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DIGEST

SB 465 Re-Reengrossed

2026 Regular Session

McMath

Present law provides for 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 pended within 45 days.

Proposed 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.

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

Present law requires electronic claims to be paid, denied, or pended 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 pended.

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.

Proposed law repeals present law.

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.

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.

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

Effective August 1, 2026.

(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); adds R.S. 22:1839)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Make technical changes.

Committee Amendments Proposed by Senate Committee on Finance to the engrossed bill

1. Reduces the time limit in which a health insurance provider is prohibited from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted in good faith from 18 months to 12 months.

Senate Floor Amendments to reengrossed bill

1. Provides that a dental service contractor is prohibited after the passage of 18 months from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted in good faith.

2. Make technical changes.