

Fulton County Board of Commissioners

Agenda Item Summary

BOC Meeting Date 10/11/2014

Requesting Agency
Health and Wellness

Commission Districts Affected
All Districts

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Request approval by the Board of Commissioners to approve renewal of contracts between Fulton County and Breast and Cervical Cancer Program (BCCP) Support providers in the amount of \$88,915 to provide professional mammography and cytology services as required by the State of Georgia for eligible clients. These are one (1) year contracts with two (2) renewal options. This is the first renewal option. Effective date: January 1, 2015 through December 31, 2015.

Requirement for Board Action (Cite specific Board policy, statute or code requirement)

O.C.G.A. § 36-10-1 requires all official contracts entered into by the County governing authority with other persons in behalf of the County shall be in writing and entered on its minutes.

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Yes

This action suports the Board of Commisssioner's goals for Health and Human Services, specifically to coordinate health and social services in collaboration with the justice system and community partners and to provide prevention programs to needy and at-risk populations that enhance the quality of life for needy and at-risk populations.

Is this a purchasing item?

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The Department of Health and Wellness (DHW) requests approval to provide professional mammography services and/or breast ultrasound services for clients referred by their health clinics and/or mobile unit subject to the funds being allocated by the State of Georgia. The total amount of funding for benefits to clients in BCCP is \$88,915. The DHW is required to offer a variety of specialized service providers from which eligible clients may choose and the providers are reimbursed under our State Program. We are asking the Board of Commissioners to approve as a group with individual documents to be executed by the Chairman of the Commission. If these contracts are not approved, service delivery to the clients will cease for these services.

This is a 100% grant funded program with no requirement for County matching funds. Effective Date: January 1, 2015 through December 31, 2015. We expect, under this contract, to serve 525 unduplicated clients. Performance data is attached as Exhibit A.

The original contract was approved by the BOC on November 20, 2013, Item# 13-1019.

Agency Director Approval	County Manager's		
Typed Name and Title	Phone	Approval	
Signature	Date		

Revised 03/12/09 (Previous versions are obsolete)

Continued

CURRENT CONTRACT HISTORY	BOC ITEM	DATE	DOLLAR AMOUNT
Original Award Amount	13-1019	11/20/2013	\$142,355
1 st Renewal			\$88,915
Total Revised Amount			\$231,270

Contract & Compliance Information	(Provide Contractor and Subcontractor details.)

Agency Director Approval		County Manager's
Typed Name and Title	Phone	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
Total Contract Value				
Total M/FBE Values				
Total Prime Value				
Fiscal Impact / Fundin	U 30111CB '		cost, approved buo	get amount and account number,
•	g Source sou	rce of funds, an	d any future fundin	•
•	14: Grant, Health	rce of funds, an & Wellness,	d any future fundin Professional Se	g requirements.) ervices - \$ 52,500.00; 818-750-
818-750-8192-1160-GY	14: Grant, Health t, Health and Well	rce of funds, an & Wellness, ness, Profes	d any future fundin Professional Se sional Services originals, number e	g requirements.) ervices - \$ 52,500.00; 818-750-
818-750-8192-1160-GY 8193-1160-GY14; Gran	14: Grant, Health t, Health and Well	rce of funds, an & Wellness, ness, Profes ovide copies of d	d any future fundin Professional Se sional Services originals, number e	g requirements.) ervices - \$ 52,500.00; 818-750- - \$36,415.00
818-750-8192-1160-GY 8193-1160-GY14; Gran	14: Grant, Health t, Health and Well (Pro-	rce of funds, an & Wellness, ness, Profesovide copies of objects in the uppe	d any future fundin Professional Se sional Services originals, number e	g requirements.) ervices - \$ 52,500.00; 818-750 \$36,415.00 exhibits consecutively, and label all

Agency Director Approval		County Manager's	
Typed Name and Title	Phone	Approval	
Signature	Date		

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement				
Contract Attached:	Previous Contracts:			
Yes	Yes			
Solicitation Number:	Submitting Agency:	Staff Contact: Dr. Matthew McKenna, Medical	Contact Phone : 404.613.1205	
		Health Director		
Description:		Health Director		
	FINANC	IAL SUMMARY		
Total Contract Value:		MBE/FBE Participation	n:	
Original Approved Amo	ount: 142,355	Amount:	%:	
Previous Adjustments:	,	Amount:	%:	
This Request:	\$88,915	Amount:	%:	
TOTAL:	\$ 231,270	Amount:	%:	
Grant Information Sun	·			
Amount Requested:	•	Cash		
Match Required:		☐ In-Kind		
Start Date:		Approval to A	ward	
End Date:		Apply & Acce		
Match Account \$:				
Funding Line 1:	Funding Line 2:	Funding Line 3:	Funding Line 4:	
818-750-8192-1160-	818-750-8193-1160-			
GY14-\$52,500	GY14 -\$36,415			
		ITRACT TERMS		
Start Date:	End Date:			
1/1/2015	12/31/2015			
Cost Adjustment:	Renewal/Extension T	erms:		
ROUTING & APPROVALS				
X Originating Dep	partment:	McKenna, Matthew	Date: 9/30/2014	
County Attorne	y:		Date:	
	ntract Compliance:		Date:	
X Finance/Budge	t Analyst/Grants Admin	Parker, Jamar	Date: 9/30/2014	
Grants Manage	ement:		Date:	
X County Manag	er:	O'Connor, Patrick	Date: 10/9/2014	



DEPARTMENT OF HEALTH AND WELLNESS

"To Promote, Protect and Assure the Health and Wellness of the People of Fulton County"

Patrice A. Harris, M.D., Director

CONTRACT RENEWAL

DEPARTMENT: Health and Wellness

BID/RFP# DESCRIPTION: Breast & Cervical Cancer Program Support Providers

BID/RFP# NUMBER:

ORIGINAL APPROVAL DATE: November 20, 2013

RENEWAL PERIOD: FROM: January 1, 2015 TO: December 31, 2015

RENEWAL OPTION # 1 of 2

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: \$88,915

COMPANY'S NAME: Georgia Center for Women

ADDRESS: 315 Boulevard, NE, Ste. 328

CITY: Atlanta

STATE: Georgia

ZIP: 30312

SIGNATURES: SEE NEXT PAGE

14-0824

SIGNATURES:

Vendor agrees to accept the renewa forth in the contract and specification	al option and abide by the terms and conditions se ons for Bid/RFP#
(Person signing must have signature authority	
NAME:(CEO, President, Vice Presid	_(Print)
(CEO, President, Vice Presid	lent)
VENDOR'S SIGNATURE:	DATE
ATTEST:	
	NOTARY PUBLIC:
TITLE:	COUNTY:
SEAL (Affix)	COUNTY: MY COMMISSION EXPIRES:
ATTEST:	
FULTON COUNTY, GEORGIA	
	DATE:
JOHN H. EAVES, CHAIRMAN BOARD OF COMMISSIONERS	
<u> </u>	DATE:
MARK MASSEY CLERK TO THE COMMISSION	
DEPARTMENT AUTHORIZES RENE BID/RFP:	WAL OPTION ON THE AFOREMENTIONED
DEPARTMENT HEAD: Patrice A. Har	ris, M.D. (Print)
DEPARTMENT HEAD SIGNATURE: Please indicate if the following are prov	DATE
BOC Chairperson's signature req	uired on renewals \$ 50,000.00 or more or any Bid/RFP
	d of Commissioners of Fulton County. of Insurance must be attached to all renewals.
Current Performance and Paymer	
Minimum of four (4) signature page	, <u> </u>

Exhibit B - Contract Service Providers' List

Atlanta Medical Center, 303 Parkway Drive NE, Atlanta, GA 30312, 404-265-4487 Atlanta Pathology, 303 Parkway Drive NE, Atlanta, GA 30312, 404-522-0414 ApolloMD Group Services LLC, 5665 New Northside Drive, Suite 320 Atlanta, GA, 30328 Bostwick Laboratory, 4355 Innslake Drive, Glen Allen, VA, 804-288-6564 Diagnostic Imaging Specialists, 6000 Lake Forrest Drive NW, Atlanta, GA 30328, 404-459-8440 Diagnostic Pathology Services, P.A., 3000 Hospital Blvd, Roswell GA, 30076 770-751-2529 Diagnostic Radiology 755 Mount Vernon Highways, Atlanta, GA, 30328, 404-252-3430 Dr. Wendell Hackney, 315 Boulevard NE, Ste. 336, Atlanta, GA, 30312, 404-522-4888 F&S Radiology, P.C., 3700 Park East Drive, 3rd Fl., Beachwood Ohio, 44122 Georgia Center for Women, 315 Boulevard NE, Ste. 328, Atlanta, GA 30312, 404-265-6888 Grady Breast Cancer Center, 80 Jesse Hill Jr. Drive SE, Atlanta, GA, 30303, 404-616-1000 Isis OBGYN, 401 South Main Street, Ste. B-8, Alpharetta, GA 30009, 770-521-2229 Laboratory Corporation of America Holdings, 1801 First Avenue South, Birmingham, AL 35233 Quest Diagnostic, 550 Peachtree Street Northeast, Atlanta, GA 30308 (404) 221-0973 New Millennium Ob & Gyn, 83 Upper Riverdale Road, Bldg. 2, Suite 135, Riverdale GA 30274 Northside Hospital, 1000 Johnson Ferry road, Atlanta, GA, 30342 Northside Radiology Associate, 5775 Glen Ridge Drive, N.E, Atlanta, GA, 30328 Pathology and Laboratory Medicine, JP.C., 3300 Buckeye road, Suite 1778, Atlanta, GA, 30341. South Pathology, 1520 N Leg Rd, Augusta, GA, 30909, 706-722-1846 Surgical Specialists of Atlanta Medical Center, 315 Boulevard, N.E., Suite 500, Atlanta, GA 30312

Exhibit C - 2014 464 and 056 Annexes

FY 2014 PUBLIC HEALTH MASTER AGREEMENT ANNEX

Program Description and Reporting Requirements

PROGRAM NAME: Breast and Cervical Cancer Program (BCCP)

PROGRAM CODE: 464

FUNDING SOURCE: State Master Settlement Agreement (MSA)

PURPOSE: To provide breast and cervical cancer screening to women in Georgia who are low income, under-served, uninsured, rarely/never screened and between the ages of 40-64 for breast cancer-screening and 21-64 for cervical cancer screening.

FUNDING REQUIREMENTS:

- Funds received from the Department of Public Health are provided in two categories: client benefits and program administration.
- Indirect costs may not be charged to this program unless a cost allocation plan has been approved by the Department's Division of Finance
- Allowable program administration costs are regular operating costs, travel, supplies, data collection, quality assurance, evaluation, professional education, and equipment under \$5000 with approval from the state office.
- Assure that state funds are not used to pay for any service for which payment has been made or can be made by another public health program, Medicaid/Medicare, a private insurance policy, a federal or state health benefits program, or an entity that provides health services on a prepaid basis. Funds may be used only after all other sources have been exhausted. It is the "payer of last resort".
- There is a cap of \$2,500 allowed per biopsy. Benign biopsies are paid by the BCCP; malignant biopsies of Medicaid eligible women are paid by the Women's Health Medicaid Treatment Program. Approved CPT codes relating to biopsy are on the annual Reimbursement Fee Schedule.
- Program approved CPT codes on the Reimbursement Fee Schedules represent the maximum allowable reimbursement based on current Medicare rates.

14-0824

Deliverables:

Primary

Breast and Cervical Cancer Screening

- Provides nursing oversight, management and coordination to assure the deliverables of the agreement are met and to assure quality services and patient care.
- Adheres to the guidelines established in the Georgia Breast and Cervical Cancer Program manual, provided by the Office of Cancer Screening and Treatment.
- Provides women's health education about breast and cervical cancer screening, tobacco use, and colorectal cancer screening.
- Assesses the smoking status of every woman screened by the BCCP and those who smoke will be referred to the tobacco quit line. (CDC requires grantees to encourage providers to assess all women as a standard of practice, whether or not they are federally paid women.)
- Assures all participating mammography centers are FDA-accredited facilities and all participating laboratories meet the Clinical Laboratory Improvement Act regulations.
- Assures women receiving screening mammograms are between the ages of 40-64.
- Assures women receiving cervical cancer screening are between ages 21-64 and have not had a hysterectomy.
- Assures women with abnormal breast cancer screening are evaluated in 90 days or less. The interval between diagnosis and initiation of treatment for breast cancer and invasive cervical cancer should be should be 60 days or less.
- Provides and coordinates case management for women who need follow up for abnormal screening results.
- Assures follow up evaluation and referral to the Women's Health Medicaid Program is available, accessible, and timely according to the CDC performance indicators, through local physicians and hospitals.
- Reimburses health care providers at/or below the 2013 Medicare Physician Fee Schedule, approved and authorized by the CDC and the BCCP. The BCCP Reimbursement Fee Schedule is published annually and is provided to all BCCP coordinators and participating contract providers at the beginning of the state fiscal year. Reimbursement Fee Schedules include all approved CPT codes for breast and cervical cancer screening, diagnostic evaluation/work up, and related biopsies. Local staff is encouraged to negotiate fees below the maximum allowable reimbursement rate.
- Participation is required at all mandatory training and update meetings. Funds for travel to attend the meetings/training are provided in the annual allocation.
- Women under 40 cannot be screened for breast cancer in the BCCP. Women under 40 must be presenting with symptoms for breast cancer, i.e., she has a lump, or pain, discharge, skin changes, to be admitted to the program for diagnostic evaluation (Clinical Breast Exam). If the PH nurse determines she is symptomatic, then the nurse can send the woman for further diagnostic evaluation, which may be reimbursed by the program. These women are the exceptions to screening requirements and do not count toward the screening goal.

PERFORMANCE MEASURES:

Objective: Ensure that 100% of women receiving a screening mammogram are between the ages of 40-64.

Objective: Ensure that 100% of women receiving cervical cancer screening are between the ages of 21-64.

Objective: Ensure that 100% of women with abnormal clinical results are provided appropriate follow up and support services, such as case management and referrals for medical treatment.

ALLOCATION METHOD: Screening and follow up funds are allocated based on an average cost of \$250 per woman. A district screening goal is established annually based on the performance in the previous year, input from the district BCCP Nurse Coordinator, and the state office Program Manager.

Each health district receives an allocation for program operations based on available funds.

Section 9. REFERENCES:

Breast and Cervical Cancer Program, Policies and Procedures Manual (updated 9/2013)

Section 10. Cahaba GBA Medicare Part B Fee Schedule Allowance https://apps.cahabagba.com/fees/

10.1 National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

REPORTING REQUIREMENTS:

- All client and clinical data is collected and reported to the state Breast and Cervical Cancer Program by the 7th day of the following month, using program-specific data forms. Pap forms may not be reproduced because forms have a sequential numbering system created by the state office.
- Data Forms 3150 Pap test Collection Form, 3151- BCCP Enrollment Form, 3152-BCCP Clinical Screening Form, 3154 B- Breast Diagnostic Form, 3154 C- Cervical Diagnostic Form.
- The monthly data submission is sent by mail or hand delivered to the state office BCCP Data Team, 16th floor. Data submissions cannot be left in an unattended office or after work hours.
- Data are sent via BCCP paper forms or electronically, if the district has received approval from the Data Manager.
- Programmatic Quarterly Reports are due by the 15th day of the month following the end of the quarter. Send reports to the Program Director.

PROGRAMMATIC CONTACTS:

Cathy A. Broom BCCP Program Director Office of Cancer Screening and Treatment 2 Peachtree Street, NW, Suite 16-304 Atlanta, GA 30303-3142

14-0824

404-657-7735 (phone) 404-643-8954 (fax) cabroom@dhr.state.ga.us

Barbara E. Crane, MS, APRN
Deputy Director
Chronic Disease Prevention Section
Office of Prevention Screening and Treatment
2 Peachtree Street, NW, Suite 16-493
Atlanta, GA 30303-3142
404-657-6604 (phone)
404-643-8954 (fax)
Barbara.Crane@dph.ga.gov

PERFORMANCE MEASURES:

- Collect clinical data on program-specific data forms for each screening cycle. Report data for the screening and diagnostic services received by eligible women and paid for by the program by the 10th day of the following month.
- Ensure compliance with HIPAA regulations.
- Ensure that providers use established clinical practice guidelines and protocols approved by the Breast and Cervical Cancer Program.
- Provide case management to women with abnormal results.

REPORTING REQUIREMENTS:

- Data submission of clinical records is due in the state office by the 10th day of the following month. Send data submission to the state office in care of the BCCP Data Team, 13th Floor, Division of Public Health, 2 Peachtree Street, NW, Atlanta, GA 30303.
- Data may be sent via paper forms or electronically (if you have been approved by the Data Manager).
- Programmatic Quarterly Reports and Fiscal Reports are due by the 15th of the month following the end of the quarter. Send reports to the Program Manager.

PROGRAMMATIC CONTACT:

Cathy A. Broom
Program Manager
Breast and Cervical Cancer Program
Division of Public Health
2 Peachtree Street, NW, Rm 13-495
Atlanta, Georgia 30303
cabroom@dhr.state.ga.us
404-657-3156

Agency Director Approval	County Manager's	
Typed Name and Title Patrice A. Harris, M.D., Director of Health and Wellness	Phone 404-613-1202	Approval
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

FY 2014 PUBLIC HEALTH MASTER AGREEMENT ANNEX

Program Description and Reporting Requirements

PROGRAM NAME: Breast and Cervical Cancer Program (BCCP)

PROGRAM CODE: 056

FUNDING SOURCE: Federal, CDC

PURPOSE:

To provide breast and cervical cancer screening to women in Georgia who are low income, underserved, uninsured, rarely/never screened and between the ages of 40-64 for breast cancer-screening and 21-64 for cervical cancer screening.

FUNDING REQUIREMENTS:

<u>FEDERAL RESTRICTION</u> – The Centers for Disease Control's National Breast and Cervical Cancer Early Detection Program is defined in Public Law 101-354 and all funded states must adhere to the requirements of this law.

- 60/40 Distribution Requirement- 60% of the total state award must be spent on client benefits for screening, tracking, follow up and case management. The 60/40 Distribution is calculated in the annual budget justification submitted to the CDC by the State Program Manager and is not a function of the sub-award recipient (Health District).
- Funds received from the Department of Public Health are provided in two categories: client benefits (the 60%) and program administration (part of the 40%).
- Indirect costs cannot be charged to <u>client benefits</u>. A cost allocation plan approved by the Division of Financial Services can be applied only to the program administration funds.
- Failure to comply with the fiscal requirements of the Public Law will result in repayment of misspent funds and possible loss of future funding.
- Program funds not utilized by the end of the fiscal year shall be returned to the state office.
- Allowable costs for the 40% are staff, regular operating costs, travel, supplies, data collection, quality assurance, evaluation and professional education.
- Equipment cannot be purchased with these federal funds unless approved by the state Program Manager and must be 100% dedicated to the BCCP.

Deliverables:

Primary

Breast and Cervical Cancer Screening

- The Breast and Cervical Cancer Program requires nursing oversight and coordination to assure the deliverables of the agreement are met and to assure quality services and patient care.
- Adhere to the guidelines established in the Georgia Breast and Cervical Cancer Program manual, provided by the Office of Cancer Screening and Treatment.
- Provide women's health education about breast and cervical cancer screening, tobacco use, and colorectal cancer screening, as appropriate.

ANNFX 2

- Assure all participating mammography centers are FDA-accredited facilities and all participating laboratories meet the Clinical Laboratory Improvement Act regulations.
- Provide and coordinate case management for women who need follow up for abnormal screening results.
- Assure follow up evaluation and referral to the Women's Health Medicaid Program is available, accessible, and timely according to the CDC performance indicators, through local physicians and hospitals.
- Collect and report the required screening data completely and accurately to the state Breast and Cervical Cancer Program by the 7th day of the following month.
- Monthly, track, collect, and report complete, accurate follow up individual client data on all women with abnormal Pap tests, clinical breast examinations, mammograms or with normal screening and follow up planned.
- Assure women with abnormal breast cancer screening are evaluated in 90 days or less.
 The interval between diagnosis and initiation of treatment for breast cancer and invasive cervical cancer should be should be 60 days of less.

Secondary

- Reimburse health care providers at/or below the 2013 Medicare Physician Fee Schedule, approved and authorized by the CDC and the BCCP. The BCCP Reimbursement Fee Schedule is published annually and is provided to all BCCP coordinators and participating contract providers at the beginning of the state fiscal year.
- Assure that federal funds are not used to pay for any service for which payment has been made or can be made by a state compensation program, under an insurance policy, under a federal or state health benefits program, or by an entity that provides health services on a prepaid basis. Federal funds may be used only after all other sources have been exhausted. It is a "payor of last resort."
- Attendance is required at all mandatory training and update meetings. Funds for travel to attend the meetings/training are provided in the annual budget.

PERFORMANCE MEASURES:

Objective: At least 75% of women receiving a screening mammogram are between the ages of 50-64.

Objective: No more than 25% of women receiving a screening mammogram are ages 40-49.

Objective: Women receiving cervical cancer screening are between the ages of 21-64.

Objective: The necessary activities specified by the public law and its amendments are performed. These functions include the following:

- Screening women with priority given to low income women,
- Providing appropriate follow up and support services, such as case management and referrals for medical treatment.

Objective: The smoking status of every woman screened by the BCCP will be assessed and those who smoke will be referred to tobacco quit lines. CDC wants to encourage providers to assess all women as a standard of practice, whether or not they are federally paid women.

Objective: Providers will be in compliance with HIPAA regulations.

Objective: Providers will use established clinical practice guidelines and protocols that have been approved by the Breast and Cervical Cancer Program.

ALLOCATION METHOD: Funds are allocated according to an annual screening goal which is based on an average cost per woman for screening services (client benefits). Additional funds are provided for case management of women with abnormal screening results. Each provider receives an allocation for program operations based on the goal and funds available. Provider performance is reviewed annually for timeliness of data submissions, accuracy of data collection/submission, meeting of performance indicators and standards. Funding may be increased or decreased in accordance with the provider performance.

10.2 REFERENCES:

10.3 <u>National Breast and Cervical Cancer Early Detection Program (NBCCEDP)</u> http://www.cdc.gov/cancer/nbccedp/about.htm

REPORTING REQUIREMENTS:

- Data submission of clinical records is due in the state office by the 7th day of the following month. Data submission is sent by mail or hand delivered to the state office BCCP Data Team, 16th floor. To comply with HIPAA regulations, data cannot be left in an unattended office.
- Clinical data are collected on program data forms for each screening cycle.
- Data are sent via BCCP paper forms or electronically, if approved by the Data Manager.
- Programmatic Quarterly Reports are due by the 15th day of the month following the end of the quarter. Send reports to the Program Manager.

PROGRAMMATIC CONTACT:

Cathy A. Broom BCCP Program Manager Office of Cancer Screening and Treatment 2 Peachtree Street, NW, Suite 16-304 Atlanta, GA 30303-3142 404-657-7735 (phone) 404-643-8954 (fax) cabroom@dhr.state.ga.us

Contract Renewal Evaluation Form

Date:	August 25, 2014
Department:	Health and Wellness
Contract Number:	Non-Purchasing Contract
Contract Title:	Breast and Cervical Cancer Program (BCCP)

Instructions:

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

1. Describe what efforts were made to reduce the scope and cost of this contract.

This contract for mammogram and cytology services is more cost effective because the scope and work cannot be duplicated by Fulton County employees. The reimbursement rates are set by the State Breast and Cervical Cancer Program (BCCP). Ensuring uninsured women receive early preventative screenings and diagnostic services in a timely manner increase the survival rate of clients and decrease the cost for additional medical service to Fulton county citizens.

2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:

☐ Internet search of pricing for same product or service:

Date of search:	Click here to enter a date.
Price found:	Click here to enter text.
Different features / Conditions:	Click here to enter text.
Percent difference between internet price and renewal price:	Click here to enter text.

Explanation / Notes:

Click here to enter text.

☐ Market Survey of other jurisdictions:		
Date contacted:	Click here to	enter a date.
Jurisdiction Name / Contact name:	Click here to	enter text.
Date of last purchase:	Click here to	enter a date.
Price paid:	Click here to	enter text.
Inflation rate:	Click here to	enter text.
Adjusted price:	Click here to	enter text.
Percent difference between past purchase price and renewal price:	Click here to	enter text.
Are they aware of any new vendors?	☐ Yes	□ No
Are they aware of a reduction in pricing in this industry?	☐ Yes	□ No
How does pricing compare to Fulton County's award contract?	Click here to	onter text
,	Olick Here to	denter text.
 Click here to enter text. ☐ Other (Describe in detail the analysis conducted and the outcome Click here to enter text. 3. What was the actual expenditure (from the AMS system) spent for year? \$198,945.00. 	this contract fo	
4. Does the renewal option include an adjustment for inflation? (Information can be obtained from CPI index)	□ Yes	X No
Was it part of the initial contract?	☐ Yes	X No
Date of last purchase:	ck here to enter a	date.
Price paid:	ck here to enter to	ext.
Inflation rate:	ck here to enter to	ext.
Adjusted price:	ck here to enter to	ext.
Percent difference between past purchase price and renewal price:	ck here to enter to	ext.
Explanation / Notes:		

Click here to enter text.

5.	Is this a seasonal item or service?	□ Yes	X□ No
6.	Has an analysis been conducted to d X□ No If yes, attach the analysis.		this service can be performed in-house? $\ \square$ Yes
7.	What would be the impact on your de	epartment is	f this contract was not approved?
As		in the nur	ess to mammogram and cytology services. mber of women presenting to the health icer.
	Debra DeWitt		August 25, 2014
	Prepared by		Date
	Dr. Patrice Harris		August 25, 2014
	Department Head		Date

Submit	t Form]						
		DEPARTMENT OF	F PURCHASING & CONT	RACT COMPLIANCE			
		CONTR	ACTORS PERFORMANC OTHER SERVICES	E REPORT			
Report Period Start Report Period End Contract Period Start Contract Period End							
4/1/2014 6/30/2014 1/1/2011 12/31/2014							
PO Number	- Sandar	0/30/2014		1/1/2011	THE	PO Date	CIP
0681						1/1/2014	
Department	E	HEALTH AND WELLNES	\$				1.
Bid Number		TIEAETTI AND WELENEO	0				
Service Cor	.,	ANECTUECIA					
Contractor	innouncy	ANESTHESIA			_		
0 = Unsatisfa	antoni.	APOLLO MD Achieves contract requirements le	ase than 50% of the time	not rasponsive effective	andior et	ficient unaccentable del	av.
o – onsatisti	actory	incompetence, high degree of cus	stomer dissatisfaction.				
1 = Poor		Achieves contract requirements 7 adjustments to programs; key em	ployees marginally capab	le; customers somewhat	satisfied		
2 = Satisfact	tory	Achieves contract requirements 8 results in minor programs adjustr customers indicate satisfaction.	10% of the time; generally ments; employees are cap	responsive, effective and able and satisfactorily pro	or efficie oviding s	ent; delays are excusable ervice without interventi	e and/or on;
3 = Good		Achieves contract requirements 9 programs/mission; key employee:	00% of the time. Usually re	esponsive; effective and/o	or efficier	nt; delays have not impac	ct on
d = Excellen	t	Achieves contract requirements 1 employees are experts and requir	100% of the time. Immedia	itely responsive; highly e	fficient a	nd/or effective; no delays	
1. Quality of	Goods/Service	s (-Specification Compliance - Techni					
C 0	Comments:	NITDACT WAS SINALIZED MAY 2014					
C 1		NTRACT WAS FINALIZED MAY, 2014 OVIDES SERVICES TO ATLANTA MEI					
@ 2		BMITS PATHOLOGY AND SURGICAL					
C 3	THE STORY CONTINUES CITE OF THE PARK	SURES ALL ADMINISTRATIVE DUTIE					
C 4	, NOVIDENCE!	ooneo nee nomino nome oo ne					
2. Timeliness o Time Compl	of Performance etion Per Contr	(-Were Milestones Met Per Contract - act)	Response Time (per agre	ement, if applicable) - Res	sponsive	ness to Direction/Chang	e - On
(,	Comments:						
. 0	V == 188	HEDULES CLIENTS' APPOINTMENTS		S			
0 2	PROVIDER PE	RFORMS SERVICES IN A TIMELY MA	NNER				
C 3							
C 4							
	Relations (-Res	ponsiveness to Inquiries - Prompt Pr	roblem Notifications)				
C 0	Comments:	ITS AGAINST PROVIDER NOT RESPO	MIDING TO DECLIEST BY	ATLANTA MEDICAL CENT	ED OD E	THE TON COUNTY	
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4. Customer		Met User Quality Expections - Met Spe	ecification - Within Budge	t - Proper Invoicing - No S	Substituti	ions)	
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C_{-1}							
C 2							

14-0824 Performance Report - APOLLO MD_Other Services Rating Form_2014-06-30 Page 2 of 2

	PROVIDER BILLS FOR SERVICES ACCORDIN	G TO THE BCCP REIMBUR	SEMENT SCHEDULE				
C 4	PROVIDER SENDS ALL INVOICES TO FULTON COUNTY						
	PROVIDER COMMUNICATES WITH ATLANTA	MEDICAL CENTER TO EN	SURE CLIENT IS ENROLLI	ED UNDER BCCP	PRIOR TO PROCEDURE		
5. Contracto	crs Key Personnel (-Credentials/Experience Ap	propriate - Effective Super	vision/Management - Ava	ilable as Needed)	Ó		
C 0	Comments:						
	PROVIDER SIGNED THIER FULLY EXECUTED	CONTRACT WITH FULTO	N COUNTY MAY, 2014.				
()	PROVIDER COMMUNICATES WITH FULTON C	COUNTY EMPLOYEE AS N	EDED				
C 2	THE SPECIAL DESIGNATION OF THE PROPERTY AND THE SPECIAL PROPERTY AND TH						
	PROVIDER COMMUNICATES WITH ATLANTA	MEDICAL CENTER TO EN	SURE CLIENTS HAVE BEE	N NOTIFIED OF	SURGERY DATE		
~							
4							
Overall Perf	ormance Rating:	2.4					
	select/recommend this vendor again? for Yes. Leave Blank for No) NO		Rating completed by:	Debra.Dewitt			
	Department Head Name	Dep	artment Head Signature		Date		
Pa	atrice Harris	Patru	e Horis	12/81	8/14/2014		
Cultural	reas 1						

Submit Form								
	DEPARTMENT OF PURCH	HASING & CONTRACT COMPLIANCE						
		PERFORMANCE REPORT HER SERVICES						
Report Period Start Report Period End Contract Period Start Contract Period End								
4/1/2014 6/30/2014 1/1/2011 12/31/2014								
PO Number	0/30/2014	1/1/2011	12/31/2014 PO Date					
0681			1/1/2014					
Department	HEALTH AND WELLINESS							
Bid Number	HEALTH AND WELLNESS		1					
Service Commodity	MAMMOGRAPHY, DIAGNOSTIC	PROCEDURES, AND BREAST E	BIOPSIES					
Contractor	ATLANTA MEDICAL CENTER							
= Unsatisfactory	Achieves contract requirements less than incompetence, high degree of customer di	50% of the time, not responsive, effective and/ossatisfaction.	or efficient, unacceptable delay,					
= Paor	Achieves contract requirements 70% of the	time. Marginally responsive, effective and/or	efficient; delays require significant					
2 = Satisfactory	Achieves contract requirements 80% of the results in minor programs adjustments; en	marginally capable; customers somewhat satis e time; generally responsive, effective and/or e nployees are capable and satisfactorily providi	fficient; delays are excusable and/or					
s = Good	customers indicate satisfaction. Achieves contract requirements 90% of the	e time. Usually responsive; effective and/or eff	icient; delays have not impact on					
t = Excellent	Achieves contract requirements 100% of the	hly competent and seldom require guidance; co he time. Immediately responsive; highly efficie	nt and/or effective; no delays; key					
0 110 10 110		Il directions; customers expectations are exceed						
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Contractor subi	mits mammography and diagnostic procedure rest is for abnormal test restuls per State Breat Cervice	ults within 15 working days after the provision of seal Cancer Program standards.	ervices that are normal and within three					
Contractor is a		rtment of Health and Human Services Food and Di	rug Administration.					
Contractor emp	oloys licensed Radiologist and Mammography Tec							
· 3	Andrew 1950 19 19 19 19 19 19 19 19 19 19 19 19 19							
4								
2. Fimeliness of Performance Fime Completion Per Contr		e Time (per agreement, if applicable) - Respon	siveness to Direction/Change - On					
Comments:	ides allents with diagnostic mammagrams associa	tments within 5 working days and screening mamr	mogram appointments within 10-15					
working days.	vides clients with diagnostic mammograms appoin Also, contractor schedules biopsies within 5 - 10 w	orking days upon request.	nogram appointments main to re-					
Contractor prov	vides same day appointments for women seen on	the Mobile Unit.						
TO 100 100 100 100 100 100 100 100 100 10	rs same day mammography services when availal	ble.						
@ ₄								
	sponsiveness to Inquiries - Prompt Problem No	otifications)						
Contractor was		Apollo for curainal proceduras						
Contractor was	instrumental in establishing a new contract with A							
Contractor sub	mitted renewal documents within a timely manner	as requested. Irs of clients needing additional procedures that rec	quire breast bionsies					
C	Coordinator provides mammography results to he		quite arouse proporest:					
Mammography 4	Coordinator provides mammography results to he	eann center stan upon request.						
2.5	Met User Quality Expections - Met Specification	n - Within Budget - Proper Invoicing - No Subs	titutions)					
Comments:								
C 1								
C 2								

14-0824 Performance Report - ATLANTA MEDICAL CENTER_Other Services Rati... Page 2 of 2

Department Head Name		Department Head Signature	8/11/	Date
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No) Yes No		Rating completed by:	Debra.Dewitt	
Overall Performance Rating:	3.8			
5. Contractors Key Personnel (-Credentials/Experience 0 Comments: Mammography Coordinator RT (R) (M) (ARR 1 Contractor utilizes two (2) licensed Radiologis Contractor ensures all required medical partn Mammography supervisor responds to all questions 4	RT) provides supervision st to provide diagnostic p ners have current contrac	to scheduling staff to ensure clients procedures and biopsies. cts with Fulton County to ensure clie	receive appointments in a	
Contractor bills only for procedures that lead Contractor utilizes the current Breast and Cer	to a diagnosis, rvical Cancer Program R		400-400001	
			area mont	

Subn	nit Form						
		DEPARTMEN	T OF PURCHASING & CO	NTRACT COMPLIANCE			
		COM	NTRACTORS PERFORMA OTHER SERVICE				
Report P	eriod Start	Report Period End		Contract Period Start		Contract Period End	
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PO Numi							UIII
0681						1/1/2014	
Departm	ent	HEALTH AND WELLNI	FSS	4			
Bid Num	ber	TIEAETH AND WELLIN					
Service (Commodity	LABORATORY SERVICE	^EQ				
Contract			OLO .				
0 = Unsat		BOSTWICK Achieves contract requirement	nts less than 50% of the tim	e, not responsive, effective a	nd/or eff	icient, unacceptable dela	ıy,
		incompetence, high degree of Achieves contract requiremen	customer dissatisfaction.				
1 = Poor 2 = Satisf	actory	adjustments to programs; key Achieves contract requirement	employees marginally cap ats 80% of the time: general	able; customers somewhat s ly responsive, effective and/	atisfied. or efficie	nt; delays are excusable	and/or
	PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COL	results in minor programs adj customers indicate satisfaction	ustments; employees are c	apable and satisfactorily pro	viding s	ervice without intervention	on;
3 = Good		Achieves contract requirement programs/mission; key emplo	yees are highly competent	and seldom require guidance	e; custoi	ners are highly satisfied	
4 = Excell	lent	Achieves contract requirement employees are experts and re	nts 100% of the time. Imme quire minimal directions; co	diately responsive; highly ef ustomers expectations are e	ficient ar xceeded.	d/or effective; no delays	; key
1. Quality		(-Specification Compliance - Te	chnical Excellence - Report	s/Administration - Personne	l Qualific	ation)	
@ O	VENDOR DID N	OT PROVIDE SERVICE DURING	THIS REPORT PERIOD				
C 1							
C 2							
C 3							
C 4							
2. Timelines Time Con	npletion Per Contr	-Were Milestones Met Per Contra ct)	act - Response Time (per ag	reement, if applicable) - Res	ponsiver	ness to Direction/Change	- On
⊙ 0	VENDOR DID I	OT PROVIDE SERVICE DURING	THIS REPORT PERIOD				
C 1		VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD					
C 2	2						
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C 4							
4 3. Busine	ss Relations (-Res	ponsiveness to Inquiries - Promp	ot Problem Notifications)				
C 4	Comments:	ponsiveness to Inquiries - Promp NOT PROVIDE SERVICE DURING					
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4 3. Busine	Comments:						
4 3. Busine	Comments:						
4 3. Busine 0 1 2 3 4	Comments: VENDOR DID I	IOT PROVIDE SERVICE DURING	THIS REPORT PERIOD	get - Proper Invoicing - No S	ubstituti	ons)	
4 3. Busine 0 1 2 3 4. Custon	Comments: VENDOR DID I		THIS REPORT PERIOD	get - Proper Invoicing - No S	ubstitutid	ons)	
4 3. Busine 0 1 2 3 4. Custon	Comments: VENDOR DID 1 ner Satisfaction (-1	IOT PROVIDE SERVICE DURING	THIS REPORT PERIOD	get - Proper Invoicing - No S	ubstitutie	ons)	

14-0824 Performance Report - BOSTWICK_Other Services Rating Form_2014-06-30 Page 2 of 2

VENDOR DID NOT PROVIDE SERVICE DUF	RING THIS REPORT PERIO	D		
C 4				
. Contractors Key Personnel (-Credentials/Experience	Appropriate - Effective Su	pervision/Management - Ava	ilable as Needed)	
Comments:				
VENDOR DID NOT PROVIDE SERVICE DUP	RING THIS REPORT PERIO	D		
C 2				
C 3				
4				
Overall Performance Rating:	0.0			
# T	0.0	la de la constant	1	
Vould you select/recommend this vendor again? Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt	
• Yes C No				
Department Head Name	D	Department Head Signature	1	Date
Patrice Harris	Patri	Navis!	AKA_	8/11/2014
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Subm	it Form							
		DEPARTMENT OF PUR	RCHASING & CONTRACT COMPLIANCE					
			DRS PERFORMANCE REPORT DTHER SERVICES					
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Bid Numbe		HEALTH AND WELLNESS		-				
			VICENIA DE CEDUDES					
Service Co	ACCAPACIONAL I	MAMMOGRAPHY AND DIAG		_				
Contractor	r.	DIAGNOSTIC IMAGING SPEC	CHARLES WILLIAM CO.					
0 = Unsatis	factory	Achieves contract requirements less th incompetence, high degree of custome	an 50% of the time, not responsive, effective a r dissatisfaction.	ind/or eff	licient, unacceptable del	ay,		
1 = Poor		Achieves contract requirements 70% of	the time. Marginally responsive, effective and es marginally capable; customers somewhat s	d/or effic	ient; delays require sign	ificant		
2 = Satisfac	ctory	Achieves contract requirements 80% or	f the time; generally responsive, effective and/ ; employees are capable and satisfactorily pro	or efficie	nt; delays are excusable	and/or on;		
3 = Good		Achieves contract requirements 90% or	f the time. Usually responsive: effective and/o highly competent and seldom require guidanc	r efficien e: custor	it; delays have not impai ners are highly satisfied	ct on		
4 = Exceller	nt	Achieves contract requirements 100%	of the time. Immediately responsive; highly ef imal directions; customers expectations are e	ficient ar	nd/or effective; no delays			
1. Quality o	of Goods/Services	s (-Specification Compliance - Technical E	xcellence - Reports/Administration - Personne	l Qualific	ation)			
C 0	Contractor subn	nits mammography and diagnostic procedure	results within 15 working days after the provision	of service	es that are normal and with	hin three		
C_1	(3) working days	s for abnormal test restuls per State Breat Ce	rvical Cancer Program standards.					
C 2	25 DAYS CALL SOLL DO THE	certified Radiology facility.						
C 3	in-mensem conditi	loys licensed Radiologist.						
(e 4	Contractor perfo	orms professional mammograpy services for A	Atlanta Medical Center.					
2. Timeliness Time Comp	of Performance pletion Per Contro	(-Were Milestones Met Per Contract - Resp act)	onse Time (per agreement, if applicable) - Res	ponsiver	ness to Direction/Chang	e - On		
C 0	Contractor prov	ides professional mammography services for	Atlanta Medical Center in a timely manner.					
C 1	PACTAMINA APPENDIC MANAGERS	ard all results to Atlanta Medical Center in a ti						
C 2		not see clients from Fulton County BCCP Pr						
C 3								
3. Busines		ponsiveness to Inquiries - Prompt Problen	n Notifications)					
C 0	Comments: Contractor was	instrumental in establishing a new contract w	ith Apollo for surgical procedures.					
C 1		nitted renewal documents within a timely man						
C 2		artment provides mammography results to he						
		a committee de la committe del committe de la committe del committe de la committe del committe de la committe del committe de la committe de la committe de la committe de la committe del committe de la committe del committe de la committe de la committe de la committe de la						
C 4								
4. Custome		Net User Quality Expections - Met Specific	ation - Within Budget - Proper Invoicing - No S	ubstituti	ons)			
C 0	Comments:							
\cap 1								
C 2								

14-0824 Performance Report - DIAGNOSTIC IMAGING SPECIALISTS_Other Serv... Page 2 of 2

C 3	Contractor submits weekly invoices for services	rendered with correct	CPT codes as per contractual agre	ement.		
(4	Contractor bills only for procedures that lead to	a diagnosis,				
-	Contractor utilizes the current Breast and Cervi	cal Cancer Program R	eimbursement schedule.			
	Contractor submits additional invoices and repo	orts upon request				
	Contractor Submits additional invoices and repe	nto apon request.				
5. Contrac	tors Key Personnel (-Credentials/Experience A	Appropriate - Effective	Supervision/Management - Ava	ilable as Needed)		
C 0	Comments:					
_	Contractor employes certified/liecnsed Radiolog	gist to provide professi	onal services to clients			
. 1	Contractor reports to two (2) licensed Radiologi	ist to provide mammon	raphy and diagnostic results.			
C 2	ACTURE THE TAILOR STATE CONT. ACTURE TO THE ACTURE OF STREET				2014 1 701 CRO 9 HE REAK	
	Contractor ensures all required medical partner	s have current contrac	ts with Fulton County to ensure clie	ints receive seamle	ss services.	
~						
4						
Overall Pe	rformance Rating:	3.6				
		3.0				
	select/recommend this vendor again?		Rating completed by:	Debra.Dewitt		
No. of the last	x for Yes. Leave Blank for No)					
• Yes	S No					
	Department Head Name		Department Head Signature		Date	
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+	atrice Harris	107	Line Hay	TAH		
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Submit Forn	n					
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Department		HEALTH AND WELLNESS			1500 100 100 100 100 100 100 100 100 100	
Bid Number		TILALITIAND WELLINESS				
Service Commodity	,	PATHOLOGY SERVICES				
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0 = Unsatisfactory		DIAGNOSTIC PATHOLOGY SE Achieves contract requirements less than		e. effective and/or eff	icient, unacceptable del	ay,
		incompetence, high degree of customer of	dissatisfaction.			
1 = Poor		Achieves contract requirements 70% of the adjustments to programs; key employees	s marginally capable; customers	somewhat satisfied.		
2 = Satisfactory		Achieves contract requirements 80% of the results in minor programs adjustments; a	he time; generally responsive, et employees are capable and satis	ffective and/or efficie factorily providing si	nt; delays are excusable ervice without interventi	and/or on;
3 = Good		customers indicate satisfaction. Achieves contract requirements 90% of t	he time. Usually responsive; eff	ective and/or efficien	t; delays have not impac	et on
4 = Excellent		programs/mission; key employees are hi Achieves contract requirements 100% of	the time. Immediately responsive	ve; highly efficient an	id/or effective; no delays	
1. Quality of Goods/	Service	employees are experts and require minin s (-Specification Compliance - Technical Exc				
Comme	nts:	200 (4)			20023400 VIV	
VENDO	OR DID N	IOT PROVIDE SERVICE DURING THIS REPO	ORT PERIOD			
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	-	NOT PROVIDE SERVICE DURING THIS REPO	ORT PERIOD			
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3 Business Relation	ns (-Res	ponsiveness to Inquiries - Prompt Problem I	Notifications)			
Comme	ents:					
C	OR DID I	NOT PROVIDE SERVICE DURING THIS REPO	DRT PERIOD			
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C 3						
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		Net User Quality Expections - Met Specificati	ion - Within Budget - Proper Invo	picing - No Substitution	ons)	
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	Cantanatare Performance	Report - DIAC	NOSTIC PATHOI	OGY SERVICES	P A Oth	Page 2 of 2
44	4-0824 rs Performance	Report - DIAC	NOSTIC I ATTIO	LOGI BLICVICES	_ 1 ./ 1Otn	1 450 2 01 2
# 14	+-UOZ4					

C 3 VENDOR DID NOT	PROVIDE SERVICE DURIN	NG THIS REPORT PERIOR	0		
C 4					
5. Contractors Key Personnel (-	Credentials/Experience Ap	ppropriate - Effective Sup	pervision/Management - Ava	ilable as Needed)	
Comments:					
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C 3					
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Overall Performance Rating:		0.0			
			Rating completed by:	T.	
Would you select/recommend to (Check box for Yes. Leave Blan			reating completed by.	Debra.Dewitt	
espectation and promise and	K TOT NOT			1	
• Yes No					
Department H	lead Name	D	epartment Head Signature		Date
Patrice H.	arris	Fatris	Havis K	Ry	8/11/2014
				U	
Submit Form					

		DEPARTMENT OF PUR	CHASING & CONTRACT COMPLIANCE		
			RS PERFORMANCE REPORT OTHER SERVICES		
Report Per	iod Start	Report Period End	Contract Period Start	Contract Period End	
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0681				1/1/2014	
Department		HEALTH AND WELLNESS			
Bid Numbe	r	TICACITI AND WELLINGO			
Service Co		MAMMOCDARIN DIA CNOCE	TIC DECCEDIBLE AND BREAST BIO	DOIES	
1001000-000 -000	A LOCATOR HOPO	Property of the service of the servi	TIC PROCEDURES, AND BREAST BIO	roico	
Contractor		DIAGNOSTIC RADIOLOGY &	ULTRASOUND an 50% of the time, not responsive, effective and/or el	ficient unaccentable delay	
) = Unsatist	actory	incompetence, high degree of customer	an 50% of the time, not responsive, effective and/or el dissatisfaction.	пстет, инассертавле остау,	
= Poor		Achieves contract requirements 70% of adjustments to programs; key employed	the time: Marginally responsive, effective and/or effices marginally capable; customers somewhat satisfied	ient; delays require significant	
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= Exceller	nt	Achieves contract requirements 100% o	nighly competent and seldom require guidance; custo of the time. Immediately responsive; highly efficient a	nd/or effective; no delays; key	
L Quality o	f Goods/Services		mal directions; customers expectations are exceeded cellence - Reports/Administration - Personnel Qualifi		
0	Comments:				
0	Contractor subr (3) working day:	nits mammography and diagnostic procedure r s for abnormal test restuls per State Breat Cen	results within 15 working days after the provision of servic vical Cancer Program standards.	es that are normal and within three	
C .	Contractor is a	certified mammography facility by the U. S. De	partment of Health and Human Services Food and Drug	Administration.	
2	Contractor emp	loys licensed Radiologist and Mammography T	Fechnicians.		
· 4	Contractor perfo	orms mammography, diagnostic, and ultrasoun	nd procedures.		
2					
Timeliness	of Performance letion Per Contra	-Were Milestones Met Per Contract - Responset)	onse Time (per agreement, if applicable) - Responsive	ness to Direction/Change - On	
-	Comments:				
0	Contractor prov				
~	working days. Also, contractor schedules biopsies within 5 - 10 working days upon request,				
C 1		Nso, contractor schedules biopsies within 5 - 10		ram appointments within 10-15	
C 1	Contractor prov	klso, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen	0 working days upon request, on the Mobile Unit.	ram appointments within 10-15	
C 1 C 2 C 3	Contractor prov	Nso, contractor schedules biopsies within 5 - 10	0 working days upon request, on the Mobile Unit.	ram appointments within 10-15	
1 C 2 C 3	Contractor prov	Also, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen as same day mammography services when avairs	0 working days upon request, on the Mobile Unit.	am appointments within 10-15	
1 C 2 C 3	Contractor prov	klso, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen	0 working days upon request, on the Mobile Unit.	ram appointments within 10-15	
1 C 2 C 3	Contractor prov Contractor offer Relations (-Res Comments:	Also, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen as same day mammography services when avairs	O working days upon request, on the Mobile Unit. ailable. Notifications)	ram appointments within 10-15	
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1 2 3 6 4 3. Business	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com	valso, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen is same day mammography services when available ponsiveness to Inquiries - Prompt Problem mitted renewal documents within a timely mannature.	O working days upon request, on the Mobile Unit. Notifications) The requested and the requirements of clients needing additional procedures that require the requirements of clients needing additional procedures.		
1 2 3 6 4 3. Business 0 1	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com	vision, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen it is same day mammography services when available ponsiveness to Inquiries - Prompt Problem mitted renewal documents within a timely mannimunicates with Fulton County staff within 24 h	O working days upon request, on the Mobile Unit. Notifications) The requested and the requirements of clients needing additional procedures that require the requirements of clients needing additional procedures.		
1 2 3 6 4 4 3. Business 0 1 2	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com	vision, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen it is same day mammography services when available ponsiveness to Inquiries - Prompt Problem mitted renewal documents within a timely mannimunicates with Fulton County staff within 24 h	O working days upon request, on the Mobile Unit. Notifications) The requested and the requirements of clients needing additional procedures that require the requirements of clients needing additional procedures.		
1 2 3 6 4 4 3. Business 0 1 2 6 3 7 4	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com Mammography r Satisfaction (-N	Also, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen is same day mammography services when available ponsiveness to Inquiries - Prompt Problem mitted renewal documents within a timely mannamunicates with Fulton County staff within 24 h Coordinator provides mammography results to	O working days upon request, on the Mobile Unit. Notifications) The requested and the requirements of clients needing additional procedures that require the requirements of clients needing additional procedures.	breast biopsies.	
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1 2 3 6 4 3. Business 0 1 2 6 3 7 4 4. Custome	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com Mammography r Satisfaction (-N	Also, contractor schedules biopsies within 5 - 10 ides same day appointments for women seen is same day mammography services when available ponsiveness to Inquiries - Prompt Problem mitted renewal documents within a timely mannamunicates with Fulton County staff within 24 h Coordinator provides mammography results to	O working days upon request, on the Mobile Unit. ailable. Notifications) ner as requested, nours of clients needing additional procedures that require to health center staff upon request.	breast biopsies.	

14-0824 Performance Report - DIAGNOSTIC RADIOLOGY _ ULTRASOUND_Oth... Page 2 of 2

(3	Contractor submits weekly invoices for services	rendered with correct CPT	Codes as per contractual agre	eement.			
C 4	Contractor bills only for procedures that lead to a diagnosis,						
-	Contractor utilizes the current Breast and Cervice	al Cancer Program Reimb	oursement schedule.				
. Contra	ctors Key Personnel (-Credentials/Experience A	opropriate - Effective Su	pervision/Management - Ava	ilable as Needed)		
C 0	Comments:						
_	Mammography Coordinator provides supervision	n to scheduling staff to ensure clients receive appointments in a timely manner.					
1	Contractor utilizes licensed Radiologist to provid	e mammogram,diagnostic	procedures and ultrasounds.				
2	Contractor ensures billing personnel submits mo	nthly invoices per contrac	tual agreement.				
	Contractor chadres binning personner submitte me	nany mronoss por somias	agreement.				
C 4							
Overall Pe	erformance Rating:	3.4					
Check bo	u select/recommend this vendor again? ox for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt			
• Ye				l	20		
	Department Head Name	Department Head Signature Date					
Pa	trice Harris	Hatrices	Horis /	KEA	8/14/2014		
•			,	0			

	DEPARTMENT O	DF PURCHASING & CONTRACT COMPLIANCE			
	CONTR	RACTORS PERFORMANCE REPORT OTHER SERVICES			
Report Period Start	Report Period End	Contract Period Start Contract Period End			
4/1/2014	6/30/2014	1/1/2011 12/31/2014			
PO Number	m 0/30/2011	PO Date			
0681	- I	1/1/2014			
Department	HEALTH AND WELLNES				
Bid Number	HEALTH AND WELLINES				
Service Commodity	OFFICIAL DIAGNICATIO	A DECOEDURES (TREATMENT OF A DISCRIMAL DAD SMEADS)			
57		PROCEDURES (TREATMENT OF ABNORMAL PAP SMEARS)			
Contractor	DR. WENDELL HACKNE	72			
= Unsatisfactory	Achieves contract requirements incompetence, high degree of cu	less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, ustomer dissatisfaction.			
= Poor		70% of the time. Marginally responsive, effective and/or efficient; delays require significant imployees marginally capable; customers somewhat satisfied.			
= Satisfactory	Achieves contract requirements	80% of the time; generally responsive, effective and/or efficient: delays are excusable and/or timents; employees are capable and satisfactorily providing service without intervention;			
= Good	customers indicate satisfaction.	90% of the time. Usually responsive, effective and/or efficient, delays have not impact on			
= Excellent	programs/mission; key employed	es are highly competent and seldom require guidance; customers are highly satisfied. 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key			
	employees are experts and requi	ire minimal directions; customers expectations are exceeded.			
. Quality of Goods/Servi	ces (-Specification Compliance - Techr	nical Excellence - Reports/Administration - Personnel Qualification)			
0 Contractor s	ubmits cytology results within 15 working or er State Cervical Cancer Screening Progr	days after the provision of services that are normal and within three (3) working days for abnormal			
1	ports follow-up procedures needed to cor	COMPLETE CONTRACTOR CO			
2		d send them back to the referring health center.			
3		AND THE REPORT OF THE PROPERTY			
4					
t. Fimeliness of Performan Fime Completion Per Co	e (-Were Milestones Met Per Contract ntract)	- Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On			
Comments:	rovides clients and Fulton County staff wit	th results from pathologist and follow-up needed within 10 working days of receiving results.			
C					
	Contractor provides same day appointments for women seen in the health center when available. Office Manager keeps Fulton County staff abreast with financial matters and resubmits pathology results upon request.				
0	per keeps Fulton County staff abreast with	h financial matters and resubmits pathology resutts upon request.			
2 Office Mana		h financial matters and resubmits pathology resutls upon request. artment who qualify for Women's Health Medicaid.			
2 Office Mana					
2 Office Mana 3 Contractor re 6 4 5. Business Relations (-F		artment who qualify for Women's Health Medicaid.			
2 Office Mana 3 Contractor re 4 Business Relations (-F	efers clients to Fulton County Health Depa	artment who qualify for Women's Health Medicaid. Problem Notifications)			
Office Mana Contractor re Business Relations (-F Comments: Contractor s	efers clients to Fulton County Health Departesponsiveness to Inquiries - Prompt Pubmitted renewal documents within a time	artment who qualify for Women's Health Medicaid. Problem Notifications)			
2 Office Mana 3 Contractor re 4 Business Relations (-F Comments: Contractor s 1 Office Staff	efers clients to Fulton County Health Departesponsiveness to Inquiries - Prompt Pubmitted renewal documents within a time	Problem Notifications) ely manner as requested. s of clients needing additional procedures that require LEEP or surgery.			
2 Office Mana 3 Contractor re 4 Business Relations (-F Comments: Contractor s 1 Office Staff of 2 Office Mana	efers clients to Fulton County Health Departers clients to Fulton County Health Departers of the second of the sec	Problem Notifications) ely manner as requested. s of clients needing additional procedures that require LEEP or surgery. weekly basis			
2 Office Mana 3 Contractor re 4 Comments: Contractor s 1 Office Staff of 2 Office Mana	desponsiveness to Inquiries - Prompt P ubmitted renewal documents within a time contact Fulton County staff within 24 hours ger provides results to Fulton County on w	Problem Notifications) ely manner as requested. s of clients needing additional procedures that require LEEP or surgery.			
2 Office Mana 3 Contractor re 4 Comments: Contractor s 1 Office Staff c 2 Office Mana 2 Office Mana 3 Contractor re 4 Contractor re	tesponsiveness to Inquiries - Prompt P ubmitted renewal documents within a time contact Fulton County staff within 24 hours ger provides results to Fulton County on we efers clients to Fulton County for Women's	Problem Notifications) ely manner as requested. s of clients needing additional procedures that require LEEP or surgery. weekly basis			
2 Office Mana 3 Contractor re 4 B. Business Relations (-F Comments: Contractor s 1 Office Staff c 2 Office Mana 6 3 Contractor re	tesponsiveness to Inquiries - Prompt P ubmitted renewal documents within a time contact Fulton County staff within 24 hours ger provides results to Fulton County on we efers clients to Fulton County for Women's	ertment who qualify for Women's Health Medicaid. Problem Notifications) ely manner as requested. s of clients needing additional procedures that require LEEP or surgery. weekly basis s Health Medicaid program if needed.			

14-0824 S Performance Report - DR. WENDELL HACKNEY_Other Services Rating F... Page 2 of 2

(₃	Contractor submits weekly invoices for service	s rendered with corr	rect CPT codes as per contractual agre	ement.	
C 4	Contractor bills only for procedures that lead to	a diagnosis,			
	Contractor utilizes the current Cervical Cancer	Screening Program	n Reimbursement schedule.		
5. Contrac	ctors Key Personnel (-Credentials/Experience	Appropriate - Effec	tive Supervision/Management - Ava	ilable as Needed	Ĵ
C 0	Comments:				
C 1 C 2 G 3 C 4	Contractor is a licensed OB GYN Physician. Contractor ensures all required medical partne Contractor's Office Manager serve as a liasion			ents receive seam	less services.
Overall Pe	erformance Rating:	3.4			
	u select/recommend this vendor again? ox for Yes. Leave Blank for No) S NO		Rating completed by:	Debra.Dewitt	
	Department Head Name		Department Head Signature		Date
t	ahice Harris	ta	The Horis	KA	8/11/2014
			(0	
	on Passas				

Submit Form	n						
		DEPARTMENT O	F PURCHASING & CONT	RACT COMPLIANCE			
		CONTR	ACTORS PERFORMANC OTHER SERVICES	E REPORT			
Report Period Start		Report Period End		Contract Period Start		Contract Period End	
1/1/2014		3/30/2014		1/1/2011		12/31/2014	III
PO Number	31111	J/55/2021			HILLAN	PO Date	1444
0681						1/1/2014	
Department		HEALTH AND WELLNES	9				4
Bid Number		TICACITI AND WELLINGS	<u></u>			=======	-
Service Commodity		PATHOLOGY SERVICES					
Contractor		D. Barrier George and Company of the	THE PARTY OF THE P				
0 = Unsatisfactory		F&S RADIOLOGY, P.C. R Achieves contract requirements I		not responsive effective a	nd/or of	ficient, unacceptable dei	av.
y - Orisatisfactory		incompetence, high degree of cus	stomer dissatisfaction.				
1 = Poor 2 = Satisfactory		Achieves contract requirements 7 adjustments to programs; key em Achieves contract requirements 8	nployees marginally capabi 80% of the time; generally i	le: customers somewhat s responsive, effective and/	satisfied. or efficie	ent; delays are excusable	and/or
		results in minor programs adjusti customers indicate satisfaction.	1 3				
3 = Good		Achieves contract requirements s programs/mission; key employee	s are highly competent an	d seldom require guidanc	e; custoi	mers are highly satisfied	E.
4 = Excellent		Achieves contract requirements t employees are experts and require					s, key
1. Quality of Goods/S		(-Specification Compliance - Techn	ical Excellence - Reports/A	dministration - Personne	I Qualific	cation)	
0		IOT PROVIDE SERVICE DURING THI	S REPORT PERIOD				
C 1							
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2. Timeliness of Perfori Time Completion Per	mance r Contra	-Were Milestones Met Per Contract - act)	- Response Time (per agree	ement, if applicable) - Res	ponsive	ness to Direction/Chang	e - On
© Commer	AND DESCRIPTION OF THE PERSON NAMED IN	OT PROVIDE SERVICE DURING THI	IS REPORT PERIOD				
C 1	I DID I	THE PRINCE OF THE PERSON OF THE	O REPORT FERIOD				
C 2							
C 3							
C 4							
		ponsiveness to Inquiries - Prompt Pr	roblem Notifications)				
© 0 Commer		NOT PROVIDE SERVICE DURING THI	IS REPORT PERIOD				
C 1							
C 2							
C 3							
C 4							
- Comme		Met User Quality Expections - Met Sp	ecification - Within Budget	- Proper Invoicing - No S	ubstituti	ons)	
© 0							
C 1							
C 2							

14-0824 rs Performance Report - F_S RADIOLOGY_ P.C. RADISPHERE_Other Servic... Page 2 of 2 VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD C 4 5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed) Comments: VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD C 1 C 3 Overall Performance Rating: 0.0 Rating completed by: Would you select/recommend this vendor again? Debra.Dewitt (Check box for Yes. Leave Blank for No) C No Date Department Head Name Department Head Signature 6/13/2014

		DEPARTM	ENT OF PURCHASING & C	CONTRACT COMPLIANCE			
		(CONTRACTORS PERFORM OTHER SERVI				
Report Period S	Start	Report Period End		Contract Period Start	_	Contract Period End	
4/1/2014		6/30/2014		1/1/2011		12/31/2014	
4/1/2014 PO Number	HEIL	0/30/2014	HHI	1/1/2011	шн	PO Date	UIII
0681						1/1/2014	
Department		LIEAL TH AND WELL	NECC			1/1/2011	1111
327751		HEALTH AND WELL	_NESS				
Bid Number							2011
Service Commo	odity	CERVICAL DIAGNO	STIC PROCEDURES	(TREATMENT OF AB	NORI	MAL PAP SMEAR	S)
Contractor		GEORGIA CENTER	T SENTING AND VERY WALLEST SETTING				
) = Unsatisfactor	ry	Achieves contract require incompetence, high degre	ments less than 50% of the I e of customer dissatisfactio	ime, not responsive, effective ar n.	nd/or eff	icient, unacceptable dela	ıy,
= Poor		Achieves contract require	ments 70% of the time. Mary	ginally responsive, effective and apable; customers somewhat s	or effici	ient; delays require signi	ficant
e Satisfactory		Achieves contract require results in minor programs	ments 80% of the time; gene adjustments; employees ar	rally responsive, effective and/o a capable and satisfactorily prov	or efficie		
= Good		customers indicate satisfa Achieves contract require	ments 90% of the time. Usu	ally responsive; effective and/or	efficien	t, delays have not impac	t on
= Excellent		Achieves contract require	ments 100% of the time. Im-	nt and seldom require guidance nediately responsive; highly eff	icient an	d/or effective; no delays	
Ougliby of Con	ndo/Convince	A PORT AND A SECURE OF THE PROPERTY OF THE PRO		customers expectations are ex orts/Administration - Personnel			
Com	nments:					Mary Control	
O Con	ntractor subn	nits cytology results within 15 w State Cervical Cancer Screenin	orking days after the provision g Program guidelines.	of services that are normal and w	ithin thre	e (3) working days for abn	ormal
* 31							
Con	ntractor repo	rts follow-up procedures neede	d to complete client's treatmen	t.			
C Con	Buckeyer (press)						
Con	Buckeyer (press)			t. ck to the referring health center.			
2 C 3 • 4	Buckeyer (press)						
2 Con 6 4	ntractor comp	oletes the Fulton County referra	il document and send them ba		oonsiver	ess to Direction/Change	- On
2 Con 3 Con Firmeliness of Pe Completion	erformance (n Per Contra	oletes the Fulton County referra Were Milestones Met Per Co	ontract - Response Time (per	ck to the referring health center.			- On
2 Con 3 Con 2 Zimeliness of Pe Time Completion Com	erformance on Per Contra	-Were Milestones Met Per Coact)	ontract - Response Time (per	agreement, if applicable) - Resp			- On
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2 3 Con 4 2. Timeliness of Pe Time Completion 0 Con 1 Con 2 Offic	erformance (n Per Contra nments: ntractor provi	-Were Milestones Met Per Coact)	ontract - Response Time (per staff with results from patholog r women seen in the health ce	agreement, if applicable) - Resp	working		- On
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2 3 Con 3 Con 2 Com Con	erformance (n Per Contra nments: ntractor provi ice Manager ntractor refer ations (-Res nments: ntractor subnice Staff conti	(-Were Milestones Met Per Conct) ides clients and Fulton County sides same day appointments for keeps Fulton County staff abre is clients to Fulton County Health ponsiveness to Inquiries - Promitted renewal documents within a lact Fulton County staff within 2	entract - Response Time (per staff with results from patholog r women seen in the health ce ast with financial matters and th Department who qualify for compt Problem Notifications) in a timely manner as requeste	agreement, if applicable) - Respirit and follow-up needed within 10 inter when available, resubmits pathology results upon rowmen's Health Medicaid.	working equest	days of receiving results.	- On
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14-0824 Performance Report - GEORGIA CENTER FOR WOMEN_Other Services ... Page 2 of 2

	Contractor submits weekly invoices for services re	endered with correct	CPT codes as per contractual agree	eement,	
C 4	Contractor bills only for procedures that lead to a	diagnosis,			
94	Contractor utilizes the current Cervical Cancer So	creening Program Re	eimbursement schedule.		
5. Contrac	ctors Key Personnel (-Credentials/Experience Ap	propriate - Effectiv	e Supervision/Management - Ava	ilable as Needed)	
C 1	Contractor is a licensed OB GYN Physician. Contractor ensures all required medical partners	have current contrac	ets with Fulton County to ensure clie	ents receive seamle	ess services.
Overall Pe	erformance Rating:	3.2			
	u select/recommend this vendor again? ox for Yes. Leave Blank for No) S NO		Rating completed by:	Debra.Dewitt	
	Department Head Name		Department Head Signature		Date
Pa	africe Havis	1 tai	tire Saris	LAS	8/11/2014

		DEPART	MENT OF PURCHASING & C	ONTRACT COMPLIANCE			
			CONTRACTORS PERFORM OTHER SERVICE				
Report Pe	riod Start	Report Period End		Contract Period Start		Contract Period End	
4/1/20)14	6/30/2014		1/1/2011	H	12/31/2014	
PO Numbe		0/30/2011	CIH.	2/2/2022	O.M.	PO Date	(1112
0681						1/1/2014	
Departmen	nt	HEALTH AND WEL	LNESS				1
Bid Numb	er	TIETE THE TIE					(0-20
Service Co	ommodity	MAMMOGRAPHY	DIAGNOSTIC PROCE	DURES, AND BREAS	TBIO	PSIES	
Contracto			AST CARE CENTER	DOLLO, AND DILLAG	. 5.0	. 51.65	
0 = Unsatis	sfactory	Achieves contract require	ements less than 50% of the ti	me, not responsive, effective a	and/or ef	ficient, unacceptable del	ay,
1 = Poor		2 CM 35	ee of customer dissatisfaction ements 70% of the time. Marg	inally responsive, effective and	d/or effic	cient; delays require sign	ificant
2 = Satisfac	ctory	adjustments to programs Achieves contract require	; key employees marginally c ements 80% of the time; gene	apable; customers somewhat s ally responsive, effective and/ capable and satisfactorily pro	satisfied. Or efficie	ent: delays are excusable	and/or
3 = Good			ements 90% of the time. Usua	lly responsive; effective and/o			
t = Excelle	nt	Achieves contract require	ements 100% of the time. Imn	nt and seldom require guidanc rediately responsive; highly ef	ficient ar	nd/or effective; no delays	
. Ouglitus	of CondalSanian	THE RESIDENCE OF THE PROPERTY	THE RESIDENCE OF STREET AND STREET	customers expectations are e erts/Administration - Personne			
6	Comments:	9 (14 mag)	The state of the second	Control of the control of the second of the	a esconinco		
		170	170	to ensure services are provided	per cont	tractual agreement.	
C .		oyees qualified Radiologist, N	0 0 10 SASE AS VIEW	N W W W W W	16	V. P. VIV. W.	
€ 3	Service (Construction and	PRODUCTION OF THE PRODUCT OF THE PRO		lth and Human Services Food ar	na Drug A	Administration.	
C 4	BCCP Coordina	tor is a certified Nurse Mid-Wif	e				
2.							100
	of Performance oletion Per Contra		ontract - Response Time (per	agreement, if applicable) - Res	ponsive	ness to Direction/Change	e - On
~	Comments:						
0	Contractor sche	dules screening and diagnostic	c mammograms 2-3 weeks out.				
6	Nurse Practition	ers do not receive mammogra	m results from Grady until 2-3 n	onths after clients have confirme	ed they ke	ept their appointment.	
2		nce of the BCCP Coordinator, and were billed for services	clients seen were not placed ur	der Fulton County BCCP progra	m when t	they reported for thier	5
3							
4 2 Pusiness	s Polations / Pos	pansivanass to Inquiries - Pr	rompt Problem Notifications)				
o. busines:	Comments:	ponsiveness to inquiries - Fi	ompt Froblem Notifications,				
0	Contractor subr	nitted renewal documents back	to Fulton County 4 months after	r receiving them from the Grants	Manage	r department.	
1	Radiologist or B	reast Surgeon do not commun	icate with Fulton County staff to	provide updates on clients who	have bee	en diagnosed with breast ca	ancer.
2	Grady's BCCP	Coordinator provides mammog	graphy results to health center s	aff upon request less than 50%	of the tim	ne.	
3							
4 4 Customa	or Satisfaction / A	Not User Quality Expections	Met Specification - Within B.	dget - Proper Invoicing - No S	uhstituti	ons)	
r	Comments:	let User Quality Expections	- met opecification - within Bt	aget - Froper involcing - NO S	abatituti	wile)	
0							
0							
2							

14-0824 s Performance Report - GRADY AVON BREAST CARE CENTER_Other Ser... Page 2 of 2

C 3	Contractor did not submit monthly invoices per	contractual agreement.			
C 4	Contractor's billing personnel Ann Thompson st	ates the billing system in	the hospital was being updated	and invoices could	i not be populated for services.
	Clients are billed for services who are referred f	rom Fulton County's BCC	P Program against contractual	agreement	
and the second	L			V-11N1-1	
-	tractors Key Personnel (-Credentials/Experience A	ppropriate - Effective Si	upervision/Management - Ava	llable as Needed)
0	Comments:				
C .	Scheduling staff is not supervised by the Breas	at Avon Staff and clients a	re often billed for services rende	ered.	
-	Ms. Kinnard, Director of Oncology Unit				
2	Ann Thompson, Billing Personnel				
(3	Ann mompson, Billing Personner				
3	Certified Breast Surgeons and Radiologist				
4					
Overall	Performance Rating:	2.2			
(Check	you select/recommend this vendor again? box for Yes. Leave Blank for No) 'ES No		Rating completed by:	Debra.Dewitt	
- 1	Department Head Name		Department Head Signature		Date
-	Department ried wante	1	/ c F	2.1	8/11/2014
ì	Patrice Harris	then	Haris/K	AL	
			. /	\mathcal{O}	
Cirk	CALL PURSON				

Submit Form			
	DEPARTMENT OF PURCH	HASING & CONTRACT COMPLIANCE	
		S PERFORMANCE REPORT HER SERVICES	
Report Period Start	Report Period End	Contract Period Start	Contract Period End
4/1/2014		1/1/2011	12/31/2014
4/1/2014	6/30/2014	1/1/2011	12/31/2014 PO Date
0681	-		1/1/2014
Department	LIEALTH AND WELLNESS		
200-04-00-00-00-00-00-00-00-00-00-00-00-0	HEALTH AND WELLNESS		
Bid Number			
Service Commodity	CERVICAL CANCER DIAGNOS	TIC PROCEDURS	
Contractor	ISIS OBGYN		
0 = Unsatisfactory	Achieves contract requirements less than incompetence, high degree of customer di	50% of the time, not responsive, effective ar issatisfaction.	nd/or efficient, unacceptable delay,
= Poor		e time. Marginally responsive, effective and marginally capable; customers somewhat sa	
? = Satisfactory	Achieves contract requirements 80% of the results in minor programs adjustments; er	time; generally responsive, effective and/o imployees are capable and satisfactorily prov	r efficient; delays are excusable and/or
S = Good	customers indicate satisfaction. Achieves contract requirements 90% of the	e time. Usually responsive; effective and/or	efficient; delays have not impact on
I = Excellent	Achieves contract requirements 100% of to	thly competent and seldom require guidance the time. Immediately responsive; highly effi	cient and/or effective; no delays; key
	employees are experts and require minima	al directions; customers expectations are ex	ceeded.
- Comments:	es (-Specification Compliance - Technical Exce	ellence - Reports/Administration - Personner	Quanneation)
0 VENDOR DID	NOT PROVIDE SERVICE DURING THIS REPOR	RT PERIOD	
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C 4			
2. Fimeliness of Performanc Fime Completion Per Con	e (-Were Milestones Met Per Contract - Respons tract)	se Time (per agreement, if applicable) - Resp	onsiveness to Direction/Change - On
Comments:	NOT PROVIDE SERVICE DURING THIS REPOR	RT PERIOD	
C 1	TO THE SERVICE DOMING THIS NEEDLE	ativa eminal MCCC	
C 2			
C 3			
C 4			
3. Business Relations (-Re	esponsiveness to Inquiries - Prompt Problem N	otifications)	
Comments:	*		
VENDOR DID	NOT PROVIDE SERVICE DURING THIS REPOR	RT PERIOD	
C .			
C 2			
3			
4 Customer Satisfaction	-Met User Quality Expections - Met Specificatio	on - Within Budget - Proper Invoicing - No Su	bstitutions)
Comments:	mar saul stanish expansions - met openingano	The state of the s	7
C			
. 1			
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VENDOR DID NOT PROVIDE SERVICE DUR	ING THIS REPORT PER	IOD		
C 4				
Contractors Key Personnel (-Credentials/Experience	Appropriate - Effective S	Supervision/Management - Ava	ilable as Neede	1)
Comments:				
VENDOR DID NOT PROVIDE SERVICE DUR	ING THIS REPORT PER	IOD		
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C 4				
Overall Performance Rating:	0.0			
Vould you select/recommend this vendor again? Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt	
• Yes No Department Head Name		Department Head Signature		Date
Patrice Harris	Palrice	Haris/L/x	9	8/11/2014
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Subm	nit Form					
		DEPARTMENT OF PUR	CHASING & CONTRACT COMPLIANC	E		
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i = Poor		Achieves contract requirements 70% of adjustments to programs; key employee	the time. Marginally responsive, effectives marginally capable; customers somew	ve and/or effic vhat satisfied	cient; delays require sign	nificant
2 = Satisfa	ctory	Achieves contract requirements 80% of results in minor programs adjustments;	the time; generally responsive, effective employees are capable and satisfactorii	and/or efficie ly providing s	ent; delays are excusable ervice without interventi	e and/or ion;
3 = Good		customers indicate satisfaction. Achieves contract requirements 90% of	the time. Usually responsive: effective	and/or efficier	nt; delays have not impa	ct on
4 = Excelle	ent	programs/mission; key employees are h Achieves contract requirements 100% o	f the time. Immediately responsive; high	nly efficient as	nd/or effective; no delays	s; key
1. Quality	of Goods/Service	employees are experts and require mini- s (-Specification Compliance - Technical Ex				
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Timeliness	s of Performance pletion Per Contr	(-Were Milestones Met Per Contract - Respondent)	onse Time (per agreement, if applicable)	- Responsive	ness to Direction/Chang	e - On
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@ o	Comments:					
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# 14-0824	LLENNIUM OBSTETRICS	_GYNECOLO	Page 2 of 2
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C 3	VENDOR DID NOT PROVIDE SERVICE DURI	NG THIS REPORT PE	RIOD		
5. Contrac	ctors Key Personnel (-Credentials/Experience A	Appropriate - Effective	e Supervision/Management - Ava	ilable as Needed)	
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Overall Pe	erformance Rating:	0.0			
	u select/recommend this vendor again? ox for Yes. Leave Blank for No) S No		Rating completed by:	Debra,Dewitt	
	Department Head Name		Department Head Signature		Date
Pa	atrice Harris	Pal	rie Haris/	LAG	8/11/2014

		DEPARTMENT OF PURC	HASING & CONTRACT COMPLIANCE		
			S PERFORMANCE REPORT HER SERVICES		
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Contractor	entralminacom a tr		remain a supermort		
0 = Unsatisf		NORTHSIDE RADIOLOGY ASS	50% of the time, not responsive, effective and/or	efficient unaccentable dela	IV.
/ - Ulisatisi	actory	incompetence, high degree of customer d	lissatisfaction.		
1 = Poor	4.000700	adjustments to programs; key employees	ne time. Marginally responsive, effective and/or e marginally capable; customers somewhat satisfi	ed.	
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1. Quality of	Goods/Services		al directions; customers expectations are exceed ellence - Reports/Administration - Personnel Qua		
r	Comments:				
0		nits mammography and diagnostic procedure res s for abnormal test restuls per State Breat Cervic	sults within 15 working days after the provision of ser cal Cancer Program standards.	rices that are normal and with	in three
· 1	Contractor is a	certified Radiology facility.			
C 3	Contractor emp	loys licensed Radiologist.			
· 4	Contractor perfo	orms professional mammograpy services for Nort	thside Hospital.		
2.					
Timeliness o	of Performance letion Per Contra		se Time (per agreement, if applicable) - Respons	veness to Direction/Change	- On
~	Comments:				
0		ides professional mammography services for No	rthside Hospital in a timely manner.		
· 1	Contractor forward	ard all results to Northside Hospital in a timely m	anner.		
2	Contractor does	not see clients from Fulton County BCCP Progr	ram without a referral.		
700					
	All controls and the second				
€ 3 C 4					
€ 3 C 4		ponsiveness to Inquiries - Prompt Problem N	otifications)		
€ 3 C 4	Comments:	ponsiveness to Inquiries - Prompt Problem N nitted renewal documents within a timely manner			
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6 3 4 4 3. Business 0 1 2 6 3	Comments: Contractor subn Radiology Depa	nitted renewal documents within a timely manner irtment provides mammography results to health	r as requested. center staff upon request.	utions)	
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14-0824 rs Performance Report - NORTHSIDE RADIOLOGY ASSOCIATES_Other Se... Page 2 of 2

(3	Contractor submits weekly invoices for service	s rendered with co	rrect CPT codes as per contractual agre	eement.		
(100	Contractor bills only for procedures that lead to	o a diagnosis				
10	4	30-93 (10-90) \$ 16-94 (10-90) \$ 10-00 (14-00) \$ \$ 0.5 (10-00) \$ 10-94 (10-00) \$ 10-95 (10-00)	mien Mehr M alvelanie fi	B 1 - C			
		Contractor utilizes the current Breast and Cerv	vical Cancer Progra	am Reimbursement schedule.			
		Contractor submits additional invoices and rep	orts upon request.				
5. C	ontra	ctors Key Personnel (-Credentials/Experience	Appropriate - Effe	ective Supervision/Management - Ava	ilable as Needec	d)	
0	0	Comments:					
0	.0	Contractor employes certified/liecnsed Radiolo	ogist to provide pro	fessional services to clients			
	3	Contractor ensures all required medical partne	ers have current co	ntracts with Fulton County to ensure clie	ents receive seam	nless services.	100
(2			19 (4.19 (2014) 20 (2014) 4 (4.19 (1.49 (4.20 (2.20 (4.24 (4.20 (4.20 (4.20 (4.20 (4.20 (4.20 (4.20 (4.20 (4.2 (4.20 (4			
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Ove	rall Pe	erformance Rating:	3.4				
Wou	ıld vo	u select/recommend this vendor again?		Rating completed by:	Debra Dewitt		_
		ox for Yes. Leave Blank for No)			5.52(2)5.51111		
(Ye	s C No					
		Department Head Name		Department Head Signature		Date	
	Ŧ	Patrice Hams	tal	ne Hour Kt	4	8/11/2014	
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Service Com	95-	BA A BABACOCO A DUDO	/ CEDVICES				
A STAN THE PARTY OF THE PARTY	minounty	MAMMOGRAPHY					
Contractor		NORTHSIDE HOS			unite e a fi	Salant vynasantahla dal	21/
) = Unsatisfa	ictory	Achieves contract required incompetence, high de	uirements less than 50% of egree of customer dissatisf	the time, not responsive, effective a action.	na/or eff	клет, инассертавіе дел	ч.
= Poor		Achieves contract requ	uirements 70% of the time.	Marginally responsive, effective and	Vor effic	ient; delays require sign	ificant
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		customers indicate sa	tisfaction.				
i = Good		programs/mission; key	y employees are highly con	Usually responsive; effective and/or npetent and seldom require guidance	e; custor	ners are highly satisfied	
= Excellent		Achieves contract requ employees are experts	uirements 100% of the time s and require minimal direc	n. Immediately responsive; highly eff tions; customers expectations are ex	ficient ar vceeded.	id/or effective; no delays	; key
1. Quality of	Goods/Service:	5 M		- Reports/Administration - Personnel			
	Comments:	V 22-		hin 15 working days after the provision	of conside	se that are normal and with	nin three
	(3) working day	nits mammography and diag s for abnormal test restuls p	gnostic procedure results with per State Breat Cervical Cano	er Program standards.	OI SEIVICE	s that are normal and will	mi dii cc.
	Contractor is a	certified mammography faci	ility by the U.S. Department	of Health and Human Services Food an	d Drug A	dministration.	
670)	Contractor emp	loys licensed Radiologist an	nd Mammography Technician	ns.			
1.0	Contractor has	a variety of locations throug	hout Fulton County for easy	access.			
2. Timeliness o Time Comple	of Performance etion Per Contro	(-Were Milestones Met Per act)	r Contract - Response Time	e (per agreement, if applicable) - Res	ponsiver	ness to Direction/Change	e - On
	Comments:						
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C	Working days. A	ides clients with diagnostic slso, contractor schedules b	mammograms appointments liopsies within 5 - 10 working	within 5 working days and screening m days upon request.	ammogr	am appointments within 10)-15
C 1	20	Also, contractor schedules b	mammograms appointments iopsies within 5 - 10 working ts for women seen on the Mo	days upon request.	ammogr	am appointments within 10)-15
C 1	Contractor prov	Also, contractor schedules b	iopsies within 5 - 10 working ts for women seen on the Mo	days upon request.	nammogr	am appointments within 10	0-15
C 1 C 2 C 3	Contractor prov	Also, contractor schedules bi	iopsies within 5 - 10 working ts for women seen on the Mo	days upon request.	ammogr	am appointments within 10	0-15
1 2 3 6 4	Contractor prov	also, contractor schedules bi des same day appointment s same day mammography	iopsies within 5 - 10 working ts for women seen on the Mo	days upon request.	ammogr	am appointments within 10	0-15
1 2 3 6 4 3. Business I	Contractor prov Contractor offer Relations (-Res	also, contractor schedules bi ides same day appointment is same day mammography ponsiveness to Inquiries	ts for women seen on the Mo v services when available. - Prompt Problem Notificat	days upon request. ibile Unit.	ammogr	am appointments within 10	
1 2 3 6 4 4 3. Business I	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr	ides same day appointment is same day mammography ponsiveness to Inquiries mitted renewal documents w	ts for women seen on the Mo v services when available. - Prompt Problem Notificat within a timely manner as req	days upon request. ibile Unit. ions))-15 B
1 2 3 6 4 3. Business I	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist con	ides same day appointment rs same day mammography rponsiveness to Inquiries mitted renewal documents w mmunicates with Fulton Cour	ts for women seen on the Mo y services when available. - Prompt Problem Notificat within a timely manner as requirity staff within 24 hours of cl	days upon request. bile Unit. ions) uested. ients needing additional procedures tha			
1 2 3 6 4 3. Business I 0 1 2	Contractor prov Contractor offer Relations (-Res Comments: Contractor subr Radiologist com Mammography	coordinator provides mamner	ts for women seen on the Mo r services when available. - Prompt Problem Notificat within a timely manner as requesty staff within 24 hours of cl mography results to health co	days upon request. bile Unit. ions) uested. ients needing additional procedures tha			
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14-0824 rs Performance Report - NORTHSIDE HOSPITAL_Other Services Rating For... Page 2 of 2

Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement. Contractor bills only for procedures that lead to a diagnosis, Contractor utilizes the current Breast and Cervical Cancer Program Reimbursement schedule. 5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed) Comments: Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor bills only for procedures that lead to a diagnosis, Contractor utilizes the current Breast and Cervical Cancer Program Reimbursement schedule. 5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed) Comments: Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed) Comments: Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	8
Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures. Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services. Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly. Contractor's personnel is available for questions or concerns upon request.	
Contractor's personnel is available for questions or concerns upon request.	
Overall Performance Rating:	
Overall Performance Rating:	
THE CONTRACTOR OF THE CONTRACT	
Would you select/recommend this vendor again? (Check box for Yes, Leave Blank for No) Rating completed by: Debra.Dewitt	
• Yes No	
Department Head Name Department Head Signature Date	
Patrice Harris Lathied Haris/ http 8/11/2014	

Subn	nit Form						
		DEPARTMENT OF PURC	CHASING & CONTRACT COMPLIANCE				
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1 = Poor		Achieves contract requirements 70% of to	the time. Marginally responsive, effective and/or effic s marginally capable; customers somewhat satisfied.	ient; delays require significant			
2 = Satisfa	actory	Achieves contract requirements 80% of to	the time; generally responsive, effective and/or efficie employees are capable and satisfactorily providing s	nt; delays are excusable and/or			
3 = Good		Achieves contract requirements 90% of t	the time. Usually responsive; effective and/or efficier ighly competent and seldom require guidance; custon				
4 = Excell	ent	Achieves contract requirements 100% of	the time. Immediately responsive; highly efficient ar	id/or effective; no delays; key			
1. Quality	of Goods/Services		nal directions; customers expectations are exceeded cellence - Reports/Administration - Personnel Qualific				
6	Comments:	100 12					
0		nits pathology reports to Fulton County within 15 nal test restuls per State Breat Cervical Cancer	5 working days after the provision of services that are not Program standards.	mal and within three (3) working			
6	Contractor emp	loys licensed Pathologist.					
2		nits pathology reports to mammography facilities in a timely manner for the continuation of care.					
· 4	Contractor prov	ides diagnosis using the BIRADS category per	State Breast and Cervical Cancer Program standards				
	s of Performance		nse Time (per agreement, if applicable) - Responsive	ness to Direction/Change - On			
C 0	Contractor com	municates with Radiologists to confirm diagnosi	is upon request				
C 1		ractor provide results to Radiologist within 2-5 days.					
C 2	Communication provi	is a second to the second to t					
(e 3							
C 4							
3. Busine		ponsiveness to Inquiries - Prompt Problem I	Notifications)				
C 0	Contractor subr	nitted renewal documents within a timely manne	er as requested.				
C 1	Contractor submits reports to Radiologist and communicarte with staff concerning clients' diagnosis.						
C 2		ides additional reports and addendum as requir					
C 4							
4. Custon	were promise and the process of the	Net User Quality Expections - Met Specificati	ion - Within Budget - Proper Invoicing - No Substituti	ons)			
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14-0824 Performance Report - PATHOLOGY AND LABORATORY MEDICINE_P... Page 2 of 2

	Contractor submits monthly invoices for services rendered with correct CPT codes as per contractual agreement.					
4	Contractor bills only for procedures that lead to a diagnosis,					
	Contractor utilizes the current Breast and Cervic	al Cancer Program Re	imbursement schedule.			
Contrac	ctors Key Personnel (-Credentials/Experience A	ppropriate - Effective	Supervision/Management - Ava	ailable as Needed)		
0	Comments: Contractor staff licensed Pathologist.					
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erall Per	rformance Rating:	3.2				
uld you leck box	select/recommend this vendor again? x for Yes. Leave Blank for No)	3.2	Rating completed by:	Debra.Dewitt		
ould you	select/recommend this vendor again? x for Yes. Leave Blank for No)	3.2	Rating completed by: Department Head Signature	Debra.Dewitt Date		

	DEPARTMENT OF PURCH	ASING & CONTRACT COMPLIANCE			
		S PERFORMANCE REPORT HER SERVICES			
Report Period Start	Report Period End	Contract Period Start		Contract Period End	
4/1/2014	6/30/2014	1/1/2011	(17700) (1711)	12/31/2014	
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Contractor	SOUTH PATHOLOGY				
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14-0824 Performance Report - SOUTH PATHOLOGY_Other Services Rating Form_... Page 2 of 2

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FY 2013 PUBLIC HEALTH MASTER AGREEMENT ANNEX

Program Descriptions and Reporting Requirements

PROGRAM NAME: Breast and Cervical Cancer Program

PROGRAM CODE: 056

FUNDING REQUIREMENTS:

Restrictions:

- There are budget requirements for the CDC's National Breast and Cervical Cancer Early Detection Program as outlined in Public Law 101-354 with which all state programs must comply.
- The CDC mandates a "60/40 Distribution Requirement" of federal funds.
- Sixty percent of funds must be applied to functional cost centers for screening, tracking, follow-up and support services (case management). All patient benefits and case management funds allocated to a BCCP provider are part of the 60% category and cannot be used for any other purpose; a provider cannot charge an administrative fee against client benefit funds or the provider will be out of compliance with the Public Law and the CDC.
- The program manager at the state office calculates the 60/40 requirement at the time the grant budget is prepared for submission to CDC. CDC reviews and approves the budget. Funds are allocated by the state office appropriately in the areas of benefits, case management, and program administration (40%).
- Allowable costs for the 40% are personnel, regular operations, public awareness, professional education, travel, quality assurance, data collection and evaluation.
- Providers cannot charge more than 10% (of the 40%) for administrative fees.
- Providers may not purchase equipment with funds unless approved by the Program Manager at the state office and must be 100% dedicated to the BCCP.

DELIVERABLES:

- The Breast and Cervical Cancer Program must have a Registered Nurse to oversee the screening program to assure the deliverables of the contract and to assure quality of services and patient care.
- Contractor will adhere to the guidelines established in the GA Breast and Cervical Cancer Program Manual, provided by the state Breast and Cervical Cancer Program.
- Women will receive health education about breast and cervical cancer and screening examinations, including pelvic exam, Pap test, clinical breast exam, and mammogram, as appropriate.
- Assure that all participating mammography centers are FDA-accredited facilities and all participating laboratories meet the Clinical Laboratory Improvement Act regulations.-Provide and coordinate case management for women who need follow-up for abnormal screening results.
- Assure that follow-up evaluation and referral to the Women's Health Medicaid Program is available, accessible, and timely through local hospitals and physicians.
- Collect and report the required screening data completely and accurately to the state Breast and Cervical Cancer Program by the 10th day of the following month.
- Track, collect, and report complete, accurate follow-up data on all women with abnormal Pap tests, clinical breast exams, mammograms or with normal screenings and follow-up planned on a monthly basis.
- Collect, analyze, and report evaluation data as defined by the state Breast and Cervical Cancer Program on all components of the project every six months.
- Reimburse health care providers at/or below the 2011 Medicare Physician Fee Schedule, approved and authorized by CDC and BCCP. The BCCP Reimbursement Fee Schedule is published annually and is sent to all BCCP Coordinators and Participating Contract Providers at the beginning of each fiscal year.

14-0824

PERFORMANCE MEASURES:

- Clinical data are collected on program data forms for each screening cycle. Providers are expected to report data
 on the screening and diagnostic services received by eligible women and paid for by NBCCEDP by the 10th day of
 the following month.
- Providers will ensure compliance with HIPAA regulations.
- Ensure that providers use established clinical practice guidelines and protocols that have been approved by the Breast and Cervical Cancer Program.
- Provide case management to women with abnormal results.

REPORTING REQUIREMENTS:

- Data submission of clinical records is due in the state office by the 10th day of the following month. Data submission is sent to the state office to the BCCP Data Team, 13th Floor, Department of Public Health, 2 Peachtree Street, NW, Atlanta, GA 30303.
- Data may be sent via paper forms or electronically (if you have been approved by the Data Manager).
- Programmatic Quarterly Reports and Fiscal Reports are due by the 15th of the month following the end of the quarter. Send reports to the Program Manager.

PROGRAMMATIC CONTACT:

Cathy A. Broom
Program Manager
Breast and Cervical Cancer Program
Department of Public Health
2 Peachtree Street, NW, Rm 13-495
Atlanta, Georgia 30303
cabroom@dhr.state.ga.us
404-657-3156

FY 2013 PUBLIC HEALTH MASTER AGREEMENT ANNEX

Program Descriptions and Reporting Requirements

PROGRAM NAME: State Breast and Cervical Cancer Program (BCCP)

PROGRAM CODE: 464

FUNDING REQUIREMENTS:

Restrictions:

- Funds are provided for client benefits, which include screening, diagnostic, and biopsy procedures for breast and cervical cancer. Client funds may not be used for other purposes. Reimbursement is based on the 2011
 Medicare Physician Fee Schedule, approved and authorized by the BCCP.
- Administration and operational funds support the needs of the program.
- Equipment purchases are not allowed unless the program manager gives approval for the purchase and is solely dedicated to the use of BCCP.

Deliverables

- A registered nurse is required to oversee the screening program (BCCP) to assure the deliverables of the contract and to assure quality of services and patient care.
- Adhere to the guidelines established in the GA Breast and Cervical Cancer Program Manual, provided by the state Breast and Cervical Cancer Program.
- Provide women with culturally appropriate health education about breast and cervical cancer and screening examinations, including pelvic exam, Pap test, clinical breast exam, and mammogram, as appropriate.
- Assure that all participating mammography centers are FDA-accredited facilities and all participating laboratories meet the Clinical Laboratory Improvement Act regulations.
- Provide and coordinate case management for women who need follow-up for abnormal screening results.
- Assure that follow-up evaluation and referral to the Women's Health Medicaid Program is available, accessible, and timely through local hospitals and physicians.
- Collect and report the required screening data completely and accurately to the state Breast and Cervical Cancer Program by the 10th day of the following month.
- Track, collect, and report complete, accurate follow-up data on all women with abnormal Pap tests, clinical breast exams, mammograms or with normal screenings and follow-up planned on a monthly basis.
- Collect, analyze, and report evaluation data as defined by the state Breast and Cervical Cancer Program on all components of the project every six months.
- Reimburse health care providers at/or below the 2011 Medicare Physician Fee Schedule, approved and authorized by the BCCP. The BCCP Reimbursement Fee Schedule is revised and published annually and sent to all BCCP Coordinators and Participating Contract Providers at the beginning of each fiscal year.
- The nurse coordinator is required to attend all meetings and training for the Breast and Cervical Cancer Program.

14-0824 NCE MEASURES:

- Collect clinical data on program-specific data forms for each screening cycle. Report data for the screening and diagnostic services received by eligible women and paid for by the program by the 10th day of the following month.
- Ensure compliance with HIPAA regulations.
- Ensure that providers use established clinical practice guidelines and protocols approved by the Breast and Cervical Cancer Program.
- Provide case management to women with abnormal results.

REPORTING REQUIREMENTS:

- Data submission of clinical records is due in the state office by the 10th day of the following month. Send data submission to the state office in care of the BCCP Data Team, 13th Floor, Division of Public Health, 2 Peachtree Street, NW, Atlanta, GA 30303.
- Data may be sent via paper forms or electronically (if you have been approved by the Data Manager).
- Programmatic Quarterly Reports and Fiscal Reports are due by the 15th of the month following the end of the quarter. Send reports to the Program Manager.

PROGRAMMATIC CONTACT:

Cathy A. Broom
Program Manager
Breast and Cervical Cancer Program
Division of Public Health
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