

# Free Clinics FTCA Program Deeming Readiness Checklist



The purpose of this checklist is to help you determine if your Free Clinic is eligible to seek FTCA coverage for purposes of medical malpractice protection on behalf of eligible individuals prior to completing an initial application.

Before you begin, we recommend downloading our policy manual: [Policy Information Notice \(PIN 2011-02\)](#) to serve as a guide when performing your self-assessment.

NON-PROFIT DOCUMENTATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your entity a <b>non-profit private entity</b> that meets the requirements in PIN 2011-02, including the non-reimbursement requirements as outlined in Section III of PIN 2011-02?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic have documented proof of its private non-profit status?
RISK MANAGEMENT SYSTEM	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic have a <b>Quality Improvement (QI)/Quality Assurance (QA) Plan</b> (e.g., documented policies and procedures that include the clinic's plan on mitigating risk and providing quality care)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic's QI/QA Plan include a section on credentialing and privileging for all licensed and/or certified healthcare practitioners that meets program requirements as stated in Section V. A. of PIN 2011-02?
CREDENTIALING & PRIVILEGING SYSTEM	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic have a defined <b>credentialing process</b> as outlined on page 7 of PIN 2011-02 that facilitates the evaluation of a practitioner's qualifications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic query the <b>National Practitioner Data Bank (NPDB)</b> for licensed or certified healthcare practitioners (employees, contractors and volunteers) when they are hired and every two years as a part of a re-credentialing process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic conduct an assessment of the practitioner's competency to perform the specific scope or content of patient care services he/she is to provide at the Free Clinic (i.e., privileging)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic conduct background checks on new employees, contractors and volunteers as a part of its hiring process?
DISCLOSURE OF MEDICAL MALPRACTICE & DISCIPLINARY ACTIONS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your Free Clinic require new employees, contractors, and volunteers to disclose information on any and all past or pending claims as a part of the clinic's hiring process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the event that an FTCA claim is filed, will your free clinic (and its providers) fully cooperate with the U.S. Department of Health and Human Services and the U.S. Department of Justice in providing any needed claim related information?

If you have questions please contact us at the following:

Health Center Program Support

Phone: 1-877-464-4772, Option 1

8:00 a.m. to 5:30 p.m. ET, Monday through Friday (except Federal holidays)

Web form: <https://hrsa.force.com/support/s/>