Health Center FTCA Program
CY 2021 and 2022 Deeming and Re-Deeming Application Webinar
March 25, 2021

Federal Tort Claims Act (FTCA) Division
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Learning Objective

Provide an overview of the FTCA deeming application requirements and what to submit in the four key sections

Agenda

1. Deeming Application Overview
2. Application Requirements
3. Risk Management
4. Quality Improvement/Quality Assurance
5. Credentialing and Privileging
6. Claims Management

1. Deeming Application Overview

Health Center Deeming Statistics

- **1,168 health centers deemed in CY 2021**
  - o 216 Volunteer Health Professionals deemed

Strongest Application Element:
  - o Risk management position descriptions

Weakest Application Elements:
  - o Risk management Training Plans and evidence of implementation

Save the Dates

The EHB System will open on April 23, 2021

There are two types of deeming applications for FTCA coverage:

- **Initial**
  - o Accepted on a rolling basis
  - o Coverage will begin once officially approved and typically includes coverage for CY 2021 and CY 2022

- **Annual Redeeming**
  - o All redeeming applications are due on or before **June 25, 2021**

How to apply for coverage for Health Center Volunteer Health Professionals (VHPs)

- **VHP redeeming applications:** must be submitted with the Health Center annual redeeming application which is due on or before June 25, 2021
  - After the Health Center redeeming process is completed VHP supplemental applications become available for those wishing to add additional VHPs later in the year.

- **Initial VHP applications:** can be submitted with the Health Center annual redeeming application **or** submitted at a later time during the calendar year when the system is open to accept applications
    - You will receive advanced notification if and when the EHB system will temporarily close.

- **VHP application and resources are available online on HRSA's Health Center VHP FTCA Program [webpage](#).**

- **The VHP Webinar Recording will be available on the application process [webpage](#).**

Preparing your Application Submission

- **Review the CY 2022 Program Assistance Letter (PAL) 2021-01**

- **Begin collecting and reviewing required documents**

- **Prepare your documents in advance in order to submit a complete application by June 25, 2021**

- **Submit the redeeming application starting April 23, 2021**

2. Application Requirements

4 Required Sections

1. **Risk management**

2. **Quality Improvement/assurance (QI/QA)**

3. **Credentialing & Privileging**

4. **Claims Management**

Risk Management Required Attachments

- **2(C) - Risk Management Tracking Procedures (Referral, Hospitalization, Diagnostic (must include labs and x-rays)]**

- **3(B) - Risk Management Training Plan**

- **3(C) - Risk Management Training Plan Tracking and Documentation Tool**

- **4 - Risk Management Quarterly Assessments Documentation**

- **5(A) - Annual Risk Management Report to Board and Key Management Staff**

- **5(B) - Proof of Board Review of Annual Risk Management Report**

- **6 - Risk Management Position Description**

- **7(B) - Annual Risk Manager Training**

Other Required Attachments

1. **Credentialing & privileging procedures**

2. **Quality Improvement/assurance (QI/QA) operating procedures**

3. **QI/QA quarterly assessments**

3. Risk Management

Risk Management Attestations

- **Attest that the health center maintains and has implemented risk management program and procedures**

- **Attest that your health center maintains and tracks an <u>annual health care risk management training plan</u>, for staff members based on identified areas/activities of highest clinical risk including:**
  - Obstetrical services
  - Infection control and sterilization
  - HIPAA medical record confidentiality requirements
  - Specific trainings for groups of providers that perform various services which may lead to potential risk

2(C) Attachments: Risk Management Program and Procedures

- **Upload the risk management procedures that address mitigating risk:**
  - Referral tracking
  - Hospitalization tracking
  - Diagnostic tracking (x-ray, labs)

- **Documentation and implementation of these tracking procedures demonstrate how the health center mitigates risk.**

3(B) Attachment: Annual Risk Management Training Plan

- **Must include, at a minimum, topics on OB Services (as applicable), HIPAA, and Infection Control**
  - o OB Services must be addressed if you provide any OB services according to Form 5B (Column I and Column II), even if the health center does not perform labor and delivery directly

- **Include all tracking/documentation methods or tools used to ensure trainings have been completed**

- **Must provide evidence:**
  - o Of training for all levels of staff
  - o That trainings were completed by staff

- **Training plan must clearly outline required trainings for the year, staff required to complete the trainings, and whether the trainings have been completed**

3(C) Attachment: Risk Management Training Plan Tracking and Documentation Tool

- **Upload all tracking/documentation tools used to ensure trainings have been completed by *all* staff, at least annually (for example, excel sheets, training reports).**

- **All documents must be from the last 12 months prior to application submission.**
  - Any documents dated outside of this period will not be accepted.

Sample ECRI Staff Training Completion Tracking Tool available when you log in to: https://www.ecri.org/components/HRSA/Pages/PSRMPol35.aspx

4 Attachment: Risk Management Quarterly Assessments Documentation

- **Quarterly risk management assessments. Must submit proof for each quarter (Q1 2020, Q2 2020, Q3 2020, and Q4 2020)**

- **Must be done at least quarterly**

- **Your documentation should demonstrate activities for each quarter of the reporting period**
  - To assist the reviewer clearly state what the timeframe is for your reporting period. For example: Calendar Year vs Federal Government Fiscal Year
  - Include clinical and care related risk assessments only (security/fire alarm checks do not qualify as clinical/patient safety for the purposes of the FTCA application)

  For more information, visit:
  https://www.ecri.org/solutions/risk-assessment/

5(A) Attachment: Annual Risk Management Report to Board and Key Management Staff

- **Covers the current or previous calendar year (January 2020 – December 2020)**
  - o If timeframe differs please explain why in your application and clearly indicate the reporting timeframe

- **Must include:**
  - o All risk management activities for the year
  - o The report must include data analysis and trends
  - o Focus on health care risk management activities and progress in meeting goals
  - o The report must include recommendations and next steps for the upcoming calendar year

5(B) Attachment: Proof of Board Review of Annual Risk Management Report

- **Proof that the health center board received and reviewed this report**

- **All documents must be from the current or previous calendar year.**

- **Any documents dated outside of this period will not be accepted.**

6 Attachment: Risk Management Position Description

- **Position description describing the individual responsible for the coordination of health center risk management activities and any other associated risk management activities**
  - The job description must clearly detail what risk management activities are a part of the risk manager's daily responsibilities

7(B) Attachment: Annual Risk Manager Training

- **Evidence that the risk manager completed health care risk management training in the last 12 months prior to application submission**

Risk Management Lessons Learned (1/2)

- **Be sure to include the following content in your Annual Risk Management Report:**
  - Trends, analysis, and overview of all risk management activities
  - Incident information (Near misses, adverse, and sentential)
  - Summary of patient satisfaction information
  - Summary of risk assessments performed
  - Overview of risk management trainings conducted
  - Risk management projects and goals
  - Risk management procedures and policy development, review and approval
  - All other relevant risk management information

For more information, see the FTCA Compliance Tool: Risk Management Annual Report to Board, available at
https://bphc.hrsa.gov/ftca/hcap-process

Risk Management Lessons Learned (2/2)

- **Please only submit information and documentation requested**

- **Review the tools and sample documents developed by ECRI.**
  - ECRI products are specifically designed with the appropriate formats to use for a successful application.
  - For more information and ECRI Technical Assistance Tools, watch the Risk Management webinar available on this **webpage**.

- **Make sure your Form 5B (Columns I and II) is up to date to indicate any OB/GYN services your health center provides.**

4. Quality Improvement/ Quality Assurance

QI/QA Highlights (1/2)

- **Attest that the health center maintains and has implemented:**
  - QI/QA board-approved policies
  - QI/QA operating procedures

- **Upload documentation of QI/QA assessments performed by physicians or licensed health care professionals**

- **Upload documentation that confirms board decision-making and oversight responsibilities:**
  - Most recent QI/QA report
  - Board meeting minutes that document that the most recent QI/QA report was shared with and the board

QI/QA Highlights (2/2)

- **Upload the position description describing the responsibilities of the individual overseeing QI/QA:**
  - Implement QI/QA operating procedures and related QI/QA assessments
  - Monitor QI/QA outcomes
  - Update QI/QA operating procedures
  - Describing QI/QA activities as part of the individual's daily responsibilities

- **Attest to the maintenance and security of patient health records:**
  - Maintenance of a retrievable health record
  - Implementation of systems for protecting the confidentiality of and safeguarding patient information

QI/QA Lessons Learned

- **QI/QA assessments must be done at least quarterly, and your documentation should demonstrate activities for each quarter of the reporting period**
  - To assist the reviewer, clearly state what the timeframe is for your reporting period. For example: Calendar Year vs Federal Government Fiscal Year
  - It is possible for QI/QA assessments and Risk assessments to overlap

5. Credentialing and Privileging

Credentialing and Privileging Highlights

- **Attest that the health center maintains a credentialing and privileging process and has implemented:**
  - Credentialing operating procedures
  - Privileging operating procedures

- **Upload the credentialing and privileging operating procedures**

- **Attest that the health center maintains credentialing and privileging files for all clinical staff**

- **Attest that if the health center has contracts/written agreements with provider organizations, the health center ensures the credentialing and privileging of their providers**

Credentialing and Privileging Lessons Learned

- **You must provide Credentialing and Privileging Procedures with each component referenced in the credentialing and privileging section questions 1(A) & 2(A)**

- **Include procedures for *all* clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff (OCS)**

- **Key resources to review:**
  - Chapter 5: Clinical Staffing of the Health Center Compliance Manual
  - FTCA Compliance Tool: Credentialing and Privileging Process

6. Claims Management

Claims Management Highlights (1/3)

- **Attest that the health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage**

- **Attest that the health center's claims management process ensures the following:**
  - The preservation of all health center documentation related to any actual or potential claim or complaint
  - Any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division

- **Upload the Claims Management Procedures**

Claims Documentation, as applicable (2/3)

- **For each allegation filed within the last five years, provide the following:**
  - Name of provider involved
  - Area of practice/specialty
  - Date of occurrence
  - Summary of allegations, if the claim is closed
  - Status/outcome of claim
  - Documentation that the health center cooperated with the Attorney General for this claim
  - Risk Management activities completed/Summary of health center internal analysis and steps taken to prevent future occurrences

3(C) Attachment: Claims Management Position Descriptions (3/3)

- **Attest that the health center informs patients using plain language that it is a deemed federal Public Health Service employee; include documentation as applicable**

- **Upload the position description for the individual designated as responsible for the management and processing of claims-related activities and serves as the claims point of contact**

Claims Management Lessons Learned

- **Please ensure that each closed claim includes a description of mitigating actions that have taken place within the health center to prevent or mitigate the occurrence of similar future claims. Please see**
    - Investigations and root cause analysis,
    - Credentialing and privileging actions,
    - Training,
    - Risk management/QI/QA projects and/or assessments, and
    - Policy and procedure development
- **Please ensure that your claims management procedure includes a clear and detailed process on how FTCA specific claims will be handled.**
    - This process should align with the claims elements outlined in the FTCA Policy Manual and Chapter 21 of the Health Center Compliance Manual.

COVID-19 Impact

FTCA and ECRI Resources

- **Policy and Application Resources:**
  - https://bphc.hrsa.gov/ftca/about/index.html

- **Health Center Deeming Application Webpage with FTCA Application Tool Kit and other Technical Assistance Webinar Recordings:**
  - https://bphc.hrsa.gov/ftca/hcap-process

- **The FTCA Application Tool Kit includes formatted documents and samples to support you in developing a successful application, including:**

- **Risk Management**
  - FTCA Technical Assistance Resource on Tracking Policies
  - FTCA Compliance Tool: Risk Management Annual Report to Board
  - FTCA Compliance Tool: Risk Management Training Plan

- **Credentialing and Privileging**
  - FTCA Compliance Tool: Credentialing and Privileging Process

HRSA
Health Center Program

Questions

- **Phone:**
  - Health Center Program Support (formerly the BPHC Helpline)
  - 1-877-464-4772, option 1
  - 7:00 AM to 8:00 PM (ET) M-F (except Federal holidays)

- **Online:**
  - Contact form: https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form

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Thank You!

Federal Tort Claims Act (FTCA) Program

Bureau of Primary Health Care (BPHC)

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