

By the Committee on Health Care Licensing & Regulation and Representatives Fasano, Ogles, Heyman, Ritter, Morroni, Kelly, Minton, Villalobos, Harrington, Healey and Jones

1 A bill to be entitled
2 An act relating to standardized credentialing
3 for health care practitioners; amending s.
4 455.557, F.S.; revising the credentials
5 collection program for health care
6 practitioners; revising and providing
7 definitions; providing requirements for health
8 care practitioners and the Department of Health
9 under the program; renaming the advisory
10 council and abolishing it at a future date;
11 prohibiting duplication of data available from
12 the department; authorizing collection of
13 certain other information; revising
14 requirements for registration of credentials
15 verification organizations; providing for
16 biennial renewal of registration; providing
17 grounds for suspension or revocation of
18 registration; revising liability insurance
19 requirements; revising rulemaking authority;
20 specifying authority of the department after
21 the council is abolished; providing an
22 effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Section 455.557, Florida Statutes, 1998
27 Supplement, is amended 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 collection verification program be established which provides
11 that, once a health care practitioner's core credentials data
12 are collected, ~~validated, maintained, and stored,~~ they need
13 not be collected again, except for corrections, updates, and
14 modifications thereto. ~~Participation Mandatory credentialing~~
15 under this section shall initially include those individuals
16 licensed under chapter 458, chapter 459, chapter 460, or
17 chapter 461. However, the department shall, with the approval
18 of the applicable board, include other professions under the
19 jurisdiction of the Division of Medical Quality Assurance in
20 this ~~credentialing~~ program, provided they meet the
21 requirements of s. 455.565.

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

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

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

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

1 ~~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 (c)(d) "Core credentials data" means the following
7 data: current name, any former name, and any alias, any
8 professional education, professional training, peer
9 references, licensure, current Drug Enforcement Administration
10 certification, social security number, specialty board
11 certification, Educational Commission for Foreign Medical
12 Graduates certification information, hospital or affiliations,
13 managed care organization affiliations, other institutional
14 affiliations, professional society memberships, evidence of
15 professional liability coverage or evidence of financial
16 responsibility as required by s. 458.320 or s. 459.0085
17 insurance, history of claims, suits, judgments, or
18 settlements, and Medicare or Medicaid sanctions, civil or
19 criminal law violations, practitioner profiling data, special
20 conditions of impairment, or regulatory exemptions not
21 previously reported to the department in accordance with both
22 s. 455.565 and the initial licensure reporting requirements
23 specified in the applicable practice act.

24 (d)(e) "Credential" or "credentialing" means the
25 process of assessing and verifying ~~validating~~ the
26 qualifications of a licensed health care practitioner or
27 applicant for licensure as a health care practitioner.

28 (e)(f) "Credentials verification organization entity"
29 means any ~~program, entity, or organization that is organized~~
30 and certified or accredited as a credentials verification
31 organization for the express purpose of collecting, verifying,

1 ~~maintaining, storing, and providing to health care entities a~~
2 ~~health care practitioner's total core credentials data,~~
3 ~~including all corrections, updates, and modifications thereto,~~
4 ~~as authorized by the health care practitioner and in~~
5 ~~accordance with the provisions of this including all~~
6 ~~corrections, updates, and modifications thereto, as authorized~~
7 ~~by the health care practitioner and in accordance with the~~
8 ~~provisions of this section. The division, once certified,~~
9 ~~shall be considered a credentials verification entity for all~~
10 ~~health care practitioners.~~

11 (f)(g) "Department" means the Department of Health,
12 Division of Medical Quality Assurance.

13 (g)(h) "Designated credentials verification
14 organization entity" means the credentials verification
15 ~~program, entity, or organization organized and certified or~~
16 ~~accredited for the express purpose of collecting, verifying,~~
17 ~~maintaining, storing, and providing to health care entities a~~
18 ~~health care practitioner's total core credentials data,~~
19 ~~including all corrections, updates, and modifications thereto,~~
20 ~~which is selected by the health care practitioner as the~~
21 ~~credentials verification entity for all inquiries into his or~~
22 ~~her credentials, if the health care practitioner chooses to~~
23 ~~make such a designation. Notwithstanding any such designation~~
24 ~~by a health care practitioner, the division, once certified,~~
25 ~~shall also be considered a designated credentials verification~~
26 ~~entity for that health care practitioner.~~

27 (h) "Drug Enforcement Administration certification"
28 means certification issued by the Drug Enforcement
29 Administration for purposes of administration or prescription
30 of controlled substances. Submission of such certification
31 under this section must include evidence that the

1 certification is current and must also include all current
2 addresses to which the certificate is issued.

3 ~~(i) "Division" means the Division of Medical Quality~~
4 ~~Assurance within the Department of Health.~~

5 (i)(j) "Health care entity" means:

6 1. Any health care facility or other health care
7 organization licensed or certified to provide approved medical
8 and allied health services in this state Florida; or

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

13 3. Any accredited medical school in this state.

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

21 (k) "Hospital or other institutional affiliations"
22 means each hospital or other institution for which the health
23 care practitioner or applicant has provided medical services.
24 Submission of such information under this section must
25 include, for each hospital or other institution, the name and
26 address of the hospital or institution, the staff status of
27 the health care practitioner or applicant at that hospital or
28 institution, and the dates of affiliation with that hospital
29 or institution.

30 (l) "National accrediting organization" means an
31 organization that awards accreditation or certification to

1 hospitals, managed care organizations, credentials
2 verification organizations, or other health care
3 organizations, including, but not limited to, the Joint
4 Commission on Accreditation of Healthcare Organizations, the
5 American Accreditation HealthCare Commission/URAC, and the
6 National Committee for Quality Assurance.

7 (m) "Professional training" means any internship,
8 residency, or fellowship relating to the profession for which
9 the health care practitioner is licensed or seeking licensure.

10 (n) "Specialty board certification" means
11 certification in a specialty issued by a specialty board
12 recognized by the board in this state that regulates the
13 profession for which the health care practitioner is licensed
14 or seeking licensure.

15 ~~(m) "Primary source verification" means verification~~
16 ~~of professional qualifications based on evidence obtained~~
17 ~~directly from the issuing source of the applicable~~
18 ~~qualification.~~

19 ~~(n) "Recredentialing" means the process by which a~~
20 ~~credentials verification entity verifies the credentials of a~~
21 ~~health care practitioner whose core credentials data,~~
22 ~~including all corrections, updates, and modifications thereto,~~
23 ~~are currently on file with the entity.~~

24 ~~(o) "Secondary source verification" means confirmation~~
25 ~~of a professional qualification by means other than primary~~
26 ~~source verification, as outlined and approved by national~~
27 ~~accrediting organizations.~~

28 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

29 (a) Every health care practitioner shall:

30 1. Report all core credentials data to the department
31 which is not already on file with the department, either by

1 designating a credentials verification organization to submit
2 the data or by submitting the data directly.

3 2. Notify the department within 45 days of any
4 corrections, updates, or modifications to the core credentials
5 data either through his or her designated credentials
6 verification organization or by submitting the data directly.
7 Corrections, updates, and modifications to the core
8 credentials data provided the department under this section
9 shall comply with the updating requirements of s. 455.565(3)
10 related to profiling.

11 ~~(b)(a)~~ ~~In accordance with the provisions of this~~
12 ~~section,~~The department shall:

13 1. Maintain a complete, current file of core
14 credentials data on each health care practitioner, which shall
15 include all updates provided in accordance with subparagraph
16 (3)(a)2.

17 2. Release the core credentials data, including any
18 data that is otherwise confidential and exempt from the
19 provisions of chapter 119 and s. 24(a), Art. I of the State
20 Constitution and any corrections, updates, and modifications
21 thereto, only if authorized by the health care practitioner.

22 3. Charge a fee to access the core credentials data,
23 which may not exceed the actual cost, including prorated setup
24 and operating costs, pursuant to the requirements of chapter
25 119. The actual cost shall be set in consultation with the
26 advisory council.

27 4. Develop, in consultation with the advisory council,
28 standardized forms to be used by the health care practitioner
29 or designated credentials verification organization for the
30 initial reporting of core credentials data, for the health
31 care practitioner to authorize the release of core credentials

1 data, and for the subsequent reporting of corrections,
2 updates, and modifications thereto ~~develop standardized forms~~
3 ~~necessary for the creation of a standardized system as well as~~
4 ~~guidelines for collecting, verifying, maintaining, storing,~~
5 ~~and providing core credentials data on health care~~
6 ~~practitioners through credentials verification entities,~~
7 ~~except as otherwise provided in this section, for the purpose~~
8 ~~of eliminating duplication. Once the core credentials data are~~
9 ~~submitted, the health care practitioner is not required to~~
10 ~~resubmit this initial data when applying for practice~~
11 ~~privileges with health care entities. However, as provided in~~
12 ~~paragraph (d), each health care practitioner is responsible~~
13 ~~for providing any corrections, updates, and modifications to~~
14 ~~his or her core credentials data, to ensure that all~~
15 ~~credentialing data on the practitioner remains current.~~
16 ~~Nothing in this paragraph prevents the designated credentials~~
17 ~~verification entity from obtaining all necessary attestation~~
18 ~~and release form signatures and dates.~~

19 5.(b) Establish ~~There is established~~ a Credentials
20 ~~Verification~~ Advisory Council, consisting of 13 members, to
21 assist the department as provided in this section ~~with the~~
22 ~~development of guidelines for establishment of the~~
23 ~~standardized credentials verification program.~~ The secretary,
24 or his or her designee, shall serve as one member and chair of
25 the council and shall appoint the remaining 12 members. Except
26 for any initial lesser term required to achieve staggering,
27 such appointments shall be for 4-year staggered terms, with
28 one 4-year reappointment, as applicable. Three members shall
29 represent hospitals, and two members shall represent health
30 maintenance organizations. One member shall represent health
31 insurance entities. One member shall represent the credentials

1 verification industry. Two members shall represent physicians
2 licensed under chapter 458. One member shall represent
3 osteopathic physicians licensed under chapter 459. One member
4 shall represent chiropractic physicians licensed under chapter
5 460. One member shall represent podiatric physicians licensed
6 under chapter 461.

7 (c) A registered credentials verification organization
8 may be designated by a health care practitioner to assist the
9 health care practitioner to comply with the requirements of
10 subsection (3)(a)2. A designated credentials verification
11 organization shall:

12 1. Timely comply with the requirements of subsection
13 (3)(a)2. pursuant to rules adopted by the department.

14 2. Not provide the health care practitioner's core
15 data, including all corrections, updates, and modifications,
16 without the authorization of the practitioner.

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

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

1 ~~quarterly, his or her data on a form prescribed by the~~
2 ~~department.~~

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

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

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

1 ~~information either by the health care entity or its contractee~~
2 ~~or by the designated credentials verification entity.~~

3 ~~(h) Nothing in this section may be construed to~~
4 ~~restrict the right of any health care entity to request~~
5 ~~additional information necessary for credentialing.~~

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

10 ~~(d)(j) Nothing in This section shall not~~ may be
11 construed to restrict in any way the authority of the health
12 care entity to credential and to approve or deny an
13 application for hospital staff membership, clinical
14 privileges, or managed care network participation.

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

24 ~~(5) AVAILABILITY OF DATA COLLECTED.--~~

25 ~~(a) The department shall make available to a health~~
26 ~~care entity or credentials verification entity registered with~~
27 ~~the department all core credentials data it collects on any~~
28 ~~licensee that is otherwise confidential and exempt from the~~
29 ~~provisions of chapter 119 and s. 24(a), Art. I of the State~~
30 ~~Constitution, including corrections, updates, and~~
31 ~~modifications thereto, if a health care entity submits proof~~

1 ~~of the licensee's current pending application for purposes of~~
2 ~~credentialing the applicant based on the core credentials data~~
3 ~~maintained by the department.~~

4 ~~(b) Each credentials verification entity shall make~~
5 ~~available to a health care entity the licensee has authorized~~
6 ~~to receive the data, and to the department at the credentials~~
7 ~~verification entity's actual cost of providing the data, all~~
8 ~~core credentials data it collects on any licensee, including~~
9 ~~all corrections, updates, and modifications thereto.~~

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

16 ~~(4)(6) DUPLICATION OF DATA PROHIBITED.--~~

17 (a) A health care entity or credentials verification
18 organization is prohibited from collecting or attempting may
19 ~~not collect or attempt~~ to collect duplicate core credentials
20 data from any individual health care practitioner ~~or from any~~
21 ~~primary source~~ if the information is available from already on
22 ~~file with the department or with any credentials verification~~
23 entity. This section shall not be construed to restrict the
24 right of any health care entity or credentials verification
25 organization to collect additional information from the health
26 care practitioner which is not included in the core
27 credentials data file. This section shall not be construed to
28 prohibit a health care entity or credentials verification
29 organization from obtaining all necessary attestation and
30 release form signatures and dates.

31

1 (b) Effective July 1, 2002, a state agency in this
2 state which credentials health care practitioners may not
3 collect or attempt to collect duplicate core credentials data
4 from any individual health care practitioner if the
5 information is already available from the department. This
6 section shall not be construed to restrict the right of any
7 such state agency to request additional information not
8 included in the core credential data file, but which is deemed
9 necessary for the agency's specific credentialing purposes.

10 ~~(b) A credentials verification entity other than the~~
11 ~~department may not attempt to collect duplicate core~~
12 ~~credentials data from any individual health care practitioner~~
13 ~~if the information is already on file with another credentials~~
14 ~~verification entity or with the appropriate licensing board of~~
15 ~~another state, provided the other state's credentialing~~
16 ~~program meets national standards and is certified or~~
17 ~~accredited, as outlined by national accrediting organizations,~~
18 ~~and agrees to provide all data collected under such program on~~
19 ~~that health care practitioner.~~

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

31 (5)(8) STANDARDS AND REGISTRATION.--

1 ~~(a) The department's credentials verification~~
2 ~~procedures must meet national standards, as outlined by~~
3 ~~national accrediting organizations.~~

4 **(b)** Any credentials verification organization entity
5 that does business in this state Florida must be fully
6 accredited or certified as a credentials verification
7 organization meet national standards, as outlined by a
8 national accrediting organization as specified in paragraph
9 (2)(b) organizations, and must register with the department.

10 The department may charge a reasonable registration fee, set
11 in consultation with the advisory council, not to exceed an
12 amount sufficient to cover its actual expenses in providing
13 and enforcing for such registration. The department shall
14 establish by rule for biennial renewal of such registration.
15 Failure by a registered Any credentials verification
16 organization to maintain full accreditation or certification,
17 to provide data as authorized by the health care practitioner,
18 to report to the department changes, updates, and
19 modifications to a health care practitioner's records within
20 the time period specified in subparagraph (3)(a)2., or to
21 comply with the prohibition against collection of duplicate
22 core credentials data from a practitioner may result in denial
23 of an application for renewal of registration or in revocation
24 or suspension of a registration entity that fails to meet the
25 standards required to be certified or accredited, fails to
26 register with the department, or fails to provide data
27 collected on a health care practitioner may not be selected as
28 the designated credentials verification entity for any health
29 care practitioner.

30 **(6)(9)** LIABILITY.--No civil, criminal, or
31 administrative action may be instituted, and there shall be no

1 liability, against any registered credentials verification
2 organization or health care entity on account of its reliance
3 on any data obtained directly from the department ~~a~~
4 ~~credentials verification entity.~~

5 ~~(10) REVIEW.--Before releasing a health care~~
6 ~~practitioner's core credentials data from its data bank, a~~
7 ~~designated credentials verification entity other than the~~
8 ~~department must provide the practitioner up to 30 days to~~
9 ~~review such data and make any corrections of fact.~~

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

21 ~~(7)(12) LIABILITY INSURANCE REQUIREMENTS.--The~~
22 ~~department, in consultation with the Credentials Verification~~
23 ~~Advisory Council, shall establish the minimum liability~~
24 ~~insurance requirements for Each credentials verification~~
25 organization entity doing business in this state shall
26 maintain liability insurance appropriate to meet the
27 certification or accreditation requirements established in
28 this section.

29 ~~(8)(13) RULES.--The department, in consultation with~~
30 ~~the advisory council applicable board, shall adopt rules~~
31 ~~necessary to develop and implement the standardized~~ core

1 credentials data collection ~~verification~~ program established
2 by this section.

3 (9) COUNCIL ABOLISHED; DEPARTMENT AUTHORITY.--The
4 council shall be abolished October 1, 1999. After the council
5 is abolished, all duties of the department required under this
6 section to be in consultation with the council may be carried
7 out by the department on its own.

8 Section 2. This act shall take effect upon becoming a
9 law.

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12 HOUSE SUMMARY

13 Revises the credentials collection program for health
14 care practitioners under the Department of Health.
15 Provides requirements for health care practitioners and
16 the department under the program. Renames the advisory
17 council and abolishes it at a future date. Prohibits
18 duplication of data available from the department.
19 Authorizes collection of certain other information.
20 Revises requirements for registration of credentials
21 verification organizations, provides for biennial renewal
22 of registration, and provides grounds for suspension or
23 revocation of registration. Revises liability insurance
24 requirements and rulemaking authority. Specifies
25 authority of the department after the council is
26 abolished. See bill for details.
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