A bill to be entitled

An act relating to health care providers; creating s. 456.0125, F.S.; providing legislative intent; providing definitions; creating the Standardized Credentials Collection and Verification program for health care providers; providing procedures and requirements with respect to the program; authorizing the Department of Health to adopt rules to develop and implement the program; providing an effective date.

WHEREAS, the Legislature recognizes that an efficient and effective health care practitioner credentialing program helps ensure access to quality health care and the demand for health care practitioner credentialing activities has increased as a result of health care reform and recent changes affecting the delivery of and reimbursement for health care, and

WHEREAS, the resulting duplication of health care practitioner credentialing activities is costly and cumbersome for both the practitioner and the entity granting practice privileges, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 456.0125, Florida Statutes, is created to read:

456.0125 Standardized Credentials Collection and Verification Program for health care providers.—

(1) It is the intent of the Legislature to establish the

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Standardized Credentials Collection and Verification program and designate an entity to act as a repository for the core credentials data of health care practitioners and ensure that this information is collected only once unless a correction, update, or modification to the data is required. The Legislature further intends that the credentials collection and verification entity, the department, and health care practitioners work cooperatively to ensure the integrity and accuracy of the program. A health care practitioner as defined in s. 456.001(4), an insurance company operating in accordance with chapter 624 that offers health insurance coverage under part VI of chapter 627, a health maintenance organization as defined in s. 641.19(12), or an entity licensed under chapter 395 must participate in the program.

(2) As used in this section, the term:

- (a) "Accredited" or "certified" means approved by a national accrediting organization as defined in paragraph (g), or other nationally recognized and accepted organization authorized by the department to assess and certify a credentials collection and verification program, or another entity or organization that verifies the credentials of a health care practitioner.
- (b) "Core credentials data" means data that is verified by a primary source as described in paragraph (h) and includes professional education, professional training, licensure, current Drug Enforcement Administration certification, specialty board certification, Educational Commission for Foreign Medical Graduates certification, and final disciplinary action reported

pursuant to s. 456.039(1)(a)8. or s. 456.0391(1)(a)8.

- (c) "Credential" or "credentialing" means the process by which the qualifications of a licensed health care practitioner or an applicant for licensure as a health care provider are assessed and verified.
- (d) "Credentials collection and verification entity" or "CCVE" means an organization controlled by a statewide association of physicians licensed pursuant to chapter 458 or chapter 459 that has been in existence since July 1, 2003, and was selected by the department to collect and store credentialing data, documents, and information.
  - (e) "Health care entity" means:
- 1. A health care facility licensed pursuant to chapter
  395;
- 2. An entity licensed by the Department of Insurance as a prepaid health care plan, a health maintenance organization, or an insurer that provides coverage for health care services through a network of health care providers or similar organizations licensed under chapter 627, chapter 636, chapter 641, or chapter 651; or
  - 3. An accredited medical school in the state.
- (f) "Health care practitioner" means a person licensed or, for credentialing purposes only, a person applying for licensure as a health care practitioner as defined in s. 456.001(4).
- (g) "National accrediting organization" means an organization that awards accreditation or certification to hospitals, managed care organizations, credentials collection and verification entities, or other health care entities,

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including, but not limited to, the Joint Commission, the

American Accreditation HealthCare Commission (URAC), and the

National Committee for Quality Assurance (NCQA).

- (h) "Primary source verification" means verification of professional qualifications based on evidence obtained directly from the issuing source of the applicable qualification, any other source deemed as a primary source for verification by the department, or an accrediting organization as defined in paragraph (g) approved by the department.
- (i) "Professional training" means any internship,
  residency, or fellowship related to the profession for which the
  health care practitioner is licensed or seeking licensure.
- (j) "Specialty board certification" means certification in a specialty issued by a specialty board that is recognized by a board as defined in s. 456.001(1) and that regulates the profession for which the health care practitioner is licensed or seeking licensure.
- (3) The Standardized Credentials Collection and Verification program is established and shall be administered by the department, as follows:
- (a) Each health care practitioner shall report all core credentials data to the CCVE and notify the CCVE within 45 days after any corrections, updates, or modifications are made to the core credentials data. Failure to report and update information as required under this paragraph constitutes a ground for disciplinary action under the respective licensing chapter and s. 456.072(1)(k). If a licensee or person applying for initial licensure fails to report and update information as required

under this paragraph, the department or board, as appropriate,
may:

- 1. For a person applying for initial licensure, refuse to issue a license.
- 2. For a licensee, issue a citation pursuant to s. 456.077 and assess a fine, as determined by rule by the board or department.
  - (b) The department:

- 1. Shall contract with one CCVE to collect and store credentialing data, documents, and information. When authorized by a health care practitioner, the department shall furnish such data, documents, and information to a designated health care entity. The CCVE must be fully accredited or certified by a national accrediting organization. If a CCVE fails to maintain full accreditation or certification or provide data authorized by a health care practitioner, the department may terminate the contract with the CCVE.
- 2. Shall require the CCVE to maintain liability insurance sufficient to meet the certification or accreditation requirements established under this section.
- 3. Shall develop standardized forms on which a health care practitioner may initially report and authorize the release of core credentials data and subsequently report corrections, updates, and modifications to that data.
- 4. May designate by rule additional elements of the core credentials data required under this section.
  - (c) The CCVE shall:
  - 1. Maintain a complete current file of applicable core

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CODING: Words stricken are deletions; words underlined are additions.

141 credentials data on each health care practitioner.

- 2. If authorized by the health care practitioner, release the core credentials data and any corrections, updates, and modifications to the data that are otherwise confidential or exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution to a health care entity.
  - (d) A health care entity:

- 1. Shall use the CCVE to obtain core credentials data, including corrections, updates, and modifications to the data, about any health care practitioner considered for or renewing membership in, privileges with, or participation in any plan or program with the health care entity.
- 2. May not request core credentials data from the health care practitioner.
- (4) This section may not restrict the authority of a health care entity to credential, approve, or deny an application for hospital staff membership, clinical privileges, or participation in a managed care network.
- (5) A health care entity may rely upon any data that has been verified by the CCVE to meet the primary source verification requirements of a national accrediting organization.
- (6) The department shall adopt rules necessary to develop and implement the program established under this section.
- Section 2. This act shall take effect July 1, 2013.