TAB 30

FCVS

Post Completion Packets and Separation Packets
Each program will need to upload the information to FCVS in order to complete the end of year forms for each resident. You are not only uploading training years for graduates, you are uploading each training year for each resident. FCVS Release forms were turned in by each resident upon their hire so their training information can be reported to FCVS at the end of each academic year.

The deadline for the updates for each June 30th graduate is July 31, 2014. Off Cycle residents need to be uploaded within 30 days of their departure.

Please contact Julie Briscoe at FCVS for help with the program downloads to access the forms, or any other assistance.

jbriscoe@fsmb.org

Thanks,

Kim Cannon
GME Coordinator
FCVS RELEASE FORM

For you to obtain initial licensure in the state, the Louisiana State Board of Medical Examiners (LSBME) uses a service of the Federation of State Medical Boards (FSMB) called Federation Credentials Verification Service (FCVS). As you move to full licensure, the LSBME will use reports from FCVS. To have the information to prepare those reports, FCVS requires us to update their files each year on your progress by filling out the below form which is the same one filled out for initial licensure. By copy of this release you consent to allow us to release all of the below requested information to FCVS on an annual basis during your training including a summary report if requested by FCVS. For those not pursuing full licensure, we will still prepare and submit these same reports to FCVS. A benefit to you is that throughout your practice years as you switch hospitals and health plans your training information will be available through FCVS which will significantly speed your credentialing process. This release is valid for activities occurring during your training program.

Resident name: (print) ___________________________ Program Name: _______________________________

Resident signature: __________________________ Date: __________________________

---

Federation Credentials Verification Service (FCVS)

Federation Plaza, P.O. Box 329950, Dallas, TX 75332-9950

Tel: (817) 660-5000 Fax: (817) 660-5009

Verification of Postgraduate Medical Education

<table>
<thead>
<tr>
<th>PGY:</th>
<th>Specialty/Subspecialty:</th>
<th>From:</th>
<th>To:</th>
<th>Successfully Completed:</th>
<th>Accredited by:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

If the postgraduate year is currently in progress report the expected completion date in the “To” field.

If the postgraduate year is currently in progress report the expected completion date in the “To” field.

Report Internships, Residency, and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of activities.

Unusual Circumstances:

Check the correct response. Additional comments below are not required.

1. Did this individual ever take a leave of absence or break from his/her training? Yes No
2. Was this individual ever placed on probation? Yes No
3. Was this individual ever disciplined or placed under investigation? Yes No
4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes No

Please explain any “No” response from above. (attach an additional sheet if necessary)

Certification:

Completion of this form is certification that the information above is an accurate account of this individual's record and is true and correct. This section must be signed by the Program Director (or P.D.O.C. way), or, if appropriate, the Director of CME.

Name: ___________________________ Signature: __________________________

Title: __________________________ Date of Signature: __________________________

Toll Free Fax: __________________________ Email: __________________________

Rev: 02/01/05 Printed ID: __________ Request ID: __________
POST PROGRAM COMPLETION PACKET for coordinators

This packet is to be completed for each graduating resident and sent to the GME office, Lions Blding, 2020 Gravier Street, 6th Floor, Room 619, in a folder with the checklist in the front. (Scans are accepted-kcanno@lsuhsc.edu)

**If a resident is OFF CYCLE please send their packets within 30 days of their departure**

**DUE DATE is Friday - JULY 31, 2014**

NAME: ___________________________ PROGRAM: ___________________________

RESIDENT’S non LSU email: ________________________________________________

___ Updated Personal Data sheet for GME office (Must include all training/jobs/LOA from Medical School thru Residency/fellow training including training completed or leaving if not completed.

___ Exit survey form

___ Mid year evaluation and final evaluation

___ Duty hour report showing up to date completion (use the compliance report for the year, then filter by person)

___ Procedure log summary (if applicable; Summary listing)

___ Core Curriculum completion summary report (from GME website)

___ Beeper turned into coordinator

___ Copy of diploma & final completion letter

___ Personal data change form (HRM webpage) If no address change, put NA on the form

___ Verify the resident’s file is complete and organized according to the ‘resident file checklist guidelines’.

Coordinator’s Signature ___________________________ Date: __________________

Director’s Signature ___________________________ Date: __________________
Program Separation Packet

For ALL Graduating House Officers

*Residents, please take action as needed*

NPI/Medicaid Numbers

Licensure-CDS & DEA

Long Term Disability Conversion- (optional)-American General

Credentialing & Verifications of Training

Malpractice Insurance

Health Insurance & Retirement

Thank you,

GME Office

504-568-4006

*Please visit the websites in this packet for the most updated information*
Program Separation Packet for All Outgoing House Officers

As you leave your program, there are numerous tasks and topics that you need to address and/or complete to ensure that your transition into the “real world” goes more smoothly. There is a list for those who stay in Louisiana and a list for those who do not stay in Louisiana upon graduation.

If you are planning to continue to work at LSU or in the State of Louisiana, you will need to address the following topics:

| NPI and MEDICAID NUMBERS |

To modify your NPI registration, you must go to the National Plan & Provider Enumeration System (https://nppes.cms.hhs.gov). Please update your new home and office addresses and update your registration with a new Taxonomy Code corresponding to the license that you now hold and practice type. If you originally applied for your NPI online and still know your login information, you can update it online. If you no longer have your NPI login information, complete the application available at the following website.


To keep your Louisiana Medicaid provider number active, you must complete a Provider Enrollment application. The application can be completed online at http://www.medicaid.la.gov/prism. If you have any questions, contact the Louisiana Department of Health & Hospitals at prism.portal@la.gov or 225-342-9500.

| LICENSURE |

At this point in your training, you should already have your own DEA number, but if you do not, you need to apply now. You should apply for your CDS (www.labp.com) and DEA (www.deadiversion.usdoj.gov) by March at the latest.

- First apply for your state CDS license. Physician Cost: $45 (must be mailed).
- Once you have been approved for your state license, you can apply for a Federal DEA number. Complete Form 224. Physician Cost: $551 (payable by credit card online, or mail your completed form with a check)

****Many employers will not finalize your credentials without these licenses****
LONG TERM DISABILITY INSURANCE

American General is the long term disability insurance company provided by the LSU GME office for all house officers. You are eligible to continue your long term disability coverage when you complete your residency. (See attached American General Continuation of Coverage/Conversion packet) Mail in the application within 31 days after your last day of employment. Once you complete the packet forward it to the GME office 2020 Gravier Street, Ste 602 ATTN Kim Cannon, New Orleans La 70112 for further processing.

CREDENTIALING AND VERIFICATIONS

Be proactive and involved with your credentialing process. You will need a lot of documentation easily accessible for your credentialing process. Start collecting copies of all of the following: 1) licenses (making sure all licenses are current); 2) diplomas and/or completion certificates; 3) certifications (e.g., ACLS, BLS); 4) letters of recommendation; and 5) health requirement documentation, including an updated TB test. In addition, if your program requires procedure logs, keep your tracking current. Be sure to retain a copy of all of these documents for your own files.

Verifications: Your coordinator will upload your verification form to FCVS/Federation of State Board Verification Services (www.FCVS.org) automatically for each PGY year you complete at LSU. In order for your new employer to have access to your credential files at FCVS, you must contact FCVS. 1-800-ASK-FCVS or they can email fcvsinbox@fsmb.org. If your new employer accepts FCVS as a primary source of verification, they can utilize this verification company. If not, they can send the verification to the LSU GME office. (504-568-3332 fax)

MALPRACTICE INSURANCE and MOONLIGHTING

Louisiana Medical Mutual Insurance Company (LAMMICO) a mutual insurance company providing professional liability products and service to all eligible physicians staying to practice in Louisiana. The application process can take 2-3 months. Visit www.lammico.com for more information. If you are moonlighting, makes sure you have “tail coverage” through an independent company.

HEALTH INSURANCE and RETIREMENT

See the attached summary of details from the LSUHSC Human Resources Department. 504-568-7780
If you are leaving the State of Louisiana, you will need to address the following topics:

### NPI and MEDICAID NUMBERS

To modify your NPI registration, you must go to the National Plan & Provider Enumeration System (https://nppes.cms.hhs.gov). Please update your new home and office addresses and update your registration with a new Taxonomy Code, corresponding to the license that you now hold, and practice type. If you originally applied for your NPI online and still know your login information, you can update it online. If you no longer have your NPI login information, complete the application available at the following website http://www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf

Your Louisiana Medicaid number will be automatically cancelled upon your graduation by the LSU GME Office.

### LICENSURE

If you do not have one already, you should apply for your new state and CDS (www.labp.com) and DEA (www.deadiversion.usdoj.gov) by March at the latest. State licensure can take approximately 6 months to a year to complete for some states, so apply early.

- Check the DEA state listing attached in this packet to see which states require you to apply for your state CDS license first. If the CDS is required first the cost is $45 and must be mailed.

- Once you have been approved for your state license, you can apply for a Federal DEA number. Complete Form 224. Cost: $551 – payable by credit card online or mail in your completed form with a check.

****Many employers will not finalize your credentials without these licenses****

### LONG TERM DISABILITY INSURANCE

American General is the long term disability insurance company provided by the LSU GME office for all house officers. You are eligible to continue your long term disability coverage when you complete your residency. (See attached American General Continuation of coverage/conversion packet) You have to mail in the application within 31 days after your last day of employment. Once you complete the packet please forward it to the GME office 2020 Gravier Street, Ste 602 ATTN Kim Cannon, New Orleans La 70112 for further processing.
CREDTIALING AND VERIFICATIONS

Be proactive and involved with your credentialing process. You will need all a lot of documentation easily accessible for your credentialing process. Start collecting copies of all of the following: 1) licenses (making sure all licenses are current); 2) diplomas and/or completion certificates; 3) certifications (e.g., ACLS, BLS); 4) letters of recommendation; and 5) health requirement documentation including an updated TB test. In addition, if your program requires procedure logs, keep your tracking current. Be sure to retain a copy of all of these documents for your own files.

Verifications: Your coordinator will upload your verification form to FCVS/Federation of State Board Verification Services (www.FCVS.org) automatically for each PGY year you complete at LSU. In order for your new employer to have access to your credential files at FCVS, you must contact FCVS. 1-800-ASK-FCVS or they can email fcvsinbox@fsmb.org. If your new employer accepts FCVS as a primary source of verification, they can utilize this verification company. If not, they can send the verification to the LSU GME office. (504-568-3332 fax)

HEALTH INSURANCE and RETIREMENT

See the attached summary of details from the LSUHSC Human Resources Department. 504-568-7780
NPI & Medicaid Numbers
The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

The website works best in Internet Explorer versions 6.0 and higher and Firefox versions 2.0 and higher. Users may experience issues with other browsers and are recommended to use the browsers listed above. It is recommended that browser windows be opened using the icon on the desktop to avoid shared browser sessions. Some browsers share sessions regardless of how the browser is opened. Please check with the browser's vendor about session management. When NPPES detects multiple browsers open within the same session, NPPES will terminate the session to protect the data in NPPES. Data entered will be lost and will need to be re-entered.

If you are a Health Care Provider, you must click on National Provider Identifier (NPI) to login or apply for an NPI.

A standard identifier has not yet been adopted for health plans.

Search the NPI Registry. The NPI Registry enables you to search for a provider's NPPES information. All information produced by the NPI Registry is provided in accordance with the NPPES Data Dissemination Notice. Information in the NPI Registry is updated daily. You may run simple queries to retrieve this read-only data. For example, users may search for a provider by the NPI or Legal Business Name. There is no charge to use the NPI Registry.

About NPPES...
CMS has contracted with Cognosante, LLC. to serve as the NPI Enumerator. The NPI Enumerator is responsible for assisting health care providers in applying for their NPIs and updating their information in NPPES.

The NPI Enumerator may be contacted as follows:

By phone: 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)

By e-mail at: customerservice@npienumerator.com

By mail at:
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

https://nppes.cms.hhs.gov/NPPES/Welcome.do
National Provider System

National Plan & Provider Enumeration System

National Provider Identifier

For Health Care Providers

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI).

Need an NPI? ---------------------------------------------> Apply Online for an NPI

Estimated time to complete the NPI application form is 20 minutes.

Click here to see tips to expedite your NPI application before you begin your application.

Login

Want to create a Web login for an existing NPI? ---> Create Login to View or Update your NPI Data

(This option is only for health care providers previously enumerated via paper or EFI)

Additional Resources:

NPI Application / Update Form - [PDF File]

Application Help

Privacy Information

Frequently Asked Questions

NPI Final Rule - [PDF File]

Contact Information

CMS NPI Page

Notes:

The website works best in Internet Explorer versions 6.0 and higher and Firefox versions 2.0 and higher. Users may experience issues with other browsers and are recommended to use the browsers listed above. It is recommended that browser windows be opened using the icon on the desktop to avoid shared browser sessions. Some browsers share sessions regardless of how the browser is opened. Please check with the browser’s vendor about session management. When NPPES detects multiple browsers open within the same session, NPPES will terminate the session to protect the data in NPPES. Data entered will be lost and will need to be re-entered.

To view PDF files, you must have Adobe Acrobat Reader. If you do not already have Acrobat Reader installed, please download Acrobat Reader now.

Get Adobe Reader

Health and Human Services Home Page  Centers for Medicare and Medicaid Services (CMS) Home Page  NPI Enumerator Only  EFI Only

https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

9/26/2013
http://www.medicaid.la.gov/prism
Licensure

CDS & DEA
Louisiana.gov > Louisiana Board of Pharmacy

FOR CONSUMERS

FOR PHARMACISTS

FOR PHARMACIES

FOR PHARMACY TECHNICIANS & TECHNICIAN CANDIDATES

FOR PHARMACY INTERNS

(CDS) CONTROLLED DANGEROUS SUBSTANCE LICENSES

(PMP) PRESCRIPTION MONITORING PROGRAM

(DME) DURABLE MEDICAL EQUIPMENT PROVIDERS

CDS Forms & Application

Practitioners
This category includes licensed health care practitioners with prescriptive including physicians [MD] (including those with telemedicine licenses [MD optometrists [OD], advanced practice registered nurses [APRN], physicians [MP], and veterinarians [DVM].

01 Application for New CDS License for Practitioner
102 Application for Renewal of CDS License for Practitioner

Facilities
This category includes manufacturers, distributors, locations where health patients, as well as animal control shelters. It does not include pharmacies:

105 Application for New CDS License for Facility
106 Application for Renewal of CDS License for Facility
107 Notice of Permanent Closure of CDS License at Facility

Selected Persons & Organizations
This category includes researchers, medical sales representatives, drug control and euthanasia technicians, as well as laboratories.

110 Application for New CDS License for Selected Persons & Organizations
111 Application for Renewal of CDS License for Selected Persons
Registration Applications

Office of Diversion Control Web Interactive Forms (ODWIF)
NEW APPLICATIONS

For Registration Help
DEA.Registration.Help@usdoj.gov
Please be sure to include your DEA Registration number in your email.

<table>
<thead>
<tr>
<th>Begin Application Process</th>
<th>Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner, Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Narcotic Treatment Program, Domestic Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain Receipt</td>
<td>This link may be used ONLY if you have previously submitted an Application through this tool and need an additional receipt. You MUST have the Tracking Number -or- Control Number.</td>
</tr>
</tbody>
</table>

*MINIMUM ONLINE REQUIREMENTS*

The DEA Forms listed below are for those applying to DEA for a controlled substance registration. Data will be entered through a secure connection. Your web browser must support 128-bit encryption.

You will need to have the following information handy in order to complete the form:

- Tax ID number and/or Social Security Number
- State Controlled Substance Registration Information
- State Medical License Information
- Credit Card (VISA, MasterCard, Discover or American Express)

Apply for CDS first! (staying in bed)

The ODWIF system can only process credit card transactions at this time. If you are paying by check, you will need to use the PDF version of the form, then print and mail the form to the address listed on the form.
Registration Applications

PRACTITIONER’S LICENSE REQUIREMENTS

<table>
<thead>
<tr>
<th>State</th>
<th>Second CS License Requirement</th>
<th>Second CS License Requirement after DEA # is issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Alabama</td>
<td>Idaho</td>
</tr>
<tr>
<td>Arizona</td>
<td>Connecticut</td>
<td>Nevada (pending CS required)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Delaware</td>
<td>South Dakota</td>
</tr>
<tr>
<td>California</td>
<td>DC</td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>Guam</td>
<td></td>
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<tr>
<td>Florida</td>
<td>Hawaii</td>
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<tr>
<td>Georgia</td>
<td>Illinois</td>
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<td>Kansas</td>
<td>Indiana</td>
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<tr>
<td>Kentucky</td>
<td>Iowa</td>
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<tr>
<td>Maine</td>
<td>Louisiana</td>
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<tr>
<td>Minnesota</td>
<td>Maryland</td>
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<tr>
<td>Mississippi</td>
<td>Massachusetts</td>
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<tr>
<td>Montana</td>
<td>Michigan</td>
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<tr>
<td>Nebraska</td>
<td>Missouri</td>
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<tr>
<td>New Hampshire</td>
<td>New Jersey</td>
<td></td>
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<tr>
<td>New York</td>
<td>New Mexico</td>
<td></td>
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<tr>
<td>North Carolina</td>
<td>Oklahoma</td>
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</tr>
<tr>
<td>North Dakota</td>
<td>Puerto Rico*</td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>Rhode Island</td>
<td></td>
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<tr>
<td>Oregon</td>
<td>South Carolina</td>
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<tr>
<td>Pennsylvania</td>
<td>Texas</td>
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<tr>
<td>Tennessee</td>
<td>Utah</td>
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<tr>
<td>Vermont</td>
<td>Wyoming</td>
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<td>Virginia</td>
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<tr>
<td>West Virginia</td>
<td></td>
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<tr>
<td>Wisconsin</td>
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</tr>
</tbody>
</table>

*Puerto Rico requires 3 licenses
Long Term Disability

Conversion option

American General
Notice of Conversion

If your group long term disability policy contains a conversion privilege, and your insurance under that policy ends because of your termination of employment, you may be eligible to convert your insurance. To do so, you must:

1. complete and sign the attached application; and
2. forward the signed application along with the first quarterly premium within 31 days of the date your employment terminates.

You are eligible to convert your long term disability insurance if you meet all of the following rules:

- you were insured by the group policy when your insurance terminated;
- your insurance under the group policy ceased solely because of your termination of employment; and
- you were insured for twelve consecutive months by either the group policy or a combination of the group policy and the plan of long term disability benefits replaced by the group policy.

You will not be eligible to convert if any of the following apply to you:

- the group policy terminated or your employer's participation in the group policy terminated, even if your employment terminated coincident with such termination;
- you retire;
- you are eligible to receive long term disability benefits under the group policy, or you are in the waiting period for long term disability benefits under the group policy;
- you are eligible for, or insured for, similar benefits under another group plan or an individual policy;
- your insurance under the group policy terminated for any reason other than your termination of employment; or
- you apply for coverage more than 31 days after your date of termination.

Conversion Application Instructions

On the following page you will find a summary of the conversion benefits offered and a table of conversion rates. These rates vary by age.

To convert your long term disability benefits you must:

1. Complete the Application for Conversion of Long Term Disability Insurance. Be sure that you answer all questions.

2. Check to see that your employer has completed the employer information on the Application and that an authorized representative of the employer has signed the form. It is your responsibility to assure this information is completed and included on the Application before the Application is mailed. If the application is not complete, it will be returned to you.

3. Determine your quarterly premium using the worksheet and the table of conversion rates on the following page.

4. Sign and date the Application. Attach your first premium payment (made payable to AIG Life Insurance Company). Mail the Application and first payment to:

   AIG Life Insurance Company
   Attn: Client Services 3A
   3600 Route 66
   P.O. Box 1583
   Neptune, NJ 07754-1583
**Summary of Conversion Benefits**

If the benefit percentage or maximum benefit shown below is greater than the comparable provision of the group policy from which conversion is being requested, the conversion policy that will be issued will be reduced so that the benefit percentage and/or maximum benefit of the conversion policy do not exceed the group policy amounts.

**Conversion Benefits**

<table>
<thead>
<tr>
<th>Benefit Percentage</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Maximum Benefit</td>
<td>$2,000</td>
</tr>
<tr>
<td>Monthly Minimum Benefit</td>
<td>$50</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>180 days</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>2 years RBD</td>
</tr>
</tbody>
</table>

In addition, the Plan contains the following benefit provisions:

- Regular occupation definition of disability
- Full family Social Security Other Income Offset provision with cost of living freeze
- Maternity as any other disability coverage
- Three Month Survivor Benefit
- Partial Disability feature

**Table of Conversion Rates**

The following are the premium rates that will apply each quarter and are based upon your age and each $100 of monthly benefit. To determine your monthly benefit, and the premium that applies, use the worksheet below together with the following rate table:

<table>
<thead>
<tr>
<th>Age</th>
<th>Table of Rates Per $100 of Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$ .75</td>
</tr>
<tr>
<td>35 but less than 40</td>
<td>1.18</td>
</tr>
<tr>
<td>40 but less than 45</td>
<td>1.83</td>
</tr>
<tr>
<td>45 but less than 50</td>
<td>2.70</td>
</tr>
<tr>
<td>50 but less than 55</td>
<td>4.00</td>
</tr>
<tr>
<td>55 but less than 60</td>
<td>5.90</td>
</tr>
<tr>
<td>60 and older</td>
<td>10.49</td>
</tr>
</tbody>
</table>

Your initial rates will change effective with the first quarterly billing after the date you attain an age for which an increased rate would apply, based upon the above rate table, or the current rate table in effect.

**Premium Worksheet**

What is your age? __________

1. Enter your annual salary on the date your employment ended, but do not enter more than $48,000: __________
2. Divide the figure in Step #1 by 12 and enter the answer: ________________
3. Multiply the answer in Step #2 by 0.50 and enter the answer: ________________
4. Divide the answer in Step #3 by 100 and enter the answer: ________________
5. Using the rate table above, based upon your age, enter the rate: ________________
6. Multiply the rate shown in Step #5 times the answer from Step #4 and enter the answer ________________

Your quarterly premium will be the amount in Step #6, until the rate changes because of your age change.
APPLICATION FOR CONVERSION OF LONG TERM DISABILITY INSURANCE

PLEASE TYPE OR PRINT ALL INFORMATION

To Be Completed By The Terminated Employee

1. Name: ____________________________________________
   FIRST         MIDDLE         LAST

2. Home Address: ______________________________________
   STREET
   CITY         STATE         ZIP CODE

3. Sex  □ Male  □ Female  4. Social Security Number__________________________

5. Date of Birth______________________

6. Name of Employer ____________________________

7. Group LTD Policy Number ______________________

8. Are you eligible for or covered by any other Group Long Term Disability Insurance other than item #7 above?  □ Yes  □ No

I have been informed of my option to convert to a Group Long Term Disability Conversion Policy. I understand my options, have completed the above Application for Conversion and I am enclosing the required premium payment.

The statements above are true to the best of my knowledge and belief, and I agree that they shall form a part of the contract of insurance requested.

Signature of Applicant ____________________________ Date ______________

NOTE: Your employer MUST complete the information on the following page of this application. Once the Employer information has been provided, you must send this application and the first premium payment to AIG Life Insurance Company at the above address. This must be done within 31 days of the date your employment with the Employer ends. AIG Life Insurance Company will not accept any application:

• that is received more than 31 days after the date your insurance ends; or
• if the first premium payment is not sent with the application.

Upon approval of this Application a Certificate of Insurance will be sent directly to you at the address provided.
To Be Completed By The Employer

A) Employer (Firm Name and Division):

B) Address:

C) Group LTD Policy Number

D) Maximum Benefit

E) Benefit Amount

F) Was the individual covered under your present Group LTD Plan, or under a combination of your present and prior Group LTD Plan, for at least 12 consecutive months?  □ Yes  □ No

G) Date employee terminated employment

H) Employee's basic monthly earnings at time of termination: Commissions: $  Salary:

I) Employee's occupation at time of termination

J) Reason for employee termination

K) Is the employee terminating employment as a result of retirement, leave of absence, or disability?  □ Yes  □ No

L) The date the conversion notice and application was given to the terminated employee

Employer Representative Signature

Date

Title  Phone Number

NOTE: Terminated employee MUST complete the Application and return the form to AIG Life Insurance Company.
Credentialing & Verifications of Training
If you choose not to utilize the FCVS service or your new employer requires a primary source verification, they can send the verification request to us directly.

Please take note of our Graduate Medical Education fax number for all training verifications. This fax number is linked to a fax to email machine so all verifications can be handled more efficiently.

Medical degrees, internship, residency and fellowship verifications can be faxed to 504-568-3332. Please include the following information on the verification:

- Full name of applicant-(Please include possible maiden names)
- Dates of training
- Type of training (intern, residency, fellowship)
- Department/specialty in which training was completed

The above information is needed to allow for a 3-5 day turnaround for the verification to be completed. All verifications are completed by individual departments.

Thank you,

Kim Cannon
GME Coordinator

kcanno@lsuhsc.edu
504-568-2468
FSMB Portal Sign In

Welcome to the FSMB Web Portal!

The FSMB Web Portal is a great way to access the services of the Federation of State Medical Boards. Redesigned and equipped with powerful features, the portal makes it easier for you to access and manage your account.

Are you an existing user?
If you have used our services before, you need to establish a new password the first time you access the FSMB Web Portal. Please click here to request a new password.

Are you a new user?
If this is your first time using our services, please click here to complete the new user registration and create an account.

Who can access the Portal?
The FSMB Web Portal is available to State Medical and Osteopathic Boards, Physicians and Physician Assistants, Graduate Medical Education Institutions, Medical Schools and other authorized users.

Is it secure?
The FSMB Web Portal is secure! The information you submit cannot be seen by anyone else. All transactions are secure during the time you are logged in to any of our services.
Malpractice Insurance
Malpractice Information

Information for house officers and faculty completing forms for future employment

- Insurance Carrier: State of Louisiana is self insured through a State Health Care Provider Fund
- Policy Number/State Provision Number: LA R.S. 40:1299.39.1 et seq
- Liability Coverage Limit: $500,000.00 per occurrence
- Aggregate: $500,000.00 per occurrence
- Tail Coverage: Yes, tail coverage continues to apply to any incidents during the physician’s employment with the LSUHSC.
- Coverage Terminates only at the end of employment with the LSUHSC

Mail all inquiries to:
Vice Chancellor Ron Gardner
Office of Risk Management
433 Bolivar Street, Suite 816C
New Orleans, LA 70112
504 568 4810

For any questions speak to Cynthia Scott at 504-568-4810
Cscott1@lsuhsc.edu
LAMMICO :: Louisiana Medical Mutual Insurance Company

As a leader and innovator, we build enduring partnerships.

**LATEST VIDEOS**

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**LATEST NEWS UPDATES**

- **News Article: 9/24/13**
  - LAMMICO Selected "Best Places To Work"

- **News Article: 9/18/13**
  - A.M. Best Assigns "Excellent" Rating to LAMMICO RRG, Inc.

- **News Article: 8/5/13**
  - Diagnostic Error Top Cause of Claims

- **News Article: 6/25/13**
  - CMS Changes Discharge Planning CoPs

- **News Article: 6/17/13**
  - LAMMICO 2012 Year In Review Now Available

- **News Article: 5/9/13**
  - LAMMICO's Outlook Revised & Financial Strength Affirmed by A.M. Best

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**Quick Links**

- LAMMICO Webinar Recording of HIPAA: Omnibus Rule
- FREE when Louisiana insureds log in to Members-Only
- Hospital & Facility Coverage
- Read LAMMICO Newsletters
- Sign up for E-Communications
- Office Manager's Corner
- Coverage for Dentists
- LAMMICO Calendar of Events

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**Legal Information**

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1 GALLERIA BLVD, SUITE 100 METAIRIE, LA 70005 TOLL FREE: (800) 463-2100 FAX: (504) 841-5300 EMAIL: EMPLOYEE LOGIN (iPad, iPhone, etc.)

https://www.lammico.com/CMS400Min/100/index.aspx

9/26/2013
Health Insurance & Retirement
FELLOWS AND HOUSE OFFICERS

EMPLOYER SPONSORED HEALTH INSURANCE

WHEN COVERAGE ENDS
Coverage is in effect through the last day of the month in which you are employed. For example if your last day of employment is June 2nd, then coverage runs through June 30th. If your last day of employment is June 30th, coverage ends the same day.

COBRA
An extension of coverage is available under COBRA for a maximum of 18 months. You are continuing the exact same coverage as you had as an active employee so there is no difference in what the plan will cover or how it will be covered.

Premiums will rise significantly as you will now be responsible for the full cost of the plan plus 2% administration fee. As an active employee, your employer paid 75% of the premium cost and you paid 25%. You will have a 60 day window to elect the continuation of coverage. For those electing coverage, the effective date is retroactive to the termination date providing continuous coverage.

Please understand that COBRA is a retroactive enrollment. It is virtually impossible to have a COBRA policy in place for a seamless transition from active coverage. Federal law requires payment of any claims incurred during the 60 day election period once the COBRA is in place. No provider will activate COBRA coverage without payment in advance for premiums owed or while they can see active coverage in the system.

The Office of Group Benefits administers COBRA for the Blue Cross/Blue Shield PPO, and HMO plans. Ceridian Benefits is the COBRA administrator for the LSU First health plan, Options 1 and 2. The COBRA administrator issues continuation of coverage packets, collects premiums and activates coverage.

PORTABILITY
For those of you who will obtain new health coverage, federal law allows a break in coverage of up to 62 days in applying previous health coverage to reduce or eliminate pre-existing condition exclusions of a new group plan (no pre-existing exclusion for children under age 19). Private health insurance companies are not required by federal law to credit you for previous coverage and are free to impose pre-existing coverage restrictions.

TRANSFER TO ANOTHER STATE AGENCY
If you are accepting employment with another state agency, please contact the Benefits Office so we can work with the receiving agency to ensure a smooth transfer of coverage.
SPOUSAL TRANSFER
If your spouse works for us or another state agency in a benefits eligible position, there are special procedures in place to allow a transfer of coverage. Contact the Benefits Office prior to termination of employment so we can help you with the process. If you wait until coverage with us has terminated, it may be too late to avoid a break in coverage.

STUDENT HEALTH INSURANCE
Student health insurance is not eligible for continuation of coverage through COBRA. The LSUHSC Benefits Office does not handle student insurance. Contact Michele Prudhomme with Gallagher Benefits at 225-906-1278 or 1-800-605-6102 for assistance with the student health plan.

DENTAL, VISION PLANS
Dearborn, the Dental provider and Davis, the Vision plan provider will issue COBRA packets to allow continuation of those benefits for a maximum of 18 months. You already pay the full cost of these plans; however, the COBRA administrator is allowed to impose a 2% administration fee.

HEALTH CARE/CHILD CARE FLEXIBLE SPENDING ACCOUNTS
You are not eligible to be reimbursed for expenses incurred AFTER your termination date. You have 120 days from your termination date to submit eligible claims for reimbursement.

Although it may be possible to participate in COBRA through the end of the plan year, you will lose the benefit of making pre-tax contributions.

LSU SYSTEM LIFE INSURANCE/OFFICE OF GROUP BENEFITS LIFE INSURANCE
If you wish to convert your group life insurance plan to a private policy, please contact the Benefits Office for the necessary paperwork. Conversion packets are issued only upon request.

DEFERRED COMPENSATION (GREAT WEST)
Members may leave their contributions with the Deferred Compensation plan upon termination or request a rollover or cash payout of their contributions to the plan.

Cash withdrawals are taxable income to you but are not subject to the 10% penalty.

For rollovers/payouts, members need to contact Great West at 1-800-937-7604 or visit their web site at www.louisianaDCP.com.

Members who leave the US are advised to request a wire transfer of their funds since funds are easily lost when mailed internationally.
403 (b) VOLUNTARY RETIREMENT PLANS
Members may leave their contributions with the plan upon termination or request a rollover or cash payout of their contributions. Contact the vendor to obtain the necessary rollover/payout forms.

Contributions that are rolled into another qualified retirement plan or IRA are exempt from taxation or penalties. Members age 59 ½ and older or individuals who are disabled may withdraw funds without a 10% penalty the IRS normally imposes.

The Benefits office will issue a termination letter which allows the vendors to release or roll over your funds.