



Bureau of Primary Health Care (BPHC) Federal Tort Claims Act (FTCA)

Calendar Year 2011

User Guide

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1. Introduction

Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was initially established through the Federally Supported Health Centers Assistance Act (FSHCAA) of 1992. The eligible entities ("health centers") are organizations receiving funding under the Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers). Health centers are required to reapply each year for deeming and associated medical malpractice coverage.

As a part of continued efforts to streamline and automate data reporting processes, the Bureau of Primary Health Care (BPHC) has developed a FTCA deeming module within the HRSA Electronic Handbooks (EHBs). This module will fully support electronic web-based functionality for the deeming process including: grantee completion and submission of applications; BPHC review and processing of applications; and production of deeming status notifications to grantees.

The purpose of this document is to provide detailed assistance for completing and submitting deeming applications through the HRSA Electronic Handbooks (EHBs).

This document is not a substitute for the BPHC's Program Information Notices (PINs) and Program Assistance Letters (PALs) related to the Health Center FTCA Program.

2. Getting Started

2.1. What is FTCA and Who Must Apply?

Please refer to the BPHC's Program Information Notices (PINs) and Program Assistance Letters (PALs) related to the Health Center FTCA Program for information on FTCA purpose and requirements and for programmatic and data reporting questions. These can be found at <http://bphc.hrsa.gov/ftca/>.

FTCA coverage is an optional benefit available to organizations receiving funding under the Health Center Program. Health centers seeking coverage must apply. Health centers with subrecipient organizations seeking coverage must apply on behalf of their subrecipient organizations (see section 5 below).

2.2. When Will the Application be Available?

For health centers wishing to submit an initial deeming application, the application will be available in the EHB Starting June 11, 2010.

Currently deemed health centers may also begin filing renewal deeming applications on June 11, 2010.

2.3. What Are the Deadlines?

Health centers may submit an initial deeming application at any time during the year. HRSA will act upon a complete application submission within 30 days.

Currently deemed health centers must file renewal deeming applications no later than July 15, 2010 in order to be deemed for CY 2011.

3. Accessing the FTCA Application

3.1. EHB Roles and Privileges

In order to access, work on and submit FTCA applications, you must be a registered user within the EHBs, with appropriate roles and privileges. Every EHBs user has the organization-level role of “Authorizing Official” (AO), “Business Official” (BO) or “Other.” You request that role when you create your EHBs account. To work on submissions for a grant, you must also have the grant-level role of “Project Director” (PD) or “Other” for that grant. In the case of FTCA, you must have the “Project Director” or “Other” role for the Health Center grant and you must have one or more of the privileges in Table 1 below.

The FTCA Program link will only be available as a part of the H80 grant handbook.

By default, anyone who has the H80 grant in their portfolio will only have access to view the FTCA Program Link. However, the Project Director automatically has all privileges associated with the grant, including the privilege to view, edit and submit FTCA applications. S/he may grant these privileges (as well as others) to any user who requests them.

All users (including the PD) who need to work on the FTCA application should ensure that the Health Center Cluster grant has been added to their portfolio. Click the ‘View Portfolio’ link from the left side menu in the EHBs. If the grant is not listed, click the ‘Add to Portfolio’ link and follow the directions on screen. The PD will be given immediate access to the grant. Others will be given access and privileges when the PD approves their request.

The privileges you have determine what you can do. You may have any or all of the access, view, create, edit and submit privileges at the grant level. The following table summarizes the permissions associated with each privilege within the EHBs.

Table 1: Access Privileges

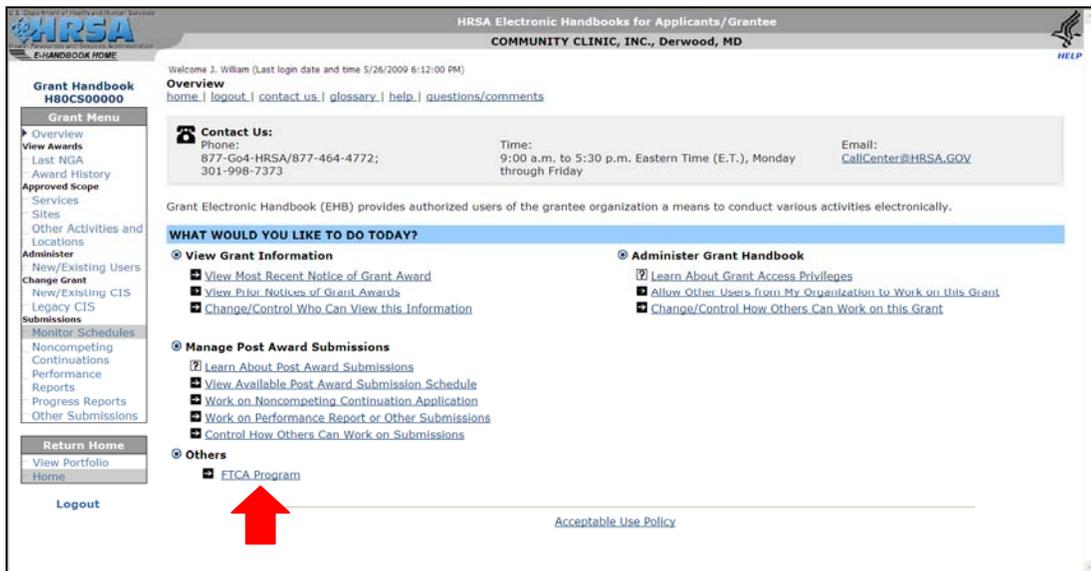
Privilege	Permissions
Access FTCA Handbook	✓ View the FTCA Homepage
View FTCA Application	<ul style="list-style-type: none"> ✓ Access the read-only version of the FTCA application ✓ Access the submitted read-only versions of the applications for all previous years
Create FTCA Application	✓ Create an FTCA application
Edit FTCA Application	✓ Enter and save the data in the electronic forms for all sections of the application
Submit FTCA Application	✓ Submit the application once the data has been entered

3.2. Navigating to Your FTCA Application

If you are already a registered user with the HRSA EHBs, you can follow these steps to get started:

1. Type the link to the EHBs, in the address bar of your browser:
<https://grants.hrsa.gov/webexternal/Login.asp>
2. Log into the EHBs.
3. On the side menu, under **Grants Portfolio**, click on the View Portfolio link.
4. In the **Grants List**, click on Open Grant Handbook for your health center cluster grant.
5. The Overview page opens. Under **Others**, click on the FTCA Program link.

Figure 1: FTCA Program Link on Overview Page

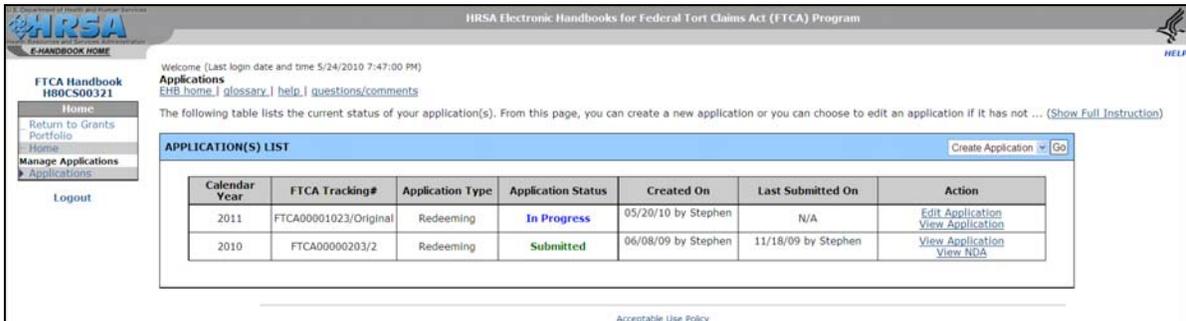


6. The Welcome page for the FTCA program opens. Under **View Applications**, click on the Work on My FTCA Application link.
7. The *Applications* page opens. See section 3.3 below.

3.3. The Applications Page: Creating an Application

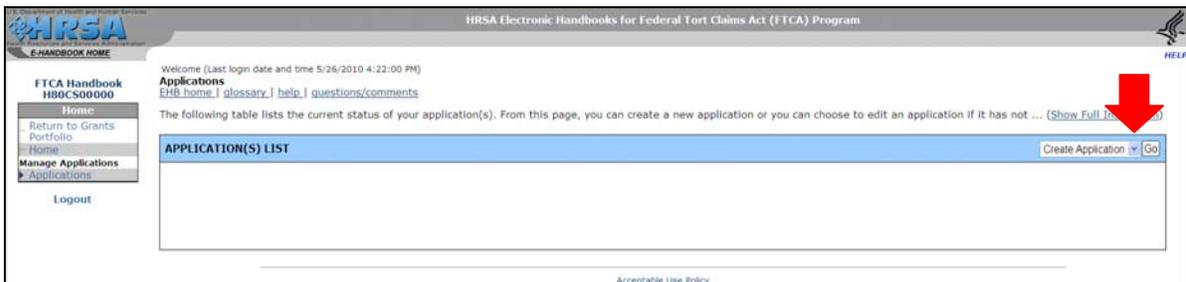
The *Applications* page (Figure 2) is the page from which you will create your application. The page displays the record for your current application, as well as those for any applications you submitted previously.

Figure 2: Applications Page Showing Application in Progress and Previously-Submitted Application



To create an application, click the **Go** button next to **Create Application** in the upper right corner of the **APPLICATION(S) LIST**.

Figure 3: Create Application and Go Button



- You will not be able to create more than one application.
- If you already have an application in progress (or one under review by HRSA), the system will display an error message and stop the process.

You need not complete an application in a single sitting .To return to an application in progress, click Edit Application in the **Action** column.

Figure 4: Click Edit Application to Return to an Application in Progress

The screenshot shows the HRSA Electronic Handbooks for Federal Tort Claims Act (FTCA) Program interface. The page title is "HRSA Electronic Handbooks for Federal Tort Claims Act (FTCA) Program". The user is logged in as "FTCA Handbook HB0CS00321". The page displays a table of applications with the following data:

Calendar Year	FTCA Tracking#	Application Type	Application Status	Created On	Last Submitted On	Action
2011	FTCA00001023/Original	Redeeming	In Progress	05/20/10 by Stephen	N/A	Edit Application View Application
2010	FTCA00000203/2	Redeeming	Submitted	06/08/09 by Stephen	11/18/09 by Stephen	View Application View N/A

A red arrow points to the "Edit Application" link in the "Action" column for the "In Progress" application.

3.4. Application Type

The *Application Type* page (Figure 5) is the first page that appears when you create an application. It shows, based on information available to BPHC, whether the Bureau considers your application to be an initial deeming or a redeeming. You will not be able to change this.

Figure 5: Application Type Page

The screenshot shows the HRSA Electronic Handbooks for Federal Tort Claims Act (FTCA) Program interface. The page title is "HRSA Electronic Handbooks for Federal Tort Claims Act (FTCA) Program" and the user is identified as "East Orange General Hospital, East Orange, New Jersey". The user is logged in as "HRSA EHB Mockups" with a last login date and time of 5/24/2010 7:31:50 PM. The page displays the "APPLICATION TYPE" section, which states: "The Application Type for this application is predetermined as follows. This information is based on the most recent information available in the FTCA System." Below this, there are two radio button options: "Initial Deeming" (unselected) and "Redeeming" (selected). A "Continue" button is located at the bottom right of the page. The left sidebar contains navigation links such as "Home", "Return to Grants Portfolio", "Manage Applications", "Applications", "Peer Access", and "Logout". The top right corner has a "HELP" link and a search box with a "Go" button. The bottom of the page includes a "Privacy Policy/Disclaimer" link.

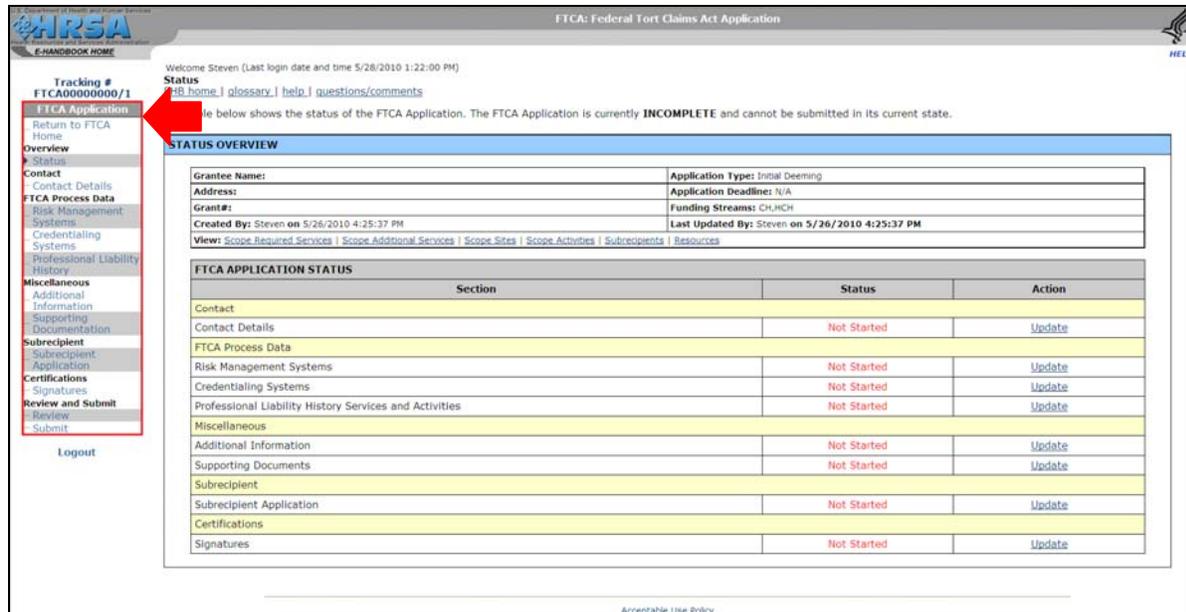
Click the **Continue** button to continue.

4. Application Forms

4.1. Navigation and Data Entry

Navigation within the FTCA application reflects the conventions used within the EHBs. It is designed to facilitate data entry by streamlining the flow of pages. All the pages in the application can be accessed through the side menu of the handbook (Figure 6).

Figure 6: FTCA Application Side Menu



There is a **Save** and **Save and Continue** button on each page of the application. Clicking on **Save** will save the data and keep the control on the current page. **Save and Continue** will save the data and navigate you to the next page in the application.

Figure 7: Save and Save and Continue Buttons



You can click the **Save** button at any time to save the data you have entered to this point on the current page. If data entry is incomplete, the system will display error messages. You may disregard them and continue data entry. The **Save and Continue** button has a similar function as the **Save** button, except that it will navigate you to the next page. The status of your page after clicking the **Save** button will be "In Progress."

When data entry for a page is complete, you should click the **Save** button to see if there are errors. If there are, you can address them immediately. If clicking the **Save and Continue** button produces no error messages, your page status will be updated to "Complete" and you may continue to the next page.

4.2. Status Page

The *Status* page (Figure 8) displays the completion status of each section of the FTCA application. This is the page that opens when you click the **Continue** button from the *Application Type* page (see Section 3.4 above).

The **FTCA APPLICATION STATUS** table on the *Status* page lists the forms included in the application. The completion status is displayed to the right. Click the Update link under **Action** to open the form for editing.

Figure 8: Status Page

The screenshot shows the HRSA FTCA Status Page. The main content area displays the following information:

Welcome Steven (Last login date and time 5/26/2010 1:22:00 PM)
Status
[EH&H home](#) | [help](#) | [questions/comments](#)

The table below shows the status of the FTCA Application. The FTCA Application is currently **INCOMPLETE** and cannot be submitted in its current state.

STATUS OVERVIEW			
Grantee Name:	Application Type: Initial Deeming		
Address:	Application Deadline: N/A		
Grant#:	Funding Streams: CH, HCH		
Created By: Steven on 5/26/2010 4:25:37 PM	Last Updated By: Steven on 5/26/2010 4:25:37 PM		
View: Scope Required Services Scope Additional Services Scope Sites Scope Activities Subrecipients Resources			

FTCA APPLICATION STATUS			
Section	Status	Action	
Contact			
Contact Details	Not Started	Update	
FTCA Process Data			
Risk Management Systems	Not Started	Update	
Credentialing Systems	Not Started	Update	
Professional Liability History Services and Activities	Not Started	Update	
Miscellaneous			
Additional Information	Not Started	Update	
Supporting Documents	Not Started	Update	
Subrecipient			
Subrecipient Application	Not Started	Update	
Certifications			
Signatures	Not Started	Update	

Completion statuses for forms are listed and explained in Table 2.

Table 2: Form Status

Status	Denotes
Not Started	The page has not been accessed. All the forms are initially in the “Not Started” status. Accessing the page moves the status to “In Progress.”
In Progress	The form will remain in this status until all the data has been entered and has been saved. The data will be saved as long as there are no critical errors.
Complete	Once you have entered all the data within the form and there are no errors, the form status will be changed to “Complete.”

Once a form has been marked “Complete,” making changes to the data which cause errors on the page will change the page status back to “In Progress.” A page never reverts to the “Not Started” status.

4.3. Contact Details Page

The *Contact Details* page asks for contact information for the Executive Director, Medical Director, Risk Manager, Primary and Alternate Deeming Contacts.

Access this page by clicking the Update link on the *Status* page or by choosing Contact Details from the left side menu.

You must enter information for each contact marked with an asterisk (*).

Information you enter on this page applies to, and is saved with, this application only.

Figure 9: Contact Details Page

The screenshot shows the HRSA FTCA: Federal Tort Claims Act Application interface. The left sidebar contains navigation links such as 'Tracking # FTCA00000000/1', 'FTCA Application', 'Overview', 'Contact', 'FTCA Process Data', 'Miscellaneous', 'Subrecipient', 'Certifications', and 'Review and Submit'. The main content area displays application details including 'Grantee Name', 'Address', 'Grant #', 'Created By', 'Application Type', 'Application Deadline', 'Funding Streams', and 'Last Updated By'. Below this is the 'CONTACT DETAILS' section, which is currently in 'In Progress' status. It contains several tables for adding contact information for various roles: Executive Director, Medical Director, Risk Manager, Primary Deeming Contact, and Alternate Deeming Contact. Each table has columns for Name, Phone, Fax, and Email, and an 'Add' button. A 'No contact to display.' message is shown in each table. At the bottom of the page, there are 'Go to Previous Page', 'Save', and 'Save and Continue' buttons.

For a given contact, click the **Add** button to open the *Contact Details* page with the **CHOOSE PERSON TO ADD** form displayed (Figure 10).

Figure 10: Contact Details Page with Choose Person to Add Form Displayed

Welcome Steven (Last login date and time 5/28/2010 3:26:00 PM)

Contact Details
[EHR home](#) | [glossary](#) | [help](#) | [questions/comments](#)

Enter the following information. Click the "Save and Continue" button to move onto the next section. Click "Save" to save the form at any time. To go back to the last page,... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

CONTACT DETAILS Status: In Progress

Grantee Name:	Application Type: Initial Deeming
Address:	Application Deadline: N/A
Grant#:	Funding Streams: CH,CH
Created By: Steven on 5/26/2010 4:25:37 PM	Last Updated By: Steven on 5/28/2010 5:18:36 PM

View: [Scope Required Services](#) | [Scope Additional Services](#) | [Scope Sites](#) | [Scope Activities](#) | [Subrecipients](#) | [Resources](#)

Select	Title	Salutation	First Name	Last Name	Middle Name	Phone	Fax	Email	Source
<input checked="" type="radio"/>	Chief Executive Officer		Steven	S	L		Not Available	reitester1@hotmail.com	Last Submitted Grant Application
<input type="radio"/>	Dental Director		Andrea	K			Not Available	reitester1@hotmail.com	Last Submitted Grant Application
<input type="radio"/>	Fiscal Officer		Carolyn	P	R		Not Available	reitester1@hotmail.com	Last Submitted Grant Application
<input type="radio"/>	Medical Director		Herbert	M	W		Not Available	reitester1@hotmail.com	Last Submitted Grant Application

Choose Selected Person as Executive Director

Cancel Add New Person as Executive Director

Choose a person from the list (the list is pre-populated with the names of individuals who are registered to the grant), and then click the **Add Selected Person** button, or click the **Add New Person** button. The *Contact Details* page opens with the **ADD CONTACT INFORMATION** form displayed (Figure 11).

Figure 11: Contact Details Page with Add Contact Information Form Displayed

Welcome Stephen (Last login date and time 5/25/2010 5:19:00 PM)

Contact Details
[EHR home](#) | [glossary](#) | [help](#) | [questions/comments](#)

Enter the following information. Click the "Save and Continue" button to move onto the next section. Click "Save" to save the form at any time. To go back to the last page,... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

CONTACT DETAILS Status: In Progress

Grantee Name:	Application Type: Redeeming
Address:	Application Deadline: 12/31/2010
Grant#:	Funding Streams: MR,CH
Created By: Stephen on 5/20/2010 12:43:19 PM	Last Updated By: Stephen on 5/25/2010 7:46:14 PM

View: [Scope Required Services](#) | [Scope Additional Services](#) | [Scope Sites](#) | [Scope Activities](#) | [Resources](#)

Fields marked with an asterisk (*) are required.

CONTACT INFORMATION

Title: Executive Director

Salutation: _____

*Last Name: _____

*First Name: _____

Middle Initial: _____

Contact Address

*Email Address: _____

*Phone Number: () - - Ext: _____

Fax Number: () - -

Cancel Save and Continue

Complete the form. Data entry is required in fields marked with an asterisk (*). Click the **Save and Continue** button when done. Repeat for all required contacts.

4.4. Risk Management Systems Page

The *Risk Management Systems* page (Figure 12) asks for information about risk management systems and your health center's Quality Improvement / Assurance Plan (QI/QA Plan).

You will be navigated to the *Risk Management Systems* page if you click the **Save and Continue** button at the bottom of the *Contact Details* page. You may also access the *Risk Management Systems* page by clicking the Update link on the *Status* page or by choosing Risk Management Systems from the left side menu.

Enter your responses to the questions. Responses are required where questions are marked with an asterisk (*). When instructed to provide an explanation, enter it in the space provided.

Figure 12: Risk Management Systems Page

The screenshot displays the HRSA FTCA application interface. At the top, it says "FTCA: Federal Tort Claims Act Application". The left sidebar contains a navigation menu with options like "Tracking # FTCA0000000/1", "FTCA Application", "Return to FTCA Home", "Overview", "Status", "Contact", "Contact Details", "FTCA Process Data", "Risk Management Systems", "Credentialing Systems", "Professional Liability History", "Miscellaneous", "Additional Information", "Supporting Documentation", "Subrecipient", "Subrecipient Applications", "Certifications", "Signatures", "Review and Submit", "Review", "Submit", and "Logout".

The main content area shows a welcome message for Steven, logged in at 5/28/2010 3:26:00 PM. Below this is the "Risk Management Systems" section, which is currently "In Progress". The form includes the following fields:

Grantee Name:	Application Type: Initial Deeming
Address:	Application Deadline: N/A
Grant#:	Funding Streams: CH,RCH
Created By:	Last Updated By:

Below the form, there is a note: "Note: Indicate Yes or NO to the following statements." The first question is: "*1. The organization conducts periodic assessments to identify, prevent and monitor medical malpractice risk." There are radio buttons for "Yes" and "No". A text area below the question is labeled "Please provide explanation only for 'No' response." and has a character limit of "Maximum 4000 characters (Approximately one page)".

Question 9 asks that you upload a copy of your health center's Quality Improvement/Assurance Plan (QI/QA Plan) (Figure 13). Click the **Attach** button to do this.

Enter the date on which your QI/QA Plan was approved by your Board in question 10.

Figure 13: Questions 9 and 10, Risk Management Systems Page

*9. There is a written Quality Improvement/Assurance Plan (QI/QA Plan) reviewed and approved by the governing board (within the past 3 years). If the QI/QA plan has not been signed by the Board within the past 3 years, this application will be returned to the health center.

Upload and Attach the approved QI/QA Plan as directed within EHB. The Board approval date must also appear on the attached QI/QA Plan and will be verified for consistency with the answer provided to the following question.

Note: To help ensure confidentiality, please **DO NOT** submit actual agendas or minutes.

Attachment A - Copy of Health Center's Quality Assurance/Improvement Plan					
Select	Purpose	Document Name	Size	Uploaded By	Description
No attached document exists.					
<input type="button" value="Attach"/>					

*10. Please select the date the QI/QA Plan was approved by the Board.

Board Approval Date: (mm/dd/yyyy)

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.
 (For example: for CY 2011 Renewal Applicants, this must be on or after July 15, 2007).

4.5. Credentialing Systems Page

The *Credentialing Systems* page asks about your health center's credentialing process.

You will be navigated to the *Credentialing Systems* page if you click the **Save and Continue** button at the bottom of the *Risk Management Systems* page. You may also access the *Credentialing Systems* page by clicking the Update link on the *Status* page or by choosing Credentialing Systems from the left side menu.

Question 1 asks that you upload a copy of your credentialing list. Click the **Attach** button to do this.

Enter your responses to the questions. Responses are required where questions are marked with an asterisk (*). When instructed to provide an explanation, enter it in the space provided.

Figure 14: Credentialing Systems Page

The screenshot displays the HRSA application interface for the 'CREDENTIALING SYSTEMS (Section 224(h)(2))' section. The page includes a left-hand navigation menu with options like 'Tracking #', 'FTCA Application', 'Overview', 'Contact', 'FTCA Process Data', 'Systems', 'Miscellaneous', 'Subrecipient', 'Certifications', and 'Review and Submit'. The main content area features a header with the HRSA logo and 'FTCA: Federal Tort Claims Act Application'. Below the header, there is a welcome message and a list of links (EHB home, glossary, help, questions/comments). The main form area is titled 'CREDENTIALING SYSTEMS (Section 224(h)(2))' and has a status of 'In Progress'. It contains several input fields: 'Grantee Name', 'Address', 'Grant#', 'Created By', 'Application Type', 'Application Deadline', 'Funding Streams', and 'Last Updated By'. A note below these fields states: 'Note: Indicate Yes or NO to the following statements. NO responses require explanation in the space provided.' The 'Credentialing Systems' section includes a list of requirements: 'All health care personnel involved in direct patient care are credentialed at least every two years, including all of the following: licensed independent practitioners (e.g., physicians, nurse midwives, nurse practitioners); licensed practitioners (e.g., RNs, LPNs); certified practitioners/technicians (e.g., dental, lab, radiology)'. Below this is an 'Upload and Attach the Credentialing List as directed within EHB.' section with a list of required information: Name and Professional Designation, Title/Position, Specialty, Employment Status, Hire Date, Initial Credentialing Date, Most Recent Credentialing Date, and Next Expected Credentialing Date. At the bottom, there is an 'Attachment B - List of Licensed or Certified Health Care Practitioners and Credentialing Information' table with columns for Select, Purpose, Document Name, Size, Uploaded By, and Description. The table currently shows 'No attached document exists.'

4.6. Professional Liability History Page

The *Professional Liability History* page (Figure 15) asks whether professional liability suits have been filed or settled against your health center and/or its employees/contractors over the last 5 years (for initial deeming) or since your last application (for redeeming).

You will be navigated to the *Professional Liability History* page if you click the **Save and Continue** button at the bottom of the *Credentialing Systems* page. You may also access the *Professional Liability History* page by clicking the Update link on the *Status* page or by choosing Professional Liability History from the left side menu.

Enter your response. If necessary, click the **Attach File** button to upload the document described in the on-screen instructions.

Figure 15: Professional Liability History Page

4.7. Additional Information Page

The *Additional Information* page (Figure 16) asks about (a) recognition, certification and accreditation and (b) risk management training and continuing education.

You will be navigated to the *Additional Information* page if you click the **Save and Continue** button at the bottom of the *Professional Liability History* page. You may also access the *Additional Information* page by clicking the Update link on the *Status* page or by choosing Additional Information from the left side menu.

Enter your responses. Responses are required where questions are marked with an asterisk (*). When instructed to provide an explanation, enter it in the space provided.

Figure 16: Additional Information Page

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

FTCA: Federal Tort Claims Act Application

Welcome Steven (Last login date and time 5/28/2010 3:26:00 PM)

Additional Information
 EHR home | glossary | help | questions/comments

Answer the following questions. Click the "Save and Continue" button to move onto the next section. Click "Save" to save the form at any time. To go back to the last page, ... (Show Full Instruction)

Fields marked with an asterisk (*) are required.

ADDITIONAL INFORMATION Status: In Progress

Grantee Name:	Application Type: Initial Deeming
Address:	Application Deadline: N/A
Grant#:	Funding Streams: CHJCH
Created By:	Last Updated By:
View: Scope Required Services Scope Additional Services Scope Sites Scope Activities Subrecipients Resources	

Additional Information

*1. Has your health center has achieved one or more of the following 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?

- recognition;
- certification; and/or
- accreditation

Yes
 No

If 'Yes', then please select all the applicable Names of the National Recognition/Certification Accrediting Body.

The Joint Commission (TJC) for Ambulatory Care
 Accreditation Association for Ambulatory Health Care (AAAHC) Ambulatory Care
 Adjunct Medical Home Chapter
 National Committee for Quality Assurance (NCQA) Medical Home

Recognition Level 1
 Recognition Level 2
 Recognition Level 3
 Not Applicable

Other
 If 'Other', please enter the names of those Organizations.
 (maximum 100 characters)

Other Comments:
 Maximum 4000 characters (Approximately one page)

Default Font | Size | Paragraph | [Rich Text Editor Icons]

*2. Has your health center's personnel participated in medical malpractice risk management training or related continuing education in the last 12 months?

Yes
 No

If 'Yes', please list out all medical malpractice trainings and related continuing education.
 If 'No', then please enter explanation.
 Maximum 4000 characters (Approximately one page)

Default Font | Size | Paragraph | [Rich Text Editor Icons]

Acceptable Use Policy

4.8. Supporting Documentation Page

The *Supporting Documentation* page (Figure 17) shows, on a single screen, all documents that you have uploaded to the application. It is also the section where you will upload the QI/QA plan (Attachment A) and one or more lists of licensed or certified health care practitioners and credentialing information (Attachment B).

You will be navigated to the *Supporting Documentation* page if you click the **Save and Continue** button at the bottom of the *Additional Information* page. You may also access the *Supporting Documentation* page by clicking the Update link on the *Status* page or by choosing Supporting Documentation from the left side menu.

Uploading one or more files at Attachment A and Attachment B is required. Click the **Attach File** button and follow the on-screen instructions. Any documents that are attached for Attachment A and Attachment B in the risk management and credentialing system pages respectively will be shown here in this section and vice versa.

Figure 17: Supporting Documentation Page

5. Subrecipient Application

Health centers that have identified one or more subrecipients on their most recent Form 5B will see this section and must complete it. Health centers that have no subrecipients will not see this section.

All health centers must be aware that their FTCA application must reflect their current approved scope. If, during the application submission process, changes are made to the scope information with respect to subrecipient data (if, for example, sub recipient organizations are added, updated or removed from the current approved scope), then these changes must be reflected on the FTCA application.

The *Subrecipient Subrecipient Application* page (Figure 18) lists the subrecipient organizations identified on your most recent Form 5B. Each subrecipient has a record on this page. You must account for each subrecipient as follows:

- For any subrecipient that is seeking FTCA coverage, you must submit, as part of the current application, a deeming application on their behalf.
- For any subrecipient that declines FTCA coverage, you may choose to provide a brief statement why (optional).

You will be navigated to the *Subrecipient Application* page if you click the **Save and Continue** button at the bottom of the *Supporting Documentation* page. You may also access the *Subrecipient Application* page by clicking the Update link on the *Status* page or by choosing *Subrecipient Application* from the left side menu.

Figure 18: Subrecipient Application Page

The screenshot displays the HRSA FTCA application interface. On the left is a navigation menu with options like 'Return to FTCA Home', 'Overview', 'Contact', 'FTCA Process Data', 'Miscellaneous', 'Subrecipient Application', 'Certifications', and 'Review and Submit'. The main content area is titled 'SUBRECIPIENT APPLICATION' and shows a status of 'Not Started'. It includes a table for downloading templates and a table for subrecipient organization information (SRO Info).

Template Name	Template Description	Action
FTCA Deeming and Redeeming Application	FTCA Deeming and Redeeming Application	Download

SRO Info	Applying for FTCA Coverage	Application Status	Action
CRSEIN :		Not Started	View Attachments Begin Subrecipient Application
CRSEIN :		Not Started	View Attachments Begin Subrecipient Application
CRSEIN :		Not Started	View Attachments Begin Subrecipient Application
CRSEIN :		Not Started	View Attachments Begin Subrecipient Application

To submit an initial deeming or renewal deeming application on behalf of a subrecipient, you will download an application template from the *Subrecipient Application* page and send it to the subrecipient. The template document is a version of the electronic deeming/redeeming application in Microsoft Word document format. The subrecipient will complete the application and return it to you, and then you will upload it here.

It is the health center's responsibility to communicate with subrecipient organizations and to ensure that they return completed FTCA applications in a timely manner.

To download the template document, go to the **DOWNLOAD TEMPLATE** block (Figure 19) and click the Download link. Save the document to your computer.

Figure 19: Download Template Block on Subrecipient Application Page

Download Template		
Template Name	Template Description	Action
FTCA Deeming and Redeeming Application	Template for FTCA Deeming and Redeeming Application	Download

For each subrecipient listed on the *Subrecipient Application* page, you must indicate whether they will seek FTCA coverage or not. To do this, click the [Begin Subrecipient Application](#) link under **Action** in the subrecipient’s record (Figure 20).

Figure 20: Subrecipient’s Record on the Subrecipient Application Page

SRO Info:		Status: Not Started	
CRSEIN :			
Applying for FTCA Coverage		Application Status	Not Started
View: View Attachments			
Action: Begin Subrecipient Application			

The *Subrecipient Application* page opens, displaying the **EDIT SUBRECIPIENT APPLICATION** form (Figure 21). Answer “Yes” or “No” to the question “Is the subrecipient applying for FTCA Coverage?” Optionally, if the answer is “No,” you can enter an explanation in the space provided. For example, if coverage is not requested as the time of your redeeming application, but may be desired at a later date, please state “Future Request.”

Figure 21: Edit Subrecipient Application Form

If the answer is “Yes,” enter the executive director name of the subrecipient and click the **Continue** button. The *Subrecipient Application* page opens with the **SUBRECIPIENT DOCUMENTATION** block displayed (Figure 22).

Figure 22: Subrecipient Application Page with Subrecipient Documentation Displayed

The screenshot displays the 'Subrecipient Application' page for FTCA. The page title is 'FTCA: Federal Tort Claims Act Application'. A user named Steven is logged in. The tracking number is FTCA0000000/1. The application status is 'Pending'. The page is titled 'SUBRECIPIENT DOCUMENTATION' and provides instructions on how to attach documents. It includes several sections for uploading attachments:

- SRO Info:** Applying for FTCA Coverage: Yes; Application Status: Pending; CRSEIN: (empty)
- Download Template:** A table with columns for Template Name, Template Description, and Action. One template is listed: 'FTCA Deeming and Redeeming Application' with a 'Download' action.
- *FTCA Application (Maximum one Attachment):** A table with columns for Select, Purpose, Document Name, Size, Uploaded By, and Description. It shows 'No attached document exists.' and an 'Attach' button.
- *Attachment A - Copy of Health Center's Quality Assurance/Improvement Plan (Minimum one Attachment and Maximum 5 Attachments):** Similar table structure, showing 'No attached document exists.' and an 'Attach' button.
- *Attachment B - List of Licensed or Certified Health Care Practitioners and Credentialing Information (Minimum one Attachment and Maximum 5 Attachments):** Similar table structure, showing 'No attached document exists.' and an 'Attach' button.
- Attachment C - Review of Professional Liability History (Maximum 1 Attachment):** Similar table structure, showing 'No attached document exists.' and an 'Attach' button.
- Attachment D - Other Supporting Documentation (Maximum 20 Attachments):** Similar table structure, showing 'No attached document exists.' and an 'Attach' button.

At the bottom of the page, there are 'Cancel' and 'Continue' buttons, and a link to the 'Acceptable Use Policy'.

Upload the subrecipient's completed application here. Also upload other documentation, as required for a complete application and available. Uploading the QI/QA plan and a list of licensed or certified health care practitioners and credentialing information (Attachment A and B) are required.

Repeat for every subrecipient listed on the *Subrecipient Application* page, and for whom FTCA coverage is being requested.

6. Signing the Application

The Executive Director, identified on the *Contact Details* page of the FTCA application (see section 4.3 above), must sign the application. This is done on the *Signatures* page (Figure 23). In the event where the application is not signed by the Executive Director the application will be returned to the grantee and requesting to update the signature page.

You will be navigated to the *Signatures* page if you click the **Save and Continue** button at the bottom of the *Subrecipient Application* page. You may also access the *Signatures* page by clicking the Update link on the *Status* page or by choosing *Signatures* from the left side menu.

Figure 23: Signatures Page

The screenshot shows the HRSA FTCA application interface. At the top, it says 'FTCA: Federal Tort Claims Act Application'. Below that, there's a welcome message for 'Steven' and a 'Signatures' section with links like 'EHR home', 'glossary', 'help', and 'questions/comments'. A main instruction reads: 'Please read the following statement carefully before certifying it. Click the "Save and Continue" button to move onto the next section. Click "Save" to save the form at any... (Show Full Instruction)'. Below this, it notes 'Fields marked with an asterisk (*) are required.' The 'SIGNATURES' section has a status of 'In Progress' and a table with fields: Grantee Name, Address, Grant#, Created By, Application Type (Initial Deeming), Application Deadline (N/A), Funding Streams (CHLHCH), and Last Updated By. There are also links for 'View' and 'Resources'. The 'Certification and Signatures' section contains a text area with a certification statement: '* I [] agree and certify that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, they are true, correct and complete. I understand that by printing my name above I am electronically 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.' At the bottom, there are buttons for 'Go to Previous Page', 'Save', and 'Save and Continue'.

Click the **Save and Continue** button to save the page and proceed to the *Review* page.

7. Reviewing and Submitting the Application

7.1. Review Page

The *Review* page (Figure 24) displays, in table format, all the sections in the FTCA application. It allows you to view or print any or all sections.

Subrecipient information is displayed on this page only if there are subrecipients. The page also displays, for each subrecipient, whether that subrecipient intends to seek or decline FTCA coverage.

You will be navigated to the *Review* page if you click the **Save and Continue** button at the bottom of the *Subrecipient Application* page. You may also access the *Review* page by choosing Review from the left side menu.

Figure 24: Review Page

Welcome Tanya (Last login date and time 6/1/2009 1:02:00 PM)

Review
[EHB home](#) | [glossary](#) | [questions/comments](#)

The following is the table of contents for the FTCA application. Click on "Print" button for a printable version of this page. For a printable version of all pages listed be... (Show Full Instruction)

Note: 'Print All HTML Forms' button will print all program specific HTML forms only.

Section	Type	Action
Contact		
Cover Sheet	HTML	View
Contact Details	HTML	View
FTCA Process Data		
Risk Management Systems	HTML	View
Credentialing Systems	HTML	View
Professional Liability History	HTML	View
Miscellaneous		
Additional Information	HTML	View
Attachment A - Copy of Health Center's Quality Assurance/Improvement Plan (Instructions.txt)	DOCUMENT	View
Attachment B - List of Licensed or Certified Health Care Practitioners and Credentialing Information (Instructions.txt)	DOCUMENT	View
Attachment C - Review of Professional Liability History	DOCUMENT	Not Available
Attachment D - Explanation of "No" Responses, as necessary	N/A	Not Available
Attachment E - Other Supporting Documentation	DOCUMENT	Not Available
Sub-Recipient: Lawton Community Health Center, Inc.		
Sub-Recipient Decision	HTML	View
Application (Sparsely_Populated.doc)	DOCUMENT	View
Attachment A - Copy of Health Center's Quality Assurance/Improvement Plan	DOCUMENT	Not Available
Attachment B - List of Licensed or Certified Health Care Practitioners and Credentialing Information (Sparsely_Populated.doc)	DOCUMENT	View
Attachment C - Review of Professional Liability History	DOCUMENT	Not Available
Attachment D - Explanation of "No" Responses, as necessary	N/A	Not Available
Attachment E - Other Supporting Documentation	DOCUMENT	Not Available
Sub-Recipient: Lawton Community Health Center, Inc.		
Sub-Recipient Decision	HTML	View
Application (Instructions.txt)	DOCUMENT	View
Attachment A - Copy of Health Center's Quality Assurance/Improvement Plan	DOCUMENT	Not Available
Attachment B - List of Licensed or Certified Health Care Practitioners and Credentialing Information (ProposedStaffProfile.doc)	DOCUMENT	View
Attachment C - Review of Professional Liability History	DOCUMENT	Not Available
Attachment D - Explanation of "No" Responses, as necessary	N/A	Not Available
Attachment E - Other Supporting Documentation	DOCUMENT	Not Available
Certifications		
Signatures	HTML	View

[Acceptable Use Policy](#)

Click the [View](#) link next to any section of the application to view that section. The item will open in HTML format, in a separate window. Click the **Print** button to print this page. Click the **Print All** button to print all HTML-format forms. To print a document not in HTML format, click the [View](#) link. The document will open in its native application (e.g. Microsoft Word). Print the document from the native application.

7.2. Submit Page

The *Submit* page (Figure 25) is the page from which you start the application submission process. It displays, in table format, the sections of the application and their completion status. All sections must be in "Complete" status before you can submit the application.

You will be navigated to the *Submit* page if you click the **Continue** button at the bottom of the *Review* page. You may also access the *Submit* page by choosing [Submit](#) from the left side menu.

Figure 25: Submit Page

Welcome System User to **HRSA EHB Mockups** (Last login date and time 5/8/2009 1:47:55 AM)

Submit
[home](#) | [contact us](#) | [questions/comments](#)

The table below shows the Status of the FTCA application.

Your FTCA application is complete and can be submitted in its current state.

STATUS OVERVIEW

Grantee Name: East Orange General Hospital	Application Type: Initial Deeming
Address: East Orange, New Jersey, 07885	Application Deadline: N/A
Grant #: HB0C500041	Funding Streams: CH, MLHCH and PHPC
Created By: Diana Brewer On 05/10/09	Last Updated By: Marvin Harrison On 06/12/09
Program Resources: PAL PIN Program Requirements User Guide Program Statutes How to Submit Sub-recipient Applications Frequently Asked Questions Read Me	
View: Form: SB (Sites) Form: SA (Services) Form: SC (Other Activities) Sub-recipients	

FTCA APPLICATION STATUS			
	Section	Status	Action
Contact			
	Contact Details	Complete	Update
FTCA Process Data			
	Risk Management Systems	Complete	Update
	Credentialing Systems	Complete	Update
	Professional Liability History	Complete	Update
Miscellaneous			
	Additional Information	Complete	Update
	Supporting Documentation	Complete	Update
Sub-Recipient			
	Sub-Recipient Application	Complete	Update

[Go to Previous Page](#) [Proceed to Submit](#)

[Privacy Policy](#) | [Disclaimer](#)

Click the **Proceed to Submit** button when you are ready to submit the application.

The **Proceed to Submit** button appears only if all sections are deemed "Complete." At all other times, the button will not be available. This prevents the user from submitting an incomplete application.

The **FTCA CERTIFICATION** form appears (Figure 26).

Figure 26: Submit Page with FTCA Certification Form Displayed

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HELP

Welcome System User to **HRSA EHB Mockups** (Last login date and time 5/8/2009 1:47:55 AM)

Submit
[home](#) | [contact us](#) | [questions/comments](#)

FTCA Application # FTCA0002

FTCA Application
 Return to FTCA Home
 Overview
 Status
 Contact
 Contact Details
 FTCA Process Data
 Risk Management Systems
 Credentialing Systems
 Professional Liability History
 Miscellaneous
 Additional Information
 Supporting Documentation
 Sub-Recipient
 Sub-Recipient Application
 Review
 Review
 Submit
 Submit

Note: This is a confirmation page! You MUST click on the appropriate button to complete your action.

You have chosen to submit this application to HRSA. Type "I Agree" in the text box to electronically sign the FTCA Application. Click on the "Submit Application" button below to submit the application. If you do not wish to submit the FTCA Application at this time, click on the "Cancel" button to return to the previous screen.

Fields marked with an asterisk (*) are required.

***FTCA CERTIFICATION**

I certify to the best of my knowledge and belief that this FTCA Application is true and correct.

[View Application](#)

[Logout](#) [Privacy Policy](#) | [Disclaimer](#)

Complete the form, and then click the **Submit Application** button. A confirmation message will appear (Figure 27).

Figure 27: Submission Confirmation Message

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

HELP

Welcome System User to **HRSA EHB Mockups** (Last login date and time 5/8/2009 1:47:55 AM)

HRSA Electronic Handbooks for Federal Tort Claims Act (FTCA) Program

[home](#) | [contact us](#) | [questions/comments](#)

FTCA Application was successfully submitted and received by HRSA.

The tracking number for your submission is listed below. Please keep record of the tracking number for future reference.

Your application will now be sent for review. During this process you may be contacted by the reviewer for additional questions related to your submission. All such questions will be directed to the contact person that you have specified in your application.

All FTCA Applications questions should be directed to the FTCA application line 1-866-FTCA-HELP (866-382-2435) or Email at Tritonap@optonline.net

All technical/system issues should be directed to HRSA help 1-877-464-4772 or Email at CallCenter@HRSA.GOV

Submitted on Date and Time	5/8/2009 2:31:51 AM
Tracking Number	000004

[Logout](#) [Privacy Policy](#) | [Disclaimer](#)

8. Help and Support

BPHC FTCA Website: <http://bphc.hrsa.gov/ftca/>

For information on the FTCA Program and the deeming application, call HRSA's FTCA HelpLine:

- 1-866-FTCA-HELP (1-866-382-2435)
 - 9:00AM to 8:00PM (ET)
- Or e-mail BHCMI Sys@hrsa.gov
- Or write to the following address:
Federal Torts Claims Act Program
Office of Quality and Data
Bureau of Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

For system questions related to the deeming application contact the BPHC Help Desk:

- Phone: 1-301-443-7356
- E-Mail: BHCMI Sys@hrsa.gov

For EHB technical support (e.g., registration, username and password), contact the HRSA Call Center:

- Phone: 1-877-464-4772 (Monday through Friday (except federal holidays) 9 AM to 5:30 PM (ET))
- E-Mail: CallCenter@hrsa.gov