

By the Committee on Health Care Standards & Regulatory Reform and Representatives Jones and Brooks

1                                   A bill to be entitled  
2           An act relating to health care practitioners;  
3           creating s. 455.557, F.S.; providing for  
4           standardized credentialing of health care  
5           practitioners; providing intent and  
6           definitions; providing for a standardized  
7           credentials verification program; providing for  
8           delegation of credentialing authority by  
9           contract; providing for availability of data  
10          collected; prohibiting collection of duplicate  
11          data; specifying conditions for reliability of  
12          data; providing for standards and registration,  
13          including a registration fee; preserving health  
14          care entities from liability and certain  
15          actions for reliance on data provided by a  
16          credentials verification entity; providing for  
17          practitioner review of data prior to release;  
18          providing for validation of credentials;  
19          providing liability insurance requirements;  
20          providing for rules; providing for  
21          reappointment of a task force and providing its  
22          purpose; providing an effective date.

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

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

28           455.557 Standardized credentialing for health care  
29 practitioners.--

30           (1) INTENT.--The Legislature recognizes that an  
31 efficient and effective health care practitioner credentialing

1 program helps to ensure access to quality health care and also  
2 recognizes that health care practitioner credentialing  
3 activities have increased significantly as a result of health  
4 care reform and recent changes in health care delivery and  
5 reimbursement systems. Moreover, the resulting duplication of  
6 health care practitioner credentialing activities is  
7 unnecessarily costly and cumbersome for both the practitioner  
8 and the entity granting practice privileges. Therefore, it is  
9 the intent of this section that a mandatory credentials  
10 verification program be established which provides that, once  
11 a health care practitioner's core credentials data are  
12 collected, validated, maintained, and stored, they need never  
13 be collected again. Mandatory credentialing under this section  
14 shall initially include those individuals licensed under  
15 chapter 458, chapter 459, chapter 460, or chapter 461.  
16 However, the department shall, with the approval of the  
17 applicable board, include other professions under the  
18 jurisdiction of the Division of Medical Quality Assurance in  
19 this credentialing program, provided they meet the  
20 requirements of s. 455.565.

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

22 (a) "Advisory council" or "council" means the  
23 Credentials Verification Advisory Council.

24 (b) "Certified" means approved by a quality assessment  
25 program, from the National Committee for Quality Assurance,  
26 the Joint Commission on Accreditation of Healthcare  
27 Organizations, or any such other national accreditation  
28 organization authorized by the department, used to assess and  
29 certify any credentials verification program, entity, or  
30 organization that verifies the credentials of any health care  
31 practitioner.

1           (c) "Core credentials data" means any professional  
2 education, professional training, peer references, licensure,  
3 Drug Enforcement Administration certification, social security  
4 number, board certification, Educational Commission for  
5 Foreign Medical Graduates information, hospital affiliations,  
6 managed care organization affiliations, other institutional  
7 affiliations, professional society memberships, professional  
8 liability insurance, claims, suits, judgments, or settlements,  
9 Medicare or Medicaid sanctions, civil or criminal law  
10 violations, practitioner profiling data, special conditions of  
11 impairment, or regulatory exemptions not previously reported  
12 to the department in accordance with both s. 455.565 and the  
13 initial licensure reporting requirements specified in the  
14 applicable practice act.

15           (d) "Credentialing" means the process of assessing and  
16 validating the qualifications of a licensed health care  
17 practitioner.

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

28           (f) "Department" means the Department of Health.

29           (g) "Designated credentials verification entity" means  
30 the program, entity, or organization organized and certified  
31 for the express purpose of collecting, verifying, maintaining,

1 storing, and providing to health care entities a health care  
2 practitioner's total core credentials data, including all  
3 corrections, updates, and modifications thereto, which is  
4 selected by the health care practitioner as the credentials  
5 verification entity for all inquiries into his or her  
6 credentials, if the health care practitioner chooses to make  
7 such a designation. Notwithstanding any such designation by a  
8 health care practitioner, the division shall also be  
9 considered a designated credentials verification entity for  
10 that health care practitioner.

11 (h) "Division" means the Division of Medical Quality  
12 Assurance within the Department of Health.

13 (i) "Health care entity" means:

14 1. Any health care facility or other health care  
15 organization licensed or certified to provide approved medical  
16 and allied health services in Florida; or

17 2. Any entity licensed by the Department of Insurance  
18 as a prepaid health care plan or health maintenance  
19 organization or as an insurer to provide coverage for health  
20 care services through a network of providers.

21 (j) "Health care practitioner" means any person  
22 licensed under chapter 458, chapter 459, chapter 460, or  
23 chapter 461 or any person licensed under a chapter  
24 subsequently made subject to this section by the department  
25 with the approval of the applicable board.

26 (k) "National accrediting organization" means an  
27 organization that awards accreditation or certification to  
28 hospitals, managed care organizations, or other health care  
29 organizations, including, but not limited to, the Joint  
30 Commission on Accreditation of Healthcare Organizations and  
31 the National Committee for Quality Assurance.

1       (l) "Primary source verification" means verification  
2 of professional qualifications based on evidence obtained  
3 directly from the issuing source of the applicable  
4 qualification.

5       (m) "Recredentialing" means the process by which a  
6 credentials verification entity verifies the credentials of a  
7 health care practitioner whose core credentials data,  
8 including all corrections, updates, and modifications thereto,  
9 are currently on file with the entity.

10       (n) "Secondary source verification" means confirmation  
11 of a professional qualification by means other than primary  
12 source verification, as outlined and approved by national  
13 accrediting organizations.

14       (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

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

3 (b) There is established a Credentials Verification  
4 Advisory Council, consisting of 13 members, to assist with the  
5 development of guidelines for establishment of the  
6 standardized credentials verification program. The secretary,  
7 or his or her designee, shall serve as one member and chair of  
8 the council and shall appoint the remaining 12 members. Except  
9 for any initial lesser term required to achieve staggering,  
10 such appointments shall be for 4-year staggered terms, with  
11 one 4-year reappointment, as applicable. Three members shall  
12 represent hospitals, and two members shall represent health  
13 maintenance organizations. One member shall represent health  
14 insurance entities. One member shall represent the credentials  
15 verification industry. Two members shall represent physicians  
16 licensed under chapter 458, one member shall represent  
17 osteopathic physicians licensed under chapter 459, one member  
18 shall represent chiropractic physicians licensed under chapter  
19 460, and one member shall represent podiatric physicians  
20 licensed under chapter 461.

21 (c) The department, in consultation with the advisory  
22 council, shall develop standard forms for the initial  
23 reporting of core credentials data for credentialing purposes  
24 and for the subsequent reporting of corrections, updates, and  
25 modifications thereto for recredentialing purposes.

26 (d) Each health care practitioner licensed under  
27 chapter 458, chapter 459, chapter 460, or chapter 461, or any  
28 person licensed under a chapter subsequently made subject to  
29 this section, must report any action or information as defined  
30 in paragraph (2)(c), including any correction, update, or  
31 modification thereto, to the department and his or her

1 designated credentials verification entity, if any, as soon as  
2 possible but not later than 30 days after such action occurs  
3 or such information is known. In addition, a licensee must  
4 update, at least quarterly, his or her data on a form  
5 prescribed by the department.

6 (e) An individual applying for licensure under chapter  
7 458, chapter 459, chapter 460, or chapter 461, or any person  
8 applying for licensure under a chapter subsequently made  
9 subject to this section, must submit the individual's initial  
10 core credentials data to a credentials verification entity, if  
11 such information has not already been submitted to the  
12 department or the appropriate licensing board or to any other  
13 credentials verification entity. Applicants may decide which  
14 credentials verification entity they want to process and store  
15 their core credentials data; however, such data shall at all  
16 times be maintained by the department. An applicant may choose  
17 not to designate a credentials verification entity, provided  
18 the applicant has a written agreement with the health care  
19 entity or entities that are responsible for his or her  
20 credentialing. In addition, any licensee may choose to move  
21 his or her core credentials data from one credentials  
22 verification entity to another.

23 (f) Any health care entity that employs, contracts  
24 with, or allows health care practitioners to treat its  
25 patients must use the designated credentials verification  
26 entity to obtain core credentials data on a health care  
27 practitioner applying for privileges with that entity, if the  
28 health care practitioner has made such a designation, or may  
29 use the division in lieu thereof as the designated credentials  
30 verification entity required for obtaining core credentials  
31 data on such health care practitioner. Any additional

1 information required by the health care entity's credentialing  
2 process may be collected from the primary source of that  
3 information either by the health care entity or its contractee  
4 or by the designated credentials verification entity.

5 (g) Nothing in this section may be construed to  
6 restrict the right of any health care entity to request  
7 additional information necessary for credentialing.

8 (h) Nothing in this section may be construed to  
9 restrict access to the National Practitioner Data Bank by the  
10 department, any health care entity, or any credentials  
11 verification entity.

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

21 (5) AVAILABILITY OF DATA COLLECTED.--

22 (a) The department shall make available to a health  
23 care entity or credentials verification entity all core  
24 credentials data it collects on any licensee, including any  
25 corrections, updates, and modifications thereto, provided the  
26 licensee authorizes the release of the information.

27 (b) Each credentials verification entity shall make  
28 available to a health care entity, and to the department at  
29 the credentials verification entity's actual cost of providing  
30 the data, all core credentials data it collects on any  
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1 licensee, including all corrections, updates, and  
2 modifications thereto.

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

9 (6) DUPLICATION OF DATA PROHIBITED.--

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

15 (b) Neither the department nor any credentials  
16 verification entity may attempt to collect duplicate core  
17 credentials data from any individual health care practitioner  
18 or from any primary source other than the department if the  
19 information is already on file with another credentials  
20 verification entity or with the appropriate licensing board of  
21 another state, provided the other state's credentialing  
22 program meets national standards and is certified, as outlined  
23 by national accrediting organizations, and agrees to provide  
24 all data collected under such program on that health care  
25 practitioner.

26 (7) RELIABILITY OF DATA.--Any credentials verification  
27 entity may rely upon core credentials data, including all  
28 corrections, updates, and modifications thereto, from the  
29 department if the department certifies that the information  
30 was obtained in accordance with certified primary source  
31 verification procedures; and the department may rely upon core

1 credentials data, including all corrections, updates, and  
2 modifications thereto, from any credentials verification  
3 entity if the designated credentials verification entity  
4 certifies that the information was obtained in accordance with  
5 certified primary source verification procedures.

6 (8) STANDARDS AND REGISTRATION.--

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

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

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

26 (10) REVIEW.--Before releasing a health care  
27 practitioner's core credentials data from its data bank, a  
28 designated credentials verification entity must provide the  
29 practitioner up to 30 days to review such data and make any  
30 corrections of fact.

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1       (11) VALIDATION OF CREDENTIALS.--The department and  
2 all credentials verification entities must perform primary  
3 source verification of all credentialing information submitted  
4 to them pursuant to this section; however, secondary source  
5 verification may be utilized if there is a documented attempt  
6 to contact primary sources. The validation procedures used by  
7 the department and credentials verification entities must meet  
8 the standards established by rule pursuant to this section.

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

14       (13) RULES.--The department, in consultation with the  
15 applicable board, shall adopt rules necessary to develop and  
16 implement the standardized credentials verification program  
17 established by this section.

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

24       Section 3. This act shall take effect July 1, 1999.  
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HOUSE SUMMARY

Provides for standardized credentialing of health care practitioners. Provides intent and definitions. Provides for establishment by the Department of Health, in conjunction with an advisory council, of a standardized credentials verification program. Provides for delegation of credentialing authority by contract. Provides for availability of data collected. Prohibits collection of duplicate data. Specifies conditions for reliability of data. Provides for standards and registration with the department, including a registration fee. Preserves health care entities from liability and certain actions for reliance on data provided by a credentials verification entity. Provides for practitioner review of data prior to release. Provides for verification of credentials. Provides liability insurance requirements. Provides for rules. Provides for reappointment of a task force to develop procedures to expand the standardized credentialing program to include site visits. See bill for details.