Florida House of Representatives - 2001

HB 1543

By the Committee on Health Regulation and Representatives Farkas, Sobel, Ritter, Alexander, Fiorentino, Siplin and Johnson

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1	A bill to be entitled
2	An act relating to health care practitioner
3	credentialing; amending s. 456.047, F.S.;
4	providing intent; revising and providing
5	definitions; revising duties of the Department
6	of Health relating to file maintenance;
7	providing that primary source data verified by
8	the department or its designee may be relied
9	upon to meet accreditation purposes; providing
10	an effective date.
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12	Be It Enacted by the Legislature of the State of Florida:
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14	Section 1. Section 456.047, Florida Statutes, is
15	amended to read:
16	456.047 Standardized credentialing for health care
17	practitioners
18	(1) INTENTThe 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 credentials collection
29	program be established which provides that, once a health care
30	practitioner's core credentials data are collected, they need
31	not be collected again, except for corrections, updates, and
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modifications thereto. Furthermore, it is the intent of the 1 2 Legislature that the department and all entities and 3 practitioners work cooperatively to ensure the integrity and accuracy of the program.Participation under this section 4 5 shall include those individuals licensed under chapter 458, chapter 459, chapter 460, chapter 461, or s. 464.012. However, 6 7 the department shall, with the approval of the applicable 8 board, include other professions under the jurisdiction of the 9 Division of Medical Quality Assurance in this program, 10 provided they meet the requirements of s. 456.039 or s. 11 456.0391.

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(2) DEFINITIONS.--As used in this section, the term: 13 (a) "Certified" or "accredited," as applicable, means 14 approved by a quality assessment program, from the National Committee for Quality Assurance, the Joint Commission on 15 16 Accreditation of Healthcare Organizations, the American Accreditation HealthCare Commission/URAC, or any such other 17 nationally recognized and accepted organization authorized by 18 the department, used to assess and certify any credentials 19 20 verification program, entity, or organization that verifies 21 the credentials of any health care practitioner.

22 (b) "Core credentials data" means data that is primary source verified and includes the following data: current name, 23 any former name, and any alias, any professional education, 24 professional training, licensure, current Drug Enforcement 25 26 Administration certification, social security number, 27 specialty board certification, Educational Commission for 28 Foreign Medical Graduates certification, and hospital or other 29 institutional affiliations, evidence of professional liability coverage or evidence of financial responsibility as required 30 by s. 458.320, s. 459.0085, or s. 456.048, history of claims, 31

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suits, judgments, or settlements, final disciplinary action 1 2 reported pursuant to s. 456.039(1)(a)8. or s. 456.0391(1)(a)8. 3 The department may by rule designate additional core 4 credentials data elements, and Medicare or Medicaid sanctions. 5 (C) "Credential" or "credentialing" means the process б of assessing and verifying the qualifications of a licensed 7 health care practitioner or applicant for licensure as a 8 health care practitioner. "Credentials verification organization" means any 9 (d) organization certified or accredited as a credentials 10 11 verification organization. 12 (e) "Department" means the Department of Health, 13 Division of Medical Quality Assurance. 14 "Designated credentials verification organization" (f) 15 means the credentials verification organization which is 16 selected by the health care practitioner, if the health care practitioner chooses to make such a designation. 17 (g) "Drug Enforcement Administration certification" 18 19 means certification issued by the Drug Enforcement 20 Administration for purposes of administration or prescription of controlled substances. Submission of such certification 21 under this section must include evidence that the 22 certification is current and must also include all current 23 24 addresses to which the certificate is issued. 25 (h) "Health care entity" means: 26 1. Any health care facility or other health care 27 organization licensed or certified to provide approved medical 28 and allied health services in this state; 29 2. Any entity licensed by the Department of Insurance as a prepaid health care plan or health maintenance 30 31 organization or as an insurer to provide coverage for health 3

care services through a network of providers or similar 1 2 organization licensed under chapter 627, chapter 636, chapter 3 641, or chapter 651; or 4 3. Any accredited medical school in this state. 5 (i) "Health care practitioner" means any person б licensed, or, for credentialing purposes only, any person 7 applying for licensure, under chapter 458, chapter 459, 8 chapter 460, chapter 461, or s. 464.012 or any person licensed or applying for licensure under a chapter subsequently made 9 subject to this section by the department with the approval of 10 11 the applicable board, except a person registered or applying for registration pursuant to s. 458.345 or s. 459.021. 12 13 (j) "Hospital or other institutional affiliations" 14 means each hospital or other institution for which the health care practitioner or applicant has provided medical services. 15 Submission of such information under this section must 16 include, for each hospital or other institution, the name and 17 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. 22 (j)(k) "National accrediting organization" means an organization that awards accreditation or certification to 23 hospitals, managed care organizations, credentials 24 25 verification organizations, or other health care 26 organizations, including, but not limited to, the Joint 27 Commission on Accreditation of Healthcare Organizations, the 28 American Accreditation HealthCare Commission/URAC, and the 29 National Committee for Quality Assurance. 30 "Primary source verification" means verification (k) of professional qualifications based on evidence obtained 31

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directly from the issuing source of the applicable 1 2 qualification or from any other source deemed as a primary 3 source for such verification by the department or an 4 accrediting body approved by the department. 5 (1) "Professional training" means any internship, б residency, or fellowship relating to the profession for which 7 the health care practitioner is licensed or seeking licensure. 8 "Specialty board certification" means (m) certification in a specialty issued by a specialty board 9 recognized by the board in this state that regulates the 10 11 profession for which the health care practitioner is licensed 12 or seeking licensure. 13 (3) STANDARDIZED CREDENTIALS VERIFICATION PROGRAM. --(a) Every health care practitioner shall: 14 15 1. Report all core credentials data to the department 16 which is not already on file with the department, either by designating a credentials verification organization to submit 17 the data or by submitting the data directly. 18 19 2. Notify the department within 45 days of any 20 corrections, updates, or modifications to the core credentials data either through his or her designated credentials 21 22 verification organization or by submitting the data directly. Corrections, updates, and modifications to the core 23 credentials data provided the department under this section 24 shall comply with the updating requirements of s. 456.039(3) 25 26 or s. 456.0391(3) related to profiling. 27 (b) The department shall: 28 1. Maintain a complete, current file of applicable 29 core credentials data on each health care practitioner, which shall include data provided in accordance with subparagraph 30 31

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1 (a)1. and all updates provided in accordance with subparagraph
2 (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.

8 3. Charge a fee to access the core credentials data,
9 which may not exceed the actual cost, including prorated setup
10 and operating costs, pursuant to the requirements of chapter
11 119.

4. Develop 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.

18 (c) A registered credentials verification organization 19 may be designated by a health care practitioner to assist the 20 health care practitioner to comply with the requirements of 21 subparagraph (a)2. A designated credentials verification 22 organization shall:

1. Timely comply with the requirements of subparagraph(a)2., pursuant to rules adopted by the department.

Not provide the health care practitioner's core
 <u>credentials</u> data, including all corrections, updates, and
 modifications, without the authorization of the practitioner.
 (d) This section shall not 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

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1 membership, clinical privileges, or managed care network
2 participation.

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(4) DUPLICATION OF DATA PROHIBITED.--

4 (a) A health care entity or credentials verification 5 organization is prohibited from collecting or attempting to б collect duplicate core credentials data from any health care 7 practitioner if the information is available from the 8 department. This section shall not be construed to restrict the right of any health care entity or credentials 9 verification organization to collect additional information 10 11 from the health care practitioner which is not included in the 12 core credentials data file. This section shall not be 13 construed to prohibit a health care entity or credentials 14 verification organization from obtaining all necessary attestation and release form signatures and dates. 15

(b) Effective July 1, 2002, a state agency in this 16 state which credentials health care practitioners may not 17 collect or attempt to collect duplicate core credentials data 18 19 from any individual health care practitioner if the 20 information is already available from the department. This 21 section shall not be construed to restrict the right of any 22 such state agency to request additional information not included in the core credentials credential data file, but 23 which is deemed necessary for the agency's specific 24 25 credentialing purposes.

(5) STANDARDS AND REGISTRATION.--Any credentials verification organization that does business in this state must be fully accredited or certified as a credentials verification organization by a national accrediting organization as specified in paragraph (2)(a) and must register with the department. The department may charge a 7

reasonable registration fee, not to exceed an amount 1 2 sufficient to cover its actual expenses in providing and 3 enforcing such registration. The department shall establish by rule for biennial renewal of such registration. Failure by a 4 5 registered credentials verification organization to maintain full accreditation or certification, to provide data as 6 7 authorized by the health care practitioner, to report to the 8 department changes, updates, and modifications to a health care practitioner's records within the time period specified 9 in subparagraph (3)(a)2., or to comply with the prohibition 10 11 against collection of duplicate core credentials data from a practitioner may result in denial of an application for 12 13 renewal of registration or in revocation or suspension of a 14 registration. 15 (6) PRIMARY SOURCE VERIFIED DATA.--Health care 16 entities and credentials verification organizations may rely 17 upon any data that has been primary source verified by the department or its designee to meet primary source verification 18 19 requirements of national accrediting organizations. 20 (7)(6) LIABILITY.--No civil, criminal, or 21 administrative action may be instituted, and there shall be no 22 liability, against any registered credentials verification organization or health care entity on account of its reliance 23 on any data obtained directly from the department. 24 25 (8)(7) LIABILITY INSURANCE REQUIREMENTS.--Each 26 credentials verification organization doing business in this 27 state shall maintain liability insurance appropriate to meet 28 the certification or accreditation requirements established in 29 this section. (9)(8) RULES.--The department shall adopt rules 30 31 necessary to develop and implement the standardized core 8

credentials data collection program established by this section. Section 2. This act shall take effect July 1, 2001. HOUSE SUMMARY Revises provisions relating to health care practitioner credentialing. Provides additional legislative intent. Revises and provides definitions. Revises duties of the Department of Health relating to file maintenance. Provides that primary source data verified by the department or its designee may be relied upon to meet accreditation purposes. See bill for details.

CODING:Words stricken are deletions; words underlined are additions.