



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER:** 2012-02

**DOCUMENT NAME:** Calendar Year 2013 Requirements for Federal Tort Claims Act (FTCA) Medical Malpractice Coverage for Health Centers

**DATE:** January 12, 2012

**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 describe the Health Resources and Services Administration's (HRSA) process for Health Center Program grantees to submit Federal Tort Claims Act (FTCA) deeming applications for calendar year (CY) 2013. Eligible grantees and subrecipients may be deemed by HRSA as employees of the Public Health Service (PHS) for purposes of FTCA medical malpractice coverage under the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73). This PAL supersedes PAL 2011-05, "Calendar Year 2012 Requirements for Federal Tort Claims Act (FTCA) Medical Malpractice Coverage."

This PAL is intended to clarify, refine, and disseminate the requirements for the CY 2013 FTCA deeming and renewal application submissions. Technical assistance (TA) for these clarifications will be announced at a later date and will be made available at <http://www.bphc.hrsa.gov/ftca>.

## II. BACKGROUND

Health Center Program grantees and qualifying entities receiving section 330 funds (hereafter "entities" or "health center"), in order to receive deemed status under FSHCAA, must demonstrate compliance with all applicable FTCA Program requirements. Consistent with applicable law and HRSA's programmatic oversight and monitoring responsibilities, entities seeking deemed federal employee status are assessed for their implementation of FTCA

program requirements and, whenever possible, are provided an opportunity to remedy areas of non-compliance.

Section 224(h)(1) of the PHS Act requires the Secretary, as a condition of deeming, to 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 ....” In addition, section 224(h)(3) requires, as one element, that the Secretary determine that an entity that has a history of any FTCA claims “either has taken, or will take, any necessary corrective steps to assure against such claims in the future.” (See also the relevant program guidance, including Policy Information Notice (PIN) 2011-01.)

Accordingly, each entity seeking FTCA coverage (including both health center grantees and qualifying subrecipient entities) must submit an initial FTCA deeming application or an FTCA redeeming application in the form and manner prescribed by HRSA. Because of the critical importance of this process to an effective deeming determination, all deeming applicants must:

1. Submit FTCA application materials in a timely manner;
2. Respond in a timely manner to all clarification and additional information requests from HRSA;
3. Demonstrate implementation of the required policies, procedures, and requirements, as further outlined in the applicable FTCA deeming application PAL; and
4. Accurately present all material facts during the application process and FTCA site visits, where applicable.

It is HRSA’s goal to support all health centers in successfully demonstrating compliance with and implementation of these requirements.

### **III. APPLICABILITY**

This PAL applies to eligible grantees 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.”

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. Subrecipient entities are eligible for coverage only if they provide a full range of health care services on behalf of an eligible grantee and only for those services carried out under the grant-funded project. All subrecipient entities seeking FTCA deeming must be identified on the grantee’s current Scope of Services (i.e., approved and

within their Form 5B).

This PAL contains the instructions for grantees submitting either:

1. An FTCA application requesting initial deeming; or
2. An annual redeeming application for deeming coverage for CY 2013 (January 1, 2013 – December 31, 2013).

Please note that only the grantee of record (the organization named on the Notice of Award) can submit a request to HRSA for FTCA deeming coverage. Requests for coverage of a subrecipient must be submitted on behalf of the subrecipient by the grantee of record. Health centers requesting FTCA coverage on behalf of a subrecipient are required to submit a separate and complete deeming application in accordance with the deeming guidelines specified within agency policies and this PAL. The subrecipient application is submitted as part of the grantee's deeming application package, and is subject to the same requirements as the grantee of record's application.

#### **IV. MECHANISM FOR SUBMITTING FTCA APPLICATIONS**

All FTCA deeming applications must be submitted electronically through the FTCA deeming module within the HRSA Electronic Handbook (EHB). This module 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. The EHB system will be available to begin receiving CY 2013 deeming applications on February 23, 2012.

When a grantee submits a FTCA application, the EHB will assign a tracking number. Grantees may create and submit a 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. Grantees are responsible for ensuring that their deeming application(s) have been successfully submitted to HRSA through the EHB.

For additional information or technical assistance on how to submit a 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 will also be available online with other technical assistance information.

#### **V. OVERVIEW OF NEW APPLICATION CHANGES**

In this PAL, HRSA has provided additional guidance regarding application deadlines and various information requests. Similar to last year's deeming process, after receiving a change request for additional or updated information, grantees will be required to update and resubmit their applications in a timely manner. Initial applicants and redeeming applicants will have 10 business days to update and resubmit their applications after receiving notice. If the grantee

fails to respond, the application may be deemed incomplete and therefore voided. Please see Section VI: Initial FTCA Applications and Section VII: FTCA Renewal Applications of this PAL for additional details.

In addition, in order to improve the efficiency of the deeming process, **HRSA will require that all FTCA redeeming applications be submitted on or before April 05, 2012.**

Please also pay special attention to the following changes to this year's application:

1. Minutes from any six QI/QA committee meetings that took place between June 1, 2011 and the submission date of the application. The application must provide an explanation if less than six sets of minutes are provided;
2. Minutes from any six Board meetings evidencing oversight of QI/QA activities that took place between June 1, 2011 and the submission date of the application. The application must provide an explanation if less than six sets of minutes are provided;
3. Credentialing and privileging policies and QI/QA plan evidence of Board approval: Health centers may provide a plan with an actual physical signature and date from the Board. In the absence of a signed plan, the grantee may submit an unsigned plan and approved Board meeting minutes that have an actual physical signature and date that clearly indicate approval of the plan(s); and
4. Clinical policies and procedures in the following areas: referral tracking, hospitalization and diagnostic tracking (i.e., x-ray, labs). Note that the application no longer requires submission of separate clinical policies and procedures for x-ray and labs. However, the diagnostic tracking policies and procedures should address these activities.

More information on each of these changes and all application components is further described in Section VIII: Complete FTCA Application Package: Initial and Renewal Applicants.

## **VI. INITIAL FTCA APPLICATIONS**

All grantees considering FTCA coverage are encouraged to carefully review the FTCA policies and regulations found on the HRSA website at <http://www.bphc.hrsa.gov/FTCA/>, as well as the Health Centers Program policy page found at <http://www.bphc.hrsa.gov/policiesregulations/policies/index.html>. They should also consult with their Project Officer prior to submitting an initial request.

Health centers may submit an initial application at any time during the year when the EHB system is open to receive applications. Due to the number of applications, the application requirements, and the potential for incomplete application submissions, grantees should request FTCA coverage at least **90** days in advance of their desired coverage start date.

Once a complete initial FTCA application is submitted (see Section VIII: Complete FTCA Application Package: Initial and Renewal Applicants), HRSA will conduct its review within 30 days. Please note that a FTCA deeming application is not considered complete until all required documentation have been completed. Grantees are responsible for ensuring that the information needed to complete its application 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 will 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 the requested information not be submitted within 10 business days of notification, the FTCA application will be considered incomplete, marked "VOID" in the EHB system, and returned to the grantee. The grantee will be required to submit a new application.

Within 30 days after a complete initial FTCA application has been received by HRSA, HRSA will notify through EHB the contact person(s) identified by the health center of a final determination. Eligible entities will be covered under applicable FTCA regulations only on and after the effective date of the approval of their complete deeming application by HRSA. Due to the time that elapses between application submission and the effective date of FTCA coverage, initial grantees are advised to maintain their own private malpractice insurance until they receive an official deeming determination from HRSA.

#### **VII. FTCA RENEWAL APPLICATION**

All currently deemed grantees must submit a FTCA renewal application for themselves and any subrecipients (as applicable) by **April 05, 2012** in order to be eligible to be deemed for the entirety of CY 2013, without a gap in coverage. Grantees who fail to submit a renewal application for redeeming by the deadline date must reapply for coverage as an initial applicant and, as a result, put the renewal decision date at risk for CY 2013 FTCA coverage. Eligible entities (grantees and grantees on behalf of subrecipients) that miss submitting a renewal application by the April 05, 2012 deadline may experience a gap in anticipated FTCA coverage and should strongly consider purchasing private medical malpractice insurance.

Grantees are responsible for ensuring that the information needed to complete their deeming application has been successfully submitted to HRSA through the EHB. If additional information or clarification is needed to support an application, HRSA will notify the grantee through the EHB. The grantee will be given **10 business days from the date of such EHB notification** to submit the requested information. It is critical 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, will have their application deemed incomplete, marked "VOID" in the EHB system, and returned. If a FTCA renewal application is voided, the grantee will be required to submit a new

FTCA renewal application for review and will have a limited time frame within which they will be permitted to submit a new FTCA renewal application. Once that time frame has passed, grantees will be required to reapply for coverage as an initial applicant. Grantees that do not submit complete applications in a timely manner may not receive deemed status (i.e., FTCA coverage) prior to January 1, 2013.

After a complete FTCA application has been received and reviewed, HRSA will notify the contact person(s) identified by the health center of the program's deeming determination through the EHB. Please note that grantees who do not submit a complete application may experience a gap in coverage and may wish to consider purchasing private medical malpractice insurance coverage.

### **VIII. COMPLETE FTCA APPLICATION PACKAGE: INITIAL AND RENEWAL APPLICANTS**

To be considered complete, an initial or renewal application must contain **all** of the following documentation within EHB (Please note that, in order to address privacy concerns for all pertinent parties, QI/QA committee minutes and board minutes must be redacted of all patient and staff identifiers as well as sensitive unrelated material, from all minutes that are submitted. HRSA also encourages applicants to consult with their private legal counsel to address any legal privileging concerns, including specific questions about redactions.):

1. Quality Improvement/Quality Assurance (QI/QA) Plan, with clear documentation that the Board reviewed and approved the plan within 3 years of the date of submission to HRSA (**e.g., on or after April 05, 2009 for a renewal application**). Specifically, the QI/QA plan must be approved, dated, and contain the appropriate signature(s) of the Board of Directors (such as the Secretary and/or other appropriate Board members). If the QI/QA plan has not been signed by the Board, then the health center may submit an unsigned plan and Board meeting minutes that are dated, with appropriate signature(s), and provide clear evidence that the plan was approved by the Board. If the Plan has not been approved by the Board within the last 3 years, the application will be returned to the grantee without further review until the plan is resubmitted with a Board signature/date indicating review/approval, or signed and dated board minutes that clearly evidence that the plan was approved by the Board.
2. Minutes from any six QI/QA committee meetings that took place between June 1, 2011 and the submission date of the application. The application must provide an explanation if less than six sets of minutes are provided.
3. Minutes from any six Board meetings evidencing oversight of QI/QA activities that took place between June 1, 2011 and the submission date of the application. The application must provide an explanation if less than six sets of minutes are

provided.

4. Credentialing and privileging policies and procedures. The health center's credentialing and privileging policies and procedures must include those elements outlined in PIN 2002-22. Similar to the QI/QA plan, there must be clear documentation that the Board has reviewed and approved these policies and procedures. Specifically, the credentialing and privileging policies and procedures must be approved, signed, and dated by the Board. If the plan does not have a physical signature, then submission of an unsigned set of credentialing and privileging policies and procedures as well as Board minutes that are dated and have a signature from the Board, are acceptable evidence of approval.
5. A list of all licensed and certified staff members at all health center sites including employed or contracted practitioners, volunteers and locum tenems, with evidence of credentialing and privileging within the last 2 years (e.g., all credentialing must have been documented to have taken place on or after April 05, 2010 for a renewal application). For the purposes of this application, documentation of a credentialing date within the last 2 years is required in accordance with PIN 2002-22. *If any listed individual's most recent credentialing did not occur within the last 2 years, the application will be returned to the grantee as described in Section VI: Initial FTCA Applications and Section VII: FTCA Renewal Applications.*

Due to EHB technical requirements, the credentialing list must be in an **Excel spreadsheet compatible with EHB** and include the following for all licensed and certified staff members (please see attachment 1 for an example):

- Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS, LPN, PA, MA, NP, etc.);
- Title/Position;
- Specialty;
- Employment Status (full-time employee, part-time employee, contractor, or volunteer);
- Hire Date;
- Current Credentialing Date (must be within past 2 years); and
- Next Expected Credentialing Date.

*The purpose of this credentialing and privileging documentation is to show that the grantee has reviewed and verified required credentialing information. Inclusion of practitioners on this listing does not infer the deeming (or absence of deeming) for any individual or practitioner, as this is based on satisfaction of statutory deeming criteria under 42 U.S.C. 233(h).*

6. Health center policies and procedures for the following:
  - Referral tracking

- Hospitalization tracking
  - Diagnostic tracking (Note that the application no longer requires separate clinical policies and procedures for x-ray and labs. However, if the application does not have separate clinical policies for these activities, then these activities should be covered by the diagnostic tracking policies and procedures.)
7. A statement verifying that any medical professional liability claims were internally analyzed, and that appropriate actions were implemented in response to any liability claims as needed. The statement should include the following for each claim filed within the last 5 years:
- Name of provider(s) involved
  - Area of practice/Specialty
  - Date of occurrence
  - Summary of allegations
  - Status and outcome of claim
8. Electronic signature of the **Executive Director** certifying the contents of the application. *If the FTCA application is not signed by the Executive Director, the application will be returned to the grantee as described in Section VI: Initial FTCA Applications and Section VII: FTCA Renewal Applications..*
9. Deeming Applications for any subrecipient(s) that appear on the health center's most recent Form 5B, who are requesting FTCA coverage. The subrecipient(s) deeming application is considered part of the deeming application of the grantee of record. 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 will be considered incomplete, and marked VOID in the EHB system. Please see Section VI: Initial FTCA Applications and Section VII: FTCA Renewal Applications for more information.*

Please note that deeming applications by eligible entities must be submitted in the form and manner prescribed by HRSA and must demonstrate that the entity seeking FTCA coverage has successfully implemented all deeming requirements set forth in law and further described in this PAL. Applications that do not meet the applicable requirements will not be approved, and affirmative deeming determinations will not be issued in those cases.

#### **IX. SITE VISITS**

HRSA may elect to conduct a site visit at any point during the application review process and/or as part of its oversight responsibilities relative to the FTCA program to ensure that risk management and QI/QA policies and procedures and credentialing have been appropriately implemented. Grantees will be notified prior to a HRSA sponsored site visit.

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

1. Submission of an initial FTCA deeming application;
2. Unresolved questions identified 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; and/or
4. History of repeated pertinent conditions placed by HRSA on the health center's 330 grant funding; and
5. History of claims.

Site visits are conducted to ensure that the requirements under the relevant statutory authority contained within 42 U.S.C. 233(h) have been implemented. Site visit reviewers will assess whether the grantee 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;
- 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; and
- Should a history of claims exist, validate that the grantee has fully cooperated with the Attorney General in defending against any such claims and either has taken, or will take, any necessary corrective steps to assure against such claims in the future.

#### **X. ADDITIONAL USEFUL RESOURCES: RISK MANAGEMENT RESOURCES**

Ongoing risk management is essential to the provision of quality health care services. HRSA is committed to ensuring that health centers have access to risk management resources. On the HRSA/FTCA website, <http://bphc.hrsa.gov/ftca/riskmanagement>, you will find useful risk management webinars, tool kits, and risk management related articles.

#### **XI. CONTACT INFORMATION**

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

FTCA/BPHC Help Line  
Phone: 1-877-974-BPHC (877-974-2742)

9:00 AM to 5:30 PM (ET)

Email: [BPHChelpline@hrsa.gov](mailto:BPHChelpline@hrsa.gov)

James Macrae  
Associate Administrator for Primary Care

**Attachment 1**

**Credentialing Excel Spreadsheet Example**

	A	B	C	D	E	F	G	H	I	J	K
1	First Name	Last Name	Title	Professional Designation	Specialty	Employee Status	Contractor	Date of Hire or Contract		Current Credentialing Date	Next Recredential Due
2	Great	Provider	Immunization Nurse	LVN	Nursing	FTE		8/26/2002		7/24/2008	7/1/2010
3	Wonderful	Staff	HIV Medical Case Mgr	LCSW	Social Work	FTE		10/25/1999		8/28/2008	8/1/2010
4	Skilled	Provider2	Relief Pharmacist	RPh	Pharmacy	PTE		10/24/2002		9/25/2008	9/1/2010
5	Toothy	Mender	Staff Dentist	DDS	General Dentistry	FTE		9/8/2008			9/1/2010
6	Bebe	Centered	Relief Pediatrician	MD	Pediatrics	PTE		11/15/2006		10/23/2008	10/1/2010
7	Great	Docford	Contract Physician	MD	Family Practice		X	9/1/2002		10/23/2008	10/1/2010
8	Friendly	Childress	Staff Pediatrician	DO	Pediatrics	FTE		11/27/2006		10/23/2008	10/1/2010
9	Smart	Gummer	Dental Director	DDS	General Dentistry	FTE		11/16/2004		12/9/2008	11/1/2010
10	Phyllis	Perscrip	Relief Pharmacist	RPh	Pharmacy	PTE		12/5/2008			11/1/2010
11	Caring	Papsmer	Contract OB/GYN	MD	OB/GYN		X	2/1/2003		1/8/2009	1/1/2011

**\* Note: Initial Credentialing Date has been removed from the list of required items.**

**Checklist of Required Attachments**

<b>ATTACHMENTS</b>	
<b>Please check the attachments included with this application</b>	
<input type="checkbox"/>	<b>Attachment A</b> – Policies and Procedures for tracking system
<input type="checkbox"/>	<b>Attachment B1</b> – Copy of Health Center’s Quality Improvement/Assurance Plan*
<input type="checkbox"/>	<b>Attachment B2</b> – Signed and Dated Minutes Demonstrating Board Approval of Quality Improvement/Assurance Plan
<input type="checkbox"/>	<b>Attachment C</b> – Six meeting minutes of QI/QA committee minutes that clearly document QI/QA activities (see PAL for specific dates)
<input type="checkbox"/>	<b>Attachment D</b> – Six meeting minutes of the Board that are related to QI/QA activities (see PAL for specific dates)
<input type="checkbox"/>	<b>Attachment E</b> – List of Licensed or Certified Health Care Practitioners
<input type="checkbox"/>	<b>Attachment F1</b> – Credentialing and Privileging policy*
<input type="checkbox"/>	<b>Attachment F2</b> – Signed and Dated Minutes Demonstrating Board Approval of Credentialing and Privileging policy
<input type="checkbox"/>	<b>Attachment G</b> – Review of Professional Liability History (as applicable)
<input type="checkbox"/>	<b>Attachment H</b> – Other Supporting Documentation
<input type="checkbox"/>	Subrecipient Application(s) and Supporting Documentation (as applicable)
<b>LEGEND</b>	
*	All the fields marked with * must be approved, dated, and signed by the Board (please see PAL for details)

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

<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>	
* EXECUTIVE DIRECTOR NAME: <i>(Must electronically sign and certify the FTCA application prior to submission)</i>	
* Email: * Direct Phone: Fax:	
* MEDICAL DIRECTOR NAME:	
* Email: * Direct Phone: Fax:	
* RISK MANAGER NAME: <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>	
* Email: * Direct Phone: Fax:	
* PRIMARY DEEMING CONTACT NAME: <i>(Individual responsible for completing application)</i>	
* Email: * Direct Phone: Fax:	
* ALTERNATE DEEMING CONTACT NAME: <i>(Individual responsible for assisting with the application)</i>	
* Email: * Direct Phone: Fax:	

<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

<b>REVIEW OF RISK MANAGEMENT SYSTEMS (Section 224(h)(1))</b> All the fields marked with * are required.
* 1. The organization conducts periodic assessments to identify, prevent, and monitor medical malpractice risk. [ ] YES [ ] NO - (If 'No', then please enter explanation below)
* 2. Identify policies/procedures implemented regarding the appropriate supervision of clinical and non-clinical staff. <b>(Please limit response to 4000 characters, approximately 1 page)</b>
* 3A. There are medical record policies and procedures that address the following: Privacy (HIPAA) – [ ] YES [ ] NO Completeness of documents – [ ] YES [ ] NO Archiving Procedures – [ ] YES [ ] NO Please enter explanation if at least one of the above is answered 'NO'
* 3B. Medical records are periodically reviewed to determine quality, completeness, and legibility. [ ] YES [ ] NO - (If 'No', then please enter explanation below)
* 4. There are policies/procedures that address the following: Triage – [ ] YES [ ] NO Walk-in Patients – [ ] YES [ ] NO Telephone Triage – [ ] YES [ ] NO No Show Appointments – [ ] YES [ ] NO Please enter explanation if at least one of the above is answered 'NO'
* 5. There are clinical protocols that define appropriate treatment and diagnostic procedures for selected medical conditions. [ ] YES [ ] NO - (If 'No', then please enter explanation below)
* 6. There is a tracking system for patients who require follow-up of referrals, hospitalization, diagnostics (i.e., x-ray, lab results) Referral tracking – [ ] YES [ ] NO Hospitalization tracking – [ ] YES [ ] NO Diagnostic tracking (x-ray, labs) – [ ] YES [ ] NO <b>If 'No', then please enter explanation below</b>
<b>ATTACHMENT A</b> – Please upload the health center's clinical policies and procedures for only the items listed in question 6.

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

QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) PLAN
All the fields marked with * are required
<b>* 1. Please upload the following:</b>
<p><b>a. ATTACHMENT B1</b> – Upload and attach the QI/QA Plan that has been reviewed and approved by the Board (within the past 3 years). The Board signature and approval date must also appear on the attached QI/QA Plan [unless submitting Board minutes as proof of approval (see attachment B2)].</p> <p><b>b. ATTACHMENT B2</b> – If submitting Board minutes as proof that the QI/QA plan was approved, please also upload minutes that have been signed, dated and clearly indicate that the Board approved the QI/QA plan. <i>The date on the plan or the minutes will be verified for consistency with the answer provided to Question 2.</i></p> <p><b>c. ATTACHMENT C</b> – Last six meeting minutes of QI/QA committee that clearly document QI/QA activities. <i>(If possible, please combine all the committee minutes into one document)</i></p> <p><b>d. ATTACHMENT D</b> – Last six meeting minutes of the Board that are related to QI/QA activities. <i>(Please remove information unrelated to the QI/QA activities) (If possible, please combine all the board minutes into one document)</i></p>
<b>* 2. Please select the date the QI/QA Plan was approved by the Board.</b>
Indicate date of last Board Approval: [ ]
<i>If the QI/QA Plan has not been reviewed and signed by the Board within the past 3 years, this application will be returned without further review.</i>
<b>* 3. QI/QA Process:</b> The process for improvement should be identified in the health center’s QI/QA plan and should identify time specific intervals for assessment and analysis of performance. The process should demonstrate that the QI/QA committee utilizes reliable methodologies to denote an effective process. The QI/QA committee should implement corrective strategies that facilitate improved performance and outcomes for patients. It also should support an environment that promotes quality of care and service through the education and training of health care providers.
A. What is the process utilized in assessing clinical quality and risk issues on a continuous basis? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
B. How do you identify potential problems and prevent adverse occurrences? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
C. What tools are used to systematically collect and analyze data? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
D. How do you identify and document a system or process breakdown? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]

<b>QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) PLAN</b>	
All the fields marked with * are required	
E.	How are strategies for improvement implemented, continually monitored, and measured? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
<p><b>* 4. QI/QA Committee:</b> The mission of the QI/QA committee should be to ensure the safety and quality of care and services provided to the health center's patients. The committee's goals are to ensure that the health center has developed an integrated process of continual assessment of the health center's needs. Collaborative engagement at all levels of providers at the health center will facilitate the best outcomes.</p> <p>Provide details of QI/QA committee structure:</p>	
A.	Describe the structure of the QI/QA committee <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
B.	How often does the Board receive reports from the QI/QA committee on QI/QA plan and progress? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
C.	What is the process for implementing policies and procedures, such as credentialing, risk management, clinical, and operational? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]
D.	How are recommendations from the QI/QA committee presented and approved by the Board? <b>(Please limit response to 4000 characters, approximately 1 page)</b> (Note pages where this appears in your QI/QA plan) [ ]

<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 CREDENTIALING SYSTEMS</b>	Application Tracking Number	Grant Number

<b>REVIEW OF CREDENTIALING SYSTEMS (Section 224(h)(2))</b> All the fields marked with * are required.
* 1. All current health care personnel involved in direct patient care must be credentialed within the last 2 years, including all of the following: <ul style="list-style-type: none"> <li>• <b>Licensed independent practitioners (e.g., physicians, nurse midwives, nurse practitioners)</b></li> <li>• <b>Licensed practitioners (e.g., RNs, LPNs)</b></li> <li>• <b>Certified practitioners/technicians (e.g., dental, lab, radiology)</b></li> </ul>
<b>ATTACHMENT E – Upload and attach the credentialing list. (List MUST be in an Excel spreadsheet)</b>  Be sure to include the following on the credentialing list: <ul style="list-style-type: none"> <li>○ Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS, etc.)</li> <li>○ Title/Position</li> <li>○ Specialty</li> <li>○ Employment Status (full-time employee /part-time employee/contractor/volunteer)</li> <li>○ Hire Date (or anticipated hire date)</li> <li>○ Current Credentialing Date (MUST BE WITHIN PAST 2 YEARS); and</li> <li>○ Next Expected Credentialing Date</li> </ul> <p><b>Note:</b> The application will be returned without further review if the personnel are not credentialed within the last 2 years.</p> <ul style="list-style-type: none"> <li>a. <b>ATTACHMENT F1 – Upload and attach the health center’s Credentialing and Privileging Policy. The Policy must be Board approved.</b> The Board signature and approval date must also appear on the attached credentialing and privileging policy [unless submitting Board minutes as proof of approval (see attachment F2)].</li> <li>b. <b>ATTACHMENT F2 –</b> If submitting Board minutes as proof that the credentialing and privileging policy was approved, please also upload minutes that have been signed, dated, and clearly indicate that the Board approved the Credentialing and Privileging policy.</li> </ul>
* 2. The health center’s credentialing verification procedures include all of the following: <ul style="list-style-type: none"> <li>• Current licensure, professional certification, and/or registration that is primary source verified</li> <li>• Professional educational background/postgraduate training                         <ul style="list-style-type: none"> <li>○ primary source verification for licensed independent practitioners</li> <li>○ secondary source verification for licensed and certified practitioners</li> </ul> </li> </ul>
<input type="checkbox"/> YES <input type="checkbox"/> NO - (If ‘No’, then please enter explanation below)
* 3. The health center has verified that each practitioner submitted evidence of the following for review: <ul style="list-style-type: none"> <li>• Health fitness/fitness to perform duties</li> <li>• Immunization status</li> <li>• Professional references</li> <li>• Life support training, as applicable</li> <li>• DEA registration, as applicable</li> </ul>
<input type="checkbox"/> YES <input type="checkbox"/> NO - (If ‘No’, then please enter explanation below)
* 4. A National Practitioner Data Bank (NPDB) query is obtained and evaluated every 2 years for each licensed practitioner as part of the health center’s credentialing process.

<b>REVIEW OF CREDENTIALING SYSTEMS (Section 224(h)(2))</b> All the fields marked with * are required.
<input type="checkbox"/> YES Indicate date of last query to the NPDB: <input type="checkbox"/>
<input type="checkbox"/> NO - (If 'No', then please enter explanation below)
* 5. A history of previous malpractice liability claims and adverse actions (including but not limited to FTCA claims) is reviewed for each practitioner and for the organization.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below)
* 6. The health center utilizes data from peer review and quality improvement/quality assurance activities to support its credentialing functions and these activities are overseen by the Board.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below)
* 7. As part of the health center's privileging process, practitioners are granted privileges by the health center, at least every 2 years, specific to the services being provided at each care delivery site.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below)
* 8. As part of the health center's privileging process, clinical privileges and medical staff membership at local hospitals and other admitting facilities are verified.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below)
* 9. The integration of quality improvement/quality assurance and risk management facilitates the identification of potential problems and prevention of adverse occurrences. Prevention diminishes the potential for process failures. The quality and risk management process promotes a safer environment and empowers employees to be efficient quality care providers
A. Describe the health center's peer review process. <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>
B. Who supervises this process and what are his or her responsibilities? <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>
C. How is feedback on peer review communicated and documented? <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>
D. How is patient confidentiality maintained during the medical record review process? <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>
E. After completing peer assessment and medical record review, how is the data integrated and shared with staff and the board? <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>
F. What methodology is used when developing strategies for improvement? <b>(Please limit response to 4000 characters, approximately 1 page)</b> <input type="checkbox"/>

<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 PROFESSIONAL LIABILITY HISTORY</b>	Application Tracking Number	Grant Number

<b>REVIEW OF PROFESSIONAL LIABILITY HISTORY (Section 224(h)(3))</b>
<p><b>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.</b></p> <p>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.</p>
<p><b>* 1. Have any professional liability claims or allegation been filed against the health center and/or its employees/contractors WITHIN THE LAST 5 YEARS?</b></p>
<p><input type="checkbox"/> YES</p> <p><b>IF YES, you must upload and attach within EHB, a list of the claims and whether such claims were internally analyzed and whether appropriate actions were implemented as needed.</b></p> <p><b>Attachment should also include:</b></p> <ol style="list-style-type: none"> <li>1) Name of provider(s) involved</li> <li>2) Area of practice/Specialty</li> <li>3) Date of occurrence</li> <li>4) Summary of allegations</li> <li>5) Status and outcome of claim</li> </ol> <p><b>ATTACHMENT G – Review of Professional Liability History</b></p>
<p><input type="checkbox"/> NO</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>ADDITIONAL INFORMATION</b>	Application Tracking Number	Grant Number

<b>ADDITIONAL INFORMATION</b>
<p>* 1. Has your health center achieved one or more of the following designations from a national review body by demonstrating the ability to meet nationally recognized standards, guidelines, and measures related to quality assurance and quality improvement in health care organizations?</p> <ul style="list-style-type: none"> <li>• Accreditation;</li> <li>• Certification; and/or</li> <li>• Recognition</li> </ul> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>If 'Yes', then please select all that apply:</b></p> <p><input type="checkbox"/> The Joint Commission (TJC) for Ambulatory Care  <input type="checkbox"/> Accreditation Association for Ambulatory Health Care (AAAHC)  <input type="checkbox"/> Adjunct Medical Home Chapter <i>(if applicable)</i>  <input type="checkbox"/> National Committee for Quality Assurance (NCQA) Patient Centered Medical Home  <b>(You must choose one of the sub options if the above option is checked)</b></p> <p><input type="checkbox"/> Recognition Level 1  <input type="checkbox"/> Recognition Level 2  <input type="checkbox"/> Recognition Level 3</p> <p><input type="checkbox"/> Other            If 'Other', please enter the names of those organizations:</p>
<b>Comments:</b>
<p>* 2. Has your health center's personnel participated in medical malpractice risk management training or related continuing education in the last 12 months?</p> <p><input type="checkbox"/> YES – <b>If 'Yes', please list all medical malpractice trainings and related continuing education.</b></p> <p><input type="checkbox"/> NO – <b>(If 'No', then please enter explanation)</b></p>
<p>* 3. Describe the health center's plan for continuing education and annual medical malpractice/risk management training for all health center staff for the upcoming year. <b>(Please limit to 4000 characters, approximately 1 page)</b></p> <p><input type="checkbox"/></p>

**CERTIFICATION AND SIGNATURES**

Completion of this section by a typed name will constitute signature on this application.

\* 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.

I understand that by printing my name I am signing this application.

*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.*