

59 (ii) if the managed care organization requests additional information under Subsection
 60 (6), 24 hours from the hour the managed care organization received the additional information;

61 (c) for a preservice request that is not urgent, 10 days from the day the request was
 62 transmitted; and

63 (d) for a post-service care request, 30 days from the day the request was transmitted.

64 (3) A managed care organization shall complete an appeal from an adverse
 65 preauthorization determination in the same amount of time as the time for the applicable
 66 request described in Subsection (2).

67 (4) A managed care organization may not deny a post-service request solely because
 68 the request for service was initiated after the service was performed.

69 (5) A managed care organization shall report annually to the department the following:

70 (a) percentage of post acute determinations completed within the timelines described in
 71 this section;

72 (b) percentage of post acute requests where additional information is requested;

73 (c) the total number of post acute initial requests that were approved and denied,
 74 including the percentage; and

75 (d) the total number of post acute appeals that were approved or denied, including the
 76 percentage.

77 (6) (a) A managed care organization may request additional information for an
 78 authorization request described in this section.

79 (b) For a request described in Subsection (2)(a) or (b), the managed care organization
 80 shall submit a request for more information no later than 24 hours after the hour the request is
 81 transmitted to the managed care organization.

82 (7) If a managed care organization fails to respond to a request described in Subsection
 83 (2) within the time specified, or to request information in accordance with Subsection (6)(b)
 84 within the time specified, the request is deemed to be approved.

85 (8) This section only applies to requests from a tertiary hospital or a quaternary
 86 hospital.

86a **§→ (9) This section does not apply to claims filed as part of the Medicaid program. ←§**

87 Section 2. **Effective date.**

88 This bill takes effect on §→ [May 1, 2024] January 1, 2025. ←§ .