriate due diligence to establish, at a minimum, the following:

- (a) That the insurer or TPA is licensed in Wyoming;
- (b) That the MEWA is licensed in Wyoming; and
- (c) That the disclosure listed in subsection 9(d) is in the policy document.

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(e) “Employee Welfare Benefit Plan,” as used in this Chapter, has the same meaning as that contained in 29 U.S.C. § 1002(1).

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(g) “Fully Insured Health Benefit Plan” means a health benefit plan in which the MEWA purchases health coverage from a state-licensed insurer and the insurer assumes the risk of paying the medical claims of the MEWA’s enrolled members.

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(i) “Insurer” shall be as defined in W.S. § 26-1-102(a)(xvi).

(j) “Member” means any employee or former employee of an employer, or any current or former participant of an employee organization, or eligible dependent of an employee who is or may become eligible to receive a benefit of any type from an employee welfare benefit plan which covers employees of such employer or members of such organization, or whose beneficiaries may be eligible to receive any such benefit.

(k) “Multiple Employer Welfare Arrangement” or “MEWA”, for purposes of this Chapter, shall be as defined in W.S. § 26-1-102(a)(xliv).

(l) “Qualified Actuary” means an individual who is qualified to sign the applicable statement of actuarial opinion in accordance with the American Academy of Actuaries qualification standards for actuaries signing the statements and who meets the requirements specified in the valuation manual.

(m) “Self-Insured Health Benefit Plan” means a health benefit plan that is provided directly by the MEWA for its members by providing funds to pay for a health benefit plan directly and the MEWA bearing the risk for covering medical claims.

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(ii) Mailing address, contact person’s name, email address, and telephone number at which communications are to be received;

(iii) Names and addresses of the employer members;

(iv) Total number of covered lives by employer;

(v) Eligibility requirements for employer membership in the MEWA;

(vi) Fees, if any, charged for membership;

(vii) A copy of the MEWA’s by-laws and articles of incorporation or other organizational documents;

- (viii) The name and contact information for the Wyoming registered agent;
 - (ix) A copy of all current contracts between the MEWA and insurers or third party administrators to provide coverage for health care benefits and services to be offered in Wyoming; and
 - (x) A \$500 annual fee as required in W.S. § 26-4-101.
- (b) A MEWA offering a self-insured health benefit plan shall provide the following with an application for license, in addition to the required items in subparagraph (a):
- (i) A feasibility study, including, but not limited to, the methodology for establishing the contributions of its members. Such contributions shall be based on reasonable assumptions and certified by an actuary;
 - (ii) Evidence of stop-loss insurance coverage;
 - (iii) A Department-approved dissolution plan;
 - (iv) Most recent annual audited financial statement as defined in Section 6(b)(i) of this Chapter, showing that the MEWA is financially solvent; and
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- (c) If the MEWA is domiciled outside of Wyoming, in addition to the requirements set forth in Sections 5(a) and (b), the MEWA shall provide copies of all materials used by the MEWA to secure approval in the domiciliary state, including evidence of approval by that domiciliary state.

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- (b) In addition to the required items in subparagraph (a), a MEWA offering a self-insured health benefit plan shall provide the following with an application for license renewal:

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- (A) Balance sheet;
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(c) All filings made under this Chapter shall be submitted by hand-delivery or mail to the Wyoming Department of Insurance.

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(b) Every health benefit plan offered by an insurer to a MEWA shall include a process for subscribers to appeal adverse benefit determinations that complies with the requirements of Wyoming Statute Title 26, Chapter 40.

Section 9. Policy and Form Filing Requirements

(a) A MEWA operating in Wyoming shall file all policies, certificates, and contracts of insurance with the Department for prior approval before use in accordance with W.S. §§ 26-15-110 *et seq.*

(b) A MEWA not subject to W.S. § 26-19-102(a)(ix) shall be subject to the requirements of W.S. § 26-19-110.

(c) The following notice shall be provided to employers and employees who obtain coverage from a MEWA and shall be printed in no less than 12-point boldface type of uniform font:

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(a) The Commissioner may, in his or her discretion, examine the business and financial affairs of a MEWA doing business in this State utilizing the powers granted under the Wyoming Insurance Code. The reasonable and proper expense of examination of the MEWA shall be borne by the MEWA.

(b) The MEWA must report any administrative actions against the MEWA taken by another jurisdiction or by another governmental entity to the Department within thirty (30) days of the final disposition of the matter.

(c) The Commissioner may decline to issue or renew a license issued pursuant to W.S. § 26-19-115(e) and this Chapter if the Commissioner finds that a MEWA does not satisfy any standard or requirement of this Chapter or any provision of other applicable State or federal law or regulation.

(d) The Commissioner may place on probation, suspend, revoke, or refuse to issue or renew a license issued by the Department, or may levy a civil penalty in accordance with W.S. § 26-1-107 or any combination of actions for a violation of any applicable Department rule or any provision of applicable State and federal law.

(e) When the Commissioner believes that a MEWA or any other person is operating in this State without being duly licensed or has violated the law, an administrative rule of the Department, or an Order of the Commissioner, the Commissioner may issue an order to cease and desist such violation or take any other action set forth in law or rule.

Section 12. Notification to the Department of Contracts with MEWAs

(a) Insurers and thirty party administrators shall notify the Department by March 1 of each year of all health benefit plan contracts and administrative services only (ASO) contracts it issued, renewed, or had in force for the previous calendar year, that covered MEWA members in Wyoming.

(b) The contract between the insurer and MEWA shall contain a provision whereby the insurer shall maintain, for the benefit of certificate holders, a deposit account covering thirty (30) days of claims should the contract be cancelled or terminated. The insurer or third party administrator shall notify the Department within five (5) business days of any cancellation or termination of a contract that covered a MEWA with members having employees or dependents in Wyoming.

Section 13. Insurance Producers and Brokers. A person, including a licensed producer, a broker, or other individual, soliciting, offering, or selling a health benefit plan on behalf of a MEWA to a Wyoming employer or a Wyoming resident, prior to engaging in or assisting any person to engage in offering a MEWA, shall carry out and document appropriate due diligence to establish, at a minimum, the following:

(a) That the insurer or TPA is licensed in Wyoming;

(b) That the MEWA is licensed in Wyoming; and

(c) That the disclosure listed in subsection 9(d) is in the policy document.