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Amendment No. CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 11 Senator Saunders moved the following amendment: 12 13 Senate Amendment (with title amendment) On page 55, between lines 16 and 17, 14 15 16 insert: 17 Section 34. Section 455.557, Florida Statutes, 1998 Supplement, is amended to read: 18 19 455.557 Standardized credentialing for health care 20 practitioners.--(1) INTENT.--The Legislature recognizes that an 21 22 efficient and effective health care practitioner credentialing program helps to ensure access to quality health care and also 23 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 mandatory credentials 1 2:34 PM 04/26/99 s2220c1c-25j02

collection verification program be established which provides 1 2 that, once a health care practitioner's core credentials data are collected, validated, maintained, and stored, they need 3 4 not be collected again, except for corrections, updates, and 5 modifications thereto. Participation Mandatory credentialing under this section shall initially include those individuals б 7 licensed under chapter 458, chapter 459, chapter 460, or chapter 461. However, the department shall, with the approval 8 9 of the applicable board, include other professions under the jurisdiction of the Division of Medical Quality Assurance in 10 11 this credentialing program, provided they meet the 12 requirements of s. 455.565. (2) DEFINITIONS.--As used in this section, the term: 13 "Advisory council" or "council" means the 14 (a) 15 Credentials Verification Advisory Council. 16 (b) "Applicant" means an individual applying for 17 licensure or a current licensee applying for credentialing. (b)(c) "Certified" or "accredited," as applicable, 18 19 means approved by a quality assessment program, from the 20 National Committee for Quality Assurance, the Joint Commission 21 on Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC Utilization Review 22 Accreditation Commission, or any such other nationally 23 24 recognized and accepted organization authorized by the 25 department, used to assess and certify any credentials verification program, entity, or organization that verifies 26 27 the credentials of any health care practitioner. 28 (c)(d) "Core credentials data" means the following 29 data: current name, any former name, and any alias, any 30 professional education, professional training, peer 31 references, licensure, current Drug Enforcement Administration 2

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certification, social security number, specialty board 1 2 certification, Educational Commission for Foreign Medical 3 Graduates certification information, hospital or affiliations, 4 managed care organization affiliations, other institutional 5 affiliations, professional society memberships, evidence of 6 professional liability coverage or evidence of financial 7 responsibility as required by s. 458.320 or s. 459.0085 insurance, history of claims, suits, judgments, or 8 settlements, final disciplinary action reported pursuant to s. 9 10 455.565(1)(a)8., and Medicare or Medicaid sanctions, civil or criminal law violations, practitioner profiling data, special 11 12 conditions of impairment, or regulatory exemptions not 13 previously reported to the department in accordance with both 14 s. 455.565 and the initial licensure reporting requirements 15 specified in the applicable practice act. (d)(e) "Credential" or "credentialing" means the 16 17 process of assessing and verifying validating the qualifications of a licensed health care practitioner or 18 applicant for licensure as a health care practitioner. 19 20 (e)(f) "Credentials verification organization entity" 21 means any program, entity, or organization that is organized and certified or accredited as a credentials verification 22 23 organization for the express purpose of collecting, verifying, 24 maintaining, storing, and providing to health care entities a 25 health care practitioner's total core credentials data, including all corrections, updates, and modifications thereto, 26 27 as authorized by the health care practitioner and in accordance with the provisions of this including all 28 29 corrections, updates, and modifications thereto, as authorized 30 by the health care practitioner and in accordance with the 31 provisions of this section. The division, once certified, 3

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1	shall be considered a credentials verification entity for all
2	health care practitioners.
3	(f)(g) "Department" means the Department of Health <u>,</u>
4	Division of Medical Quality Assurance.
5	(g)(h) "Designated credentials verification
6	organization entity" means the credentials verification
7	program, entity, or organization organized and certified or
8	accredited for the express purpose of collecting, verifying,
9	maintaining, storing, and providing to health care entities a
10	health care practitioner's total core credentials data,
11	including all corrections, updates, and modifications thereto,
12	which is selected by the health care practitioner <del>as the</del>
13	credentials verification entity for all inquiries into his or
14	her credentials, if the health care practitioner chooses to
15	make such a designation. Notwithstanding any such designation
16	by a health care practitioner, the division, once certified,
17	shall also be considered a designated credentials verification
18	entity for that health care practitioner.
19	(h) "Drug Enforcement Administration certification"
20	means certification issued by the Drug Enforcement
21	Administration for purposes of administration or prescription
22	of controlled substances. Submission of such certification
23	under this section must include evidence that the
24	certification is current and must also include all current
25	addresses to which the certificate is issued.
26	(i) "Division" means the Division of Medical Quality
27	Assurance within the Department of Health.
28	<u>(i)</u> "Health care entity" means:
29	1. Any health care facility or other health care
30	organization licensed or certified to provide approved medical
31	and allied health services in <u>this state</u> <del>Florida</del> ; <del>or</del>
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2. Any entity licensed by the Department of Insurance 1 2 as a prepaid health care plan or health maintenance 3 organization or as an insurer to provide coverage for health 4 care services through a network of providers; or 5 3. Any accredited medical school in this state. 6 (j)(k) "Health care practitioner" means any person 7 licensed, or, for credentialing purposes only, any person applying for licensure, under chapter 458, chapter 459, 8 9 chapter 460, or chapter 461 or any person licensed or applying 10 for licensure under a chapter subsequently made subject to this section by the department with the approval of the 11 12 applicable board. (k) "Hospital or other institutional affiliations" 13 14 means each hospital or other institution for which the health 15 care practitioner or applicant has provided medical services. Submission of such information under this section must 16 17 include, for each hospital or other institution, the name and 18 address of the hospital or institution, the staff status of 19 the health care practitioner or applicant at that hospital or 20 institution, and the dates of affiliation with that hospital 21 or institution. "National accrediting organization" means an 22 (1) organization that awards accreditation or certification to 23 24 hospitals, managed care organizations, credentials 25 verification organizations, or other health care organizations, including, but not limited to, the Joint 26 27 Commission on Accreditation of Healthcare Organizations, the 28 American Accreditation HealthCare Commission/URAC, and the 29 National Committee for Quality Assurance. 30 (m) "Professional training" means any internship, residency, or fellowship relating to the profession for which 31 5

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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 or seeking licensure. 6 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 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM. --20 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 30 Corrections, updates, and modifications to the core credentials data provided the department under this section 31 6

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shall comply with the updating requirements of s. 455.565(3) 1 2 related to profiling. 3 (b)(a) In accordance with the provisions of this 4 section, The department shall: 1. Maintain a complete, current file of core 5 6 credentials data on each health care practitioner, which shall 7 include all updates provided in accordance with subparagraph (3)(a)2. 8 2. Release the core credentials data that is otherwise 9 10 confidential or exempt from the provisions of chapter 119 and 11 s. 24(a), Art. I of the State Constitution and any 12 corrections, updates, and modifications thereto, if authorized 13 by the health care practitioner. 14 3. Charge a fee to access the core credentials data, 15 which may not exceed the actual cost, including prorated setup 16 and operating costs, pursuant to the requirements of chapter 17 119. The actual cost shall be set in consultation with the 18 advisory council. 19 4. Develop, in consultation with the advisory council, standardized forms to be used by the health care practitioner 20 21 or designated credentials verification organization for the initial reporting of core credentials data, for the health 22 care practitioner to authorize the release of core credentials 23 24 data, and for the subsequent reporting of corrections, 25 updates, and modifications thereto develop standardized forms necessary for the creation of a standardized system as well as 26 27 guidelines for collecting, verifying, maintaining, storing, and providing core credentials data on health care 28 29 practitioners through credentials verification entities, 30 except as otherwise provided in this section, for the purpose 31 of eliminating duplication. Once the core credentials data are 7

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submitted, the health care practitioner is not required to 1 2 resubmit this initial data when applying for practice 3 privileges with health care entities. However, as provided in 4 paragraph (d), each health care practitioner is responsible 5 for providing any corrections, updates, and modifications to his or her core credentials data, to ensure that all б 7 credentialing data on the practitioner remains current. 8 Nothing in this paragraph prevents the designated credentials 9 verification entity from obtaining all necessary attestation 10 and release form signatures and dates. 11 5.(b) Establish There is established a Credentials 12 Verification Advisory Council, consisting of 13 members, to assist the department as provided in this section with the 13 development of guidelines for establishment of the 14 15 standardized credentials verification program. The secretary, 16 or his or her designee, shall serve as one member and chair of 17 the council and shall appoint the remaining 12 members. Except for any initial lesser term required to achieve staggering, 18 such appointments shall be for 4-year staggered terms, with 19 one 4-year reappointment, as applicable. Three members shall 20 21 represent hospitals, and two members shall represent health maintenance organizations. One member shall represent health 22 insurance entities. One member shall represent the credentials 23 24 verification industry. Two members shall represent physicians 25 licensed under chapter 458. One member shall represent osteopathic physicians licensed under chapter 459. One member 26 27 shall represent chiropractic physicians licensed under chapter 28 460. One member shall represent podiatric physicians licensed under chapter 461. 29 30 (c) A registered credentials verification organization may be designated by a health care practitioner to assist the 31

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health care practitioner to comply with the requirements of 1 subsection (3)(a)2. A designated credentials verification 2 3 organization shall: 4 1. Timely comply with the requirements of subsection 5 (3)(a)2., pursuant to rules adopted by the department. 2. Not provide the health care practitioner's core б 7 data, including all corrections, updates, and modifications, without the authorization of the practitioner. 8 (c) The department, in consultation with the advisory 9 10 council, shall develop standard forms for the initial reporting of core credentials data for credentialing purposes 11 12 and for the subsequent reporting of corrections, updates, and 13 modifications thereto for recredentialing purposes. (d) Each health care practitioner licensed under 14 15 chapter 458, chapter 459, chapter 460, or chapter 461, or any person licensed under a chapter subsequently made subject to 16 17 this section, must report any action or information as defined in paragraph (2)(d), including any correction, update, or 18 modification thereto, as soon as possible but not later than 19 20 30 days after such action occurs or such information is known, 21 to the department or his or her designated credentials verification entity, if any, who must report it to the 22 department. In addition, a licensee must update, at least 23 24 quarterly, his or her data on a form prescribed by the 25 department. 26 (e) An individual applying for licensure under chapter 27 458, chapter 459, chapter 460, or chapter 461, or any person 28 applying for licensure under a chapter subsequently made subject to this section, must submit the individual's initial 29 core credentials data to a credentials verification entity, if 30 31 such information has not already been submitted to the 9

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department or the appropriate licensing board or to any other 1 2 credentials verification entity. (f) Applicants may decide which credentials 3 4 verification entity they want to process and store their core credentials data; however, such data shall at all times be 5 maintained by the department. An applicant may choose not to 6 7 designate a credentials verification entity, provided the 8 applicant has a written agreement with the health care entity or entities that are responsible for his or her credentialing. 9 10 In addition, any licensee may choose to move his or her core credentials data from one credentials verification entity to 11 12 another. 13 (q) Any health care entity that employs, contracts 14 with, or allows health care practitioners to treat its 15 patients must use the designated credentials verification 16 entity to obtain core credentials data on a health care 17 practitioner applying for privileges with that entity, if the health care practitioner has made such a designation, or may 18 use the division in lieu thereof as the designated credentials 19 20 verification entity required for obtaining core credentials 21 data on such health care practitioner. Any additional information required by the health care entity's credentialing 22 process may be collected from the primary source of that 23 24 information either by the health care entity or its contractee or by the designated credentials verification entity. 25 26 (h) Nothing in this section may be construed to 27 restrict the right of any health care entity to request 28 additional information necessary for credentialing. 29 (i) Nothing in this section may be construed to 30 restrict access to the National Practitioner Data Bank by the 31 department, any health care entity, or any credentials 10

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verification entity. 1 2 (d)(j) Nothing in This section shall not may be 3 construed to restrict in any way the authority of the health 4 care entity to credential and to approve or deny an 5 application for hospital staff membership, clinical privileges, or managed care network participation. 6 7 (4) DELEGATION BY CONTRACT. -- A health care entity may 8 contract with any credentials verification entity to perform the functions required under this section. The submission of 9 10 an application for health care privileges with a health care entity shall constitute authorization for the health care 11 12 entity to access the applicant's core credentials data with 13 the department or the applicant's designated credentials verification entity, if the applicant has made such a 14 15 designation. 16 (5) AVAILABILITY OF DATA COLLECTED. --17 (a) The department shall make available to a health care entity or credentials verification entity registered with 18 19 the department all core credentials data it collects on any licensee that is otherwise confidential and exempt from the 20 provisions of chapter 119 and s. 24(a), Art. I of the State 21 Constitution, including corrections, updates, and 22 modifications thereto, if a health care entity submits proof 23 24 of the licensee's current pending application for purposes of 25 credentialing the applicant based on the core credentials data maintained by the department. 26 27 (b) Each credentials verification entity shall make 28 available to a health care entity the licensee has authorized to receive the data, and to the department at the credentials 29 30 verification entity's actual cost of providing the data, all 31 core credentials data it collects on any licensee, including 11

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all corrections, updates, and modifications thereto. 1 2 (c) The department shall charge health care entities 3 and other credentials verification entities a reasonable fee, 4 pursuant to the requirements of chapter 119, to access all 5 credentialing data it maintains on applicants and licensees. 6 The fee shall be set in consultation with the advisory council 7 and may not exceed the actual cost of providing the data. 8 (4)(6) DUPLICATION OF DATA PROHIBITED. --9 (a) A health care entity or credentials verification 10 organization is prohibited from collecting or attempting may not collect or attempt to collect duplicate core credentials 11 12 data from any individual health care practitioner or from any 13 primary source if the information is available from already on file with the department or with any credentials verification 14 15 entity. This section shall not be construed to restrict the right of any health care entity or credentials verification 16 17 organization to collect additional information from the health 18 care practitioner which is not included in the core credentials data file. This section shall not be construed to 19 20 prohibit a health care entity or credentials verification 21 organization from obtaining all necessary attestation and release form signatures and dates. 22 (b) Effective July 1, 2002, a state agency in this 23 24 state which credentials health care practitioners may not collect or attempt to collect duplicate core credentials data 25 26 from any individual health care practitioner if the 27 information is already available from the department. This 28 section shall not be construed to restrict the right of any 29 such state agency to request additional information not 30 included in the core credential data file, but which is deemed necessary for the agency's specific credentialing purposes. 31

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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 DATAAny 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	(5)(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 organization entity
27	that does business in <u>this state</u> <del>Florida</del> must <u>be fully</u>
28	accredited or certified as a credentials verification
29	organization meet national standards, as outlined by <u>a</u>
30	national accrediting organization as specified in paragraph
31	(2)(b) organizations, and must register with the department.
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The department may charge a reasonable registration fee, set 1 2 in consultation with the advisory council, not to exceed an amount sufficient to cover its actual expenses in providing 3 4 and enforcing for such registration. The department shall establish by rule for biennial renewal of such registration. 5 Failure by a registered Any credentials verification б 7 organization to maintain full accreditation or certification, to provide data as authorized by the health care practitioner, 8 to report to the department changes, updates, and 9 10 modifications to a health care practitioner's records within 11 the time period specified in subparagraph (3)(a)2., or to 12 comply with the prohibition against collection of duplicate 13 core credentials data from a practitioner may result in denial of an application for renewal of registration or in revocation 14 15 or suspension of a registration entity that fails to meet the 16 standards required to be certified or accredited, fails to 17 register with the department, or fails to provide data 18 collected on a health care practitioner may not be selected as the designated credentials verification entity for any health 19 20 care practitioner. 21 (6)(9) LIABILITY.--No civil, criminal, or administrative action may be instituted, and there shall be no 22 liability, against any registered credentials verification 23 24 organization or health care entity on account of its reliance 25 on any data obtained directly from the department  $\frac{1}{2}$ credentials verification entity. 26 27 (10) REVIEW.--Before releasing a health care 28 practitioner's core credentials data from its data bank, a 29 designated credentials verification entity other than the 30 department must provide the practitioner up to 30 days to 31 review such data and make any corrections of fact. 14

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1	(11) VALIDATION OF CREDENTIALSExcept as otherwise
2	acceptable to the health care entity and applicable certifying
3	or accrediting organization listed in paragraph (2)(c), the
4	department and all credentials verification entities must
5	perform primary source verification of all credentialing
6	information submitted to them pursuant to this section;
7	however, secondary source verification may be utilized if
8	there is a documented attempt to contact primary sources. The
9	validation procedures used by the department and credentials
10	verification entities must meet the standards established by
11	rule pursuant to this section.
12	(7)(12) LIABILITY INSURANCE REQUIREMENTSThe
13	department, in consultation with the Credentials Verification
14	Advisory Council, shall establish the minimum liability
15	insurance requirements for Each credentials verification
16	organization entity doing business in this state shall
17	maintain liability insurance appropriate to meet the
18	certification or accreditation requirements established in
19	this section.
20	(8) (13) RULESThe department, in consultation with
21	the <u>advisory council</u> applicable board, shall adopt rules
22	necessary to develop and implement the standardized core
23	credentials <u>data collection</u> <del>verification</del> program established
24	by this section.
25	(9) COUNCIL ABOLISHED; DEPARTMENT AUTHORITYThe
26	council shall be abolished October 1, 1999. After the council
27	is abolished, all duties of the department required under this
28	section to be in consultation with the council may be carried
29	out by the department on its own.
30	
31	(Redesignate subsequent sections.)
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1 2 And the title is amended as follows: 3 On page 4, line 1, after the 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 10 care practitioners and the Department of Health 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

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