

By Senator Saunders

25-1155-99

1 A bill to be entitled
2 An act to provide standardized credentialing
3 for health care practitioners; amending s.
4 455.557, F.S.; revising requirements;
5 prohibiting a health care entity or credentials
6 verification organization from collecting or
7 attempting to collect duplicate core
8 credentials data; providing a penalty for
9 violating the prohibition; providing an
10 effective date.

11
12 Be It Enacted by the Legislature of the State of Florida:

13
14 Section 1. Section 455.557, Florida Statutes, 1998
15 Supplement, is amended to read:

16 455.557 Standardized credentialing for health care
17 practitioners.--

18 (1) INTENT.--The Legislature recognizes that an
19 efficient and effective health care practitioner credentialing
20 program helps to ensure access to quality health care and also
21 recognizes that health care practitioner credentialing
22 activities have increased significantly as a result of health
23 care reform and recent changes in health care delivery and
24 reimbursement systems. Moreover, the resulting duplication of
25 health care practitioner credentialing activities is
26 unnecessarily costly and cumbersome for both the practitioner
27 and the entity granting practice privileges. Therefore, it is
28 the intent of this section that a mandatory credentials
29 verification program be established which provides that, once
30 a health care practitioner's core credentials data are
31 collected, validated, maintained, and stored, they need not be

1 collected again. Mandatory credentialing under this section
2 shall initially include those individuals licensed under
3 chapter 458, chapter 459, chapter 460, or chapter 461.
4 However, the department shall, with the approval of the
5 applicable board, include other professions under the
6 jurisdiction of the Division of Medical Quality Assurance in
7 this credentialing program, provided they meet the
8 requirements of s. 455.565.

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

10 (a) "Advisory council" or "council" means the
11 Credentials Verification Advisory Council.

12 (b) "Applicant" means an individual applying for
13 initial or renewal licensure ~~or a current licensee applying~~
14 ~~for credentialing~~.

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

25 (d) The "required core credentials data" file for
26 current licensees includes current and former names and any
27 aliases,~~means~~ any professional education, professional
28 training, peer references, licensure, current Drug Enforcement
29 Administration certification, social security number,
30 specialty board certification, Educational Commission for
31 Foreign Medical Graduates certification ~~information~~, hospital

1 affiliations and staff status and dates of affiliation for
2 each, managed care organization affiliations, other
3 institutional affiliations and dates of affiliation for each,
4 professional society memberships, evidence of professional
5 liability coverage or evidence of financial responsibility as
6 required by s. 458.320 or s. 459.0085 insurance, claims,
7 suits, judgments, or settlements, and Medicare or Medicaid
8 sanctions, civil or criminal law violations, practitioner
9 profiling data, special conditions of impairment, or
10 regulatory exemptions not previously reported to the
11 department in accordance with both s. 455.565 and the initial
12 licensure reporting requirements specified in the applicable
13 practice act. Core credentials data required to be verified by
14 the department according to national standards include
15 professional education, professional training, licensure,
16 specialty board certification, and certification by the
17 Educational Commission for Foreign Medical Graduates
18 certification.

19 (e) "Core credentials data" means the data included in
20 the required core credentials data for current licensees and
21 licensure core credentials data for licensure applicants.

22 (f)(e) "Credentialing" means the process of assessing
23 and verifying validating the qualifications of a licensed
24 health care practitioner.

25 (g)(f) "Credentials verification organization entity"
26 means any program, entity, or organization that is organized
27 and certified or accredited for the express purpose of
28 collecting, verifying, maintaining, storing, and providing to
29 health care entities a health care practitioner's total core
30 credentials data, including all corrections, updates, and
31 modifications thereto, as authorized by the health care

1 practitioner and in accordance with ~~the provisions of this~~
2 section. ~~The division, once certified, shall be considered a~~
3 ~~credentials verification entity for all health care~~
4 ~~practitioners.~~

5 (h)~~(g)~~ "Department" means the Department of Health.

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

17 ~~Notwithstanding any such designation by a health care~~
18 ~~practitioner, the division, once certified, shall also be~~
19 ~~considered a designated credentials verification entity for~~
20 ~~that health care practitioner.~~

21 (j)~~(i)~~ "Division" means the Division of Medical
22 Quality Assurance within the Department of Health.

23 (k) "Drug Enforcement Administration certification"
24 means evidence of current certification and the current
25 address to which the certificate is issued.

26 (l)~~(j)~~ "Health care entity" means:

27 1. Any health care facility or other health care
28 organization licensed or certified to provide approved medical
29 and allied health services in Florida; or

30 2. Any entity licensed by the Department of Insurance
31 as a prepaid health care plan or health maintenance

1 organization or as an insurer to provide coverage for health
2 care services through a network of providers.

3 (m)~~(k)~~ "Health care practitioner" means any person
4 licensed under chapter 458, chapter 459, chapter 460, or
5 chapter 461 or any person licensed under a chapter
6 subsequently made subject to this section by the department
7 with the approval of the applicable board.

8 (n) "Hospital affiliations" means the name and address
9 of the institution or institutions and the staff status and
10 dates of affiliation for each.

11 (o) "Licensure core credentials data" means the data
12 required for initial licensure applicants under the applicable
13 practice act.

14 (p)~~(l)~~ "National accrediting organization" means an
15 organization that awards accreditation or certification to
16 hospitals, managed care organizations, credentials
17 verification organizations, or other health care
18 organizations, including, but not limited to, the Joint
19 Commission on Accreditation of Healthcare Organizations, the
20 American Accreditation HealthCare Commission/URAC, and the
21 National Committee for Quality Assurance.

22 (q) "Peer references" means the names and addresses of
23 three professional references, two of whom must currently
24 practice in the licensee's specialty, and all of whom can
25 attest to the licensee's current professional competence but
26 are not affiliated with the licensee's current practice.

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

31

1 (s) "Professional training" means any internship,
2 residency, or fellowship.

3 (t) "Recredentialing" means the updating and
4 reverification, at specified intervals, of core credentials
5 that may have expired or changed, which updating and
6 reverification is performed to ensure continuing
7 qualifications and competency process by which a credentials
8 verification entity verifies the credentials of a health care
9 practitioner whose core credentials data, including all
10 corrections, updates, and modifications thereto, are currently
11 on file with the entity.

12 (u)(o) "Secondary source verification" means
13 confirmation of a professional qualification by means other
14 than primary source verification, as outlined and approved by
15 national accrediting organizations.

16 (v) "Specialty board certification" means a current
17 and active certificate of specialization.

18 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.--

19 (a) In accordance with ~~the provisions~~ of this section,
20 the department shall develop standardized forms and necessary
21 ~~for the creation of a standardized system as well as~~
22 guidelines for collecting, verifying, maintaining, and
23 storing, and providing core credentials data and for releasing
24 it to health entities authorized by the ~~on~~ health care
25 practitioner to receive the data ~~practitioners through~~
26 ~~credentials verification entities, except as otherwise~~
27 ~~provided in this section, for the purpose of eliminating~~
28 duplication. For initial licensure applicants, once the
29 licensure core credentials data are submitted to the
30 department, the applicant health care practitioner is not
31 required to resubmit this initial data when applying for

1 practice privileges with health care entities. Current
2 licensees who have submitted to the department the required
3 core credentials data file need not resubmit this data in
4 applying for practice privileges with health care entities.
5 However, ~~as provided in paragraph (d),~~ each health care
6 practitioner or the practitioner's designee is responsible for
7 providing to the department at least quarterly any
8 corrections, updates, and modifications to his or her core
9 credentials data, to ensure that all credentialing data on the
10 practitioner remains current. ~~Nothing in this paragraph~~
11 ~~prevents the designated credentials verification entity from~~
12 ~~obtaining all necessary attestation and release form~~
13 ~~signatures and dates.~~

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

1 (c) The department, in consultation with the advisory
2 council, shall develop standard forms for the initial
3 reporting of core credentials data for credentialing purposes,
4 for authorization by the practitioner for release of core
5 credentials data,and for the subsequent reporting of
6 corrections, updates, and modifications thereto for
7 recredentialing purposes.

8 (d) Notwithstanding any other provision of this
9 section,each health care practitioner licensed under chapter
10 458, chapter 459, chapter 460, or chapter 461, or any person
11 licensed under a chapter subsequently made subject to this
12 section, must meet all reporting requirements as specified in
13 the applicable practice act or in chapter 455.~~report any~~
14 ~~action or information as defined in paragraph (2)(d),~~
15 ~~including any correction, update, or modification thereto, as~~
16 ~~soon as possible but not later than 30 days after such action~~
17 ~~occurs or such information is known, to the department or his~~
18 ~~or her designated credentials verification entity, if any, who~~
19 ~~must report it to the department. In addition, a licensee must~~
20 ~~update, at least quarterly, his or her data on a form~~
21 ~~prescribed by the department.~~

22 ~~(e) An individual applying for licensure under chapter~~
23 ~~458, chapter 459, chapter 460, or chapter 461, or any person~~
24 ~~applying for licensure under a chapter subsequently made~~
25 ~~subject to this section, must submit the individual's initial~~
26 ~~core credentials data to a credentials verification entity, if~~
27 ~~such information has not already been submitted to the~~
28 ~~department or the appropriate licensing board or to any other~~
29 ~~credentials verification entity.~~

30 ~~(e)(f)~~ A licensee must designate a applicants may
31 ~~decide which~~ credentials verification organization that he or

1 she wants ~~entity they want~~ to collect, verify, maintain,
2 store, and provide his or her ~~process and store their core~~
3 ~~credentials data~~; however, such data shall at all times be
4 maintained by the department. However, a licensee ~~An applicant~~
5 may choose not to designate a credentials verification
6 organization ~~entity~~, provided the applicant has a written
7 agreement with the health care entity or entities that are
8 responsible for his or her credentialing. In addition, any
9 licensee may choose to move his or her core credentials data
10 from one credentials verification organization ~~entity~~ to
11 another.

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

25 (h) Nothing in this section may be construed to
26 restrict the right of any health care entity to collect,
27 verify, maintain, and store a health care practitioner's core
28 data, including all corrections, updates, and modifications
29 thereto, as authorized by the health care practitioner for the
30 sole purpose of meeting the entity's internal credentialing
31

1 ~~requirements request additional information necessary for~~
2 ~~credentialing.~~

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

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

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

20 (5) AVAILABILITY OF DATA COLLECTED.--

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

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

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

15 (6) DUPLICATION OF DATA PROHIBITED.--

16 (a) A health care entity or credentials verification
17 organization is prohibited from collecting or attempting to
18 collect ~~may not collect or attempt to collect~~ duplicate core
19 credentials data from any individual applicant ~~or health care~~
20 ~~practitioner~~ ~~or from any primary source~~ if the information is
21 available from already on file with the department or with any
22 credentials verification organization ~~entity~~. This section
23 does not restrict the right of any health care entity to
24 request additional information that is not included in the
25 core credentials data file but that the entity considers
26 necessary for credentialing for the entity's specific
27 purposes. Any additional information required by the health
28 care entity as part of the credentialing process may be
29 collected from the primary sources of that information either
30 by the health care entity or its contractee or by the
31 designated credentials verification organization. This

1 paragraph does not prevent the designated credentials
2 verification organization from obtaining all necessary
3 attestation and release form signatures and dates.

4 (b) Effective July 1, 2002, a state agency may not
5 collect or attempt to collect duplicate core credentials data
6 from any individual health care practitioner if the
7 information is already available from the department. This
8 section does not restrict the right of any state agency to
9 request additional information that is not included in the
10 core credentials data file but that the agency considers
11 necessary for the agency's specific credentialing purposes.~~A~~
12 ~~credentials verification entity other than the department may~~
13 ~~not attempt to collect duplicate core credentials data from~~
14 ~~any individual health care practitioner if the information is~~
15 ~~already on file with another credentials verification entity~~
16 ~~or with the appropriate licensing board of another state,~~
17 ~~provided the other state's credentialing program meets~~
18 ~~national standards and is certified or accredited, as outlined~~
19 ~~by national accrediting organizations, and agrees to provide~~
20 ~~all data collected under such program on that health care~~
21 ~~practitioner.~~

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

31

1 ~~information was obtained in accordance with primary source~~
2 ~~verification procedures.~~

3 ~~(7)(8)~~ STANDARDS AND REGISTRATION.--

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

7 ~~(b) Any credentials verification organization entity~~
8 ~~that does business in Florida must be fully accredited or~~
9 ~~certified as a credentials verification organization meet~~
10 ~~national standards, as outlined by a national accrediting~~
11 ~~organization as specified in paragraph (2)(c)organizations,~~
12 ~~and must register with the department. The department may~~
13 ~~charge a reasonable registration fee, set in consultation with~~
14 ~~the advisory council, not to exceed an amount sufficient to~~
15 ~~cover its actual expenses in providing for and enforcing such~~
16 ~~registration. The failure by a registered Any credentials~~
17 ~~verification organization entity that fails to maintain full~~
18 ~~accreditation or certification, meet the standards required to~~
19 ~~be certified or accredited, fails to register with the~~
20 ~~department, or fails to provide data to an entity as~~
21 ~~authorized by the collected on a health care practitioner, or~~
22 ~~to comply with the prohibition against collection of duplicate~~
23 ~~core credentials data from a practitioner may result in a~~
24 ~~denial of an application for registration or in the revocation~~
25 ~~or suspension of a registration may not be selected as the~~
26 ~~designated credentials verification entity for any health care~~
27 ~~practitioner.~~

28 ~~(8)(9)~~ LIABILITY.--No civil, criminal, or
29 administrative action may be instituted, and there shall be no
30 liability, against any health care entity on account of its
31

1 reliance on any data obtained from the department or a
2 registered credentials verification organization entity.

3 (9)(10) REVIEW.--Before releasing a health care
4 practitioner's core credentials data from its data bank, a
5 designated credentials verification entity ~~other than the~~
6 ~~department~~ must provide the practitioner up to 30 days to
7 review such data and request reconsideration or resolution of
8 errors in, or omissions of, data collected during the
9 credentials verification process ~~make any corrections of fact~~.

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

23 (11)(12) LIABILITY INSURANCE REQUIREMENTS.--The
24 department, in consultation with the Credentials Verification
25 Advisory Council, shall establish the minimum liability
26 insurance requirements for each credentials verification
27 organization entity doing business in this state.

28 (12)(13) RULES.--The department, in consultation with
29 the advisory council ~~applicable board~~, shall adopt rules
30 necessary to develop and implement the standardized
31 credentials verification program established by this section.

1 Section 2. Except as otherwise expressly provided in
2 this act, this act shall take effect July 1, 1999.

3
4 *****

5 SENATE SUMMARY

6 Revises requirements pertaining to standardized
7 credentialing for health care practitioners. Effective
8 July 1, 2002, prohibits a health care entity or
9 credentials verification organization from collecting or
10 attempting to collect core credentials data that
11 duplicates information that is available from the
12 department or any credentials verification organization.
13 Provides a penalty for violating the prohibition.

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31