

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

ENGROSSED

Committee Substitute

for

House Bill 4335

By Delegates Worrell and Hite

[Originating in the Committee on Health and Human

Resources; Reported on January 19, 2026]

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 agent; establishing a
5 uniform credentialing requirement for managed care organizations; requiring the exclusive
6 use of electronic submissions; and directing the Department of Human Services to
7 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) By July 1, 2026, the Department of Human Services or its agent shall complete
2 enrollment determinations for Medicaid providers within five business days of receipt of a
3 completed application.

4 (1) The department or its agent shall permit multiple people to be logged into the system.

5 (2) The agent shall be accredited by the National Committee for Quality Assurance.

6 (3) In the event that required documentation is incomplete, the applicant shall be notified
7 electronically within two business days with a detailed explanation of the missing materials and
8 provided a secure link to submit missing materials.

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

11 (b)(1) By July 1, 2026, a Medicaid managed care organization shall complete provider
12 credentialing within 60 calendar days of receipt of a clean and complete application.

13 (2) A Medicaid managed care organization may request a one-time extension of no more
14 than 30 days, only upon written justification to the department and notice to the applicant.

15 (3) Upon failure to meet required timelines, a Medicaid managed care organization shall be
16 subject to penalties established in the contract, including corrective action plans, monetary
17 sanctions, or credentialing-by-default at the discretion of the department.

18 (c) (1) By July 1, 2026, the Office of the Insurance Commissioner shall prescribe the
19 credentialing application form used by the Council for Affordable Quality Healthcare in electronic
20 format. The standard credentialing form shall be as simple, straightforward, and easy to use as
21 possible, having due regard for those credentialing forms that are widely in use in the state by the
22 Medicaid managed care organizations and that best serve these goals.

23 (2) A Medicaid managed care organization may not fail to use the applicable standard
24 credentialing form when initially credentialing or recredentialing providers in connection with
25 policies, health care contracts, and agreements providing basic health care services, specialty
26 health care services, or supplemental health care services.

27 (3) A Medicaid managed care organization may not require a provider to provide any
28 information in addition to the information required by the applicable standard credentialing form in
29 connection with policies, health care contracts, and agreements providing basic health care
30 services, specialty health care services, or supplemental health care services.

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

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

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.]