

SENATE FILE NO. SF0100

Prompt payment of insurance claims.

Sponsored by: Senator(s) Hutchings, Baldwin, Barlow, Biteman, Bouchard, Cooper, Dockstader, Driskill, Furphy, Kinskey, Laursen, D, McKeown, Nethercott, Pappas, Rothfuss, Scott and Steinmetz and Representative(s) Banks, Penn, Strock and Trujillo

A BILL

for

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

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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. 26-52-201 through 26-52-203 are  
10 created to read:

11

12

CHAPTER 52

13

PHARMACY BENEFIT MANAGERS AND PAYMENT OF PHARMACY CLAIMS

1

2

## ARTICLE 2

3

## PAYMENT OF INSURANCE CLAIMS

4

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

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

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**26-52-202. Definitions.**

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(a) As used in this chapter:

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

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(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.

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

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8 (iii) "Insurer" means as defined by W.S.  
9 26-1-102(a)(xvi).

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11 **26-52-203. Payment of claims to pharmacy providers.**

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

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

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

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9           (b) For purposes of this section, a contract between  
10 an insurer or the insurer's intermediary and a pharmacy  
11 regarding prescription drug coverage offered by an insurer  
12 or the insurer's intermediary shall include any contract  
13 regarding prescription drug coverage offered by the insurer  
14 or the insurer's intermediary under which a pharmacy is  
15 legally obligated, either directly or through an  
16 intermediary such as a pharmacy benefit manager.

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18           (c) If the insurer or the insurer's intermediary does  
19 not make payment within the applicable number of calendar  
20 days after a clean claim is received, or resubmitted under  
21 subsections (e) and (f) of this section, the insurer or the  
22 insurer's intermediary shall pay interest to the pharmacy

1 at the rate of eighteen percent (18%) per annum, billed  
2 weekly.

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

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11 (e) If an insurer or the insurer's intermediary  
12 determines that a claim submitted is not a clean claim, the  
13 insurer or the insurer's intermediary shall notify the  
14 pharmacy of the determination within ten (10) days of  
15 receiving the claim. The notice shall specify all defects  
16 in the claim and list all information or documents  
17 necessary for the proper processing and payment of the  
18 claim.

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

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

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13 (g) Payment of a clean claim under this section shall  
14 be considered to have been made on the date that the  
15 payment is transferred to the pharmacy provider pay account  
16 with respect to claims paid electronically and on the date  
17 that the payment is submitted to the postal service or  
18 common carrier for delivery with respect to claims paid in  
19 any other manner.

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

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

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4           **26-15-124. Claim to be accepted or rejected;**  
5 **attorney's fee.**

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7           (a) Claims for benefits under a life, accident or  
8 health insurance policy shall be rejected or accepted and  
9 paid by the insurer or its agent designated to receive the  
10 claims within forty-five (45) days after receipt of the  
11 proofs of loss and supporting evidence. Exceptions to the  
12 time of forty-five (45) days shall be made for accident and  
13 health insurance claims if there is any question as to the  
14 validity or the amount of the claim and the question is  
15 referred to the Wyoming state medical peer review committee  
16 for adjudication. Exceptions shall also be made as  
17 authorized by W.S. 26-16-112(a) and 26-52-203.

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

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