**RÉSUMÉ DIGEST**

**ACT 770 (SB 465)** **2026 Regular Session** **McMath**

Existing law provides the standards for receipt and processing of claims by health insurance issuers.

Prior law provided that nonelectronic claims by a provider under contract submitted within 45 days of the date of service or discharge be paid, denied, or pended within 45 days of receipt.

New law provides that nonelectronic claims submitted during the time period set forth by the insurer shall be paid, denied, or pended within 30 calendar days of receipt.

Existing law provides that nonelectronic claims submitted more than 45 days after the day of service shall be paid, denied, or pended, within 60 days.

New law provides that nonelectronic claims that have been prior authorized and submitted within the time period set forth by the insurer shall be paid, denied, or pended within ten calendar days.

Prior law required electronic claims be paid, denied, or pended within 25 days.

New law requires prior authorized electronic claims to be paid within 10 days and for electronic claims that have not been preauthorized to be paid within 25 days.

Existing law requires health insurance issuers to provide notice to providers when a claim is pended.

New law requires the notice to be provided within two business days.

Existing law authorizes a health insurance issuer to utilize a 30-day payment standard by providing notice to the commissioner.

Prior law prohibited a health insurance issuer from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted in good faith after 18 months.

New law prohibits recoupment after 12 months.

New law prohibits a dental insurance contractor from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted in good faith after 18 months.

Prior law exempted the Office of Group Benefits from the provisions of prior law.

New law makes the provisions of existing law and new law applicable to the Office of Group Benefits.

New law prohibits the waiver of the payment requirements through contract.

Prior law provided that payments of nonelectronic claims submitted by a pharmacist or pharmacy within 45 days shall be paid within 45 days of receipt.

New law provides that the claim shall be paid within 21 days of receipt.

Prior law provided that payments of nonelectronic claims submitted by a pharmacist or pharmacy after 45 days be paid within 60 days of receipt.

New law provides that the payment shall be made within 30 days of receipt.

New law removes provisions relative to just and reasonable grounds for noncompliance.

New law authorizes municipalities or political subdivisions with fewer than two employees or officials to contract for individual health insurance policies or reimburse such employees or officials for individual insurance premiums and adds provisions governing the payment of such policies under specified circumstances.

Effective Jan. 1, 2027.

(Amends R.S. 22:1155(C), 1832(A) and (D), 1833(B) and (E), 1834, 1838(F) and (G), 1853(A),1853(B)(1)(intro para), and 1853(C) and (D), 1854(A), 1854(B)(intro para), and 1854(C) and R.S. 33:5151(A); adds R.S. 22:1839)