



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

This packet should be issued to ALL residents/fellowing who are completing the program in their final year

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.

<http://www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf>.

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

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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****

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CREDENTIALING 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

[Help](#)

National Plan and Provider Enumeration System (NPPES)

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



Department of Health and Human
Services



National Plan & Provider Enumeration System


[Home](#)

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.](#)

 **Want to View or Update your NPI data?** -----> [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:


Notes:

[NPI Application / Update Form](#) -  [PDF File]

[Application Help](#)

[Privacy Information](#)

[Frequently Asked Questions](#)

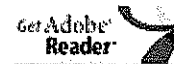
[NPI Final Rule](#) -  [PDF File]

[Contact Information](#)

[CMS NPI Page](#)

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To view PDF files, you must have Adobe Acrobat Reader. If you do not already have Acrobat Reader installed, please [Download Acrobat Reader now](#).



[Health and Human Services Home Page](#) | [Centers for Medicare and Medicaid Services \(CMS\) Home Page](#) |

[NPI Enumerator Only](#) | [EFI Only](#)

Medicaid

The screenshot shows the Louisiana Department of Health & Hospitals website. At the top, it reads "DEPARTMENT OF HEALTH & HOSPITALS" and "STATE OF LOUISIANA". The main header features the word "PRISM" in large letters, with the subtitle "Provider Enrollment Integrated System for Medicaid" below it. A navigation menu on the left includes links for "ABOUT PRISM", "PROVIDERS", "MEMBERS", "BAYOU HEALTH", "FAQS", and "USEFUL LINKS". Below the menu is a search bar with the text "Search this site...". The main content area is titled "Planner" and features a calendar graphic. A central banner reads "Overall PRISM Project Schedules" and states: "Provider outreach has already begun. Provider re-enrollment starts in early 2013. Are you ready for the new PRISM system? Get more information about the PRISM project's schedule by clicking below." Below this banner is a "GET MORE INFORMATION" button. To the right, there are two buttons labeled "Coming Soon" and "Coming February 2013".

<http://www.medicaid.la.gov/prism>

Licensure CDS & DEA

CDS license

The screenshot displays the Louisiana Board of Pharmacy website. At the top, the text "LOUISIANA BOARD OF PHARMACY" is prominently displayed, with "STATE OF LOUISIANA" underneath. A navigation bar includes links for "ABOUT US", "COMPLAINTS", "FORMS & APPLICATIONS", "LIBRARY", "NEWS", and "LAWS & RULES". The main content area is divided into three columns: "FOR CONSUMERS", "FOR PRACTITIONERS", and "FOR FACILITIES". Each column lists specific services such as "Complaint Form", "License Verification", and "Meeting Agenda". A sidebar on the left provides additional navigation options for consumers, pharmacists, pharmacies, technicians, and interns. The website also features a header image of a pharmacist and the official seal of the Louisiana Board of Pharmacy.

LOUISIANA BOARD OF PHARMACY
STATE OF LOUISIANA

LOUISIANA BOARD OF PHARMACY

LOUISIANA BOARD OF PHARMACY

FOR CONSUMERS

- FOR PHARMACISTS
- FOR PHARMACIES
- FOR PHARMACY TECHNICIANS & TECHNICIAN CANDIDATES
- FOR PHARMACY INTERNS

FOR CONSUMERS

- Complaint Form
- License Verification
- Meeting Agenda
- Public Hearings

FOR PRACTITIONERS

- License Verification
- License Renewal
- Inspections
- Guidance Documents

FOR FACILITIES

- License Verification
- License Renewal
- Inspection Documents
- Other Hearings

<http://www.labp.com>

Louisiana.gov > Louisiana Board of Pharmacy

[ABOUT US](#) | [COMPLAINTS](#) | [FORMS & APPLICATIONS](#) | [PUBLIC LIBRARY](#)

FOR CONSUMERS

FOR PHARMACISTS

CDS Forms & Applications

FOR PHARMACIES

Practitioners

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

FOR PHARMACY
TECHNICIANS &
TECHNICIAN
CANDIDATES



- 101 [Application for New CDS License for Practitioner](#)
- 102 [Application for Renewal of CDS License for Practitioner](#)

FOR PHARMACY
INTERNS

Facilities

This category includes manufacturers, distributors, locations where health care is provided, as well as animal control shelters. It does not include pharmacies.

(CDS) CONTROLLED
DANGEROUS
SUBSTANCE LICENSES

- 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](#)

(PMP) PRESCRIPTION
MONITORING
PROGRAM

(DME) DURABLE
MEDICAL EQUIPMENT
PROVIDERS

Selected Persons & Organizations

This category includes researchers, medical sales representatives, drug control officers, euthanasia technicians, as well as laboratories.

Sul

- 110 [Application for New CDS License for Selected Persons & Organizations](#)
- 111 [Application for Renewal of CDS License for Selected Persons & Organizations](#)

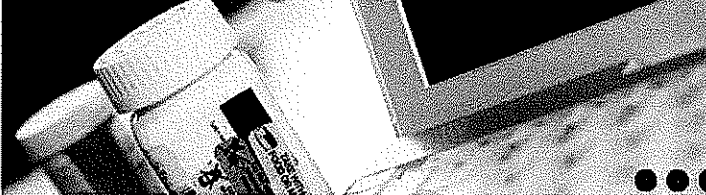


U.S. Department of Justice Drug Enforcement Administration Office of Diversion Control

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- [Info & Legal Resources](#)
- [Inside Diversion Control](#)

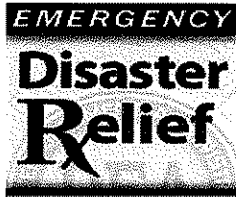
Are You Illegally Purchasing Prescription Drugs On-Line?



Quick Links

- [Renew Applications Online](#)
- [New Application Online](#)
- [Duplicate Certificate Request](#)
- [Registration Validation](#)
- [Registration Change Request](#)
- [Order Forms](#)
- [CSOS](#)

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What's New

[Clarification of Title 21 CFR 1301.90 - Employee Screening - Non-Practitioners](#)

[Gabriel Sanchez, M.D.: Decision and Order](#) (September 25, 2013)

[Fisher Clinical Services, Inc.](#) (September 25, 2013)

[30-Day Notice - Comments Requested: National Clandestine Laboratory Seizure Report](#) (September 23, 2013)

[S & S Pharmacy, Inc., d/b/a Platinum Pharmacy & Compounding: Decision and Order](#) (September 19, 2013)

[Cerilliant Corporation](#) (September 17, 2013)

[Established Aggregate Production Quotas for Schedule I and II Controlled Substances and Established Assessment of Annual Needs for the List I Chemicals Ephedrine, Pseudoephedrine, and Phenylpropanolamine for 2014](#) (September 9, 2013)

[Clinical Supplies Management, Inc.](#) (September 6, 2013)

[United States Pharmacopeial Convention](#) (September 6, 2013)

[GE Healthcare](#) (September 6, 2013)

[Lipomed, Inc.](#) (September 6, 2013)

[Cerilliant Corporation](#) (September 6, 2013)

[Alltech Associates, Inc.](#) (September 6, 2013)

[Euticals, Inc.](#) (August 29, 2013)

[Kevin Dennis, M.D.: Decision and Order](#) (August 26, 2013)

[Catalent CTS, LLC.](#) (August 26, 2013)

[Chattam Chemicals, Inc.](#) (August 26, 2013)

[Organix, Inc.](#) (August 26, 2013)

[Cambridge Isotope Lab](#) (August 26, 2013)

[Morton Grove Pharmaceuticals](#) (August 26, 2013)

[Navinta, LLC.](#) (August 26, 2013)

[Tin T. Win, M.D.: Dismissal of Proceeding](#) (August 26, 2013)

[Noramco, Inc.](#) (August 21, 2013)

[Chattam Chemicals, Inc.](#) (August 20, 2013)

[More](#)

Registration Support

Registration Number Toll Free: 1-800-882-9539

(8:30 am-6:00 pm EST)

Save time by applying for and/or renewing your DEA Registration online. Data will be entered through a secure connection.

Minimum requirements: Credit Card and a web browser that supports 128-bit encryption.

[Customer Service Plan for Registrants](#)

[Email Registration Questions to DEA.Registration.Help@usdoj.gov](#)

[Field Offices with Registration Specialists](#)

[More](#)

Upcoming Meetings

[Distributor Conference](#)

[Pharmacy Diversion Awareness Conferences](#)

[DEA Form 106: Report Theft or Loss of Controlled Substance](#)

[Combat Meth Act 2005 \(CMEA\)](#)

[Cases Against Doctors](#)

[Mailing Addresses for Topics Related to Title 21 CFR](#)

[Electronic Prescriptions for Controlled Substances](#)

[Publications & Manuals](#)

[Meetings and Events](#)

[Drug Disposal - Got Drugs](#)

[Chemical Control Program](#)

[Medical Missions](#)

[Submit a Tip](#)

FAQ

[ARCOS](#)

[Controlled Substance Ordering System \(CSOS\)](#)

[DEA Form 222 Order Forms](#)

[Electronic Prescriptions for Controlled Substances](#)

[Issuance of Multiple Prescriptions for Schedule II Controlled Substances](#)

[Locum Tenens](#)

[Miscellaneous Questions](#)

[Oxycodone](#)

[Prescription Drug Monitoring Program](#)

[Prescriptions](#)

[Registration Procedures](#)





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Registration > ODWIF

Registration Applications

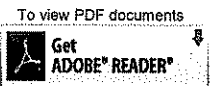
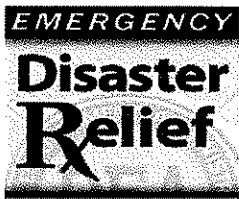
Office of Diversion Control Web Interactive Forms (ODWIF) NEW APPLICATIONS

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



Begin Application Process	Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner, Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Narcotic Treatment Program, Domestic Chemical
Obtain Receipt	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 .

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* 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** *Apply for CDS first! (if staying in CA)*
- State Medical License Information
- Credit Card (VISA, MasterCard, Discover or American Express)

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.

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[Registration > Practitioner's License Requirements](#)

Registration Applications

PRACTITIONER'S LICENSE REQUIREMENTS

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

*Puerto Rico requires 3 licenses

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EMERGENCY

Disaster Relief

ALERT



The voice in Federal decision-making



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Long Term Disability

Conversion option

American General



AIG Life Insurance Company*

Wilmington, Delaware

A member company of American International Group, Inc.

Administrative Office: Attn: Client Services 3-A, 3600 Route 66, P.O. Box 1583, Neptune, NJ 07754-1583

Phone: 1-800-346-7692 Fax: 1-732-922-7604

(Optional)
LTD Income Notice of Conversion

*This company does not solicit business in New York.

Read these instructions carefully. Remove this instruction sheet prior to completing the LTD conversion application.

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	
Benefit Percentage	60%
Monthly Maximum Benefit	\$2,000
Monthly Minimum Benefit	\$50
Elimination Period	180 days
Maximum Benefit Period	2 years RBD

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:

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

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.



AMERICAN GENERAL

AIG Life Insurance Company*

Wilmington, Delaware

A member company of American International Group, Inc.

Administrative Office: Attn: Client Services 3-A, 3600 Route 66, P.O. Box 1583, Neptune, NJ 07754-1583

Phone: 1-800-346-7692 Fax: 1-732-922-7604

LTD Income Notice of Conversion

*This company does not solicit business in New York.

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: _____
STREET

_____ CITY STATE ZIP CODE

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**



School of Medicine
Office of Medical Education

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:

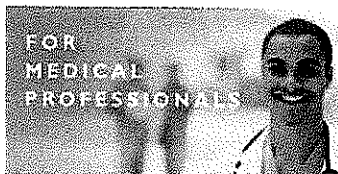
- Full name of applicant-(Please include possible maiden names)
- Dates of training
- Type of training (intern, residency, fellowship)
- Department/specialty in which training was completed

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



LICENSURE EXAMINATIONS

CREDENTIALS VERIFICATION (FCVS)

PHYSICIAN DATA

LICENSURE APPLICATION (JA)

EDUCATION & MEETINGS

ADVOCACY & POLICY

FSMB FOUNDATION

PUBLICATIONS & MEDIA

CONTACT A STATE MEDICAL BOARD



[Create An Account](#)

[Technical Assistance](#)

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.

[Sign In](#)

User Name:

Password:

[New User Registration](#)

[Forgot Your Password?](#)

[Forgot User Name?](#)

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



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LAMMICO is a mutual insurance company providing medical professional liability products and unparalleled customer service to healthcare providers and facilities.

Please [contact us](#) to learn more about the benefits of being a LAMMICO policyholder.

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[EMPLOYEE LOGIN \(iPad, iPhone, etc.\)](#)

Health Insurance & Retirement

FELLOWS AND HOUSE OFFICERS

EMPLOYER SPONSERED 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.