

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 465

2026 Regular Session

McMath

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

HEALTH CARE. Provides for payments to healthcare providers. (1/1/27)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Provides for the claim terminology by specifying that certain provisions apply to a clean electronic claim.
2. Changes the effective date to January 1, 2027.
3. Authorizes municipalities or political subdivisions with fewer than two employees or officials to contract for individual insurance policies or reimburse such employees or officials for individual insurance premiums.
4. Adds provisions authorizing payment of individual health insurance policies for certain public employees under specified circumstances.
5. Makes technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

DIGEST

SB 465 Re-Reengrossed

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

Present law provides that nonelectronic claims by a provider under contract submitted within 45 days of the date of service or discharge shall be paid, denied, or pending within 45 days.

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

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

Proposed 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 pending within ten calendar days.

Present law requires electronic claims to be paid, denied, or pending within 25 days.

Proposed 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.

Present law requires health insurance issuers to provide notice to providers when a claim is pending.

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

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

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

Proposed law prohibits recoupment after 12 months.

Proposed 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.

Present law exempts the Office of Group Benefits from the provisions of present law.

Proposed law makes the provisions of present law and proposed law applicable to the Office of Group Benefits.

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

Present law provides that payments of nonelectronic claims submitted by a pharmacist or pharmacy within 45 days shall be paid within 45 days.

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

Present law provides that payments of nonelectronic claims submitted by a pharmacist or pharmacy after 45 days shall be paid within 60 days.

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

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

Proposed 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)