



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER:** 2017-03

**DOCUMENT NAME:** Calendar Year  
2018 Requirements for Federal Tort Claims  
Act (FTCA) Coverage for Health Centers

**DATE:** May 3, 2017

**TO:** Health Center Program Grantees  
National Cooperative Agreements  
Primary Care Associations  
Primary Care Offices

## I. PURPOSE

The purpose of this Program Assistance Letter (PAL) is to inform Health Center Program stakeholders of the process and requirements for the required application for deeming for calendar year (CY) 2018, highlighting updates to the Federal Tort Claims Act (FTCA) deeming application requirements. This PAL supersedes Program Assistance Letter (PAL) 2016-03, "Calendar Year 2017 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Centers."

Health Centers seeking FTCA deeming must demonstrate to the Health Resources and Services Administration, the Secretary's designee for this purpose, that they have implemented policies meeting applicable requirements for risk management, claims management, quality improvement (QI)/quality assurance (QA), and credentialing and privileging.

This PAL contains the instructions for health centers submitting:

1. an FTCA application requesting initial deeming; or
2. an annual FTCA redeeming application for deeming coverage for CY 2018 (January 1, 2018 - December 31, 2018).

## II. PROGRAM UPDATES

In order to be deemed or redeemed for the upcoming calendar year, applicants must demonstrate via their FTCA deeming application that they meet FTCA requirements for risk management, claims management, QI/QA, and credentialing and privileging. HRSA has aligned Health Center FTCA Program and Health Center Program requirements in the areas of QI/QA and credentialing and privileging, ensuring greater consistency between these two programs. **The FTCA deeming application and associated attachments have been updated to reflect these aligned requirements.**

### III. BACKGROUND

Eligible non-federal entities (grantees and subrecipients) may be deemed by HRSA as employees of the Public Health Service (PHS) for purposes of liability protections for the performance of medical, dental, surgical, and related functions pursuant to the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73), as amended.

Health Center Program grantees and subrecipients receiving funds under section 330 of the Public Health Service Act (PHS Act) -- hereafter “grantees,” “entities,” or “health centers,” as appropriate -- in order to receive deemed status under FSHCAA, must demonstrate compliance with all applicable FTCA Program requirements, including implementation of applicable policies and procedures.

Section 224(h) of the PHS Act requires the Secretary, as a condition of deeming, to make certain required determinations. Under section 224(h)(1), the Secretary must determine that the entity has implemented “appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health-related functions performed by the entity.” Similarly, under section 224(h)(2), the Secretary must determine that the entity has reviewed and verified “the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners and, where necessary, has obtained the permission from these individuals to gain access to this information.” In addition, section 224(h)(3) requires that the Secretary determine that an entity “has no history of claims having been filed against the United States ... or if such history of claims exists, has fully cooperated with the Attorney General in defending against any such claim and has either has taken, or will take, any necessary corrective steps to assure against such claims in the future.” Finally, section 224(h)(4) requires that the Secretary determine that the entity “will fully cooperate with the Attorney General in providing information relating to an estimate described under subsection (k).” Each entity seeking FTCA coverage (including health center grantees and subrecipients, as further defined below) must submit an initial FTCA deeming application or redeeming application in the form and manner prescribed by HRSA. Deeming applications must demonstrate that the entity seeking FTCA coverage has successfully implemented all deeming requirements set forth in law.

### IV. APPLICABILITY

This PAL applies to grantees and subrecipients applying for FTCA deeming that are public and private nonprofit entities receiving grant funding under section 330 of the PHS Act, including

sections 330(e), (g), (h), and/or (i), collectively referred to as “grantees.”

As defined in 42 C.F.R. 6.2, eligible subrecipients for purposes of FTCA coverage are those entities receiving funds from a covered section 330 grantee under a grant or contract to provide a full range of services on behalf of the covered entity and only for those services carried out within the scope of deemed employment, which includes but is not limited to those activities carried out under the grant-funded project. All subrecipient entities must be identified on the grantee of record’s current Scope of Project/Services Site (i.e., the grantee of record’s approved Form 5B) and must submit a deeming application through the grantee of record.

Please note that only the grantee of record (the organization named on the Notice of Award) can transmit a request to HRSA for deeming with resultant FTCA coverage through HRSA’s electronic communication tool, the Electronic HandBook (EHB). Health centers requesting FTCA coverage on behalf of a subrecipient are required to submit a complete deeming application in accordance with the initial and redeeming application procedures specified within this PAL and other FTCA Program requirements. The subrecipient deeming application ordinarily, absent good cause, must be completed along with the grantee of record’s deeming application package. Subrecipient applications are subject to the same requirements as those applicable to grantees, and only subrecipients of deemed entities are eligible for deeming.

Approval by HRSA of a deeming application submitted in accordance with this PAL will result in issuance of a Notice of Deeming Action (NDA) issued to the health center. This NDA also extends to any employee, officer, board member, or qualified contractor of the entity acting within the scope of deemed employment.

HRSA will provide guidance regarding the deeming of health center volunteer health professionals pursuant to the 21<sup>st</sup> Century Cures Act, P.L. 114-255, at a later date.

## **V. SUBMITTING FTCA APPLICATIONS**

All FTCA deeming applications must be submitted electronically through the FTCA deeming module within the EHB. The EHB system will be available to begin receiving CY 2018 deeming applications on June 23, 2017.

When a health center submits an FTCA application, the EHB will assign a tracking number. Health centers may create and submit an FTCA application in one session, or create and save part of the application and return as many times as necessary to complete the request before submitting it for HRSA review. Health centers are responsible for ensuring that their deeming application(s) have been successfully submitted to HRSA through the EHB.

Health Center FTCA Program requirements include the submission of written documentation of required policies, procedures, and practices, as well as evidence of their implementation by the health center. Therefore, all deeming applicants must:

1. submit FTCA application materials in a timely manner (including responding within specified time frames to all clarification and additional information requests from HRSA related to the FTCA application, which may include an FTCA-specific site visit); and
2. demonstrate compliance with all Health Center FTCA Program requirements (including implementation of applicable policies).

Health Center Program grantees that submit an incomplete application will be afforded an opportunity to complete the application and will be notified of the incomplete application through EHB, via a change request notification. EHB supports electronic web-based functionality for the deeming process, including grantee completion and submission of applications, HRSA review and processing of applications, and electronic notice of deeming status to grantees. Submissions that do not appropriately address all application questions and/or fail to attach all required documents will be considered incomplete. **Applicants that do not submit a complete application or that do not meet all applicable application requirements will not be approved and will not receive FTCA deeming or renewal of deeming (i.e., redeeming). Health centers that are noncompliant with Health Center Program requirements also may be the subject of enforcement actions, including, where applicable, conditions upon their Health Center Program award in the areas of credentialing and privileging and quality assurance and quality improvement.**

Please note that, in order to address privacy concerns for all pertinent parties, documentation submitted to HRSA must be redacted of all patient and staff identifiers as well as sensitive material unneeded for the deeming determination. HRSA also encourages applicants to consult with private legal counsel to address any associated privacy concerns, including specific questions about redactions.

There must be an electronic signature from the **Executive Director/CEO of the health center**, certifying the contents of the application. If the FTCA application is not signed by such an individual, the application will be returned to the grantee as described in Section VI: Initial FTCA Applications and Section VII: FTCA Redeeming Applications. All subrecipient applications must be signed separately by an authorizing official for the subrecipient.

Deeming applications for any subrecipient(s) that appear on the grantee's most recent Form 5B and that are requesting FTCA coverage must ordinarily be included in the grantee of record's annual FTCA application. If a subrecipient's application is incomplete, HRSA will notify the grantee through the EHB, and the grantee will have 10 business days to respond. **If the grantee does not respond within 10 days, the entire application package may be deemed incomplete and voided. Please see Section VI: Initial FTCA Applications and Section VII: FTCA Redeeming Applications for more information.** If the application is voided based on lack of completeness, the grantee will receive notification and will be required to resubmit their application if they wish to obtain deemed status.

For additional information or technical assistance on how to submit an FTCA application, please visit <http://www.bphc.hrsa.gov/ftca/healthcenters/hcappprocess.html>. Additional technical assistance for EHB and this PAL will be made available prior to the application submission deadline and also will be available online.

## VI. INITIAL FTCA APPLICATIONS

Health centers may submit an initial deeming application via the electronic, web-based EHB system at any time during the year when the system is open to accept applications. However, we strongly suggest that grantees request FTCA coverage well in advance of their desired coverage start date.

After reviewing the technical assistance resources (available at: <https://bphc.hrsa.gov/ftca/index.html>), grantees submitting an initial deeming application should consult with the FTCA Program (contact information below) if they have any additional questions.

Once a complete initial FTCA application is submitted, HRSA will conduct its review within 30 days of receiving a complete application. Please note that an FTCA deeming application is not considered complete until all required documentation has been completed and submitted through EHB, and if required by HRSA, a site visit has been completed. Grantees are responsible for ensuring that the information needed to complete their applications has been successfully submitted to HRSA through the EHB. Grantees that do not submit complete applications in a timely manner may not receive deemed status (i.e., FTCA coverage) on the date desired. If additional information or clarification is needed, HRSA may notify the grantee through the EHB, and the grantee will be given **10 business days from the date of the EHB notification** to provide the requested information to complete its application. **Should requested information not be submitted within 10 business days of notification, the FTCA application may be determined to be incomplete and voided.** After being notified that an application has been voided, grantees must submit an initial application if they wish to obtain deemed status at a later date.

Within 30 days after a complete initial FTCA deeming application has been received by HRSA, HRSA will notify the contact person(s) identified by the health center of a final determination through EHB. Eligible entities will be covered under applicable FTCA regulations only on and after the effective date identified by HRSA. Initial grantees are advised to maintain private malpractice insurance until they receive written documentation confirming the deeming determination from HRSA.

## VII. FTCA REDEEMING APPLICATIONS

**All currently deemed grantees must submit a FTCA redeeming application and submit redeeming applications for any subrecipients (as applicable) on or before July 24, 2017 in order to be eligible to be deemed for the entirety of CY 2018 without a gap in coverage. Grantees who fail to submit a redeeming application by the deadline date may be required**

**to reapply for coverage. Eligible entities (grantees and grantees on behalf of subrecipients) that do not submit a redeeming application by the July 24, 2017 deadline may experience a gap in anticipated FTCA coverage and should strongly consider purchasing private liability insurance for calendar year 2018.**

Grantees are responsible for ensuring that the information needed to complete their redeeming application has been successfully submitted to HRSA through the EHB. If additional information or clarification is needed to support an application, HRSA may notify the grantee through the EHB. The grantee will be given **10 business days from the date of such EHB notification** to resubmit the application with the requested information. It is important that grantees provide a timely response to all requests for information in order to assure a timely review and notification. **Grantees that do not provide a responsive submission within 10 business days after receiving notice may have their application deemed incomplete and voided. If the application is voided, the grantee will receive notification and will be required to resubmit their redeeming application if they wish to obtain deemed status.**

During the application review process, if HRSA determines that the applicant has not successfully demonstrated compliance with the FTCA deeming requirements and, therefore, is in danger of being disapproved for CY 2018 coverage, the grantee will be notified and provided a final opportunity to demonstrate compliance.

Once the additional information is submitted, HRSA will review the documentation and make a final determination. After a final determination is made for each application, HRSA will notify the contact person(s) identified by the health center of the program's deeming status through the EHB.

## **VIII. SITE VISITS**

HRSA may conduct a site visit, randomly or for cause, to any initial applicant or deemed grantee to ensure implementation in accordance with 42 U.S.C. 233(h). If a site visit results in a finding of a lack of implementation of the FTCA program requirements, this may be grounds for not receiving FTCA deeming or redeeming.

Factors that may prompt a site visit include, but are not limited to:

1. Submission of an initial FTCA deeming application;
2. Documentation submitted that indicates possible non-compliance with requirements during the review of the health center's FTCA application;
3. The need for follow-up based on prior site visit findings or other identified issues;
4. History of repeated conditions, or current conditions, placed by HRSA on the health center's Health Center Program grant, as documented on the health center's associated Notice of Award; and/or
5. History of medical malpractice claims.

Please note that HRSA also conducts regular site visits as part of its oversight responsibilities to ensure that QI/QA, credentialing and privileging, risk management, and claims management requirements have been appropriately implemented. The results of such site visits may be

incorporated into HRSA's assessment of the completeness of an FTCA application. **Site visit findings indicating non-compliance with the requirements may result in an application being considered incomplete or non-compliant and at risk of not receiving FTCA deeming or redeeming. As stated earlier, health centers that are found non-compliant with credentialing and privileging or quality improvement/quality assurance requirements also may receive conditions upon their Health Center Program award.**

## **IX. CONTACT INFORMATION**

Grantees are encouraged to carefully review the FTCA policies and technical assistance resources found on the HRSA website at <http://www.bphc.hrsa.gov/FTCA/> as well as the Health Center Program policy page found at <http://www.bphc.hrsa.gov/policiesregulations/policies/index.html>.

For programmatic support regarding the FTCA Program, application requirements (including credentialing, QI/QA, etc.), and technical/EHB support, please contact:

Health Center Program Support

Phone: 877-464-4772

Web form: <http://www.hrsa.gov/about/contact/bphc.aspx>

7:00 a.m. to 8:00 p.m. ET., Monday through Friday (except Federal holidays)

/S/

James Macrae

Associate Administrator

Bureau of Primary Health Care

**Application for Health Center Program Grantees for  
Medical Malpractice Coverage Under the  
Federal Tort Claims Act**

**(This application is illustrative and the actual application may appear differently in the HRSA  
Electronic Handbook (EHB) System)**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>CONTACT INFORMATION</b>	Application Tracking Number	Grant Number

<b>CONTACT INFORMATION (Please include salutation next to the name) All the fields marked with * are required.</b>	
<b>EXECUTIVE DIRECTOR</b> <i>(Must electronically sign and certify the FTCA application prior to submission)</i> * Name: * Email: * Direct Phone: Fax:	
<b>GOVERNING BOARD CHAIRPERSON</b> * Name: * Email: * Direct Phone: Fax:	
<b>MEDICAL DIRECTOR</b> * Name: * Email: * Direct Phone: Fax:	
<b>RISK MANAGER</b> <i>(It is recommended that the risk manager be a health care provider or an individual with at least one year of clinical risk management experience)</i> * Name: * Email: * Direct Phone: Fax:	



**CONTACT INFORMATION (Please include salutation next to the name)**  
**All the fields marked with \* are required.**

<p><b>PRIMARY DEEMING CONTACT</b>  <i>(Individual responsible for completing application)</i>  * Name:  * Email:  * Direct Phone:  Fax:</p>	
<p><b>ALTERNATE DEEMING CONTACT</b>  <i>(Individual responsible for assisting with the application)</i>  * Name:  * Email:  * Direct Phone:  Fax:</p>	
<p><b>CREDENTIALING CONTACT</b>  <i>(Individual responsible for updating credentialing information)</i>  * Name:  * Email:  * Direct Phone:  Fax:</p>	
<p><b>CLAIMS MANAGEMENT COORDINATOR CONTACT</b>  <i>(Individual responsible for the management and processing of FTCA and other medical malpractice claims)</i>  * Name:  * Email:  * Direct Phone:  Fax:</p>	

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>REVIEW OF RISK MANAGEMENT SYSTEMS</b>	Application Tracking Number	Grant Number

**REVIEW OF RISK MANAGEMENT SYSTEMS**  
All fields marked with \* are required.

1. \*Briefly describe the health center’s ongoing risk management program to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation.

**[2,000 character comment box]**

2. \*Describe the health center’s risk management policies to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, specifically address the following:

- i. Risk management across the full range of health center activities (for example, patient management including scheduling, triage, intake, tracking, and follow-up);
- ii. Health care risk management training for health center staff;
- iii. Completion of quarterly risk management assessments by the health center; and
- iv. Annual reporting to the board of: completed risk management activities; status of the health center’s performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

**[4,000 character comment box]**

3. \*Describe the health center’s risk management operating procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, specifically how these operating procedures address the following:

- i. Identifying the areas/activities of highest risk for health center patient safety consistent with the health center’s HRSA-approved scope of project;
- ii. Mitigating the areas/activities of highest risk for health center patient safety consistent with the health center’s HRSA-approved scope of project, through clinical protocols, training, and medical staff supervision);
- iii. Documenting, analyzing, and addressing clinically-related complaints, and “near misses” reported by health center employees, patients, and other individuals;
- iv. Setting and tracking progress related to annual risk management goals;
- v. Developing and implementing an annual health care risk management training plan for all staff members based on identified areas/activities of highest clinical risk for the health center (including, but not limited to obstetrical procedures, infection control) and any non-clinical trainings appropriate for health center staff (including Health Insurance Portability and Accountability Act (HIPAA) medical record confidentiality requirements); and
- vi. Completing an annual risk management report for the board and key management staff.

**[4,000 character comment box]**

4. \*Upload policies or procedures for the following, in order to demonstrate how the health center has mitigated risk for health center patient safety in these areas/activities consistent with the health center’s HRSA-approved scope of project:

- Referral tracking
- Hospitalization tracking
- Diagnostic tracking (x-ray, labs)

[Attachment control named ‘Policies and Procedures’]

5. \*Describe the development and implementation of the health center’s health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. This includes the health center’s tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually.

Please ensure that the description incorporates how the health care risk management training plan addressed the following:

- i. Obstetrical procedures (e.g., continuing education for electronic fetal monitoring (such as, online course available through ECRI Institute), and dystocia drills);
- ii. Infection control (e.g., Bloodborne pathogen exposure protocol, Infection Prevention and Control policies, Hand Hygiene training and monitoring program);
- iii. HIPAA medical record confidentiality requirements.

**[4,000 character comment box]**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>REVIEW OF RISK MANAGEMENT SYSTEMS</b>	Application Tracking Number	Grant Number

**REVIEW OF RISK MANAGEMENT SYSTEMS**

**All fields marked with \* are required.**

6. \* Describe how the health center provides reports to the board and key management staff on risk management activities and progress in meeting goals (at least) annually, or

Alternatively you may upload the most recent report to the board/key management staff on risk management activities, progress in meeting goals and documentation (for example, board minutes or other meeting minutes) showing that related follow up actions have been implemented.

**[Attachment control named 'Reports to Board and Key Management Staff']**

**[2,000 character comment box]**

7. \*Upload the relevant Position Description(s) or Describe how the health center has designated an individual(s) (for example, a risk manager) who oversees and coordinates the health center's risk management activities.

**[Attachment control named 'Risk Management Position Descriptions']**

**[2,000 character comment box]**

8. Has the designated individual(s) who oversees and coordinates the health center's risk management activities completed health care risk management training this year?

**[ ] Yes [ ] No**

If "No", please enter an explanation.

**[2,000 character comment box]**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN (QI/QA)</b>	Application Tracking Number	Grant Number

**QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA)  
All fields marked with \* are required**

1. \*Upload the health center’s QI/QA Plan and/or other documentation (such as 6 months of QI/QA committee minutes) to demonstrate that the health center has established an ongoing QA/QI Program and supporting operating procedures. The QA/QI Plan and/or other documentation must, at a minimum, demonstrate that:

A. The health center’s QI/QA program’s operating procedures address:

- a. Adherence to current evidence-based clinical guidelines, standards of care, and standards of practice, as applicable;
- b. A process for identifying, analyzing, and addressing patient safety and adverse events and for implementing follow-up actions, as necessary;
- c. A process for assessing patient satisfaction;
- d. A process for hearing and resolving patient grievances;
- e. Completion of periodic (for example, quarterly) QI/QA assessments; and
- f. A process for modifying the provision of health center services based on the findings of QI/QA assessments, as appropriate.

[Attachment control named ‘QI/QA Plan’]

If you are unable to upload the QI/QA Plan and/or other documentation that demonstrates the above, please explain:

**[2,000 character comment box]**

2. \*Upload documentation that the health center has performed QI/QA assessments over the past year (for example, through QI/QA report(s), 6 months of QI/QA committee minutes, or QI/QA

assessments performed over the past year). Such documentation must, at a minimum, demonstrate the following:

- A. QI/QA assessments have been completed on a periodic (ongoing) basis (for example, quarterly) over the past year
- B. QI/QA assessments over the past year that include assessing the following:
  - a. The quality of health center services;
  - b. Patient satisfaction and the outcomes of patient grievance processes;
  - c. The utilization of health center services, consistent with evidence-based guidelines; and
  - d. The status of activities around any safety and adverse events, including follow-up actions, as appropriate.

[Attachment control named 'QI/QA Assesments']

If you are unable to upload documentation that demonstrates the above, please explain:

**[2,000 character comment box]**

3. \*Upload the most recent QI/QA report that has been provided to key management staff and to the governing board.

[Attachment control named 'QI/QA Report']

If you are unable to upload this documentation, please explain:

**[2,000 character comment box]**

4. \*Upload governing board minutes that document that the report was shared with and discussed by the governing board to support decision-making and oversight regarding the provision of health center services.

[Attachment control named 'Governing Board Minutes']

If you are unable to upload this documentation, please explain:

**[2,000 character comment box]**

5. \*Describe how the health center's physicians or other licensed health care professionals conduct QI/QA assessments, including their use of data collected from patient records.

**[4,000 character comment box]**

6. \*Upload the relevant Position Description(s) or Describe the responsibilities of the individual(s) who oversee the QI/QA program, including ensuring the implementation of QI/QA operating procedures and completion of QI/QA assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures.

[Attachment control named 'QI/QA Position Descriptions']

**[2,000 character comment box]**

7. \*Has the health center implemented a certified Electronic Health Record for all health center patients?

Yes  No

If No, Describe the health center's systems and procedures for maintaining a retrievable health record for each patient, the format and content of which is consistent with both federal and state laws and requirements:

**[4,000 character comment box]**

8. \*Describe the health center's systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements.

**[4,000 character comment box]**

9. \*Please indicate whether you currently have a condition on your Health Center Program award related to QI/QA.

Yes  No



If Yes, please indicate the source (for example, Operational Site Visit, Service Area Competition application) through which you received this condition:

**[2,000 character comment box]**

**Please note:** The presence of award conditions related to Quality Improvement / Quality Assurance may result in denial of FTCA coverage.

**CREDENTIALING AND PRIVILEGING**  
**All fields marked with \* are required**

1. \*Describe the health center's credentialing process for all clinical staff members who are health center employees, individual contractors, or volunteers. This would include the operating procedures for the initial and recurring review of credentials, and responsibility for ensuring verification of all of the following:

- a. Current licensure, registration, or certification;
- b. Education and training for initial credentialing, using primary sources for licensed independent practitioners;
- c. Completion of a query through the National Practitioner Databank (NPDB);
- d. Clinical staff member's identity for initial credentialing using a government issued picture identification;
- e. Drug Enforcement Administration registration (if applicable); and
- f. Current documentation of Basic Life Support skills.

**[4,000 character comment box]**

2.\*Describe the health center's privileging process for the initial granting and renewal of privileges for clinical staff members (including health center employees, individual contractors, and volunteers). This would include operating procedures that address all of the following:

- a. Verification of health fitness, including physical and mental health status, immunization and communicable disease status, and any impairments that may interfere with the safe and effective provision of care permitted under the requested clinical privileges;
- b. Verification of current clinical competence via reference reviews, training, and education for initial privileging, and via peer review or other comparable methods for renewal of privileges; and
- c. Criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments.

**[4,000 character comment box]**

3.\*Describe how the health center ensures that the files or records for its clinical staff (employees, individual contractors, and volunteers) contain documentation of licensure and credentialing verification and recording of privileges, consistent with the health center's operating procedures.

**[4,000 character comment box]**

4. \*If the health center contracts with provider organizations (for example, group practices, staffing agencies) or has formal, written referral agreements with other provider organizations, do such contracts and/or formal, written referral agreements contain provisions that:

- a. Ensure that the providers are licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and
- b. Ensure that the providers are assessed as competent to perform the contracted or referred services through a privileging process

Select N/A if the health center does not contract with provider organizations or have any formal, written referral agreements with other provider organizations.

Yes  No  N/A

If No, please enter an explanation.

**[2,000 character comment box]**

**Please note:** “A contract between a covered entity and a provider's corporation does not confer FTCA coverage on the provider. Services provided strictly pursuant to a contract between a covered entity and any corporation, including eponymous professional corporations (defined as a professional corporation to which one has given one’s name, e.g., John Doe, LLC, and consisting of only one health care provider), are not covered under FSHCAA and the FTCA.” See FTCA Health Center Policy Manual, Section B.3.

5.\*Please indicate whether you currently have a condition on your Health Center Program award related to credentialing or privileging.

Yes  No

If Yes, please indicate the source (for example, Operational Site Visit, Service Area Competition application) through which you received this condition:

**[2,000 character comment box]**

**Please note:** The presence of current award conditions related to credentialing and privileging may result in denial of FTCA coverage.

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>CLAIMS MANAGEMENT</b>	Application Tracking Number	Grant Number

**CLAIMS MANAGEMENT**  
All fields marked with \* are required

**Please note: Health centers are expected to maintain their own records of medical malpractice claims as part of their risk management systems and in accordance with local practice requirements and guidelines.**

If a claim or lawsuit involving covered activities is presented or filed, it is essential that the covered entity preserve all potentially relevant documents. Once a covered entity or covered individual reasonably anticipates litigation—and it is reasonable to anticipate litigation once a claim or lawsuit is filed, whether administratively or in state or federal district court—the entity or individual must suspend any routine destruction and hold any documents relating to the claimant or plaintiff so as to ensure their preservation for purposes of claim disposition or litigation.

1. \*Describe the health center’s claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage. Also include information related to how the claims management process ensures the following:
  - a. The preservation of all health center documentation related to any actual or potential claim or complaint (e.g. medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and
  - b. That any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.

**[4,000 character comment box]**

2. \*Has the health center had any history of claims under the FTCA? (Health centers should provide any medical malpractice claims or allegations that have been presented during the past 5 years.)  
[Yes/No]

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grantee Name	Application Type
CLAIMS MANAGEMENT		
	Application Tracking Number	Grant Number

**CLAIMS MANAGEMENT**  
All fields marked with \* are required

- If Yes, Upload a list of the claims. For each claim, include:
  - a. Name of provider(s) involved
  - b. Area of practice/Specialty
  - c. Date of occurrence
  - d. Summary of allegations
  - e. Status or outcome of claim
  - f. Documentation that the health center cooperated with the Attorney General for this claim, as further described in the FTCA Health Center Policy Manual
  - g. Summary of health center internal analysis and implemented steps to mitigate the risk of such claims in the future (Please only submit a summary if the case is closed. If the case has not been settled do not include the summary.)

**[Attachment control called 'History of Claims']**

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grantee Name	Application Type
CLAIMS MANAGEMENT		
	Application Tracking Number	Grant Number

**CLAIMS MANAGEMENT**  
**All fields marked with \* are required**

3. \*The health center informs patients using plain language that it is a deemed federal Public Health Service employee via its website, promotional materials, and/or within an area(s) of the health center that are visible to patients.

Yes  No

If No, please enter an explanation.

**[2,000 character comment box]**

4. Upload the relevant Position Description(s) or Describe how the health center has a designated individual(s) who is responsible for the management and processing of claims related activities and serves as the claims point of contact.

[Attachment control named 'Claims Management Position Descriptions']

**[2,000 character comment box]**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>ADDITIONAL INFORMATION</b>		
	Application Tracking Number	Grant Number

<b>CERTIFICATION AND SIGNATURES</b> Completion of this section by a typed name will constitute signature on this application.
<p>* I [            ] declare under the penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of coverage.</p> <p>I understand that by printing my name I am signing this application.</p> <p><i>Please note – this must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.</i></p>