

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 appropriation; providing
23 an effective date.

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

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

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

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1 (1) INTENT.--The Legislature recognizes that an
2 efficient and effective health care practitioner credentialing
3 program helps to ensure access to quality health care and also
4 recognizes that health care practitioner credentialing
5 activities have increased significantly as a result of health
6 care reform and recent changes in health care delivery and
7 reimbursement systems. Moreover, the resulting duplication of
8 health care practitioner credentialing activities is
9 unnecessarily costly and cumbersome for both the practitioner
10 and the entity granting practice privileges. Therefore, it is
11 the intent of this section that a mandatory credentials
12 verification program be established which provides that, once
13 a health care practitioner's core credentials data are
14 collected, validated, maintained, and stored, they need not be
15 collected again. Mandatory credentialing under this section
16 shall initially include those individuals licensed under
17 chapter 458, chapter 459, chapter 460, or chapter 461.
18 However, the department shall, with the approval of the
19 applicable board, include other professions under the
20 jurisdiction of the Division of Medical Quality Assurance in
21 this credentialing program, provided they meet the
22 requirements of s. 455.565.

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

24 (a) "Advisory council" or "council" means the
25 Credentials Verification Advisory Council.

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

28 (c) "Certified" or "accredited," as applicable, means
29 approved by a quality assessment program, from the National
30 Committee for Quality Assurance, the Joint Commission on
31 Accreditation of Healthcare Organizations, the Utilization

1 Review Accreditation Commission, or any such other nationally
2 recognized and accepted organization authorized by the
3 department, used to assess and certify any credentials
4 verification program, entity, or organization that verifies
5 the credentials of any health care practitioner.

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

20 (e) "Credentialing" means the process of assessing and
21 validating the qualifications of a licensed health care
22 practitioner.

23 (f) "Credentials verification entity" means any
24 program, entity, or organization that is organized and
25 certified 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, as authorized by the health care practitioner and in
30 accordance with the provisions of this section. The division,
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1 once certified, shall be considered a credentials verification
2 entity for all health care practitioners.

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

4 (h) "Designated credentials verification entity" means
5 the program, entity, or organization organized and certified
6 or accredited for the express purpose of collecting,
7 verifying, maintaining, storing, and providing to health care
8 entities a health care practitioner's total core credentials
9 data, including all corrections, updates, and modifications
10 thereto, which is selected by the health care practitioner as
11 the credentials verification entity for all inquiries into his
12 or her credentials, if the health care practitioner chooses to
13 make such a designation. Notwithstanding any such designation
14 by a health care practitioner, the division, once certified,
15 shall also be considered a designated credentials verification
16 entity for that health care practitioner.

17 (i) "Division" means the Division of Medical Quality
18 Assurance within the Department of Health.

19 (j) "Health care entity" means:

20 1. Any health care facility or other health care
21 organization licensed or certified to provide approved medical
22 and allied health services in Florida; or

23 2. Any entity licensed by the Department of Insurance
24 as a prepaid health care plan or health maintenance
25 organization or as an insurer to provide coverage for health
26 care services through a network of providers.

27 (k) "Health care practitioner" means any person
28 licensed under chapter 458, chapter 459, chapter 460, or
29 chapter 461 or any person licensed under a chapter
30 subsequently made subject to this section by the department
31 with the approval of the applicable board.

1 (l) "National accrediting organization" means an
2 organization that awards accreditation or certification to
3 hospitals, managed care organizations, or other health care
4 organizations, including, but not limited to, the Joint
5 Commission on Accreditation of Healthcare Organizations and
6 the National Committee for Quality Assurance.

7 (m) "Primary source verification" means verification
8 of professional qualifications based on evidence obtained
9 directly from the issuing source of the applicable
10 qualification.

11 (n) "Recredentialing" means the process by which a
12 credentials verification entity verifies the credentials of a
13 health care practitioner whose core credentials data,
14 including all corrections, updates, and modifications thereto,
15 are currently on file with the entity.

16 (o) "Secondary source verification" means confirmation
17 of a professional qualification by means other than primary
18 source verification, as outlined and approved by national
19 accrediting organizations.

20 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

21 (a) In accordance with the provisions of this section,
22 the department shall develop standardized forms necessary for
23 the creation of a standardized system as well as guidelines
24 for collecting, verifying, maintaining, storing, and providing
25 core credentials data on health care practitioners through
26 credentials verification entities, except as otherwise
27 provided in this section, for the purpose of eliminating
28 duplication. Once the core credentials data are submitted, the
29 health care practitioner is not required to resubmit this
30 initial data when applying for practice privileges with health
31 care entities. However, as provided in paragraph (d), each

1 health care practitioner is responsible for providing any
2 corrections, updates, and modifications to his or her core
3 credentials data, to ensure that all credentialing data on the
4 practitioner remains current. Nothing in this paragraph
5 prevents the designated credentials verification entity from
6 obtaining all necessary attestation and release form
7 signatures and dates.

8 (b) There is established a Credentials Verification
9 Advisory Council, consisting of 13 members, to assist with the
10 development of guidelines for establishment of the
11 standardized credentials verification program. The secretary,
12 or his or her designee, shall serve as one member and chair of
13 the council and shall appoint the remaining 12 members. Except
14 for any initial lesser term required to achieve staggering,
15 such appointments shall be for 4-year staggered terms, with
16 one 4-year reappointment, as applicable. Three members shall
17 represent hospitals, and two members shall represent health
18 maintenance organizations. One member shall represent health
19 insurance entities. One member shall represent the credentials
20 verification industry. Two members shall represent physicians
21 licensed under chapter 458, one member shall represent
22 osteopathic physicians licensed under chapter 459, one member
23 shall represent chiropractic physicians licensed under chapter
24 460, and one member shall represent podiatric physicians
25 licensed under chapter 461.

26 (c) The department, in consultation with the advisory
27 council, shall develop standard forms for the initial
28 reporting of core credentials data for credentialing purposes
29 and for the subsequent reporting of corrections, updates, and
30 modifications thereto for recredentialing purposes.

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1 (d) Each health care practitioner licensed under
 2 chapter 458, chapter 459, chapter 460, or chapter 461, or any
 3 person licensed under a chapter subsequently made subject to
 4 this section, must report any action or information as defined
 5 in paragraph (2)(d), including any correction, update, or
 6 modification thereto, as soon as possible but not later than
 7 30 days after such action occurs or such information is known,
 8 to the department or his or her designated credentials
 9 verification entity, if any, who must report it to the
 10 department. In addition, a licensee must update, at least
 11 quarterly, his or her data on a form prescribed by the
 12 department.

13 (e) An individual applying for licensure under chapter
 14 458, chapter 459, chapter 460, or chapter 461, or any person
 15 applying for licensure under a chapter subsequently made
 16 subject to this section, must submit the individual's initial
 17 core credentials data to a credentials verification entity, if
 18 such information has not already been submitted to the
 19 department or the appropriate licensing board or to any other
 20 credentials verification entity.

21 (f) Applicants may decide which credentials
 22 verification entity they want to process and store their core
 23 credentials data; however, such data shall at all times be
 24 maintained by the department. An applicant may choose not to
 25 designate a credentials verification entity, provided the
 26 applicant has a written agreement with the health care entity
 27 or entities that are responsible for his or her credentialing.
 28 In addition, any licensee may choose to move his or her core
 29 credentials data from one credentials verification entity to
 30 another.

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1 (g) Any health care entity that employs, contracts
2 with, or allows health care practitioners to treat its
3 patients must use the designated credentials verification
4 entity to obtain core credentials data on a health care
5 practitioner applying for privileges with that entity, if the
6 health care practitioner has made such a designation, or may
7 use the division in lieu thereof as the designated credentials
8 verification entity required for obtaining core credentials
9 data on such health care practitioner. Any additional
10 information required by the health care entity's credentialing
11 process may be collected from the primary source of that
12 information either by the health care entity or its contractee
13 or by the designated credentials verification entity.

14 (h) Nothing in this section may be construed to
15 restrict the right of any health care entity to request
16 additional information necessary for credentialing.

17 (i) Nothing in this section may be construed to
18 restrict access to the National Practitioner Data Bank by the
19 department, any health care entity, or any credentials
20 verification entity.

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

25 (4) DELEGATION BY CONTRACT.--A health care entity may
26 contract with any credentials verification entity to perform
27 the functions required under this section. The submission of
28 an application for health care privileges with a health care
29 entity shall constitute authorization for the health care
30 entity to access the applicant's core credentials data with
31 the department or the applicant's designated credentials

1 verification entity, if the applicant has made such a
2 designation.

3 (5) AVAILABILITY OF DATA COLLECTED.--

4 (a) The department shall make available to a health
5 care entity or credentials verification entity registered with
6 the department all core credentials data it collects on any
7 licensee that is otherwise confidential and exempt from the
8 provisions of chapter 119 and s. 24(a), Art. I of the State
9 Constitution, including corrections, updates, and
10 modifications thereto, if a health care entity submits proof
11 of the licensee's current pending application for purposes of
12 credentialing the applicant based on the core credentials data
13 maintained by the department.

14 (b) Each credentials verification entity shall make
15 available to a health care entity the licensee has authorized
16 to receive the data, and to the department at the credentials
17 verification entity's actual cost of providing the data, all
18 core credentials data it collects on any licensee, including
19 all corrections, updates, and modifications thereto.

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

26 (6) DUPLICATION OF DATA PROHIBITED.--

27 (a) A health care entity may not collect or attempt to
28 collect duplicate core credentials data from any individual
29 health care practitioner or from any primary source if the
30 information is already on file with the department or with any
31 credentials verification entity.

1 (b) A credentials verification entity other than the
2 department may not attempt to collect duplicate core
3 credentials data from any individual health care practitioner
4 if the information is already on file with another credentials
5 verification entity or with the appropriate licensing board of
6 another state, provided the other state's credentialing
7 program meets national standards and is certified or
8 accredited, as outlined by national accrediting organizations,
9 and agrees to provide all data collected under such program on
10 that health care practitioner.

11 (7) RELIABILITY OF DATA.--Any credentials verification
12 entity may rely upon core credentials data, including all
13 corrections, updates, and modifications thereto, from the
14 department if the department certifies that the information
15 was obtained in accordance with primary source verification
16 procedures; and the department may rely upon core credentials
17 data, including all corrections, updates, and modifications
18 thereto, from any credentials verification entity if the
19 designated credentials verification entity certifies that the
20 information was obtained in accordance with primary source
21 verification procedures.

22 (8) STANDARDS AND REGISTRATION.--

23 (a) The department's credentials verification
24 procedures must meet national standards, as outlined by
25 national accrediting organizations.

26 (b) Any credentials verification entity that does
27 business in Florida must meet national standards, as outlined
28 by national accrediting organizations, and must register with
29 the department. The department may charge a reasonable
30 registration fee, not to exceed an amount sufficient to cover
31 its actual expenses in providing for such registration. Any

1 credentials verification entity that fails to meet the
2 standards required to be certified or accredited, fails to
3 register with the department, or fails to provide data
4 collected on a health care practitioner may not be selected as
5 the designated credentials verification entity for any health
6 care practitioner

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

11 (10) REVIEW.--Before releasing a health care
12 practitioner's core credentials data from its data bank, a
13 designated credentials verification entity other than the
14 department must provide the practitioner up to 30 days to
15 review such data and make any corrections of fact.

16 (11) VALIDATION OF CREDENTIALS.--Except as otherwise
17 acceptable to the health care entity and applicable certifying
18 or accrediting organization listed in paragraph (2)(c), the
19 department and all credentials verification entities must
20 perform primary source verification of all credentialing
21 information submitted to them pursuant to this section;
22 however, secondary source verification may be utilized if
23 there is a documented attempt to contact primary sources. The
24 validation procedures used by the department and credentials
25 verification entities must meet the standards established by
26 rule pursuant to this section.

27 (12) LIABILITY INSURANCE REQUIREMENTS.--The
28 department, in consultation with the Credentials Verification
29 Advisory Council, shall establish the minimum liability
30 insurance requirements for each credentials verification
31 entity doing business in this state.

1 (13) RULES.--The department, in consultation with the
2 applicable board, shall adopt rules necessary to develop and
3 implement the standardized credentials verification program
4 established by this section.

5 Section 2. The Secretary of Health shall reappoint the
6 task force appointed under section 103 of chapter 97-261, Laws
7 of Florida. The reappointed task force shall develop
8 procedures to expand the standardized credentialing program
9 under section 455.557, Florida Statutes, as created by this
10 act, to include site visits.

11 Section 3. There is hereby appropriated to the
12 Department of Health, \$5,560,000 in a lump sum from the
13 Medical Quality Assurance Trust Fund and seven positions to
14 implement the standardized credentials verification program.

15 Section 4. This act shall take effect July 1, 1999.