

Bill No. SB 1940

Amendment No. ____

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Senator Myers moved the following amendment:

Senate Amendment (with title amendment)
Delete everything after the enacting clause

and insert:

Section 1. Section 455.557, Florida Statutes, is created to read:

455.557 Standardized credentialing for health care practitioners.--

(1) INTENT.--The Legislature recognizes that an efficient and effective health care practitioner credentialing program helps to ensure access to quality health care and also recognizes that health care practitioner credentialing activities have increased significantly as a result of health care reform and recent changes in health care delivery and reimbursement systems. Moreover, the resulting duplication of health care practitioner credentialing activities is unnecessarily costly and cumbersome for both the practitioner and the entity granting practice privileges. Therefore, it is the intent of this section that a mandatory credentials

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1 verification program be established which provides that, once
2 a health care practitioner's core credentials data are
3 collected, validated, maintained, and stored, they need not be
4 collected again. Mandatory credentialing under this section
5 shall initially include those individuals licensed under
6 chapter 458, chapter 459, chapter 460, or chapter 461.
7 However, the department shall, with the approval of the
8 applicable board, include other professions under the
9 jurisdiction of the Division of Medical Quality Assurance in
10 this credentialing program, provided they meet the
11 requirements of s. 455.565.

12 (2) DEFINITIONS.--As used in this section, the term:

13 (a) "Advisory council" or "council" means the
14 Credentials Verification Advisory Council.

15 (b) "Applicant" means an individual applying for
16 licensure or a current licensee applying for credentialing.

17 (c) "Certified" or "accredited," as applicable, means
18 approved by a quality assessment program, from the National
19 Committee for Quality Assurance, the Joint Commission on
20 Accreditation of Healthcare Organizations, the Utilization
21 Review Accreditation Commission, or any such other nationally
22 recognized and accepted organization authorized by the
23 department, used to assess and certify any credentials
24 verification program, entity, or organization that verifies
25 the credentials of any health care practitioner.

26 (d) "Core credentials data" means any professional
27 education, professional training, peer references, licensure,
28 Drug Enforcement Administration certification, social security
29 number, board certification, Educational Commission for
30 Foreign Medical Graduates information, hospital affiliations,
31 managed care organization affiliations, other institutional

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1 affiliations, professional society memberships, professional
 2 liability insurance, claims, suits, judgments, or settlements,
 3 Medicare or Medicaid sanctions, civil or criminal law
 4 violations, practitioner profiling data, special conditions of
 5 impairment, or regulatory exemptions not previously reported
 6 to the department in accordance with both s. 455.565 and the
 7 initial licensure reporting requirements specified in the
 8 applicable practice act.

9 (e) "Credentialing" means the process of assessing and
 10 validating the qualifications of a licensed health care
 11 practitioner.

12 (f) "Credentials verification entity" means any
 13 program, entity, or organization that is organized and
 14 certified or accredited for the express purpose of collecting,
 15 verifying, maintaining, storing, and providing to health care
 16 entities a health care practitioner's total core credentials
 17 data, including all corrections, updates, and modifications
 18 thereto, as authorized by the health care practitioner and in
 19 accordance with the provisions of this section. The division,
 20 once certified, shall be considered a credentials verification
 21 entity for all health care practitioners.

22 (g) "Department" means the Department of Health.

23 (h) "Designated credentials verification entity" means
 24 the program, entity, or organization organized and certified
 25 or accredited for the express purpose of collecting,
 26 verifying, maintaining, storing, and providing to health care
 27 entities a health care practitioner's total core credentials
 28 data, including all corrections, updates, and modifications
 29 thereto, which is selected by the health care practitioner as
 30 the credentials verification entity for all inquiries into his
 31 or her credentials, if the health care practitioner chooses to

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1 make such a designation. Notwithstanding any such designation
2 by a health care practitioner, the division, once certified,
3 shall also be considered a designated credentials verification
4 entity for that health care practitioner.

5 (i) "Division" means the Division of Medical Quality
6 Assurance within the Department of Health.

7 (j) "Health care entity" means:

8 1. Any health care facility or other health care
9 organization licensed or certified to provide approved medical
10 and allied health services in Florida; or

11 2. Any entity licensed by the Department of Insurance
12 as a prepaid health care plan or health maintenance
13 organization or as an insurer to provide coverage for health
14 care services through a network of providers.

15 (k) "Health care practitioner" means any person
16 licensed under chapter 458, chapter 459, chapter 460, or
17 chapter 461 or any person licensed under a chapter
18 subsequently made subject to this section by the department
19 with the approval of the applicable board.

20 (l) "National accrediting organization" means an
21 organization that awards accreditation or certification to
22 hospitals, managed care organizations, or other health care
23 organizations, including, but not limited to, the Joint
24 Commission on Accreditation of Healthcare Organizations and
25 the National Committee for Quality Assurance.

26 (m) "Primary source verification" means verification
27 of professional qualifications based on evidence obtained
28 directly from the issuing source of the applicable
29 qualification.

30 (n) "Recredentialing" means the process by which a
31 credentials verification entity verifies the credentials of a

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1 health care practitioner whose core credentials data,
2 including all corrections, updates, and modifications thereto,
3 are currently on file with the entity.

4 (o) "Secondary source verification" means confirmation
5 of a professional qualification by means other than primary
6 source verification, as outlined and approved by national
7 accrediting organizations.

8 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

9 (a) In accordance with the provisions of this section,
10 the department shall develop standardized forms necessary for
11 the creation of a standardized system as well as guidelines
12 for collecting, verifying, maintaining, storing, and providing
13 core credentials data on health care practitioners through
14 credentials verification entities, except as otherwise
15 provided in this section, for the purpose of eliminating
16 duplication. Once the core credentials data are submitted, the
17 health care practitioner is not required to resubmit this
18 initial data when applying for practice privileges with health
19 care entities. However, as provided in paragraph (d), each
20 health care practitioner is responsible for providing any
21 corrections, updates, and modifications to his or her core
22 credentials data, to ensure that all credentialing data on the
23 practitioner remains current. Nothing in this paragraph
24 prevents the designated credentials verification entity from
25 obtaining all necessary attestation and release form
26 signatures and dates.

27 (b) There is established a Credentials Verification
28 Advisory Council, consisting of 13 members, to assist with the
29 development of guidelines for establishment of the
30 standardized credentials verification program. The secretary,
31 or his or her designee, shall serve as one member and chair of

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1 the council and shall appoint the remaining 12 members. Except
2 for any initial lesser term required to achieve staggering,
3 such appointments shall be for 4-year staggered terms, with
4 one 4-year reappointment, as applicable. Three members shall
5 represent hospitals, and two members shall represent health
6 maintenance organizations. One member shall represent health
7 insurance entities. One member shall represent the credentials
8 verification industry. Two members shall represent physicians
9 licensed under chapter 458, one member shall represent
10 osteopathic physicians licensed under chapter 459, one member
11 shall represent chiropractic physicians licensed under chapter
12 460, and one member shall represent podiatric physicians
13 licensed under chapter 461.

14 (c) The department, in consultation with the advisory
15 council, shall develop standard forms for the initial
16 reporting of core credentials data for credentialing purposes
17 and for the subsequent reporting of corrections, updates, and
18 modifications thereto for recredentialing purposes.

19 (d) Each health care practitioner licensed under
20 chapter 458, chapter 459, chapter 460, or chapter 461, or any
21 person licensed under a chapter subsequently made subject to
22 this section, must report any action or information as defined
23 in paragraph (2)(d), including any correction, update, or
24 modification thereto, as soon as possible but not later than
25 30 days after such action occurs or such information is known,
26 to the department or his or her designated credentials
27 verification entity, if any, who must report it to the
28 department. In addition, a licensee must update, at least
29 quarterly, his or her data on a form prescribed by the
30 department.

31 (e) An individual applying for licensure under chapter

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1 458, chapter 459, chapter 460, or chapter 461, or any person
 2 applying for licensure under a chapter subsequently made
 3 subject to this section, must submit the individual's initial
 4 core credentials data to a credentials verification entity, if
 5 such information has not already been submitted to the
 6 department or the appropriate licensing board or to any other
 7 credentials verification entity.

8 (f) Applicants may decide which credentials
 9 verification entity they want to process and store their core
 10 credentials data; however, such data shall at all times be
 11 maintained by the department. An applicant may choose not to
 12 designate a credentials verification entity, provided the
 13 applicant has a written agreement with the health care entity
 14 or entities that are responsible for his or her credentialing.
 15 In addition, any licensee may choose to move his or her core
 16 credentials data from one credentials verification entity to
 17 another.

18 (g) Any health care entity that employs, contracts
 19 with, or allows health care practitioners to treat its
 20 patients must use the designated credentials verification
 21 entity to obtain core credentials data on a health care
 22 practitioner applying for privileges with that entity, if the
 23 health care practitioner has made such a designation, or may
 24 use the division in lieu thereof as the designated credentials
 25 verification entity required for obtaining core credentials
 26 data on such health care practitioner. Any additional
 27 information required by the health care entity's credentialing
 28 process may be collected from the primary source of that
 29 information either by the health care entity or its contractee
 30 or by the designated credentials verification entity.

31 (h) Nothing in this section may be construed to

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1 restrict the right of any health care entity to request
2 additional information necessary for credentialing.

3 (i) Nothing in this section may be construed to
4 restrict access to the National Practitioner Data Bank by the
5 department, any health care entity, or any credentials
6 verification entity.

7 (j) Nothing in this section may be construed to
8 restrict in any way the authority of the health care entity to
9 approve or deny an application for hospital staff membership,
10 clinical privileges, or managed care network participation.

11 (4) DELEGATION BY CONTRACT.--A health care entity may
12 contract with any credentials verification entity to perform
13 the functions required under this section. The submission of
14 an application for health care privileges with a health care
15 entity shall constitute authorization for the health care
16 entity to access the applicant's core credentials data with
17 the department or the applicant's designated credentials
18 verification entity, if the applicant has made such a
19 designation.

20 (5) AVAILABILITY OF DATA COLLECTED.--

21 (a) The department shall make available to a health
22 care entity or credentials verification entity registered with
23 the Department of Health all core credentials data it collects
24 on any licensee that is otherwise confidential and exempt from
25 the provisions of chapter 119 and s. 24(a), Art. I, of the
26 State Constitution including corrections, updates, and
27 modifications thereto if a health care entity submits proof of
28 the licensee's current pending application for purposes of
29 credentialing the applicant based on the core credentials data
30 maintained by the department.

31 (b) Each credentials verification entity shall make

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1 available to a health care entity the licensee has authorized
2 to receive the data, and to the department at the credentials
3 verification entity's actual cost of providing the data, all
4 core credentials data it collects on any licensee, including
5 all corrections, updates, and modifications thereto.

6 (c) The department shall charge health care entities
7 and other credentials verification entities a reasonable fee
8 pursuant to the requirements of chapter 119, to access all
9 credentialing data it maintains on applicants and licensees.
10 The fee shall be set in consultation with the advisory council
11 and may not exceed the actual cost of providing the data.

12 (6) DUPLICATION OF DATA PROHIBITED.--

13 (a) A health care entity may not collect or attempt to
14 collect duplicate core credentials data from any individual
15 health care practitioner or from any primary source if the
16 information is already on file with the department or with any
17 credentials verification entity.

18 (b) A credentials verification entity other than the
19 Department of Health may not attempt to collect duplicate core
20 credentials data from any individual health care practitioner
21 if the information is already on file with another credentials
22 verification entity or with the appropriate licensing board of
23 another state, provided the other state's credentialing
24 program meets national standards and is certified or
25 accredited, as outlined by national accrediting organizations,
26 and agrees to provide all data collected under such program on
27 that health care practitioner.

28 (7) RELIABILITY OF DATA.--Any credentials verification
29 entity may rely upon core credentials data, including all
30 corrections, updates, and modifications thereto, from the
31 department if the department certifies that the information

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1 was obtained in accordance with primary source verification
2 procedures; and the department may rely upon core credentials
3 data, including all corrections, updates, and modifications
4 thereto, from any credentials verification entity if the
5 designated credentials verification entity certifies that the
6 information was obtained in accordance with primary source
7 verification procedures.

8 (8) STANDARDS AND REGISTRATION.--

9 (a) The department's credentials verification
10 procedures must meet national standards, as outlined by
11 national accrediting organizations.

12 (b) Any credentials verification entity that does
13 business in Florida must meet national standards, as outlined
14 by national accrediting organizations, and must register with
15 the department. The department may charge a reasonable
16 registration fee, not to exceed an amount sufficient to cover
17 its actual expenses in providing for such registration. Any
18 credentials verification entity that fails to meet the
19 standards required to be certified or accredited, fails to
20 register with the department, or fails to provide data
21 collected on a health care practitioner may not be selected as
22 the designated credentials verification entity for any health
23 care practitioner

24 (9) LIABILITY.--No civil, criminal, or administrative
25 action may be instituted, and there shall be no liability,
26 against any health care entity on account of its reliance on
27 any data obtained from a credentials verification entity.

28 (10) REVIEW.--Before releasing a health care
29 practitioner's core credentials data from its data bank, a
30 designated credentials verification entity other than the
31 Department of Health must provide the practitioner up to 30

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1 days to review such data and make any corrections of fact.

2 (11) VALIDATION OF CREDENTIALS.--Except as otherwise
3 acceptable to the health care entity and applicable certifying
4 or accrediting organization listed in paragraph (2)(c), the
5 department and all credentials verification entities must
6 perform primary source verification of all credentialing
7 information submitted to them pursuant to this section;
8 however, secondary source verification may be utilized if
9 there is a documented attempt to contact primary sources. The
10 validation procedures used by the department and credentials
11 verification entities must meet the standards established by
12 rule pursuant to this section.

13 (12) LIABILITY INSURANCE REQUIREMENTS.--The
14 department, in consultation with the Credentials Verification
15 Advisory Council, shall establish the minimum liability
16 insurance requirements for each credentials verification
17 entity doing business in this state.

18 (13) RULES.--The department, in consultation with the
19 applicable board, shall adopt rules necessary to develop and
20 implement the standardized credentials verification program
21 established by this section.

22 Section 2. The Secretary of Health shall reappoint the
23 task force appointed under section 103 of chapter 97-261, Laws
24 of Florida. The reappointed task force shall develop
25 procedures to expand the standardized credentialing program
26 under section 455.557, Florida Statutes, as created by this
27 act, to include site visits.

28 Section 3. This act shall take effect July 1, 1999.
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1 ===== T I T L E A M E N D M E N T =====

2 And the title is amended as follows:

3 Delete everything before the enacting clause

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5 and insert:

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 A bill to be entitled

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 An act relating to health care practitioners;

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 creating s. 455.557, F.S.; providing for

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 standardized credentialing of health care

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 practitioners; providing intent and

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 definitions; providing for a standardized

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 credentials verification program; providing for

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 delegation of credentialing authority by

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 contract; providing for availability of data

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 collected; prohibiting collection of duplicate

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 data; specifying conditions for reliability of

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 data; providing for standards and registration,

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 including a registration fee; preserving health

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 care entities from liability and certain

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 actions for reliance on data provided by a

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 credentials verification entity; providing for

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 practitioner review of data prior to release;

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 providing for validation of credentials;

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 providing liability insurance requirements;

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 providing for rules; providing for

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 reappointment of a task force and providing its

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 purpose; providing an effective date.

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