IronHealth®

Federally Qualified
Health Centers

Community health centers have delivered comprehensive primary health care to patients, regardless of their ability to pay, for more than 45 years. They have become the essential primary care "medical home" for millions of Americans. As a testament to their continued importance, the Affordable Care Act established the Community Health Center Fund, which provided $11 billion over a 5-year period for the operation, expansion, and construction of Federally Qualified Health Centers (FQHCs). The CHCF has been extended twice, most recently in 2018, with an ongoing initiative of increasing the number of operating centers, the number of patients served and the volume and type of services available.

Grant-Supported FQHCs are public and private not-for profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs of the Social Security Act and receive grant monies under the Health Center Program (Section 330 of the Public Health Service Act). Under the Federally Supported Health Centers Assistance Act of 1992 and 1995, FQHCs were afforded protection under the Federal Tort Claims Act (FTCA) for liability arising out of their alleged acts or omissions related to medical malpractice. Following an annual application process, "deemed" entities and their employees, as well as certain other individuals identified by the statute, are covered under the FTCA.

The intent of the Health Center Medical Malpractice Program is to increase the availability of funds for FQHCs, expand access to quality health care and increase the number of patients served, while substantially mitigating the costs associated with buying malpractice insurance. Because FQHCs typically are engaged in activities and provide services outside the Federal Section 330 scope of project, they often purchase "gap" or "wrap-around" coverage for those exposures, as well as for medical providers who do not qualify for protection under the FTCA. For example, volunteers and part time contracted dentists are not covered; all general liability exposures are excluded from coverage; and there is no coverage for medical professional liability arising from any new services or activities in which the FQHC has engaged since the "deeming" application was submitted and approved. Until those activities and services have been "deemed" – and are therefore subject to FTCA coverage – private insurance should be purchased for the medical malpractice exposure created by the new activities and services.

In 2016 the health center program had the following impact:

- Served nearly 26 million patients
  - 92% below 200% poverty level
  - 70% below 100% poverty level
  - 23% uninsured
  - 1,262,961 homeless individuals
  - 957,259 migrant/seasonal farm workers
  - 755,423 school-based children
- Provided over 104 million patient visits in nearly 1,400 organizations across more than 10,000 service sites and mobile units.

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In response to this need, IronHealth has developed a policy form to address the potential gaps in coverage with the following features:

- Professional Liability/General Liability "wrap around" coverage
- Coverage available for deemed and non deemed services and activities
- Claims Made and Occurrence coverage available
- Primary and excess limits available
- Additional Insured and contractual coverage included for all Funding Sources
- Sub-limits for:
    - Personal Information Protection Reimbursement Coverage (includes coverage for HIPAA violations)
    - Legal Defense Reimbursement Coverage
    - Evacuation Expense Reimbursement Coverage
- Worldwide coverage
- Separate limits available for employed medical practitioners
- Good Samaritan coverage
- Coverage available for volunteers and part time dentists
- Custom Coverage Solutions

Every Ironshore FQHC Insured receives a risk management budget at the beginning of every policy period. These dollars may vary based on the policy premium but, at a minimum, each insured receives $1,000. These "Risk Management dollars" may be used to reimburse the insured for any expenditure related to reducing, mitigating or avoiding risk. Some of these activities and services may include education, training, the purchase of risk related materials, registration fees for conferences, travel expenses related to the conferences, etc. While many of our Insureds are provided with risk management services through the Health Resources and Services Administration, the Ironshore stipend can cover expenses for valuable services outside the federally funded risk management services program.

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04/19