HRSA EHB USER GUIDE

# FTCA User Guide for Grantees

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# 1. Introduction

Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was 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) for the CY 2010 deeming period (January 1 – December 31, 2010) and onwards. 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 module was made available to Health Center Program grantees in June 2009.

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

**Note:** 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 <u>http://bphc.hrsa.gov/ftca</u>.

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, <u>Section 5</u>, <u>Subrecipient Application</u>, below).

# 2.2. When Will the Application be Available?

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 the application availability. These can be found at <u>http://bphc.hrsa.gov/ftca</u>.

# 2.3. What Are the Deadlines?

Health centers may submit an initial deeming application at any time during the year. Currently deemed health centers submit redeeming applications at specific times of the year, at HRSA's direction. Application deadlines, where applicable, are displayed in the application header (Figure 1).

#### Figure 1: Application Header Showing Application Deadline

FTCA Application - Status Overv	view		
▼ FTCA	ad officiants . Mercell objects (Mr.		
Grant Number: H80	BHCMIS ID:	Application Type: Redeeming	
Calendar Year: 2017	Application Last Submitted by: N/A	Due Date:	

# 3. Accessing the FTCA Application

# 3.1. EHB Roles and Privileges

To access, work on, and submit FTCA applications, you must be a registered user within the EHBs, with appropriate roles and privileges. Every EHB user has the organization-level role of "Authorizing Official" (AO), "Business Official" (BO) or "Other." You request that role when you create your EHB 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 listed in Table 1.

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

Applicants or grantees who have 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. The Project Director 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 portfolios. Click the **Grants** tab from the EHBs home page. If the grant is not listed, click the <u>Add Grant to Portfolio</u> 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.

Privilege	Permissions
Access FTCA Handbook	View the FTCA Home page
View FTCA Application	<ul> <li>All permissions associated with the "Access" privilege, plus</li> <li>Access the read-only version of the FTCA application</li> </ul>
	Access the submitted read-only versions of the applications for all previous years
Create FTCA Application	<ul> <li>All permissions associated with the "View" privilege, plus</li> <li>Create an FTCA application</li> </ul>
Edit FTCA Application	<ul> <li>All permissions associated with the "Create" privilege, plus</li> <li>Enter and save the data in the electronic forms for all sections of the application</li> </ul>

#### Table 1: Access Privileges

Privilege	Permissions
Submit FTCA Application	<ul> <li>All permissions associated with the "Edit" privilege, plus</li> <li>Submit the application once the data has been entered</li> </ul>

# 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. Access the EHBs login page with the following URL: <u>https://grants.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx</u>
- 2. Log into the EHBs.
- 3. Click on the **Grants** tab on the EHBs home page. Click on the respective <u>Grant Folder</u> link to navigate to the **Grant Home** page.
- 4. In the **Grant Home** page, click on the <u>FTCA Program</u> link to navigate to the **FTCA Home** page. This link will be located under **Others**.

#### Figure 2: FTCA Program Link on Grant Home Page

	🧉 Grant Home			
r Functions 🔹	· MARGANERI (prisonali Music, Non	at Name . At		
turn to Grants List	Current Budget Period: 05/01/2015 - 04/30/2016 Budget Support Year: 4	Current Project Period: 05/01/2014 - 04/30/2017 Project Title: Health Center Cluster	CRS-EIN: Grant Period: 06/01/2012 - 04/30/2017	
t Overview	▼ Resources I			
Int Home				
ard History ers	Last NoA   HRSA Contacts   Awarded Funding Oppo	rtunities		
oved Scope	Grants			
es	Submissions	Requests	Users	
er Activities and ations	Work on Financial Report Work on Progress Report Performance Report Work on My NCC Report Work on Other Submissions	Applications     Existing Prior Approvals     Request New Prior Approval     Existing H80 Health Center CIS     Request New H80 Health Center CIS     Legacy H80 Health Center CIS	Approve Requests     Update Privileges     Authorize New	
	+ View More	+ View More		+ View More
	Others B FTCA Program + View More			
eptable Use Policy Ac	cessibility Viewers And Players Contact Us			Product: EHBs

5. To work on a new application, select <u>Create Application</u> under **Requests**. Another way to access applications is to select <u>Applications</u> from the left menu.

ALL ENTITIES «			
FTCA Folder -	▼ H80CS 11 1 :	Accel Section (B	
FTCA Home Deeming History	Budget Period: 5/1/2015 - 4/30/2016	Current Coverage Period: 5/1/2014 - 4/30/2017	Last Deeming Issue Date: 6/22/2015 5:36:10 PM
Manage Applications	FTCA		
Applications Other Functions Navigate To Grants Portfolio	Requests  Create Application Work on Existing Application	Program Resources	

6. The Applications page opens. This page is described in Section 3.3.

# 3.3. The Applications Page

From the Applications page, you may work on or view an application you created previously.

Figure 4: Applications Page

FTCA Folder +									
FTCA Overview	•	H80CS :	CONCERNMENT OF BELLEVILLE OF	Section 1981					
FTCA Home Deeming History	E	Budget Period: 5/1/20	15 - 4/30/2016	Current Coverage	Period: 5/1/2014 - 4/30/2017	Last Deem	ing Issue Date: 6/	22/2015 5:36:10	0 PM
Manage Applications						m D	etailed View   , 🔒 S	earch 🛄 Sa	ved Searches
Applications									
Other Functions *	н	4 1 × H	Page size: 15 👻 Go					4	items in 1 page
Navigate To Grants Portfolio		Calendar Year	Application Tracking Number	Version	Application Type	Application Deadline	Status		Options
Grants Portiono		All 🔻 🍸	Y	All 🔻 🖌	All 👻 🝸		All	• 7	
		2017	FTCA	1	Redeeming	5/29/2016	In Progress		🔗 Edit 💌
		2016	FTCA	210	Redeeming	5/26/2015	Submitted		Application
		2015	FTCA	2	Redeeming	6/16/2014	Submitted		Application
	•	2013	FTCA	2	Initial Deeming	1/31/2014	Submitted		Application

- To create a new application, click the <u>Create Application</u> link on the **FTCA Home Page**. You need not complete the application in a single sitting. To work on an existing application, click the <u>Work</u> <u>on Existing Application</u> link. The system will navigate to the **Applications** page.
- 2. To edit an application you have started, click the respective Edit link.
- 3. To view a read-only application of an application you have submitted, click the respective <u>Application</u> link.

#### 3.3.1. Why Won't the System Let Me Create an Application?

Note: Under certain circumstances, the system will not allow you to create an application. Specifically:

• If you have already created an application, the system will not allow you to create another one. This applies when your application is in progress as well as when it has been submitted and is under review.

- If you are a currently-deemed health center, the system will not allow you to create a redeeming
  application outside of the redeeming cycle, the portion of the year during which HRSA is prepared
  to accept your application.
- If the project period for your grant is not current, the system will not allow you to create an application. The system also checks your project period when you submit your application, and will not allow you to submit if your project period is not current.

If any of the above circumstances apply, the system will display an error message when you attempt to create an application (Figure 5).

# Figure 5: Error Message for Creation of New Application if Application Already Exists

Error: Application already exists.		
▼ H80CS : ,	Trinsie Theorem, the	
Budget Period: 5/1/2015 - 4/30/2016	Current Coverage Period: 5/1/2014 - 4/30/2017	Last Deeming Issue Date:
Application Type		
The Application Type for this application is predetermi	ned as follows. This is based on the most recent information available i	n the FTCA System.
Initial Deeming		
Redeeming		

#### 3.3.2. Why Is the Status of My Application "Void"?

There are several sets of circumstances that could make the status of your application void. These are:

- Application requirements are subject to change at any time. If it is necessary that HRSA change the requirements for deeming or redeeming, this will affect any application you have in progress.
- HRSA will advise you, via email, of the date by which you must submit your application. This date also appears in your application header. If you do not submit your application by this date, you will not be able to submit it at all. The status of the application will move to "Void."
- Initial deeming applications not submitted by December 31 of the year in which they are created become void. This applies to initial submissions and any change requests.

Note: Should your application become void for any reason, you will have to create a new one.

# 3.4. Application Type

The **FTCA Application - Create** page (Figure 6) is the first page you see when you create an application. This page shows, based on information available to BPHC, whether the bureau considers your application to be an initial deeming or a redeeming application.

# Figure 6: Select Application Type Page

FTCA Application - Create		
▼ H80CS02446 : ALEXANDRIA NEIGHBOR	HOOD HEALTH SERVICES, INC. , Alexandria, VA	
Budget Period: 1/1/2016 - 12/31/2016	Current Coverage Period: 11/1/2011 - 12/31/2016	Last Deeming Issue Date: 7/14/2015 6:34:01 PM
Application Type		
The Application Type for this application is predetermin	ned as follows. This is based on the most recent information available i	n the FTCA System.
Initial Deeming		
Redeeming		
Cancel		Continue

- 1. Click the **Continue** button to continue. The system will navigate to the **Status** Overview page of the FTCA application. A success message is displayed, showing that you have successfully created your application (Figure 7).
- 2. Take note of the **FTCA Tracking Number**. Use it in any correspondence related to this application.

#### Figure 7: FTCA Application Status Overview

FTCA Application has been created. Please note the FTC	CA Application Tracking Number below, and use	it for all the future correspondence related to this application	L
FTCA Original :	Balleriesen in: Winner W.		
Resources C			
FTCA Application Status			
		OMB Nu	mber: OMB Expiration Date: 9/30/201
Print All Forms			
Section	Туре	Status	Options
Grantee:			
Contact Details	HTML	💸 Not Started	Update 🔫
Risk Management Systems	HTML	💸 Not Started	Update 🔫
Quality Improvement/Quality Assurance Plan	HTML	💸 Not Started	Update 👻
Credentialing Systems	HTML	💸 Not Started	Update 💌
Professional Liability History	HTML	💥 Not Started	Update 🔫
Additional Information	HTML	Not Started	Update 👻
	HTML	💸 Not Started	Update 👻
Supporting Documentation			

# 4. Application Forms

# 4.1. Status Overview Page

The **Status Overview** page (Figure 8: Status Overview Page) displays the completion status of each section of the FTCA application.

The **FTCA Application Status** table on the page lists the sections included in the application. The completion status is displayed under the **Status** column. Click the Update link under the **Option** column to open the form for editing. You can also open a section by choosing it from the left menu.

ENTITIES 🥨	FTCA Application - Status Overview								
rview *	FTCA /Original :	ere - teach - success - story . Million							
atus		the same second in , where							
ntee Application	▼ Resources Ľ								
dia densi serme		View							
Contact Details	FTCA Application   Form 5A Required and Additional Services   Form 5B (Sites)   Form 5C Other Activities   HRSA Contacts   FTCA Website   FTCA PAL   FTCA Resources   Grantee User Guide   Risk Management and Quality Improvement   ECRI Risk Management Resources								
Risk Management items	FTCA Application Status								
Quality provement/Quality surance Plan	🖴 Print All Forms		OMB Number:	OMB Expiration Date: 9/30/20					
Credentialing Systems	Section	Туре	Status	Options					
Professional Liability	Grantee:								
story Additional Information	Contact Details	HTML	X Not Started	Update 🔻					
Supporting	Risk Management Systems	HTML	💸 Not Started	Update 👻					
ocumentation	Quality Improvement/Quality Assurance Plan	HTML	💸 Not Started	Update 🖛					
Signatures	Credentialing Systems	HTML	💸 Not Started	Update 💌					
iew and Submit 🔶	Professional Liability History	HTML	💸 Not Started	Update 🔻					
eview and Submit	Additional Information	HTML	💸 Not Started	Update 🔫					
er Functions	Supporting Documentation	HTML	💸 Not Started	Update 💌					
turn to FTCA	Signatures	HTML	💸 Not Started	Update 👻					
plications List									

Figure 8: Status Overview Page

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.
In Progress	Once you have entered data within the form and have saved the form, the form status changes to "In Progress". The status will remain "In Progress" as long as there are any errors or fields that have not been completed.
Complete	Once you have entered all the data within the form and there are no errors, the form status will be changed to "Complete." 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.

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.

#### 4.2. 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 left navigation panel of the handbook (Figure 9).

verview *	FTCA Application - Status Overview							
220920	FTCA /Original :	mer berik werter in Manuface Mi						
Status	▼ Resources ピ							
rantee Application *	View							
X Contact Details	FTCA Application   Form 5A Required and Additional	Services   Form 5B (Sites)   Form 5C Other Activities y Improvement   ECRI Risk Management Resources	HRSA Contacts FTCA Website	FTCA PAL   FTCA Resources				
Risk Management Ristems	FTCA Application Status							
X Quality	P		OMB Number:	OMB Expiration Date: 9/30/2018				
Improvement/Quality Assurance Plan	Arint All Forms							
K Credentialing Systems	Section	Туре	Status	Options				
Professional Liability	Grantee:							
History	Contact Details	HTML	X Not Started	Update 🔫				
X Supporting	Risk Management Systems	HTML	💸 Not Started	Update 🔫				
Documentation	Quality Improvement/Quality Assurance Plan	HTML	💸 Not Started	Update 🔫				
🔆 Signatures	Credentialing Systems	HTML	X Not Started	Update 👻				
view and Submit 🔹	Professional Liability History	HTML	X Not Started	Update 👻				
Review and Submit	Additional Information	HTML	💸 Not Started	Update 👻				
her Functions	Supporting Documentation	HTML	X Not Started	Update 👻				
	Signatures	HTML	X Not Started	Update 🔫				
Return to FTCA Applications List								
	Return to FTCA Applications List							
	E CONTRACTOR OF							

#### Figure 9: FTCA Application Left Navigation Panel

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

#### Figure 10: Save and Save and Continue Buttons

Go to Previous Page	Save Save and Continue
---------------------	------------------------

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.

Page-level actions are also available on the bottom toolbar. The bottom toolbar provides access to the **Save** and **Save and Continue** buttons, as well as any other page-level navigation links on the page or left navigation panel.

# 4.3. Contact Details Page

The **Contact Details** page (Figure 11) asks for contact information for the Executive Director, Governing Board Chairperson, Medical Director, Risk Manager, Primary and Alternate Deeming Contacts, and Credentialing Contact.

- 1. Access this page by clicking the Update link on the **Status Overview** page or by choosing Contact Details from the left navigation panel.
- 2. You must enter information for each contact marked with an asterisk (\*).

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

You are here: Home » Tasks	» Browse » FTCA [ ] » FTCA					1	*			
ALL ENTITIES 🤐	FTCA Application -	Contact Details								
Overview •	FTCA /Original :									
Status	▼ Resources D									
Grantee Application										
a second lines of the second	View									
Contact Details			Services   Form 5B (Sites)   For Improvement   ECRI Risk Mana		Contacts   FTCA Website   FTC/	A PAL   FTCA Resources				
Risk Management Systems	Fields with * are required									
X Quality Improvement/Quality Assurance Plan	Contact Details						I,			
Credentialing Systems	Executive Director (Must electronically sign and certify the FTCA application prior to submission)									
Professional Liability History	Salutation		•	* Email Address	the second second	(Ex. abe@ayz.com)				
Additional Information	* First Name	Alisa		Phone Number		Ext 252 (Ex.				
Supporting Documentation					55555555555					
Signatures	Middle Name	м		Fax Number	100 Million Providence	(Ex. 555555555)				
eview and Submit	* Last Name	1000								
	Governing Board Chairpe	rson								
Review and Submit	Salutation		· · ·	Email Address	Intelligence of	(Ex. abc@ayz.com)				
ther Functions *					6103574656	Ext (Ex.				
Return to FTCA Applications List	First Name	Paul		Phone Number	555555555	and the				
- Abusenene mor	Middle Name			Fax Number		(Ex. 5555555555)				
	* Last Name									

Figure 11: Contact Details Page

# 4.4. Risk Management Systems Page

The **Risk Management Systems** page (Figure 12) asks for information about risk management systems.

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 respective Update link on the **Status Overview** page or by choosing Risk Management Systems from the left navigation panel.

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

#### Figure 12: Risk Management Systems Page

You are here: Home » Tasks >	Browse » FTCA [ ] » FTCA		*
ALL ENTITIES «	FTCA Application - Risl	k Management Systems	
Overview *	FTCA /Original : L	a Comunidad Hispana , Kennett Square, PA	
Status	▼ Resources 🗳		
Grantee Application +	View		
Contact Details		equired and Additional Services   Form 58 (Sites)   Form 5C Other Activities   HRSA Contacts   FTCA Website   FTCA PAL   FTCA Resources anagement and Quality Improvement   ECRI Risk Management Resources	
Risk Management Systems	Fields with * are required		
Quality Improvement/Quality	Risk Management Systems		
Assurance Plan	* 1. The health center conducts of	documented periodic assessments to identify, prevent and monitor medical malpractice risk.	
<ul> <li>Credentialing Systems</li> <li>Professional Liability</li> <li>History</li> </ul>	Yes No (If 'No', then please enter explanation	(below)	
Additional Information	Approximately 2 pages 🕕 (Max 4000	) Characters without spaces): 4000 Characters left.	
Supporting Documentation			
💸 Signatures			
Review and Submit *			-4
Review and Submit		tten policies/procedures that are implemented related to how PAs, NPs and support staff such as RNs, LPNs, and MAs are supervised. This hether there are supervisory agreements for PAs and collaborative agreements for NPs.	
Other Functions *	Approximately 2 pages (1) (Max 4000	) Characters without spaces): 4000 Characters left.	
Return to FTCA Applications List			
	* 3A. The health center has imple	emented written medical record policies and procedures that address the following:	Ĩ.
	Privacy (HIPAA)	Yes Vo No	
	Completeness of Documents	🕲 Yes 🧔 No	
	Archiving Procedures	🕲 Yes 💿 No	

#### 4.5. Quality Improvement/Quality Assurance Plan Page

On the **Quality Improvement/Quality Assurance Plan** page (Figure 13), you are asked to upload documents and answer questions concerning your health center's Quality Improvement/Quality Assurance Plan.

You will be navigated to the **Quality Improvement/Quality Assurance Plan** page if you click the **Save** and **Continue** button at the bottom of the **Risk Management Systems** page. You may also access the **Quality Improvement/Quality Assurance Plan** page by clicking the Update link on the **Status** page or by choosing Quality Improvement/Quality Assurance Plan from the left navigation panel.

Upload documents and enter your responses to the questions. Responses are required where questions are marked with an asterisk (\*).

L ENTITIES «	FTCA Application - Quality Improvement/Quality Assurance Plan								
verview *	FTCA /Original :								
Status	FICA Jonginar.			al and a second s					
rantee Application	▼ Resources Ľ								
	View								
<ul> <li>Contact Details</li> <li>Risk Management</li> </ul>				rvices   Form 5B (Sites)   Form 5C Other Activities   HRSA Contact nprovement   ECRI Risk Management Resources	s   FTCA Website   FTCA PAL   FTCA Resources				
Vystems Quality	Fields with * are required								
mprovement/Quality	Quality Improvement/Quality Assurance Plan								
Assurance Plan	1. Please upload the following	1. Please upload the following							
Credentialing Systems Professional Liability	* a. Attachment B1 – Upload and attach the QUQA 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 QUQA Plan (unless submitting Board minutes as proof of approval (see Attachment B2)).								
		Attachment B1 - Copy of Health Center's QI/QA Plan (Maximum 6) (Minimum 1)							
			QA Plan (Max	kimum 6) (Minimum 1)	Attach File				
Additional Information			QA Plan (Max Date Attached	kimum 6) (Minimum 1) Description	Attach File Options				
Additional Information Supporting	Attachment B1 - Copy of Health Document Name	Size	Date Attached		Options				
History Additional Information Supporting Documentation Signatures eview and Submit	Attachment B1 - Copy of Health	n Center's Qli Size	Date						
Additional Information     Supporting     Documentation     Signatures     view and Submit     Review and Submit	Attachment B1 - Copy of Healt Document Name xisx b. Attachment B2 – If submitting Bi	Size 11.52 KB	Date Attached 04/05/2016 as proof that th		Options				
Additional Information     Supporting     Documentation     Signatures	Attachment B1 - Copy of Health Document Name xisx b. Attachment B2 - If submitting B the QI/QA plan. The date on the pl	Size 11.52 KB bard minutes i	Date Attached 04/05/2016 as proof that th utes will be veri	Description	Options				
Additional Information Supporting tocumentation Signatures view and Submit	Attachment B1 - Copy of Health Document Name xisx b. Attachment B2 - If submitting B the QI/QA plan. The date on the pl	Size 11.52 KB bard minutes i	Date Attached 04/05/2016 as proof that th utes will be veri	Description the OI/QA plan was approved, please also upload minutes that have been rified for consistency with the answer provided to Question 2	Options				

#### Figure 13: Quality Improvement/Quality Assurance Plan Page

# 4.6. 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 **Quality Improvement/Quality Assurance Plan** 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 navigation panel.

- 1. Upload documents and enter your responses to the questions. Responses are required where questions are marked with an asterisk (\*).
- 2. When instructed to provide an explanation, enter it in the space provided.

#### Figure 14: Credentialing Systems Page

You are here: Home > Tasks	» Browse » FTCA [ ] »	100 ( )				*
ALL ENTITIES	FTCA Application - Cr	edentiali	ng Syster	ns		
Overview +	FTCA /Original :			a second leaves into		
Status	-		24	an, dan sa Angala, da		
Grantee Application +	Resources					
A CONTRACTOR OFFICE	View					
<ul> <li>Contact Details</li> <li>Risk Management</li> </ul>				rvices   Form 5B (Sites)   Form 5C Other Activities   HRSA Contacts   FTC nprovement   ECRI Risk Management Resources	X Website   FTCA PAL   FTCA Resources	
Systems	Fields with * are required					
Improvement/Quality	Credentialing Systems (Section	224(h)(2))				
Assurance Plan Credentialing	- A STATE OF ASTATE OF A STATE		ed in direct p	patient care must be credentialed within the last two years in accordance with	th the requirements outlined in PIN 2001-16 an	bi
Systems	PIN 2002-22, including all of the	following:				
Professional Liability History	Licensed practitioners (e	.g., RNs, LPN	Ns)	ns, nurse midwives, nurse practitioners)		
X Additional Information				, radiology, MA(where applicable) care personnel (e.g., MAs, DAs) to be licensed or certified, please include th	ese individuals on the credentialing list and	
Supporting Documentation	indicate that state law do	es not requir	re that they be	e certified.		
💸 Signatures	Upload and attach the credential			an Excel spreadsheet).		
Review and Submit 🔷	Be sure to include the following on	the credential	ing list:			
Review and Submit	Name and Professional Des     Title/Position	signation (e.g.	, MD/DO, RN,	CNM, DDS, etc.)		
Other Functions	<ul> <li>Specialty</li> <li>Employment Status (full-tim)</li> </ul>	e employee /r	nart-time empl	ovee/contractor/volunteer)		
Return to FTCA	Hire Date (or anticipated Hire	2 - 1 - 1 - C - C - C - C - C - C - C - C	rait arresting.	a fearmann ann ann ann ann ann ann ann ann ann		
Applications List	Current Credentialing Date     Next Expected Credentialing		ITHIN PAST 2	YEARS); and		
	Note: The application will be return	ed without fur	ther review if t	the personnel are not credentialed within the last two years.		
	Attachment F - List of licensed	or certified h	ealth care pro	actitioners and credentialing information (Maximum 5) (Minimum 1)	Attach File	6
	Document Name	Size	Date Attached	Description	Options	
	xisx	11.52 KB	04/05/2016		🚱 Update Description 👻	

# 4.7. 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 five years.

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 Overview** page or by choosing Professional Liability History from the left navigation panel.

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

#### Figure 15: Professional Liability History Page



# 4.8. Additional Information Page

The Additional Information page (Figure 16) asks about

- Accreditation, certification and recognition
- Medical malpractice risk management training
- 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 Overview** page or by choosing Additional Information from the left navigational panel.

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

#### Figure 16: Additional Information Page

You are here: Home » Tasks	» Browse » FTCA [ ] » FTCA	*
ALL ENTITIES	3 FTCA Application - Additional Information	
Overview *	FTCA VOriginal :	
Status Grantee Application Contact Details Con	Resources IS     View     FTCA Application   Form 5A Required and Additional Services   Form 5B (Sites)   Form 5C Other Activities   HRSA Contacts   FTCA Website   FTCA PAL   FTCA Resources     Grantee User Guide   Risk Management and Quality Improvement   ECRI Risk Management Resources    Fields with * are required  Additional Information  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?      Accreditation;	
Additional Information	Certification; and/or     Recognition	
Supporting Documentation Signatures	Yes No If Yes', select all that apply: The Joint Commission (TJC) for Ambulatory Care	
Review and Submit •	Commission (LCC) for Amoulatory Care CAAHC) Care (AAAHC)	
Review and Submit	Adjunct Medical Home Chapter (If Applicable)	
Other Functions	Rational Committee for Quality Assurance (NCQA) Patient Centered Medical Home	
Return to FTCA Applications List	(You must choose one of the sub options if the above option is checked)  Recognition Level 1	
	Recognition Level 2	

#### 4.9. Supporting Documentation Page

The **Supporting Documentation** page (Figure 17) shows, on a single screen, all documents that you have uploaded to the application.

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 Overview** page or by choosing Supporting Documentation from the left navigation panel.

You may also upload any additional supporting documents on this page.

You are here: Home » Tasks	» Browse » FTCA [ ] » FTCA	-					*	
ALL ENTITIES 《	FTCA Application - Se	upporting D	ocument	ation				
Overview *	FTCA /Original			discussion interests with				
Status Grantee Application +	Status Tresources C							
<ul> <li>Contact Details</li> <li>Risk Management</li> <li>Systems</li> </ul>				ces Form 5B (Sites) Form 5 rovement ECRI Risk Managem	C Other Activities   HRSA Contacts eent Resources	FTCA Website FTCA PAL	FTCA Resources	
Y Quality	Supporting Documentation							
Improvement/Quality Assurance Plan	Attachment I - Other Supportin	g Documentation	(Maximum	20) (Minimum 0)			Attach File	
<ul> <li>Credentialing Systems</li> <li>Professional Liability</li> </ul>	Document Name	Size	Date Attached	Description			Options	
History Additional Information				No document	ts attached			
Supporting Documentation								
Signatures Review and Submit *	Go to Previous Page					Save	Save and Continue	

Figure 17: Supporting Documentation Page

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# 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, subrecipient organizations are added, updated or removed from the current approved scope), then these changes must be reflected on the FTCA application.

The **Subrecipient Overview** page (Figure 18) lists the subrecipient organizations identified on your most recent Form 5B. Each subrecipient has respective information fields requiring completion. You must account for each subrecipient as follows:

- For any subrecipient that is seeking FTCA coverage, you must complete a respective Subrecipient Application containing the following sections:
  - Contact Details
  - Risk Management Systems
  - Quality Improvement/Quality Assurance Plan
  - Credentialing Systems
  - Professional Liability History
  - Additional Information
  - Supporting Documentation
  - Signatures
- For any subrecipient that declines FTCA coverage, you may choose to provide a brief statement why they chose to do so (optional).

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

#### Figure 18: Subrecipient Overview Page

You are here: Home » Tasks	» Browse » FTCA [ ] » FTCA	*
ALL ENTITIES	BFTCA Application - Subrecipient Overview	
Overview *		
Status	FTCA /Original :	
Grantee Application	Resources C	
	View FTCA Application Form 5A Required and Additional Services Form 5B (Sites) Form 5C Other Activities HRSA Contacts FTCA Website FTCA PAL FTCA Resources Grantee User Guide Risk Management and Quality Improvement ECRI Risk Management Resources	
Contact Details Risk Management Systems	Fields with * are required	
Quality Improvement/Quality Assurance Plan	1. Is the subrecipient applying for FTCA coverage?     Ves      No	
<ul> <li>Credentialing Systems</li> <li>Professional Liability</li> </ul>	2. Please specify "Future Request" in the comment box if indicated 'No' for a subrecipient that will request FTCA coverage at a future point during the deeming year.	
History Additional Information	Approximately 2 pages (i) (Max 4000 Characters without spaces): 4000 Characters left.	
Supporting Documentation		
Signatures		
SubrecipientsOverview ~	* 3. Please Enter the Executive Director Name (Applicable only when the subrecipient is requesting coverage)	
Subrecipient Overview		
Subrecipient Application	Straff Liness (Fig.) Store (n. 199) Marcel Hask (He) (Figures) - Melling, 1999	
Barre Barristing	* 1. Is the subrecipient applying for FTCA coverage?	
X Contact Details	©Yes ⊛No	
Risk Management Systems	2. Please specify "Future Request" in the comment box if indicated 'No' for a subrecipient that will request FTCA coverage at a future point during the deeming year.	
Quality Improvement/Quality Assurance Plan	Approximately 2 pages 🛈 (Max 4000 Characters without spaces): 4000 Characters left.	

- 1. Enter your responses. Responses are required where questions are marked with an asterisk (\*).
- 2. When instructed to provide an explanation, enter it in the space provided.
- 3. Click **Save** or **Save and Continue** once the section is completed. A respective Subrecipient Application will be created for any subrecipient organizations selected to apply for FTCA coverage.
- 4. Access the Subrecipient Application from the left navigation panel.
- Complete each section of the Subrecipient Application similar to the Grantee Application. You
  will not be able to submit the FTCA Application until all Subrecipient Applications (if there are any)
  are completed.

# 6. Signing, Reviewing, and Submitting the Application

# 6.1. Signatures Page

The Executive Director, indicated in the Contact Details section, must sign the application. This is done on the **Signatures** page (Figure 19).

You will be navigated to the **Signatures** page if you click the **Save and Continue** button at the bottom of the **Supporting Documentation** page. You may also access the **Signatures** page by choosing Signatures from the left navigation panel.

You are here: Home > Tasks >	Browse + FTCA [ ] + FTCA	*
ALL ENTITIES «	TCA Application - Signatures	
Overview *	FTCA /Original :	
Status	▼ Resources t2	
Grantee Application *	View	
<ul> <li>Contact Details</li> <li>Risk Management</li> </ul>	FTCA Application   Form 5A Required and Additional Services   Form 5B (Sites)   Form 5C Other Activities   HRSA Contacts   FTCA Website   FTCA PAL   FTCA Resources   Grantee User Guide   Risk Management and Quality Improvement   ECRI Risk Management Resources	
Systems Quality	Fields with * are required	
Improvement/Quality Assurance Plan	Certification and Signatures	
Credentialing Systems     Professional Liability     History	* 1 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.	
<ul> <li>Additional Information</li> </ul>	I understand that by printing my name I am signing this application.	
Supporting Documentation	(i) Please note - this must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.	
💸 Signatures		
Review and Submit		
Review and Submit	Go to Previous Page Save and Continue	
Other Functions *		
Return to FTCA Applications List		

Figure 19: Signatures Page

Click the Save and Continue button to proceed.

# 6.2. Review and Submit Page

The **Review and Submit** page (Figure 20) displays, in table format, all the sections in the FTCA application. It allows you to view or print any or all sections. This section also serves as the submission page.

Subrecipient information is displayed on this page only if there are subrecipients.

You will be navigated to the **Review and Submit** page if you click the **Save and Continue** button at the bottom of the **Signatures** page. You may also access the **Review** page by choosing Review from the left navigation panel.

Contact Details Risk Management ystems Quality	FTCA /Original:     Resources &     View     FTCA Application   Form 5A Required and Additional Service     Grantee User Guide   Risk Management and Quality Improv	s   Form 5B (Sites)   Form 5C C		
Contact Details Risk Management stems Quality	Resources L <sup>2</sup> View     FTCA Application   Form 5A Required and Additional Service	s   Form 5B (Sites)   Form 5C C		
Risk Management Systems Quality	View FTCA Application   Form 5A Required and Additional Service			
Risk Management lystems Quality	FTCA Application   Form 5A Required and Additional Service			
Contact Details Risk Management systems Quality mprovement/Quality				
Systems Quality			Resources	SITE FICA PAL FICA Resources
Quality				
nprovement/Quality			OMB Number:	OMB Expiration Date: 9/30/201
	A Print All Forms			
ssurance Plan Credentialing Systems	Section	Туре	Status	Options
Professional Liability	Grantee:		11	
story	Contact Details	HTML	🖌 Complete	View 👻
Additional Information	Risk Management Systems	HTML	V Complete	View -
Supporting ocumentation	Risk Management Systems-( docx)	Document	Not Applicable	View 👻
/ Signatures	Risk Management Systems-(	Document	Not Applicable	View 👻
view and Submit +	Quality Improvement/Quality Assurance Plan	HTML	V Complete	View 👻
eview and Submit	Quality Improvement/Quality Assurance Plan- (I Jpg)	Document	Not Applicable	View 👻
Return to FTCA	Quality Improvement/Quality Assurance Plan-	Document	Not Applicable	View 👻
pplications List	Quality Improvement/Quality Assurance Plan-	Document	Not Applicable	View 🝷
	Quality Improvement/Quality Assurance Plan- (jpg) Quality Improvement/Quality Assurance Plan-(	Document	Not Applicable	View 👻
	.xisx)	Document	Not Applicable	View 💌
	Credentialing Systems	HTML	Complete	View 👻
	Credentialing Systems-( .pdf)	Document	Not Applicable	View 👻
	Credentialing Systems-(	Document	Not Applicable	View 👻
	Credentialing Systems-( xisx)	Document	Not Applicable	View -
	Professional Liability History	HTML	V Complete	View 👻
	Professional Liability History-(f .docx)	Document	Not Applicable	View 👻
	Additional Information	HTML	Complete	View 🔻
	Supporting Documentation	HTML	Complete	View 👻
	Supporting Documentation Supporting Documentation-(S	HTML Document	Complete Not Applicable	View 👻
	Supporting Documentation			

#### Figure 20: Review and Submit Page

- 1. 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.
- 2. Click the **Print** button on the toolbar to print this page. Click the **Print All Forms** button to print all the sections in HTML-format.
- 3. To print a document not in HTML format, click the View link. The document will open in its native application (e.g., Microsoft Word).
- 4. Print the document from the native application.
- 5. Click the **Submit** button when the application is ready for submission. The **FTCA Certification Form** appears (Figure 21).
- 6. Complete the form.
- 7. Click the **Confirm** button. A confirmation message will appear showing that your FTCA application has been successfully submitted (Figure 22).

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# Figure 21: Submit Confirmation Page with FTCA Certification Form

You are here: Home > Tasks	» Browse » FTCA [ ⊟] » FTCA	*					
ALL ENTITIES «	3 FTCA Application - Submit						
Overview *							
Status	Note(s): 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 'Confirm' button to submit the application. If you						
Grantee Application *	do not wish to submit the FTCA Application at this time, click the 'Cancel' button to return to the previous screen.						
Contact Details     Risk Management	Confirmation: This is a confirmation pagel You MUST click the appropriate button to proceed.						
Systems ✓ Quality	▶ FTCA						
Improvement/Quality Assurance Plan	Resources I						
<ul> <li>Credentialing Systems</li> <li>Professional Liability</li> <li>History</li> </ul>	View FTCA Application Form 5A Required and Additional Services Form 5B (Sites) Form 5C Other Activities HRSA Contacts FTCA Website FTCA PAL FTCA Resources Grantee User Guide Risk Management and Quality Improvement ECRI Risk Management Resources						
<ul> <li>Additional Information</li> <li>Supporting</li> </ul>	Fields with * are required						
Documentation Signatures	* FTCA Certification						
Review and Submit	To the best of my knowledge and belief, the data and information provided in this FTCA application are complete and accurate. The application has been duly authorized by the governing body of the grantee and the grantee agrees to comply with the requirements set forth in FTCA policies, statutes, and regulations as a provision of coverage under the FTCA Medical Malpractice						
Review and Submit	Program.						
Other Functions *	I Agree Type "I Agree" in the text box to electronically sign the FTCA Application						
Return to FTCA Applications List	Cancel						
Acceptable Use Policy Acces	ssbilly Viewers And Players Contact Us Product: FTCA   Platform #: 40.25.15   Build #: 500.56   Environment: PERF	2					
9, 🙀 😜	🖉 🐱 🗛 🔤 💟 👝						

# Figure 22: Submission Confirmation Message

rou are nere; Home > lasks	» Browse » FTCA [ ] » FTCA	» Review and Submit » Submit	*
ALL ENTITIES «	FTCA Application - Sul	omit Confirm	
Overview  Status Grantee Application Contact Details Contact Details Systems Cultiv Cultiv	you may be contacted by the application. All FTCA Applicat Success: FTCA Application was submit		
Improvement/Quality Assurance Plan Credentialing Systems Professional Liability History Additional Information Supporting Documentation		equired and Additional Services   Form 5B (Sites)   Form 5C Other Activities   HRSA Contacts   FTCA Website   FTCA PAL   FTCA Resources lanagement and Quality Improvement   ECRI Risk Management Resources	
<ul> <li>Signatures</li> </ul>	Submitted on Date and Time	4/5/2016 10:47:18 PM	
Review and Submit	Tracking Number	FTCA /Original	
Other Functions	Return to FTCA Applications		
Acceptable Use Policy   Accer	ssibility   Viewers And Players   Contact I	is Product: FTCA   Platform #: 4.025.15   Build #: 5.0.056   Environment: PEF	4

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# 7. Change Requests

HRSA may find it necessary to return your application with a request for changes. If this is the case, you will be notified by email. Follow the steps given in section 3.2, Navigating to Your FTCA Application, to access your application. On the **Applications** page, the status of your application will be "Change Requested".

¥ You are here: Home > Tasks > Browse > FTCA Folder [ ] ALL ENTITIES \*\* FTCA Applications - List FTCA Folder ▼ H80CS : FTCA Overview Budget Period: 1/1/2016 - 12/31/2016 Current Coverage Period: 1/1/2012 - 12/31/2016 Last Deeming Issue Date: 6/15/2015 6:44:52 PM FTCA Home Deeming History Manage Applications Detailed View Rearch Search Saved Searches Applications Other Functions H 4 1 + H Page size: 15 - Go 8 items in 1 page(s) Navigate To Calendar Year Application Tracking Number Version Application Type Application Deadline Status Options Grants Portfolio \* ¥ All . 2017 FTCA 1 Redeeming 5/29/2016 Change Requested Dedit 🔻 FTCA Submitted 2016 2 6/4/2015 Application -. Redeeming 2015 FTCA 6/16/2014 Submitted Application -. 1 Redeeming

Figure 23: Applications Page with Application in "Change Requested" Status

A link to the change request email is provided in the **Resource** section on every page.

# Figure 24: Link to Change Request Email in Resource Section



# 8. Deeming History

To access your deeming history in the Electronic Handbook:

- 1. Log into the EHBs.
- 2. Click on the **Grants** tab on the EHBs home page. Click on the respective <u>Grant Folder</u> link to navigate to the **Grant Home** page.
- 3. In the **Grant Home** page, click on the <u>FTCA Program</u> link to navigate to the **FTCA Home** page. This link will be located under **Others**.
- 4. The **FTCA Home** page opens. On the left navigation panel, click Deeming History under **FTCA Overview**.
- 5. The Deeming History page opens (Figure 25).

TCA Folder								
TCA Overview	▼ H80CS 4 M : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
FTCA Home	Budget Period: 5/1/2015 - 4/30/2016		Curren	Current Coverage Period: 5/1/2014 - 4/30/2017 Last Deeming Issue Date: 6/22/201				0 PM
Deeming History								
Manage Applications Applications	H I H Page size: 15 - Go 3 Items in 1 page(s)							
Other Functions	Calendar Year	Deeming Notice Number	Issue Date	Coverage Period	Notice Type	Entity Name	Entity Type	Options
Vavigate To Grants Portfolio	Y	<b>x</b>	T T		All •	y v	All	Y
	2016	10000100100	6/22/2015	01/01/2016 - 12/31/2016	Renewal	A PROPERTY AND	Grantee	NDA 🔻
	2015	10000000000	6/26/2014	01/01/2015 - 12/31/2015	Renewal	A PARTY NAME	Grantee	NDA 💌
	2013	10000100100	1/24/2014	01/23/2014 - 12/31/2014	New	a principalities. Reported	Grantee	NDA 🔻
	H ( ] > H	Page size: 15 💌 G	0				3	items in 1 page(s)

Figure 25: Deeming History Page

Entries are in reverse chronological order. The history includes grantee and subrecipient organizations.

For each deeming action, there is a link to the corresponding application and Notice of Deeming Action (NDA).

# 9. Help and Support

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

#### Technical Assistance Conference Call Replay Information:

All TA Information will be posted to the FTCA Website: http://bphc.hrsa.gov/ftca/healthcenters/hcappprocess.html

For information on the FTCA Program and the deeming application: Health Center Program Support:

- Phone: 887-464-4772 7:00 a.m. to 8:00 p.m. ET., Monday through Friday (except Federal holidays)
- Website: <u>http://www.hrsa.gov/about/contact/bphc.aspx</u>

For system questions related to the deeming application contact the Health Center Program Support:

- Phone: 887-464-4772 7:00 a.m. to 8:00 p.m. ET., Monday through Friday (except Federal holidays)
- Website: <a href="http://www.hrsa.gov/about/contact/bphc.aspx">http://www.hrsa.gov/about/contact/bphc.aspx</a>

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) 8 AM to 8 PM (ET))
- Website: <a href="http://www.hrsa.gov/about/contact/ehbhelp.aspx">http://www.hrsa.gov/about/contact/ehbhelp.aspx</a>