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**Insert Organization Name or Logo Here**

<b>DEPT/OPS AREA:</b> QUALITY AND RISK MANAGEMENT	<b>POLICY NAME:</b> CLAIMS MANAGEMENT PROCESS	<b>POLICY NUMBER:</b> QRM0000
<b>EFFECTIVE (ORIGINAL) DATE:</b>		<b>REVISED DATE(S):</b>
<b>MOST RECENT APPROVAL DATE(S):</b>	<b>DATE(S) REVIEWED:</b>	<b>REVIEWED/APPROVED BY:</b>

**APPLIES TO:** ALL

**POLICY STATEMENT:** It is health center that when any notice, correspondence or documentation related to a medical malpractice claim or potential suit (including service of process, a summons, complaint, or claim form) is received, timely and appropriate action is essential to ensure that the health center and its practitioner's obtain assistance and protection in accordance with the Federal Tort Claims Act (FTCA)-deemed status. An internal investigation of the complaint is conducted following the health center's incident management and risk management policies and procedures with notification of the investigation reported through the risk management process. All health center documentation related to any actual or potential claim or complaint are preserved and secured in a locked environment.

**RESPONSIBILITY:** The Board of Director's (BOD) and the Chief Executive Officer (CEO) has ultimate responsibility for this policy. The BOD delegates oversight of this policy to the **XXX (Usually a Quality, Risk, or Compliance Committee)** for policy review, review of findings, identifying improvement opportunities and making recommendations for performance improvements or policy revisions, when needed. The CEO delegates operational responsibility to the Medical Director or Chief Compliance Officer **(Customize to fit your health center's responsible party)** who then may delegate effective management of the claims management process to the **XXXX**.

The Medical Director will handle potential claims by notifying the CEO or other upper management and making sure the involved practitioner is aware of the actual or potential claim. The Medical Director and management will ensure that the practitioner involved knows not to change anything in the patient's record, and that all potentially relevant documents must be preserved. Legal advice may be sought from our contact at the legal offices of the U.S. Department of Health and Human Services as well, and their suggestions followed.

**IMPLEMENTATION:**

Any service-of-process/summons received relating to any alleged claim or complaint is promptly sent to eh HHS, Office of the General Counsel (see address below). Any correspondence or legal document received by any employee or Board Member is immediately brought to the attention of the Chief Executive Office, who in turn contacts the health center's field office FTCA coordinator, along with:

U.S. Department of Health and Human Services  
Office of General Counsel, General Law Division, Claims Branch  
Room4256  
300 Independence Avenue, S.W.



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Washington, D.C. 20201  
(202) 619-2155

And

Office of Quality & Data  
Health Resources and Services Administration  
5600 Fishers Lane  
Room 17C-05  
Rockville, MD 20857

All existing records, documents, notes and written statements relevant to the claim are gathered and safeguarded.

Because such documents may be subject to disclosure unless a specific legal privilege applies, no new statements or records (including declarations and/or narrative statements from health center practitioner(s) and/or staff named in the complaint will be created before consulting the Office of General Counsel (OGC) Claims Office (to verify coverage) and/or qualified legal counsel.

If a suit is filed in a state court, the CEO consults with qualified health center counsel to determine whether or not to obtain a stay in the proceeding.

The CEO confirms with the Department of Health and Human Services (DHHS) OGC Claims Office when and under what circumstances the health center and/or individual practitioner's may contact and/or respond to the Department of Justice (DOJ) or U.S. Attorney inquiries and requests.

***It is essential that the DHHS OGC confirm that a health center is covered in a particular case before communicating with a US. Attorney's office about a claim or suit information provided to a US. Attorney prior to determination of FTCA status may not be protected by the attorney-client privilege.***

Many claims under the FTCA are settled by DHHS OGC or by DOJ if suit has been properly bought. Prior to agreeing to settlement terms, the DHHS OGC Claims Office or DOJ may seek input from the health center but the final settlement decision rests with DHHS.

**Reporting the National Practitioner Data Bank:**

It is important to note that settlement of a malpractice claim or suit may have National Practitioner Data Bank (NPDB) reporting implications for the health center and practitioner(s) involved.

Practitioners must be reported to the NPDB whenever a payment is made and Health Resources and Services Administration (HRSA) will determine if the standard of care was not met.

In such circumstances, the health center verifies reporting requirements and procedures with the HRSA Office of Quality & Data.



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**Media Communication:**

The health center follows the health center's media policy and seeks legal and public relations advice, as appropriate.

Only the CEO or appointed designee may speak on behalf of the organization, and determine to which outside entities.

Front desk staff is reminded of the proper procedures for handling inquiries and requests for information regarding a claim or potential claim.

**Related Claim Potential**

Health Center management consider the possibility of whether the circumstances may involve related claims that have yet to be filed and seek DHHS and legal guidance on how to proceed with records retention, disclosures to potentially affected patients, *etc.*

**REFERENCES:**

- National Association, *Managing a Claim and Reducing Gap-Related Exposures Under the Federal Tort Claims Act, 2009*
- *FTCA Manual*

**RELATED POLICIES AND/OR PROCEDURES:**

- Add as appropriate

**KEYWORD TAGS:**

Lawsuit, FTCA, Risk, Claims, Liability, Incident