

Malpractice Coverage Information

The Federal Tort Claims Act (FTCA) is a law that details the process by which individuals can sue employees of the federal government. If a health center or free clinic is deemed eligible by FTCA, health professionals at the clinic can receive **free malpractice protection** under FTCA. This means any claims made against health professionals at the clinic must proceed through the federal government, and the federal government acts as the primary insurer.

Maliheh Free Clinic is deemed eligible under FTCA. In contrast to health centers that are deemed as whole entities, practitioners at free clinics are deemed on an individual basis. This means that in order to be eligible for FTCA, we must have each of our practitioners who wish to be covered under FTCA go through a credentialing and privileging process. For independent practitioners (MDs, NPs, ODs, etc.) we must receive verification of education, training, and experience directly from the school/hospital where you received training. For other practitioners (PAs, RNs, etc.) the verification can be secondary (e.g. a copy of your diploma).

FAQs:

Who can be covered by FTCA?

Volunteers, employees, officers, board members and contractors of qualifying free clinics. In 1996 HIPAA extended FTCA eligibility to volunteers at qualifying free health clinics (although it wasn't until 2004 that funds were actually appropriated for free health clinics). The Affordable Care Act further expanded eligibility for "deeming" to employees, officers, board members and contractors.

What do I need to do if I want to be covered?

- Completely fill out and sign the medical provider application which includes providing at least 2 references
- Explain in writing any malpractice claims you have had *in the last 10 years*
- Provide proof of a negative TB skin test (we can do one in the clinic) or chest X-ray
- Provide proof of Hepatitis B and MMR immunizations

What are the clinic's requirements for FTCA coverage?

The Free Clinics FTCA Program has four major program requirements that are based on statutory requirements:

- Credentialing and privileging system, including review of license and NPDB
- Quality Improvement/Quality Assurance (QI/QA) program, including a risk management (RM) system,
- Disclosure of medical malpractice claims and professional disciplinary actions
- Annual data reporting

What are the Program credentialing and privileging requirements?

All FTCA covered providers must be both credentialed and privileged either by their sponsoring free clinic or a contracted credentials verification organization (CVO). Credentialing is a process of verifying education, licensure, and ability through a mix of primary source verification and secondary source verification. Providers must also be privileged by their sponsoring free clinic. After initial credentialing and privileging is completed, re-credentialing and re-privileging must occur every two years.