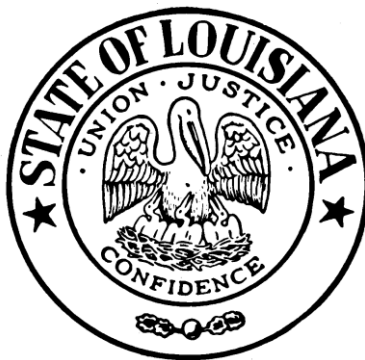


**REQUEST FOR PROPOSAL  
FOR  
BILLING SERVICES FOR THE  
LOUISIANA DEPARTMENT OF HEALTH AND  
HOSPITALS  
OFFICE OF PUBLIC HEALTH**



**File Number: S 28195 EP**

**Solicitation Number: 2247097**

**Proposal Opening Date: December 1, 2011**

**Proposal Opening Time: 10:00 A.M. (CT)**

**State of Louisiana  
Office of State Purchasing**

**October 26, 2011**

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# REQUEST FOR PROPOSAL FOR BILLING SERVICES

## **PART I: ADMINISTRATIVE AND GENERAL INFORMATION**

### **1.1 Background**

The Department of Health and Hospital (DHH) Office of Public Health (OPH) has evolved to respond to the most pressing health needs of the citizens of Louisiana. While implementing programs to prevent disease and promote health, OPH continues its commitment to protect and enhance the health of Louisiana residents.

OPH provides a wide range of preventive services to reduce illness, disability and premature death. It accomplishes its mission by enforcing the state sanitary code, testing food products, maintaining vital statistics and educating Louisiana residents. It provides preventive services in more than 60 public health facilities throughout the state and/or external personal health providers acting on behalf of OPH, including but not limited to family planning, children special health services, sexually transmitted disease, maternal child health, immunization, tuberculosis, school based health, genetics, laboratory services, and women, infants and children.

OPH generates approximately \$15.3 million in Medicaid revenue annually for clinic services billed from encounters submitted by the various clinics statewide. In addition, OPH will be billing third party billers, including but not limited to our clients, private insurance companies, members of Bayou Health Network, and any other entity that is a part of Medicaid's Managed Care Network. The current contract provides for the services of data import, data editing and validation, data management, services reporting, bill preparation, submission, reconciliation, (and iterative resubmission), and billing reports expires December 31, 2011. It is imperative that a system be in place by January 1, 2012 so that the flow of revenue to OPH will not be interrupted. In addition, revenues coming in from additional resources including OPH clients and third party payers should be pursued. These monies are an integral part of OPH's operational funding. This continuous cycle of services falls in two potentially types of service: data entry and billing.

Additionally, other data files are needed for laboratory tests generated at the State Central Lab, Newborn Screenings and LINKS that provide for data import, data editing and validation, data management, services reporting, bill preparation, submission, reconciliation, (and iterative resubmission) and billing reports. However, the contractor should anticipate that some additional files could be added in the future.

Also, the contractor will be required to do post processing on any files provided and investigate all denied claims.

### 1.1.1 Purpose

The purpose of this Request for Proposal (RFP) is to obtain competitive proposals as allowed by Louisiana Revised Statute 39:1593.C. from bona fide, qualified proposers who are interested in providing the DHH OPH with the services required for the operation of several data entry and/or billing systems.

### 1.1.2 Goals and Objectives

DHH OPH desires to obtain reasonable proposals for the provision and operation of several data systems and/or billing of services resulting from client encounters in OPH operated facilities, including the State Central Laboratory. Provision must also be included for required programming and/or consultation services regarding revenue generation and reporting requirements.

## 1.2 Definitions

A. Shall – The term “shall” denotes mandatory requirements per RS: 39:1556(24).

B. Must - The term “must” denotes mandatory requirements.

C. May - The term “may” denotes an advisory or permissible action.

D. Should – The term “should” denotes a desirable action.

E. Contractor – Any person having a contract with a governmental body.

F. Agency- Any department, commission, council, board, office, bureau, committee, institution, agency, government, corporation, or other establishment of the executive branch of this state authorized to participate in any contract resulting from this solicitation.

G. State- The State of Louisiana.

H. Discussions- For the purposes of this RFP, a formal, structured means of conducting written or oral communications/presentations with responsible Proposers who submit proposals in response to this RFP.

I. RFP – Request for Proposal

J. DHH – Department of Health & Hospitals

K. OPH – Office of Public Health

L. COMPASS – Comprehensive Online Medical Patient Accountability Software System

### 1.3 Schedule of Events

	<u>Date</u>	<u>Time (CT)</u>
1. RFP mailed to prospective proposers and posted to LaPAC	October 26, 2011	
2. Deadline to receive written inquiries	November 10, 2011	
3. Deadline to answer written inquiries	November 18, 2011	
4. Proposal Opening Date (deadline for submitting proposals)	December 1, 2011	10:00 A.M.
5. Oral discussions with proposers, if applicable	To be scheduled	
6. Notice of Intent to Award to be mailed	To be scheduled	
7. Contract Initiation	To be scheduled	

**NOTE: The State of Louisiana reserves the right to revise this schedule. Any such revision will be formalized by the issuance of an addendum to the RFP.**

### 1.4 Proposal Submittal

This RFP is available in electronic form at the LaPAC website <http://www.prd.doa.louisiana.gov/osp/lapac/pubmain.asp>. It is available in PDF format or in printed form by submitting a written request to the RFP Contracting Officer with the Office of State Purchasing.

It is the Proposer's responsibility to check the Office of State Purchasing LaPAC website frequently for any possible addenda that may be issued. The Office of State Purchasing is not responsible for a proposer's failure to download any addenda documents required to complete a Request for Proposal.

All proposals shall be received by the Office of State Purchasing **no later than the date and time shown in the Schedule of Events.**

**Important - - Clearly mark outside of envelope, box or package with the following information and format:**

- X **Proposal Name: Billing Services for DHH-OPH**
- X **File Number: S 28195 EP, Solicitation Number: 2247097**
- X **Proposal Opening Date: December 1, 2011 @ 10:00 A.M. (CT)**

**Proposers are hereby advised that the U. S. Postal Service does not make deliveries to our physical location.**

Proposals may be mailed through the U. S. Postal Service to our box at:

Office of State Purchasing  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

Proposals may be delivered by hand or courier service to our physical location at:

Office of State Purchasing  
1201 North 3<sup>rd</sup> St.  
Suite 2-160  
Baton Rouge, LA 70802

Proposer is solely responsible for ensuring that its courier service provider makes inside deliveries to our physical location. The Office of State Purchasing is not responsible for any delays caused by the proposer's chosen means of proposal delivery.

Proposers should be aware of security requirements for the Claiborne building and allow time to be photographed and presented with a temporary identification badge.

Proposer is solely responsible for the timely delivery of its proposal. Failure to meet the proposal opening date and time shall result in rejection of the proposal.

**PROPOSALS SHALL BE OPENED PUBLICLY AND ONLY PROPOSERS SUBMITTING PROPOSALS SHALL BE IDENTIFIED ALOUD. PRICES SHALL NOT BE READ.**

### **1.5 Proposal Response Format**

Proposals submitted for consideration should follow the format and order of presentation described below:

- A. **Cover Letter:** The cover letter should exhibit The Proposer's understanding and approach to the project. It should contain a summary of Proposer's ability to perform the services described in the RFP and confirm that Proposer is willing to perform those services and enter into a contract with the State.

**ATTENTION:** R. S. 39:1594(C)(4) requires evidence of authority to sign and submit proposals to the State of Louisiana. Please indicate in the Cover Letter which of the following applies to the signer of this proposal.

1. The signer of the proposal is either a corporate officer who is listed on the most current annual report on file with the secretary of state **or** a member of a partnership or partnership in commendam as reflected in the most current partnership records on file with the secretary of state. **A copy of the annual report or partnership record must be submitted to the Office of State Purchasing before contract award.**
2. The signer of the proposal is a representative of the proposer authorized to submit this proposal as evidenced by documents such as, corporate resolution, certification as to corporate principal, etc. **If this applies a**



**copy of the resolution, certification or other supportive documents must be attached to the Cover Letter.**

3. The proposer has filed with the secretary of state an affidavit or resolution or other acknowledged/authentic document indicating that the signer is authorized to submit proposals for public contracts. **A copy of the applicable document must be submitted to the Office of State Purchasing before contract award.**
4. The signer of the proposal has been designated by the proposer as authorized to submit proposals on the proposer's vendor registration on file with the Office of State Purchasing.

The cover letter should also

- Identify the submitting Proposer and provide their federal tax identification number;
  - Identify the name, title, address, telephone number, fax number, and email address of each person authorized by the Proposer to contractually obligate the Proposer;
  - Identify the name, address, telephone number, fax number, and email address of the contact person for technical and contractual clarifications throughout the evaluation period.
- B. **Table of Contents:** Organized in the order cited in the format contained herein.
  - C. **Proposer Qualifications and Experience:** History and background of Proposer, financial strength and stability, related services provided to government entities, existing customer satisfaction, demonstrated volume of merchants, etc.
  - D. **Proposed Solution/Technical Response:** Illustrating and describing proposed technical solution and compliance with the RFP requirements.
  - E. **Innovative Concepts:** Presentation of innovative concepts, if any, for consideration.
  - F. **Project Schedule:** Detailed schedule of implementation plan for pilot (if applicable) and full statewide or agency implementation. This schedule is to include implementation actions, timelines, responsible parties, etc.
  - G. **Financial Proposal:** Proposer's fees and other costs, if any, shall be submitted in accordance with Appendix A Price Schedule. Prices proposed shall be firm for the duration of the contract. This financial proposal shall include any and all costs the Contractor wishes to have considered in the contractual arrangement with the State.

### **1.5.1 Number of Response Copies**

Each Proposer shall submit one (1) signed original response. Six (6) additional copies of the proposal should be provided, as well as one (1) redacted copy, if applicable (See Section 1.6) and two (2) electronic copies on flash drive or cd.

### **1.5.2 Legibility/Clarity**

Responses to the requirements of this RFP in the formats requested are desirable with all questions answered in as much detail as practicable. The Proposer's response is to demonstrate an understanding of the requirements. Proposals prepared simply and economically, providing a straightforward, concise description of the Proposer's ability to meet the requirements of the RFP is also desired. Each Proposer is solely responsible for the accuracy and completeness of its proposal.

### **1.6 Confidential Information, Trade Secrets, and Proprietary Information**

The designation of certain information as trade secrets and/or privileged or confidential proprietary information shall only apply to the technical portion of the proposal. The cost proposal will not be considered confidential under any circumstance. Any proposal copyrighted or marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

For the purposes of this procurement, the provisions of the Louisiana Public Records Act (La. R.S. 44.1 et. seq.) will be in effect. Pursuant to this Act, all proceedings, records, contracts, and other public documents relating to this procurement shall be open to public inspection. Proposers are reminded that while trade secrets and other proprietary information they submit in conjunction with this procurement may not be subject to public disclosure, protections must be claimed by the proposer at the time of submission of its Technical Proposal. Proposers should refer to the Louisiana Public Records Act for further clarification.

The proposer must clearly designate the part of the proposal that contains a trade secret and/or privileged or confidential proprietary information as "confidential" in order to claim protection, if any, from disclosure. The proposer shall mark the cover sheet of the proposal with the following legend, specifying the specific section(s) of his proposal sought to be restricted in accordance with the conditions of the legend:

*"The data contained in pages \_\_\_\_\_ of the proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a contract is awarded to this Proposer as a result of or in connection with the submission of this proposal, the State of Louisiana shall have the right to use or disclose the data therein to the extent provided in the contract. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the proposer, without restrictions."*

Further, to protect such data, each page containing such data shall be specifically identified and marked "CONFIDENTIAL".

Proposers must be prepared to defend the reasons why the material should be held confidential. If a competing proposer or other person seeks review or copies of another proposer's confidential data, the state will notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must agree to indemnify the state and hold the state harmless against all actions or court proceedings that may ensue (including attorney's fees), which seek to order the state to disclose the information. If the owner of the asserted data refuses to indemnify and hold the state harmless, the state may disclose the information.

The State reserves the right to make any proposal, including proprietary information contained therein, available to OSP personnel, the Office of the Governor, or other state agencies or organizations for the sole purpose of assisting the State in its evaluation of the proposal. The State shall require said individuals to protect the confidentiality of any specifically identified proprietary information or privileged business information obtained as a result of their participation in these evaluations.

If your proposal contains confidential information, you should also submit a redacted copy along with your proposal. If you do not submit the redacted copy, you will be required to submit this copy within 48 hours of notification from the Office of State Purchasing. When submitting your redacted copy, you should clearly mark the cover as such - "REDACTED COPY" - to avoid having this copy reviewed by an evaluation committee member. The redacted copy should also state which sections or information has been removed.

## **1.7 Proposal Clarifications Prior to Submittal**

### **1.7.1 Pre-proposal Conference**

NOT REQUIRED FOR THIS RFP

### **1.7.2 Proposer Inquiry Periods**

The state shall not and cannot permit an open-ended inquiry period, as this creates an unwarranted delay in the procurement cycle and operations of our agency customers. The state reasonably expects and requires *responsible and interested* proposers to conduct their in-depth proposal review and submit inquiries in a timely manner.

An inquiry period is hereby firmly set for all interested proposers to perform a detailed review of the proposal documents and to submit any written inquiries relative thereto. *Without exception*, all inquiries MUST be submitted in writing by an authorized representative of the proposer, clearly cross-referenced to the relevant solicitation section. All inquiries must be received by the close of business on the Inquiry Deadline date set forth in Section 1.3 Schedule of Events of this RFP. Only those inquiries received by the established deadline shall be considered by the State. Inquiries received after the established deadline shall not be entertained.

Inquiries concerning this solicitation may be delivered by mail, express courier, e-mail, hand, or fax to:

Office of State Purchasing  
Attention: Felicia M. Sonnier  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

1201 North Third St.  
Claiborne Bldg., Suite 2-160  
Baton Rouge, LA 70802

E-Mail: [felicia.sonnier@la.gov](mailto:felicia.sonnier@la.gov)

Phone: (225) 342-8029/Fax: (225) 342-8688

An addendum will be issued and posted at the Office of State Purchasing LaPAC website, to address all inquiries received and any other changes or clarifications to the solicitation. Thereafter, all proposal documents, including but not limited to the specifications, terms, conditions, plans, etc., will stand as written and/or amended by any addendum. No negotiations, decisions, or actions shall be executed by any proposer as a result of any oral discussions with any state employee or state consultant. It is the Proposer's responsibility to check the LaPAC website frequently for any possible addenda that may be issued. The Office of State Purchasing is not responsible for a proposer's failure to download any addenda documents required to complete a Request for Proposal.

Any person aggrieved in connection with the solicitation or the specifications contained therein, has the right to protest in accordance with R.S. 39:1671. Such protest shall be made in writing to the Director of State Purchasing at least two days prior to the deadline for submitting proposals.

**Note:** LaPAC is the state's online electronic bid posting and notification system resident on State Purchasing's website [[www.doa.louisiana.gov/osp](http://www.doa.louisiana.gov/osp)]. In that LaPAC provides an immediate e-mail notification to subscribing bidders that a solicitation and any subsequent addenda have been let and posted, notice and receipt thereof is considered formally given as of their respective dates of posting.

Vendor self-enrollment in LaPAC was disabled November 15, 2010. All vendors are to now register in the LaGov portal. Registration is intuitive at the following link: [https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest\\_user=self\\_req](https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest_user=self_req) and help scripts are available on OSP website under vendor center at <http://www.doa.louisiana.gov/osp/vendorcenter/regnhelp/index.htm>.

## **1.8 Errors and Omissions in Proposal**

The State will not be liable for any error in the proposal. Proposer will not be allowed to alter proposal documents after the deadline for proposal submission, except under the following condition: The State reserves the right to make corrections or clarifications due to patent errors identified in proposals by the State or the Proposer. The State, at its option, has the right to request clarification or additional information from the Proposer.

## **1.9 Proposal Guarantee**

NOT REQUIRED FOR THIS RFP

### **1.10 Performance Bond**

NOT REQUIRED FOR THIS RFP

### **1.11 Changes, Addenda, Withdrawals**

The State reserves the right to change the Schedule of Events or issue Addenda to the RFP at any time. The State also reserves the right to cancel or reissue the RFP.

If the proposer needs to submit changes or addenda, such shall be submitted in writing, signed by an authorized representative of the proposer, cross-referenced clearly to the relevant proposal section, prior to the proposal opening, and should be submitted in a sealed envelope. Such shall meet all requirements for the proposal.

### **1.12 Withdrawal of Proposal**

A proposer may withdraw a proposal that has been submitted at any time up to the proposal closing date and time. To accomplish this, a written request signed by the authorized representative of the proposer must be submitted to the Office of State Purchasing.

### **1.13 Material in the RFP**

Proposals shall be based only on the material contained in this RFP. The RFP includes official responses to questions, addenda, and other material, which may be provided by the State pursuant to the RFP.

### **1.14 Waiver of Administrative Informalities**

The State reserves the right, at its sole discretion, to waive administrative informalities contained in any proposal.

### **1.15 Proposal Rejection**

Issuance of this RFP in no way constitutes a commitment by the State to award a contract. The State reserves the right to accept or reject any or all proposals submitted or to cancel this RFP if it is in the best interest of the State to do so.

In accordance with the provisions of R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid from, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950, professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of this Title, or the Louisiana Procurement Code under the provisions of Chapter 17 of this Title.

### **1.16 Ownership of Proposal**

All materials (paper content only) submitted in response to this request become the property of the State. Selection or rejection of a response does not affect this right. All proposals submitted will be retained by the State and not returned to proposers. Any copyrighted materials in the response are not transferred to the State.

### **1.17 Cost of Offer Preparation**

The State is not liable for any costs incurred by prospective Proposers or Contractors prior to issuance of or entering into a Contract. Costs associated with developing the proposal, preparing for oral presentations, and any other expenses incurred by the Proposer in responding to the RFP are entirely the responsibility of the Proposer, and shall not be reimbursed in any manner by the State of Louisiana.

### **1.18 Non-negotiable Contract Terms**

Non-negotiable contract terms include but are not limited to taxes, assignment of contract, audit of records, EEOC and ADA compliance, record retention, content of contract/order of precedence, contract changes, governing law, claims or controversies, and termination based on contingency of appropriation of funds.

### **1.19 Taxes**

Any taxes, other than state and local sales and use taxes, from which the state is exempt, shall be assumed to be included within the Proposer's cost.

### **1.20 Proposal Validity**

All proposals shall be considered valid for acceptance until such time an award is made, unless the Proposer provides for a different time period within its proposal response. However, the State reserves the right to reject a proposal if the Proposer's acceptance period is unacceptable and the Proposer is unwilling to extend the validity of its proposal.

### **1.21 Prime Contractor Responsibilities**

The selected Proposer shall be required to assume responsibility for all items and services offered in his proposal whether or not he produces or provides them. The State shall consider the selected Proposer to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

### **1.22 Use of Subcontractors**

Each Contractor shall serve as the single prime contractor for all work performed pursuant to its contract. That prime contractor shall be responsible for all deliverables referenced in this RFP.

This general requirement notwithstanding, Proposers may enter into subcontractor arrangements. Proposers may submit a proposal in response to this RFP, which identifies subcontract(s) with others, provided that the prime contractor acknowledges total responsibility for the entire contract.

If it becomes necessary for the prime contractor to use subcontractors, the State urges the prime contractor to use Louisiana vendors, including small and emerging businesses, a small entrepreneurship or a veteran or service-connected disabled veteran-owned small entrepreneurship, if practical. In all events, any subcontractor used by the prime should be identified to the State Project Manager.

Information required of the prime contractor under the terms of this RFP, is also required for each subcontractor and the subcontractors must agree to be bound by the terms of the contract. The prime contractor shall assume total responsibility for compliance.

### **1.23 Written or Oral Discussions/Presentations**

Written or oral discussions may be conducted with Proposers who submit proposals determined to be reasonably susceptible of being selected for award; however, the State reserves the right to enter into an Agreement without further discussion of the proposal submitted based on the initial offers received.

Any commitments or representations made during these discussions, if conducted, may become formally recorded in the final contract.

Written or oral discussions/presentations for clarification may be conducted to enhance the State's understanding of any or all of the proposals submitted. Proposals may be accepted without such discussions.

### **1.24 Acceptance of Proposal Content**

The mandatory RFP requirements shall become contractual obligations if a contract ensues. Failure of the successful Proposer to accept these obligations shall result in the rejection of the proposal.

### **1.25 Evaluation and Selection**

All responses received as a result of this RFP are subject to evaluation by the State Evaluation Committee for the purpose of selecting the Proposer with whom the State shall contract.

To evaluate all proposals, a committee whose members have expertise in various areas has been selected. This committee will determine which proposals are reasonably susceptible of being selected for award. If required, written or oral discussions may be conducted with any or all of the Proposers to make this determination.

Written recommendation for award shall be made to the Director of State Purchasing for the Proposer whose proposal, conforming to the RFP, will be the most advantageous to the State of Louisiana, price and other factors considered.

The committee may reject any or all proposals if none is considered in the best interest of the State.

### **1.26 Contract Negotiations**

If for any reason the Proposer whose proposal is most responsive to the State's needs, price and other evaluation factors set forth in the RFP considered, does not agree to a contract, that proposal shall be rejected and the State may negotiate with the next most responsive Proposer. Negotiation may include revision of non-mandatory terms, conditions, and requirements. OSP must approve the final contract form and issue a purchase order, if applicable, to complete the process.

### **1.27 Contract Award and Execution**

The State reserves the right to enter into a contract without further discussion of the proposal submitted based on the initial offers received.

The RFP, including any addenda, and the proposal of the selected Contractor will become part of any contract initiated by the State.

Proposers are discouraged from submitting their own standard terms and conditions with their proposals. Proposers should address the specific language in the sample contract in Appendix E of this RFP and submit any exceptions or deviations the proposer wishes to negotiate. The proposed terms will be negotiated before a final contract is entered. Mandatory terms and conditions are not negotiable. If applicable, a proposer may submit or refer to a Master Agreement entered into by the contractor and the State in accordance with R.S. 39:198(e).

If the contract negotiation period exceeds thirty (30) days or if the selected Proposer fails to sign the contract within **seven calendar** days of delivery of it, the State may elect to cancel the award and award the contract to the next-highest-ranked Proposer.

Award shall be made to the Proposer with the highest points, whose proposal, conforming to the RFP, will be the most advantageous to the State of Louisiana, price and other factors considered.

The State intends to award to a single Proposer.

### **1.28 Notice of Intent to Award**

Upon review and approval of the evaluation committee's and agency's recommendation for award, OSP will issue a "Notice of Intent to Award" letter to the apparent successful Proposer. A contract shall be completed and signed by all parties concerned on or before the date indicated in the "Schedule of Events." If this date is not met, through no fault of the State, the State may elect to cancel the "Notice of Intent to Award" letter and make the award to the next most advantageous Proposer.

OSP will also notify all unsuccessful Proposers as to the outcome of the evaluation process. The evaluation factors, points, evaluation committee member names, and the completed



evaluation summary and recommendation report will be made available to all interested parties after the "Notice of Intent to Award" letter has been issued.

Any person aggrieved by the proposed award has the right to submit a protest in writing, in accordance with RS: 39:1671, to the Director of State Purchasing, within fourteen days of the award/intent to award.

### **1.29 Debriefings**

Debriefings may be scheduled by the participating Proposers after the "Notice of Intent to Award" letter has been issued by scheduling an appointment with the Office of State Purchasing. Contact may be made by phone at (225) 342-8029 or E-mail to [felicia.sonnier@la.gov](mailto:felicia.sonnier@la.gov).

### **1.30 Insurance Requirements**

Contractor shall furnish the State with certificates of insurance effecting coverage(s) required by the RFP, Appendix E. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates are to be received and approved by the State before work commences. The State reserves the right to require complete certified copies of all required policies, at any time.

### **1.31 Subcontractor Insurance**

The Contractor shall include all subcontractors as insured's under its policies or shall insure that all subcontractors satisfy the same insurance requirements stated herein for the contractor.

### **1.32 Indemnification and Limitation of Liability**

Neither party shall be liable for any delay or failure in performance beyond its control resulting from acts of God or force majeure. The parties shall use reasonable efforts to eliminate or minimize the effect of such events upon performance of their respective duties under the contract.

Contractor shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and hold harmless the State from suits, actions, damages and costs of every name and description relating to personal injury and damage to real or personal tangible property caused by Contractor, its agents, employees, partners or subcontractors in the performance of the contract, without limitation; provided, however, that the Contractor shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the State.

Contractor will indemnify, defend and hold the State harmless, **without limitation**, from and against any and all damages, expenses (including reasonable attorneys' fees), claims judgments, liabilities and costs which may be finally assessed against the State in any action for infringement of a United States Letter Patent with respect to the Products, Materials, or Services furnished, or of any copyright, trademark, trade secret or intellectual property right, provided that

the State shall give the Contractor: (i) prompt written notice of any action, claim or threat of infringement suit, or other suit, (ii) the opportunity to take over, settle or defend such action, claim or suit at Contractor's sole expense, and (iii) assistance in the defense of any such action at the expense of Contractor. Where a dispute or claim arises relative to a real or anticipated infringement, the State may require Contractor, at its sole expense, to submit such information and documentation, including formal patent attorney opinions, as the Commissioner of Administration shall require.

The Contractor shall not be obligated to indemnify that portion of a claim or dispute based upon: (i) State's unauthorized modification or alteration of a Product, Material, or Service; (ii) State's use of the Product, Material, or Service in combination with other products, materials, or services not furnished by Contractor; (iii) State's use in other than the specified operating conditions and environment.

In addition to the foregoing, if the use of any item(s) or part(s) thereof shall be enjoined for any reason or if Contractor believes that it may be enjoined, Contractor shall have the right, at its own expense and sole discretion as the state's exclusive remedy to take action in the following order of precedence: (i) to procure for the State the right to continue using such item(s) or part(s) thereof, as applicable; (ii) to modify the component so that it becomes non-infringing equipment of at least equal quality and performance; or (iii) to replace said item(s) or part(s) thereof, as applicable, with non-infringing components of at least equal quality and performance, or (iv) if none of the foregoing is commercially reasonable, then provide monetary compensation to the State up to the dollar amount of the Contract.

For all other claims against the Contractor where liability is not otherwise set forth in the contract as being "without limitation", and regardless of the basis on which the claim is made, Contractor's liability **for direct damages, shall be the greater of \$100,000, the dollar amount of the Contract, or two (2) times the charges for products, materials, or services rendered by the Contractor under the Contract.** Unless otherwise specifically enumerated herein mutually agreed between the parties, neither party shall be liable to the other for special, indirect or consequential damages, including lost data or records (unless the Contractor is required to back-up the data or records as part of the work plan), even if the party has been advised of the possibility of such damages. Neither party shall be liable for lost profits, lost revenue or lost institutional operating savings.

The State may, in addition to other remedies available to them at law or equity and upon notice to the Contractor, retain such monies from amounts due Contractor, or may proceed against the performance and payment bond, if any, as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against them.

### **1.33 Fidelity Bond Requirements**

NOT REQUIRED FOR THIS RFP

## **1.34 Payment**

### **1.34.1 Payment for Services**

DHH OPH agency shall pay Contractor in accordance with the Pricing Schedule set forth in Appendix A. The Contractor may invoice DHH OPH monthly at the billing address designated by DHH OPH. Payments will be made by DHH OPH within approximately thirty (30) days after receipt of a properly executed invoice, and approval by DHH OPH. Invoices shall include the contract and order number, using department and product purchased. Invoices submitted without the referenced documentation will not be approved for payment until the required information is provided.

### **1.34.2 Late Payments**

Interest due by a State Agency for late payments shall be in accordance with R.S. 39:1695 and 13:4202.

## **1.35 Termination**

### **1.35.1 Termination of the Contract for Cause**

The State may terminate the contract for cause based upon the failure of the Contractor to comply with the terms and/or conditions of the contract, or failure to fulfill its performance obligations pursuant to the contract, provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct such failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the contract shall terminate on the date specified in such notice.

The Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of the contract, provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the State to cure the defect.

### **1.35.2 Termination of the Contract for Convenience**

The State may terminate the contract at any time by giving thirty (30) days written notice to the Contractor of such termination or negotiating with the Contractor an effective date.

The Contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

### **1.35.3 Termination for Non-Appropriation of Funds**

The continuance of the contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act or Title 39 of the Louisiana Revised Statutes of 1950 to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

### **1.36 Assignment**

The Contractor shall not assign any interest in the contract by assignment, transfer, or novation, without prior written consent of the State. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the State.

### **1.37 No Guarantee of Quantities**

The quantities referenced in the RFP are estimated to be the amount needed. In the event a greater or lesser quantity is needed, the right is reserved by the State of Louisiana to increase or decrease the amount, at the unit price stated in the proposal.

Neither the State nor Agency obligates itself to contract for or accept more than their actual requirements during the period of the contract, as determined by actual needs and availability of appropriated funds.

### **1.38 Audit of Records**

The State legislative auditor, federal auditors and internal auditors of the Department of Health and Hospitals, Division of Administration, or others so designated by the DOA, shall have the option to audit all accounts directly pertaining to the resulting contract for a period of five (5) years after project acceptance or as required by applicable State and Federal law. Records shall be made available during normal working hours for this purpose.

### **1.39 Civil Rights Compliance**

The Contractor agrees to abide by the requirements of the following as applicable: Title VI and Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1975, and Contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Contractor agrees not to discriminate in its employment practices, and will render services under the contract and any contract without

regard to race, color, religion, sex, national origin, veteran status, political affiliation, or disabilities. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of the contract.

#### **1.40 Record Retention**

The Contractor shall maintain all records in relation to the contract for a period of at least five (5) years after final payment.

#### **1.41 Record Ownership**

All records, reports, documents, or other material related to any contract resulting from this RFP and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of the State and shall, upon request, be returned by Contractor to the State, at Contractor's expense, at termination or expiration of the contract.

#### **1.42 Content of Contract/ Order of Precedence**

In the event of an inconsistency between the contract, the RFP and/or the Contractor's Proposal, the inconsistency shall be resolved by giving precedence first to the final contract, then to the RFP and subsequent addenda (if any) and finally, the Contractor's Proposal.

#### **1.43 Contract Changes**

No additional changes, enhancements, or modifications to any contract resulting from this RFP shall be made without the prior approval of OSP.

Changes to the contract include any change in: compensation; beginning/ ending date of the contract; scope of work; and/or Contractor change through the Assignment of Contract process. Any such changes, once approved, will result in the issuance of an amendment to the contract.

#### **1.44 Substitution of Personnel**

The State intends to include in any contract resulting from this RFP the following condition:

Substitution of Personnel: If, during the term of the contract, the Contractor or subcontractor cannot provide the personnel as proposed and requests a substitution, that substitution shall meet or exceed the requirements stated herein. A detailed resume of qualifications and justification is to be submitted to the State for approval prior to any personnel substitution. It shall be acknowledged by the Contractor that every reasonable attempt shall be made to assign the personnel listed in the Contractor's proposal.

#### **1.45 Governing Law**

All activities associated with this RFP process shall be interpreted under Louisiana Law. All proposals and contracts submitted are subject to provisions of the laws of the State of Louisiana including but not limited to L.R.S. 39:1551-1736; purchasing rules and regulations; executive orders; standard terms and conditions; special terms and conditions; and specifications listed in this RFP.

#### **1.46 Claims or Controversies**

Any claims or controversies shall be resolved in accordance with the Louisiana Procurement Code, RS39:1673.

#### **1.47 Proposer's Certification of OMB A-133 Compliance**

Certification of no suspension or debarment: By signing and submitting any proposal for \$25,000 or more, the proposer certifies that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133.

A list of parties who have been suspended or debarred can be viewed via the internet at <http://www.epls.gov>.

#### **1.48 Anti-Kickback Clause**

The Contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each Contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

#### **1.49 Clean Air Act**

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA list of Violating Facilities.

#### **1.50 Energy Policy and Conservation Act**

The Contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

### **1.51 Clean Water Act**

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders, or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities.

### **1.52 Anti-Lobbying and Debarment Act**

The Contractor will be expected to comply with Federal statutes required in the Anti-Lobbying Act and the Debarment Act.

## **PART II: SCOPE OF WORK/SERVICES**

### **2.1 Scope of Work/Services**

The Scope of Services requested is set forth in the following objectives. Additional information is available in Appendix "B", the "Statement of Work" with other accompanying attachments.

Objectives:

1. Data entry is done by the OPH staff via the COMPASS software application. The Comprehensive Online Medical Patient Accountability Software System (COMPASS) is written in .Net 1.1 and Oracle 10g. This mission-critical, statewide application is used by OPH to collect service encounter and programmatic data from the Parish Health Units and health providers contracted by Louisiana Office of Public Health. Data captured in this system is used to submit Medicaid billable claims and to develop statistical reports to support programmatic and facility management decisions. See Appendix D for samples of COMPASS Forms.
2. Electronically submit Medicaid claims to the fiscal intermediary selected by Medicaid for covered services provided by OPH. Within a week of the availability of the Medicaid remittance advice, post this data to the billing data files, and update the related fields for each claim of each encounter. See additional details in Statement of Work, Appendix "B".
3. Perform activities necessary to maximize collection of claims filed, including but not limited to, reducing the percentage of claims denied, tracking unpaid claims and research, corrections and resubmission of denied claims.
4. Maintain capability to provide statistical or financial reports to OPH Center for Budget and Revenue Monitoring within 72 hours from request and provide basic reports required for program management and Federal program reporting requirements. See Appendix "C" for sample reports.
5. Insure that all of the procedures performed are appropriately billed within established carriers' guidelines.
6. Assure that billing and reporting requirements comply with and reflect current State, Federal, private insurance companies and any other billable providers' guidelines and fee schedules.
7. Provide operational services as required relative to revenue generation.
8. Complete modifications and enhancements as required by Medicaid, private insurance companies and any other billable providers.
9. Provide quarterly reports to the OPH Budget and Revenue Monitoring Unit and advise of changes in rates, volume served, or other collection trends that impact OPH's revenues.



## **2.2 Period of Agreement**

The term of any contract resulting from this solicitation shall be for a twelve (12) month period. At the option of the State of Louisiana and acceptance by the contractor, this contract may be extended for two additional twelve (12) month periods at the same price, terms and conditions. Total contract time may not exceed thirty-six (36) months.

## **2.3 Price Schedule**

Prices proposed by the proposers should be submitted on the price schedule furnished herein on Appendix A. Prices submitted shall be firm for the term of the contract. Prices should include delivery of all items F.O.B. destination.

## **2.4 Deliverables**

The deliverables in Section 2.1 Scope of Work/Services are the minimum desired from the successful proposer. Every proposer should describe what deliverables will be provided per their proposal and how the proposed deliverables will be provided.

## **2.5 Location**

Unless otherwise stated below, all services are to be performed, completed and managed at proposers' place of business.

Exception: Laboratory testing data will be entered onsite at the OPH Central Laboratory on OPH equipment, with OPH software, and transferred to contractor.

## **2.6 Proposal Elements**

### **2.6.1 Financial**

Proposal shall include prices per the schedule furnished in Appendix A, as well as other potential charges (if any) for proposed services associated with the RFP program implementation and administration that you wish the State to consider.

### **2.6.2 Technical**

Each Proposer should address how the firm will meet all the requirements of this RFP, with particular attention to:

- Work Plan/Project Execution: Plans and schedule for implementation and enhancements, including installations-and plans for assuming responsibilities. Project plan should include project management, risk management, issue management and implementation plans.

- Plans for training,
- Provision for customer service, including personnel assigned, toll-free number, and account inquiry, etc.
- Resumes for account manager, designated customer service representative(s) and any other key personnel to be assigned to this project, including those of subcontractors, if any.
- References for at least three states, government agencies, or private firms for whom similar or larger scope services are currently being provided. Include a contact person and telephone number for each reference.
- Information demonstrating the Proposer's financial stability (financial statements, annual reports, or similar data for the last three years).
- Information demonstrating the Proposer's understanding of the nature and scope of this project.
- Information demonstrating the Proposer's disaster recovery plan.

Any other information deemed pertinent by the Proposer including terms and conditions which the Proposer wishes the State to consider.

### **2.6.3 Veteran-Owned and Service-Connected Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation**

Each Proposer should address how the firm will meet the following:

The State of Louisiana Veteran and Hudson Initiatives are designed to provide additional opportunities for Louisiana-based small entrepreneurships (sometimes referred to as LaVet's and SE's respectively) to participate in contracting and procurement with the state. A certified Veteran-Owned and Service-Connected Disabled Veteran-Owned small entrepreneurship (LaVet) and a Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) small entrepreneurship are businesses that have been certified by the Louisiana Department of Economic Development. All eligible vendors are encouraged to become certified. Qualification requirements and online certification are available at [https://smallbiz.louisianaforward.com/index\\_2.asp](https://smallbiz.louisianaforward.com/index_2.asp).

A current list of certified Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurships may be obtained from the Louisiana Economic Development Certification System at [https://smallbiz.louisianaforward.com/index\\_2.asp](https://smallbiz.louisianaforward.com/index_2.asp). Additionally, a list of Hudson and Veteran Initiative small entrepreneurships, which have been certified by the Louisiana Department of Economic Development and who have opted to register in the State of Louisiana LaGov Supplier Portal [https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest\\_user=self\\_reg](https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest_user=self_reg) may be accessed from the State of Louisiana Procurement and Contract (LaPAC) Network <http://wwwprd.doa.louisiana.gov/osp/lapac/vendor/srchven.asp>. When using this site, determine

the search criteria (i.e. alphabetized list of all certified vendors, by commodities, etc.) and select SmallE, VSE, or DVSE.

If a proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.

During the term of the contract and at expiration, the Contractor will also be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each.

The statutes (R.S 39:2171 *et. seq.*) concerning the Veteran Initiative may be viewed at <http://www.legis.state.la.us/lss/lss.asp?doc=671504>; and the statutes (R.S 39:2001 *et. seq.*) concerning the Hudson Initiative may be viewed at <http://www.legis.state.la.us/lss/lss.asp?doc=96265>. The rules for the Veteran Initiative (LAC 19:VII. Chapters 11 and 15) and for the Hudson Initiative (LAC 19:VIII Chapters 11 and 13) may be viewed at <http://www.doa.louisiana.gov/osp/se/se.htm>.

## **PART III: EVALUATION**

The following criteria will be evaluated when reviewing the proposals. The proposal will be evaluated in light of the material and the substantiating evidence presented to the State, not on the basis of what may be inferred.

The scores for the Financial and Technical Proposals will be combined to determine the overall score. The Proposer with the highest overall score will be recommended for award.

### **3.1 Financial Proposal (*Value of 50% of the total evaluation points*)**

The following financial criteria will be evaluated:

Proposer must specify costs for performance of tasks and methodologies of payment. Proposal should include all anticipated costs of successful implementation of all services outlined. An item by item breakdown of costs must be included in the proposal. The itemized cost breakdown should include, at the minimum, the costs for the following:

- Proposed Fee Structure for performing the services requested
- Additional Costs identified in detail
- Operational Services

Prices proposed by the Proposers should be submitted on the price schedule furnished in Appendix A. Prices proposed shall be firm.

The information provided in response to this section will be used in the Financial Evaluation to calculate lowest evaluated cost.

A proposer's base cost score will be based on the cost information provided in Appendix A and computed as follows:

$$\text{BCS} = (\text{LPC}/\text{PC} \times 50)$$

Where:        BCS = Computed cost score (points) for proposer being evaluated  
                  LPC = Lowest proposed cost of all proposers  
                  PC = Total cost of proposer being evaluated

Note: The proposer must include an itemized listing of all expenses or fees, if applicable, (including travel) that are expected to be paid by the agency. Travel and other allowable expenses shall be reimbursed in accordance with the Division of Administration State General Travel Regulations, within the limits established for State Employees as defined in Division of Administration Policy and Procedure Memorandum No. 49. All out of state travel will be subject to prior approval by the Secretary of the agency or his/her designee.

### **3.2 Technical Proposal (*Value of 40% of the total evaluation points*)**

The following criteria are of importance and relevance to the evaluation of this RFP and will be used by the Evaluation Committee in the evaluation of the technical proposal. Such factors may include but are not limited to:

- Introduction/Understanding of Scope of Work – 10 points
- Technical Proposal/Plan for Project Execution – 15 points
- Corporate Experience – 5 points
- Qualification of Personnel/Financial Condition – 10 points

#### **3.2.1 *Veteran-Owned and Service-Connected Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Participation (Value of 10% of the total evaluation points)***

Ten percent (10%) of the total evaluation points on this RFP are reserved for proposers who are themselves a certified Veteran or Hudson Initiative small entrepreneurship or who will engage the participation of one or more certified Veteran or Hudson Initiatives small entrepreneurships as subcontractors.

Reserved points shall be added to the applicable proposers' evaluation score as follows:

##### Proposer Status and Reserved Points

- Proposer is a certified small entrepreneurship: Full amount of the reserved points
- Proposer is not a certified small entrepreneurship but has engaged one or more certified small entrepreneurships to participate as subcontractors:
  - 1 participating small entrepreneurship: 1/5th of the reserved points
  - 2 participating small entrepreneurships: 2/5ths of the reserved points
  - 3 participating small entrepreneurships: 3/5ths of the reserved points
  - 4 participating small entrepreneurships: 4/5ths of the reserved points
  - 5 or more participating small entrepreneurships: Full amount of the reserved points

## **PART IV: PERFORMANCE STANDARDS**

### **4.1 Performance Requirements**

1. Electronic transfer of data entry information to OPH by the 15<sup>th</sup> of each month (i.e. 12/31/2011 data by 01/15/2012)
2. Electronic submission of Medicaid claims to the intermediary selected by Medicaid as well as members of BAYOU HEALTH network and any other entity participating in the Medicaid Managed Care Network weekly prior to weekly processing cycle.
3. Electronic submission of third party private insurers' claims weekly prior to weekly processing cycle.
4. Prepare and send bills to OPH clients who are assessed a fee or a copay for services rendered in the parish health units.
5. Provide Summary of Billing Totals, by billing agent and Remittance Advice Notification reports weekly, monthly, and quarterly.
6. Post Remittance Advice data to billing data files and update related fields for each claim within one week of receipt.
7. Provide reports of Paid and Denied Claims monthly or as requested.
8. Provide ad hoc reports as required by the OPH Center for Budget and Revenue Monitoring and Center for Preventive and Community Health Programs not to exceed 100 hours, per contract year.
9. Report all Medicaid and third party billing agents' guidelines and reporting changes, and fee schedule updates to OPH with recommendations for implementation as they occur.
10. Provide OPH with periodic "Project Status Reports" of activities relative to this contract in a format provided by DHH.
11. Processing of weekly data files, COMPASS, Newborn Screenings, Lab files, STARLIMS, and LINKS from approximately 100 OPH Sites and approximately 30 OPH Contract Sites per month.
12. Attend quarterly meetings with program staff at Central Office.

### **4.2 Performance Measurement/Evaluation**

1. OPH will monitor receipt of reports and data transmittals to OPH by Contractor.
2. OPH will conduct periodic meetings and/or communications with Contractor to review activities, trends, updates, data needs, etc

#### **4.3 Veteran-Owned and Service-Connected Small Entrepreneurships (Veteran Initiative) and Louisiana Initiative for Small Entrepreneurships (Hudson Initiative) Programs Reporting Requirements**

During the term of the contract and at expiration, the Contractor will be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor or distributor participation and the dollar amount of each.

# APPENDIX A

## PRICE SCHEDULE

In this section, the proposer will outline their proposed fee structure for performing the services requested by this RFP.

### FEE STRUCTURE

Volume

Fee

Additional Costs as required:

Operational services (not to exceed)

700 hours



## APPENDIX B

### 2.1 STATEMENT OF WORK (Additional Information)

#### **Contractor Responsibilities**

Contractor shall supply a billing application and staff that will run an operation that shall bill and provide collection of reimbursement, fees or copays from third party billers including but not limited to; OPH clients, private insurance companies, Medicaid, BAYOU HEALTH, and any other member of the Medicaid Managed Care Network, for all of the OPH personal health services, while assuring maximization and timeliness of reimbursement. The contractor must maintain all data (billing and encounters) in an OBDC compliant database in order to facilitate integration with the OPH systems. Contractor shall make sure the operational process is set up to handle the following:

#### **Import / Export Components**

The contractor must need to develop a system that has the ability to house required patient demographics, financial information, patient diagnosis, charge and payment information, and that also has the ability to perform the following import and export functions on a regular (weekly) basis:

- Import patient data files from OPH
  - COMPASS Health Units
  - Newborn Screening
  - Starlims (Laboratory)
- Export patient data files into a format compatible with the Department of Health and Hospitals (DHH) system for private insurance companies, Medicaid, the BAYOU HEALTH network, and any other member of Medicaid's Managed Care network eligibility matching
- Export batches of claims files that can be transmitted to private insurance companies, Medicaid, BAYOU HEALTH, and any other member of the Medicaid Managed Care Network
- Import remittance files from the designated Export remittance files to OPH

#### **Claims Processing**

Contractor must do all of the following:

- Maintain current database and archives for all data entered into the database for the time period required by OPH
- Use data for tracking collections and other needs related to program management and reporting
- Perform logical and program-specific edits to insure accuracy and completeness of claims
- Create HIPAA compliant Medicaid claims from billing and demographic data entered into the COMPASS Database
- Submit in a timely fashion all Newborn Screening, and Starlims Laboratory claim data to the designated Medicaid contractor in the approved electronic format
- Correct and re-submit denied claims in a timely manner
- Develop additional automated processes where possible to correct or refile claims, generate onsite bills, and an accounts payable and receivable system for OPH clients

### **Data Cleansing Rules**

Contractor must take responsibility of making sure all data cleansing rules take place before claims are submitted.

#### **Phase One**

- Remove claims with non billable sites
- Remove claims with non billable services
- Assign provider number based on Program and Service Category
- Assign diagnosis code to all programs except CSHS
- Add procedure codes
- Add procedure code rates based on service date
- Extract claims with valid Medicaid RID number or 3<sup>rd</sup> party biller number
- Extract patient data with no Medicaid RID number and create text file for DHH match

#### **Phase Two**

- Add unit value to services
- Check for blank address
- Check for blank city
- Check for blank state
- Check for blank zip
- Check zip code for length - Can only be 5 digits
- Check date of birth - Can't be later than current date
- Check gender for blanks or unknowns
- Check gender for Maternity claims - should always be F
- Change Provider ID's based on claiming rules
- Change CPT Codes based on claiming rules
- Change CPT Rates based on claiming rules
- Remove CCR numbers that are incorrect or not needed based on claiming rules
- Change diagnosis codes based on claiming rules
- Remove all T1001 claims from the Immunization program
- Remove all duplicate claims
- Edit S4993 unit values.
- Edit S4993 CPT Codes - Remove unit value from code
- Change Family Planning diagnosis codes based on claiming rules
- Change Family Planning CPT Codes based on claiming rules
- Remove TH modifiers from Family Planning claims
- Change Family Planning rates based on claiming rules
- Change Provider ID for Family Planning Lab claims for Take Charge Waiver

#### **Phase Three**

- Create **text** files needed to bill - **Test** validation rules, etc.

### **Various Types of Claims Files**

Contractor must create a system with the ability to (a) produce and provide claims for patients in the proper electronic formats, (b) adjust billings as needed, (c) and produce follow-up re-billings on denials for each of the following:

- Regular Claims
- Kid Med Claims
- Newborn Screening Claims

- Laboratory (Starlims) Claims

### **Remittance Processing & Posting**

Contractor must create a system that has the ability to:

- Import remittance files from the designated private insurance companies, Medicaid, the BAYOU HEALTH network, and any other member of Medicaid's Managed Care Network
- Export receipt and adjustment information
- Match and post the financial data related to:
  - Claim payments
  - Adjustments
  - Suspensions
  - Denials.
- Process timely and efficient posting of remittance advices and explanations of benefits
- Monitor all fees and payments to ensure correct reimbursement levels for services

### **Data Security**

Contractor must:

- Back-up billing data daily and provide off-site storage weekly to protect against potential loss or corruption
- Provide a secure means for the exchange of data between OPH and the contractor and vice versa
- Provide secure network connections that are able to transmit sensitive data and ensure HIPAA compliance
- Provide evidence of data security compliance for all contractor owned software, external networks and data communication security protocols for the contractor network

### **Accounts Receivable**

Perform all billing and accounts receivable functions, including claims submission, denial follow-up, re-billing, collection follow-up and other activities necessary to resolve outstanding charge balances in a timely manner. Electronic submission of claims is required.

### **Process Integrity (HIPAA)**

Comply with all applicable laws, rules, orders, regulations and requirements of federal, state and municipal governments, and third party payers with whom the OPH has entered into an agreement (or must enter into an agreement), and adhere to the appropriate billing practices established in and accepted by the Healthcare industry.

### **Management & Staff**

Contractor shall have personnel that can oversee the day-to-day billing and collection operations.

### **Status Reporting**

Contractor shall attend a Quarterly Operations Meeting with the OPH program and administrative staff. These meetings must serve as an information exchange and discussion of issues that either party may have. The focus of the status reporting and the program meetings must be to discuss the financial results, operational processes and up-coming strategic decisions related to:

- Volume
- Cash Collections
- Revenue

- Denial Rates
- Areas for Improvement

### **Data Storage**

Maintain a file (preferably manual and electronic) of accounts and programs containing all original data, file transmission, and remittances, etc. These files are to be maintained on a current basis and be available to assist in answering inquiries. The authorized representatives of the OPH or its designated party shall have the right to inspect and audit these files without prior announcements.

### **Timeline & Calendar**

Establish appropriate controls to ensure that all information sent to contractor by the OPH is received and processed in a timely manner. Similarly, appropriate controls shall be established to ensure that all information sent by contractor to the OPH is received and processed in a timely manner.

### **Performance Standards**

The contractor shall follow these performance standards:

- Claims Posting - 100% of third party receipts shall be posted to accounts within the billing cycle of the month received.
- Denials & Rejection Processing - Denied and rejected claims shall be addressed within thirty (30) days of receipt of the notification.
- Denial Reports - A monthly denial report shall be prepared to identify problems that affect the lack of reimbursement.
- Data Maintenance - Contractor shall maintain current ICD-9, CPT and OPH code sets in their system, and promptly enter any fee updates when notified by OPH Program Managers
- Business Requirements - Provide an implementation plan (business requirements) for development of computer system interfaces to transfer data from and to LAOPH computer systems with time frames for completion of each activity, which is responsible for each step and responsibility for any systems

### **Reporting and Delivery Instructions**

The contractor must provide OPH with required reports on a monthly, quarterly, and yearly basis.

### **Regulatory Review**

- Assess Medicaid and any other regulatory guidelines relative to the appropriate billing and claim processing procedure for each service
- Review services billed and determine OPH compliance with carrier guidelines establishing appropriate submission of a claim for all services
- Review monthly provider newsletters for carrier guideline changes, review fee schedule updates received from designated private insurance companies, Medicaid, the BAYOU HEALTH network, and any other member of Medicaid's Managed Care Network
- to determine if procedures being billed by OPH have been updated
- Request periodic meetings with the designated private insurance companies, Medicaid, the BAYOU HEALTH network, and any other member of Medicaid's Managed Care Network
- Provider Field Representatives to discuss guidelines and methodologies employed to assure compliance with carrier guidelines

- Report all guideline and reporting changes and fee schedule updates to OPH with recommendations for implementation

### **Management Support**

- Review all procedures that are billed by OPH
- Identify inappropriate billing processes and services for which OPH may not be capturing and/or billing
- Report findings to OPH with recommendations for correcting inaccurate or inappropriate billing processes
- Report findings of un-billed services to OPH with recommendations for data capture methods, pricing and guideline requirements
- Implement recommended revenue enhancements authorized by OPH
- Report findings and recommendations for correction or improvement to OPH
- Review all payments for services received from carrier to determine if fee schedule allowable has occurred
- The contractor must also work with the Program Managers to assist with modification and/or creation of billing and encounter forms as needed.
- Implement recommended changes authorized by OPH

# **APPENDIX C**

# **SAMPLE REPORTS**

# **PCG**Health & Human Services™

## **Status Report Meeting FY2011 Year End**

August 8, 2011

**Report Period 07/01/10 – 06/30/11**

Cash Collections, Program Summaries,  
and Application Development



# Contents

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- Fiscal Year 2011 Cash Collections
- Fiscal Year 2012 Forecast
- Service Summary
- Program Summaries
- Denial Management
- HIPAA 5010 and ICD-10
- Application Development and Maintenance
- Next Steps



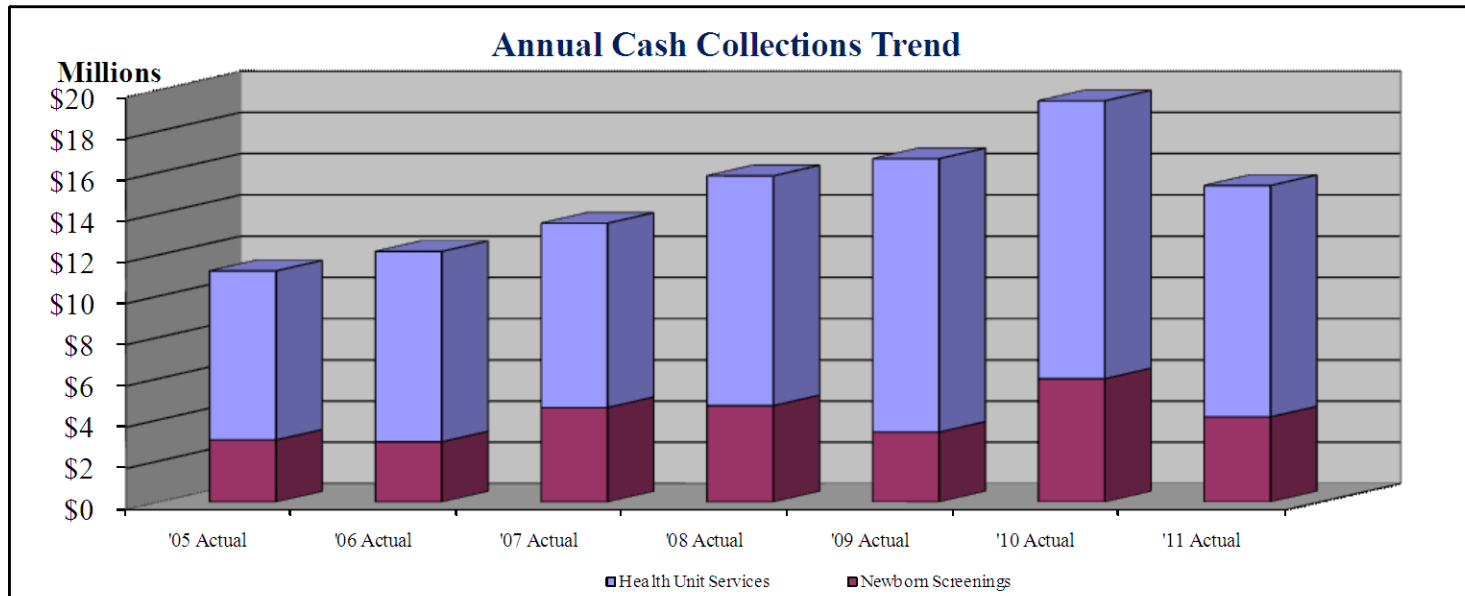
# Fiscal Year 2011 Cash Collections

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- FY11 cash collections of \$15,351k are -\$1,347k (-8%) lower than the forecast of \$16,698k. This is -\$4,105k (-21%) lower than FY10.
  - Factors impacting collections include:
    - Facility Consolidations and Staff Reductions
      - Encounter volume is -16% below forecast
      - July – December - 276k (Avg. 46K per month)
      - January – June – 230k (Avg. 38k per month)
    - Rate Reductions
      - Medical Visits
      - Social Service Visits
      - Laboratory
        - Unanticipated Lab reimbursement rate reductions in January 2011
    - Medicaid Retractions
      - Q1 retractions were higher than originally expected

# Fiscal Year 2011 Cash Collections

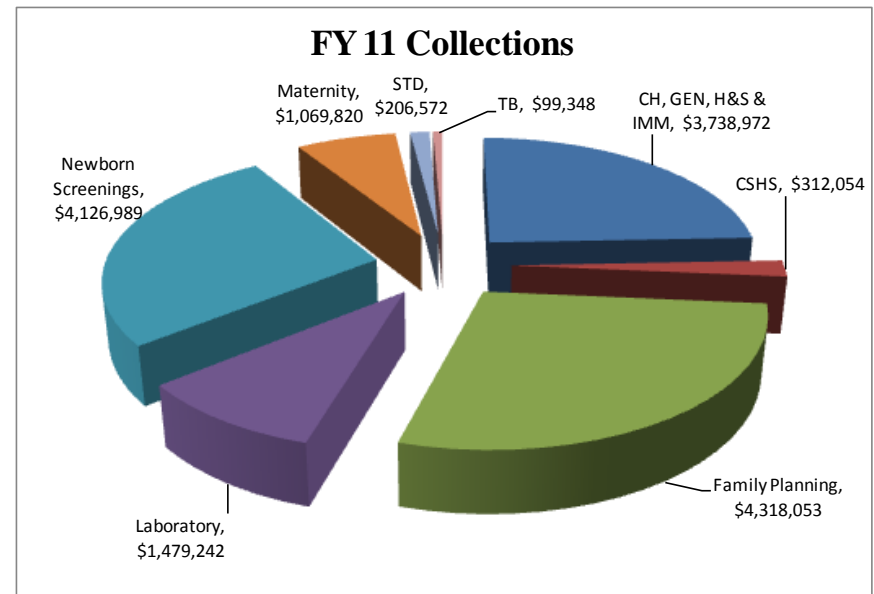
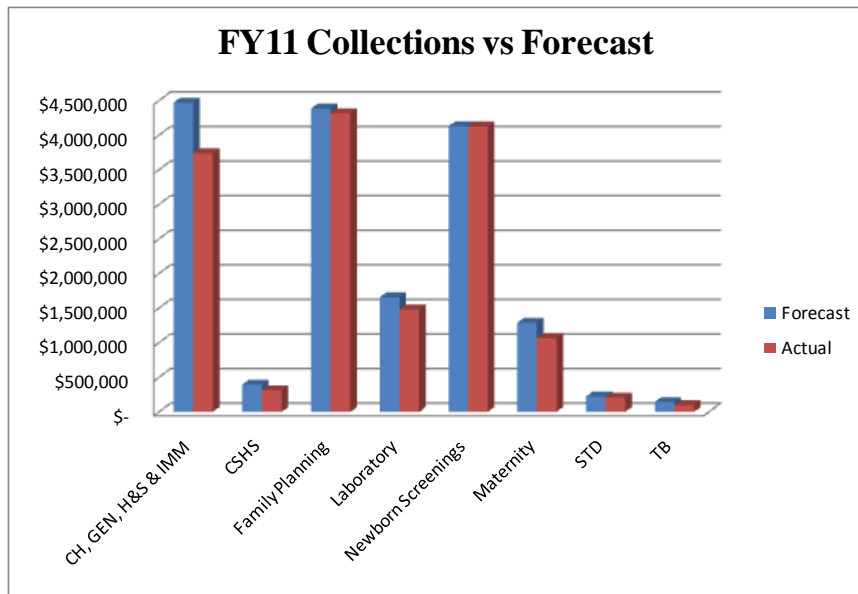
- With the exception of FY11, Cash collections have continued on an upward trend since the implementation of COMPASS in December 2003. FY11 collections are lower due to reduced encounter volume and reimbursement rate reductions.



Description	'05 Actual	'06 Actual	'07 Actual	'08 Actual	'09 Actual	'10 Actual	'11 Actual
Newborn Screenings	3,006,793	2,916,898	4,581,427	4,671,420	3,386,786	5,978,338	4,126,989
Health Unit Services	8,198,272	9,233,607	8,938,255	11,146,315	13,261,589	13,477,215	11,224,061
<b>Total</b>	11,218,492	12,153,266	13,515,797	16,027,657	16,648,653	19,455,553	15,351,050
Prior Year Change	-	934,774	1,362,531	2,511,860	620,996	2,806,900	(4,104,503)
Prior Year Change %	-	8%	11%	19%	4%	17%	-21%

# Fiscal Year 2011 Cash Collections

- FY11 Year End Cash Collections by Program



FY11 YTD collections are driven by the following programs: Family Planning \$4.3 million, Child Health \$3.7 million, NBS \$4.1 million, and Laboratory \$1.5 million.

# Fiscal Year 2011 Cash Collections

- Annual Cash Collections by Program

Collections by Year (Amounts in \$)					
Description	FY08	FY09	FY10	FY11	% of FY10
CH, GEN, H&S & IMM	3,658,057	3,947,682	4,457,634	3,738,972	84%
CSHS	588,327	563,133	487,705	312,054	64%
Family Planning	4,040,751	4,940,999	4,980,951	4,318,053	87%
Kidmed	29,206	16,312	4,865	-	0%
Laboratory	1,357,503	1,881,328	1,865,534	1,479,242	79%
Newborn Screenings	4,671,022	3,386,786	5,970,970	4,126,989	69%
Maternity	1,310,583	1,517,669	1,289,158	1,069,820	83%
STD	204,903	212,403	238,031	206,572	87%
TB	167,306	182,343	153,336	99,348	65%
<b>Total</b>	<b>16,027,657</b>	<b>16,648,653</b>	<b>19,448,185</b>	<b>15,351,050</b>	<b>79%</b>

- YTD FY11 collections equal 79% of FY10 collections (-21% lower). This is due to a decrease in encounter volume, retroactive rate reductions, and lower reimbursement rates.

# Fiscal Year 2012 Forecast

- Preliminary FY12 Forecast by Program

- PCG estimates FY12 collections total will be approximately \$14,592k or -5% (-\$759k) below FY11 collections.

FY12 Forecast & FY11 Actual (Amts in \$)				
Description	FY12 Forecast	FY11 Actual	Variance	Variance %
CH, GEN, H&S & IMM	3,421,115	3,738,972	(317,858)	-9%
CSHS	337,419	312,054	25,365	8%
Family Planning	4,112,595	4,318,053	(205,458)	-5%
Laboratory	1,452,356	1,479,242	(26,886)	-2%
Newborn Screenings	3,944,737	4,126,989	(182,252)	-4%
Maternity	1,025,194	1,069,820	(44,626)	-4%
STD	204,272	206,572	(2,300)	-1%
TB	94,262	99,348	(5,086)	-5%
<b>TOTAL</b>	<b>14,591,950</b>	<b>15,351,050</b>	<b>(759,100)</b>	<b>-5%</b>

- This preliminary forecast is based on historical data including service volume, billed volume, paid claim volume, and reimbursement rates.
- PCG expects to adjust this forecast based on additional information provided by program management. A revised forecast will be presented at the next status meeting.
- The methodology used in building this forecast is as follows:
  - PCG analyzed claim data from April 2010 through March 2011 as a baseline
  - The average monthly collection rate was used to calculate the reduction in services after facility consolidations and staff reductions went into effect (December 2010)
  - This reduced collection rate was then applied to the original monthly average and annualized to create the preliminary FY11 forecast

# Fiscal Year 2012 Forecast

- LA Medicaid Published Rate Analysis
  - OPH currently receives a 45% premium reimbursement rate for some services in certain programs
    - This is primarily in the Family Planning program
  - OPH expects the current reimbursement rate to shift to the published fee schedule rate for the 2<sup>nd</sup> half of FY12 when CCN billing is implemented
  - PCG performed a rate analysis comparing the current OPH reimbursement rates to the current Medicaid published fee schedule
  - The results show a potential loss of:
    - -\$231k for the 2<sup>nd</sup> half of FY12
    - -\$462k annually

Published Fee Schedule Analysis		
Description	Estimated 6 Month Impact	Estimated Annual Impact
CH, GEN, H&S & IMM	\$ (222)	\$ (444)
CSHS	\$ (4,294)	\$ (8,588)
Family Planning	\$ (220,640)	\$ (441,280)
Laboratory	\$ -	\$ -
Newborn Screenings	\$ -	\$ -
Maternity	\$ (2,454)	\$ (4,908)
STD	\$ (505)	\$ (1,010)
TB	\$ (2,703)	\$ (5,406)
<b>TOTAL</b>	<b>\$ (230,818)</b>	<b>\$ (461,636)</b>

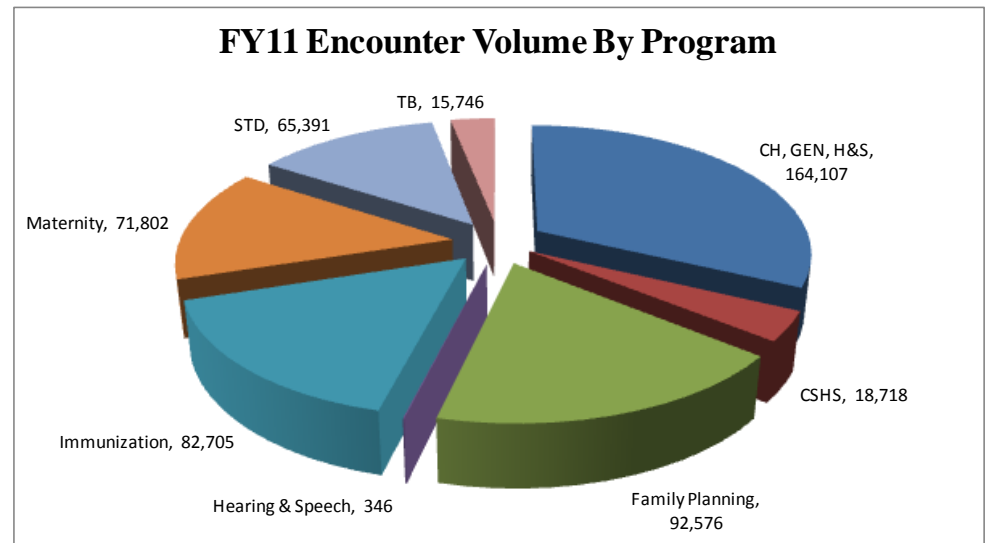
These figures have not been included in the FY12 forecast due to the uncertainty of expected reimbursement rates when CCN billing is implemented.

# Service Summary

- Encounter Volume

- The chart below summarizes health unit encounter volume by program.

Encounter Volume - FY11 Year End				
Description	Forecast	Actual	Variance	Variance %
CH, GEN, H&S	180,006	164,107	(15,899)	-9%
CSHS	22,942	18,718	(4,224)	-18%
Family Planning	100,182	92,576	(7,606)	-8%
Hearing & Speech	404	346	(58)	-14%
Immunization	134,702	82,705	(51,997)	-39%
Maternity	82,556	71,802	(10,754)	-13%
STD	67,822	65,391	(2,431)	-4%
TB	20,525	15,746	(4,779)	-23%
<b>TOTAL</b>	<b>609,139</b>	<b>511,391</b>	<b>(97,748)</b>	<b>-16%</b>



- Excludes non-billable WIC services recorded in Child Health and Maternity
- Immunization encounter volume is lower than forecast due to H1N1 services from last fiscal year

# Service Summary

## Service and Billed Volume

- The chart below details health unit service volume compared to billed volume for core services by program.
- Child Health, CSHS, and Family Planning have a higher percentage of billed claims while STD and TB have a much lower percentage of patients who are eligible for Medicaid.

Health Unit Volume by Program - FY11 Year End						
Program	Medical Visits			Nurse Visits		
	Medical Visit Service Volume	Medical Visit Billed Volume	% Billed	Nurse Visit Service Volume	Nurse Visit Billed Volume	% Billed
CH, GEN, H&S & IMM	966	1,064	110%	141,796	99,260	70%
CSHS	5,531	5,297	96%	5,690	5,435	96%
Family Planning	48,543	43,746	90%	40,473	35,762	88%
Maternity	4,066	3,936	97%	50,389	45,168	90%
STD	4,028	1,026	25%	107,965	23,283	22%
TB	2,322	855	37%	12,037	3,568	30%
<b>TOTAL</b>	<b>65,456</b>	<b>55,924</b>	<b>85%</b>	<b>358,350</b>	<b>212,476</b>	<b>59%</b>
Program	Nutrition Visit Service Volume	Nutrition Visit Billed Volume	% Billed	Soc Serv Visit Service Volume	Soc Serv Visit Billed Volume	% Billed
CH, GEN, H&S & IMM	62,839	57,124	91%	280	332	119%
CSHS	289	298	103%	4,139	5,309	128%
Family Planning	76	60	79%	723	740	102%
Maternity	21,956	20,487	93%	498	435	87%
STD				1,151	303	26%
TB				338	182	54%
<b>TOTAL</b>	<b>85,160</b>	<b>77,969</b>	<b>92%</b>	<b>7,129</b>	<b>7,301</b>	<b>102%</b>

- Service Volume figures only include services considered billable
- Percentages greater than 100% are due to claim resubmissions



# Service Summary

- Services Billed to Medicaid
  - The chart below summarizes the percentage of all health unit services billed by program

Pct Services Billed To Medicaid - FY11 Year End				
Program	Forecast	Actual	Variance	Variance %
CH, GEN, H&S & IMM	78%	82%	5%	6%
Immunization	81%	88%	7%	9%
CSHS	95%	102%	6%	6%
Hearing & Speech	0%	0%	0%	0%
Family Planning	73%	82%	9%	12%
Laboratory	73%	84%	12%	16%
Newborn Screenings	61%	100%	38%	63%
Maternity	84%	91%	7%	8%
STD	22%	22%	0%	-1%
TB	37%	31%	-5%	-14%
WIC (Mat & CH)	45%	45%	0%	0%
<b>Combined Total</b>	<b>67%</b>	<b>69%</b>	<b>2%</b>	<b>3%</b>

- Family Planning services billed to Medicaid are 12% higher than forecast
- Newborn Screenings is 63% higher
  - This is due to a large volume resubmissions in FY11
- Percentages greater than 100% are due to claim resubmissions

# Program Summaries

- Program summaries are provided in the following section. Programs are listed in the order of performance (VAR %) compared to the forecast.

Collections - FY11 Year End - (Amt in \$)				
Description	Forecast	Actual	Variance	Variance %
Newborn Screenings	4,129,434	4,126,989	(2,445)	0%
Family Planning	4,385,029	4,318,053	(66,976)	-2%
STD	225,060	206,572	(18,488)	-8%
Laboratory	1,657,280	1,479,242	(178,038)	-11%
CH, GEN, H&S & IMM	4,471,615	3,738,972	(732,643)	-16%
Maternity	1,289,595	1,069,820	(219,775)	-17%
CSHS	396,433	312,054	(84,379)	-21%
TB	143,497	99,348	(44,149)	-31%
<b>TOTAL</b>	<b>\$ 16,697,944</b>	<b>\$ 15,351,050</b>	<b>\$ (1,346,894)</b>	<b>-8%</b>

# Program Summaries

## Newborn Screenings - 1906930

- Cash collections of \$4,127k are (-\$2k) in line with the target of \$4,129k

Newborn Screenings - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Newborn Screenings	4,129,434	4,126,989	(2,445)	0%
<b>Total</b>	<b>4,129,434</b>	<b>4,126,989</b>	<b>(2,445)</b>	<b>0%</b>

Newborn Screenings - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Newborn Screenings	3,386,786	5,970,970	4,126,989	<b>69%</b>

- Encounter volume is -6% below forecast
- Billed encounter volume is 16% above forecast
- DHH Match issue resolved at end of April
- 83020 / 83021 Resubmission Project
  - PCG submitted voids for 83020 claims previously paid
  - Claims were resubmitted as 83021
  - Approx. \$100k in additional collections

# Program Summaries

## Newborn Screenings - 1906930

- The table below details LA Medicaid reimbursement rates for core NBS services from 2009 to present.

Newborn Screenings Rate Comparison (\$)							
CPT Code	Service Description	FY 2009	Effective	Effective	Effective	Effective	Effective
			02/26/09	08/04/09	01/22/10	08/01/10	12/01/10
			-3.5% Reduction	-4.7% Reduction	-4.4% Reduction	-4.4% Reduction	-2.0% Reduction
82261	Biotinidase	23.31	22.49	21.43	20.48	19.54	19.15
82775	Galactosemia	26.49	25.56	24.36	23.28	22.21	21.77
83020	Hemoglobinopathies	16.19	15.62	14.89	14.23	13.58	-
83021	Hemoglobin Chromotography	-	-	-	-	-	20.52
83516	IRT	14.51	14	13.34	12.75	12.16	11.92
83788	TMS	24.96	24.09	22.96	21.95	20.94	20.52
84143	CAH	28.7	27.7	26.4	24.13	24.07	23.59
84437	Hypothyroidism	8.14	7.86	7.49	7.16	6.83	6.69
84443	TSH	21.12	20.38	19.42	18.56	17.71	17.36
<b>Totals</b>		<b>163.42</b>	<b>157.7</b>	<b>150.29</b>	<b>142.54</b>	<b>137.04</b>	<b>141.52</b>

# Program Summaries

## Newborn Screenings - 1906930

- **83020 Voids and 83021 Resubmissions**
  - NBS program management instructed PCG to void payments for CPT code 83020 and resubmit the claims with code 83021
  - \$450k in payments were voided and new claims were resubmitted with code 83021
  - \$200k of the resubmitted claims was denied as Past The Filing Limit (one year) as LA Medicaid considered the resubmissions to be new claims
  - In an attempt to recover the denied claim revenue, these claims were resubmitted a 2<sup>nd</sup> time with the original 83020 CPT code and were again denied
  - OPH worked with DHH and Medicaid reprocessed and paid the previously denied claims prior to fiscal year end
  
- **DHH Match Process**
  - NBS claiming relies on a weekly DHH match process to obtain LA Medicaid RID numbers
  - Patient data is matched on 3 different data combinations including Name, SSN, and DOB information
  - In early February 2011 all RID numbers received from DHH were matched using only the SSN combination. This resulted in a significant reduction in the number of matched RIDs.
  - The DHH Match issue was resolved during the last week of April and PCG created an NBS claim batch with \$1,200k in gross charges and submitted to Medicaid

# Program Summaries

## Family Planning - 1873055

- Family Planning collections of \$4,318k are -\$67k (-2%) below the forecast of \$4,385k

Family Planning - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Contraceptive	110,481	83,362	(27,119)	-25%
Foam	17,585	11,389	(6,195)	-35%
Hormonal Injection	1,319,724	1,498,958	179,234	14%
IUD	52,062	41,007	(11,055)	-21%
Laboratory	1,030,600	791,219	(239,381)	-23%
Medical Visit	1,228,965	1,262,584	33,618	3%
Nurse Visit	284,798	380,336	95,538	34%
Nutrition Visit	820	364	(456)	-56%
Pills (OCP)	318,988	233,277	(85,712)	-27%
Social Service Visit	6,778	3,681	(3,096)	-46%
Telephone Follow Up	1,267	1,103	(164)	-13%
Wet Mount	12,960	10,772	(2,187)	-17%
<b>Total</b>	<b>4,385,029</b>	<b>4,318,053</b>	<b>(66,976)</b>	<b>-2%</b>

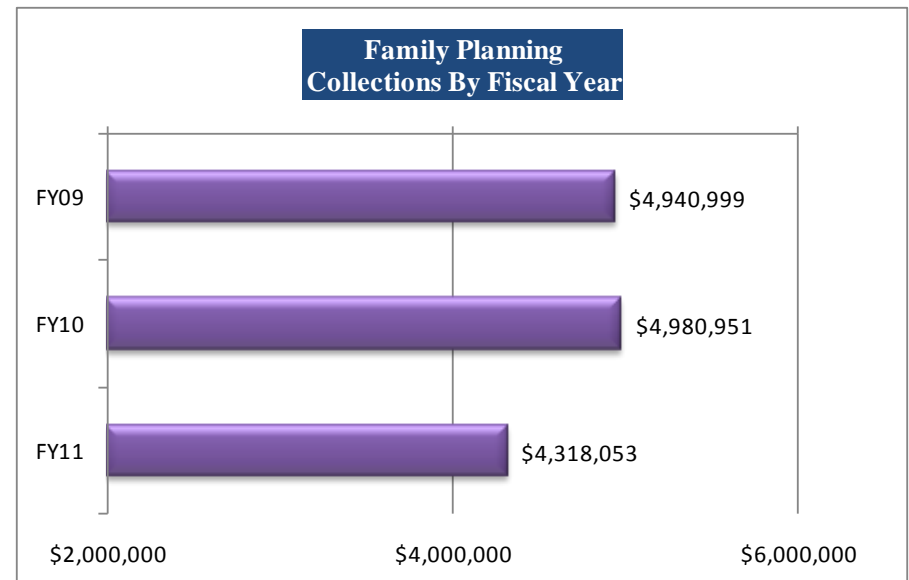
- PCG originally forecasted a -25% rate reduction for FY11. The actual rate reduction percentages were lower.
- Hormonal Injection (\$179k)
  - The average reimbursement rate of \$77.63 is 17% higher than the forecast rate of \$62.42
- Medical Visit (\$34k)
  - Pct of claims billed to Medicaid is higher than forecast
- Nurse Visit (\$95k)
  - A rate reduction was calculated into the forecast, but was never implemented by Medicaid
- FP Laboratory (-\$239k)
  - Service volume is down -14%
  - PCG resubmission project for claims inadvertently submitted under the Lab NPI
- Pills (OCP) (-\$85k)
  - Service volume is -21% lower than forecast

# Program Summaries

## Family Planning - 1873055

- Family Planning collections by fiscal year.

Family Planning - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Contraceptive	166,596	150,227	83,362	55%
Foam	19,451	17,543	11,389	65%
Hormonal Injection	1,302,224	1,438,488	1,498,958	104%
IUD	52,406	45,536	41,007	90%
Laboratory	1,260,483	1,173,794	791,219	67%
Medical Visit	1,277,757	1,375,196	1,262,584	92%
Nurse Visit	436,684	462,782	380,336	82%
Nutrition Visit	706	866	364	42%
Pills (OCP)	403,943	290,944	233,277	80%
Social Service Visit	11,091	11,611	3,681	32%
Telephone Follow Up	1,066	1,399	1,103	79%
Wet Mount	8,590	12,567	10,772	86%
<b>Total</b>	<b>4,940,999</b>	<b>4,980,951</b>	<b>4,318,053</b>	<b>87%</b>



# Program Summaries

## Family Planning - 1873055

- Routine Claim Resubmissions
  - PCG processes denial resubmissions in an effort to collect additional revenue for the program.
    - This generated \$275k in additional collections for the program

Family Planning Claim Resubmission Results – FY2011 Year End					
Freq.	Reason	Old CPT	New CPT	YE Total	% of Total
<b>Routine Resubmissions</b>					
Monthly	99202 (Initial Visit) claims are denied for reason code B16 when a previous visit has already been billed. PCG changes the CPT to 99213 (Revisit) and resubmits the claim. (RS1)	99202	99213	\$ 23,631	9%
Monthly	99204 (Initial Visit) claims are denied for reason code B16 when a previous visit has already been billed. PCG changes the CPT to 99214 (Revisit) and resubmits the claim. (RS2)	99204	99214	\$ 6,036	2%
Monthly	99214 is not covered for Waiver patients. Code 16 denials are down coded to 99213 and resubmitted. (RS3)	99214	99213	\$ 51,778	19%
Monthly	99204 is not covered for Waiver patients. Code 16 denials are down coded to 99202 and resubmitted. (RS4)	99204	99202	\$ 144,439	53%
Quarterly	PCG resubmits reason code 31 denials every quarter in an effort to collect for patients previously denied as ineligible. These patients may now be eligible retroactively back to the claim service date. (RS6)			\$ 46,461	17%
<b>Non-Routine Resubmissions (Ad-hoc)</b>					
	Family Planning			\$ 1,048	0%
	Name / RID Mismatch Denials (Code 140)			\$ 1,200	0%
<b>Total</b>				<b>\$ 274,593</b>	<b>100%</b>



# Program Summaries

## STD - 1384771

- STD collections of \$207k are -\$18k or -8% below the forecast of \$225k

STD - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Medical Visit	13,115	5,562	(7,553)	-58%
Nurse Visit	209,814	198,641	(11,173)	-5%
Social Service Visit	2,131	2,368	238	11%
<b>Total</b>	<b>225,060</b>	<b>206,572</b>	<b>(18,488)</b>	<b>-8%</b>

- Nurse Visit (-\$11k)
  - Service volume is -8% below forecast
  - 4% favorable change in denial rates
- Medical Visit (-\$8k)
  - This is due to Q1 Medicaid retractions that were processed as part of reimbursement rate changes

STD - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Medical Visit	17,047	21,012	5,562	26%
Nurse Visit	192,120	213,173	198,641	93%
Social Service Visit	3,236	3,846	2,368	62%
<b>Total</b>	<b>212,403</b>	<b>238,031</b>	<b>206,572</b>	<b>87%</b>

# Program Summaries

## Laboratory - 1906930

- Laboratory collections of \$1,479k are -\$178k (-11%) below the forecast of \$1,657k

Lab Collections by CPT Code – FY11 Qtr 4 YTD (Amts in \$)					
CPT Code	Service Description	YTD Forecast	YTD Actual	Variance	Variance %
87491	Amplified – CT (Urine)	521,422	469,425	(51,997)	-10%
87591	Amplified – GC (Urine)	520,398	469,734	(50,664)	-10%
85018	Hemoglobin	252,910	238,269	(14,640)	-6%
86318	Syphilis IgG(EIA) Screen	106,762	85,310	(21,452)	-20%
86701	HIV (Oral)	75,520	74,880	(640)	-1%
81025	Pregnancy Test	69,350	60,935	(8,416)	-12%
86480	TB T-Spot	65,102	52,199	(12,904)	-20%
N/A	All Others	45,816	28,490	(17,326)	-38%
<b>Totals</b>		<b>\$1,657,280</b>	<b>\$1,479,242</b>	<b>(178,038)</b>	<b>-11%</b>

Laboratory - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Laboratory	1,881,328	1,865,534	1,479,242	79%

- Service volume is -5% below forecast
- Starlims Data
  - Original Starlims data did not include the same percentage of SSN numbers as COMPASS data
  - This reduced the number of DHH matches as the SSN is one of the fields used to match data
  - This issue was resolved
- Amplified CT / GC (-\$103k)
  - Service volume is -3% below forecast
  - Reimbursement rates were reduced -7% in FY11
- Reimbursement rate reductions
  - Additional rate reduction implemented by LA Medicaid effective 12/01/10.

# Program Summaries

## Laboratory - 1906930

- LA Medicaid reimbursement rate reductions from FY08 to present for top Lab CPT codes.

Laboratory Reimbursement Rate Comparison (\$)							
CPT Code	Service Description	FY2008	Effective 02/06/09	Effective 08/04/09	Effective 01/22/10	Effective 08/01/10	Effective 12/01/10
			3.5% Reduction	4.7% Reduction	4.4% Reduction	4.4% Reduction	2.0% Reduction
85018	Hemoglobin	2.98	2.88	2.74	2.62	2.50	2.45
87491	Amplified-CT	48.50	46.80	44.60	42.63	40.67	39.86
87591	Amplified-GC	48.50	46.80	44.60	42.63	40.67	39.86
81025	Pregnancy Test	7.96	7.68	7.32	7.00	6.68	6.55
86701	HIV Elisa (Serum)	11.17	10.78	10.27	9.82	9.37	9.18
86318	Syphilis IgG (EIA) Screen	16.28	15.71	14.97	14.31	13.65	13.38

# Program Summaries

## Laboratory - 1906930

- Starlims
  - PCG began billing for most Lab services using Starlims service data in November 2010.
  - PCG conducted an analysis to determine the impact of switching to Starlims for billing lab services. The results show little change in the percentage of claims billed pre and post Starlims.

Services Billed					
Source	Time Frame	Services Billed	Services Not Billed	Total	% of Services Billed
Compass	1st half of FY11	59,889	67,976	127,865	47%
Starlims	2nd half of FY11	43,561	42,874	86,435	50%
	Total	103,450	110,850	214,300	48%

# Program Summaries

## Child Health – 1410004

- Collections of \$3,739k are -16% (-\$733k) below the forecast of \$4,472k.

Child Health - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Immunization	1,143,165	717,676	(425,489)	-37%
Kidmed Screenings	3,207	-	(3,207)	-100%
Medical Visit	9,307	12,598	3,291	35%
Nurse Visit	2,271,827	1,904,981	(366,846)	-16%
Nutrition Visit	1,038,730	1,102,962	64,232	6%
Social Service Visit	5,379	755	(4,624)	-86%
<b>Total</b>	<b>4,471,615</b>	<b>3,738,972</b>	<b>(732,643)</b>	<b>-16%</b>

Child Health - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Immunization	883,781	1,112,277	717,676	65%
Kidmed Screenings	16,312	4,865	-	0%
Medical Visit	24,805	14,680	12,598	86%
Nurse Visit	2,065,572	2,299,420	1,904,981	83%
Nutrition Visit	967,202	1,026,981	1,102,962	107%
Social Service Visit	6,322	4,276	755	18%
<b>Total</b>	<b>3,963,993</b>	<b>4,462,499</b>	<b>3,738,972</b>	<b>84%</b>

- Nutrition Visit (\$64k)
  - Service volume is 7% above forecast
- Immunization (-\$425k)
  - Service volume is -33% below forecast
- Nurse Visit (-\$366k)
  - Service volume is -20% lower than forecast
- Social Service Visit (-\$5k)
  - Due to retroactive reimbursement rate reductions
  - Service volume is -57% below forecast

# Program Summaries

## Maternity - 1952770

- Maternity collections of \$1,070k are -17% (-\$220k) lower than the forecast of \$1,290k

Maternity - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Medical Visit	272,453	201,474	(70,979)	-26%
Nurse Visit	865,118	728,602	(136,516)	-16%
Nutrition Visit	105,245	99,758	(5,487)	-5%
Other	3,935	8,102	4,167	106%
Social Service Visit	4,636	(236)	(4,871)	-105%
Ultrasound	38,209	32,121	(6,089)	-16%
<b>Total</b>	<b>1,289,595</b>	<b>1,069,820</b>	<b>(219,775)</b>	<b>-17%</b>

Maternity - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
Medical Visit	504,304	282,613	201,474	71%
Nurse Visit	830,407	862,176	728,602	85%
Nutrition Visit	104,469	99,380	99,758	100%
Other	3,719	2,506	8,102	323%
Social Service Visit	12,862	4,692	(236)	-5%
Ultrasound	61,906	37,791	32,121	85%
<b>Total</b>	<b>1,517,669</b>	<b>1,289,158</b>	<b>1,069,820</b>	<b>83%</b>

- Medical Visit (-\$71k)
  - Service volume is -15% below forecast
  - Average reimbursement rates decreased -13%
- Nurse Visit (-\$137k)
  - Service volume is -22% below forecast
- Nutrition Visit (-\$5k)
  - Paid claim volume is -5% below forecast
- Ultrasound (-\$6k)
  - Denials have increased 14% points compared to forecast

# Program Summaries

## Maternity - 1952770

- LA Medicaid reimbursement rate reductions from FY08 to present.

Maternity Medical Visit Reimbursement History						
CPT Code	Description	Through 10/14/2007	10/15/07 - 12/31/07	01/01/08 – 12/31/08	01/01/09 - 07/31/10	08/01/10 to Present
99202	Maternity Initial Visit – 20 Min.	45.00	51.86	39.28	52.01	47.70
99203	Maternity Initial Visit - 30 Min.	45.00	72.50	77.15	77.15	69.35
99204	Maternity Initial Visit - 45 Min.	45.00	72.50	118.25	118.25	107.70
99205	Maternity Initial Visit - 60 Min.	45.00	72.50	148.90	148.90	136.27
99211	Maternity Revisit - 10 Min.	33.43	21.56	21.49	21.49	13.78
99212	Maternity Revisit - 20 Min.	33.43	33.43	33.43	33.43	27.69
99213	Maternity Revisit - 30 Min.	33.43	49.91	50.36	50.36	46.32
99214	Maternity Revisit - 45 Min.	33.43	55.74	75.86	75.86	69.87
99215	Maternity Revisit - 60 Min.	33.43	55.74	103.00	103.00	94.73

# Program Summaries

## CSHS - 1415421

- CSHS collections of \$312k are -21% (-\$84k) below the forecast of \$396k

CSHS - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Hearing & Speech	54,894	42,476	(12,418)	-23%
Medical Visit	147,172	107,151	(40,021)	-27%
Nurse Visit	119,320	102,799	(16,520)	-14%
Nutrition Visit	9,622	5,805	(3,817)	-40%
Other	5,009	3,513	(1,496)	-30%
Social Service Visit	54,636	45,582	(9,054)	-17%
X-Ray	5,781	4,729	(1,052)	-18%
<b>Total</b>	<b>396,433</b>	<b>312,054</b>	<b>(84,379)</b>	<b>-21%</b>

- Hearing & Speech (-\$12k)
  - Service volume is -37% below forecast
  - This is offset by favorable mix of services leading to higher per unit collections
- Medical Visit (-\$40k)
  - Billed claim volume is -11% below forecast
  - Q1 Medicaid reimbursement rate retractions and reductions
- Nurse Visit (-\$17k)
  - Service volume is -13% below forecast
- Social Service Visit (-\$9k)
  - Service volume is -10% below forecast
  - Q1 Medicaid reimbursement rate retractions and reductions

CSHS - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
<b>Total</b>	<b>563,133</b>	<b>487,705</b>	<b>312,054</b>	<b>64%</b>



# Program Summaries

## TB - 1384780

- TB collections of \$99k are -\$44k (-31%) below the forecast of \$143k

TB - Collections by Service Group - FY11 Year End (Amts in \$)				
Description	Forecast	Actual	Variance	Variance %
Directly Observed Therapy	47,132	31,263	(15,869)	-34%
Medical Visit	12,726	8,698	(4,028)	-32%
Nurse Visit	71,295	46,221	(25,074)	-35%
Social Service Visit	2,810	2,603	(207)	-7%
X-Ray	9,534	10,563	1,029	11%
<b>Total</b>	<b>143,497</b>	<b>99,348</b>	<b>(44,149)</b>	<b>-31%</b>

- Directly Observed Therapy (-\$16k)
  - Billed claim volume is -36% lower than forecast
  - This indicates less Medicaid eligible patients
- Medical Visit (-\$4k)
  - Service volume is -28% below forecast due
- Nurse Visit (-\$25k)
  - Billed claim volume is -33% below forecast

TB - Collections by Year (Amounts in \$)				
Description	FY09	FY10	FY11	% of FY10
D.O.T.	62,125	39,435	31,263	79%
Medical Visit	23,915	25,262	8,698	34%
Nurse Visit	76,796	69,242	46,221	67%
Social Service Visit	4,761	4,878	2,603	53%
X-Ray	14,746	14,520	10,563	73%
<b>Total</b>	<b>182,343</b>	<b>153,336</b>	<b>99,348</b>	<b>65%</b>

# Denial Management

- **FY11 Top Denial Reasons by Program**

- Chart is based on core services: Medical Visits, Nurse Visits, and Nutrition services. Laboratory services and duplicate claim denials are excluded.

FY 2011 YE Denial Percentages (July - June)								
Reason ID	Description	STD 1384771	TB 1384780	CH 1410004	CSHS 1415421	FP 1873055	MAT 1952770	Grand Total
31	Patient cannot be identified as our insured	41%	52%	32%	14%	75%	24%	65%
16	Type of service not covered by this program	1%	0%	0%	14%	17%	0%	14%
11	Diagnosis is inconsistent with the procedure	49%	14%	15%	3%	0%	19%	5%
6	Procedure Code is inconsistent with the patient's age	0%	7%	16%	4%	0%	46%	5%
140	Name / RID Mismatch	2%	2%	5%	1%	3%	3%	3%
29	Time limit for filing has expired	0%	0%	1%	0%	0%	4%	0%
22	May be covered by another payer	5%	17%	0%	0%	0%	1%	0%
119	Benefit maximum for this time period has been reached	0%	1%	0%	5%	1%	1%	1%
231	Missing / invalid claim detail	0%	1%	0%	33%	0%	0%	0%
B16	New Patient qualifications were not met	0%	0%	0%	0%	1%	0%	1%
97	Payment is included in the allowance for another service	0%	0%	0%	0%	1%	0%	0%
Other	All other denial reasons	3%	5%	32%	25%	3%	3%	6%
<b>Grand Total</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

FY11 Q3 Denial %	59%	33%	21%	10%	41%	31%	37%
FY11 Q4 Denial %	60%	31%	15%	11%	42%	31%	29%
Variance	1%	-2%	-6%	1%	1%	0%	-8%

# HIPAA 5010 and ICD-10

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- HIPAA 5010 format for claim submissions and payment information must be implemented by January 1, 2012
  - All entities must have the ability to send and receive files for testing by 03/31/11
- ICD-10 standards to be implemented in October, 2013
  - Current procedure and diagnosis codes are insufficient to allow for new codes to reflect current medical practice
  - ICD-10 is now the international standard for reporting and surveillance of diseases and mortality
  - Most countries outside of the U.S. already use the ICD-10 standard
- Potential Risk
  - LA OPH is currently allowed to bill Medicaid a default diagnosis code for each program except CSHS
  - If Medicaid eliminates the use of default diagnosis codes when billing services, COMPASS may require a significant modification to the method used to currently document diagnosis codes

# Application Development and Maintenance

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- COMPASS Change Requests
  - FY11 change requests include
    - Additional HIV Test Information (PCR-2011-IT1)
    - WIC Group Services (PCR-2011-IT2)
    - Duplicate Warning Modifications (PCR-2011-IT3)

# Next Steps

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- Schedule next meeting
  - October / November 2011 (FY12 Q1 Results)



# Results by Program/Parish

FY 11 vs. FY 10

Fiscal Year 2011



**Louisiana Office of Public Health  
FY 11 vs. FY 10  
Results by Program/Parish  
Fiscal Year 2011**

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**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Family Planning				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
1	Jefferson	1	Metro	FTE Reduction	\$195,952	\$249,130	-\$53,178	-21.3%	5,388	6,481	(1,093)	-16.9%	-45.2%	17	31	PCACG Providers Scarce
2	Orleans	1	Metro	Closure	\$83,706	\$140,357	-\$56,651	-40.4%	4,463	5,592	(1,129)	-20.2%	0.0%	-	-	PCACG Providers
3	St. Bernard	1	Metro	FTE Reduction	\$81,764	\$73,336	\$8,429	11.5%	1,350	1,217	133	10.9%	-60.0%	2	5	PCACG Providers
4	Ascension	2	Cap	No FTE Change	\$26,573	\$33,153	-\$6,581	-19.8%	1,856	1,554	302	19.4%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
5	East Baton Rouge	2	Cap	FTE Reduction	\$158,996	\$235,846	-\$76,849	-32.6%	3,817	4,482	(665)	-14.8%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
6	East Feliciana	2	Cap	Consolidation	\$24,292	\$37,004	-\$12,712	-34.4%	714	886	(172)	-19.4%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
7	Pointe Coupee	2	Cap	Consolidation	\$23,900	\$23,442	\$458	2.0%	617	631	(14)	-2.2%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
8	West Baton Rouge	2	Cap	Consolidation	\$69,580	\$83,195	-\$13,615	-16.4%	1,346	1,520	(174)	-11.4%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
9	West Feliciana	2	Cap	FTE Reduction	\$22,416	\$20,383	\$2,034	10.0%	585	642	(57)	-8.9%	-33.3%	2	3	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
10	Assumption	3	Teche	Consolidation	\$40,669	\$38,659	\$2,010	5.2%	873	934	(61)	-6.5%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
11	Lafourche	3	Teche	FTE Reduction	\$161,567	\$178,233	-\$16,666	-9.4%	5,223	5,622	(399)	-7.1%	-12.9%	27	31	No FQHC, parish staff
12	St. Charles	3	Teche	No FTE Change	\$3,625	\$1,731	\$1,894	109.4%	956	832	124	14.9%	0.0%	-	-	Combine w/ W. Felicia
13	St. James	3	Teche	FTE Reduction	\$59,707	\$60,334	-\$627	-1.0%	1,215	1,264	(49)	-3.9%	-12.5%	7	8	No FQHC
14	St. John	3	Teche	FTE Reduction	\$64,768	\$67,634	-\$2,867	-4.2%	1,389	1,353	36	2.7%	-11.1%	8	9	No FQHC, parish staff
15	St. Mary	3	Teche	Consolidation	\$24,777	\$30,037	-\$5,259	-17.5%	888	980	(92)	-9.4%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
16	Terrebonne	3	Teche	FTE Reduction	\$108,926	\$121,161	-\$12,236	-10.1%	2,215	2,472	(257)	-10.4%	-21.1%	15	19	No FQHC, parish staff
17	Acadia	4	Acadian	Consolidation	\$31,394	\$36,233	-\$4,839	-13.4%	510	493	17	3.4%	-44.4%	5	9	Geographically close with Vermilion
18	Evangeline	4	Acadian	Consolidation	\$34,531	\$36,693	-\$2,162	-5.9%	549	535	14	2.6%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
19	Iberia	4	Acadian	Consolidation	\$60,627	\$46,515	\$14,112	30.3%	1,217	971	246	25.3%	-11.8%	15	17	Consolidation with St. Martin, geographically close
20	Lafayette	4	Acadian	FTE Reduction	\$92,501	\$100,282	-\$7,781	-7.8%	1,705	1,584	121	7.6%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
21	St. Landry	4	Acadian	Consolidation	\$56,588	\$59,192	-\$2,604	-4.4%	1,015	863	152	17.6%	-21.4%	11	14	Geographically close with Evangeline
22	St. Martin	4	Acadian	Consolidation	\$87,802	\$93,141	-\$5,338	-5.7%	1,221	1,234	(13)	-1.1%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
23	Vermilion	4	Acadian	Consolidation	\$58,840	\$71,614	-\$12,774	-17.8%	791	825	(34)	-4.1%	0.0%	9	9	Geographically close with Acadia
24	Allen	5	SW	Consolidation	\$17,976	\$41,176	-\$23,200	-56.3%	324	677	(353)	-52.1%	-40.0%	3	5	Consolidation with Beauregard
25	Beauregard	5	SW	Consolidation	\$61,739	\$55,325	\$6,414	11.6%	1,106	921	185	20.1%	-10.0%	9	10	Consolidation with Allen
26	Calcasieu	5	SW	FTE Reduction	\$288,750	\$305,391	-\$16,641	-5.4%	4,446	4,536	(90)	-2.0%	-18.8%	26	32	High vol with satellite in Sulfur
27	Cameron	5	SW	Consolidation	\$4,964	\$0	\$4,964	0.0%	76	-	76	0.0%	0.0%	2	2	Consolidation with Jeff Davis
28	Jefferson Davis	5	SW	Consolidation	\$61,338	\$69,338	-\$8,000	-11.5%	1,107	1,044	63	6.0%	0.0%	8	8	Consolidation with Cameron
29	Avoyelles	6	Central	FTE Reduction	\$153,870	\$149,713	\$4,157	2.8%	2,635	2,581	54	2.1%	-6.3%	15	16	No FQHC
30	Catahoula	6	Central	Consolidation	\$56,907	\$53,780	\$3,126	5.8%	1,096	1,022	74	7.2%	0.0%	6	6	Consolidation with LaSalle
31	Concordia	6	Central	FTE Reduction	\$65,359	\$61,424	\$3,934	6.4%	1,131	1,103	28	2.5%	-12.5%	7	8	Geographically isolated
32	Grant	6	Central	Consolidation	\$54,569	\$55,598	-\$1,029	-1.9%	876	897	(21)	-2.3%	-50.0%	3	6	Consolidation with Winn
33	LaSalle	6	Central	Consolidation	\$34,533	\$36,910	-\$2,377	-6.4%	764	823	(59)	-7.2%	-60.0%	2	5	Consolidation with Catahoula
34	Rapides	6	Central	FTE Reduction	\$384,139	\$354,597	\$29,542	8.3%	6,604	6,479	125	1.9%	-15.6%	27	32	High vol, limited medicaid providers
35	Vernon	6	Central	No FTE Change	\$24,773	\$21,899	\$2,875	13.1%	454	443	11	2.5%	0.0%	9	9	Geographically isolated
36	Winn	6	Central	Consolidation	\$55,888	\$49,969	\$5,918	11.8%	1,023	979	44	4.5%	-20.0%	4	5	Consolidation with Grant



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**FY 11 vs. FY 10**

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37	Bienville	7	NW	Consolidation	\$45,342	\$39,870	\$5,472	13.7%	726	761	(35)	-4.6%	-20.0%	4	5	Consolidation with Claiborne
38	Bossier	7	NW	FTE Reduction	\$81,460	\$100,963	-\$19,503	-19.3%	1,646	2,012	(366)	-18.2%	-40.0%	6	10	Parish Support
39	Caddo	7	NW	FTE Reduction	\$163,760	\$197,571	-\$33,810	-17.1%	3,053	3,402	(349)	-10.3%	-28.0%	18	25	High vol, regional TB, CSHS
40	Claiborne	7	NW	Consolidation	\$28,867	\$34,291	-\$5,424	-15.8%	664	741	(77)	-10.4%	-16.7%	5	6	Consolidation with Bienville
41	DeSoto	7	NW	Consolidation	\$66,544	\$65,366	\$1,178	1.8%	1,231	1,191	40	3.4%	0.0%	5	5	Consolidation with Sabine
42	Natchitoches	7	NW	Consolidation	\$61,195	\$85,119	-\$23,924	-28.1%	1,298	1,407	(109)	-7.7%	0.0%	8	8	Consolidation with Red River
43	Red River	7	NW	Consolidation	\$40,867	\$49,092	-\$8,225	-16.8%	799	963	(164)	-17.0%	-25.0%	3	4	Consolidation with Natchitoches
44	Sabine	7	NW	Consolidation	\$32,412	\$34,335	-\$1,923	-5.6%	972	819	153	18.7%	-16.7%	5	6	Consolidation with Desoto
45	Webster	7	NW	FTE Reduction	\$47,235	\$39,056	\$8,179	20.9%	1,057	1,104	(47)	-4.3%	-50.0%	5	10	Single parish
46	Caldwell	8	NE	FTE Reduction	\$51,939	\$54,968	-\$3,028	-5.5%	903	991	(88)	-8.9%	-14.3%	6	7	Geographically isolated, parish support
47	East Carroll	8	NE	FTE Reduction	\$20,776	\$39,310	-\$18,534	-47.1%	373	685	(312)	-45.5%	-20.0%	4	5	Geographically isolated
48	Franklin	8	NE	FTE Reduction	\$63,426	\$81,297	-\$17,871	-22.0%	957	1,098	(141)	-12.8%	-20.0%	8	10	Geographically isolated, parish support
49	Jackson	8	NE	FTE Reduction	\$40,434	\$47,365	-\$6,931	-14.6%	866	979	(113)	-11.5%	-25.0%	6	8	Geographically isolated
50	Lincoln	8	NE	No FTE Change	\$36,593	\$71,168	-\$34,575	-48.6%	752	1,688	(936)	-55.5%	0.0%	7	7	Parish support
51	Madison	8	NE	FTE Reduction	\$81,803	\$112,204	-\$30,401	-27.1%	1,367	2,125	(758)	-35.7%	-16.7%	5	6	Geographically isolated
52	Morehouse	8	NE	FTE Reduction	\$80,644	\$118,990	-\$38,346	-32.2%	1,344	1,698	(354)	-20.8%	-27.3%	8	11	High vol, parish support
53	Ouachita	8	NE	FTE Reduction	\$39,525	\$150,570	-\$111,045	-73.7%	606	2,298	(1,692)	-73.6%	-21.2%	26	33	High vol, regional TB, CSHS
54	Richland	8	NE	FTE Reduction	\$100,483	\$99,876	\$607	0.6%	1,445	1,466	(21)	-1.4%	-18.2%	9	11	Parish support
55	Tensas	8	NE	No FTE Change	\$193	\$19,582	-\$19,388	-99.0%	-	357	(357)	-100.0%	0.0%	1	1	WIC only
56	Union	8	NE	No FTE Change	\$51,028	\$53,326	-\$2,298	-4.3%	1,205	1,141	64	5.6%	0.0%	7	7	Geographically isolated, parish support
57	West Carroll	8	NE	FTE Reduction	\$48,662	\$56,955	-\$8,293	-14.6%	779	845	(66)	-7.8%	-16.7%	5	6	Geographically isolated
58	Livingston	9	SE	FTE Reduction	\$53,007	\$56,671	-\$3,664	-6.5%	1,674	1,774	(100)	-5.6%	-15.4%	11	13	High volume
59	St. Helena	9	SE	Consolidation	\$37,752	\$37,385	\$367	1.0%	940	1,170	(230)	-19.7%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
60	St. Tammany	9	SE	No FTE Change	\$49,970	\$68,367	-\$18,398	-26.9%	1,059	1,316	(257)	-19.5%	0.0%	7	7	Sole PHU in growing parish
61	Tangipahoa	9	SE	Consolidation	\$106,636	\$111,610	-\$4,974	-4.5%	2,183	2,337	(154)	-6.6%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
62	Washington	9	SE	FTE Reduction	\$50,843	\$64,407	-\$13,564	-21.1%	1,186	1,545	(359)	-23.2%	-8.3%	11	12	Single Parish
63	Unreconciled				-\$1,647	-\$1,185	-\$462	39.0%	1,946	-	1,946	0.0%		-	-	
<b>Total</b>					<b>\$4,318,053</b>	<b>\$4,980,951</b>	<b>-\$662,898</b>	<b>-13.3%</b>	<b>92,576</b>	<b>100,385</b>	<b>(7,809)</b>	<b>-7.8%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Results by Region**

		Cash Collections				Encounters							
Reg #	Region Name	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	Comment
1	Metro	\$361,422	\$462,823	-\$101,401	-21.9%	11,201	13,290	(2,089)	-15.7%	-47.2%	19	36	
2	Cap	\$325,757	\$433,022	-\$107,265	-24.8%	8,935	9,715	(780)	-8.0%	-12.6%	52	60	
3	Teche	\$464,038	\$497,790	-\$33,751	-6.8%	12,759	13,457	(698)	-5.2%	-14.9%	63	74	
4	Acadian	\$422,283	\$443,669	-\$21,386	-4.8%	7,008	6,505	503	7.7%	-19.1%	76	94	
5	SW	\$434,767	\$471,230	-\$36,463	-7.7%	7,059	7,178	(119)	-1.7%	-15.8%	48	57	
6	Central	\$830,036	\$783,890	\$46,146	5.9%	14,583	14,327	256	1.8%	-16.1%	73	87	
7	NW	\$567,682	\$645,662	-\$77,980	-12.1%	11,446	12,400	(954)	-7.7%	-25.3%	59	79	
8	NE	\$615,507	\$905,610	-\$290,103	-32.0%	10,597	15,371	(4,774)	-31.1%	-17.9%	92	112	
9	SE	\$298,208	\$338,441	-\$40,232	-11.9%	7,042	8,142	(1,100)	-13.5%	-13.0%	40	46	
	Unreconciled	-\$1,647	-\$1,185	-\$462	39.0%	1,946	-	1,946	0.0%		-	-	
<b>Total</b>		<b>\$4,318,053</b>	<b>\$4,980,951</b>	<b>-\$662,898</b>	<b>-13.3%</b>	<b>92,576</b>	<b>100,385</b>	<b>(20,209)</b>	<b>-20.1%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Sorted by Encounter Variance % (Smallest to Largest)

Family Planning				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
1	Tensas	8	NE	No FTE Change	\$193	\$19,582	-\$19,388	-99.0%	-	357	(357)	-100.0%	0.0%	1	1	WIC only
2	Ouachita	8	NE	FTE Reduction	\$39,525	\$150,570	-\$111,045	-73.7%	606	2,298	(1,692)	-73.6%	-21.2%	26	33	High vol, regional TB, CSHS
3	Lincoln	8	NE	No FTE Change	\$36,593	\$71,168	-\$34,575	-48.6%	752	1,688	(936)	-55.5%	0.0%	7	7	Parish support
4	Allen	5	SW	Consolidation	\$17,976	\$41,176	-\$23,200	-56.3%	324	677	(353)	-52.1%	-40.0%	3	5	Consolidation with Beauregard
5	East Carroll	8	NE	FTE Reduction	\$20,776	\$39,310	-\$18,534	-47.1%	373	685	(312)	-45.5%	-20.0%	4	5	Geographically isolated
6	Madison	8	NE	FTE Reduction	\$81,803	\$112,204	-\$30,401	-27.1%	1,367	2,125	(758)	-35.7%	-16.7%	5	6	Geographically isolated
7	Washington	9	SE	FTE Reduction	\$50,843	\$64,407	-\$13,564	-21.1%	1,186	1,545	(359)	-23.2%	-8.3%	11	12	Single Parish
8	Morehouse	8	NE	FTE Reduction	\$80,644	\$118,990	-\$38,346	-32.2%	1,344	1,698	(354)	-20.8%	-27.3%	8	11	High vol, parish support
9	Orleans	1	Metro	Closure	\$83,706	\$140,357	-\$56,651	-40.4%	4,463	5,592	(1,129)	-20.2%	0.0%	-	-	PCACG Providers
10	St. Helena	9	SE	Consolidation	\$37,752	\$37,385	\$367	1.0%	940	1,170	(230)	-19.7%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
11	St. Tammany	9	SE	No FTE Change	\$49,970	\$68,367	-\$18,398	-26.9%	1,059	1,316	(257)	-19.5%	0.0%	7	7	Sole PHU in growing parish
12	East Feliciana	2	Cap	Consolidation	\$24,292	\$37,004	-\$12,712	-34.4%	714	886	(172)	-19.4%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
13	Bossier	7	NW	FTE Reduction	\$81,460	\$100,963	-\$19,503	-19.3%	1,646	2,012	(366)	-18.2%	-40.0%	6	10	Parish Support
14	Red River	7	NW	Consolidation	\$40,867	\$49,092	-\$8,225	-16.8%	799	963	(164)	-17.0%	-25.0%	3	4	Consolidation with Natchitoches
15	Jefferson	1	Metro	FTE Reduction	\$195,952	\$249,130	-\$53,178	-21.3%	5,388	6,481	(1,093)	-16.9%	-45.2%	17	31	PCACG Providers Scarce
16	East Baton Rouge	2	Cap	FTE Reduction	\$158,996	\$235,846	-\$76,849	-32.6%	3,817	4,482	(665)	-14.8%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
17	Franklin	8	NE	FTE Reduction	\$63,426	\$81,297	-\$17,871	-22.0%	957	1,098	(141)	-12.8%	-20.0%	8	10	Geographically isolated, parish support
18	Jackson	8	NE	FTE Reduction	\$40,434	\$47,365	-\$6,931	-14.6%	866	979	(113)	-11.5%	-25.0%	6	8	Geographically isolated
19	West Baton Rouge	2	Cap	Consolidation	\$69,580	\$83,195	-\$13,615	-16.4%	1,346	1,520	(174)	-11.4%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
20	Terrebonne	3	Teche	FTE Reduction	\$108,926	\$121,161	-\$12,236	-10.1%	2,215	2,472	(257)	-10.4%	-21.1%	15	19	No FQHC, parish staff
<b>Subtotal</b>					<b>\$1,283,714</b>	<b>\$1,868,569</b>	<b>-\$584,854</b>	<b>-31.3%</b>	<b>30,162</b>	<b>40,044</b>	<b>(9,882)</b>	<b>-24.7%</b>	<b>-22.4%</b>	<b>173</b>	<b>223</b>	
	All Other				\$3,034,339	\$3,112,382	-\$78,044	-2.5%	62,414	60,341	2,073	3.4%	-17.2%	349	422	
<b>Total</b>					<b>\$4,318,053</b>	<b>\$4,980,951</b>	<b>-\$662,898</b>	<b>-13.3%</b>	<b>92,576</b>	<b>100,385</b>	<b>(7,809)</b>	<b>-7.8%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Louisiana Office of Public Health  
Results by Program/Parish  
FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

STD				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
1	Jefferson	1	Metro	FTE Reduction	\$4,910	\$7,056	-\$2,146	-30.4%	2,419	2,671	(252)	-9.4%	-45.2%	17	31	PCACG Providers Scarce
2	Orleans	1	Metro	Closure	\$24,405	\$44,284	-\$19,879	-44.9%	10,644	11,272	(628)	-5.6%	0.0%	-	-	PCACG Providers
3	St. Bernard	1	Metro	FTE Reduction	\$412	\$459	-\$47	-10.2%	230	175	55	31.4%	-60.0%	2	5	PCACG Providers
4	Ascension	2	Cap	No FTE Change	\$318	\$934	-\$616	-66.0%	566	684	(118)	-17.3%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
5	East Baton Rouge	2	Cap	FTE Reduction	\$12,774	\$16,930	-\$4,156	-24.5%	5,263	6,326	(1,063)	-16.8%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
6	East Feliciana	2	Cap	Consolidation	\$298	\$1,054	-\$755	-71.7%	136	272	(136)	-50.0%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
7	Pointe Coupee	2	Cap	Consolidation	\$398	\$616	-\$219	-35.5%	136	169	(33)	-19.5%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
8	West Baton Rouge	2	Cap	Consolidation	\$954	\$1,193	-\$239	-20.0%	343	366	(23)	-6.3%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
9	West Feliciana	2	Cap	FTE Reduction	\$318	\$517	-\$199	-38.5%	117	162	(45)	-27.8%	-33.3%	2	3	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
10	Assumption	3	Teche	Consolidation	\$557	\$1,749	-\$1,193	-68.2%	117	244	(127)	-52.0%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
11	Lafourche	3	Teche	FTE Reduction	\$3,113	\$4,195	-\$1,081	-25.8%	897	1,157	(260)	-22.5%	-12.9%	27	31	No FQHC, parish staff
12	St. Charles	3	Teche	No FTE Change	\$50	\$150	-\$101	-66.9%	342	232	110	47.4%	0.0%	-	-	Combine w/ W. Felicia
13	St. James	3	Teche	FTE Reduction	\$775	\$1,193	-\$417	-35.0%	166	216	(50)	-23.1%	-12.5%	7	8	No FQHC
14	St. John	3	Teche	FTE Reduction	\$1,875	\$1,531	\$344	22.5%	477	344	133	38.7%	-11.1%	8	9	No FQHC, parish staff
15	St. Mary	3	Teche	Consolidation	\$699	\$1,034	-\$334	-32.3%	249	359	(110)	-30.6%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
16	Terrebonne	3	Teche	FTE Reduction	\$2,127	\$1,948	\$179	9.2%	586	612	(26)	-4.2%	-21.1%	15	19	No FQHC, parish staff
17	Acadia	4	Acadian	Consolidation	\$2,485	\$2,863	-\$378	-13.2%	619	799	(180)	-22.5%	-44.4%	5	9	Geographically close with Vermilion
18	Evangeline	4	Acadian	Consolidation	\$2,087	\$2,008	\$80	4.0%	426	500	(74)	-14.8%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
19	Iberia	4	Acadian	Consolidation	\$4,215	\$3,916	\$298	7.6%	925	891	34	3.8%	-11.8%	15	17	Consolidation with St. Martin, geographically close
20	Lafayette	4	Acadian	FTE Reduction	\$7,224	\$9,431	-\$2,208	-23.4%	2,868	2,893	(25)	-0.9%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
21	St. Landry	4	Acadian	Consolidation	\$8,257	\$8,012	\$246	3.1%	2,102	2,059	43	2.1%	-21.4%	11	14	Geographically close with Evangeline
22	St. Martin	4	Acadian	Consolidation	\$3,624	\$3,201	\$424	13.2%	862	853	9	1.1%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
23	Vermilion	4	Acadian	Consolidation	\$1,869	\$2,207	-\$338	-15.3%	487	542	(55)	-10.1%	0.0%	9	9	Geographically close with Acadia
24	Allen	5	SW	Consolidation	\$398	\$934	-\$537	-57.4%	110	202	(92)	-45.5%	-40.0%	3	5	Consolidation with Beauregard
25	Beauregard	5	SW	Consolidation	\$875	\$1,014	-\$139	-13.7%	361	410	(49)	-12.0%	-10.0%	9	10	Consolidation with Allen
26	Calcasieu	5	SW	FTE Reduction	\$12,985	\$9,354	\$3,631	38.8%	4,642	3,888	754	19.4%	-18.8%	26	32	High vol with satellite in Sulfur
27	Cameron															
28	Jefferson Davis	5	SW	Consolidation	\$2,531	\$1,216	\$1,315	108.1%	617	413	204	49.4%	0.0%	8	8	Consolidation with Cameron
29	Avoyelles	6	Central	FTE Reduction	\$6,010	\$5,269	\$741	14.1%	1,233	1,079	154	14.3%	-6.3%	15	16	No FQHC
30	Catahoula	6	Central	Consolidation	\$1,014	\$1,292	-\$278	-21.5%	190	256	(66)	-25.8%	0.0%	6	6	Consolidation with LaSalle
31	Concordia	6	Central	FTE Reduction	\$2,425	\$2,107	\$318	15.1%	415	418	(3)	-0.7%	-12.5%	7	8	Geographically isolated
32	Grant	6	Central	Consolidation	\$1,869	\$1,908	-\$40	-2.1%	281	357	(76)	-21.3%	-50.0%	3	6	Consolidation with Winn
33	LaSalle	6	Central	Consolidation	\$398	\$477	-\$80	-16.7%	141	127	14	11.0%	-60.0%	2	5	Consolidation with Catahoula
34	Rapides	6	Central	FTE Reduction	\$8,320	\$11,971	-\$3,651	-30.5%	2,525	3,460	(935)	-27.0%	-15.6%	27	32	High vol, limited medicaid providers
35	Vernon	6	Central	No FTE Change	\$1,332	\$1,372	-\$40	-2.9%	549	575	(26)	-4.5%	0.0%	9	9	Geographically isolated

**Louisiana Office of Public Health  
Results by Program/Parish  
FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

STD					Cash Collections				Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
36	Winn	6	Central	Consolidation	\$1,531	\$1,531	\$0	0.0%	290	307	(17)	-5.5%	-20.0%	4	5	Consolidation with Grant
37	Bienville	7	NW	Consolidation	\$1,590	\$994	\$596	60.0%	397	267	130	48.7%	-20.0%	4	5	Consolidation with Claiborne
38	Bossier	7	NW	FTE Reduction	\$3,777	\$3,539	\$239	6.7%	1,220	1,217	3	0.2%	-40.0%	6	10	Parish Support
39	Caddo	7	NW	FTE Reduction	\$22,498	\$17,517	\$4,982	28.4%	5,840	5,215	625	12.0%	-28.0%	18	25	High vol, regional TB, CSHS
40	Claiborne	7	NW	Consolidation	\$1,730	\$1,630	\$99	6.1%	349	371	(22)	-5.9%	-16.7%	5	6	Consolidation with Bienville
41	DeSoto	7	NW	Consolidation	\$3,618	\$2,743	\$875	31.9%	908	689	219	31.8%	0.0%	5	5	Consolidation with Sabine
42	Natchitoches	7	NW	Consolidation	\$3,684	\$2,645	\$1,039	39.3%	1,256	1,033	223	21.6%	0.0%	8	8	Consolidation with Red River
43	Red River	7	NW	Consolidation	\$1,590	\$1,332	\$258	19.4%	288	300	(12)	-4.0%	-25.0%	3	4	Consolidation with Natchitoches
44	Sabine	7	NW	Consolidation	\$815	\$895	-\$80	-8.9%	275	201	74	36.8%	-16.7%	5	6	Consolidation with Desoto
45	Webster	7	NW	FTE Reduction	\$2,525	\$2,584	-\$60	-2.3%	913	781	132	16.9%	-50.0%	5	10	Single parish
46	Caldwell	8	NE	FTE Reduction	\$696	\$696	\$0	0.0%	182	209	(27)	-12.9%	-14.3%	6	7	Geographically isolated, parish support
47	East Carroll	8	NE	FTE Reduction	\$1,173	\$795	\$378	47.5%	220	209	11	5.3%	-20.0%	4	5	Geographically isolated
48	Franklin	8	NE	FTE Reduction	\$1,351	\$1,294	\$57	4.4%	323	364	(41)	-11.3%	-20.0%	8	10	Geographically isolated, parish support
49	Jackson	8	NE	FTE Reduction	\$1,690	\$2,048	-\$358	-17.5%	307	448	(141)	-31.5%	-25.0%	6	8	Geographically isolated
50	Lincoln	8	NE	No FTE Change	\$2,246	\$3,777	-\$1,531	-40.5%	1,300	1,570	(270)	-17.2%	0.0%	7	7	Parish support
51	Madison	8	NE	FTE Reduction	\$3,260	\$5,129	-\$1,869	-36.4%	640	751	(111)	-14.8%	-16.7%	5	6	Geographically isolated
52	Morehouse	8	NE	FTE Reduction	\$5,308	\$4,692	\$616	13.1%	966	953	13	1.4%	-27.3%	8	11	High vol, parish support
53	Ouachita	8	NE	FTE Reduction	\$13,694	\$16,910	-\$3,216	-19.0%	3,474	3,897	(423)	-10.9%	-21.2%	26	33	High vol, regional TB, CSHS
54	Richland	8	NE	FTE Reduction	\$2,942	\$2,346	\$596	25.4%	745	518	227	43.8%	-18.2%	9	11	Parish support
55	Tensas	8	NE	No FTE Change	\$0	\$119	-\$119	-100.0%	-	43	(43)	-100.0%	0.0%	1	1	WIC only
56	Union	8	NE	No FTE Change	\$1,292	\$1,133	\$159	14.0%	238	282	(44)	-15.6%	0.0%	7	7	Geographically isolated, parish support
57	West Carroll	8	NE	FTE Reduction	\$1,074	\$974	\$99	10.2%	217	190	27	14.2%	-16.7%	5	6	Geographically isolated
58	Livingston	9	SE	FTE Reduction	\$1,113	\$1,431	-\$318	-22.2%	471	657	(186)	-28.3%	-15.4%	11	13	High volume
59	St. Helena	9	SE	Consolidation	\$378	\$417	-\$40	-9.5%	105	228	(123)	-53.9%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
60	St. Tammany	9	SE	No FTE Change	\$1,185	\$2,149	-\$965	-44.9%	447	681	(234)	-34.4%	0.0%	7	7	Sole PHU in growing parish
61	Tangipahoa	9	SE	Consolidation	\$2,732	\$3,598	-\$865	-24.1%	990	1,389	(399)	-28.7%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
62	Washington	9	SE	FTE Reduction	\$1,769	\$2,227	-\$457	-20.5%	475	583	(108)	-18.5%	-8.3%	11	12	Single Parish
63	Unreconciled				-\$592	-\$509	-\$83	16.2%	514	-	514	0.0%		-	-	
<b>Total</b>					<b>\$206,572</b>	<b>\$238,031</b>	<b>-\$31,459</b>	<b>-13.2%</b>	<b>65,391</b>	<b>68,336</b>	<b>(2,945)</b>	<b>-4.3%</b>	<b>-19.1%</b>	<b>520</b>	<b>643</b>	

**Results by Region**

		Cash Collections				Encounters							
Reg #	Region Name	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	Comment
1	Metro	\$29,727	\$51,798	-\$22,071	-42.6%	13,293	14,118	(825)	-5.8%	-47.2%	19	36	
2	Cap	\$15,060	\$21,244	-\$6,183	-29.1%	6,561	7,979	(1,418)	-17.8%	-12.6%	52	60	
3	Teche	\$9,207	\$11,800	-\$2,594	-22.0%	2,834	3,164	(330)	-10.4%	-14.9%	63	74	
4	Acadian	\$29,761	\$31,637	-\$1,877	-5.9%	8,289	8,537	(248)	-2.9%	-19.1%	76	94	
5	SW	\$16,788	\$12,519	\$4,270	34.1%	5,730	4,913	817	16.6%	-16.4%	46	55	
6	Central	\$22,899	\$25,928	-\$3,029	-11.7%	5,624	6,579	(955)	-14.5%	-16.1%	73	87	
7	NW	\$41,828	\$33,879	\$7,949	23.5%	11,446	10,074	1,372	13.6%	-25.3%	59	79	
8	NE	\$34,726	\$39,913	-\$5,187	-13.0%	8,612	9,434	(822)	-8.7%	-17.9%	92	112	
9	SE	\$7,186	\$9,822	-\$2,636	-26.8%	2,488	3,538	(1,050)	-29.7%	-13.0%	40	46	
	Unreconciled	-\$592	-\$509	-\$83	16.2%	514	-	514	0.0%		-	-	
	<b>Total</b>	<b>\$206,591</b>	<b>\$238,031</b>	<b>-\$31,440</b>	<b>-13.2%</b>	<b>65,391</b>	<b>68,336</b>	<b>(6,398)</b>	<b>-9.4%</b>	<b>-19.1%</b>	<b>520</b>	<b>643</b>	

**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Child Health				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
1	Jefferson	1	Metro	FTE Reduction	\$114,124	\$165,176	-\$51,053	-30.9%	8,256	12,175	(3,919)	-32.2%	-45.2%	17	31	PCACG Providers Scarce
2	Orleans	1	Metro	Closure	\$66,527	\$111,793	-\$45,266	-40.5%	3,361	7,004	(3,643)	-52.0%	0.0%	-	-	PCACG Providers
3	St. Bernard	1	Metro	FTE Reduction	\$45,425	\$52,500	-\$7,074	-13.5%	2,537	3,158	(621)	-19.7%	-60.0%	2	5	PCACG Providers
4	Ascension	2	Cap	No FTE Change	\$15,239	\$21,315	-\$6,076	-28.5%	974	1,308	(334)	-25.5%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
5	East Baton Rouge	2	Cap	FTE Reduction	\$142,062	\$164,049	-\$21,987	-13.4%	5,213	10,998	(5,785)	-52.6%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
6	East Feliciana	2	Cap	Consolidation	\$25,043	\$33,021	-\$7,979	-24.2%	1,568	2,308	(740)	-32.1%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
7	Pointe Coupee	2	Cap	Consolidation	\$33,346	\$33,483	-\$137	-0.4%	2,169	2,264	(95)	-4.2%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
8	West Baton Rouge	2	Cap	Consolidation	\$65,799	\$76,833	-\$11,034	-14.4%	4,388	5,754	(1,366)	-23.7%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
9	West Feliciana	2	Cap	FTE Reduction	\$21,064	\$22,554	-\$1,490	-6.6%	1,308	1,658	(350)	-21.1%	-33.3%	2	3	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
10	Assumption	3	Teche	Consolidation	\$24,026	\$35,166	-\$11,140	-31.7%	1,511	2,400	(889)	-37.0%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
11	Lafourche	3	Teche	FTE Reduction	\$119,132	\$157,739	-\$38,607	-24.5%	8,610	11,942	(3,332)	-27.9%	-12.9%	27	31	No FQHC, parish staff
12	St. Charles															
13	St. James	3	Teche	FTE Reduction	\$28,495	\$36,116	-\$7,621	-21.1%	1,949	2,466	(517)	-21.0%	-12.5%	7	8	No FQHC
14	St. John	3	Teche	FTE Reduction	\$52,101	\$63,784	-\$11,684	-18.3%	3,172	3,936	(764)	-19.4%	-11.1%	8	9	No FQHC, parish staff
15	St. Mary	3	Teche	Consolidation	\$43,681	\$51,040	-\$7,359	-14.4%	2,611	3,443	(832)	-24.2%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
16	Terrebonne	3	Teche	FTE Reduction	\$70,807	\$80,082	-\$9,275	-11.6%	5,152	6,266	(1,114)	-17.8%	-21.1%	15	19	No FQHC, parish staff
17	Acadia	4	Acadian	Consolidation	\$43,817	\$51,895	-\$8,078	-15.6%	3,157	3,925	(768)	-19.6%	-44.4%	5	9	Geographically close with Vermilion
18	Evangeline	4	Acadian	Consolidation	\$51,613	\$57,959	-\$6,346	-10.9%	3,846	5,125	(1,279)	-25.0%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
19	Iberia	4	Acadian	Consolidation	\$105,475	\$124,420	-\$18,945	-15.2%	6,736	8,722	(1,986)	-22.8%	-11.8%	15	17	Consolidation with St. Martin, geographically close
20	Lafayette	4	Acadian	FTE Reduction	\$147,721	\$179,796	-\$32,075	-17.8%	9,913	11,657	(1,744)	-15.0%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
21	St. Landry	4	Acadian	Consolidation	\$155,782	\$167,445	-\$11,664	-7.0%	9,087	10,651	(1,564)	-14.7%	-21.4%	11	14	Geographically close with Evangeline
22	St. Martin	4	Acadian	Consolidation	\$43,571	\$50,714	-\$7,143	-14.1%	2,630	3,563	(933)	-26.2%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
23	Vermilion	4	Acadian	Consolidation	\$65,670	\$76,866	-\$11,195	-14.6%	4,173	4,912	(739)	-15.0%	0.0%	9	9	Geographically close with Acadia
24	Allen	5	SW	Consolidation	\$36,791	\$48,109	-\$11,318	-23.5%	2,020	2,880	(860)	-29.9%	-40.0%	3	5	Consolidation with Beauregard
25	Beauregard	5	SW	Consolidation	\$51,201	\$58,099	-\$6,898	-11.9%	3,733	4,512	(779)	-17.3%	-10.0%	9	10	Consolidation with Allen
26	Calcasieu	5	SW	FTE Reduction	\$207,212	\$235,639	-\$28,426	-12.1%	14,550	18,142	(3,592)	-19.8%	-18.8%	26	32	High vol with satellite in Sulfur
27	Cameron	5	SW	Consolidation	\$6,551	\$7,766	-\$1,214	-15.6%	405	589	(184)	-31.2%	0.0%	2	2	Consolidation with Jeff Davis
28	Jefferson Davis	5	SW	Consolidation	\$47,635	\$50,714	-\$3,079	-6.1%	3,066	3,784	(718)	-19.0%	0.0%	8	8	Consolidation with Cameron
29	Avoyelles	6	Central	FTE Reduction	\$84,217	\$103,010	-\$18,794	-18.2%	4,392	5,465	(1,073)	-19.6%	-6.3%	15	16	No FQHC
30	Catahoula	6	Central	Consolidation	\$30,389	\$35,539	-\$5,150	-14.5%	1,498	1,862	(364)	-19.5%	0.0%	6	6	Consolidation with LaSalle
31	Concordia	6	Central	FTE Reduction	\$42,064	\$42,815	-\$751	-1.8%	2,513	2,753	(240)	-8.7%	-12.5%	7	8	Geographically isolated
32	Grant	6	Central	Consolidation	\$38,982	\$48,812	-\$9,829	-20.1%	1,910	2,297	(387)	-16.8%	-50.0%	3	6	Consolidation with Winn
33	LaSalle	6	Central	Consolidation	\$22,671	\$31,508	-\$8,837	-28.0%	1,389	1,736	(347)	-20.0%	-60.0%	2	5	Consolidation with Catahoula
34	Rapides	6	Central	FTE Reduction	\$169,724	\$184,847	-\$15,123	-8.2%	9,415	10,758	(1,343)	-12.5%	-15.6%	27	32	High vol, limited medicaid providers
35	Vernon	6	Central	No FTE Change	\$32,186	\$31,349	\$837	2.7%	3,006	3,056	(50)	-1.6%	0.0%	9	9	Geographically isolated

**Louisiana Office of Public Health  
Results by Program/Parish  
FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Child Health					Cash Collections				Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
36	Winn	6	Central	Consolidation	\$26,620	\$27,819	-\$1,199	-4.3%	1,662	1,814	(152)	-8.4%	-20.0%	4	5	Consolidation with Grant
37	Bienville	7	NW	Consolidation	\$22,847	\$29,202	-\$6,355	-21.8%	1,587	2,329	(742)	-31.9%	-20.0%	4	5	Consolidation with Claiborne
38	Bossier	7	NW	FTE Reduction	\$85,054	\$97,900	-\$12,846	-13.1%	5,959	7,460	(1,501)	-20.1%	-40.0%	6	10	Parish Support
39	Caddo	7	NW	FTE Reduction	\$203,306	\$235,751	-\$32,444	-13.8%	13,861	17,251	(3,390)	-19.7%	-28.0%	18	25	High vol, regional TB, CSHS
40	Claiborne	7	NW	Consolidation	\$28,621	\$33,797	-\$5,176	-15.3%	1,996	2,551	(555)	-21.8%	-16.7%	5	6	Consolidation with Bienville
41	DeSoto	7	NW	Consolidation	\$51,484	\$55,714	-\$4,230	-7.6%	3,034	3,406	(372)	-10.9%	0.0%	5	5	Consolidation with Sabine
42	Natchitoches	7	NW	Consolidation	\$39,396	\$45,679	-\$6,282	-13.8%	2,597	3,210	(613)	-19.1%	0.0%	8	8	Consolidation with Red River
43	Red River	7	NW	Consolidation	\$35,509	\$55,427	-\$19,919	-35.9%	2,066	3,299	(1,233)	-37.4%	-25.0%	3	4	Consolidation with Natchitoches
44	Sabine	7	NW	Consolidation	\$32,133	\$35,456	-\$3,323	-9.4%	2,366	2,984	(618)	-20.7%	-16.7%	5	6	Consolidation with Desoto
45	Webster	7	NW	FTE Reduction	\$75,243	\$80,234	-\$4,990	-6.2%	5,095	6,041	(946)	-15.7%	-50.0%	5	10	Single parish
46	Caldwell	8	NE	FTE Reduction	\$26,201	\$37,249	-\$11,048	-29.7%	2,210	3,175	(965)	-30.4%	-14.3%	6	7	Geographically isolated, parish support
47	East Carroll	8	NE	FTE Reduction	\$23,790	\$36,907	-\$13,117	-35.5%	1,518	2,347	(829)	-35.3%	-20.0%	4	5	Geographically isolated
48	Franklin	8	NE	FTE Reduction	\$34,629	\$42,874	-\$8,245	-19.2%	2,313	3,053	(740)	-24.2%	-20.0%	8	10	Geographically isolated, parish support
49	Jackson	8	NE	FTE Reduction	\$34,141	\$44,690	-\$10,549	-23.6%	2,490	3,579	(1,089)	-30.4%	-25.0%	6	8	Geographically isolated
50	Lincoln	8	NE	No FTE Change	\$42,585	\$57,519	-\$14,934	-26.0%	2,802	4,122	(1,320)	-32.0%	0.0%	7	7	Parish support
51	Madison	8	NE	FTE Reduction	\$35,834	\$46,342	-\$10,508	-22.7%	2,075	2,600	(525)	-20.2%	-16.7%	5	6	Geographically isolated
52	Morehouse	8	NE	FTE Reduction	\$51,548	\$64,365	-\$12,817	-19.9%	3,756	5,220	(1,464)	-28.0%	-27.3%	8	11	High vol, parish support
53	Ouachita	8	NE	FTE Reduction	\$152,978	\$192,239	-\$39,261	-20.4%	9,976	13,784	(3,808)	-27.6%	-21.2%	26	33	High vol, regional TB, CSHS
54	Richland	8	NE	FTE Reduction	\$33,985	\$43,228	-\$9,243	-21.4%	2,382	2,930	(548)	-18.7%	-18.2%	9	11	Parish support
55	Tensas	8	NE	No FTE Change	\$6,342	\$10,577	-\$4,235	-40.0%	336	792	(456)	-57.6%	0.0%	1	1	WIC only
56	Union	8	NE	No FTE Change	\$30,153	\$32,736	-\$2,583	-7.9%	2,371	2,887	(516)	-17.9%	0.0%	7	7	Geographically isolated, parish support
57	West Carroll	8	NE	FTE Reduction	\$21,194	\$25,684	-\$4,489	-17.5%	1,812	2,230	(418)	-18.7%	-16.7%	5	6	Geographically isolated
58	Livingston	9	SE	FTE Reduction	\$96,276	\$112,824	-\$16,548	-14.7%	6,107	7,793	(1,686)	-21.6%	-15.4%	11	13	High volume
59	St. Helena	9	SE	Consolidation	\$27,158	\$33,648	-\$6,490	-19.3%	1,686	2,321	(635)	-27.4%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
60	St. Tammany	9	SE	No FTE Change	\$17,616	\$30,220	-\$12,604	-41.7%	1,884	3,302	(1,418)	-42.9%	0.0%	7	7	Sole PHU in growing parish
61	Tangipahoa	9	SE	Consolidation	\$152,913	\$179,841	-\$26,928	-15.0%	9,750	12,500	(2,750)	-22.0%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
62	Washington	9	SE	FTE Reduction	\$74,930	\$81,718	-\$6,788	-8.3%	5,596	7,869	(2,273)	-28.9%	-8.3%	11	12	Single Parish
63	Unreconciled				\$26,344	\$908	\$25,436	2802.4%	6,608	-	6,608	0.0%		-	-	
<b>Total</b>					<b>\$3,738,972</b>	<b>\$4,462,499</b>	<b>-\$723,527</b>	<b>-16.2%</b>	<b>246,113</b>	<b>314,318</b>	<b>(68,205)</b>	<b>-21.7%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Results by Region**

		Cash Collections				Encounters							
Reg #	Region Name	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	Comment
1	Metro	\$226,076	\$329,469	-\$103,393	-31.4%	14,154	22,337	(8,183)	-36.6%	-47.2%	19	36	
2	Cap	\$302,553	\$351,256	-\$48,703	-13.9%	15,620	24,290	(8,670)	-35.7%	-12.6%	52	60	
3	Teche	\$338,242	\$423,928	-\$85,686	-20.2%	23,005	30,453	(7,448)	-24.5%	-14.9%	63	74	
4	Acadian	\$613,648	\$709,095	-\$95,446	-13.5%	39,542	48,555	(9,013)	-18.6%	-19.1%	76	94	
5	SW	\$349,390	\$400,326	-\$50,936	-12.7%	23,774	29,907	(6,133)	-20.5%	-15.8%	48	57	
6	Central	\$446,852	\$505,698	-\$58,845	-11.6%	25,785	29,741	(3,956)	-13.3%	-16.1%	73	87	
7	NW	\$573,593	\$669,160	-\$95,567	-14.3%	38,561	48,531	(9,970)	-20.5%	-25.3%	59	79	
8	NE	\$493,382	\$634,410	-\$141,028	-22.2%	34,041	46,719	(12,678)	-27.1%	-17.9%	92	112	
9	SE	\$368,892	\$438,250	-\$69,359	-15.8%	25,023	33,785	(8,762)	-25.9%	-13.0%	40	46	
	Unreconciled	\$26,344	\$908	\$25,436	2802.4%	6,608	-	6,608	0.0%		-	-	
	<b>Total</b>	<b>\$3,738,972</b>	<b>\$4,462,499</b>	<b>-\$723,527</b>	<b>-16.2%</b>	<b>246,113</b>	<b>314,318</b>	<b>(182,260)</b>	<b>-58.0%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Louisiana Office of Public Health  
Results by Program/Parish  
FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Maternity				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
1	Jefferson	1	Metro	FTE Reduction	\$28,513	\$45,075	-\$16,563	-36.7%	2,051	3,443	(1,392)	-40.4%	-45.2%	17	31	PCACG Providers Scarce
2	Orleans	1	Metro	Closure	\$17,391	\$37,564	-\$20,173	-53.7%	1,102	2,624	(1,522)	-58.0%	0.0%	-	-	PCACG Providers
3	St. Bernard	1	Metro	FTE Reduction	\$10,738	\$17,745	-\$7,007	-39.5%	1,002	1,229	(227)	-18.5%	-60.0%	2	5	PCACG Providers
4	Ascension	2	Cap	No FTE Change	\$2,902	\$4,453	-\$1,551	-34.8%	247	296	(49)	-16.6%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
5	East Baton Rouge	2	Cap	FTE Reduction	\$17,473	\$26,977	-\$9,504	-35.2%	1,016	3,613	(2,597)	-71.9%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
6	East Feliciana	2	Cap	Consolidation	\$8,191	\$8,986	-\$795	-8.8%	555	613	(58)	-9.5%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
7	Pointe Coupee	2	Cap	Consolidation	\$6,183	\$7,409	-\$1,227	-16.6%	559	614	(55)	-9.0%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
8	West Baton Rouge	2	Cap	Consolidation	\$19,244	\$20,556	-\$1,312	-6.4%	1,395	1,427	(32)	-2.2%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
9	West Feliciana	2	Cap	FTE Reduction	\$5,427	\$8,269	-\$2,842	-34.4%	398	519	(121)	-23.3%	-33.3%	2	3	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
10	Assumption	3	Teche	Consolidation	\$4,453	\$7,694	-\$3,240	-42.1%	343	467	(124)	-26.6%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
11	Lafourche	3	Teche	FTE Reduction	\$20,813	\$29,880	-\$9,066	-30.3%	1,859	2,320	(461)	-19.9%	-12.9%	27	31	No FQHC, parish staff
12	St. Charles															
13	St. James	3	Teche	FTE Reduction	\$5,785	\$7,316	-\$1,531	-20.9%	458	551	(93)	-16.9%	-12.5%	7	8	No FQHC
14	St. John	3	Teche	FTE Reduction	\$11,232	\$13,419	-\$2,187	-16.3%	1,119	1,249	(130)	-10.4%	-11.1%	8	9	No FQHC, parish staff
15	St. Mary	3	Teche	Consolidation	\$6,744	\$11,936	-\$5,192	-43.5%	806	1,155	(349)	-30.2%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
16	Terrebonne	3	Teche	FTE Reduction	\$19,070	\$23,387	-\$4,317	-18.5%	1,379	1,732	(353)	-20.4%	-21.1%	15	19	No FQHC, parish staff
17	Acadia	4	Acadian	Consolidation	\$7,892	\$12,246	-\$4,354	-35.6%	814	1,077	(263)	-24.4%	-44.4%	5	9	Geographically close with Vermilion
18	Evangeline	4	Acadian	Consolidation	\$8,191	\$12,842	-\$4,652	-36.2%	675	723	(48)	-6.6%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
19	Iberia	4	Acadian	Consolidation	\$16,805	\$20,638	-\$3,833	-18.6%	2,075	2,325	(250)	-10.8%	-11.8%	15	17	Consolidation with St. Martin, geographically close
20	Lafayette	4	Acadian	FTE Reduction	\$16,050	\$21,987	-\$5,937	-27.0%	2,746	2,950	(204)	-6.9%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
21	St. Landry	4	Acadian	Consolidation	\$19,060	\$27,880	-\$8,821	-31.6%	2,382	2,970	(588)	-19.8%	-21.4%	11	14	Geographically close with Evangeline
22	St. Martin	4	Acadian	Consolidation	\$5,737	\$6,064	-\$328	-5.4%	720	684	36	5.3%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
23	Vermilion	4	Acadian	Consolidation	\$7,912	\$14,890	-\$6,978	-46.9%	1,076	1,311	(235)	-17.9%	0.0%	9	9	Geographically close with Acadia
24	Allen	5	SW	Consolidation	\$9,642	\$10,775	-\$1,133	-10.5%	580	663	(83)	-12.5%	-40.0%	3	5	Consolidation with Beauregard
25	Beauregard	5	SW	Consolidation	\$12,948	\$15,714	-\$2,767	-17.6%	815	964	(149)	-15.5%	-10.0%	9	10	Consolidation with Allen
26	Calcasieu	5	SW	FTE Reduction	\$24,694	\$30,913	-\$6,220	-20.1%	3,228	3,676	(448)	-12.2%	-18.8%	26	32	High vol with satellite in Sulfur
27	Cameron	5	SW	Consolidation	\$2,028	\$1,809	\$219	12.1%	129	104	25	24.0%	0.0%	2	2	Consolidation with Jeff Davis
28	Jefferson Davis	5	SW	Consolidation	\$13,419	\$13,976	-\$557	-4.0%	753	824	(71)	-8.6%	0.0%	8	8	Consolidation with Cameron
29	Avoyelles	6	Central	FTE Reduction	\$26,202	\$26,063	\$139	0.5%	1,612	1,637	(25)	-1.5%	-6.3%	15	16	No FQHC
30	Catahoula	6	Central	Consolidation	\$4,632	\$5,666	-\$1,034	-18.2%	355	428	(73)	-17.1%	0.0%	6	6	Consolidation with LaSalle
31	Concordia	6	Central	FTE Reduction	\$9,920	\$9,980	-\$60	-0.6%	699	761	(62)	-8.1%	-12.5%	7	8	Geographically isolated
32	Grant	6	Central	Consolidation	\$6,839	\$10,079	-\$3,240	-32.1%	430	645	(215)	-33.3%	-50.0%	3	6	Consolidation with Winn
33	LaSalle	6	Central	Consolidation	\$4,374	\$5,129	-\$755	-14.7%	401	466	(65)	-13.9%	-60.0%	2	5	Consolidation with Catahoula
34	Rapides	6	Central	FTE Reduction	\$59,113	\$58,897	\$216	0.4%	3,663	3,679	(16)	-0.4%	-15.6%	27	32	High vol, limited medicaid providers
35	Vernon	6	Central	No FTE Change	\$13,419	\$13,300	\$119	0.9%	1,235	1,268	(33)	-2.6%	0.0%	9	9	Geographically isolated

**Louisiana Office of Public Health  
Results by Program/Parish  
FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

Maternity					Cash Collections				Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
36	Winn	6	Central	Consolidation	\$8,111	\$8,588	-\$477	-5.6%	549	615	(66)	-10.7%	-20.0%	4	5	Consolidation with Grant
37	Bienville	7	NW	Consolidation	\$12,291	\$12,642	-\$351	-2.8%	450	380	70	18.4%	-20.0%	4	5	Consolidation with Claiborne
38	Bossier	7	NW	FTE Reduction	\$20,967	\$20,459	\$508	2.5%	1,635	1,631	4	0.2%	-40.0%	6	10	Parish Support
39	Caddo	7	NW	FTE Reduction	\$236,369	\$226,561	\$9,809	4.3%	6,858	6,223	635	10.2%	-28.0%	18	25	High vol, regional TB, CSHS
40	Claiborne	7	NW	Consolidation	\$8,117	\$8,071	\$46	0.6%	501	495	6	1.2%	-16.7%	5	6	Consolidation with Bienville
41	DeSoto	7	NW	Consolidation	\$13,081	\$12,922	\$159	1.2%	920	938	(18)	-1.9%	0.0%	5	5	Consolidation with Sabine
42	Natchitoches	7	NW	Consolidation	\$11,292	\$11,761	-\$469	-4.0%	732	832	(100)	-12.0%	0.0%	8	8	Consolidation with Red River
43	Red River	7	NW	Consolidation	\$8,767	\$12,554	-\$3,787	-30.2%	491	649	(158)	-24.3%	-25.0%	3	4	Consolidation with Natchitoches
44	Sabine	7	NW	Consolidation	\$10,278	\$10,795	-\$517	-4.8%	704	720	(16)	-2.2%	-16.7%	5	6	Consolidation with Desoto
45	Webster	7	NW	FTE Reduction	\$22,153	\$28,632	-\$6,478	-22.6%	1,493	1,618	(125)	-7.7%	-50.0%	5	10	Single parish
46	Caldwell	8	NE	FTE Reduction	\$6,097	\$7,318	-\$1,220	-16.7%	410	542	(132)	-24.4%	-14.3%	6	7	Geographically isolated, parish support
47	East Carroll	8	NE	FTE Reduction	\$8,077	\$10,061	-\$1,984	-19.7%	355	484	(129)	-26.7%	-20.0%	4	5	Geographically isolated
48	Franklin	8	NE	FTE Reduction	\$10,243	\$13,514	-\$3,270	-24.2%	555	720	(165)	-22.9%	-20.0%	8	10	Geographically isolated, parish support
49	Jackson	8	NE	FTE Reduction	\$7,018	\$7,038	-\$20	-0.3%	473	508	(35)	-6.9%	-25.0%	6	8	Geographically isolated
50	Lincoln	8	NE	No FTE Change	\$13,419	\$14,384	-\$965	-6.7%	833	942	(109)	-11.6%	0.0%	7	7	Parish support
51	Madison	8	NE	FTE Reduction	\$18,658	\$43,857	-\$25,199	-57.5%	662	926	(264)	-28.5%	-16.7%	5	6	Geographically isolated
52	Morehouse	8	NE	FTE Reduction	\$21,803	\$33,524	-\$11,720	-35.0%	1,013	1,166	(153)	-13.1%	-27.3%	8	11	High vol, parish support
53	Ouachita	8	NE	FTE Reduction	\$30,158	\$29,976	\$182	0.6%	2,104	1,921	183	9.5%	-21.2%	26	33	High vol, regional TB, CSHS
54	Richland	8	NE	FTE Reduction	\$35,739	\$52,449	-\$16,710	-31.9%	917	1,112	(195)	-17.5%	-18.2%	9	11	Parish support
55	Tensas	8	NE	No FTE Change	\$1,593	\$3,228	-\$1,635	-50.6%	87	134	(47)	-35.1%	0.0%	1	1	WIC only
56	Union	8	NE	No FTE Change	\$8,636	\$13,023	-\$4,387	-33.7%	622	618	4	0.6%	0.0%	7	7	Geographically isolated, parish support
57	West Carroll	8	NE	FTE Reduction	\$5,525	\$5,690	-\$165	-2.9%	360	373	(13)	-3.5%	-16.7%	5	6	Geographically isolated
58	Livingston	9	SE	FTE Reduction	\$25,208	\$30,257	-\$5,050	-16.7%	1,667	1,985	(318)	-16.0%	-15.4%	11	13	High volume
59	St. Helena	9	SE	Consolidation	\$4,851	\$5,348	-\$497	-9.3%	400	432	(32)	-7.4%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
60	St. Tammany	9	SE	No FTE Change	\$3,857	\$8,032	-\$4,175	-52.0%	251	566	(315)	-55.7%	0.0%	7	7	Sole PHU in growing parish
61	Tangipahoa	9	SE	Consolidation	\$44,987	\$46,314	-\$1,327	-2.9%	2,915	3,115	(200)	-6.4%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
62	Washington	9	SE	FTE Reduction	\$20,138	\$22,564	-\$2,425	-10.7%	1,370	1,510	(140)	-9.3%	-8.3%	11	12	Single Parish
63	Unreconciled				-\$648	\$83	-\$731	-880.3%	3,798	-	3,798	0.0%		-	-	
<b>Total</b>					<b>\$1,069,820</b>	<b>\$1,289,158</b>	<b>-\$219,338</b>	<b>-17.0%</b>	<b>71,802</b>	<b>80,162</b>	<b>(8,360)</b>	<b>-10.4%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Results by Region**

		Cash Collections				Encounters							
Reg #	Region Name	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	Comment
1	Metro	\$56,642	\$100,385	-\$43,743	-43.6%	4,155	7,296	(3,141)	-43.1%	-47.2%	19	36	
2	Cap	\$59,420	\$76,650	-\$17,230	-22.5%	4,170	7,082	(2,912)	-41.1%	-12.6%	52	60	
3	Teche	\$68,097	\$93,630	-\$25,533	-27.3%	5,964	7,474	(1,510)	-20.2%	-14.9%	63	74	
4	Acadian	\$81,664	\$116,549	-\$34,885	-29.9%	10,488	12,040	(1,552)	-12.9%	-19.1%	76	94	
5	SW	\$62,730	\$73,188	-\$10,458	-14.3%	5,505	6,231	(726)	-11.7%	-15.8%	48	57	
6	Central	\$132,615	\$137,701	-\$5,086	-3.7%	8,944	9,499	(555)	-5.8%	-16.1%	73	87	
7	NW	\$343,316	\$344,397	-\$1,081	-0.3%	13,784	13,486	298	2.2%	-25.3%	59	79	
8	NE	\$166,966	\$234,060	-\$67,094	-28.7%	8,391	9,446	(1,055)	-11.2%	-17.9%	92	112	
9	SE	\$99,041	\$112,515	-\$13,474	-12.0%	6,603	7,608	(1,005)	-13.2%	-13.0%	40	46	
	Unreconciled	-\$648	\$83	-\$731	-880.3%	3,798	-	3,798	0.0%		-	-	
	<b>Total</b>	<b>\$1,069,843</b>	<b>\$1,289,158</b>	<b>-\$219,315</b>	<b>-17.0%</b>	<b>71,802</b>	<b>80,162</b>	<b>(8,360)</b>	<b>-10.4%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	



**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.  
Blank rows are intentional as no services were provided in the Parish.

CSHS				Cash Collections				Encounters						General PHU Comment		
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg		FTE After	FTE Before
1	Orleans	1	Metro	Closure	\$5,452	\$26,756	-\$21,304	-79.6%	888	2,028	(1,140)	-56.2%	0.0%	-	-	PCACG Providers
2	Ascension	2	Cap	No FTE Change	-\$33	\$283	-\$316	-111.6%	31	26	5	19.2%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
3	East Baton Rouge	2	Cap	FTE Reduction	\$48,073	\$83,537	-\$35,464	-42.5%	2,305	2,972	(667)	-22.4%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
4	Pointe Coupee	2	Cap	Consolidation	-\$13	\$101	-\$114	-113.4%	-	-	-	0.0%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
5	West Baton Rouge	2	Cap	Consolidation	\$0	\$20	-\$20	-100.0%	1	1	-	0.0%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
6	Assumption	3	Teche	Consolidation	\$20	\$0	\$20	0.0%	1	-	1	0.0%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
7	Lafourche	3	Teche	FTE Reduction	\$43,064	\$65,973	-\$22,908	-34.7%	3,443	3,462	(19)	-0.5%	-12.9%	27	31	No FQHC, parish staff
8	St. Mary	3	Teche	Consolidation	\$67	\$0	\$67	0.0%	-	-	-	0.0%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
9	Terrebonne	3	Teche	FTE Reduction	\$86	\$24	\$63	263.5%	-	1	(1)	-100.0%	-21.1%	15	19	No FQHC, parish staff
10	Evangeline	4	Acadian	Consolidation	\$0	\$20	-\$20	-100.0%	-	-	-	0.0%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
11	Lafayette	4	Acadian	FTE Reduction	\$61,581	\$86,993	-\$25,412	-29.2%	3,309	3,623	(314)	-8.7%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
12	St. Landry	4	Acadian	Consolidation	\$23	\$0	\$23	0.0%	-	-	-	0.0%	-21.4%	11	14	Geographically close with Evangeline
13	St. Martin	4	Acadian	Consolidation	\$51	\$0	\$51	0.0%	-	-	-	0.0%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
14	Allen	5	SW	Consolidation	\$0	\$0	\$0	0.0%	2	-	2	0.0%	-40.0%	3	5	Consolidation with Beauregard
15	Beauregard	5	SW	Consolidation	\$23	\$0	\$23	0.0%	-	-	-	0.0%	-10.0%	9	10	Consolidation with Allen
16	Calcasieu	5	SW	FTE Reduction	\$31,864	\$42,445	-\$10,581	-24.9%	1,385	1,905	(520)	-27.3%	-18.8%	26	32	High vol with satellite in Sulfur
17	Jefferson Davis	5	SW	Consolidation	\$19	\$20	-\$1	-5.5%	-	-	-	0.0%	0.0%	8	8	Consolidation with Cameron
18	Avoyelles	6	Central	FTE Reduction	-\$13	\$81	-\$94	-116.7%	-	-	-	0.0%	-6.3%	15	16	No FQHC
19	Grant	6	Central	Consolidation	\$0	\$104	-\$104	-100.0%	-	-	-	0.0%	-50.0%	3	6	Consolidation with Winn
20	Rapides	6	Central	FTE Reduction	\$35,019	\$48,930	-\$13,911	-28.4%	1,648	2,162	(514)	-23.8%	-15.6%	27	32	High vol, limited medicaid providers
21	Vernon	6	Central	No FTE Change	-\$14	\$81	-\$94	-116.9%	-	-	-	0.0%	0.0%	9	9	Geographically isolated
22	Caddo	7	NW	FTE Reduction	\$9,928	\$26,009	-\$16,082	-61.8%	433	625	(192)	-30.7%	-28.0%	18	25	High vol, regional TB, CSHS
23	Natchitoches	7	NW	Consolidation	\$0	\$0	\$0	0.0%	3	5	(2)	-40.0%	0.0%	8	8	Consolidation with Red River
24	Franklin	8	NE	FTE Reduction	\$0	\$0	\$0	0.0%	1	-	1	0.0%	-20.0%	8	10	Geographically isolated, parish support
25	Jackson	8	NE	FTE Reduction	\$20	\$0	\$20	0.0%	1	-	1	0.0%	-25.0%	6	8	Geographically isolated
26	Madison	8	NE	FTE Reduction	\$0	\$0	\$0	0.0%	3	2	1	50.0%	-16.7%	5	6	Geographically isolated
27	Morehouse	8	NE	FTE Reduction	\$0	\$20	-\$20	-100.0%	1	1	-	0.0%	-27.3%	8	11	High vol, parish support
28	Ouachita	8	NE	FTE Reduction	\$59,881	\$75,885	-\$16,004	-21.1%	2,993	3,176	(183)	-5.8%	-21.2%	26	33	High vol, regional TB, CSHS
29	Richland	8	NE	FTE Reduction	\$0	\$0	\$0	0.0%	2	5	(3)	-60.0%	-18.2%	9	11	Parish support
30	West Carroll	8	NE	FTE Reduction	\$0	\$0	\$0	0.0%	-	1	(1)	-100.0%	-16.7%	5	6	Geographically isolated
31	Livingston	9	SE	FTE Reduction	\$0	\$0	\$0	0.0%	-	2	(2)	-100.0%	-15.4%	11	13	High volume
32	St. Helena	9	SE	Consolidation	-\$13	\$81	-\$94	-116.7%	-	-	-	0.0%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
33	Tangipahoa	9	SE	Consolidation	\$19,249	\$34,973	-\$15,723	-45.0%	2,247	2,941	(694)	-23.6%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
34	Washington	9	SE	FTE Reduction	\$20	\$0	\$20	0.0%	1	-	1	0.0%	-8.3%	11	12	Single Parish
35	Unreconciled				-\$2,298	-\$4,628	\$2,330	-50.3%	20	-	20	0.0%		-	-	
<b>Total</b>					<b>\$312,054</b>	<b>\$487,705</b>	<b>-\$175,651</b>	<b>-36.0%</b>	<b>18,718</b>	<b>22,938</b>	<b>(4,220)</b>	<b>-18.4%</b>	<b>-17.4%</b>	<b>364</b>	<b>441</b>	

Louisians Office of Public Health  
 Results by Program/Parish  
 FY 11 vs. FY 10

FTE Count represents FTE for all programs in the Region and Parish.  
 Blank rows are intentional as no services were provided in the Parish.

**Results by Region**

Reg #	Region Name	Cash Collections				Encounters				Annualized FTE Chg	FTE After	FTE Before	Comment
		FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %				
1	Metro	\$5,523	\$26,840	-\$21,317	-79.4%	888	2,028	(1,140)	-56.2%	0.0%	-	-	
2	Cap	\$48,047	\$83,971	-\$35,924	-42.8%	2,337	2,999	(662)	-22.1%	-13.1%	43	50	
3	Teche	\$43,237	\$66,009	-\$22,772	-34.5%	3,444	3,463	(19)	-0.5%	-15.8%	48	57	
4	Acadian	\$61,655	\$87,013	-\$25,358	-29.1%	3,309	3,623	(314)	-8.7%	-20.3%	47	59	
5	SW	\$31,926	\$42,484	-\$10,558	-24.9%	1,387	1,905	(518)	-27.2%	-16.4%	46	55	
6	Central	\$34,991	\$49,196	-\$14,204	-28.9%	1,648	2,162	(514)	-23.8%	-14.3%	54	63	
7	NW	\$9,928	\$26,009	-\$16,082	-61.8%	436	630	(194)	-30.8%	-21.2%	26	33	
8	NE	\$59,901	\$75,904	-\$16,004	-21.1%	3,001	3,185	(184)	-5.8%	-21.2%	67	85	
9	SE	\$19,256	\$35,053	-\$15,797	-45.1%	2,248	2,943	(695)	-23.6%	-15.4%	33	39	
	Unreconciled	-\$2,298	-\$4,628	\$2,330	-50.3%	20	-	20	0.0%		-	-	
	<b>Total</b>	<b>\$312,165</b>	<b>\$487,852</b>	<b>-\$175,687</b>	<b>-36.0%</b>	<b>18,718</b>	<b>22,938</b>	<b>(10,840)</b>	<b>-47.3%</b>	<b>-17.4%</b>	<b>364</b>	<b>441</b>	

**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

TB				Cash Collections					Encounters						General PHU Comment	
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After		FTE Before
1	Jefferson	1	Metro	FTE Reduction	\$4,678	\$8,247	-\$3,568	-43.3%	685	1,119	(434)	-38.8%	-45.2%	17	31	PCACG Providers Scarce
2	Orleans	1	Metro	Closure	\$17,536	\$22,015	-\$4,480	-20.3%	2,566	2,188	378	17.3%	0.0%	-	-	PCACG Providers
3	St. Bernard	1	Metro	FTE Reduction	\$278	\$664	-\$386	-58.1%	30	79	(49)	-62.0%	-60.0%	2	5	PCACG Providers
4	Ascension	2	Cap	No FTE Change	\$0	\$99	-\$99	-100.0%	7	46	(39)	-84.8%	0.0%	3	3	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
5	East Baton Rouge	2	Cap	FTE Reduction	\$7,510	\$17,120	-\$9,610	-56.1%	1,143	1,929	(786)	-40.7%	-14.3%	30	35	Regional TB and STD Clinic at EBR, WIC only at other location East Baton Rouge, East Baton Rouge WIC Clinic
6	East Feliciana	2	Cap	Consolidation	\$0	\$179	-\$179	-100.0%	7	85	(78)	-91.8%	0.0%	7	7	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
7	Pointe Coupee	2	Cap	Consolidation	\$40	\$0	\$40	0.0%	9	18	(9)	-50.0%	-11.1%	4	5	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
8	West Baton Rouge	2	Cap	Consolidation	\$139	\$19,389	-\$19,249	-99.3%	30	396	(366)	-92.4%	-14.3%	6	7	Parish operated PHU in Ascension, parish support, share staff already Ascension, Iberville, West Baton Rouge
9	West Feliciana	2	Cap	FTE Reduction	\$40	\$0	\$40	0.0%	2	61	(59)	-96.7%	-33.3%	2	3	Parish support, share staff already Pt. Coupee, W. Feliciana, E. Feliciana
10	Assumption	3	Teche	Consolidation	\$172	\$534	-\$361	-67.7%	17	41	(24)	-58.5%	0.0%	2	2	Geographically close, share staff already Assumption, St. Mary
11	Lafourche	3	Teche	FTE Reduction	\$2,040	\$438	\$1,601	365.2%	305	323	(18)	-5.6%	-12.9%	27	31	No FQHC, parish staff
12	St. Charles															
13	St. James	3	Teche	FTE Reduction	\$20	\$99	-\$80	-80.0%	20	12	8	66.7%	-12.5%	7	8	No FQHC
14	St. John	3	Teche	FTE Reduction	\$762	\$133	\$630	475.0%	80	15	65	433.3%	-11.1%	8	9	No FQHC, parish staff
15	St. Mary	3	Teche	Consolidation	\$1,092	\$914	\$178	19.5%	293	190	103	54.2%	-20.0%	4	5	Geographically close, share staff already Assumption, St. Mary
16	Terrebonne	3	Teche	FTE Reduction	\$1,368	\$2,416	-\$1,048	-43.4%	596	792	(196)	-24.7%	-21.1%	15	19	No FQHC, parish staff
17	Acadia	4	Acadian	Consolidation	\$2,231	\$6,675	-\$4,444	-66.6%	213	403	(190)	-47.1%	-44.4%	5	9	Geographically close with Vermilion
18	Evangeline	4	Acadian	Consolidation	\$40	\$580	-\$540	-93.1%	84	111	(27)	-24.3%	-28.6%	5	7	Geographically close with St. Landry, high vol-low volume
19	Iberia	4	Acadian	Consolidation	\$911	\$3,474	-\$2,563	-73.8%	259	230	29	12.6%	-11.8%	15	17	Consolidation with St. Martin, geographically close
20	Lafayette	4	Acadian	FTE Reduction	\$5,606	\$13,093	-\$7,486	-57.2%	843	1,274	(431)	-33.8%	-20.7%	23	29	Lg volume, regional STD, TB, and CSHS Clinic
21	St. Landry	4	Acadian	Consolidation	\$1,047	\$868	\$179	20.6%	364	295	69	23.4%	-21.4%	11	14	Geographically close with Evangeline
22	St. Martin	4	Acadian	Consolidation	\$388	\$2,135	-\$1,747	-81.8%	189	233	(44)	-18.9%	-11.1%	8	9	Consolidation with Iberia, high vol-low volume
23	Vermilion	4	Acadian	Consolidation	\$464	\$755	-\$291	-38.6%	130	162	(32)	-19.8%	0.0%	9	9	Geographically close with Acadia
24	Allen	5	SW	Consolidation	\$80	\$20	\$60	300.0%	27	97	(70)	-72.2%	-40.0%	3	5	Consolidation with Beauregard
25	Beauregard	5	SW	Consolidation	\$139	\$20	\$119	600.0%	106	111	(5)	-4.5%	-10.0%	9	10	Consolidation with Allen
26	Calcasieu	5	SW	FTE Reduction	\$3,530	\$10,566	-\$7,036	-66.6%	1,072	1,987	(915)	-46.0%	-18.8%	26	32	High vol with satellite in Sulfur
27	Cameron	5	SW	Consolidation	\$0	\$0	\$0	0.0%	9	-	9	0.0%	0.0%	2	2	Consolidation with Jeff Davis
28	Jefferson Davis	5	SW	Consolidation	\$40	\$5,175	-\$5,135	-99.2%	86	275	(189)	-68.7%	0.0%	8	8	Consolidation with Cameron
29	Avoyelles	6	Central	FTE Reduction	\$0	\$99	-\$99	-100.0%	37	46	(9)	-19.6%	-6.3%	15	16	No FQHC
30	Catahoula	6	Central	Consolidation	\$1,336	\$20	\$1,316	6621.7%	32	49	(17)	-34.7%	0.0%	6	6	Consolidation with LaSalle
31	Concordia	6	Central	FTE Reduction	\$20	\$80	-\$60	-75.0%	23	23	-	0.0%	-12.5%	7	8	Geographically isolated
32	Grant	6	Central	Consolidation	\$20	\$0	\$20	0.0%	4	14	(10)	-71.4%	-50.0%	3	6	Consolidation with Winn
33	LaSalle	6	Central	Consolidation	\$0	\$99	-\$99	-100.0%	3	19	(16)	-84.2%	-60.0%	2	5	Consolidation with Catahoula
34	Rapides	6	Central	FTE Reduction	\$2,182	\$6,372	-\$4,190	-65.8%	541	931	(390)	-41.9%	-15.6%	27	32	High vol, limited medicaid providers
35	Vernon	6	Central	No FTE Change	\$159	\$80	\$80	100.0%	50	24	26	108.3%	0.0%	9	9	Geographically isolated

**Louisiana Office of Public Health**  
**Results by Program/Parish**  
**FY 11 vs. FY 10**

FTE Count represents FTE for all programs in the Region and Parish.

Blank rows are intentional as no services were provided in the Parish.

TB				Cash Collections					Encounters							
#	Parish	Reg #	R. Name	PHU Chg	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	General PHU Comment
36	Winn	6	Central	Consolidation	\$0	\$0	\$0	0.0%	21	40	(19)	-47.5%	-20.0%	4	5	Consolidation with Grant
37	Bienville	7	NW	Consolidation	\$0	\$0	\$0	0.0%	6	9	(3)	-33.3%	-20.0%	4	5	Consolidation with Claiborne
38	Bossier	7	NW	FTE Reduction	\$305	\$1,841	-\$1,536	-83.4%	87	297	(210)	-70.7%	-40.0%	6	10	Parish Support
39	Caddo	7	NW	FTE Reduction	\$6,888	\$7,817	-\$929	-11.9%	1,524	1,361	163	12.0%	-28.0%	18	25	High vol, regional TB, CSHS
40	Claiborne	7	NW	Consolidation	\$3,385	\$318	\$3,067	964.2%	108	254	(146)	-57.5%	-16.7%	5	6	Consolidation with Bienville
41	DeSoto	7	NW	Consolidation	\$1,475	\$643	\$832	129.3%	98	45	53	117.8%	0.0%	5	5	Consolidation with Sabine
42	Natchitoches	7	NW	Consolidation	\$139	\$258	-\$119	-46.2%	64	221	(157)	-71.0%	0.0%	8	8	Consolidation with Red River
43	Red River	7	NW	Consolidation	\$0	\$40	-\$40	-100.0%	14	12	2	16.7%	-25.0%	3	4	Consolidation with Natchitoches
44	Sabine	7	NW	Consolidation	\$40	\$0	\$40	0.0%	28	17	11	64.7%	-16.7%	5	6	Consolidation with Desoto
45	Webster	7	NW	FTE Reduction	\$20	\$477	-\$457	-95.8%	150	159	(9)	-5.7%	-50.0%	5	10	Single parish
46	Caldwell	8	NE	FTE Reduction	\$1,793	\$636	\$1,157	181.9%	176	227	(51)	-22.5%	-14.3%	6	7	Geographically isolated, parish support
47	East Carroll	8	NE	FTE Reduction	\$12,057	\$835	\$11,222	1344.0%	459	120	339	282.5%	-20.0%	4	5	Geographically isolated
48	Franklin	8	NE	FTE Reduction	\$298	\$398	-\$99	-25.0%	84	72	12	16.7%	-20.0%	8	10	Geographically isolated, parish support
49	Jackson	8	NE	FTE Reduction	\$0	\$40	-\$40	-100.0%	15	24	(9)	-37.5%	-25.0%	6	8	Geographically isolated
50	Lincoln	8	NE	No FTE Change	\$7,157	\$1,276	\$5,881	461.0%	478	489	(11)	-2.2%	0.0%	7	7	Parish support
51	Madison	8	NE	FTE Reduction	\$0	\$199	-\$199	-100.0%	35	39	(4)	-10.3%	-16.7%	5	6	Geographically isolated
52	Morehouse	8	NE	FTE Reduction	\$284	\$417	-\$133	-31.9%	79	86	(7)	-8.1%	-27.3%	8	11	High vol, parish support
53	Ouachita	8	NE	FTE Reduction	\$5,011	\$8,128	-\$3,117	-38.3%	748	1,403	(655)	-46.7%	-21.2%	26	33	High vol, regional TB, CSHS
54	Richland	8	NE	FTE Reduction	\$139	\$119	\$20	16.7%	63	110	(47)	-42.7%	-18.2%	9	11	Parish support
55	Tensas	8	NE	No FTE Change	\$0	\$20	-\$20	-100.0%	-	2	(2)	-100.0%	0.0%	1	1	WIC only
56	Union	8	NE	No FTE Change	\$196	\$40	\$156	391.8%	77	61	16	26.2%	0.0%	7	7	Geographically isolated, parish support
57	West Carroll	8	NE	FTE Reduction	\$20	\$20	\$0	0.0%	18	11	7	63.6%	-16.7%	5	6	Geographically isolated
58	Livingston	9	SE	FTE Reduction	\$73	\$805	-\$732	-90.9%	40	156	(116)	-74.4%	-15.4%	11	13	High volume
59	St. Helena	9	SE	Consolidation	\$417	\$199	\$219	110.0%	48	47	1	2.1%	-40.0%	3	5	Consolidation with Tangipahoa, FQHCs
60	St. Tammany	9	SE	No FTE Change	\$278	\$219	\$60	27.3%	182	72	110	152.8%	0.0%	7	7	Sole PHU in growing parish
61	Tangipahoa	9	SE	Consolidation	\$5,969	\$4,571	\$1,398	30.6%	549	434	115	26.5%	-11.1%	8	9	Consolidation with St. Helena, FQHCs
62	Washington	9	SE	FTE Reduction	\$732	\$3,889	-\$3,156	-81.2%	94	279	(185)	-66.3%	-8.3%	11	12	Single Parish
63	Unreconciled				-\$1,199	-\$2,225	\$1,027	-46.1%	639	-	639	0.0%		-	-	
<b>Total</b>					<b>\$99,348</b>	<b>\$153,336</b>	<b>-\$53,988</b>	<b>-35.2%</b>	<b>15,746</b>	<b>19,625</b>	<b>(3,879)</b>	<b>-19.8%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**Results by Region**

		Cash Collections				Encounters							
Reg #	Region Name	FY11	FY10	Var	Var %	FY11	FY10	Variance	Enc. Var %	Annualized FTE Chg	FTE After	FTE Before	Comment
1	Metro	\$22,498	\$30,926	-\$8,428	-27.3%	3,281	3,386	(105)	-3.1%	-47.2%	19	36	
2	Cap	\$7,734	\$36,790	-\$29,056	-79.0%	1,198	2,535	(1,337)	-52.7%	-12.6%	52	60	
3	Teche	\$5,453	\$4,535	\$918	20.2%	1,311	1,373	(62)	-4.5%	-14.9%	63	74	
4	Acadian	\$10,687	\$27,583	-\$16,896	-61.3%	2,082	2,708	(626)	-23.1%	-19.1%	76	94	
5	SW	\$3,789	\$15,781	-\$11,992	-76.0%	1,300	2,470	(1,170)	-47.4%	-15.8%	48	57	
6	Central	\$3,717	\$6,754	-\$3,037	-45.0%	711	1,146	(435)	-38.0%	-16.1%	73	87	
7	NW	\$12,258	\$11,404	\$854	7.5%	2,079	2,375	(296)	-12.5%	-25.3%	59	79	
8	NE	\$26,963	\$12,128	\$14,836	122.3%	2,232	2,644	(412)	-15.6%	-17.9%	92	112	
9	SE	\$7,476	\$9,692	-\$2,217	-22.9%	913	988	(75)	-7.6%	-13.0%	40	46	
	Unreconciled	-\$1,199	-\$2,225	\$1,027	-46.1%	639	-	639	0.0%		-	-	
	<b>Total</b>	<b>\$99,377</b>	<b>\$153,369</b>	<b>-\$53,992</b>	<b>-35.2%</b>	<b>15,746</b>	<b>19,625</b>	<b>(10,226)</b>	<b>-52.1%</b>	<b>-19.0%</b>	<b>522</b>	<b>645</b>	

**APPENDIX D**

**SAMPLES OF COMPASS  
FORMS**



## TUBERCULOSIS

### Encounter

Encounter # (For CARS)		Diagnoses Code	Visit Date / /
Co-Pay Due	Co-Pay Collected	Place of Service (Clinic; Home; Field)	Site #

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #
Address ★			Med Rec #
City ★	State ★	Zip ★	LINKS SIIS Patient ID #
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female		

### Services

#### MEDICAL/NURSING

- DIRECTLY OBSERVED THERAPY
- MEDICAL VISIT
- NURSE VISIT
- OTHER \_\_\_\_\_
- OTHER BY RN \_\_\_\_\_
- TELEPHONE FOLLOW-UP

#### COUNSELING

- NUTRITIONIST VISIT
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT

#### LABORATORY

- AST TEST
- BLOOD ASSAY TB (T-SPOT.TB)
- HIV CONVENTIONAL - EIA/ELISA
- HIV CONVENTIONAL - WESTERN BLOT
- HIV RAPID TEST
- SPUTUM AFB / CULTURE
- TB PANEL (CHEMISTRIES)
- TB SKIN TEST
- TB URINE CULTURE
- URINE DIPSTICK
- OTHER \_\_\_\_\_

#### PHARMAUTICALS

- ETHAMBUTOL 400 mg, 108 TABLETS (14 DAYS, THEN BIWEEKLY)
- ETHAMBUTOL 400 mg, 48 TABLETS (BIWEEKLY)
- ETHAMBUTOL 400 mg, 90 TABLETS (DAILY)
- ISONIAZID 300 mg, 26 TABLETS (14 DAYS, THEN BIWEEKLY)
- ISONIAZID 300 mg, 24 TABLETS (BIWEEKLY)
- ISONIAZID 300 mg, 30 TABLETS (DAILY)
- PYRAZINAMIDE 500 mg, 88 TABLETS (14 DAYS, THEN BIWEEKLY)
- PYRAZINAMIDE 500 mg, 90 TABLETS (DAILY)
- PYRIDOXINE 50 mg, 30 TABLETS (DAILY)
- PYRIDOXINE 50 mg, 8 TABLETS (BIWEEKLY)
- RIFAMPIN 300 mg, 36 CAPSULES (14 DAYS, THEN BIWEEKLY)
- RIFAMPIN 300 mg, 16 CAPSULES (BIWEEKLY)
- RIFAMPIN 300 mg, 60 CAPSULES (DAILY)
- OTHER \_\_\_\_\_

#### IMMUNIZATION

- FLU (AGES 6 - 35 MOS)
- FLU (AGES 3 AND ABOVE)
- HUMAN PAPILLOMAVIRUS (HPV) VACCINE
- KINRIX (DTAP-IPV)
- PENTACEL (DTAP-IPV-HIB)
- PNEUMO 23

#### RADIOLOGY

- CHEST X-RAY
- OTHER \_\_\_\_\_

#### OTHER

- OTHER \_\_\_\_\_

### Additional (Case Management Services)

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Notes

Signatures	Date
	/ /
	/ /

Void Encounter



## CHILD HEALTH

### Encounter

Encounter # (For CARS)	Diagnoses Code	Visit Date
Community Care Referral #	Place of Service (Clinic; Home; Field)	Site #
Community Care Referral Status <input type="checkbox"/> Cannot Obtain <input type="checkbox"/> Denied <input type="checkbox"/> Exempt - No PCP Linked <input type="checkbox"/> Pending <input type="checkbox"/> Not Medicaid		Co-Pay Due: _____ Collected: _____

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #
Address ★			Med Rec #
City ★	State ★	Zip ★	LINKS SIIS Patient ID #
Date of Birth ★	Gender ★	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### Services

#### MEDICAL/NURSING

- CSHS APPLICATION
- CSHS MEDICATION PICK-UP
- HOME VISIT BY RN
- HOME VISIT BY SW
- INFANT RISK ASSESSMENT BY RN
- MEDICAL VISIT
- OCS / OPH VISIT
- PARENTING EDUCATION
- RN VISIT (NOT WIC RELATED)

#### COUNSELING

- DIS VISIT
- LEAD ENVIR. INSPECTION
- NUTRITIONIST VISIT (NOT WIC RELATED)
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP.
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT

#### WIC

- CERTIFICATION/RECERTIFICATION BY HEALTH EDUCATOR (WICC/WICR)
- CERTIFICATION/RECERTIFICATION BY NURSE (RN/LPN)(WICC/WICR)
- CERTIFICATION/RECERTIFICATION BY NUTRITIONIST (WICC/WICR)
- FOLLOW-UP BY HEALTH EDUCATOR (WICM)
- FOLLOW-UP BY NURSE (RN/LPN) (WICM)
- FOLLOW-UP BY NUTRITIONIST (WICM)
- HIGH RISK COUNSELING BY NUTRITIONIST (WIC) (HRNU)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NUTRITION EDUCATOR (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY HEALTH EDUCATOR (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NURSE (RN/LPN) (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NUTRITIONIST (WCFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NUTRITION EDUCATOR (WIFI)

#### WIC (cont.)

- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY HEALTH EDUCATOR (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NURSE (RN/LPN) (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NUTRITIONIST (WIFI)

#### SCREENINGS

- EYE HEALTH SCREEN
- HEARING SCREENING
- INITIAL SCREEN BY RN (AGE < 1)
- INITIAL SCREEN BY RN (AGES 1-4)
- INITIAL SCREEN BY RN (AGES 5-11)
- INITIAL SCREEN BY RN (AGES 12-17)
- INITIAL SCREEN BY RN (AGES 18-20)
- PERIODIC SCREEN BY RN (AGE < 1)
- PERIODIC SCREEN BY RN (AGES 1-4)
- PERIODIC SCREEN BY RN (AGES 5-11)
- PERIODIC SCREEN BY RN (AGES 12-17)
- PERIODIC SCREEN BY RN (AGES 18-20)
- INITIAL SCREEN BY MD (AGE < 1)
- INITIAL SCREEN BY MD (AGES 1-4)
- INITIAL SCREEN BY MD (AGES 5-11)
- INITIAL SCREEN BY MD (AGES 12-17)
- INITIAL SCREEN BY MD (AGES 18-20)
- PERIODIC SCREEN BY MD (AGE < 1)
- PERIODIC SCREEN BY MD (AGES 1-4)
- PERIODIC SCREEN BY MD (AGES 5-11)
- PERIODIC SCREEN BY MD (AGES 12-17)
- PERIODIC SCREEN BY MD (AGES 18-20)

#### IMMUNIZATION STATUS

##### Complete and Current?

- YES
- NO
  - MED. CONTRAINDICATED
  - OFF SCHEDULE
  - PARENTAL REFUSAL

#### LABORATORY

- BACTERIAL CULTURE
- BLOOD LEAD
- AMPLIFIED – CT (e.g. URINE)
- AMPLIFIED – GC (e.g. URINE)
- DNA PROBE – CT
- DNA PROBE – GC
- FTA / MHA - TP TEST
- HEMOGLOBIN
- HEMOGLOBIN ELECTROPHORESIS
- HEP. B CORE ANTIBODY (HBcAb)
- HEP. B SURFACE ANTIBODY (HBsAb)
- HEP. B SURFACE ANTIGEN (HBsAg)
- HIV CONVENTIONAL - EIA/ELISA
- HIV CONVENTIONAL - WESTERN BLOT
- HIV RAPID TEST
- NEWBORN SCREENING (FULL BATTERY)
- PREGNANCY TEST NEGATIVE
- PREGNANCY TEST POSITIVE
- SYPHILIS IgG (EIA) SCREEN
- TB SKIN TEST
- URINE DIPSTICK
- OTHER \_\_\_\_\_

#### PHARMACEUTICALS

- FERROUS SULFATE DROPS 50ml, BOTTLE
- FERROUS SULFATE TABLETS, (QTY) \_\_\_\_\_
- BOX (max of 3)
- OTHER \_\_\_\_\_

#### IMMUNIZATION

- DT
- DTaP
- DTaP/IPV/HepB
- DTaP/Hib
- FLU (AGES 3 AND ABOVE)
- FLU (AGE 6-35 MOS)
- HBIG
- HepA (PEDIATRIC)
- HepA (ADULT)
- HepA/HepB (ADULT)
- HepB (ADULT)



### IMMUNIZATION (cont.)

- HepB (PEDIATRIC)
- HepB/Hib
- Hib
- IPV
- KINRIX (DTAP-IPV)
- MMR
- MMR/VAR
- PCV7
- PENTACEL (DTAP-IPV-HIB)
- PNEUMO 23
- Td
- VAR
- MCV4
- MPSV4
- Tdap
- ROTAVIRUS
- HUMAN PAPILLOMAVIRUS (HPV) Vaccine

### Suspected Conditions and Referral

#### REFERRAL TYPE CODES

- |               |                          |                             |
|---------------|--------------------------|-----------------------------|
| 1 Medical     | 6 Developmental          | 11 Iron Deficiency / Anemia |
| 2 Vision      | 7 Abuse                  | 12 Sickle Cell              |
| 3 Hearing     | 8 Speech / Language      | 13 Parenting Problems       |
| 4 Dental      | 9 Psychological / Social | 14 None                     |
| 5 Nutritional | 10 Lead Poisoning        |                             |

Provider #:	<input type="checkbox"/> OFF-SITE <input type="checkbox"/> IN-HOUSE	Note:	Referral Type:	Date
				/ /
Provider #:	<input type="checkbox"/> OFF-SITE <input type="checkbox"/> IN-HOUSE	Note:	Referral Type:	Date
				/ /
Provider #:	<input type="checkbox"/> OFF-SITE <input type="checkbox"/> IN-HOUSE	Note:	Referral Type:	Date
				/ /
Provider #:	<input type="checkbox"/> OFF-SITE <input type="checkbox"/> IN-HOUSE	Note:	Referral Type:	Date
				/ /

### Additional (Case Management Services)

### Notes

Signatures	Date
	/ /
	/ /

Void Encounter





## CSHS

### Encounter

Encounter # (For CARS)	Diagnoses Code	Visit Date	/	/
Community Care Referral #	Place of Service (Clinic; Home; Field)	Site #		
Community Care Referral Status <input type="checkbox"/> Could Not Obtain <input type="checkbox"/> Denied <input type="checkbox"/> Exempt <input type="checkbox"/> Not Medicaid Patient <input type="checkbox"/> Pending			Co-Pay Due:	Collected:

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #	/	/
Address ★	City ★		Med Rec #		
State ★	Zip ★		LINKS SIIS Patient ID #		
Date of Birth ★	Gender ★	<input type="checkbox"/> Male <input type="checkbox"/> Female			

### Services

#### Medical/Nursing

- AUDIOLOGIST FOLLOW-UP (1-15 minutes) – MINIMAL
- AUDIOLOGIST FOLLOW-UP (16-30 minutes) – MODERATE
- AUDIOLOGIST FOLLOW-UP (31-45 minutes) – EXTENDED
- AUDIOLOGIST FOLLOW-UP (46+ minutes) – COMPREHENSIVE
- AUDIOLOGIST CARE COORDINATION SERVICE
- AUDIOLOGIST TRANSITION SERVICE
- AUDIOLOGIST VISIT
- MEDICAL VISIT
- NURSE – CSHS APPLICATION / ELIGIBILITY DETERMINATION
- NURSE FOLLOW-UP (1-15 minutes) – MINIMAL
- NURSE FOLLOW-UP (16-30 minutes) – MODERATE
- NURSE FOLLOW-UP (31-45 minutes) – EXTENDED
- NURSE FOLLOW-UP (46+ minutes) - COMPREHENSIVE
- NURSE VISIT
- NURSE CARE COORDINATION SERVICE
- NURSE TRANSITION SERVICE
- PHYSICIAN CONSULTATION
- SLP CARE COORDINATION SERVICE
- SLP FOLLOW-UP (1-15 minutes) – MINIMAL
- SLP FOLLOW-UP (16-30 minutes) – MODERATE
- SLP FOLLOW-UP (31-45 minutes) – EXTENDED
- SLP FOLLOW-UP (46+ minutes) - COMPREHENSIVE
- SLP TRANSITION SERVICE
- SLP VISIT
- Other: \_\_\_\_\_

#### Counseling

- CASE MANAGEMENT - CASE ADVOCACY
- CASE MANAGEMENT - CASE CONSULTATION
- CASE MANAGEMENT - COORDINATION OF SERVICES
- CASE MANAGEMENT - DISCHARGE FROM PROGRAM
- CASE MANAGEMENT - PATIENT / FAMILY PROBLEM SOLVING
- CASE MANAGEMENT - REFERRAL FOLLOW-UP
- CASE MANAGEMENT - TEAM STAFFING

#### Counseling (cont.)

- CASE MANAGEMENT - TRANSITION (LIFE MAP)
- COUNSELING - CRISIS INTERVENTION
- COUNSELING - SUPPORTIVE
- ELIGIBILITY DETERMINATION
- INITIAL SERVICE PLAN DEVELOPMENT
- PSYCHOSOCIAL ASSESSMENT
- SOCIAL SERVICE CARE COORDINATION SERVICE
- SOCIAL SERVICE FOLLOW-UP (< 1 HOUR) – MINIMAL
- SOCIAL SERVICE FOLLOW-UP (1-3 HOURS) – MODERATE
- SOCIAL SERVICE FOLLOW-UP (4-6 HOURS) – EXTENDED
- SOCIAL SERVICE FOLLOW-UP (> 6 HOURS) – COMPREHENSIVE
- SOCIAL SERVICE TRANSITION SERVICE
- SOCIAL SERVICE VISIT
- Other: \_\_\_\_\_

#### Hearing & Speech

- ACOUSTIC REFLEX DECAY TEST
- ACOUSTIC REFLEX TESTING
- AUDIO INPUT SHOE (ONE)
- AUDIO INPUT SHOES (TWO)
- BASIC COMPREHENSIVE (AUDIOMETRY)
- BATTERIES (QUARTERLY SUPPLY)
- BONE OSCILLATOR
- BRAINSTEM EVOKED RESPONSE EVALUATION
- BRAINSTEM EVOKED RESPONSE SCREENING
- CONDITIONING PLAY AUDIOMETRY
- CORD (ONE)
- CORDS (TWO)
- CROS CORD
- CROS MICROPHONE UNIT
- EAR MOLD (ONE)
- EAR MOLD (TWO)
- ELECTROACOUSTIC EVAL. (BIN)
- ELECTROACOUSTIC EVAL. (MON)
- ELECTROCOCHLEOGRAPHY
- EVOKED AUDITORY TEST COMPREHENSIVE
- EVOKED AUDITORY TEST LIMITED
- FILTERED SPEECH TEST
- GLASSES (AIR CONDUCTION)
- GLASSES (BONE CONDUCTION)
- HEADBAND
- HEARING AID (BEHIND THE EAR)
- HEARING AID (BICROS-GLASSES)
- HEARING AID (BILATERAL-BODY WORN)
- HEARING AID (BINAURAL-BEHIND EAR)
- HEARING AID (BINAURAL-BODY WORN)

#### Hearing & Speech (cont.)

- HEARING AID (BINAURAL-GLASSES)
- HEARING AID (BINAURAL-IN THE EAR)
- HEARING AID CHECK (BINAURAL)
- HEARING AID CHECK (MONAURAL)
- HEARING AID (CROS-BEHIND THE EAR)
- HEARING AID (CROS-IN THE EAR)
- HEARING AID (IN THE EAR)
- HEARING AID (MONAURAL-BEHIND THE EAR)
- HEARING AID (MONAURAL-BODY WORN/AIR)
- HEARING AID (MONAURAL-BODY WORN/BONE)
- HEARING AID (MONAURAL-IN THE EAR)
- HEARING AID EXAM / SELECT (BINAURAL)
- HEARING AID EXAM / SELECT (MONAURAL)
- HEARING AID (NOT CLASSIFIED)
- HEARING AID REPAIR (MAJOR)
- HEARING AID REPAIR (MINOR)
- HEARING SCREENING
- INPUT CORD (TAPE RECORDER)
- INPUT CORD (TRAINER-ONE)
- INPUT CORD (TRAINER-TWO)
- INPUT CORD (TV)
- PURETONE AUD (AIR / BONE)
- PURETONE AUD (THRESHOLD)
- RECEIVER (ONE)
- RECEIVERS (TWO)
- SELECT PICTURE AUDIOMETRY
- SENSORINEURAL ACUITY LEVEL
- SISI TEST
- SPEECH AUDIOMETRY (THRESHOLD/DISCR)
- SPEECH AUDIOMETRY (THRESHOLD ONLY)
- SPEECH / LANGUAGE EVALUATION
- SPEECH / LANGUAGE SCREENING
- STAGGERED SPONDIAC WORD TEST
- STENGER TEST (PURETONE)
- STENGER TEST (SPEECH)
- SWIM PLUG (ONE)
- SWIM PLUGS (TWO)
- SYNTHETIC SENTENCE ID TEST
- TONE DECAY TEST
- TYMPANOMETRY
- VRA (VISUAL REINFORCEMENT AUDIOMETRY)
- Other: \_\_\_\_\_

#### Laboratory

- HEMATOCRIT
- HEMOCUE
- URINE DIPSTICK
- URINE MICROSCOPE EXAM
- Other: \_\_\_\_\_



### Nutrition

- NUTRITIONIST CARE COORDINATION SERVICE
- NUTRITIONIST TRANSITION SERVICE
- NUTRITIONIST VISIT
- NUTRITIONIST FOLLOW-UP (1-15 minutes) – MINIMAL
- NUTRITIONIST FOLLOW-UP (16-30 minutes) – MODERATE
- NUTRITIONIST FOLLOW-UP (31-45 minutes) – EXTENDED
- NUTRITIONIST FOLLOW-UP (46+ minutes) - COMPREHENSIVE

### Other CSHS Services

- CASTING
- CAST REMOVAL
- CATHETERIZATION
- ELECTROCARDIOGRAM
- LIQUID NUTRITION
- MEDICATION GIVEN
- STATE PHARMACEUTICALS
- VENIPUNCTURE
- Other: \_\_\_\_\_

### Vendor Services

- BRAINSTEM EVOKED RESPONSE EVALUATION
- BRAINSTEM EVOKED RESPONSE SCREENING
- CAST
- COMPUTERIZED TOMOGRAM
- DENTAL SERVICE
- ECHOCARDIOGRAM
- ELECTROCARDIOGRAM
- ELECTRONEURO DIAG STUDY
- EQUIPMENT PURCHASE
- EQUIPMENT RENT
- EYE GLASSES/CONTACT
- FLUROURODYNAMIC STUDY
- HOME HEALTH SERVICE
- HOSPITALIZATION
- LAB SERVICE

### Vendor Services (cont.)

- MAG. RESON. IMAGING
- MEDICAL SUPPLY
- NUCLEAR MEDICINE
- NUTRITION REFERRAL
- OCCUPATIONAL THERAPY
- ORTHODONTIA SERVICE
- ORTHOTIC / PROSTHETICS
- OUTPATIENT SURGERY
- PHYSICAL THERAPY
- PRESCRIPTION DRUG
- PULM. FUNCT. STUDY
- RADIOLOGY
- SPEECH THERAPY
- URODYNAMIC STUDY
- WALKER
- WHEELCHAIR & ACCESS

### Immunization

- DT
- DTaP
- DTaP/Hib
- DTaP/IPV/HepB
- FLU (AGES 6-35 MOS)
- FLU (AGES 3 AND ABOVE)
- HBIG
- HepA (PEDIATRIC)
- HepB (PEDIATRIC)
- HepB (ADULT)
- HepA (ADULT)
- HepA/HepB (ADULT)
- HepB/Hib
- Hib
- IPV
- KINRIX (DTAP-IPV)
- MMR
- PCV7
- PENTACEL (DTAP-IPV-HIB)
- PNEUMO 23
- Td
- VAR
- MCV4
- MPSV4
- MMR/VAR
- Tdap
- ROTAVIRUS
- HUMAN PAPILLOMAVIRUS (HPV) VACCINE

### Radiology

- X-RAY
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### Primary Care Provider

- CHARITY OUTPATIENT
- EMERGENCY ROOM
- HEALTH UNIT
- KIDMED
- NONE
- Other: \_\_\_\_\_
- PRIVATE MD

### Referrals

- CHARITY HOSPITAL
- DENTAL
- EARLY STEPS
- EDUCATION DEPARTMENT
- GENETICS
- KID-MED
- LOUISIANA REHAB SERVICES
- MEDICAID
- MEDICARE
- MENTAL HEALTH
- OFF. OF DEV. DISABILITIES
- OFF. OF FAMILY SERVICES
- PARISH HEALTH UNIT
- PCP/MEDICAL HOME
- PRIVATE AGENCY
- PRIV PHYSICIAN (NOT PCP)
- SOCIAL SEC. ADMIN

### Clinic Type (Clinic Type Codes)

1 Audiology	6 Cystic Fibrosis	11 Neurology	16 Plastic
2 Arthritis	7 Cardiology	12 Neurosurgery	17 Scoliosis
3 Amputee	8 GI	13 Ophthalmology	18 Urology
4 Cerebral Palsy	9 CODE UNUSED	14 Orthopedic	19 Spinal Cord
5 Cleft Lip and Palate	10 Nephrology	15 Otology	20 CODE UNUSED

Clinic Type Code

### Additional (CSHS Third Party Billing)

Insurance Name : _____	Guarantor First Name : _____
Insurance Patient ID # : _____	Guarantor Last Name : _____
Insurance Effective Date : _____	Guarantor Address : _____
Ethnicity : Hispanic   Non-Hispanic	Guarantor City, State, Zip : _____
Marital Status : Married   Divorced   Widowed   Seperated   Single   Other   Unknown	

### Signatures

### Date

_____	/ /
_____	/ /

Void Encounter



## FAMILY PLANNING

### Encounter

Encounter # (For CARS)	Diagnoses Code	Visit Date / /
Community Care Referral #	Place of Service (Clinic; Home; Field)	Site #
Community Care Referral Status <input type="checkbox"/> Not Required <input type="checkbox"/> Not Requested <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	Sliding Fee Schedule Payment Due: _____ Collected: _____	

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN # ★
Address ★	City ★	Med Rec # ★	
State ★	Zip ★	Language Assistance ★ <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY ★ <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

### Race

American Indian / Alaska Native  
  Asian  
  Black / African American  
  Native Hawaiian / Pacific Islander  
  White  
  Unknown

### Socioeconomic

Funding Source ★ <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Public Means <input type="checkbox"/> Private Insurance <input type="checkbox"/> None	Sliding Fee Schedule Calculation Family Size : _____ Monthly Income \$ : _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Pay Group ★ % of Poverty Level : _____

### Waiver Card (Check One)

Yes  
  No – Application in Progress  
  No – Not Applied  
  No – Not Eligible  
  N/A – Patient has Regular Medicaid

### Services

#### Type of Visit

- ANNUAL VISIT
- FP - FAST TRACK SERVICE
- INITIAL VISIT
- NON-CLINICAL PERSONNEL
- NURSE ASSESSMENT
- NURSE VISIT / REVISIT
- NUTRITION VISIT BY NUTRITIONIST
- NUTRITION VISIT BY OTHER
- SOCIAL SERVICES VISIT
- TELEPHONE CONSULT                      5-10 MIN.
- TELEPHONE CONSULT                      11-20 MIN.
- TELEPHONE CONSULT                      21-30 MIN.
- MEDICAL REVISIT - 10 MIN
- MEDICAL REVISIT - 15 MIN
- MEDICAL REVISIT - 25 MIN

#### Medical/Nursing

- BREAST EXAM
- BREAST EXAM ABN REFERRAL
- PELVIC/GENITAL EXAM

#### Counseling

- ABNORMAL PAP COUNSEL/REF
- ADOLESCENT COUNSELING
- NUTRITION COUNSELING BY NUTRITIONIST

#### Counseling

- NUTRITION COUNSELING BY OTHER
- OTHER CARE REFERRAL
- PRECONCEPTION COUNSEL
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP.
- SOCIAL SERVICES REFERRALS
- STD AND HIV COUNSELING
- STERILIZATION
- UNINTENDED PREGNANCY

#### Laboratory

- AMPLIFIED - CT (SWAB)
- AMPLIFIED - CT (e.g. URINE)
- AMPLIFIED - GC (SWAB)
- AMPLIFIED - GC (e.g. URINE)
- CHOLESTEROL SCREENING
- GLUCOSE RANDOM SCREEN
- HEMATOCRIT
- HEMOGLOBIN
- HEMOGLOBIN ELECTROPHORESIS
- HEP. B CORE ANTIBODY (HBcAb)
- HEP. B SURFACE ANTIBODY (HBsAb)
- HEP. B SURFACE ANTIGEN (HBsAg)
- HIV CONVENTIONAL - EIA/ELISA

#### Laboratory (cont.)

- HIV CONVENTIONAL - WESTERN BLOT
- HIV RAPID TESTING
- PAP SMEAR
- POTASSIUM HYD. PREP
- PREGNANCY TEST NEGATIVE
- PREGNANCY TEST POSITIVE
- RUBELLA IgG
- SYPHILIS IgG (EIA) SCREEN
- SYPHILIS VDRL
- URINE DIPSTICK
- WET MOUNT
- OTHER \_\_\_\_\_

#### Pharmaceuticals

- 3 MONTH HORMONAL INJECTION
- BENZATHINE PENICILLIN G (BICILLIN) 2.4 MU IM
- CALCIUM SUP. 500MG BTL (QTY) \_\_\_\_\_
- CEFIXIME 400 MG PO
- CEFTRIAXONE 250MG IM
- CONTRA. IMPLANT
- CONTRA. FOAM TUBE (QTY) \_\_\_\_\_
- CONTRA. PATCH (QTY) \_\_\_\_\_
- DIAPHRAGM (QTY) \_\_\_\_\_
- DIAPHRAGM JELLY (GYNOL II) TUBE (QTY) \_\_\_\_\_



### Pharmaceuticals (cont.)

- DOXYCYCLINE 100MG 14 CAPS
- ERYTHROMYCIN 250MG PO#56 TABLETS
- FERROUS SULFATE TABLETS (QTY) \_\_\_\_\_
- FLUCONAZOLE (DIFLUCAN) 150MG
- IUD MIRENA
- IUD PARAGARD
- KEFLEX (CEPHALEXIN) TABLETS 014 TABLETS 500MG
- MACRODANTIN (MACROBID) 14 TBLT 100MG
- METRONIDAZOLE 250MG (QTY) \_\_\_\_\_
- MULTI-VITAMIN (QTY) \_\_\_\_\_
- NUVA RING BOX (QTY) \_\_\_\_\_
- OCP: TYPE \_\_\_\_\_ QTY \_\_\_\_\_
- EMERG. CONTRACEPTIVE (BOX) Qty \_\_\_\_\_
- PRENATAL VITAMINS
- PRESCRIPTION GIVEN - ACYCLOVIR
- PRESCRIPTION GIVEN - ACYCLOVIR CREAM/OINTMENT
- PRESCRIPTION GIVEN - ALDARA
- PRESCRIPTION GIVEN - ELIMITE
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - AZITHROMYCIN
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - SUPRAX
- PRESCRIPTION GIVEN - VALTREX
- PROVERA 10 TABLETS 010MG
- TERCONAZOLE (TERAZOL) CREAM 7 – 1 TUBE
- TRICHLORACETIC ACID (TOPICAL)
- ZITHROMAX PWDR 1GM SACHET 01
- ZITHROMAX TABLETS 04 250MG TABS
- ZITHROMAX TABLETS 08 250MG TABS
- OTHER \_\_\_\_\_

### Contraceptive Methods Chosen (Female)

- ABSTINENCE
- 3 MONTH HORMONAL INJECTION
- CERVICAL CAP / DIAPHRAGM
- CONTRACEPTIVE PATCH
- FEMALE STERILIZATION
- FEMALE CONDOM

### Contraceptive Methods Chosen (Female) (cont.)

- FOAM / VCF / CONTRA. SPONGE
- IUD – MIRENA
- IUD – PARAGARD
- NATURAL
- CONT. IMPLANT
- OCP(S)
- VAGINAL RING
- OTHER METHOD \_\_\_\_\_
- METHOD UNKNOWN
- NONE
- IF NONE - REASON
  - PREGNANT OR PLANNING PREG.
  - RELYING ON MALE - CONDOM
  - RELYING ON MALE - VASECTOMY
  - OTHER REASON \_\_\_\_\_

### Contraceptive Methods Chosen (Male)

- ABSTINENCE
- MALE CONDOM
- NATURAL
- VASECTOMY
- OTHER METHOD \_\_\_\_\_
- METHOD UNKNOWN
- NONE
- IF NONE - REASON
  - PARTNER PREGNANT OR PLANNING PREGNANCY
  - RELYING ON FEMALE METHOD
  - OTHER REASON \_\_\_\_\_

### Contraceptive Services

- CONTRA. IMPLANT INSERTION
- CONTRA. IMPLANT REMOVAL
- DIAPHRAGM FITTING
- IUD INSERTION
- IUD REMOVAL
- CONTRA. IMPLANT REMOVAL WITH REINSERTION
- OTHER \_\_\_\_\_

### Education

- ABSTINENCE
- ADOLESCENT HEALTH
- CONTRACEPT CHOICE
- FAMILY/PARTNER INVOLVEMENT
- INTIMATE PARTNER VIOLENCE
- NAT. FAM. PLANNING
- OBESITY
- SELF-BREAST EXAM
- SELF-TESTICULAR EXAM
- STD / HIV

### Immunization

- FLU (AGES 3 AND ABOVE)
- HepA (PEDIATRIC)
- HepB (PEDIATRIC)
- HepA (ADULT)
- HepB (ADULT)
- HepA/Hep B (ADULT)
- MMR
- TD
- Tdap
- VAR
- HUMAN PAPILLOMAVIRUS (HPV) VACCINE
- OTHER \_\_\_\_\_

### WIC

- CERTIFICATION/RECERTIFICATION BY NURSE (RN/LPN) (WICC/WICR)
- CERTIFICATION/RECERTIFICATION BY NUTRITIONIST (WICC/WICR)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NURSE (RN/LPN) (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NUTRITIONIST (WCFI)
- OTHER BY RN/LPN \_\_\_\_\_

## Patient Classification

- New Contraceptor       Continuing Contraceptor       Post Contraceptor

## Additional (Case Management Services)

## Notes

## Seen By

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> PHYSICIAN                                 | <input type="checkbox"/> SOCIAL WORKER          | <input type="checkbox"/> CWA (CASE WORKER ASSISTANT) / LPN |
| <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE (APRN) | <input type="checkbox"/> NUTRITIONIST           |  |
| <input type="checkbox"/> REGISTERED NURSE (RN)                     | <input type="checkbox"/> NON-CLINICAL PERSONNEL |  |

## Signatures

## Date

	/	/
	/	/

Void Encounter



**Hearing & Speech**

**Encounter**

Encounter # (For CARS)	Diagnoses Code	Visit Date / /
Community Care Referral #	Place of Service (Clinic; Home; Field)	Site #
Community Care Referral Status <input type="checkbox"/> Could Not Obtain <input type="checkbox"/> Denied <input type="checkbox"/> Exempt <input type="checkbox"/> Not Medicaid Patient <input type="checkbox"/> Pending		Co-Pay Due:                      Collected:

**Patient**

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN # / /
Address ★	City ★	Med Rec #	
State ★	Zip ★	LINKS SIIS Patient ID #	
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female		

**Services**

**Medical/Nursing**

- AUDIOLOGIST CARE COORDINATION SERVICE
- AUDIOLOGIST FOLLOW-UP
- AUDIOLOGIST VISIT
- NURSE VISIT
- NURSE VISIT FOLLOW-UP
- SLP CARE COORDINATION SERVICE
- SLP FOLLOW-UP
- SLP VISIT

**Counseling**

- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP.
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICE VISIT

**Hearing & Speech Screen**

- ACOUSTIC REFLEX DECAY TEST
- ACOUSTIC REFLEX TESTING
- BASIC COMPREHENSIVE (AUDIOMETRY)
- BRAINSTEM EVOKED RESPONSE SCREENING
- BRAINSTEM EVOKED RESPONSE EVALUATION
- CONDITIONING PLAY AUDIOMETRY
- ELECTROCOCHLEOGRAPHY
- EVOKED AUDITORY TEST COMPREHENSIVE
- EVOKED AUDITORY TEST LIMITED
- FILTERED SPEECH TEST
- HEARING SCREENING
- PURETONE AUD (AIR / BONE)
- PURETONE AUD (THRESHOLD)
- SELECT PICTURE AUDIOMETRY
- SENSORINEURAL ACUITY LEVEL
- SISI TEST
- SPEECH AUDIOMETRY (THRESHOLD/DISCR)
- SPEECH AUDIOMETRY (THRESHOLD ONLY)
- SPEECH / LANGUAGE EVALUATION
- SPEECH / LANGUAGE SCREENING
- STAGGERED SPONDIAC WORD TEST

**Hearing & Speech Screen (cont.)**

- STENGER TEST (PURETONE)
- STENGER TEST (SPEECH)
- SYNTHETIC SENTENCE ID TEST
- TONE DECAY TEST
- TYMPANOMETRY
- VRA (VISUAL REINFORCEMENT AUDIOMETRY)

**Immunization**

- HUMAN PAPILLOMAVIRUS (HPV) VACCINE
- KINRIX (DTAP-IPV)
- PENTACEL (DTAP-IPV-HIB)

**Referrals**

- SOCIAL SERVICE
- CSHS PROGRAM

**Clinic Type (Clinic Type Codes)**

1 MCH	2 CODE UNUSED	3 Adult	4 CODE UNUSED
Clinic Type Code			

**Additional (Case Management Services)**

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**Notes**

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**Signatures**

**Date**


Void Encounter



## IMMUNIZATION

### Encounter

Encounter # (For CARS)	Diagnoses Code	Visit Date / /
Community Care Referral #	Place of Service (Clinic; Home; Field)	Site #
Community Care Referral Status <input type="checkbox"/> Cannot Obtain <input type="checkbox"/> Denied <input type="checkbox"/> Exempt - No PCP Linked <input type="checkbox"/> Pending <input type="checkbox"/> Not Medicaid		Co-Pay Due:                      Collected:

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #
Address ★			Med Rec #
City ★	State ★	Zip ★	LINKS SIIS Patient ID #
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female		

### Services

#### COUNSELING

- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT

#### MEDICAL/NURSING

- NURSE VISIT (Required)

#### LABORATORY

- HepB CORE ANTIBODY (HBcAb)
- HepB SURFACE ANTIBODY (HBsAb)
- HepB SURFACE ANTIGEN (HBsAg)
- INFLUENZA CULTURE
- MUMPS TEST
- PERTUSSIS CULTURE

#### LABORATORY (cont.)

- PERTUSSIS FA
- POLIO STOOLS
- RUBELLA IgG
- RUBEOLA TESTS

#### IMMUNIZATION

- DT
- DTaP
- DTaP/IPV/HepB
- DTaP/Hib
- FLU (AGES 3 AND ABOVE)
- FLU (AGES 6 - 35 MOS)
- HBIG
- HepA (ADULT)
- HepA (PEDIATRIC)
- HepA/HepB (ADULT)
- HepB (ADULT)
- HepB (PEDIATRIC)
- HepB/Hib
- Hib

#### IMMUNIZATION (cont.)

- IPV
- KINRIX (DTAP-IPV)
- MMR
- PCV7
- PNEUMO 23
- Td
- VAR
- YELLOW FEVER
- MMR/VAR
- MCV4
- MPSV4
- PENTACEL (DTAP-IPV-HIB)
- Tdap
- ROTAVIRUS
- HUMAN PAPILLOMAVIRUS (HPV) Vaccine
- OTHER \_\_\_\_\_

### Additional (Case Management Services)

### Notes

### Signatures

### Date

	/ /
	/ /

Void Encounter



**MATERNITY**

**Encounter**

Encounter # (For CARS)		Diagnoses Code	Visit Date / /
Co-Pay Due	Co-Pay Collected	Place of Service (Clinic; Home; Field)	Site #

**Patient**

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #
Address ★			Med Rec #
City ★	State ★	Zip ★	LINKS SIIS Patient ID #
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female		

**Services**

**TRIMESTER ENTERED PRENATAL CARE**

- 1st TRIMESTER (ONLY DOCUMENT WITH AN INITIAL VISIT)
- 2nd TRIMESTER (ONLY DOCUMENT WITH AN INITIAL VISIT)
- 3rd TRIMESTER (ONLY DOCUMENT WITH AN INITIAL VISIT)

**MEDICAL / NURSING**

- MATERNITY INITIAL VISIT - 20 MIN.
- MATERNITY INITIAL VISIT - 30 MIN.
- MATERNITY INITIAL VISIT - 45 MIN.
- MATERNITY INITIAL VISIT - 60 MIN.
- MATERNITY REVISIT - 10 MIN.
- MATERNITY REVISIT - 20 MIN.
- MATERNITY REVISIT - 30 MIN.
- MATERNITY REVISIT - 45 MIN.
- MATERNITY REVISIT - 60 MIN.
- POSTPARTUM COMPREHENSIVE VISIT (must include physical exam)
- PREGNANCY TEST VISIT BY RN
- TELEPHONE FOLLOW-UP - 10 MIN.
- TELEPHONE FOLLOW-UP - 20 MIN.

**COUNSELING**

- DIS VISIT
- NUTRITIONIST VISIT (NOT WIC)
- RN VISIT (NON WIC)
- SBIRT - HEALTH EDUCATOR 10 MIN
- SBIRT - HEALTH EDUCATOR 20 MIN
- SBIRT - HEALTH EDUCATOR 30 MIN
- SBIRT - LPN 10 MIN
- SBIRT - LPN 20 MIN
- SBIRT - LPN 30 MIN
- SBIRT - NUTRITIONIST 10 MIN
- SBIRT - NUTRITIONIST 20 MIN
- SBIRT - NUTRITIONIST 30 MIN
- SBIRT - RN 10 MIN
- SBIRT - RN 20 MIN
- SBIRT - RN 30 MIN
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT
- WIC

**COUNSELING (cont.)**

- CERTIFICATION/RECERTIFICATION BY HEALTH EDUCATOR (WICC/WICR)
- CERTIFICATION/RECERTIFICATION BY NURSE (RN/LPN)(WICC/WICR)
- CERTIFICATION/RECERTIFICATION BY NUTRITIONIST (WICC/WICR)
- FOLLOW-UP BY HEALTH EDUCATOR (WICM)
- FOLLOW-UP BY NURSE (RN/LPN) (WICM)
- FOLLOW-UP BY NUTRITIONIST (WICM)
- HIGH RISK COUNSELING BY NUTRITIONIST (WIC) (HRNU)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NUTRITION EDUCATOR (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY HEALTH EDUCATOR (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NURSE (RN/LPN) (WCFI)
- NUTRITION EDUCATION GROUP CLASS/FOOD INSTRUMENT BY NUTRITIONIST (WCFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NUTRITION EDUCATOR (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY HEALTH EDUCATOR (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NURSE (RN/LPN) (WIFI)
- NUTRITION ED INDIVIDUAL/FOOD INSTRUMENT BY NUTRITIONIST (WIFI)

**LABORATORY**

- AMPLIFIED – CT (SWAB)
- AMPLIFIED – CT (e.g. URINE)
- AMPLIFIED – GC (SWAB)
- AMPLIFIED – GC (e.g. URINE)
- BLOOD GROUP AND TYPE
- GLUCOLA (DEXICOLA) BOTTLE 50MG
- GLUCOSE - 3 HOUR GTT
- GLUCOSE - ONE HOUR O'SULLIVAN
- GLUCOSE RANDOM SCREEN
- HEMOGLOBIN
- HEMOGLOBIN ELECTROPHORESIS
- HEP. B CORE ANTIBODY (HBcAb)
- HEP. B SURFACE ANTIBODY (HBsAb)
- HEP. B SURFACE ANTIGEN (HBsAg)
- HIV CONVENTIONAL - EIA/ELISA
- HIV CONVENTIONAL - WESTERN BLOT
- HIV RAPID TEST

**LABORATORY (cont.)**

- MICROSCOPY (SALINE OR KOH)
- MS-AFP
- PAP SMEAR
- PREGNANCY TEST NEGATIVE
- PREGNANCY TEST POSITIVE
- QUAD SCREEN
- RUBELLA IgG
- SYPHILIS IgG (EIA) SCREEN
- SYPHILIS VDRL
- TB SKIN TEST
- URINE DIPSTICK

**IMMUNIZATION**

- FLU
- HepA (ADULT)
- HepA/HepB (ADULT)
- HepB (ADULT)
- HUMAN PAPILLOMAVIRUS (HPV) VACCINE
- KINRIX (DTAP-IPV)
- MMR
- PENTACEL (DTAP-IPV-HIB)
- Td
- Tdap

**RADIOLOGY**

- ULTRASOUND, LIMITED
- ULTRASOUND, > / = 14 Wks GEST.
- ULTRASOUND, FOLLOW-UP
- ULTRASOUND, < 14 Wks GEST.

**PHARMACEUTICALS**

- BENZATHINE PENICILLIN G (BICILLIN) 2.4 MU IM
- CEFIXIME 400 MG PO
- CEFTRIAXONE 250 mg IM
- FERROUS SULFATE DROPS 50 ml, BOTTLE
- FERROUS SULFATE TABLETS (QTY) \_\_\_\_\_ BOX, (max. of 3)
- MACROBID 100 mg #14
- METRONIDAZOLE 250 mg PO #28
- METRONIDAZOLE 250 mg PO #8
- PRENATAL VITAMINS
- PRESCRIPTION GIVEN - ACYCLOVIR
- PRESCRIPTION GIVEN - ACYCLOVIR CREAM/OINTMENT



**PHARMACEUTICALS (cont.)**

- PRESCRIPTION GIVEN - ALDARA
- PRESCRIPTION GIVEN - ELIMITE
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - AZITHROMYCIN
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - SUPRAX
- PRESCRIPTION GIVEN - VALTREX
- RHOGAM INJECTION
- TERCONAZOLE (TERAZOL) CREAM 7, 1 TUBE
- ZITHROMAX POWDER 1 gm, SACHET 1
- OTHER \_\_\_\_\_

**PERIDONTAL SCREEN COMPLETED?**

- YES
- NO

**If Yes, Any Problems?**

- YES
- NO

**Additional (Case Management Services)**

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**Notes**

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Signatures	Date
	/ /
	/ /

Void Encounter





## STD

### Encounter

Encounter # (For CARS)		Diagnoses Code	Visit Date / /
Co-Pay Due	Co-Pay Collected	Place of Service (Clinic; Home; Field)	Site #

### Patient

★ required field

Place Passport label here, if available

Last Name ★	First Name ★	Middle Initial	SSN #
Address ★			Med Rec #
City ★	State ★	Zip ★	LINKS SIIS Patient ID #
Date of Birth ★ / /	Gender ★ <input type="checkbox"/> Male <input type="checkbox"/> Female		

### Services

#### MEDICAL/NURSING

- MEDICAL VISIT
- NURSE PRACTITIONER VISIT
- NURSE VISIT
- TELEPHONE FOLLOW-UP

#### COUNSELING

- DIS VISIT
- HIV PRE-TEST COUNSELING BY RN
- HIV PRE-TEST COUNSELING BY SOC WKR
- HIV POST-TEST COUNSELING BY RN
- HIV POST-TEST COUNSELING BY SOC WKR
- HIV POST-TEST COUNSELING BY MD / NP
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL
- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP.
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT

#### LABORATORY

- AMPLIFIED – CT (SWAB)
- AMPLIFIED – CT (e.g. URINE)
- AMPLIFIED – GC (SWAB)
- AMPLIFIED – GC (e.g. URINE)
- GRAM STAIN
- HIV CONVENTIONAL - EIA/ELISA
- HIV CONVENTIONAL - WESTERN BLOT
- HIV PEDIATRIC (DNA-PCR)
- HIV RAPID TEST

#### LABORATORY (cont.)

- MICROSCOPY (SALINE OR KOH)
- MICROSCOPY SYPHILIS DARKFIELD
- PAP SMEAR
- PREGNANCY TEST NEGATIVE
- PREGNANCY TEST POSITIVE
- SYPHILIS IgG (EIA) SCREEN
- SYPHILIS RPR
- TB SKIN TEST
- OTHER \_\_\_\_\_

#### IMMUNIZATION

- HepA (PEDIATRIC)
- HepB (PEDIATRIC)
- HepA (ADULT)
- HepB (ADULT)
- HepA/HepB (ADULT)
- KINRIX (DTAP-IPV)
- MMR/VAR
- MMR
- MCV4
- MPSV4
- PENTACEL (DTAP-IPV-HIB)
- HUMAN PAPILLOMAVIRUS (HPV) Vaccine
- Td

#### PHARMACEUTICALS

- BENZATHINE PENICILLIN G (BICILLIN)
- 2.4 MU IM
- CEFIXIME 400 MG PO
- CEFTRIAXONE 250 mg, IM

#### PHARMACEUTICALS (cont.)

- DOXYCYCLINE 100 mg, QTY \_\_\_\_\_
- ERYTHROMYCIN ETHYL SUCCINATE 400 mg, 42 TABS PO
- ERYTHROMYCIN ETHYL SUCCINATE 400 mg, 56 TABS PO
- FLUCONAZOLE 150 mg PO
- METRONIDAZOLE 250 mg, 8 CAPS PO
- METRONIDAZOLE 250 mg, 28 CAPS PO
- PRESCRIPTION GIVEN - ACYCLOVIR
- PRESCRIPTION GIVEN - ACYCLOVIR CREAM/OINTMENT
- PRESCRIPTION GIVEN - ALDARA
- PRESCRIPTION GIVEN - ELIMITE
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - AZITHROMYCIN
- PRESCRIPTION GIVEN - EXPEDITED PARTNER THERAPY - SUPRAX
- PRESCRIPTION GIVEN - VALTREX
- TERCONAZOLE (TERAZOL) CREAM 7, QTY \_\_\_\_\_
- TRI-CHLOROACETIC ACID – ONE TOPICAL APPLICATION
- ZITHROMAX POWDER 1 gm, SACHET 01

#### OTHER

OTHER \_\_\_\_\_

#### Additional (Case Management Services)

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#### Notes

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#### Signatures

#### Date


Void Encounter



# Office of Public Health

Louisiana Department of Health and Hospitals

## Genetics

### Encounter

Encounter # (for CARS)	Diagnosis Code	Visit Date
Co-Pay Due	Co-Pay Collected	Place of Service (Clinic; Home; Field)
		Site #
Community Care Referral Status		Community Care Referral #
<input type="checkbox"/> Can Not Obtain <input type="checkbox"/> Denied <input type="checkbox"/> Exempt – No PCP Linked		
<input type="checkbox"/> Pending Approval <input type="checkbox"/> Not Medicaid Patient		

### Patient

\* required field

Place PASPORT label here, if available

Last Name *	First Name *	Midd Init	Medical Record # (PASPORT #)
Address *			LINKS SIIS Patient ID#
City	State *	Zip *	SSN
Date of Birth *	Gender *		
	<input type="checkbox"/> M <input type="checkbox"/> F		

### Services

#### Medical/Nursing

- MEDICAL CONSULTATION
- MEDICAL VISIT
- NURSE FOLLOW-UP
- NURSE VISIT
- PHYSICIAN CONSULTATION

#### Counseling

- DIS VISIT
- NUTRITIONIST FOLLOW-UP
- NUTRITIONIST VISIT
- SOCIAL SVCS FOLLOW-UP (0-1hr) - MINIMAL

#### Counseling (cont.)

- SOCIAL SVCS FOLLOW-UP (1-3hr) - MODERATE
- SOCIAL SVCS FOLLOW-UP (4-6hr) - EXTENDED
- SOCIAL SVCS FOLLOW-UP (>6) - COMP.
- SOCIAL SERVICES REFERRALS
- SOCIAL SERVICES VISIT

#### Immunization

- KINRIX (DTAP-IPV)
- PENTACEL (DTAP-IPV-HIB)
- HUMAN PAPILLOMAVIRUS (HPV) VACCINE

#### Laboratory

- HEMOGLOBIN ELECTROPHORESIS
- NEWBORN SCREENINGS (FULL BATTERY)
- OTHER \_\_\_\_\_

#### Pharmaceuticals

- CARNITOR 4 fl oz, Qty.= \_\_\_\_\_
- PHENEX 2 400 gm x 6
- PRO PHREE POWDER 350 gm x 6
- OTHER \_\_\_\_\_

### Clinic Type

#### Clinic Type Codes

1	Genetics Clinics	2	Sickle Cell Clinic	3	Newborn Screening - Only	4	Metabolics
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Write In Clinic Type Code

### Additional (Case Management Services)

### Notes

### Signatures

Date

	/	/
	/	/

Void Encounter



# Office of Public Health

Louisiana Department of Health and Hospitals

## Registration

Current WIC Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Links SIIS Patient ID#	Date / /
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## Patient \* required field

Place PASPORT label here, if available

Last Name *	First Name *	SSN - -
Middle Initial	City *	Medical Record # (PASPORT #)
State *	Zip *	Mother's Maiden Name
Date of Birth * / /	Gender * <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity * <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

Race \*  
 American Indian/Alaska Native   
 Asian   
 Black/African-American   
 Native Hawaiian/Pacific Islander   
 White   
 Unkn

Address *1	Address 2	
Home Phone #	Work Phone # x	Cell / Alternate Phone #
Emergency Contact	Emergency Contact Phone #	Community Care #

## Socioeconomic

Patient Occupation	Employer Name	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Family Size	Monthly Family Income \$	Pay Group % of Poverty Level

## Insurance

### Primary/Medicaid Insurance Information

Insurance Name	Insurance Card #	
Insurance Patient ID #	Insurance Effective Date / /	Insurance End Date / /
Insurance Card #	Insurance ID # (Medicaid #)	Insurance Policy ID #
Policyholder Last Name	Policyholder First Name	Relationship to Insured

### Secondary Insurance Information

Insurance Name	Insurance Card #	
Insurance Patient ID #	Insurance Effective Date / /	Insurance End Date / /
Insurance Card #	Insurance ID # (Medicaid #)	Insurance Policy ID #
Policyholder Last Name	Policyholder First Name	Relationship to Insured



# Office of Public Health

Louisiana Department of Health and Hospitals

## Guarantor

Guarantor Last Name

Guarantor First Name

Middle Initial

Guarantor Address 1

Guarantor Address 2

Guarantor City

Guarantor State

Guarantor Zip Code

Guarantor Phone #

## APPENDIX E

### SAMPLE GENERIC CONTRACT

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

File No. \_\_\_\_\_  
(or solicitation #)

### CONTRACT

Be it known, that effective upon approval by the Director of State Purchasing, as evidenced by the Director's signature on this document, the (*Agency Name*) (hereinafter sometimes referred to as "State") and (*Contractor's name and legal address including zip code*) (hereinafter sometimes referred to as "Contractor") do hereby enter into contract under the following terms and conditions.

### SCOPE OF SERVICE

Contractor hereby agrees to furnish the following services:

*(If the Scope of Services is more lengthy than will fit here, it may be attached separately, referenced and incorporated herein.)*

### CONTRACT MODIFICATIONS

No amendment or variation of the terms of this contract shall be valid unless made in writing, signed by the parties and approved as required by law. No oral understanding or agreement not incorporated in the contract is binding on any of the parties.

Changes to the contract include any change in a) compensation; b) beginning/ending date of the contract; c) scope of work; and/or d) contractor change through the assignment of contract process. Any such changes, once approved, will result in the issuance of an amendment to the contract.

### FUND USE

Contractor agrees not to use contract proceeds to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the Louisiana Legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition on any election ballot or a proposition or matter having the effect of law being considered by the Louisiana Legislature or any local governing authority.

### HEADINGS

Descriptive headings in this contract are for convenience only and shall not affect the construction of this contract or meaning of contractual language.

### PAYMENT TERMS

The Contractor shall invoice the State Agency directly and payment shall be made by the State Agency directly to the Contractor in accordance with the payment terms agreed to in this Contract.

## **LATE PAYMENTS**

Interest due by the State Agency for late payments shall be in accordance with R.S. 39:1695 and 13:4202.

## **DELIVERABLES**

Contractor will deliver the item(s) or service(s) as described below (or per the attached) per the following schedule...

## **TAXES**

Contractor agrees that all applicable taxes are included in the schedule pricing. State agencies are exempt from all state and local sales and use taxes.

## **TERMINATION OF THIS CONTRACT FOR CAUSE**

The State may terminate this contract for cause based upon the failure of Contractor to comply with the terms and/or conditions of the contract, or failure to fulfill its performance obligations pursuant to this contract, provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct such failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the contract shall terminate on the date specified in such notice.

The Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of this contract, provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the State to cure the defect.

## **TERMINATION OF THIS CONTRACT FOR CONVENIENCE**

The State may terminate this Contract at any time by giving thirty (30) days written notice to the Contractor of such termination or negotiating with the Contractor an effective date.

The Contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

## **TERMINATION FOR NON-APPROPRIATION OF FUNDS**

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act or Title 39 of the Louisiana Revised Statutes of 1950 to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

## **OWNERSHIP**

All records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall, upon request, be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.

## **USE OF AGENCY'S FACILITIES**

Any property of the State furnished to the Contractor shall, unless otherwise provided herein, or approved by the State and/or Agency, be used only for the performance of this contract.

The Contractor shall be responsible for any loss or damage to property of the State and/or State Agency which results from willful misconduct or lack of good faith on the part of the Contractor or which results from the failure on the part of the Contractor to maintain and administer that property in accordance with sound management practices, to ensure that the property will be returned to the State and/or State Agency in like condition, except for normal wear and tear, to that in which it was furnished to the Contractor. Upon the happening of loss, or destruction of, or damage to property of the State, the Contractor shall notify the State thereof and shall take all reasonable steps to protect that property from further damage.

The Contractor shall surrender to the State and/or State Agency all property of the State and/or State Agency prior to settlement upon completion, termination, or cancellation of this contract. All reference to the Contractor under this section shall include any of its employees, agents, or subcontractors.

## **WAIVER**

Waiver of any breach of any term or condition of this contract shall not be deemed a waiver of any prior or subsequent breach. No term or condition of this contract shall be held to be waived, modified or deleted except by the written consent of both parties.

## **WARRANTIES**

Contractor warrants that all services shall be performed in a workmanlike manner, and according to its current description (including any completion criteria) contained in the scope of work.

*This paragraph may only apply when software is involved.*

*No Surreptitious Code Warranty.* Contractor warrants that Contractor will make all commercially reasonable efforts not to include any Unauthorized Code in the software provided hereunder. "Unauthorized Code" means any virus, Trojan horse, worm or other software routine or component designed to permit unauthorized access to disable, erase, or otherwise harm software, equipment, or data, or to perform any other such actions. Excluded from this prohibition are identified and State-authorized features designed for purposes of maintenance or technical support.

Extent of Warranty: THESE WARRANTIES REPLACE ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE

## INDEMNIFICATION AND LIMITATION OF LIABILITY

Neither party shall be liable for any delay or failure in performance beyond its control resulting from acts of God or force majeure. The parties shall use reasonable efforts to eliminate or minimize the effect of such events upon performance of their respective duties under this contract.

Contractor shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and hold harmless the State from suits, actions, damages and costs of every name and description relating to personal injury and damage to real or personal tangible property caused by Contractor, its agents, employees, partners or subcontractors in the performance of this contract, without limitation; provided, however, that the Contractor shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the State.

Contractor will indemnify, defend and hold the State harmless, *without limitation*, from and against any and all damages, expenses (including reasonable attorneys' fees), claims judgments, liabilities and costs which may be finally assessed against the State in any action for infringement of a United States Letter Patent with respect to the Products, Materials, or Services furnished, or of any copyright, trademark, trade secret or intellectual property right, provided that the State shall give the Contractor: (i) prompt written notice of any action, claim or threat of infringement suit, or other suit, (ii) the opportunity to take over, settle or defend such action, claim or suit at Contractor's sole expense, and (iii) assistance in the defense of any such action at the expense of Contractor. Where a dispute or claim arises relative to a real or anticipated infringement, the State may require Contractor, at its sole expense, to submit such information and documentation, including formal patent attorney opinions, as the Commissioner of Administration shall require.

The Contractor shall not be obligated to indemnify that portion of a claim or dispute based upon: i) State's unauthorized modification or alteration of a Product, Material, or Service; ii) State's use of the Product, Material, or Service in combination with other products, materials, or services not furnished by Contractor; iii) State's use in other than the specified operating conditions and environment.

In addition to the foregoing, if the use of any item(s) or part(s) thereof shall be enjoined for any reason or if Contractor believes that it may be enjoined, Contractor shall have the right, at its own expense and sole discretion as the state's exclusive remedy to take action in the following order of precedence: (i) to procure for the State the right to continue using such item(s) or part (s) thereof, as applicable; (ii) to modify the component so that it becomes non-infringing equipment of at least equal quality and performance; or (iii) to replace said item(s) or part(s) thereof, as applicable, with non-infringing components of at least equal quality and performance, or (iv) if none of the foregoing is commercially reasonable, then provide monetary compensation to the State up to the dollar amount of the Contract.

For all other claims against the Contractor where liability is not otherwise set forth in the contract as being "without limitation", and regardless of the basis on which the claim is made, Contractor's liability **for direct damages, shall be the greater of \$100,000, the dollar amount of the Contract, or two (2) times the charges for services rendered by the Contractor under the Contract.** Unless otherwise specifically enumerated herein mutually agreed between the parties, neither party shall be liable to the other for special, indirect or consequential damages, including lost data or records (unless the Contractor is required to back-up the data or records as part of the work plan), even if the party has been advised of the possibility of such damages. Neither party shall be liable for lost profits, lost revenue or lost institutional operating savings.

The State may, in addition to other remedies available to them at law or equity and upon notice to the Contractor, retain such monies from amounts due Contractor, or may proceed against the performance



and payment bond, if any, as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against them.

## **INSURANCE**

Contractor will be required to provide the State of Louisiana with Certificates of adequate insurance indicating coverage required, (*in accordance with Section(s) \_\_\_\_\_ of the RFP*).

## **LICENSES AND PERMITS**

Contractor shall secure and maintain all licenses and permits, and pay inspection fees required to do the work required to complete this contract, if applicable.

## **SEVERABILITY**

If any term or condition of this contract or the application thereof is held invalid, such invalidity shall not affect other terms, conditions or applications which can be given effect without the invalid term, condition or application; to this end the terms and conditions of this contract are declared severable.

## **SUBCONTRACTORS**

The Contractor may enter into subcontracts with third parties for the performance of any part of the Contractor's duties and obligations. In no event shall the existence of a subcontract operate to release or reduce the liability of the Contractor to the State and/or State Agency for any breach in the performance of the Contractor's duties. The Contractor will be the single point of contact for all subcontractor work.

## **SUBSTITUTION OF PERSONNEL**

If, during the term of this contract, the Contractor or subcontractor cannot provide the personnel as proposed and requests a substitution, that substitution shall meet or exceed the requirements stated herein. A detailed resume of qualifications and justification is to be submitted to the State for approval prior to any personnel substitution. It shall be acknowledged by the Contractor that every reasonable attempt shall be made to assign the personnel listed in the Contractor's proposal.

## **ASSIGNMENT**

Contractor shall not assign any interest in this contract by assignment, transfer, or novation, without prior written consent of the State. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the State.

## **CODE OF ETHICS**

The contractor acknowledges that Chapter 15 of Title 42 of the Louisiana Revised Statutes (R.S. 42:1101 et. seq., Code of Governmental Ethics) applies to the Contracting Party in the performance of services called for in this contract. The contractor agrees to immediately notify the state if potential violations of the Code of Governmental Ethics arise at any time during the term of this contract.

## **CONFIDENTIALITY**

The following provision will apply unless the state agency statement of work specifically indicates that all information exchanged will be non-confidential:

All financial, statistical, personal, technical and other data and information relating to the State's operations which are designated confidential by the State and made available to the Contractor in order to carry out this contract, shall be protected by the Contractor from unauthorized use and disclosure through the observance of the same or more effective procedural requirements as are applicable to the State. The identification of all such confidential data and information as well as the State's procedural requirements for protection of such data and information from unauthorized use and disclosure shall be provided by the State in writing to the Contractor. If the methods and procedures employed by the Contractor for the protection of the Contractor's data and information are deemed by the State to be adequate for the protection of the State's confidential information, such methods and procedures may be used, with the written consent of the State, to carry out the intent of this paragraph. The Contractor shall not be required under the provisions of the paragraph to keep confidential any data or information, which is or becomes publicly available, is already rightfully in the Contractor's possession, is independently developed by the Contractor outside the scope of the contract, or is rightfully obtained from third parties.

## **CONTRACT CONTROVERSIES**

Any claim or controversy arising out of this contract shall be resolved by the provisions of Louisiana Revised Statute 39:1673.

## **RIGHT TO AUDIT**

The State Legislative auditor, federal auditors and internal auditors of the Division of Administration, or others so designated by the DOA, shall have the option to audit all accounts directly pertaining to the contract for a period of five (5) years after project acceptance or as required by applicable State and Federal Law. Records shall be made available during normal working hours for this purpose.

## **SECURITY**

Contractor's personnel will comply with all security regulations in effect at the State's premises, and externally for materials and property belonging to the State or to the project. Where special security precautions are warranted (e.g., correctional facilities), the State shall provide such procedures to the Contractor, accordingly. Contractor is responsible for promptly reporting to the State any known breach of security.

## **TERM OF CONTRACT**

This Contract is effective upon OSP approval and will end no later than *<length of term specified in the RFP>*, unless otherwise terminated in accordance with the Termination provision of this Contract. The State has the option, upon acceptance by the Contractor, to extend for *<extension language as specified in the RFP>*.

## **COMMENCEMENT OF WORK**

No work shall be performed by Contractor and the State shall not be bound until such time as this Contract is fully executed between the State and the Contractor and all required approvals are obtained.

## **COMPLIANCE WITH CIVIL RIGHTS LAWS**

The Contractor agrees to abide by the requirements of the following as applicable: Title VI and Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1975, and Contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, national origin, veteran status, political affiliation, or disabilities. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

## **ANTI-KICKBACK CLAUSE**

The Contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each Contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

## **CLEAN AIR ACT**

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA list of Violating Facilities.

## **ENERGY POLICY AND CONSERVATION ACT**

The Contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

## **CLEAN WATER ACT**

The Contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders, or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities.

## **ANTI-LOBBYING AND DEBARMENT ACT**

The Contractor will be expected to comply with Federal statutes required in the Anti-Lobbying Act and the Debarment Act.

## **GOVERNING LAW**

This Contract shall be governed by and interpreted in accordance with the laws of the State of Louisiana. Venue of any action brought with regard to this Contract shall be in the Nineteenth Judicial District Court, parish of East Baton Rouge, State of Louisiana.

**COMPLETE CONTRACT**

This is the complete Contract between the parties with respect to the subject matter and all prior discussions and negotiations are merged into this contract. This contract is entered into with neither party relying on any statement or representation made by the other party not embodied in this contract and there are no other agreements or understanding changing or modifying the terms. This Contract shall become effective upon final statutory approval.

**ORDER OF PRECEDENCE**

The Request for Proposals (RFP), dated \_\_\_\_\_, and the Contractor's Proposal dated \_\_\_\_\_, are attached hereto and, incorporated into this Contract as though fully set forth herein. In the event of an inconsistency between this Contract, the RFP and/or the Contractor's Proposal, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence first to this Contract, then to the RFP and finally, the Contractor's Proposal.

THUS DONE AND SIGNED AT \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and, IN WITNESS WHEREOF, the parties have executed this Contract.

WITNESSES' SIGNATURES:

\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR SIGNATURE:

By: \_\_\_\_\_  
Title: \_\_\_\_\_

THUS DONE AND SIGNED AT Baton Rouge, Louisiana on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and, IN WITNESS WHEREOF, the parties have executed this Contract.

WITNESSES' SIGNATURES:

\_\_\_\_\_  
\_\_\_\_\_

STATE AGENCY SIGNATURE:

By: \_\_\_\_\_  
Title \_\_\_\_\_

Phone No.: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
Director of State Purchasing

Date: \_\_\_\_\_

## APPENDIX F

### INSURANCE REQUIREMENTS FOR CONTRACTORS

The Contractor shall purchase and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.

#### **A. MINIMUM SCOPE AND LIMITS OF INSURANCE**

1. **Workers Compensation**

Workers Compensation insurance shall be in compliance with the Workers Compensation law of the State of the Contractor's headquarters. Employers Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee. If work is to be performed over water and involves maritime exposure, applicable LHWCA, Jones Act, or other maritime law coverage shall be included and the Employers Liability limit increased to a minimum of \$1,000,000. A.M. Best's insurance company rating requirement may be waived for workers compensation coverage only.

2. **Commercial General Liability**

Commercial General Liability insurance, including Personal and Advertising Injury Liability, shall have a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of \$2,000,000. The Insurance Services Office (ISO) Commercial General Liability occurrence coverage form CG 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. Claims-made form is unacceptable.

3. **Automobile Liability**

Automobile Liability Insurance shall have a minimum combined single limit per occurrence of \$1,000,000. ISO form number CA 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired and non-owned automobiles.

#### **B. DEDUCTIBLES AND SELF-INSURED RETENTIONS**

Any deductibles or self-insured retentions must be declared to and accepted by the Agency. The Contractor shall be responsible for all deductibles and self-insured retentions.

#### **C. OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability and Automobile Liability Coverages

- a. The Agency, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the contractor. ISO Form CG 20 10 (current form approved for use in Louisiana), or equivalent, is to be used when applicable. The coverage shall contain no special limitations on the scope of protection afforded to the Agency.
- b. The Contractor's insurance shall be primary as respects the Agency, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by the Agency shall be excess and non-contributory of the Contractor's insurance.
- c. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Agency, its officers, agents, employees and volunteers.
- d. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.

## 2. Workers Compensation and Employers Liability Coverage

The insurer shall agree to waive all rights of subrogation against the Agency, its officers, agents, employees and volunteers for losses arising from work performed by the Contractor for the Agency.

## 3. All Coverages

- a. Coverage shall not be canceled, suspended, or voided by either party (the Contractor or the insurer) or reduced in coverage or in limits except after 30 days written notice has been given to the Agency. Ten-day written notice of cancellation is acceptable for non-payment of premium. Notifications shall comply with the standard cancellation provisions in the Contractor's policy.
- b. Neither the acceptance of the completed work nor the payment thereof shall release the Contractor from the obligations of the insurance requirements or indemnification agreement.
- c. The insurance companies issuing the policies shall have no recourse against the Agency for payment of premiums or for assessments under any form of the policies.
- d. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Agency, its officers, agents, employees and volunteers.

## **D. ACCEPTABILITY OF INSURERS**

All required insurance shall be provided by a company or companies lawfully authorized to do business in the jurisdiction in which the Project is located. Insurance shall be placed with insurers with a A.M. Best's rating of **A-:VI or higher**. This rating requirement may be waived for workers compensation coverage only.

If at any time an insurer issuing any such policy does not meet the minimum A.M. Best rating, the Contractor shall obtain a policy with an insurer that meets the A.M. Best rating and shall submit another Certificate of Insurance as required in the contract.

## **E. VERIFICATION OF COVERAGE**

Contractor shall furnish the Agency with Certificates of insurance reflecting proof of required coverage. The Certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The Certificates are to be received and approved by the Agency before work commences and upon any contract renewal thereafter.

In addition to the Certificates, Contractor shall submit the declarations page and the cancellation provision endorsement for each insurance policy. The Agency reserves the right to request complete certified copies of all required insurance policies at any time.

Upon failure of the Contractor to furnish, deliver and maintain such insurance as above provided, this contract, at the election of the Agency, may be suspended, discontinued or terminated. Failure of the Contractor to purchase and/or maintain any required insurance shall not relieve the Contractor from any liability or indemnification under the contract.

## **F. SUBCONTRACTORS**

Contractor shall include all subcontractors as insureds under its policies OR shall be responsible for verifying and maintaining the Certificates provided by each subcontractor. Subcontractors shall be subject to all of the requirements stated herein. The Agency reserves the right to request copies of subcontractor's Certificates at any time.

**G. WORKERS COMPENSATION INDEMNITY**

In the event Contractor is not required to provide or elects not to provide workers compensation coverage, the parties hereby agree that Contractor, its owners, agents and employees will have no cause of action against, and will not assert a claim against, the State of Louisiana, its departments, agencies, agents and employees as an employer, whether pursuant to the Louisiana Workers Compensation Act or otherwise, under any circumstance. The parties also hereby agree that the State of Louisiana, its departments, agencies, agents and employees shall in no circumstance be, or considered as, the employer or statutory employer of Contractor, its owners, agents and employees. The parties further agree that Contractor is a wholly independent contractor and is exclusively responsible for its employees, owners, and agents. Contractor hereby agrees to protect, defend, indemnify and hold the State of Louisiana, its departments, agencies, agents and employees harmless from any such assertion or claim that may arise from the performance of this contract.

**H. INDEMNIFICATION/HOLD HARMLESS AGREEMENT**

Contractor agrees to protect, defend, indemnify, save, and hold harmless, the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, servants, employees, and volunteers, from and against any and all claims, damages, expenses, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur, or in any way grow out of, any act or omission of Contractor, its agents, servants, and employees, or any and all costs, expenses and/or attorney fees incurred by Contractor as a result of any claims, demands, suits or causes of action, except those claims, demands, suits, or causes of action arising out of the negligence of the State of Louisiana, all State Departments, Agencies, Boards, Commissions, its officers, agents, servants, employees and volunteers.

Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands, suits, or causes of action at its sole expense and agrees to bear all other costs and expenses related thereto, even if the claims, demands, suits, or causes of action are groundless, false or fraudulent.

# **APPENDIX G**

## **HIPAA BUSINESS ASSOCIATE ADDENDUM**



**HIPAA Business Associate Addendum:**

This Business Associate Addendum is hereby made a part of this contract in its entirety as Appendix \_\_\_ to the contract.

1. The U. S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"). The Department of Health and Hospitals, ("DHH"), as a "Covered Entity" as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
2. "Protected health information" ("PHI") means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical and financial information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which DHH believes could be used to identify the individual.  
  
"Electronic protected health information" means PHI that is transmitted by electronic media or maintained in electronic media.  
  
"Security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
3. Contractor is considered a Business Associate of DHH, as contractor either: (A) performs certain functions on behalf of or for DHH involving the use or disclosure of protected individually identifiable health information by DHH to contractor, or the creation or receipt of PHI by contractor on behalf of DHH; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for DHH involving the disclosure of PHI.
4. Contractor agrees that all PHI obtained as a result of this contractual agreement shall be kept confidential by contractor, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this contract and addendum.
5. Contractor agrees to use or disclose PHI solely (A) for meeting its obligations under this contract, or (B) as required by law, rule or regulation or as otherwise permitted under this contract or the HIPAA Privacy Rule.
6. Contractor agrees that at termination of the contract, or upon request of DHH, whichever occurs first, contractor will return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, contractor will extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
7. Contractor will ensure that its agents, employees, subcontractors or others to whom it provides PHI received by or created by contractor on behalf of DHH agree to the same restrictions and conditions that apply to contractor with respect to such information. Contractor also agrees to take all reasonable steps to ensure that its employees', agents' or subcontractors' actions or omissions do not cause contractor to breach the terms of this Addendum. Contractor will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this contract and Addendum.
8. Contractor shall, within 3 days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1.
9. Contractor shall make available such information in its possession which is required for DHH to provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within two (2) days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.
10. Contractor shall make PHI available to DHH upon request in accordance with 45 CFR 164.524.
11. Contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
12. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Privacy Rule.
13. Compliance with Security Regulations:  
  
In addition to the other provisions of this Addendum, if Contractor creates, receives, maintains, or transmits electronic PHI on DHH's behalf, Contractor shall, no later than April 20, 2005:  
  
(A) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH;  
  
(B) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and  
  
(C) Report to DHH any security incident of which it becomes aware.
14. Contractor agrees to indemnify and hold DHH harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by contractor, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH determines that contractor has violated any material term of this Addendum.