

**Louisiana Department of Health and Hospitals
Rural Health Care Pilot Program
Quarterly Report
For the Quarter Ended April 30, 2012**

(APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198)

1. Project Contact and Coordination Information

- a. Identify the project leader(s) and respective business affiliations.
- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.
- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

	Project Coordinator	Associate Project Coordinator
<i>Name</i>	Michael Austin	Amy Landry
<i>Title</i>	IT Management Consultant	Enterprise Project Manager
<i>Company Name</i>	Louisiana Dept. of Health & Hospitals	Louisiana Dept. of Health & Hospitals
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<i>Duties</i>	Legally and financially responsible for the implementation of the pilot project as detailed in the guidelines posted by USAC.	Management of the day-to-day operations of the project as detailed in the guidelines posted by USAC

- d. Explain how the project is being coordinated throughout the state or region.

LA DHH has established a steering committee and working groups with representatives from the Louisiana Hospital Association, Louisiana Public Health Institute, Louisiana Rural Hospital Coalition, Baton Rouge General Medical Center and CHRISTUS Health. DHH staff will provide technical assistance for public health sites. Members of the steering committee will coordinate technical and administrative functions with their respective constituencies.

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Attached list at end of document lists eligible health care facilities according to not-for-profit and public/state government. For-profit facilities are not addressed at this stage.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

Bidding/selection process for network implementation is complete. Two bidders submitted proposals: IBM and AT&T. AT&T was selected by consensus of the evaluation committee. The process was reviewed and the selection was approved by the Louisiana Office of State Purchasing.

AT&T will provide an MPLS backbone for the network. A range of data rates from 10Mbps to 10 Gbps is offered in the AT&T price schedule, allowing for upgrades and downgrades as required.

In the initial configuration and deployment, most HCPs use transmission speeds of 10Mbps via Metro-Ethernet or MPLS. Individual HCP connect directly to the MPLS cloud. DHH and LSU will connect most sites to the MPLS cloud via Metro-Ethernet circuits

DHH Hub sites use one 250Mbps and two 100 Mbps connections to the MPLS cloud. LSU intends to use two 1Gbps, three 250Mbps, One 300Mbps, six 100 Mbps, and nine 10Mbps connections among hospitals and to primary and secondary data centers.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps));
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number;
- h. Provide a logical diagram or map of the network.

To be determined.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design

The network design project cost was \$470,475. USAC non-recurring support was \$399,903. DHH covered the remaining 15% share, totaling \$70,572. The project commenced on October 9, 2009 and was invoiced monthly by deliverables completed. As of the fourth quarter of 2010, all deliverables are completed for a total invoiced amount of \$441,001.

b. Network Equipment, including engineering and installation

c. Infrastructure Deployment/Outside Plant

i. Engineering

ii. Construction

d. Internet2, NLR, or Public Internet Connection

e. Leased Facilities or Tariffed Services

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

g. Other Non-Recurring and Recurring Costs

DHH released a Network Implementation RFP on 2/14/2011 and chose a proposal by AT&T on 8/10/2011. The final contract is being negotiated between DHH and AT&T. Signatures are expected in the first week of May 2012. Costs will not be incurred until after this date.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

ii. Ineligible Pilot Program network participants

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

ii. Identify the respective amounts and remaining time for such assistance.

A network cost worksheet will be submitted with the 466 package.

We do not plan to add any ineligible health care providers until the initial deployment to eligible HCPs is complete. The 15% share of eligible network costs will be paid by each entity: Louisiana Dept. of Health & Hospitals, Louisiana State University and each approved not-for-profit HCP. There may be optional add-on services that are ineligible network costs. It will be the option of each participant to select those services, and they will be responsible for the entirety of those costs. When we begin to allow ineligible participants to join the network, it will be made clear that these participants will be responsible 100% of all network costs and supporting fees.

We intend to add four DHH hub sites and two LSU data centers, which will appear in the 465 Attachment as ineligible entities. The hubs and data centers are eligible network components that will be maintained and operated by the associated eligible entity.

- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

LA DHH and its partner the Louisiana Health Care Quality Forum (LHCQF) are in the process of developing a health information exchange (LaHIE). It is their desire that all RHCPP participants also participate in LaHIE to promote adoption of EHRs and the use of telehealth services. Many of the not-for profit HCPs also participate in an existing rural health information exchange (LARHIX).

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

To be determined. However, as of the end of this quarter, no ineligible entities are participating in the network.

8. Provide an update on the project management plan, detailing:

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and
- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Amy Landry will be appointed new Associate Project Coordinator. Michael Austin will remain Project Coordinator pending organizational changes.

Original application overlooked most of the public health facilities in the State, even those within Dept. of Health and Hospitals. Those facilities have been added, increasing the number of sites from 107 to approximately 160. DHH acknowledges that the funding cap (\$15.9M) remains even if sites are added.

For network deployment, DHH, LSU and AT&T will develop a project plan including tasks, deliverables and timelines when the contract is signed, expected by May 2012.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

The Louisiana Rural Health Care Pilot Program network will become self-sustaining. The State is dedicated to this program and realizes the far-reaching benefits from the resulting network. The State has also committed to developing and maintaining a statewide Louisiana Health Information Exchange (LaHIE) and the Louisiana Rural Health Information Exchange (LaRHIX), which will interface with physicians and hospital based electronic health records systems. Sustaining the RHCPP network is crucial to the success of applications such as these.

As stated in DHH Secretary Bruce Greenstein's FY 2011 Business Plan, "A Road Map for a Healthier Louisiana", the RHCPP network will provide the necessary infrastructure to expand HIT across Louisiana and produce the following benefits:

“Implementing interoperable EHRs through the Louisiana Health Information Exchange (LaHIE) will provide patients and providers across Louisiana instant electronic access to healthcare information (with strong privacy controls), and will eliminate today’s ‘paper-based’ healthcare processes. Emergency room physicians will have instant access to a patient’s historical health care information (medications, allergies, historical encounters, etc.) improving the quality of delivered care. Medicaid patients will have more access to improved primary care through Care Coordination Networks, reducing the usage of Emergency Rooms for primary care visits, and as a result reducing health care costs. Physicians will report quality measures through a central data system, allowing them to monitor progress real-time on meeting benchmarks to incentivize preventive care in the primary care setting. Mental health services will be delivered in a more patient and family centric model through a new coordinated system of care allowing patients to move away from institutions and into to the community. Medicaid and other health care fraud, waste, and abuse will be reduced and offenders prosecuted. Finally, these HIT solutions will be delivered in a service-based model with a business strategy that provides true value to health care consumers, taxpayers, health care providers, and local, state and federal officials.”

The Louisiana Department of Health and Hospitals (DHH) and its partners recognize that, as a pilot program, the RHCPP is a means to test and improve the services enabled by the availability of greater bandwidth and inter-connectivity. DHH and its partners value the support of the FCC and USAC in developing and refining a communications network that will greatly improve the accessibility and efficiency of medical services but understand that initial funding from the Federal government is time-limited.

a. What is your project’s source for 15% Funding?

DHH is conducting the project in two phases: Network Design (Phase 1) and Network Implementation (Phase 2). For Phase 1, the State of Louisiana through DHH provided the 15% funding on behalf of all approved network members. As each site is connected in Phase 2, DHH will provide the 15% funding on behalf of DHH sites. Non-DHH network members (LSU and individual HCPs) are prepared to provide their own 15% shares for the remainder of the funding period.

b. Do you have any commitments from Network Members?

LA DHH Information Technology is authorized to manage all telecommunications services for all DHH offices. For HCPs outside the department, DHH has requested and received verbal commitments and written letters of agency from all network members who intend to participate.

In Phase 2, LA DHH will negotiate with AT&T a master agreement with price schedules that will be available to all participating HCPs. LSU and individual HCPs will sign contract riders with AT&T for services subscribed.

DHH and LSU sites comprise approximately 70% of network users. Both state agencies are prepared to use state general funds to continue operation of the network beyond the funding period.

Individual HCPs who recognize benefits from the program will use their own operating funds to pay for continued participation. Some of these HCPs as well as some of the DHH sites are eligible for funding through the regular program.

c. What is the length of your sustainability period?

The resulting network will be sustained by its members indefinitely. A plan to transfer from RHCPP to self-funding will become effective one year prior to the end date and will continue for one year after. Components of the transition plan include no termination or early cancellation fees, renewal options for network services for two years beyond the end of RHCPP funding and an offer for users of Managed Router Service to purchase the equipment at a depreciated price.

d. Can you create a budget for your sustainability plan at this time?

DHH entities. Nearly 65% of network members are DHH entities. DHH will sustain the participation of its own sites in the network through budgeted state funds.

DHH currently spends approximately \$941,654 each year on recurring network costs for the 160 DHH sites that initially intended to participate in the RHCPP. Although precise network expenditures associated with the RHCPP are yet unknown, DHH estimates recurring network costs at the conclusion of the RHCPP to total approximately \$1.2 million for the DHH sites. This amount will be reduced closer to current network expenditures after eligible rural DHH sites are transferred to the "Regular Program" (RHCP). Any resulting difference in network expenditures will be minor and realistically sustainable through annually budgeted state funds. Over the remaining RHCPP funding period, DHH will take steps to ensure that state funding for network infrastructure costs remain available when the program ends.

Non-DHH entities. In Phase 1, the network designer surveyed the participants to determine each participant's level of need and their willingness to devote funds for joining the network. Those who choose to participate are aware that they will need to budget for recurring network expenses in order to maintain connectivity.

When contracting for connections to the network, non-DHH network members must agree to provide DHH with regular reports of utilization and performance, and they must provide a written agreement to pay both the 15% share while they participate in the program and all continuing costs if they choose to use the service after the program ends.

e. Will there be any use of the Network by Non-Eligible Entities?

All potential participants in the program thus far are eligible entities. Any non-eligible entities that choose to participate will be required to pay a fair and appropriate share of costs.

f. Who will be in charge of managing of the Network?

The network vendor shall provide comprehensive network management including installation, network monitoring and maintenance up to the carrier demarcation point. DHH-IT will manage equipment beyond the carrier demarcation point for all participating DHH entities. The majority of non-DHH entities do not have their own IT staff and will procure managed equipment services. Larger health care providers with IT staffs have the option to manage equipment beyond the carrier demarcation point at each of their facilities.

AT&T will send invoices to each participating entity. DHH will be responsible for reviewing and validating invoices before they are submitted to USAC.

g. Are there any assumptions of Continued RHC Funding:

At the conclusion of the RHCPP, eligible rural entities will roll over to the Regular Program. The remaining share of recurring network costs will be paid by eligible

entities, and full share will be paid by ineligible entities. DHH and LSU will pay the remaining share for their eligible rural sites and full share for urban sites.

h. Will you be using State and Federal funding to sustain your project?

State general funds will be used to sustain the project for LA state agencies (LSU & DHH). The Rural Health Care regular program will be used for eligible rural entities. Non-DHH entities are expected to sustain their own participation in the network with regular program support as appropriate.

i. Does your project include any Prepaid Lease Options?

This project does not include any prepaid lease options. Louisiana DHH intends to enter into a service contract with a telecommunications carrier to provide broadband network services for a contract term of 3 years with renewal options.

j. Does your project plan to have any up Front Charges and/or Monthly Lease Charges?

Several DHH entities will incur up-front charges to upgrade their access facilities for Metro Ethernet. Lease charges comprise the monthly recurring fee for network access. Non-DHH entities are also expected to incur up-front and monthly charges.

DHH has no plans to “front load” any recurring costs for broadband services.

k. Please discuss your Selected Options.

DHH does not plan to use any of the options as described in “Excess Bandwidth and Excess Capacity Scenarios”. At this point DHH does not anticipate the need for fees for eligible entities. Non-eligible entities who wish to participate will be required to pay a fair and appropriate share of costs.

The fundamental benefit of RHCPP to HCPs throughout the Louisiana is the funding for network access upgrades and to create a core network with the capacity and connectivity needed to provide enhanced telemedicine and medical informatics to the citizens of the state.

10. Provide detail on how the supported network has advanced telemedicine benefits:

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant’s Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community’s ability to provide a rapid and coordinated response in the event of a national crisis.

To be determined.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

To be determined.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

To be determined.

Participating Health Care Providers (response to #2)

Public/ State Gov't - Louisiana State University Health Sciences Centers				
Bogalusa Medical Center Inpatient Campus	433 Plaza St	Bogalusa	LA	70427
E. A. Conway Medical Center	4864 Jackson St	Monroe	LA	71210
Earl K. Long Medical Center	5825 Airline Highway	Baton Rouge	LA	70805
England Airpark Outpatient Center	2351 Vandenburg Drive	Alexandria	LA	71303
Huey P. Long Medical Center	352 Hospital Boulevard	Pineville	LA	71361
Lallie Kemp Regional Medical Center	52579 Highway 51 S	Independence	LA	70443
Leonard J. Chabert Medical	1978 Industrial Boulevard	Houma	LA	70363
LSU Health Sciences Ctr Shreveport	1501 Kings Hwy	Shreveport	LA	71130
Interim LSU Hospital	2021 Perdido St	New Orleans	LA	70112
University Medical Center	2390 West Congress St.	Lafayette	LA	70506
Walter Olin Moss Regional Medical Center	1000 Walters St	Lake Charles	LA	70607
LSU HSC Resource Center Building Data Center*	433 Bolivar Street	New Orleans	LA	70112
LSU Department of Public Safety Data Processing Center*	8001 Independence Boulevard	Baton Rouge	LA	70806
Louisiana Not-for-Profit Treatment Facilities				
Abbeville General Hospital	118 North Hospital Drive	Abbeville	LA	70510
Abrom Kaplan Memorial Hosp.- ICO	1310 West Seventh Street	Kaplan	LA	70548
Acadia-St. Landry Hospital - ICO	810 South Broadway St	Church Point	LA	70525
Allen Parish Hospital --ICO	108 6th Avenue	Kinder	LA	70648
American Legion Hospital	1305 Crowley Rayne Highway	Crowley	LA	70526
Baton Rouge General Medical Center (Bluebonnet)	8585 Picardy Ave	Baton Rouge	LA	70821
Baton Rouge General Medical Center (Mid-City)	3600 Florida Blvd	Baton Rouge	LA	70806
Beauregard Memorial Hospital	600 South Pine Street	DeRidder	LA	70634
Bunkie General Hospital	427 Evergreen St.	Bunkie	LA	71322
Christus Coushatta Health Care Ctr	1635 Marvel St.	Coushatta	LA	71019
Christus St.Frances Cabrini Hospital	3330 Masonic Drive	Alexandria	LA	71301
DeSoto Regional Health System	207 Jefferson St	Mansfield	LA	71052
Franklin Medical Center	2106 Loop Road	Winnsboro	LA	71295
Homer Memorial Hospital	620 East College Street	Homer	LA	71040
Hood Memorial Hospital	301 West Walnut St.	Amite	LA	70422
Iberia Medical Center	2315 E Main St	New Iberia	LA	70562
Jackson Parish Hospital	165 Beech Springs Road	Jonesboro	LA	71251
Jennings American Legion Hospital	1634 Elton Road	Jennings	LA	70549
Lady of the Sea General Hospital	200 W 134th Pl	Cut Off	LA	70345
Lafayette General Medical Center	1214 Coolidge Avenue	Lafayette	LA	70503
Lane Regional Medical Center	6300 Main Street	Zachary	LA	70791
LaSalle General Hospital --ICO	187 Ninth Street / Hwy 84 West	Jena	LA	71342

Morehouse General Hospital	323 West Walnut	Bastrop	LA	71220
Natchitoches Regional Medical Center	501 Keyser Ave	Natchitoches	LA	71457
North Caddo Medical Center - ICO	1000 South Spruce Street	Vivian	LA	71082
Opelousas General Health System	539 E. Prudhomme St.	Opelousas	LA	70570
Our Lady of Lourdes Regional Medical Center	611 Saint Landry St	Lafayette	LA	70502
Our Lady of the Lake RMC	5000 Hennessy Boulevard	Baton Rouge	LA	70808
Pointe Coupee General Hospital	2202 False River Dr	New Roads	LA	70760
Prevost Memorial Hospital	301 Memorial Drive	Donaldsonville	LA	70346
Richardson Medical Center	254 Highway 3048	Rayville	LA	71269
Richland Parish Hospital - Delhi	407 Cincinnati St	Delhi	LA	71232
Riverland Medical Center	1700 N. E. E. Wallace Blvd	Ferriday	LA	71334
Riverside Medical Center	1900 South Main St.	Franklinton	LA	70438
Springhill Medical Center --ICO	2001 Doctors Drive	Springhill	LA	71075
St. Charles Parish Hospital	1057 Paul Maillard Rd	Luling	LA	70070
St. Elizabeth Hospital	1125 W Highway 30	Gonzales	LA	70737
St. Francis Medical Center	309 Jackson St	Monroe	LA	71210
St. Francis Medical Center North Campus)	3421 Medical Park Dr	Monroe	LA	71203
St. James Parish Hospital	1645 Lutcher Ave	Lutcher	LA	70071
St. Martin Hospital --ICO	210 Champagne Boulevard	Breaux Bridge	LA	70517
St. Tammany Parish Hospital	1202 South Tyler Street	Covington	LA	70433
Terrebonne General Medical Center	8166 Main Street	Houma	LA	70360
Tri-Ward General Hospital	409 First Street	Bernice	LA	71222
Union General Hospital	901 James Avenue	Farmerville	LA	71241
West Calcasieu Cameron Hospital	701 Cypress Street	Sulphur	LA	70663
West Feliciana Parish Hospital	5266 Commerce Street	St. Francisville	LA	70775
West Jefferson Medical Center	1101 Medical Center Blvd	Marrero	LA	70072
Public/ State Gov't - La. Department of Health & Hospitals				
Allen Parish Health Unit	145 Hospital Drive	Oakdale	LA	71463
Amite Regional Laboratory	104 North First Street #A	Amite	LA	70422
Acadia Parish Health Unit	530 West Mill Street	Crowley	LA	70526
Ascension Parish Health Unit - Donaldsonville	901 Catalpa Street	Donaldsonville	LA	70346
Ascension Parish Health Unit - Gonzales	1024 S. E. Ascension Complex Avenue	Gonzales	LA	70737
Assumption Parish Health Unit	158 Highway 1008	Napoleonville	LA	70390
Avoyelles Parish Health Unit	657 Government Street	Marksville	LA	71351
Beauregard Parish Health Unit	216 Evangeline Street	DeRidder	LA	70634
Bienville Parish Health Unit	1285 Pine Street	Arcadia	LA	71001
Bossier Parish Health Unit	3022 Old Minden Road	Bossier City	LA	71112
Caddo Parish Health Unit	1035 Creswell Avenue	Shreveport	LA	71101
Calcasieu Parish Health Unit	3236 Kirkman Street.	Lake Charles	LA	70601
Calcasieu Parish Health Unit - Sulphur	201 Edgar Street	Sulphur	LA	70663
Caldwell Parish Health Unit	501 Collins Road	Columbia	LA	71418
Catahoula Parish Health Unit - Jonesville	200 Third Street	Jonesville	LA	71343
Central Laboratory	3101 West Napoleon	Metairie	LA	70001

	Avenue			
Children's Hospital (Metropolitan CSHS)	200 Henry Clay Avenue	New Orleans	LA	70118
Claiborne Parish Health Unit	624 West Main Street	Homer	LA	71040
Concordia Parish Health Unit	905 Mickey Gilley Avenue	Ferriday	LA	71334
Delgado Clinic (Metropolitan STD Clinic)	517 North Rampart Street	New Orleans	LA	70112
De Soto Parish Health Unit	113 Jefferson Street	Mansfield	LA	71052
East Baton Rouge Parish Health Unit	353 North 12th Street	Baton Rouge	LA	70802
East Carroll Parish Health Unit	403 Second Street	Lake Providence	LA	71254
East Feliciana Parish Health Unit	12080 Marston Street	Clinton	LA	70722
Evangeline Parish Health Unit	1010 West LaSalle Street	Ville Platte	LA	70586
Franklin Parish Health Unit	6614 Main Street	Winnsboro	LA	71295
Grant Parish Health Unit	340 A Webb Smith Drive	Colfax	LA	71417
Iberia Parish Health Unit	121 West Pershing Street	New Iberia	LA	70560
Iberville Parish Health Unit	24705 Plaza Drive	Plaquemine	LA	70764
Jackson Parish Health Unit	228 Bond Street	Jonesboro	LA	71251
Jefferson Davis Parish Health Unit	403 Baker Street	Jennings	LA	70546
Jefferson Parish Health Unit - Marrero	1855 Ames Blvd.	Marrero	LA	70072
Jefferson Parish Health Unit - Metairie	111 North Causeway Blvd.	Metairie	LA	70001
Lafayette Parish Health Unit	220 Willow Street	Lafayette	LA	70501
Lafourche Parish Health Unit	2535 Veterans Blvd.	Thibodaux	LA	70301
Lake Charles Regional Laboratory	721 East Prien Lake Road	Lake Charles	LA	70602
LaSalle Parish Health Unit	1673 North Second Street	Jena	LA	71343
Lincoln Parish Health Unit	405 East Georgia Avenue	Ruston	LA	71270
Livingston Parish Health Unit	20399 Government Boulevard	Livingston	LA	70754
Madison Parish Health Unit	606 Snyder Street	Tallulah	LA	71282
Morehouse Parish Health Unit	650 School Road	Bastrop	LA	71220
Natchitoches Parish Health Unit	625 Bienville Street	Natchitoches	LA	71457
Orleans Parish Health Unit	3306 Tulane Avenue	New Orleans	LA	70119
Ouachita Parish Health Unit	1650 DeSiard Street	Monroe	LA	71201
Personal Health (STD) Clinic	2751 Wooddale Boulevard	Baton Rouge	LA	70805
Pointe Coupee Parish Health Unit	282 B Hospital Road	New Roads	LA	70760
Rapides Parish Health Unit	5604 A Coliseum Boulevard	Alexandria	LA	71303
Red River Parish Health Unit	2015 Red Oak Road	Coushatta	LA	71019
Richland Parish Health Unit	21 Lynn Gayle Robertson Road	Rayville	LA	71269
Sabine Parish Health Unit	1230 West Louisiana Avenue	Many	LA	71449
St. Bernard Parish Health Unit	2712 Palmisano Blvd.	Chalmette	LA	70043
St. Helena Parish Health Unit	100 North Second Street	Greensburg	LA	70441
St. Landry Parish Health Unit - Eunice	131 City Avenue	Eunice	LA	70535
St. Landry Parish Health Unit - Melville	226 Havard Street #A	Melville	LA	71353
St. Landry Parish Health Unit - Opelousas	308 West Bloch Street	Opelousas	LA	70750
St. Martin Parish Health Unit	303 West Port Street	St. Martinville	LA	70582

St. Mary Parish Health Unit	1200 David Drive	Morgan City	LA	70380
St. Tammany Parish Health Unit	105 Medical Center Drive	Slidell	LA	70461
Shreveport Regional Laboratory	533 Vine Street	Shreveport	LA	71101
Tangipahoa Parish Health Unit - Amite	330 West Oak Street	Amite	LA	70422
Tangipahoa Parish Health Unit - Hammond	15481 West Club Deluxe Road	Hammond	LA	70403
Tensas Parish Health Unit	1115 Levee Street	St. Joseph	LA	71366
Terrebonne Parish Health Unit	600 Polk Street	Houma	LA	70360
Union Parish Health Unit	1002 Marion Highway.	Farmerville	LA	71241
Vermillion Parish Health Unit	2501 Charity Street	Abbeville	LA	70510
Vernon Parish Health Unit	406 West Fertitta Boulevard	Leesville	LA	71496
Washington Parish Health Unit - Bogalusa	626 Carolina Avenue	Bogalusa	LA	70427
Washington Parish Health Unit - Franklinton	120 11th Avenue	Franklinton	LA	70438
Webster Parish Health Unit - Minden	1200 Homer Road	Minden	LA	71055
Webster Parish Health Unit - Springhill	218 First Street N.E.	Springhill	LA	71075
West Baton Rouge Parish Health Unit	685 Louisiana Avenue	Port Allen	LA	70767
West Carroll Parish Health Unit	402 Beale Street	Oak Grove	LA	71263
West Feliciana Parish Health Unit	5154 Burnett Road	St. Francisville	LA	70775
Winn Parish Health Unit	301 West Main Street	Winnfield	LA	71483
Allen Mental Health Center	402 Industrial Drive	Oberlin	LA	70655
Assumption Mental Health Center	2632 Highway 1	Labadieville	LA	70372
Beauregard Mental Health Center	106 West Port Street	DeRidder	LA	70634
Crowley Mental Health Center	1822 West Second Street	Crowley	LA	70527
Dr. Joseph Henry Tyler, Jr. Mental Health Center	302 Dulles Drive	Lafayette	LA	70506
Jonesboro Mental Health Center	4134 Highway 4 East	Jonesboro	LA	71251
Jonesville Mental Health Center	2801 Fourth Street	Jonesville	LA	71343
Lafourche Mental Health Center	157 Twin Oaks	Raceland	LA	70394
Lake Charles Mental Health Center	4105 Kirkman Street	Lake Charles	LA	70607
Leesville Mental Health Center	105 Belview Road	Leesville	LA	71446
Lurline Smith Mental Health Center	900 Wilkinson Street	Mandeville	LA	70448
Mansfield Mental Health Center	501 Louisiana Avenue	Mansfield	LA	71052
Many Mental Health Center	265 Highland Drive	Many	LA	71449
Minden Mental Health Center	435 Homer Road	Minden	LA	71055
Monroe Mental Health Center	4800 South Grand Street	Monroe	LA	71210
Natchitoches Mental Health Center	210 Medical Drive	Natchitoches	LA	71457
New Iberia Mental Health Center	611 West Admiral Doyle Drive	New Iberia	LA	70560
Opelousas Mental Health Center	220 South Market Street	Opelousas	LA	70570
Red River Mental Health Center	1313 Ringgold Avenue	Coushatta	LA	71019
Richland Mental Health Center	115 Christian Drive	Rayville	LA	71269
River Parishes Mental Health Center	1809 West Airline Highway	LaPlace	LA	70068
Ruston Mental Health Center	901 White Street	Ruston	LA	71270
Shreveport Mental Health Center	1310 North Hearne Avenue	Shreveport	LA	71137

South Lafourche Mental Health Center	127 East 123rd Street	Galliano	LA	70354
St. Mary Mental Health Center	500 Roderick Street	Morgan City	LA	70380
Tallulah Mental Health Center	1012 Johnson Street	Tallulah	LA	71282
Terrebonne Mental Health Center	5599 Highway 311	Houma	LA	70360
Ville Platte Mental Health Center	312 Court Street	Ville Platte	LA	70586
Winnsboro Mental Health Center	1301 B Landis Street	Winnsboro	LA	71295
SWLA Center for Health Services at Lake Charles	2000 Opelousas Street	Lake Charles	LA	70601
Rosenblum Mental Health Center	130 Robin Hood Drive	Hammond	LA	70403
Villa Feliciana Medical Complex	5002 Highway 10	Jackson	LA	70748
Information Services Building*	1800 North Third Street	Baton Rouge	LA	70802
DHH Hammond Hub Site*	206 Western Avenue	Hammond	LA	70401
DHH Shreveport Hub Site*	5401 Shed Road	Bossier City	LA	71111
Louisiana Tech Disaster Recovery Site*	711 West California Avenue	Ruston	LA	71270

*Indicates hub site or data center that are listed on 465 Attachment as ineligible health care provider, but are eligible network components that will be assigned to an eligible health care provider.