

2022 Regular Session

HOUSE BILL NO. 286

BY REPRESENTATIVE TURNER

MEDICAID MANAGED CARE: Provides relative to healthcare provider credentialing in the Medicaid managed care program

1 AN ACT

2 To enact R.S. 46:460.61(F), relative to the Medicaid managed care program of this state; to  
3 provide with respect to healthcare provider credentialing requirements in Medicaid  
4 managed care; to establish requirements relative to credentialing of certain providers  
5 who are affiliated with licensed hospitals; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 46:460.61(F) is hereby enacted to read as follows:

8 §460.61. Provider credentialing

9 \* \* \*

10 F. Any provider who maintains hospital privileges or is a member of a  
11 hospital medical staff with a hospital licensed in accordance with the Hospital  
12 Licensing Law, R.S. 40:2100 et seq., shall be considered to have satisfied, and shall  
13 otherwise be exempt from having to satisfy, any credentialing requirements of a  
14 managed care organization.

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DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 286 Original

2022 Regular Session

Turner

**Abstract:** Deems certain healthcare providers to meet credentialing requirements of the Medicaid managed care program by reason of their affiliation with a licensed hospital.

Present law establishes requirements and standards for credentialing by Medicaid managed care organizations of healthcare providers who furnish health services to persons enrolled in the Medicaid managed care program of this state. Proposed law retains present law.

Proposed law stipulates that any healthcare provider who maintains hospital privileges or is a member of a hospital medical staff with a hospital licensed in accordance with present law shall be considered to have satisfied, and shall otherwise be exempt from having to satisfy, any credentialing requirements of a Medicaid managed care organization.

(Adds R.S. 46:460.61(F))