



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	Legal	NUMBER(s):	CHCA-009
PROGRAM:	Risk Management	VERSION:	1.00
TITLE:	Claims Management	PAGE:	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Click or tap here to enter text.		ORIGINATION DATE: New	
APPROVED BY: RISK MANAGER:		REPLACES: New	
_____ Heather Anderson-Fintak, Esq.		_____ Date	
DISTRICT HEALTH OFFICER:			
_____ Fermin Leguen MD, MPH		_____ Date	

I. PURPOSE

The purpose of this policy is to set out the systematic approach which will be followed by SNCHC to respond to an allegation of negligence and/or a demand for compensation following an adverse event resulting in accident and/or personal injury or loss, which carries litigation risk for SNCHC.

II. SCOPE

SNCHC requires workforce members to co-operate in the investigation of claims against SNCHC, and to alert SNCHC to potential claims. This procedure covers the management of all claims against SNCHC relating to clinical negligence, employer’s liability and public liability. This procedure applies to any workforce members who may be involved in any way with the identification or investigation of any claims (clinical and non-clinical) against SNCHC by directly informing the Legal Department’s Risk Manager or designee.

SNCHC, through its Risk Management program, acknowledges its duty to ensure that the appropriate financial and risk management systems are in place and that any losses are minimized. In seeking to manage risk effectively, this policy and associated procedure aim to:

- effectively manage claims made against SNCHC;
- ensure appropriate support is made available to workforce members when a claim has been made;
- learn from claims in order to prevent reoccurrence.

III. POLICY

A. Responsibility of All SNCHC Staff

All staff are responsible for alerting the Legal Department to matters likely to lead to a claim, whether clinical negligence, or employer/public liability; complying with SNCHC's policy and forwarding urgently to the FQHC Operations Officer any letter intimating a possible claim against SNCHC.

Every member of staff is expected to co-operate fully by:

- responding to requests for information
- conducting as full a search as is practical when records are requested
- assisting in the investigation and assessment of each claim
- abiding by the required timescales
- being diligent in record keeping and documenting any findings from their investigations
- preserving evidence and the scene when appropriate and
- learning from the outcome of the investigation and taking forward any relevant actions identified.

B. Training Requirements

This procedure will be available to SNCHC staff.

Any member of staff who becomes involved in a claim will be directed to the procedure and immediately inform the Legal Department. The Legal Department handles all claims for the SNCHC and is the organization's liaison to the insurance company.

IV. PROCEDURE

A. Initial Claim

1. Claims brought by a patient against the care provided by SNCHC may be received in a variety of forms:
 - a. The program may receive a request for medical records.
 - b. A court-filed complaint or a subpoena may be served on the Legal Department. Please note that workforce members do not have authority to accept service of court documents.
 - c. The patient or someone on behalf of the patient may state in writing their intent to file a claim or sue.
 - d. Any SNCHC workforce member may be told verbally by the patient or someone on behalf of the patient their intent to file a claim or sue.
2. At the time such an event occurs, the Risk Manager or designee will be notified and will gather the following:
 - a. Name of patient
 - b. Allegation
 - c. Date of incident
 - d. Summary and initial analysis of the allegation.

The Legal Department will forward the claim information to the current medical malpractice provider. The Risk Manager in the Legal Department will act at the point of contact for claims and/or litigation.

B. Follow Up

On a quarterly basis, the Quality Improvement Council will review claims from all insurance disciplines. The goal of this meeting will be to analyze strategies for addressing the claim itself and determine steps to prevent such claims in the future. Any agreed upon preventative measures will be codified in appropriate procedure policies or protocols and the information disseminated to appropriate staff. Minutes will be kept on these meetings for future audit purposes.

C. Federal Tort Claims Act (FTCA)

At this time, the SNCHC is not FTCA deemed. However, a separate policy/procedure has been prepared should that event occur.

D. Conclusion of Claims/Process for Monitoring Compliance

At the conclusion of each claim, feedback will be provided to key staff who have been actively involved in investigation of the issues raised. If a claim has been settled, or significant defense costs have been incurred, consideration will be given to actions to

be taken to lessen the chance of any recurrence. This may involve discussions with relevant Executive Director, as well as the Quality Improvement Council.

E. Reports to the Governing Board

The CEO will keep the Board informed of major developments on claims- related issues, and ensure information is provided on individual and aggregate claims on an annual basis. The report will summarize activities, achievements, and on-going claims management issues that occurred since the prior report.

Additional or ad hoc communication should be held with the Board for sentinel events, claims scheduled for trial, events that may result in adverse publicity or news media attention, and severe patient injuries deemed highly likely to result in litigation.

The final annual report should include all the above along with recommendations for claims and risk control activities and identified resource needs for the coming fiscal year.

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Risk Manager
Legal Department

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

CHCA 011 FTCA Claims Disposition Procedure



Legal Department
Risk Management Program

PROCEDURE – FTCA Administrative and Litigated Claims Disposition

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Instructions for FTCA Claim Notice & Disposition

State Court Claims	<p>1) Claimant and/or their authorized agent/representative should be instructed to submit FTCA's Standard Form 95 (SF95) to the address in item 2 below.</p> <p>NOTE: Submission of this form accompanied by a claim for money is mandatory for all FTCA claims filed in state court. Upon review, the OGC may contact the CHC for claim-related documents</p>
HHS OGC	<p>2) Send all documents identified below, tabbed for each document, to:</p> <p>U.S. Department of Health and Human Services Office of the General Counsel General Law Division Claims and Employment Law Branch 330 C Street, SW Attention: CLAIMS Switzer Building, Ste 2600 Washington DC 20201</p> <p>NOTE: Fax No.: 202-619-2922; HHS-FTCA-Claims@hhs.gov</p>
Summons & Complaint	<p>3) 3 Copies of each</p>
Deeming Documentation	<p>4) 3 Copies</p> <ul style="list-style-type: none">(a) initial deeming letter(b) all subsequent redeeming documentation(c) Notices of Grant Awards re redeeming
Federal §330 Grant Application	<p>5) 3 Copies</p> <ul style="list-style-type: none">(a) Include Forms 5-A, 5-B, and 5-C
CHC Statement	<p>6) 3 copies on CHC letterhead:</p> <ul style="list-style-type: none">(a) Identifying all HCPs named and/or involved; and(b) Dates of employment dates for each HCP identified
CHC Statement Support	<p>7) For each HCP identified in 6(a) above:</p> <ul style="list-style-type: none">(a) Proof of licensure/certification, as applicable; and(b) Documentation of specialty



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<p>Non-Approved Service Sites</p>	<p>8) For each non-approved service site involved in the claim: (a) Name and address of non-approved service site (b) Nature of affiliation with CHC (c) Nature of affiliation with CHC personnel</p>
<p>Involved Employee HCPs</p>	<p>9) 3 Copies: (a) W-2 for each employee HCP identified in item 4 above, for the covered time period</p>
<p>Involved Contractor HCPs</p>	<p>10) 3 Copies: (a) 1099 for each contracted HCP identified in item 4 above, for the covered time period (b) PSA and amendments for each contracted HCP (c) Evidence of the number of hours the contracted HCP worked (i) <i>For Part Time HCPs Only:</i> If the HCP only worked part-time, provide proof services were solely in: family practice, general internal medicine, general pediatrics, gynecology, and/or obstetrics</p>
<p>HCP Verification</p>	<p>11) On CHC letterhead, for each person involved in the claim: (a) Declaration verifying employment / contractual status (b) Signed by each HCP involved in the claim (c) For each HCP, the declaration should state either: (i) “to the best of [X] knowledge, the named HCP was not billing privately; or (ii) “to the best of [X] knowledge, the named HCP was billing privately, and he/she complied with the alternate billing arrangement requirements” NOTE: If unable to obtain HCPs signature, document all attempts to obtain the signature(s) and have FQ Exec Dir/DHO sign</p>
<p>Professional Liability Insurance</p>	<p>12) 3 copies of evidence of PL or gap coverage for the time period in question for the CHC and/or the HCP(s) involved in the claim; or 13) A statement on CHC letterhead stating only FTCA coverage exists for the CHC and/or the HCP(s)</p>
<p>Correspondence</p>	<p>14) 3 Copies of any correspondence received from the Claimant related to the claim</p>
<p>CHC Contact Info</p>	<p>15) The name and telephone number of the CHC responsible for facilitating the declarations/certifications provided</p>



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PROCEDURE – FTCA Administrative and Litigated Claims
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Claimant Medical Records	16) 3 Copies, including: <ul style="list-style-type: none">- Diagnostic films- Labs- External HCP treatment records
Record Management	17) Preserve all original medical records, claims information, and supporting documentation until the conclusion of the case. 18) Upon case conclusion, dispose of records consistent with the appropriate retention schedule.

References:

HRSA, FTCA Health Center Policy Manual,
(Supersedes PIN 2011-01), Updated 7/21/2014
FTCA Standard Form 95 (SF95)
Records and Information Management (RIM) Policy, ADM-008.1
RIM Disposition and Destruction, ADM-008.4
Legal Department, Retention Schedule

End of Procedure

Approved --/--/2022

Heather Anderson-Fintak
General Counsel