RÉSUMÉ DIGEST

ACT 572 (HB 915) **2026 Regular Session** **Dickerson**

Relative to managed care organizations, existing law provides for prior authorization, its criteria, and notice to providers.

New law changes prior authorization to utilization management and specifies that managed care organizations shall maintain written procedures for making utilization review determinations; the managed care organization's utilization review determination shall be completed as expeditiously as the enrollee's health condition requires.

New law allows for retrospective review determinations within 30 calendar days of obtaining the results of any appropriate clinical documentation that may be required.

New law prohibits managed care organizations from denying claims based upon the lack of prior authorization because the managed care organization failed to make a determination in a timely manner.

Effective August 1, 2026.

(Amends R.S. 46:460.74)