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**Claims Management Operating
Procedures Manual**

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1. Introduction

This Claims Management Operating Procedures Manual outlines the processes and responsibilities for managing claims at our health center. It ensures compliance with Federal Tort Claims Act (FTCA) requirements and provides a framework for handling actual or potential claims efficiently and effectively.

2. Roles and Responsibilities

Claims Coordinator

- **Primary Contact:** Serves as the main point of contact for all claims-related activities.
- **Document Management:** Responsible for preserving all files and documents related to claims.
- **Reporting:** Ensures prompt communication with the U.S. Department of Health and Human Services (HHS) Office of General Counsel (OGC).
- **Training:** Ensures all staff are aware of claims management procedures.

Medical Director

- **Oversight:** Oversees the claims management process and ensures compliance with policies.
- **Approval:** Approves final decisions on claims resolution and risk mitigation strategies.

Health Center Staff

- **Reporting:** Immediately report any incidents or potential claims to the Claims Coordinator.
- **Cooperation:** Cooperate with the claims investigation process.

3. Claims Documentation and Preservation

- **File Maintenance:** Preserve all files and documents related to any actual or potential claim or complaint.
- **Record Retention:** Follow the health center's record retention policy for keeping claim files.

Documentation Includes:

- Incident reports
- Court filings
- Demand letters
- Communications from patients or attorneys
- Investigation reports
- Settlement agreements

4. Reporting and Notification

Immediate Action

- **Court Filings and Demand Letters:** Send all court filings, demand letters, or communications from a patient or attorney to the HHS OGC promptly.
- **Incident Reporting:** Report any incidents that may lead to a claim immediately to the Claims Coordinator.

HHS Notification

- **Communication:** Notify the HHS OGC within 7 days of receiving any potential claim or lawsuit documentation.
- **Documentation:** Include all relevant documents and details in the notification.

5. Claims Point of Contact

Designation

- **Claims Coordinator:** Designate an individual to serve as the claims point of contact.
- **Backup Contact:** Assign a backup contact to ensure continuity in claims management.

Responsibilities

- **Management:** Manage all claims-related activities, including documentation, reporting, and communication.
- **Liaison:** Act as a liaison between the health center, legal counsel, and the HHS OGC.

6. Patient Communication

Informing Patients

- **Website and Materials:** Inform patients that the health center is a deemed Federal Public Health Service (PHS) employee via its website and promotional materials.
- **Visible Notices:** Display information in an area of the health center that is visible to patients, using plain language.

Communication Examples

- Website: "Our health center is a deemed Federal Public Health Service (PHS) employee."
- Promotional Materials: "As a deemed PHS employee, our health center provides high-quality care under the FTCA."

7. Cooperation with Legal Authorities

History of Claims

- **Documentation:** Document any history of claims and the steps taken to mitigate risks.
- **Attorney General Cooperation:** Cooperate fully with the attorney general in handling claims.

Mitigation Steps

- **Implementation:** Implement steps to mitigate the risk of future claims based on past experiences.
- **Evaluation:** Regularly evaluate the effectiveness of mitigation strategies and make necessary adjustments.

8. Risk Mitigation Strategies

Identifying Risks

- **Quarterly Assessments:** Conduct quarterly risk assessments to identify potential areas of risk.
- **Incident Analysis:** Analyze incidents to identify trends and underlying causes.

Action Plans

- **Development:** Develop action plans to address identified risks.
- **Implementation:** Implement and monitor the effectiveness of action plans.
- **Training:** Provide training to staff on risk mitigation strategies.

9. Monitoring and Evaluation

Continuous Monitoring

- **Ongoing Activity:** Ensure risk management is an ongoing activity, not just a quarterly task.
- **Performance Metrics:** Develop performance metrics to evaluate the effectiveness of the claims management process.

Evaluation

- **Annual Review:** Conduct an annual review of the claims management process to ensure compliance and efficiency.
- **Improvement Plans:** Implement improvement plans based on evaluation findings.

10. Appendices

Appendix A: Incident Report Form

Appendix B: Claims Notification Form

Appendix C: Patient Communication Templates

Appendix D: Action Plan Template

Appendix E: Confidentiality Agreement

Appendix F: FTCA Educational Training Tracking Form