	Carrie Carrie		
11	(	A	
JANAA.	. 1	~ 11	
	,bellerin	بالسيستند	~~~~

## **Contract Review and Certification**

I attest that this CSF, Contract(s)/Amendment(s) have been reviewed in full

	and the in	nformation is accurate and complete.	
	CONTRACTOR/NETWOR	RK MANAGEMENT CONSULTANT/REPRESENTATIVE	
Signature:	<b>SX</b>	Date: 10 10 10	
		DIRECTOR	
	I attest that the contract has be	een reviewed, and the information is accurate and complete.	
Signature:	Sel Xan	Date: 10-10-2014	
		LEGAL DEPARTMENT	
	I have reviewed and appr	roved the non-standard language used in this contract.	
Signature:		Date:	
		HEALTHCARE ANALYTICS	
	I have receiv	ved and approved the fee schedule/rates.	
Signature:		Date:	
	R	REGIONAL VICE PRESIDENT	
Signature:	***************************************	Date:	ard
	MED	DICAL DIRECTOR (as necessary)	Stand
Signature:		Date:	lity:
	PF	ROVIDER OPERATIONS (PO)	ult Color: Gray Print Quality: Standard
Date Routed to PO:	1. L. 1. 2. 2. 2. 2.	Date Received:	Prin
Signature:	Maryer O	Date:	Gra
Retroactive Effective	e Date? Y/N Approved?	M RRA	olo:
Effective Date:		Date Returned to CC	 
	PRO	OVIDER REIMBURSEMENT (PR)	Defa
Pate Routed to PR:		Date Received:	Type:
Signature:			<u></u>
Date Loaded:		Date Routed to PDO	Me D Q
Date Returned to CO			1 2016 <b>Media</b> 7 Setup
	PROVIDE	ER DATABASE OPERATIONS (PDO)	:00:2 <sup>-</sup> matic
ate Routed to PDO:		Date Received:	0 15: Autor
Signature:		_	Oct 1
Date Loaded:		Date Routed to PDO	Mon ustom
	cc	ONTRACT COMPLIANCE (CC)	Xerox WC 7545 rptCSF Mon Oct 10 15:00:21
ate Routed to CC:		Date Received:	45 rp
Signature:		Date:	C 75.
			0 × W
			Ser



# Common Submission Form

New Contract Or Amendment  N/A  This Is A New Contract		Tracking # 10000							
CSF Purpose: Add Provider		Priority Handling Requested							
A) Business Intent:		Tax ID: 385345	5286						
Discuss Business Intent	Demogra	phic Change Only?	O YES	<b>⊙</b> NO					
This provider has recently joined the practice and need	s to be added.	Tillah dan milada da Baran mananan mananan sa							
3) Retroactivity:									
Will this CSF result in retroactivity? (REQUIRED)	O YES O NO	and Collection to the last and the management of the Collection of	mmen et di ele et commente de est immissibilità di coloni di ele della colonidata manazione di pranqui egoque	eccentral MES the Constitution of Constitution					
* If this CSF is a New Contract or an Amendment, is it the		Contract or Amendment (	Negotiation	O Quality Issu					
* Responsible Party / Market	nent * Ret	roactivity Reason							
Responsible Party / PO Network Managen	nent * Ret	roactivity Effective Date:							
Retro Adjustments Requested?	Retroactivity Comme	ents:							
Estimated Dollar Amount of Adjustment:	annonnacional								
Interest Owed?	Prompt Pay Interest	Comments:							
D-4-1									
Date Issue Identified:  Image Number 1912998936									
Image Number 1912998936	Number of Individual Prov	iders =							
Image Number 1912998936	Number of Individual Prov	] I							
Image Number 1912998936  ) PDO Updates:  Are PDO Updates Required?		To Po Undated							
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:	Number of QCare Records Start Date:	s To Be Updated = 1  Actual Date Rec'd:							
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO	Number of QCare Records	s To Be Updated = 1	Phone:	617-270-4000					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:	Number of QCare Records Start Date:	s To Be Updated = 1  Actual Date Rec'd:	Phone:	617-270-4000					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:  Name: Susan Hayes  Provider Information:  Care ID: State I	Number of QCare Records Start Date:	S To Be Updated = 1  Actual Date Rec'd:  8/15/2017	Phone:	617-270-4000					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:  Name: Susan Hayes  Provider Information:	Number of QCare Records  Start Date:  9/1/2017	S To Be Updated = 1  Actual Date Rec'd:  8/15/2017		617-270-4000					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:  Susan Hayes  Provider Information:  Care ID:  State I	Number of QCare Records  Start Date:  9/1/2017  License #:  Last Name/	Actual Date Rec'd:  8/15/2017  NPI #:	1712983465	617-270-4000 Ext. 3122					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:  Susan Hayes  Provider Information:  Care ID:  State I  Middle Initial: K.	Number of QCare Records  Start Date:  9/1/2017  License #:  Last Name/	Actual Date Rec'd:  8/15/2017  NPI #:	1712983465	Ext. 3122					
Image Number 1912998936  PDO Updates:  Are PDO Updates Required?  OYES  NO  Completed By Information:  Name: Susan Hayes  Provider Information:  Care ID: State Initial: K.  If the IDDS  Contact Name: ontact E-mail: jlawrence@massgeneral.org	Number of QCare Records  Start Date:  9/1/2017  License #:  Last Name/	Actual Date Rec'd:  8/15/2017  NPI #:	1712983465 7-270-4000 Gender:	Ext. 3122					

		Manuscried parameters and commentation a		<del>Сті СССТ-Сті Сті Сті ССССССССССССССССССССССССССС</del>	
Attention:		Provider Gro	oup Name:		
Group Agreement Applie	es PHO Designation:			amentalises.	
Blanket Agreement				Require	es New Pricing Grid
Are the Mid-Level Provide	ers Included in this Agreement			Not El	igible To Reapply
G) Tax Information:		polet kunin armanen meneren entarian eta arau arau arau arau arau arau arau ar	illige (Andrewen) of the Andrewe Schilder (Andrewen) which was been seen and the second and the action of the Andrewen and the second and the action of the Andrewen Andrewen).	a la atti mellipit ligh hairi-nen hondi da bahli da landi alam hara tammiyin caru-nen a persenensen,	And the control of the first of the Colonia Advantage of the control of the colonia and the co
Tax ID: 583111789	Tax Name:	Mass General		NPI #: 171	2983465
2nd Tax ID:	2nd Tax Name:			2nd NPI #:	
H) ProviderType:		kandidisihekentipek dibindi Serbindi kini minimikilan immehan assuman kan vejat kekasi zi pasada ungu ajaj	is the contract of the contr	менический ститисти этой позначаем с из абамецикамической арабарация	rom-mentioned the contract of
Cardiac Specialist					
Provider Type Comments:	Dr. Lawrence is focused spe	cifically on cardiology for p	ediatric patients.		dealers and the second and the secon
) Location Information:					
Address Type: Physical	Address1: 55 Fruit St		Address2:		
City Boston	State: MA Zip	p: 02114 Market:		County:	
Phone: 617-270-4000 ext. 3			Primary		Suffolk
Address Type: Physical	Address1: 30 Longwo	ood Ave	Address2:	Suite 500	
City Cambridge	State: MA Zip	o: 02139 Market:		County:	Middlesex
Phone:	Fax:	ederland Armeninen medicinen erande erande erande erande er	Primary		Midulesex
Address Type:	Address1:		Address2:		
City	State: Zip	o:   Market:		County:	
Phone:	Fax:				
Address Type:	Address1:		Address2:		
City	State: Zip	o: Market:		County:	O YES   NO
	34		1	4	

				Tracking #
L) Hospital Privilege: M) Language:				
w, Language.				
Staff Language:		Practicti	oner Language:	
N) Contract Status:	reference (not not all the first that the Collection of the property of the pr	KLUB KIR BARMAN (A MANA MANA MANA MANA MANA MANA MAN		
Credentialed Application	CAQH	Current Panel S	ize:	akarriika erresentan erresenti eta erresenta karriika katika katika katika erresenta karriika erresenta erresen erresenta erre
Date Sent to Andover	Date Returne	ed from Andover	Credentiali	ng Date Approved
O) Member Move: Indicate where to move members if it is	required			
P) Billing/Contract Information				
Billing Format: CMS1500		Existing Cont	ract ID:	ASSEMBLE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO
Contract Status:				
Affiliated With An Existing Contract?				
Q) Contract Type: (Professions  Type Network  Professional PPO  Regardless Of Billed  Lesser Of Charges  Site Of Service	ID Type SPEC	ID 3847	Effective 9/1/2017	Contract Dates Termination Expire Is Contract Evergreen Blanket Agreement
<ul><li>Drugs Reimbursed at Corporate N</li><li>If Capitated, Over &amp; Above</li></ul>	lethodology			Effective Termination Date Date
Medicare Based Fee Update With Medicare	Year A1 %	RBRVS	Timeliness Of Filing	Beautiful Contraction of the Contraction of Contrac
Termination Reason:			Time mess of timing	
Type Network  Professional Traditional (PAR)  Regardless Of Billed  Lesser Of Charges	ID Type SPEC	3403 Use Cur	Effective rent Date>>	Contract Dates  Termination Expire  Is Contract Evergreen
Site Of Service  Drugs Reimbursed at Corporate M  If Capitated, Over & Above	ethodology		oro.	Blanket Agreement Effective Termination Date Date
✓ Medicare Based Fee	Year	<b>✓</b> RBRVS	Security District Assessment of the Control of the	•
✓ Update With Medicare  Termination Reason:	A1	A2   %	Timeliness Of Filing	365 Days
. o.minudon negoti.				

Xerox WC 7545 rptCSF Fri Oct 14 06:49:37 2016 Media Type: Default Color: Gray Print Quality: Standard Color Adjustments: Customized Automatic Setup

Contract Other Comments		Trackin IRF	g# 1^ NST/ GNT	Pricing Code
Contract Other Continents	Medicare Advantage-HMO-Facility			Jour
	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			
l) Contract Language:	Medicare Advantage-PPO-Professional-2			
Contract Language	✓ Red Line Attached			
Contract Language Comments	Specify contract intent if Non-Standard:			
				NOOP-INDICATED STORY
	THE CONTRACT OF THE CONTRACT O			
c) Contract Reimbursement:				
Date Fee Schedule Requested From HCA Standard				
Discuss intent of reimbursement structure if Non-Standard:	Chargemaster Adjustment Comments			
Do reimbursement terms change mid-contract	Does this contract qualify as an INC under the terms of the	e Managed	l Care Settle	ement
Automatic Rate Increase	Custom Reimbursement (higher than region standard)			
Index Adjustment	Termination Not For Cause (Other than 120 days)			
Chargemaster Adjustment	Fee Schedule can be reduced more than once per year			
Change in Capitation Reporting Requirements	Non-Standard reimbursement for Vaccines/Injectibles			
Includes withhold on risk pool				
Default Pricing	PA Exceptions			
Add Provider				
Add Tax ID	Tax Effective Date		·	
Reason for Additional Tax ID				
Change Tax ID				
Reason for Tax ID change			Valence and the contract of th	
Should the CURRENT Tax Affiliation be terminated?	(Applies only if the Tax info is changing)		<u> </u>	
	(Applied only in the Factorial and arranging)			
Add Other				
Change Other				
) Special Instructions:				
omments				

Submitted

Date Submitted: 8/31/2017

#### Georgia Provider Solutions CSF Verification List

	Question	- Ne	espon	1340	Additional Instructions	Question #	Question		Res	ponse		Additional Instructions
	Did you include the CSF Purpose?	YES	11.	I/A		#29	Did you indicate all applicable Networks and the	11	П	Г	-	
	7,000	1(5)	++	74		#29	Contract ID for each Network?	AS.	1	N/A		
	777		П		If this update applies to multiple tax id's, please			1	18			
					indicate multiple and use the special instructions			١.				
		-			field to indicate what documentation is provided to					1		
	Did you include the applicable Tax id(s)?	Xes.		/A	indicate the tax ids; i.e. a spreadsheet or roster.	#30	Did you indicate effective date?	fe.		N/A		3
	Has the Business Intent been completed?	Y E WATER	N	/A		#31	is this an individually Negotiated Contract?	YES	t	N/A	1	If N/A, skip to #46
	is this a retro?	No. of Concession,	N	/A	If N/A, skip to Question #11	#32	Does Lesser of Language Apply?	YES	t	N/A	-	I I IV/A, SKIP (G H40
		1	TT			17.5	Does ceaser of carguage Apply?	1155	+	IN/A	-	<del> </del>
	Do you have a signed LOA?	YE5	Ши	PK.		#33	Does Site of Service Language Apply?	YES	186	IN/A		
	Does the end date on your LOA meet the processing time		П				2019,0042.11014.	1.5	t	114/24	-	
	requirements?	YES	N	/A		#34	Are Drugs reimbursed at Corporate Methodology?	YES	R	N/A		
		-	101	- 1				T	+	1		
	Does your retro require adjustments?	WES.	N	/A		#35	Is this a Medicare Based Fee? What Year?	YES		N/A	- 8	
		_		- 1			If not priced by Medicare, is the fee based on RBRVS			1		
	Did you include the retro # and copy of approval?	¥45	N.	/A		#36	(Résource Based Relative Value Schedule)?	YES		N/A	- 13	
	Did you include the retro reason?		И.	. 1						1		
	DID YOU INCLUDE THE TETTO THASON?	Lees .	IN	/A		#37	Did you include the Medicare Rate Sheet?	YES		N/A		
)	Did you include the prompt pay form?	YES	11.	1		I		1	100			
		163	118	/A		#38	Did you include the Medicare Advantage GNT(s)	YES	1	N/A		
L	Did you include the Image/File Net Number?	YES	II.			1		1	N	1 "		
	so you mended the magey me wee wantoer;	153	110	PA		#39	Did you include the Medicare Advantage (RF(s)	YES		N/A	_	
2	Did you indicate if PDO updates are required?	6	II,	/A		#40	en and en an				- 6	
	Oid you indicate the number of individual providers and	P	11"	-			Does Lab Pricing apply (applies only to HMO)?	YES	-	N/A	-	
	records to be updated?	YES	II N	/A			Does the Statewide in office lab list apply (applies only to HMO)?		28	l		
			11			N-0.7	(d RMO)?	YES		N/A	-4	
	Have you included the name of the Provider (First and		Ш				Did you include the Reimbursement Attachment/Rate	i .		l	- 13	
	Last) or the name of the Group/Facility?	JE5	N,	/A			Sheet?	YES		N/A		
			П				Did you include a Fee Schedule (for new contract or	1152	-	N/A		
			111				newly negotiated contract; if there are more than 20					
	Did you include the NPI?	YES	N,	/A			codes)	YES		N/A		
			П					16.7		14/17		
			H				Did you include the QHIP Scorecard [only for QHIP rate :					
	Is this a group agreement?	Y95	N/	/A		H44	increases)	YES		N/A	- 6	
				L			If the Contract has to be built, is the effective date			-		
,	Does PHO designation apply?		Π.				more than 25 days from current date? (if not it is a		H			
	Does your Agreement/Amendment include mid-level	YES	149	A		#45	retro)	YES		N/A	_ [6]	
		YES		~				/				
		(53	1007	A			Did you indicate TOF for all Networks?	15		N/A		
	Should a center record be created?	YES	1	4			Does this request include Medicare? Did you provide			_	- 16	
	70074 00 00040	11.5	-	-			he Medicare Advantage Contract Code?	YES		ŊΆ	_[	
	Did you include the provider's telephone number?	TES	N/	a			On you have Special Instructions? If so, they should be			1	- 13	
	Have you included the Tax name of the Provider, Group or	142	11"			#48	aligned to the Business Intent.	YES		#/A	-10	
	Facility?	1	N/	A		#49	National Management (Co. 1)	1			- 10	
	Have you included the Tax NPI for the Provider, Group or	-				74.2	s Network Management Director Signature Required?	₹E5		N/A		
	Facility?	YES	N/	A		#50	s Healthcare Analytics Signature required?	YES		N/A	18	
l						1000	- Treatment - High City Should are Teaching 1	TES	-	TV/A		
	Did you indicate the Provider type?	100	N/	Α		#51	s Legal's Signature required?	YES		A.		
			Т						-	757	-	
	Did you include all applicable physical and mailing	April 1								1	-	
	locations?	35	N/	A		#52 (	Did you include the signed Contract or Amendment?	YES		MA		
1		1	H			1			П	-		
- 1		-										
	Did you include the Specialty?	1	N/	. 1			Did you include the PCS [Plan Compensation Schedule]			-	•	
	To a monder the Specialty!	re>	IN/	^		#S3 (	ind PCS Attachment?	YES		MA		
		200							Π		Т	
	Did you include the Credentialing sheet or Non-Cred	1	H					1			- 10	
	application (applies to new providers)?	YES	N/	A		#54 5	hould this CSF go to Contract Compliance?	ls .		N/A		1
	Did you indicate the Contract type?	es l	N/	A						-		4
	SONIA FERRIS											

# Ferris, Sonia

From:

Lawrence, Deborah

Sent:

Thursday, October 13, 2016 9:37 AM

To:

Sood, Pawan; Ferris, Sonia

Subject:

Retro 16202 Approvals Complete

# Retro 16202 approvals are complete.

Provider: Schultz, Jeffrey Anthem Id(s): 52027437

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