Tracking #	87487
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Contract Compliance:

Contract Review and Certification

	and the information is accurate and complete.
Signature:	CONTRACTOR/NETWORK MANAGEMENT CONSULTANT/REPRESENTATIVE Date:
Signature:	DIRECTOR Lattest that the contract has been reviewed, and the information is accurate and complete. Date: 10/11/2014
Signature:	LEGAL DEPARTMENT I have reviewed and approved the non-standard language used in this contract. Date:
Signature:	HEALTHCARE ANALYTICS I have received and approved the fee schedule/rates. Date:
Signature:	REGIONAL VICE PRESIDENT
Signature:	MEDICAL DIRECTOR (as necessary) Date:
Date Routed to PO: Signature: Retroactive Effective Effective Date:	PROVIDER OPERATIONS (PO) Date Received: Date: Date? Y/N Approved? M R RA Date Returned to CC
Date Routed to PR: Signature: Date Loaded: Date Returned to CC:	PROVIDER REIMBURSEMENT (PR) Date Received: Date:
ate Routed to PDO: Signature: Date Loaded:	PROVIDER DATABASE OPERATIONS (PDO) Date Received: Date: Date Routed to PDO
ate Routed to CC: Bignature:	CONTRACT COMPLIANCE (CC) Date Received: Date:



Common Submission Form

N/A	New Contract	○ This Is	An Amendment	Tracking	g # 87487	
CSF Purpose: Termination				☐ Priorit	ty Handling Requ	ested
A) Business Intent:	Contract of the contract of th	en to the transfer of the control of	and a find of the second of th	Tax ID: 58	32145629	initia) ka indaga bala atawa ka anaka ini anaka ini a
Discuss Business Intent			Demo	graphic Change Only?	? O YES	NO
Please terminate provider from Medi previously. He is remaining active a	cal contracts only at loc	cation, 182	1 - 55			
previously. He is remaining active a	t the locations as NON I	PAR (load a	as IDNP) on the	Medical side. Corresponden	ce attached	ive been completed
B) Retroactivity:				and and a great of the section of th	The second secon	enter or care acceptable reserve the repulsement in
Will this CSF result in retroactivity?	(REQUIRED)	O YE	s O NO			d married y all grown and the contraction is to provide the contract of the financian contraction of the con
* If this CSF is a New Contract or ar	Amendment, is it the re			of Comband on A		
			9 Not Result	of Contract or Amendment	O Negotiation	O Quality Issue
* Responsible Party / Market Netw	vork Management			Retroactivity Reason	NM-Retro Changes d	ue to Network
Responsible Party / PO					management Submis	sion Error <1k clair
Retro Adjustments Requested?		R	etroactivity Com	Retroactivity Effective Date:	3/10/2016	
Estimated Dollar Amount of Adjustm			si # 12606 Retr			
	ent.		n lakelin talan sagaran sagaran keningan keninggan sagaran sagar	an ananaganag sa saas saa ahaa ahaankan ahaa ahaa ahaa ahaa aha		and the sign of th
Interest Owed?		P		et Commonter		
Date Issue Identified:	AND AND AND ADDRESS OF THE PARTY OF THE PART		rompt Pay Intere	est Comments;		south francisco Constitution Co
Date Issue Identified:	er 1912929878		//A	St Comments.		
Image Numbe	er 11912929878			The Committee of the Co		
	er 11912929878			St Comments:		
Image Numbe	er [1912929878					
Image Numbe	er 1912929878	Numbe	r of Individual Pr			
Image Number C) PDO Updates: Are PDO Updates Required? • YES NO		Numbe	r of Individual Pr	oviders =		
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information		Numbe Numbe	r of Individual Pr	roviders = 11 prds To Be Updated = 11		
Image Number C) PDO Updates: Are PDO Updates Required? • YES NO		Numbe Numbe	r of Individual Pr	oviders =		(404) 842-8703
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information		Numbe Numbe	r of Individual Prof QCare Reco	oviders = 11 ords To Be Updated = 11 Actual Date Rec'd:		(404) 842-8703
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information Name: Sonia Ferris		Numbe Numbe	r of Individual Prof QCare Reco	Poviders = 11 Pords To Be Updated = 11 Actual Date Rec'd: 2/26/2016	Phone:	(404) 842-8703
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information Name: Sonia Ferris E) Provider Information:		Numbe Numbe Sta 10/	r of Individual Prof of QCare Reco	Poviders = 11 Pords To Be Updated = 11 Actual Date Rec'd: 2/26/2016		(404) 842-8703
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information Name: Sonia Ferris E) Provider Information:	State Li	Numbe Numbe Sta 10/-	r of Individual Prr of QCare Reco	Poviders = 11 Pords To Be Updated = 11 Actual Date Rec'd: 2/26/2016	Phone:	(404) 842-8703
Image Number C) PDO Updates: Are PDO Updates Required? YES NO O) Completed By Information Name: Sonia Ferris E) Provider Information: CCare ID: First Name: Vincent	State Li Middle	Numbe Numbe Sta 10/-	r of Individual Prr of QCare Reco	Actual Date Rec'd: 2/26/2016 NF	Phone:	
Image Number C) PDO Updates: Are PDO Updates Required? YES NO D) Completed By Information Name: Sonia Ferris E) Provider Information: QCare ID: First Name: Vincent Suffix: Title: DDS	State Li Middle Initial:	Numbe Numbe Sta 10/-	r of Individual Prr of QCare Reco	oviders = 11 Actual Date Rec'd: 2/26/2016	Phone:	(404) 842-8703 Ext.
Image Number C) PDO Updates: Are PDO Updates Required? YES NO O) Completed By Information Name: Sonia Ferris E) Provider Information: CCare ID: First Name: Vincent	State Li Middle Initial: J Contact Name:	Numbe Numbe Sta 10/-	r of Individual Prof QCare Reconstruction 10/2016	Actual Date Rec'd: 2/26/2016 NF	Phone:	

F) Group Information:

	Provider Group Name:	
PHO Designation:		
	The official and which the control of the control o	Requires New Pricing Grid
ed in this Agreement		☐ Not Eligible To Reapply
Tax Name: South OMS		NPI #: 1720274798
2nd		2nd
Tax Name:	A TO SEE THE SECOND SHEET AND SECOND SHEET OF SECOND SHEET AND SECOND SHEET OF SECOND SHEET AND SECOND SHEET	NPI #:
		ANA COMPANIA SE ANU SE POR ASSA AS ESCRIPTOS O PROSESTA A SUR ASSA ESCRIPTOS AS ESC
trond. MCC Street End		
Anna Carrier and a second of the second development and the second developm	- North American Control of the Cont	
Annual Company of the	en gan di	County:
3x:	Primary	
iress1: 288 Hwy 314	Address2:	
tate: GA Zip: 30214	Market:	County:
Fax:	Primary	
ress1: 182 Jefferson Pkwy	Address2: IS	uite A
	I.u.	County:
and the second	The same of the sa	Journal of the second of the s
	Tax Name: South OMS 2nd Tax Name: Press1: 406 Stevens Entry State: GA Zip: 30269 Fax: Press1: 288 Hwy 314 tate: GA Zip: 30214	Tax Name: South OMS 2nd Tax Name: Address1: 406 Stevens Entry Address2: State: GA Zip: 30269 Market: Primary Address2: Iress1: 288 Hwy 314 Address2: Fax: Primary Address2: Fax: Primary Address2: State: GA Zip: 30263 Market:

*	Tracking #	87487
L) Hospital Privilege:		Reserve Statement of the State of State of
M) Language:		
Staff Language: Practictioner	Language:	
N) Contract Status:		
Credentialed Application CAQH Current Panel Size: Date Sent to Andover Date Returned from Andover	Credentialing Date Approved	
O) Member Move:		
Indicate where to move members if it is required		
	Notice of Chicago consistent and all the following the Chicago of Chicago contract and account and the Arthur Archive Chicago Chicago of Chicago Chica	addisas in Asia (1944 194). Biologic Carlos Communication (1944 1944 A.C. a Archive (1944 a
	e service en entre entre entre entre en la communication de la com	erra kun disen katangan di terbahkan selah sebagai kecamatan kananan kananan perajah per
P) Billing/Contract Information :		
Billing Format: CMS1500 Existing Contract I	D:	er Albahilatikan 1807 (ku fundi Palahilandu) nu usu di dundunuk di Panushadi naturu untaru Adekupal
Contract Status:		
Affiliated With An Existing Contract?		
		Mit or Tan Services & decreens orders as as 18 1864 drawn Survivas (1965). Place of Conserving
Q) Contract Type: (Professional/Facility/Ancillary)		
Type Network ID Type ID	Contract Dates	i
Professional PPO SPEC 2842	Effective Termination	Expire
Regardless Of Billed Use Current	Antonio con con a transporta de attracto partir. La como en consecuencia de consecuencia de consecuencia de co	t Evergreen
Lesser Of Charges	is contrac	t Evergreen
Site Of Service		greement
Drugs Reimbursed at Corporate Methodology	Effective Date	Termination Date
If Capitated, Over & Above	gerschaden in der gewicken der der gestellt der gewicken der	
Medicare Based Fee Year RBRVS	Processing of Security of Company	Fig. 20 to the said made of the consequent
Update With Medicare A1 % A2 %	Timeliness Of Filing 180 Da	ays
Termination Reason:	The commencer of the co	WATER AND DEP
Type Network ID Type ID	Contract Dates	}
Professional Traditional (PAR) SPEC 3400	Effective Termination	
Regardless Of Billed Use Current	Account to the contract of the	
Lesser Of Charges	Is Contrac	ct Evergreen
Site Of Service	Blanket /	Agreement
Drugs Reimbursed at Corporate Methodology	Effective	Termination
If Capitated, Over & Above	Date	Date
Madienza Penad See	to the company of the	1
Medicare Based Fee Year RBRVS Update With Medicare A1 % A2 %	ngin of the state of	
	Timeliness Of Filing 365 D	ays
Termination Reason:		a property of the

		Trackin	g# 8748	37
Contract Other Comments		IRF	NST / GNT	Pricing Code
	Medicare Advantage-HMO-Facility			
	Medicare Advantage-HMO-Professional Medicare Advantage-PPO-Facility			
Manufactures	Medicare Advantage-PPO-Professional			
NO.	Medicare Advantage-HMO-Facility-2			
	Medicare Advantage-HMO-Professional-2 Medicare Advantage-PPO-Facility-2			
R) Contract Language:	Medicare Advantage-PPO-Professional-2			
Contract Language Standard	Red Line Attached			
Contract Language Comments	Specify contract intent if Non-Standard:	No producer and the second second	inga and i serin lengsi o assen	mportuna en
				e se esta esta esta esta esta esta esta
S) Contract Reimbursement:				en e
Date Fee Schedule Requested From HCA		menenaka di Asil sada melah yang labah sada sakumbun kengan	ir i sant undant vijurt mil tri konsthelente eksendynnes	albaminet elektrolak kindelektrolak kindelektrolak elektrolak elektrolak elektrolak elektrolak elektrolak elek
Discuss intent of reimbursement structure if Non-Standard:	Chargemaster Adjustment Comments			
	gas harrienten erre at an dien met anneuering der at harring melden er flagt van zuge valge Gest zich erhalb stechende stellere zich er stellere zich er der stellere zich er stellere zich er der zic	Allowali Allowali Allowali aliku da kata kata kata da k		
	Andreas Construction to add that I are bridge to add the State of the	t utilitatur o o a kano kano mano monto o	e. di ace vita i lurane medicana anarana i luai	dana Cadansa W
	oes this contract qualify as an INC under the terms of th	e Managed	Care Settle	ment
	ustom Reimbursement (higher than region standard)			
	ermination Not For Cause (Other than 120 days) see Schedule can be reduced more than once per year			
	on-Standard reimbursement for Vaccines/Injectibles			
Includes withhold on risk pool	,			
Default Pricing	PA Exceptions			
	CAMANINAP SANTA SIMANINA PARAMENTAL AND		in distribution and all the developments the Advanta	CALCULATION OF
The second section and the second section and the second s		ten sempes top semperature.	g gapana anakangan kepaga kanana m	
Add Provider				
		rager a si sanga		
Add Tax ID	Tax Effective Date			
Reason for Additional Tax ID	ACCESSOR ACCESSOR CONTROLLED AND ACCESSOR ACCESO	of allegatural scales and control of allegature states and allegat	CALANT ET PERMINISTER EN L'ÉCHALLE AND ACTUAL	algorithm of the second se
Change Tax ID		in the first section of the electric section	e etalogica en estados estados en un estados en estados en estados en estados en el estados en el estados en e	ekolokorantailataran kuntarran S. Sinsila, um.
Reason for Tax ID change				
Should the CURRENT Tax Affiliation be terminated? (A	Applies only if the Tax info is changing)			
	New American Control of the Control			
Add Other	en la la como contrata de empero que o meste de mes se propositores a desagrado en sea Confederación de desegua de entre de la como de el como de esta de entre de en		Materio de mantina coma Senio de la compa	
Change Other				
	nn 1 mar an	n is any mark operator of the	as distribution of the control of th	alpanakostonia joskinia sieka ir sie skini
T) Special Instructions:				
Comments			KANDEN KANDAN MANANTAKAN	

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87487

✓ Submitted

Date Submitted: 10/10/2016 3:14:31 PM

arox WC 7545 Microsoft Outlook - Memo Style Fri Oct 14 15:22:57 2016 Media Type: Default Color: Gray Print Quality: Standard olor Adjustments: Customized Automatic Setup

Ferris, Sonia

From:

Lawrence, Deborah

Sent: To:

Friday, October 14, 2016 2:27 PM

Sood, Pawan; Ferris, Sonia

Subject:

Retro 16206 Approvals Complete

Retro 16206 approvals are complete.

Provider: Vincent Perciaccante, Vincent Perciaccante

Anthem Id(s): NA

Contract Manager: Ferris, Sonia Provider Type: Professional

Market: Georgia Business Unit:

Impact (Estimated claims): 100 Name of Requestor: Ferris, Sonia

Type: Request

Reason: PS-Retro Changes due to Network Management Submission Error =<1K Claims

View Retro Details

CSF# 87487

Georgia Provider Solutions CSF Verification List

	Did you include the CSF Purpose?		1				Oversitori Did you indicate all applicable Networks and the	100	Respo	nse	Additional instructions
	Total you include the CSF Purpose?	YES	N/2	4		429	Contract ID for each Natwork?	#	100	AVA	
		1			If this update applies to multiple tax id's, please			1	Tara.	-	10
		1		- (indicate multiple and use the special instructions			!	Mi	į	
		1			field to it the ate what documentation is provided to:			1 1	-		¥1
*******	Oid you include the applicable Tax (d(s)?	100	N/	. 1	indicate the tax ids, i.e. a specialished or roster.			1/		1	
	Has the Business Intent been completed?	U.S.	54/2		a decare the tax as, or a specialistice, or roster.	#30	Old you indicate effective date?	VES		1/4 .	
	is this a retro?	1	14/4	-		431	Is this an individually Negotiated Contract?	YES	3.	1/6	If N/A, skip to FAS
	1	100	11111	-	if N/A, skip to Question #11	#32	Dipes Lessar of Language Apply?	YES	100	1/9	
	Do you have a signed EOA?	YES	1			1		1			
	Does the end date on your LOA meet the processing one	1	1	-		#33	Uses Site of Service Language Apply?	YES	130	4/A	
	'aquitements?	YES	NI	. 1		#34		1		1	
		-				7.34	Are Ortuga reimbursed at Corporate Methodology?	422	1	I/A	
	Coes your retra regrate adjustments?	15	N/A		1	#35	halle at the second second		1-1	1	
		1	H				Is this a Medicare Based Fee? What Year?	Y=4		4/A	
	Old you include the ritto # and copy of approva?	145	N/A			ø36	If not priced by Medicare, is the fee based on RBRVS (Resource Rased Relative Value Schadule)?	1			
							Leavante parket Rividiné a dine attractifé) s	YES	1	/A	
~	Did you include the retro reason?	125	NIA			#37	Did you include the Medicare Rate Sheet?	YES		1	
	Dis you include the prompt pay form?					1	the inches that Shear?	1115	1-1	/4	
	sections the prompt pay form?	VE5	MA	-		#38	Did you include the Mielicare Advantage GNT(s)	YES	11.	ija	
	Oid you include the image/file Net Number?		1	1	1		331(5)	110	11	4	-
	the tree the middle was the property	Y55	- NA			239	Qid you include the Medicare Advantage (HFix)	YES	11.	I/A	
	Diri von ordinate if PDO updates are required?	/	N/A			1		1	11	100	7
	Did you indicate the number of incividual providers and	245	N/A	4		#40	Loes Lab Pricing apply (applies only to HMO)?	YES	11	I/A	
	records to be updated?	YES	N/A	- 15			Opes the Statewide in office lab ast apply (applies only	1	11		
	The state of the s	163	19/6	-		#41	to HMO)?	YES	1 1	VA	
	Have you included the name of the Provided (First and		1	1	1			i		-	
	Last) or the name of the Group/Facility?	1	N/a				Did you include the Reimbursement Attachment/Rate	į		i	
		12.	100	-		412	Si eqt?	YES	N	VA -	
				1			Did you include a Fee Schedule (for new contract or		H		
	Did you include the NPI /	NES !	14/4	- 18	1		nowly negotiated contract; if there are more than 2D	1		- 1	
		1	1	1		443	codas]	YES	IN	/A	9
		1	1	13	l i		Philippe and that arrange			1	·
	Is this a group agreement?	YSS I	N/A			144	Did you include the QHIP Scorecard [anny for QHIP rate increases]			- [i i
							If the Contract has to be built, it the effective date	YES	14	/A	A Company of the Comp
		1 1	1 2	1			more than 25 days from current date? (if not 1 is a			1	
	Does P40 decignation apoly?	YES	N.A	1		145	telra)		08		
	Does your Agreement/Amendment include mid-level provides?			-			7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VES	N	/A	
-	(14) Miles (1	YES	MA	1		#46	Did you indicate TOF for all Networks?	1		[3
	Should a center record be prested?	1	1 .	. 13			Does this request include Medicate? Old you provide	50	110	/A	-
	Tanada a contra Lactura de Suestrad.	YES	175	-		#47	the Medicare Advantage Contract Code?	YES		/	
	Did you include the provider's telephone number?		1	13			Do you have Special Instructions? If so, they should be	163			
	Have you included the Lax name of the Provider, Group of	TES	N/A	-		1/18	aligned to the Business Intent.	YES		10	
	Facility?		N/A		3			1	A.		1
-	Have you included the fax NP! for the Provider, Group or	-	-IN/A	+		149	Is Network Management Director Signature Required?	165	N	/A	
	Facility/	15000	N/A			1		-		-	
		-	Trech	+		#50	is Healthcare Analytics Signature required?	YES		A	
	Pad you indicate the Provider type?	200	N/A			1				1	
		enif-	7	+		#51	ls Legal's Signature required?	YES	-	4	
	Old you include all applicable physical and mailing	1	1						9.1	,	
	beations?	6	N/A			#52	Side and the state of the state		ě.	/	
			T			23	Did you include the sagged Contract or Amendment?	YES	Y	4	
		أمر	1			1 !			33	1	
	Old you include the Specialty?	1	1			1	Did you include the PCS (Plan Compensation Schedule)				
	The specialty	MES !	N/A	1		£53		YES	1,-	1	
	Call and include the Court of Court	ابدا	1					17.3	12	-	
	Oal you include the Credentialing sheet or Non-Cred		1		1	1				1	
	application (applies to new providers)?	YES	N/A	11		#54	Should this CSF as to Contract Cumpliance?	/	1	. 1	1
	Diel you endicate the Contract type?	1	N/A				TO TO CONTINUE CHIEDOTTE AN	£5	-11/	A 1	1
			-	لل							
	SONIA FERRIS										
	CANIA FEDDIC										