



Fulton County Board of Commissioners  
**Agenda Item Summary**

# 14-0824

**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 supports the Board of Commissioner'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 Approval
Typed Name and Title	Phone	
Signature	Date	

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

<b>Contract &amp; Compliance Information</b>	<i>(Provide Contractor and Subcontractor details.)</i>
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<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<b>Typed Name and Title</b>	<b>Phone</b>	
<b>Signature</b>	<b>Date</b>	

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

<b># 14-0824</b>				
<b>Solicitation Information</b>	<b>NON-MFBE</b>	<b>MBE</b>	<b>FBE</b>	<b>TOTAL</b>
No. Bid Notices Sent:				
No. Bids Received:				
<b>Total Contract Value</b>				
<b>Total M/FBE Values</b>				
<b>Total Prime Value</b>				
<b>Fiscal Impact / Funding Source</b>	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
818-750-8192-1160-GY14: Grant, Health & Wellness, Professional Services - \$ 52,500.00; 818-750-8193-1160-GY14; Grant, Health and Wellness, Professional Services - \$36,415.00				
<b>Exhibits Attached</b>	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
<b>Source of Additional Information</b>	<i>(Type Name, Title, Agency and Phone)</i>			
Patrice Harris, MD Director, Health and Wellness 404-613-1205				

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

Continued

**Procurement**

<b>Contract Attached:</b> Yes	<b>Previous Contracts:</b> Yes		
<b>Solicitation Number:</b>	<b>Submitting Agency:</b>	<b>Staff Contact:</b> Dr. Matthew McKenna, Medical Health Director	<b>Contact Phone:</b> 404.613.1205

**Description:****FINANCIAL SUMMARY**

<b>Total Contract Value:</b>	<b>MBE/FBE Participation:</b>
Original Approved Amount: 142,355	Amount: %:
Previous Adjustments:	Amount: %:
This Request: \$88,915	Amount: %:
TOTAL: \$ 231,270	Amount: %:

**Grant Information Summary:**

Amount Requested:	<input type="checkbox"/>	Cash
Match Required:	<input type="checkbox"/>	In-Kind
Start Date:	<input type="checkbox"/>	Approval to Award
End Date:	<input type="checkbox"/>	Apply & Accept
Match Account \$:		

<b>Funding Line 1:</b> 818-750-8192-1160- GY14-\$52,500	<b>Funding Line 2:</b> 818-750-8193-1160- GY14 -\$36,415	<b>Funding Line 3:</b>	<b>Funding Line 4:</b>
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**KEY CONTRACT TERMS**

<b>Start Date:</b> 1/1/2015	<b>End Date:</b> 12/31/2015
<b>Cost Adjustment:</b>	<b>Renewal/Extension Terms:</b>

**ROUTING & APPROVALS**

X	Originating Department:	McKenna, Matthew	Date: 9/30/2014
	County Attorney:		Date:
	Purchasing/Contract Compliance:		Date:
X	Finance/Budget Analyst/Grants Admin:	Parker, Jamar	Date: 9/30/2014
	Grants Management:		Date:
X	County Manager:	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**

**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#**

(Person signing must have signature authority for the company/corporation)

**NAME:** \_\_\_\_\_ (Print)  
(CEO, President, Vice President)

**VENDOR'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_

**NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_  
**SEAL (Affix)**

**COUNTY:** \_\_\_\_\_  
**MY COMMISSION EXPIRES:** \_\_\_\_\_

**ATTEST:**

**FULTON COUNTY, GEORGIA**

\_\_\_\_\_  
**JOHN H. EAVES, CHAIRMAN**  
**BOARD OF COMMISSIONERS**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**MARK MASSEY**  
**CLERK TO THE COMMISSION**

**DATE:** \_\_\_\_\_

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Patrice A. Harris, M.D. (Print)

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Please indicate if the following are provided:*

- ☐ *BOC Chairperson's signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.*
- ☐ *A copy of the current Certificate of Insurance must be attached to all renewals.*
- ☐ *Current Performance and Payment Bonds attached (If required)*
- ☐ *Minimum of four (4) signature pages required.*

**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, 3<sup>rd</sup> 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.

## *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 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 7<sup>th</sup> 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, 16<sup>th</sup> 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 15<sup>th</sup> 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](mailto: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 10<sup>th</sup> 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 10<sup>th</sup> day of the following month. Send data submission to the state office in care of the BCCP Data Team, 13<sup>th</sup> 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 15<sup>th</sup> 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](mailto:cabroom@dhr.state.ga.us)  
 404-657-3156

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

**FEDERAL RESTRICTION** – 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 client benefits. 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.

- 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 7<sup>th</sup> 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 60 days or 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 [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](http://www.cdc.gov/cancer/nbccedp/about.htm)**

<http://www.cdc.gov/cancer/nbccedp/about.htm>

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## **REPORTING REQUIREMENTS:**

- Data submission of clinical records is due in the state office by the 7<sup>th</sup> day of the following month. Data submission is sent by mail or hand delivered to the state office BCCP Data Team, 16<sup>th</sup> 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 15<sup>th</sup> 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](mailto:cabroom@dhr.state.ga.us)



## Contract Renewal Evaluation Form

<b>Date:</b>	August 25, 2014
<b>Department:</b>	Health and Wellness
<b>Contract Number:</b>	Non-Purchasing Contract
<b>Contract Title:</b>	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?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are they aware of a reduction in pricing in this industry?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
How does pricing compare to Fulton County's award contract?	Click here to enter text.

**Explanation / Notes:**

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 this contract for previous fiscal year?**  
\$198,945.00 .

4. **Does the renewal option include an adjustment for inflation?** ☐ **Yes** ☒ **No**  
(Information can be obtained from CPI index)

**Was it part of the initial contract?** ☐ **Yes** ☒ **No**

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.

**Explanation / Notes:**

Click here to enter text.

5. Is this a seasonal item or service? ☐ Yes ☒ No

6. Has an analysis been conducted to determine if this service can be performed in-house? ☐ Yes  
☒ No If yes, attach the analysis.

7. What would be the impact on your department if this contract was not approved?

Over 700 uninsured women will not have access to mammogram and cytology services. As a result, there will be an increase in the number of women presenting to the health centers with late stage breast and cervical cancer.

Debra DeWitt

August 25, 2014

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**Prepared by**

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**Date**

Dr. Patrice Harris

August 25, 2014

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**Department Head**

---

**Date**

Submit Form

## DEPARTMENT OF PURCHASING &amp; CONTRACT COMPLIANCE

CONTRACTORS 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			PO Date
0681			1/1/2014
Department	HEALTH AND WELLNESS		
Bid Number			
Service Commodity	ANESTHESIA		
Contractor	APOLLO MD		

0 = Unsatisfactory

Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.

1 = Poor

Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.

2 = Satisfactory

Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.

3 = Good

Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.

4 = Excellent

Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

- ☐ 0
- ☐ 1
- ☒ 2
- ☐ 3
- ☐ 4

PROVIDER CONTRACT WAS FINALIZED MAY, 2014

PROVIDER PROVIDES SERVICES TO ATLANTA MEDICAL CENTER PATIENTS

PROVIDER SUBMITS PATHOLOGY AND SURGICAL REPORTS TO FULTON COUNTY

PROVIDER ENSURES ALL ADMINISTRATIVE DUTIES HAVE BEEN COMPLETED

## 2.

Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

- ☐ 0
- ☐ 1
- ☒ 2
- ☐ 3
- ☐ 4

PROVIDER SCHEDULES CLIENTS' APPOINTMENTS WITHIN 7 WORKING DAYS

PROVIDER PERFORMS SERVICES IN A TIMELY MANNER

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

- ☐ 0
- ☐ 1
- ☒ 2
- ☐ 3
- ☐ 4

NO COMPLAINTS AGAINST PROVIDER NOT RESPONDING TO REQUEST BY ATLANTA MEDICAL CENTER OR FULTON COUNTY

PROVIDER RESPONDS TO EMAILS AND TELEPHONE CALLS WITHIN 24 HOURS.

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

- ☐ 0
- ☐ 1
- ☐ 2

<input checked="" type="radio"/> 3	PROVIDER BILLS FOR SERVICES ACCORDING TO THE BCCP REIMBURSEMENT SCHEDULE
<input type="radio"/> 4	PROVIDER SENDS ALL INVOICES TO FULTON COUNTY
	PROVIDER COMMUNICATES WITH ATLANTA MEDICAL CENTER TO ENSURE CLIENT IS ENROLLED UNDER BCCP PRIOR TO PROCEDURE

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	PROVIDER SIGNED THIER FULLY EXECUTED CONTRACT WITH FULTON COUNTY MAY, 2014.
<input type="radio"/> 2	PROVIDER COMMUNICATES WITH FULTON COUNTY EMPLOYEE AS NEEDED
<input checked="" type="radio"/> 3	PROVIDER COMMUNICATES WITH ATLANTA MEDICAL CENTER TO ENSURE CLIENTS HAVE BEEN NOTIFIED OF SURGERY DATE
<input type="radio"/> 4	

Overall Performance Rating:	2.4		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris/LKH		8/14/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY, DIAGNOSTIC PROCEDURES, AND BREAST BIOPSIES			
Contractor	ATLANTA MEDICAL CENTER			

- 0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

0	Comments:	
<input type="radio"/>		Contractor submits mammography and diagnostic procedure results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.
<input type="radio"/>		Contractor is a certified mammography facility by the U. S. Department of Health and Human Services Food and Drug Administration.
<input type="radio"/>		Contractor employs licensed Radiologist and Mammography Technicians.
<input checked="" type="radio"/>		

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

0	Comments:	
<input type="radio"/>		Contractor provides clients with diagnostic mammograms appointments within 5 working days and screening mammogram appointments within 10-15 working days. Also, contractor schedules biopsies within 5 - 10 working days upon request.
<input type="radio"/>		Contractor provides same day appointments for women seen on the Mobile Unit.
<input type="radio"/>		Contractor offers same day mammography services when available.
<input checked="" type="radio"/>		

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

0	Comments:	
<input type="radio"/>		Contractor was instrumental in establishing a new contract with Apollo for surgical procedures.
<input type="radio"/>		Contractor submitted renewal documents within a timely manner as requested.
<input type="radio"/>		Radiologist communicates with Fulton County staff within 24 hours of clients needing additional procedures that require breast biopsies.
<input type="radio"/>		Mammography Coordinator provides mammography results to health center staff upon request.
<input checked="" type="radio"/>		

**4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

0	Comments:	
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

<input checked="" type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input type="radio"/> 4	Contractor bills only for procedures that lead to a diagnosis.
<input type="radio"/> 4	Contractor utilizes the current Breast and Cervical Cancer Program Reimbursement schedule.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Mammography Coordinator RT (R) (M) (ARRT) provides supervision to scheduling staff to ensure clients receive appointments in a timely manner.
<input type="radio"/> 2	Contractor utilizes two (2) licensed Radiologist to provide diagnostic procedures and biopsies.
<input type="radio"/> 3	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input checked="" type="radio"/> 4	Mammography supervisor responds to all questions and concerns within 24 hours

Overall Performance Rating:	3.8		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris / LPH		8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	LABORATORY SERVICES			
Contractor	BOSTWICK			

0 = Unsatisfactory

Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.

1 = Poor

Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.

2 = Satisfactory

Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.

3 = Good

Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.

4 = Excellent

Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 2.

Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2



☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

Comments:  
VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature	Date	
Patrice Harris	Patrice Harris / PKJ	8/11/2014	

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY AND DIAGNOSTIC PROCEDURES			
Contractor	DIAGNOSTIC IMAGING SPECIALISTS			

- 0 = Unsatisfactory  
*Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor  
*Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory  
*Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good  
*Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent  
*Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

- Comments:
- 0 Contractor submits mammography and diagnostic procedure results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.
- 1 Contractor is a certified Radiology facility.
- 2 Contractor employs licensed Radiologist.
- 3 Contractor performs professional mammography services for Atlanta Medical Center.
- 4

2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

- Comments:
- 0 Contractor provides professional mammography services for Atlanta Medical Center in a timely manner.
- 1 Contractor forward all results to Atlanta Medical Center in a timely manner.
- 2 Contractor does not see clients from Fulton County BCCP Program without a referral.
- 3
- 4

3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

- Comments:
- 0 Contractor was instrumental in establishing a new contract with Apollo for surgical procedures.
- 1 Contractor submitted renewal documents within a timely manner as requested.
- 2 Radiology Department provides mammography results to health center staff upon request.
- 3
- 4

4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

- Comments:
- 0
- 1
- 2

<input type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input checked="" type="radio"/> 4	Contractor bills only for procedures that lead to a diagnosis, Contractor utilizes the current Breast and Cervical Cancer Program Reimbursement schedule. Contractor submits additional invoices and reports upon request.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor employs certified/licensed Radiologist to provide professional services to clients
<input type="radio"/> 2	Contractor reports to two (2) licensed Radiologist to provide mammography and diagnostic results.
<input checked="" type="radio"/> 3	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input type="radio"/> 4	

Overall Performance Rating:	3.6		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patsice Harris	Patsice Harris / LHD		8/14/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	PATHOLOGY SERVICES			
Contractor	DIAGNOSTIC PATHOLOGY SERVICES, P.A.			

- 0 = Unsatisfactory  
*Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor  
*Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory  
*Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good  
*Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent  
*Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

☒ 0 VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

☒ 0 VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

☒ 0 VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

☒ 0

☐ 1

☐ 2

☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

Comments:  
VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris		8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY, DIAGNOSTIC PROCEDURES, AND BREAST BIOPSIES			
Contractor	DIAGNOSTIC RADIOLOGY & ULTRASOUND			

- 0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

Rating	Comments:
<input type="radio"/> 0	Contractor submits mammography and diagnostic procedure results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.
<input type="radio"/> 1	
<input type="radio"/> 2	Contractor is a certified mammography facility by the U. S. Department of Health and Human Services Food and Drug Administration.
<input type="radio"/> 3	Contractor employs licensed Radiologist and Mammography Technicians.
<input checked="" type="radio"/> 4	Contractor performs mammography, diagnostic, and ultrasound procedures.

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

Rating	Comments:
<input type="radio"/> 0	Contractor provides clients with diagnostic mammograms appointments within 5 working days and screening mammogram appointments within 10-15 working days. Also, contractor schedules biopsies within 5 - 10 working days upon request.
<input type="radio"/> 1	
<input type="radio"/> 2	Contractor provides same day appointments for women seen on the Mobile Unit.
<input type="radio"/> 3	Contractor offers same day mammography services when available.
<input checked="" type="radio"/> 4	

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

Rating	Comments:
<input type="radio"/> 0	Contractor submitted renewal documents within a timely manner as requested.
<input type="radio"/> 1	
<input type="radio"/> 2	Radiologist communicates with Fulton County staff within 24 hours of clients needing additional procedures that require breast biopsies.
<input type="radio"/> 3	Mammography Coordinator provides mammography results to health center staff upon request.
<input checked="" type="radio"/> 4	

**4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

Rating	Comments:
<input type="radio"/> 0	
<input type="radio"/> 1	
<input type="radio"/> 2	

<input checked="" type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input type="radio"/> 4	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)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Mammography Coordinator provides supervision to scheduling staff to ensure clients receive appointments in a timely manner.
<input type="radio"/> 2	Contractor utilizes licensed Radiologist to provide mammogram,diagnostic procedures and ultrasounds.
<input checked="" type="radio"/> 3	Contractor ensures billing personnel submits monthly invoices per contractual agreement.
<input type="radio"/> 4	

Overall Performance Rating:	3.4		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	<i>Patrice Harris / LKJ</i>		8/14/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	CERVICAL DIAGNOSTIC PROCEDURES (TREATMENT OF ABNORMAL PAP SMEARS)			
Contractor	DR. WENDELL HACKNEY			

0 = Unsatisfactory

Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.

1 = Poor

Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.

2 = Satisfactory

Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.

3 = Good

Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.

4 = Excellent

Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

	Comments:
<input type="radio"/> 0	Contractor submits cytology results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Cervical Cancer Screening Program guidelines.
<input type="radio"/> 1	Contractor reports follow-up procedures needed to complete client's treatment.
<input type="radio"/> 2	Contractor completes Fulton County referral documents and send them back to the referring health center.
<input type="radio"/> 3	
<input checked="" type="radio"/> 4	

## 2.

## Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

	Comments:
<input type="radio"/> 0	Contractor provides clients and Fulton County staff with results from pathologist and follow-up needed within 10 working days of receiving results.
<input type="radio"/> 1	Contractor provides same day appointments for women seen in the health center when available.
<input type="radio"/> 2	Office Manager keeps Fulton County staff abreast with financial matters and resubmits pathology results upon request.
<input type="radio"/> 3	Contractor refers clients to Fulton County Health Department who qualify for Women's Health Medicaid.
<input checked="" type="radio"/> 4	

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

	Comments:
<input type="radio"/> 0	Contractor submitted renewal documents within a timely manner as requested.
<input type="radio"/> 1	Office Staff contact Fulton County staff within 24 hours of clients needing additional procedures that require LEEP or surgery.
<input type="radio"/> 2	Office Manager provides results to Fulton County on weekly basis
<input checked="" type="radio"/> 3	Contractor refers clients to Fulton County for Women's Health Medicaid program if needed.
<input type="radio"/> 4	

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

	Comments:
<input type="radio"/> 0	
<input type="radio"/> 1	
<input type="radio"/> 2	



<input checked="" type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input type="radio"/> 4	Contractor bills only for procedures that lead to a diagnosis,
	Contractor utilizes the current Cervical Cancer Screening Program Reimbursement schedule.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor is a licensed OB GYN Physician.
<input type="radio"/> 2	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input checked="" type="radio"/> 3	Contractor's Office Manager serve as a liaison between Fulton County and Dr. Hackney office.
<input type="radio"/> 4	

Overall Performance Rating:	3.4		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris		8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS PERFORMANCE REPORT OTHER SERVICES				
Report Period Start	Report Period End		Contract Period Start	Contract Period End
1/1/2014	3/30/2014		1/1/2011	12/31/2014
PO Number				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	PATHOLOGY SERVICES			
Contractor	F&S RADIOLOGY, P.C. RADISPHERE			

- 0 = Unsatisfactory      *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor      *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory      *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good      *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent      *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

Comments:

☒ 0      

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

Comments:

☒ 0      

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

Comments:

☒ 0      

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

☐ 1

☐ 2

☐ 3

☐ 4

**4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

Comments:

☒ 0

☐ 1


☐ 2

☐ 3  
☐ 4

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

Comments:

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			6/13/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	CERVICAL DIAGNOSTIC PROCEDURES (TREATMENT OF ABNORMAL PAP SMEARS)			
Contractor	GEORGIA CENTER FOR WOMEN			

- 0 = Unsatisfactory  
*Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor  
*Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory  
*Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good  
*Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent  
*Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

- Comments:
- 0 Contractor submits cytology results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Cervical Cancer Screening Program guidelines.
- 1 Contractor reports follow-up procedures needed to complete client's treatment.
- 2 Contractor completes the Fulton County referral document and send them back to the referring health center.
- 3
- 4

## 2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

- Comments:
- 0 Contractor provides clients and Fulton County staff with results from pathologist and follow-up needed within 10 working days of receiving results.
- 1 Contractor provides same day appointments for women seen in the health center when available.
- 2 Office Manager keeps Fulton County staff abreast with financial matters and resubmits pathology results upon request.
- 3 Contractor refers clients to Fulton County Health Department who qualify for Women's Health Medicaid.
- 4

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

- Comments:
- 0 Contractor submitted renewal documents within a timely manner as requested.
- 1 Office Staff contact Fulton County staff within 24 hours of clients needing additional procedures that require LEEP or surgery.
- 2 Office Manager provides results to Fulton County on weekly basis
- 3
- 4

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

- Comments:
- 0
- 1
- 2

<input checked="" type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input type="radio"/> 4	Contractor bills only for procedures that lead to a diagnosis.
	Contractor utilizes the current Cervical Cancer Screening Program Reimbursement schedule.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor is a licensed OB GYN Physician.
<input checked="" type="radio"/> 2	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input type="radio"/> 3	
<input type="radio"/> 4	

Overall Performance Rating:	3.2		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris / LKH		8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY, DIAGNOSTIC PROCEDURES, AND BREAST BIOPSIES			
Contractor	GRADY AVON BREAST CARE CENTER			

- 0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

Comments:

0	Director of Oncology Unit communicates with Fulton County BCCP coordinator to ensure services are provided per contractual agreement.
1	Contractor employees qualified Radiologist, Nurses, and Breast Surgeons.
2	Contractor is a certified mammography facility by the U. S. Department of Health and Human Services Food and Drug Administration.
3	BCCP Coordinator is a certified Nurse Mid-Wife
4	

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

Comments:

0	Contractor schedules screening and diagnostic mammograms 2-3 weeks out.
1	Nurse Practitioners do not receive mammogram results from Grady until 2-3 months after clients have confirmed they kept their appointment.
2	During the absence of the BCCP Coordinator, clients seen were not placed under Fulton County BCCP program when they reported for thier mammograms and were billed for services
3	
4	

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

Comments:

0	Contractor submitted renewal documents back to Fulton County 4 months after receiving them from the Grants Manager department.
1	Radiologist or Breast Surgeon do not communicate with Fulton County staff to provide updates on clients who have been diagnosed with breast cancer.
2	Grady's BCCP Coordinator provides mammography results to health center staff upon request less than 50% of the time.
3	
4	

**4. Customer Satisfaction (-Met User Quality Expections - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

Comments:

0	
1	
2	

<input type="radio"/> 3	Contractor did not submit monthly invoices per contractual agreement.
<input type="radio"/> 4	Contractor's billing personnel Ann Thompson states the billing system in the hospital was being updated and invoices could not be populated for services. Clients are billed for services who are referred from Fulton County's BCCP Program against contractual agreement

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Scheduling staff is not supervised by the Breast Avon Staff and clients are often billed for services rendered.
<input type="radio"/> 2	Ms. Kinnard, Director of Oncology Unit
<input checked="" type="radio"/> 3	Ann Thompson, Billing Personnel
<input type="radio"/> 4	Certified Breast Surgeons and Radiologist

Overall Performance Rating:	2.2		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	CERVICAL CANCER DIAGNOSTIC PROCEDURS			
Contractor	ISIS OBGYN			

- 0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
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- 4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

4. Customer Satisfaction (-Met User Quality Expections - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

☒ 0  
☐ 1  
☐ 2



☐ 3  
☐ 4

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

Comments:

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	CERVICAL CANCER DIAGNOSTIC PROCEDURES			
Contractor	NEW MILLENNIUM OBSTETRICS & GYNECOLOGY			

- 0 = Unsatisfactory  
Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.
- 1 = Poor  
Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.
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Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.
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Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.
- 4 = Excellent  
Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

☒ 0  
☐ 1  
☐ 2

☐ 3  
☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

☒ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4

Comments:  
 VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY AND DIAGNOSTIC PROCEDURES			
Contractor	NORTHSIDE RADIOLOGY ASSOCIATES			

- 0 = Unsatisfactory      *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor      *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory      *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good      *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent      *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

- Comments:
- ☐ 0 Contractor submits mammography and diagnostic procedure results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.
  - ☐ 1 Contractor is a certified Radiology facility.
  - ☐ 2 Contractor employs licensed Radiologist.
  - ☒ 3 Contractor performs professional mammography services for Northside Hospital.
  - ☐ 4

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

- Comments:
- ☐ 0 Contractor provides professional mammography services for Northside Hospital in a timely manner.
  - ☐ 1 Contractor forward all results to Northside Hospital in a timely manner.
  - ☐ 2 Contractor does not see clients from Fulton County BCCP Program without a referral.
  - ☒ 3
  - ☐ 4

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

- Comments:
- ☐ 0 Contractor submitted renewal documents within a timely manner as requested.
  - ☐ 1 Radiology Department provides mammography results to health center staff upon request.
  - ☐ 2
  - ☒ 3
  - ☐ 4

**4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

- Comments:
- ☐ 0
  - ☐ 1
  - ☐ 2

<input type="radio"/> 3	Contractor submits weekly invoices for services rendered with correct CPT codes as per contractual agreement.
<input checked="" type="radio"/> 4	Contractor bills only for procedures that lead to a diagnosis.
	Contractor utilizes the current Breast and Cervical Cancer Program Reimbursement schedule.
	Contractor submits additional invoices and reports upon request.

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor employs certified/licensed Radiologist to provide professional services to clients
<input type="radio"/> 2	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input checked="" type="radio"/> 3	
<input type="radio"/> 4	

Overall Performance Rating:	3.4		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	MAMMOGRAPHY SERVICES			
Contractor	NORTHSIDE HOSPITAL			

- 0 = Unsatisfactory  
Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.
- 1 = Poor  
Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.
- 2 = Satisfactory  
Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.
- 3 = Good  
Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.
- 4 = Excellent  
Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

- Comments:
- 0 Contractor submits mammography and diagnostic procedure results within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.
- 1 Contractor is a certified mammography facility by the U. S. Department of Health and Human Services Food and Drug Administration.
- 2 Contractor employs licensed Radiologist and Mammography Technicians.
- 3 Contractor has a variety of locations throughout Fulton County for easy access.
- 4

## 2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

- Comments:
- 0 Contractor provides clients with diagnostic mammograms appointments within 5 working days and screening mammogram appointments within 10-15 working days. Also, contractor schedules biopsies within 5 - 10 working days upon request.
- 1 Contractor provides same day appointments for women seen on the Mobile Unit.
- 2 Contractor offers same day mammography services when available.
- 3
- 4

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

- Comments:
- 0 Contractor submitted renewal documents within a timely manner as requested.
- 1 Radiologist communicates with Fulton County staff within 24 hours of clients needing additional procedures that require breast biopsies.
- 2 Mammography Coordinator provides mammography results to health center staff upon request.
- 3 Contractor readily responds to request by Fulton County.
- 4

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

- Comments:
- 0
- 1
- 2

<input type="radio"/> 3	Contractor readily addresses issues concerning submitting results to unauthorized address.
<input checked="" type="radio"/> 4	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)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor utilizes certified Radiologist to provide diagnostic mammography and diagnostic procedures.
<input type="radio"/> 2	Contractor ensures all required medical partners have current contracts with Fulton County to ensure clients receive seamless services.
<input type="radio"/> 3	Contractor provides Radiology Supervisors at each site to ensure clients are served and reports are submitted accordingly.
<input checked="" type="radio"/> 4	Contractor's personnel is available for questions or concerns upon request.

Overall Performance Rating:	4.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris / LHA		8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	DIAGNOSTIC PROCEDURES, AND BREAST BIOPSIES			
Contractor	PATHOLOGY AND LABORATORY MEDICINE, PC			

- 0 = Unsatisfactory *Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.*
- 1 = Poor *Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.*
- 2 = Satisfactory *Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.*
- 3 = Good *Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.*
- 4 = Excellent *Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.*

**1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)**

Comments:

☐ 0 Contractor submits pathology reports to Fulton County within 15 working days after the provision of services that are normal and within three (3) working days for abnormal test results per State Breast Cancer Program standards.

☐ 1 Contractor employs licensed Pathologist.

☐ 2 Contractor submits pathology reports to mammography facilities in a timely manner for the continuation of care.

☒ 3 Contractor provides diagnosis using the BIRADS category per State Breast and Cervical Cancer Program standards

☐ 4

**2. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)**

Comments:

☐ 0 Contractor communicates with Radiologists to confirm diagnosis upon request.

☐ 1 Contractor provide results to Radiologist within 2-5 days.

☒ 2

☐ 3

☐ 4

**3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)**

Comments:

☐ 0 Contractor submitted renewal documents within a timely manner as requested.

☐ 1 Contractor submits reports to Radiologist and communicate with staff concerning clients' diagnosis.

☒ 2 Contractor provides additional reports and addendum as required.

☐ 3

☐ 4

**4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)**

Comments:

☐ 0

☐ 1

☐ 2



<input checked="" type="radio"/> 3	Contractor submits monthly invoices for services rendered with correct CPT codes as per contractual agreement.
<input type="radio"/> 4	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)

<input type="radio"/> 0	Comments:
<input type="radio"/> 1	Contractor staff licensed Pathologist.
<input type="radio"/> 2	
<input checked="" type="radio"/> 3	
<input type="radio"/> 4	

Overall Performance Rating:	3.2		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Department Head Name	Department Head Signature		Date
Patrice Harris			8/11/2014

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DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE				
CONTRACTORS 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				PO Date
0681				1/1/2014
Department	HEALTH AND WELLNESS			
Bid Number				
Service Commodity	PATHOLOGY LABORATORY SERVICES			
Contractor	SOUTH PATHOLOGY			

0 = Unsatisfactory

Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.

1 = Poor

Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.

2 = Satisfactory

Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.

3 = Good

Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.

4 = Excellent

Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.

## 1. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 2.

Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 3. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

## 4. Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

- ☒ 0
- ☐ 1
- ☐ 2

3

4

VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

5. Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

0

1

2

3

4

Comments:  
VENDOR DID NOT PROVIDE SERVICE DURING THIS REPORT PERIOD

Overall Performance Rating:	0.0		
Would you select/recommend this vendor again? (Check box for Yes. Leave Blank for No)		Rating completed by:	Debra.Dewitt
<div><div><div></div><div>Yes</div></div><div><div></div><div>No</div></div></div>			
Department Head Name	Department Head Signature		Date
Patrice Harris	Patrice Harris / LHy		8/11/2014

Submit Form

## 2013 464 and 056 Annexes

**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 10<sup>th</sup> day of the following month. Data submission is sent to the state office to the BCCP Data Team, 13<sup>th</sup> 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 15<sup>th</sup> 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](mailto: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 10<sup>th</sup> 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 10<sup>th</sup> 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 10<sup>th</sup> day of the following month. Send data submission to the state office in care of the BCCP Data Team, 13<sup>th</sup> 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 15<sup>th</sup> 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](mailto:cabroom@dhr.state.ga.us)  
404-657-3156