

CHAPTER 98-226

House Bill No. 4515

An act relating to health care practitioners; creating s. 455.557, F.S.; providing for standardized credentialing of health care practitioners; providing intent and definitions; providing for a standardized credentials verification program; providing for delegation of credentialing authority by contract; providing for availability of data collected; prohibiting collection of duplicate data; specifying conditions for reliability of data; providing for standards and registration, including a registration fee; preserving health care entities from liability and certain actions for reliance on data provided by a credentials verification entity; providing for practitioner review of data prior to release; providing for validation of credentials; providing liability insurance requirements; providing for rules; providing for reappointment of a task force and providing its purpose; providing an appropriation; providing an effective date.

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

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

455.557 Standardized credentialing for health care practitioners.—

(1) INTENT.—The Legislature recognizes that an efficient and effective health care practitioner credentialing program helps to ensure access to quality health care and also recognizes that health care practitioner credentialing activities have increased significantly as a result of health care reform and recent changes in health care delivery and reimbursement systems. Moreover, the resulting duplication of health care practitioner credentialing activities is unnecessarily costly and cumbersome for both the practitioner and the entity granting practice privileges. Therefore, it is the intent of this section that a mandatory credentials 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. 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 credentialing program, provided they meet the requirements of s. 455.565.

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

(a) "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.

(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 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.

(d) “Core credentials data” means any professional education, professional training, peer references, licensure, Drug Enforcement Administration certification, social security number, board certification, Educational Commission for Foreign Medical Graduates information, hospital affiliations, managed care organization affiliations, other institutional affiliations, professional society memberships, professional liability insurance, claims, suits, judgments, or settlements, 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.

(e) “Credentialing” means the process of assessing and validating the qualifications of a licensed health care practitioner.

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

(g) “Department” means the Department of Health.

(h) “Designated credentials verification entity” means the 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.

(i) “Division” means the Division of Medical Quality Assurance within the Department of Health.

(j) “Health care entity” means:

1. Any health care facility or other health care organization licensed or certified to provide approved medical and allied health services in 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.

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

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

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

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

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

(3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM.—

(a) In accordance with the provisions of this section, the department shall 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 of eliminating duplication. Once the core credentials data are 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.

(b) There is established a Credentials Verification Advisory Council, consisting of 13 members, to assist 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, and one member shall represent podiatric physicians licensed under chapter 461.

(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 such information has not already been submitted to the 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.

(g) 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 department, any health care entity, or any credentials verification entity.

(j) Nothing in this section may be construed to restrict in any way the authority of the health care entity 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 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.

(6) DUPLICATION OF DATA PROHIBITED.—

(a) A health care entity 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 already on file with the department or with any credentials verification entity.

(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.

(8) STANDARDS AND REGISTRATION.—

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

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

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

(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 entity doing business in this state.

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

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

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

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

Became a law without the Governor's approval May 24, 1998.

Filed in Office Secretary of State May 22, 1998.