## Bill No. HB 2125, 2nd Eng.

Amendment No. \_\_\_\_

	CHAMBER ACTION Senate House
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11	Senator Saunders moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 60, between lines 16 and 17,
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16	insert:
17	Section 39. Section 455.557, Florida Statutes, 1998
18	Supplement, is amended to read:
19	455.557 Standardized credentialing for health care
20	practitioners
21	(1) INTENTThe Legislature recognizes that an
22	efficient and effective health care practitioner credentialing
23	program helps to ensure access to quality health care and also
24	recognizes that health care practitioner credentialing
25	activities have increased significantly as a result of health
26	care reform and recent changes in health care delivery and
27	reimbursement systems. Moreover, the resulting duplication of
28	health care practitioner credentialing activities is
29	unnecessarily costly and cumbersome for both the practitioner
30	and the entity granting practice privileges. Therefore, it is
31	the intent of this section that a <del>mandatory</del> credentials
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collection verification program be established which provides that, once a health care practitioner's core credentials data are collected, validated, maintained, and stored, they need not be collected again, except for corrections, updates, and modifications thereto. Participation Mandatory credentialing under this section shall initially include those individuals licensed under chapter 458, chapter 459, chapter 460, or chapter 461. However, the department shall, with the approval of the applicable board, include other professions under the jurisdiction of the Division of Medical Quality Assurance in this <del>credentialing</del> program, provided they meet the requirements of s. 455.565.

- (2) DEFINITIONS.--As used in this section, the term:
- "Advisory council" or "council" means the Credentials Verification Advisory Council.
- (b) "Applicant" means an individual applying for licensure or a current licensee applying for credentialing.

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

(c)(d) "Core credentials data" means the following data: current name, any former name, and any alias, any professional education, professional training, peer 31 references, licensure, current Drug Enforcement Administration

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certification, social security number, specialty board certification, Educational Commission for Foreign Medical Graduates certification information, hospital or affiliations, managed care organization affiliations, other institutional affiliations, professional society memberships, evidence of professional liability coverage or evidence of financial responsibility as required by s. 458.320 or s. 459.0085 insurance, history of claims, suits, judgments, or settlements, final disciplinary action reported pursuant to s. 455.565(1)(a)8., and Medicare or Medicaid sanctions, civil or criminal law violations, practitioner profiling data, special conditions of impairment, or regulatory exemptions not previously reported to the department in accordance with both s. 455.565 and the initial licensure reporting requirements specified in the applicable practice act. (d)<del>(e)</del> "Credential" or "credentialing" means the

process of assessing and verifying validating the qualifications of a licensed health care practitioner or applicant for licensure as a health care practitioner.

(e)(f) "Credentials verification organization entity" means any program, entity, or organization that is organized and certified or accredited as a credentials verification organization for the express purpose of collecting, verifying, maintaining, storing, and providing to health care entities a health care practitioner's total core credentials data, including all corrections, updates, and modifications thereto, as authorized by the health care practitioner and in accordance with the provisions of this including all corrections, updates, and modifications thereto, as authorized by the health care practitioner and in accordance with the 31 provisions of this section. The division, once certified,

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shall be considered a credentials verification entity for all health care practitioners.

(f)<del>(g)</del> "Department" means the Department of Health, Division of Medical Quality Assurance.

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

- (h) "Drug Enforcement Administration certification" means certification issued by the Drug Enforcement Administration for purposes of administration or prescription of controlled substances. Submission of such certification under this section must include evidence that the certification is current and must also include all current addresses to which the certificate is issued.
- (i) "Division" means the Division of Medical Quality Assurance within the Department of Health.

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

1. Any health care facility or other health care organization licensed or certified to provide approved medical 31 | and allied health services in this state Florida; or

- 2. Any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance organization or as an insurer to provide coverage for health care services through a network of providers; or
  - 3. Any accredited medical school in this state.
- (j)(k) "Health care practitioner" means any person licensed, or, for credentialing purposes only, any person applying for licensure, under chapter 458, chapter 459, chapter 460, or chapter 461 or any person licensed or applying for licensure under a chapter subsequently made subject to this section by the department with the approval of the applicable board.
- (k) "Hospital or other institutional affiliations"

  means each hospital or other institution for which the health
  care practitioner or applicant has provided medical services.

  Submission of such information under this section must
  include, for each hospital or other institution, the name and
  address of the hospital or institution, the staff status of
  the health care practitioner or applicant at that hospital or
  institution, and the dates of affiliation with that hospital
  or institution.
- (1) "National accrediting organization" means an organization that awards accreditation or certification to hospitals, managed care organizations, credentials verification organizations, or other health care organizations, including, but not limited to, the Joint Commission on Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC, and the National Committee for Quality Assurance.
- (m) "Professional training" means any internship,
  residency, or fellowship relating to the profession for which

the health care practitioner is licensed or seeking licensure. 1 2 (n) "Specialty board certification" means 3 certification in a specialty issued by a specialty board 4 recognized by the board in this state that regulates the profession for which the health care practitioner is licensed 5 6 or seeking licensure. 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. (n) "Recredentialing" means the process by which a 11 12 credentials verification entity verifies the credentials of a 13 health care practitioner whose core credentials data, including all corrections, updates, and modifications thereto, 14 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 accrediting organizations. 19 20 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM. --21 (a) Every health care practitioner shall: 1. Report all core credentials data to the department 22 which is not already on file with the department, either by 23 24 designating a credentials verification organization to submit 25 the data or by submitting the data directly. 2. Notify the department within 45 days of any 26 27 corrections, updates, or modifications to the core credentials data either through his or her designated credentials 28 verification organization or by submitting the data directly. 29

Corrections, updates, and modifications to the core

31 credentials data provided the department under this section

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shall comply with the updating requirements of s. 455.565(3) related to profiling.

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

- 1. Maintain a complete, current file of core credentials data on each health care practitioner, which shall include all updates provided in accordance with subparagraph (3)(a)2.
- 2. Release the core credentials data that is otherwise confidential or exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution and any corrections, updates, and modifications thereto, if authorized by the health care practitioner.
- 3. Charge a fee to access the core credentials data, which may not exceed the actual cost, including prorated setup and operating costs, pursuant to the requirements of chapter 119. The actual cost shall be set in consultation with the advisory council.
- 4. Develop, in consultation with the advisory council, standardized forms to be used by the health care practitioner or designated credentials verification organization for the initial reporting of core credentials data, for the health care practitioner to authorize the release of core credentials data, and for the subsequent reporting of corrections, updates, and modifications thereto develop standardized forms necessary for the creation of a standardized system as well as guidelines for collecting, verifying, maintaining, storing, and providing core credentials data on health care practitioners through credentials verification entities, except as otherwise provided in this section, for the purpose 31 of eliminating duplication. Once the core credentials data are

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submitted, the health care practitioner is not required to resubmit this initial data when applying for practice privileges with health care entities. However, as provided in paragraph (d), each health care practitioner is responsible for providing any corrections, updates, and modifications to his or her core credentials data, to ensure that all credentialing data on the practitioner remains current.

Nothing in this paragraph prevents the designated credentials verification entity from obtaining all necessary attestation and release form signatures and dates.

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

(c) A registered credentials verification organization may be designated by a health care practitioner to assist the

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health care practitioner to comply with the requirements of subsection (3)(a)2. A designated credentials verification organization shall:

- 1. Timely comply with the requirements of subsection (3)(a)2., pursuant to rules adopted by the department.
- 2. Not provide the health care practitioner's core data, including all corrections, updates, and modifications, without the authorization of the practitioner.
- (c) The department, in consultation with the advisory council, shall develop standard forms for the initial reporting of core credentials data for credentialing purposes and for the subsequent reporting of corrections, updates, and modifications thereto for recredentialing purposes.
- (d) Each health care practitioner licensed under chapter 458, chapter 459, chapter 460, or chapter 461, or any person licensed under a chapter subsequently made subject to this section, must report any action or information as defined in paragraph (2)(d), including any correction, update, or modification thereto, as soon as possible but not later than 30 days after such action occurs or such information is known, to the department or his or her designated credentials verification entity, if any, who must report it to the department. In addition, a licensee must update, at least quarterly, his or her data on a form prescribed by the department.
- (e) An individual applying for licensure under chapter 458, chapter 459, chapter 460, or chapter 461, or any person applying for licensure under a chapter subsequently made subject to this section, must submit the individual's initial core credentials data to a credentials verification entity, if 31 such information has not already been submitted to the

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department or the appropriate licensing board or to any other credentials verification entity.

- (f) Applicants may decide which credentials verification entity they want to process and store their core credentials data; however, such data shall at all times be maintained by the department. An applicant may choose not to designate a credentials verification entity, provided the applicant has a written agreement with the health care entity or entities that are responsible for his or her credentialing. In addition, any licensee may choose to move his or her core credentials data from one credentials verification entity to another.
- (q) Any health care entity that employs, contracts with, or allows health care practitioners to treat its patients must use the designated credentials verification entity to obtain core credentials data on a health care practitioner applying for privileges with that entity, if the health care practitioner has made such a designation, or may use the division in lieu thereof as the designated credentials verification entity required for obtaining core credentials data on such health care practitioner. Any additional information required by the health care entity's credentialing process may be collected from the primary source of that information either by the health care entity or its contractee or by the designated credentials verification entity.
- (h) Nothing in this section may be construed to restrict the right of any health care entity to request additional information necessary for credentialing.
- (i) Nothing in this section may be construed to restrict access to the National Practitioner Data Bank by the 31 department, any health care entity, or any credentials

verification entity.

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- (d)(j) Nothing in This section shall not may be construed to restrict in any way the authority of the health care entity to credential and to approve or deny an application for hospital staff membership, clinical privileges, or managed care network participation.
- (4) DELEGATION BY CONTRACT. -- A health care entity may contract with any credentials verification entity to perform the functions required under this section. The submission of an application for health care privileges with a health care entity shall constitute authorization for the health care entity to access the applicant's core credentials data with the department or the applicant's designated credentials verification entity, if the applicant has made such a designation.
  - (5) AVAILABILITY OF DATA COLLECTED. --
- (a) The department shall make available to a health care entity or credentials verification entity registered with the department all core credentials data it collects on any licensee that is otherwise confidential and exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution, including corrections, updates, and modifications thereto, if a health care entity submits proof of the licensee's current pending application for purposes of credentialing the applicant based on the core credentials data maintained by the department.
- (b) Each credentials verification entity shall make available to a health care entity the licensee has authorized to receive the data, and to the department at the credentials verification entity's actual cost of providing the data, all 31 core credentials data it collects on any licensee, including

all corrections, updates, and modifications thereto.

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

(4)<del>(6)</del> DUPLICATION OF DATA PROHIBITED.--

- organization is prohibited from collecting or attempting may not collect or attempt to collect duplicate core credentials data from any individual health care practitioner or from any primary source if the information is available from already on file with the department or with any credentials verification entity. This section shall not be construed to restrict the right of any health care entity or credentials verification organization to collect additional information from the health care practitioner which is not included in the core credentials data file. This section shall not be construed to prohibit a health care entity or credentials verification organization from obtaining all necessary attestation and release form signatures and dates.
- (b) Effective July 1, 2002, a state agency in this state which credentials health care practitioners may not collect or attempt to collect duplicate core credentials data from any individual health care practitioner if the information is already available from the department. This section shall not be construed to restrict the right of any such state agency to request additional information not included in the core credential data file, but which is deemed necessary for the agency's specific credentialing purposes.

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

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

(5)<del>(8)</del> STANDARDS AND REGISTRATION. --

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

(b) Any credentials verification organization entity that does business in this state Florida must be fully accredited or certified as a credentials verification organization meet national standards, as outlined by a national accrediting organization as specified in paragraph 31 I(2)(b) organizations, and must register with the department.

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The department may charge a reasonable registration fee, set
    in consultation with the advisory council, not to exceed an
    amount sufficient to cover its actual expenses in providing
    and enforcing for such registration. The department shall
    establish by rule for biennial renewal of such registration.
    Failure by a registered Any credentials verification
    organization to maintain full accreditation or certification,
    to provide data as authorized by the health care practitioner,
    to report to the department changes, updates, and
   modifications to a health care practitioner's records within
    the time period specified in subparagraph (3)(a)2., or to
    comply with the prohibition against collection of duplicate
    core credentials data from a practitioner may result in denial
    of an application for renewal of registration or in revocation
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   or suspension of a registration entity that fails to meet the
   standards required to be certified or accredited, fails to
   register with the department, or fails to provide data
   collected on a health care practitioner may not be selected as
   the designated credentials verification entity for any health
   care practitioner.
          (6)<del>(9)</del> LIABILITY.--No civil, criminal, or
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administrative action may be instituted, and there shall be no liability, against any registered credentials verification organization or health care entity on account of its reliance on any data obtained directly from the department acredentials verification entity.

(10) REVIEW.--Before releasing a health care practitioner's core credentials data from its data bank, a designated credentials verification entity other than the department must provide the practitioner up to 30 days to 31 | review such data and make any corrections of fact.

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

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

- (8)(13) RULES.--The department, in consultation with the <u>advisory council</u> <del>applicable board</del>, shall adopt rules necessary to develop and implement the standardized <u>core</u> credentials <u>data collection</u> <u>verification</u> program established by this section.
- (9) COUNCIL ABOLISHED; DEPARTMENT AUTHORITY.--The council shall be abolished October 1, 1999. After the council is abolished, all duties of the department required under this section to be in consultation with the council may be carried out by the department on its own.

31 (Redesignate subsequent sections.)

====== T I T L E A M E N D M E N T ========= 1 2 And the title is amended as follows: 3 On page 4, line 3, after the first semicolon, 4 5 insert: amending s. 455.557, F.S.; revising the 6 7 credentials collection program for health care practitioners; revising and providing 8 definitions; providing requirements for health 9 care practitioners and the Department of Health 10 under the program; renaming the advisory 11 council and abolishing it at a future date; 12 13 prohibiting duplication of data available from 14 the department; authorizing collection of certain other information; revising 15 16 requirements for registration of credentials 17 verification organizations; providing for biennial renewal of registration; providing 18 19 grounds for suspension or revocation of 20 registration; revising liability insurance requirements; revising rulemaking authority; 21 specifying authority of the department after 22 23 the council is abolished; 24 25 26 27 28 29 30 31