

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 4335

**FISCAL
NOTE**

By Delegates Worrell and Hite

[Introduced January 14, 2026; referred to the

Committee on Health and Human Resources]

1 A BILL to amend and reenact the Code of West Virginia, 1931, as amended, by adding a new
2 section, designated §9-5-34; and to repeal §16-1A-1, §16-1A-2, §16-1A-3, §16-1A-4, §16-
3 1A-5, §16-1A-6, §16-1A-7, §16-1A-8, §16-1A-9, and §16-1A-10, relating to Medicaid
4 providers; establishing expedited enrollment timelines for the state's fiscal agent;
5 establishing a uniform credentialing requirement for managed care organizations;
6 requiring the exclusive use of electronic submissions; and directing the Department of
7 Human Services to implement a unified statewide credentialing platform.

Be it enacted by the Legislature of West Virginia:

CHAPTER 9. HUMAN SERVICES

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-34. Medicaid Provider enrollment and credentialing; expedited timelines; electronic submission; and unified system.

1 (a)(1) The Department of Human Services or its agent shall complete enrollment
2 determinations for Medicaid providers within five business days of receipt of a completed
3 application.

4 (2) The department or its agent shall permit multiple people to be logged into the system.
5 (3) In the event that required documentation is incomplete, the applicant shall be notified
6 electronically within two business days with a detailed explanation of the missing materials and
7 provided a secure link to submit missing materials.

8 (4) Failure of the agent to meet the enrollment standard shall be reportable to the
9 department and included in quarterly performance audits.

10 (b)(1) A Medicaid managed care organization (MCO) shall complete provider credentialing
11 within 60 calendar days of receipt of a clean and complete application.

12 (2) An MCO may request a one-time extension of no more than 30 days, only upon written
13 justification to the department and notice to the applicant.

(3) Upon failure to meet required timelines, the MCO shall be subject to penalties established in the contract, including corrective action plans, monetary sanctions, or credentialing-by-default at the discretion of the department.

(c) Beginning July 1, 2026, enrollment and credentialing applications, renewals, documents, and supporting materials submitted by providers participating in Medicaid or any Medicaid managed care plan shall be submitted exclusively by electronic means.

(d) (1) The Office of the Insurance Commissioner shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare (CAQH) in electronic format. The standard credentialing form shall be as simple, straightforward, and easy to use as possible, having due regard for those credentialing forms that are widely in use in the state by contracting entities and that best serve these goals.

(2) No contracting entity shall fail to use the applicable standard credentialing form when initially credentialing or recredentialing providers in connection with policies, health care contracts, and agreements providing basic health care services, specialty health care services, or supplemental health care services.

(3) No contracting entity shall require a provider to provide any information in addition to the information required by the applicable standard credentialing form in connection with policies, health care contracts, and agreements providing basic health care services, specialty health care services, or supplemental health care services.

(4) The credentialing process described in this section does not prohibit a contracting entity from limiting the scope of any participating provider's basic health care services, specialty health care services, or supplemental health care services.

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 1A. UNIFORM CREDENTIALING FOR HEALTH CARE PRACTITIONERS.

§16-1A-1. Legislative findings; purpose.

1 [Repealed.]

§16-1A-2. Development of uniform credentialing application forms and the credentialing process.

1 [Repealed.]

§16-1A-3. Definitions.

1 [Repealed.]

§16-1A-4. Advisory committee.

1 [Repealed.]

§16-1A-5. Credentialing Verification Organization.

1 [Repealed.]

§16-1A-6. Contract with statewide credentialing verification organization; requirements.

1 [Repealed.]

§16-1A-7. Verification process; suspension of requirements.

1 [Repealed.]

§16-1A-8. Release and uses of information collected; confidentiality.

1 [Repealed.]

§16-1A-9. Rulemaking; fees; penalties.

1 [Repealed.]

§16-1A-10. Immunity.

1 [Repealed.]

NOTE: The purpose of this bill is to establish uniform and expedited credentialing standards for Medicaid providers and require electronic submission of credentialing applications. The bill further directs the Department of Human Services to transition to a unified statewide electronic credentialing system.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.