			
ıra	cki	ing	#

87487

Contract Compliance: Maggi

Contract Review and Certification

I attest that this CSF, Contract(s)/Amendment(s) have been revie

	nat this CSF, Contract(s)/Amendment(s) have been reviewed in full and the information is accurate and complete.
Signature:	Date:
Signature:	DIRECTOR contract has been reviewed, and the information is accurate and complete. Date: 0 / 1 / 2014
I have rev Signature:	LEGAL DEPARTMENT riewed and approved the non-standard language used in this contract.
	Date:
Circust	HEALTHCARE ANALYTICS I have received and approved the fee schedule/rates.
Signature:	Date:
	REGIONAL VICE PRESIDENT
Signature:	Date:
	MEDICAL DIRECTOR (as necessary)
Signature:	Date:
_	PROVIDER OPERATIONS (PO)
Date Routed to PO: Seldwill as	Date Received:
Signature:	Date
Retroactive Effective Date? Y/N Approved Effective Date:	d? M R RA
Lifective Date.	Date Returned to CC
Doto Douted Com	PROVIDER REIMBURSEMENT (PR)
	Date Received:
	Date:
Date Returned to CC:	Date Routed to PDO
	PROVIDER DATABASE OPERATIONS (PDO)
Pate Routed to PDO:	Date Received:
Signature:	Date:
Date Loaded:	Date Routed to PDO
	CONTRACT COMPLIANCE (CC)
ate Routed to CC:	Date Received:
Signature:	

Date:



Common Submission Form

New Contract Or	Amendment					
● N/A	○ This Is A New Con	ract 🔘 Th	nis Is An Amendment	Tracking	# 87487	Backeton .
CSF Purpose:	Termination			Priority	Handling Requested	
A) Business In	* ***********************************	ann an de deuts a gregoria (de la descrita de la descrita de la decentra de la decentra de la decentra de la d	et til en	Tax ID : 582	145629	
Discuss Business I			Demog	raphic Change Only?	○ YES ● NO	
Please terminate p	provider from Medical contra	acts only at location,	182 Jefferson Pkwy, S	ite A, Newnan, GA 30263. Ti	ne other locations have been compl	leted
previously. He is i	emaining active at the loca	tions as NON PAR (load as IDNP) on the N	fedical side. Correspondence	e attached	10.70
B) Retroactivit	y:					
	It in retroactivity? (REQUIR		YES ONO			PHILIPPENENTAL PROPERTY.
* If this CSF is a N	lew Contract or an Amendr	nent, is it the result o	of a: Not Result of	of Contract or Amendment	O Negotiation O Quality I	ssue
* Responsible Part	y / Market Network Man	agement] [*R	etroactivity Reason		
					IM-Retro Changes due to Network nanagement Submission Error <1k	claims
Responsible Party	/PO		* R	etroactivity Effective Date:	3/10/2016	
✔ Retro Adjustme	nts Requested?		Retroactivity Comr			minutes (const.
Estimated Dollar A	Amount of Adjustment:		CSI # 12000 Re(10	10 10200		
Interest Owed?			Prompt Pay Interes	et Comments:	elemente-egizatur. 2009 julius eti terraten in getalun muunumman juunga 2, 2500 kilologi eleteriste en juun 2 vuon magazunta 2	
Date Issue Iden	tified:	7 (00 00 00 00 00 00 00 00 00 00 00 00 00	N/A			
C) PDO Update	Image Number 1912					irretniklikkolokkoppopopopopopopo
Are PDO Updates I		**************************************				GNSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
YES	Required?		umber of Individual Pro umber of QCare Recor	.	What is a set of the s	
	O		uniber of Quare Recor	us to be opdated = 1		
D) Completed E	By Information:					
Name: Sonia Ferr	ris	No. 10-	Start Date: 10/10/2016	Actual Date Rec'd: 2/26/2016	Phone: (404) 842-870	03
E) Provider Info	rmation:					***************************************
QCare ID:		State License	a #:	NDI	#: 1912929878	
		/liddle	Last Name/	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	#. 1 1 1 2 2 3 0 (0	
First Name: Vince	nt I	nitial: J	Facility/Ancillary	Perciaccante		
Suffix:	Title: DDS Con	tact Name:		Contact #:	Ext.	
Contact E-mail:		J			Gender:	
DEA Number:		DEA Expiration	n Date:	Medicare Nu	**************************************	***************************************
		-	3			
					Tracking # 87487	

F) Group Information:

Group Agreement Applies PHO Designation:					Tracking #	87487
Blanket Agreement	Attention:		Provider Grou	ıp Name:		
Not Eligible To Reapply	Group Agreement Applies PHC	Designation:	3			etholie de thank kandele ket kan te kan ee kan de keer de teen as
Tax Information: Tax ID: 582149629	Blanket Agreement				Requires Nev	v Pricing Grid
Tax ID:	Are the Mid-Level Providers Included i	n this Agreement			☐ Not Eligible ⁻	Γο Reapply
2nd	G) Tax Information:	nacional del Policie del Salado del Policie del Policie del Policie del Policie del Policie del Policie del Po				ener and the contraction and individual contraction and account to the contraction and the contraction and the
2nd 7ax 10 7ax	Tax ID: 582145629	Tax Name: Sou	ith OMS		NPI #: 17202747	98
Tax Name	Better on a province for a recommendation of the first and the state of the state o				The state of the s	and the section of th
Specialist Provider Type Comments:			and with a constant them to have been placed in the constant of the constant o			
Provider Type	H) ProviderType:	on vindeliget oder med illustration de einstelle vindelige vindelige vindelige vindelige vindelige vindelige v				aller e in hall to the description and the description of the description and the description and description
Comments: Comm	Specialist	na wannanana yan ya				
Address Type: Physical Address1: 406 Stevens Entry Address2: City Peachtree City State: GA Zip: 30269 Market: County: Primary						
City Peachtree City	l) Location Information:		MATERIALA AN MENENNYA PROPERTY (MELENNYA) PROPERTY (MELENNYA) (MELENNYA) (MELENNYA) (MELENNYA) (MELENNYA) (ME	000000 A000 2000 000 A000 A000 A000 A00		.i
Phone: Fax: Primary Address Type: Physical Address1: 600 West Lanier Avve Address2: Suite 201 City Fayetteville State: GA Zip: 30214 Market: County: Primary Address Type: Physical Address1: 288 Hwy 314 Address2: City Fayetteville State: GA Zip: 30214 Market: County: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Primary D' Covering Physician: C) Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Address Type: Physical Addres	ss1: 406 Stevens Er	ntry	Address2:		
Address Type: Physical Address1: 600 West Lanier Avve Address2: Suite 201 City Fayetteville State: GA Zip: 30214 Market: County: Primary Address Type: Physical Address1: 288 Hwy 314 Address2: City Fayetteville State: GA Zip: 30214 Market: County: Phone: Fax: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Primary D') Covering Physician: (1) Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	City Peachtree City State	e: GA Zip: 3	80269 Market:	**************************************	County:	
City Fayetteville State: GA Zip: 30214 Market: County: Phone: Fax: Primary Address Type: Physical Address1: 288 Hwy 314 Address2: City Fayetteville State: GA Zip: 30214 Market: County: Phone: Fax: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newman State: GA Zip: 30263 Market: County: Phone: Fax: Primary () Covering Physician: () Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Phone: Fax			Primary		
Phone: Fax: Primary Address Type: Physical Address1: 288 Hwy 314 Address2: City Fayetteville State: GA Zip: 30214 Market: County: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Primary D) Covering Physician: C) Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Address Type: Physical Addres	ss1: 600 West Lanie	er Avve	Address2:	Suite 201	
Address Type: Physical Address1: 288 Hwy 314	City Fayetteville State	e: GA Zip: 3	30214 Market:	#.	County:	
City Fayetteville	Phone: Fax			Primary		***************************************
Phone: Fax: Primary Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Phone: Fax: Primary D) Covering Physician: (S) Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Address Type: Physical Addres	ss1: 288 Hwy 314		Address2:		
Address Type: Physical Address1: 182 Jefferson Pkwy Address2: Suite A City Newnan State: GA Zip: 30263 Market: County: Phone: Fax: Primary Covering Physician: Covering Physician: Covering Physician: County: Age - Low: Age - High:	City Fayetteville State	e: GA Zip: 3	Market:		County:	
City Newnan State: GA Zip: 30263 Market: County: Phone: Fax: Primary () Covering Physician: () Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Phone: Fax			Primary	enconstant	
Phone: Fax: Primary () Covering Physician: () Specialty: Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Address Type: Physical Addres	ss1: 182 Jefferson P	'kwy	Address2:	Suite A	
() Specialty: Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	City Newnan State	e: GA Zip: 3	30263 Market:		County:	
() Specialty: Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	Phone: Fax	:		Primary	eneronand	
() Specialty: Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:						
Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	J) Covering Physician:					
Specialty: ORAL SURGERY Board Status: Age - Low: Age - High:	W 2					
Panel Size Accepting New Patients	Specialty: ORAL SURGERY			3	Age - High:	
		Panel Size	Accepti	ng New Patients	7 - 12-12-12-11-11-11-11-11-11-11-11-11-11-1	
Waiver Indicator Waiver Update: YES • NO	Waiver Indicator				Vaiver Update:	YES (NO

					Tracking #	87487
L) Hospital P	rivilege:					
M) Language	:					
Staff Language:			Practictioner Lar	nguage:		
N) Contract S	Status:					
Credentialed	I Application	CAQH	Current Panel Size:			
Date Sent to An		Date Returned from	n Andover	Credentialin	ng Date Approved	
O) Member M Indicate where to	love: move members if it is re	equired				
	annana ka kina era erakina terangan aran serengah kinistetan erakin terbesah an sakit terbesah an sakit terbes	a. 2014-1973 (F. 1807-1808) (B. 1808-1808) (B. 1808-1808) (B. 1808-1808) (B. 1808-1808) (B. 1808-1808) (B. 1808-1808)	manera, lamanand d'iradica de la collection de la collect		a arangan salah	a e e e e e e e e e e e e e e e e e e e
P) Billing/Cor	ntract Information					
Billing Format:	CMS1500		Existing Contract ID:			
Contract Status:						
Affiliated With	n An Existing Contract?					
Q) Contract T	Гуре: (Professiona	l/Facility/Ancillary)				
Type Professional	Network PPO		D 842		Contract Dates	
		JOI LU	Use Current D	Effective ate>> 3/10/2016	Termination	Expire
Regardless				3	☐ Is Contract I	Evergreen
Lesser Of Cl						
Site Of Servi	bursed at Corporate M	ethodology			Blanket Agr Effective	eement Termination
	Over & Above	omodology			Date	Date
	220000000000000000000000000000000000000					
Medicare	Based Fee	Year	RBRVS			
Update W	ith Medicare	A1 %	A2 %	Timeliness Of Filing	180 Days	
Termination	Reason:					
Type	Network		ID.		Contract Dates	***************************************
Professional	Traditional (PAR)	SPEC	3400	Effective ate>> 3/10/2016	Termination	Expire
Regardless	Of Billed		Use Current D	ate> 3/10/2016	│ Is Contract	Everareen
Lesser Of Cl					io oomaast	
Site Of Servi					Blanket Ag	reement Termination
-	bursed at Corporate M	ethodology			Date	Date
ii Capitated,	Over & Above					
Medicare	Based Fee	Year	RBRVS			
Update W	ith Medicare	A1 %	A2 / %	Timeliness Of Filing	365 Day	5
Termination	Reason:					* Commission of the Commission

		Tracking)# 8748	37
Contract Other Comments		IRF	NST / GNT	Pricing Code
	Medicare Advantage-HMO-Facility			
	Medicare Advantage-HMO-Professional			
	Medicare Advantage-PPO-Facility Medicare Advantage-PPO-Professional			
	Medicare Advantage-HMO-Facility-2 Medicare Advantage-HMO-Professional-2 Medicare Advantage-PPO-Facility-2			
Contract Language:	Medicare Advantage-PPO-Professional-2			
Contract Language Standard	Red Line Attached			
Contract Language Comments	Specify contract intent if Non-Standard:			
) Contract Reimbursement:				
Pate Fee Schedule Requested From HCA				
Discuss intent of reimbursement structure if Non-Standard:	Chargemaster Adjustment Comments			
De seinele un om out torme about a mid contract	loes this contract qualify as an INC under the terms of th	e Managed	Care Settle	ment
~**		e Manageu	Care Settle	ament
Tomore and	custom Reimbursement (higher than region standard) ermination Not For Cause (Other than 120 days)			
woode	ee Schedule can be reduced more than once per year			
	on-Standard reimbursement for Vaccines/Injectibles			
Includes withhold on risk pool	,			
-	PA Exceptions			
Default Pricing	FA Exceptions			
	expensed.			
dd Provider				
Add Tax ID	Tax Effective Date			an de met en mage transport agrant grant a transport grant grant grant grant grant grant grant grant grant gra
eason for				
dditional Tax ID		2000000 2000 2 000000000000000000000000		
Change Tax ID				
eason for Tax ID change		A		
eason for Tax ID change	Applies only if the Tax info is changing)			
Change Tax ID Ceason for Tax ID change Should the CURRENT Tax Affiliation be terminated? (A	Applies only if the Tax info is changing)			
Change Tax ID Reason for Tax ID change Should the CURRENT Tax Affiliation be terminated? (A	Applies only if the Tax info is changing)			
Change Tax ID Leason for Tax ID change Should the CURRENT Tax Affiliation be terminated? (A	Applies only if the Tax info is changing)			

Tracking #	87487
	Annua com come como como antico a como a suca a como a com

✓ Submitted

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

Ferris, Sonia

From:

Lawrence, Deborah

Sent:

Friday, October 14, 2016 2:27 PM

To:

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# \$1487

Georgia Provider Solutions CSF Verification List

Did you Has the has th	you include the CSF Purpose? you include the applicable Tax (ds)? the Business Intent been completed? is a retro? ou have a signed LOA? the end date on your LOA meet the processing time rements? your retro require adjustments? you include the retro # and copy of approval? you include the retro reason? ou include the prompt pay form? you include the Impompt pay form? you include the Impompt pay form?	YES YES YES YES	N/A N/A N/A N/A N/A N/A	If this update applies to multiple tax id's, please indicate multiple and use the special instructions field to indicate what documentation is provided to indicate the tax ids; i.e. a spreadtheet or roster. If N/A, skip to Question #11	#30 #31 #32 #33	Oid you indicate all applicable Networks and the Contract ID for each Network? Did you indicate effective date? Is this an individually Nepoliared Contract? Does Lesser of Language Apply?	As YES YES		N/A N/A N/A	1	Additional instructions
Did you Has the has th	you include the applicable Tax id(s)? the Business Intent been completed? as a retro? ou have a signed LOA? the end date on your LOA meet the processing time rements? vyour retro require adjustments? ou include the retro # and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	YES YES W	N/A N/A N/A N/A	indicate multiple and use the special instructions field to indicate what documentation is provided to indicate the tax lds; i.e. a spreadsheet or roster.	#30 #31 #32	Did you indicate effective date? Is this an individually Negotiated Contract? Does Lesser of Language Apply?			N/A N/A	+	
Has th Is this Do you Does ty Does ty Oid you Did you Statio	the Business Intent been completed? is a retro? on have a signed LOA? the end date on your LOA meet the processing time rements? your retro require adjustments? our include the retro is and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	YES YES YES	N/A N/A N/A N/A	indicate multiple and use the special instructions field to indicate what documentation is provided to indicate the tax lds; i.e. a spreadsheet or roster.	#30 #31 #32	is this an individually Negotiated Contract? Does Lesser of Language Apply?		П	NI	•	
Has th Is this Do you Does ty Does ty Oid you Did you Statio	the Business Intent been completed? is a retro? on have a signed LOA? the end date on your LOA meet the processing time rements? your retro require adjustments? our include the retro is and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	YES YES YES	N/A N/A N/A N/A	indicate multiple and use the special instructions field to indicate what documentation is provided to indicate the tax lds; i.e. a spreadsheet or roster.	#30 #31 #32	is this an individually Negotiated Contract? Does Lesser of Language Apply?		П	NI	•	
Has th Is this Do you Does ty Does ty Oid you Did you Statio	the Business Intent been completed? is a retro? on have a signed LOA? the end date on your LOA meet the processing time rements? your retro require adjustments? our include the retro is and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	YES YES YES	N/A N/A N/A N/A	field to indicate what documentation is provided to indicate the tax lds; i.e. a spreadsheet or roster.	#30 #31 #32	is this an individually Negotiated Contract? Does Lesser of Language Apply?		П	NI	4	
Has th Is this Do you Does ty Does ty Oid you Did you Statio	the Business Intent been completed? is a retro? on have a signed LOA? the end date on your LOA meet the processing time rements? your retro require adjustments? our include the retro is and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	YES YES YES	N/A N/A N/A N/A	indicate the tax ids; i.e. a spreadsheet or roster.	#30 #31 #32	is this an individually Negotiated Contract? Does Lesser of Language Apply?		П	NI	4	51
ls this. Do yes Does t Does t Does t Does t Dod you Did you Statio Did you Statio Statio Statio Statio Statio Should	is a retro? ou have a signed LOA? the end date on your LOA meet the processing time remembs? your retro require adjustments? ou include the retro # and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	YES YES YES	N/A N/A N/A		#31	is this an individually Negotiated Contract? Does Lesser of Language Apply?		П	NI	4	3
Do you have been been been been been been been be	ou have a signed LOA? The end date on your LOA meet the processing time irements? Your retro require adjustments? ou include the retro # and copy of approval? our include the retro reason? ou include the prompt pay form? ou include the prompt pay form? ou include the Image/File Net Number?	YES M	N/A N/A	If N/A, skip to Question #11	#32	Does Lesser of Language Apply?		17.14	-	152	
Obes ty Does y Did you Feconds Have y Last I o Did you Sis this is Does P Does y provided Should	the end date on your LOA meet the processing time irements? your retro require adjustments? ou include the retro 4 and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	YES M	N/A N/A	THAN SOID O CORSOLL HI	1		YES	13	4/4	-	If N/A, skip to #46
Obes ty Does y Did you Feconds Have y Last I o Did you Sis this is Does P Does y provided Should	the end date on your LOA meet the processing time irements? your retro require adjustments? ou include the retro 4 and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	YES M	N/A		#33	Door Stored Sandar Landard Ave. 2	1			-13	
require Does y Did you Statis a Does P Does y ptorouted Should	rements? your retro require adjustments? you include the retro # and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	YES M	N/A		1433		1 .	131		- 13	
require Does y Did you Statis a Does P Does y ptorouted Should	rements? your retro require adjustments? you include the retro # and copy of approval? our include the retro reason? our include the prompt pay form? our include the Image/File Net Number?	/ / /	N/A			Does Site of Service Language Apply?	YES	111	N/A	-12	
Old you Did you Last to Did you Est his a Does P Does y provided Should	ou include the retro # and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	// // // YES			#34	Are Drugs reimbursed at Corporate Methodology?		101.		- 10	
Old you Did you Last to Did you Est his a Does P Does y provided Should	ou include the retro # and copy of approval? ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	// // // YES			1 1 2	We profit remodised at corporate Methodology?	YES	111	N/A	4	
Did you Lasti O Did you St this I	ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	¥5 Y65	N/A	[3]	#35	Is this a Medicare Based Fee? What Year?	YES	13.	N/A		
Did you Lasti O Did you St this I	ou include the retro reason? ou include the prompt pay form? ou include the Image/File Net Number?	YES YES	N/A		1	If not priced by Medicare, is the fee based on RBRV5	123	++1	4/A	+	
Did you See The you Last I o Did you See The you Did you See The you See The you Does P. Does Y. Browled Should	ou include the prompt pay form? ou include the Image/File Net Number?	YES	413/14		#36	(Resource Based Relative Value Schedule)?	YES		N/A	- 13	
Did you See The you Last I o Did you See The you Did you See The you See The you Does P. Does Y. Browled Should	ou include the prompt pay form? ou include the Image/File Net Number?	YES			1		110	11	*//*	+	
Did you Did you Did you Did you Did you Passes Did you Did you Did you Did you Did you Did you Statio Does P Does y provide Should	ou include the Image/File Net Number?	YES	N/A		#37	Did you include the Medicare Rate Sheet?	YES	III.	N/A	- 10	
Did you Did you Did you Did you Did you Passes Did you Last) Q Did you Is this I Does P Does y provide Should	ou include the Image/File Net Number?	YES	1		1			111	.,,	+	1
Did you Did you Have y Last) O Did you Did you Did you Is this a Does P! Does y provide Should			MA		#38	Did you include the Medicare Advantage GNT(s)	YES	III.	N/A	- 15	1
Did you Did you Have y Last) O Did you Did you Did you Is this a Does P! Does y provide Should		1. 1	11					Ħ		+	
Did you Have y Last) o Did you Is this a Does Pi Does ye provide Should	ou indicate if PDO updates are required?	YES	N/A	4	#39	Did you include the Medicare Advantage (RF(s)	YES	131	N/A		1
Did you Have y Last) o Did you Is this a Does Pi Does ye provide Should	ou muniste a PUO updates are required?		1					T		T	
lecord: Have y Last) o Did you Is this a Does Pl Does ye provide Should	ou indicate the number of individual providers and	54 5	N/A		#40	Does Lab Pricing apply (applies only to HMO)?	YES	IJ١	N/A	1	1.
Did you Is this : Does Pi Does ye provide Should	ou indicate the number of individual providers and ids to be updated?		1			Does the Statewide in office lab list apply (applies only				T	
Last) o Did you Is this a Does PI Does you provide Should	os to be appareur	YES	N/A		#41	to HMO)?	YES		N/A		
Last) o Did you Is this a Does PI Does you provide Should	you included the name of the Provider (First and	1 . 1	á								
Did you Is this : Does PI Does you provide Should	or the name of the Group/Facility?		1			Did you include the Reimbursement Attachment/Rate				18	
Is this a Does Pl Does ye provide Should	to the same of the Group/Facility?	180	N/A		#42	Sheet?	YES	1	V/A	_ [2]	1_
Is this a Does Pl Does ye provide Should						Did you include a Fee Schedule (for new contract or				T	
Is this a Does Pl Does ye provide Should	ou include the NP1?		N/A			newly negotiated contract; if there are more than 20				- 197	1
Daes Pl Daes yr provide Shauld		1003	1000		#43	codes	YES	11	V/A		
Daes Pl Daes yr provide Shauld						No. of the course		П			
Does Pl Does ye provide Shauld	s a group agreement?	ys.	N/A		#44	Did you include the QHIP Scorecard (only for QHIP rate					
Does ye provide Should		1	1777			increases If the Contract has to be built, is the effective date	YES	1	V/A	1	
Does ye provide Should			1			more than 25 days from current date? (if not it is a				13	
provide Should	PHO designation apply?	YES	MA		#45	retro)	YES	П.	N/A		
Should	your Agreement/Amendment include mid-level		1 -		1	7500	YES	1-10	I/A	-	
	ders?	YES	WA		#46	Did you indicate TOF for all Networks?	1	M.	N/A		1
			Τ.			Does this request include Medicare? Did you provide	ZE3	1-10	1/A	+	
1	d a center record be created?	YES	Ju/A		#47	the Medicare Advantage Contract Code?	YES	[]].	1	10	
			1			Do you have Special Instructions? If so, they should be			<u> </u>	+	
	ou include the provider's telephone number?	YES	N/A		848	aligned to the Business Intent.	YE5	N.	(A	18	
	you included the Tax name of the Provider, Group or		1		1		_	ΠŤ		+	
Facility		Y25	N/A		#49	Is Network Management Director Signature Required?	TES	1	I/A	12	-
	you included the Tax NPI for the Provider, Group or		1					ΠŤ	-	1	
Facility	i y 1	100	N/A		#50	is Healthcare Analytics Signature required?	YE5		/A	12	
nid	ou indicate the Provider type?		1						1	T	
I zad you	on marries the kitolidet tybes	JF3	N/A		#51	Is Legal's Signature required?	YES		yΑ	B	1
Did you	ou include all applicable physical and mailing	ارا	1					П		. 🗆	
location			N/A						/		
1		-03	INIA		#52	Did you include the signed Contract or Amendment?	YES	l lu	7A		1
		1 1						Οľ			
			1			Distance in the state of a Description				. [7]	
Did you		YES	N/A		#53	Did you include the PCS [Plan Compensation Schedule] and PCS Attachment?			/		
T	ou include the Specialty?		1		#33	and r.c.s Attachment?	YES	1	7A	41	
Did you	ou include the Specialty?		1								
		YES .	N/A	1	l I I						
	ou include the Credentialing sheet or Non-Cred	1105 . 10	-		#54	Should this CSF go to Contract Compliance?	ES.	N	I/A	Ы	
Did you	ou include the Credentialing sheet or Non-Cred ation (applies to new providers)?		N/A	1							
	ou include the Credentialing sheet or Non-Cred										
~~	ou include the Credentialing sheet or Non-Cred ation (applies to new providers)?	ys .									
oleted By: 5 (ou include the Credentialing sheet or Non-Cred ation (applies to new providers)?										