

Contract Compliance:

**Contract Review and Certification**

I attest that this CSF, Contract(s)/Amendment(s) have been reviewed in full and the information is accurate and complete.

**CONTRACTOR/NETWORK MANAGEMENT CONSULTANT/REPRESENTATIVE**

Signature:

Date:

10/10/16

**DIRECTOR**

I attest that the contract has been reviewed, and the information is accurate and complete.

Signature:

Date:

10/11/2016

**LEGAL DEPARTMENT**

I have reviewed and approved the non-standard language used in this contract.

Signature:

Date:

**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:

Date Received:

Signature:

Date:

Retroactive Effective Date? Y/N Approved?

M R RA

Effective Date:

Date Returned to CC

**PROVIDER REIMBURSEMENT (PR)**

Date Routed to PR:

Date Received:

Signature:

Date:

Date Loaded:

Date Routed to PDO

Date Returned to CC:

**PROVIDER DATABASE OPERATIONS (PDO)**

Date Routed to PDO:

Date Received:

Signature:

Date:

Date Loaded:

Date Routed to PDO

**CONTRACT COMPLIANCE (CC)**

Date Routed to CC:

Date Received:

Signature:

Date:



# Common Submission Form

New Contract Or Amendment

 N/A This Is A New Contract This Is An Amendment

Tracking # 87487

CSF Purpose: Termination

 Priority Handling Requested

Tax ID: 582145629

**A) Business Intent:**

Discuss Business Intent

**Demographic Change Only?** YES NO

Please terminate provider from Medical contracts only at location, 182 Jefferson Pkwy, Ste A, Newnan, GA 30263. The other locations have been completed previously. He is remaining active at the locations as NON PAR (load as IDNP) on the Medical side. Correspondence attached

**B) Retroactivity:**

Will this CSF result in retroactivity? (REQUIRED)

 YES NO

\* If this CSF is a New Contract or an Amendment, is it the result of a:

 Not Result of Contract or Amendment Negotiation Quality Issue

\* Responsible Party / Market

Network Management

\* Retroactivity Reason

NM-Retro Changes due to Network management Submission Error &lt;1k claims

Responsible Party / PO

\* Retroactivity Effective Date:

3/10/2016

 Retro Adjustments Requested?

Retroactivity Comments:

csi # 12606 Retro ID 16206

Estimated Dollar Amount of Adjustment:

Prompt Pay Interest Comments:

N/A

 Interest Owed?

Date Issue Identified:

Image Number 1912929878

**C) PDO Updates:**

Are PDO Updates Required?

Number of Individual Providers =

 YES NO

1

Number of QCare Records To Be Updated =

1

**D) Completed By Information:**

Name: Sonia Ferris

Start Date:

10/10/2016

Actual Date Rec'd:

2/26/2016

Phone: (404) 842-8703

**E) Provider Information:**

QCare ID:

State License #:

NPI #: 1912929878

First Name: Vincent

Middle Initial: J

Last Name/  
Facility/Ancillary: Perciaccante

Suffix:

Title: DDS

Contact Name:

Contact #:

Ext.

Contact E-mail:

Gender:

DEA Number:

DEA Expiration Date:

Medicare Number:

Tracking # 87487

**F) Group Information:**

Attention:	Provider Group Name:
<input type="checkbox"/> Group Agreement Applies	PHO Designation:
Blanket Agreement	<input type="checkbox"/> Requires New Pricing Grid
<input type="checkbox"/> Are the Mid-Level Providers Included in this Agreement	<input type="checkbox"/> Not Eligible To Reapply

**G) Tax Information:**

Tax ID: 582145629	Tax Name: South OMS	NPI #: 1720274798
2nd Tax ID:	2nd Tax Name:	2nd NPI #:

**H) ProviderType:**

Specialist
Provider Type Comments:

**I) Location Information:**

Address Type: Physical	Address1: 406 Stevens Entry	Address2:		
City: Peachtree City	State: GA	Zip: 30269	Market:	County:
Phone:	Fax:	<input type="checkbox"/> Primary		
Address Type: Physical	Address1: 288 Hwy 314	Address2:		
City: Fayetteville	State: GA	Zip: 30214	Market:	County:
Phone:	Fax:	<input type="checkbox"/> Primary		
Address Type: Physical	Address1: 182 Jefferson Pkwy	Address2: Suite A		
City: Newnan	State: GA	Zip: 30263	Market:	County:
Phone:	Fax:	<input type="checkbox"/> Primary		

**J) Covering Physician:****K) Specialty:**

Specialty: ORAL SURGERY	Board Status:	Age - Low:	Age - High:
	Panel Size	Accepting New Patients	

Waiver Indicator

Waiver Update:

 YES     NO

**L) Hospital Privilege:****M) Language:**Staff Language: Practitioner 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  
**P) Billing/Contract Information :**

Billing Format: CMS1500

Existing Contract ID: Contract Status:  Affiliated With An Existing Contract?**Q) Contract Type: (Professional/Facility/Ancillary)**

Type	Network	ID Type	ID
Professional	IPPO	SPEC	2842

 Use Current Date -->Effective  
3/10/2016

Contract Dates

Termination

Expire

 Is Contract Evergreen

- Regardless Of Billed
- Lesser Of Charges
- Site Of Service
- Drugs Reimbursed at Corporate Methodology
- If Capitated, Over & Above

 Blanket Agreement

Effective Date	Termination Date
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Medicare Based Fee	Year <input type="text"/>	<input type="checkbox"/> RBRVS
<input type="checkbox"/> Update With Medicare	A1 <input type="text"/> %	A2 <input type="text"/> %

Timeliness Of Filing

180 Days

Termination Reason: 

Type	Network	ID Type	ID
Professional	Traditional (PAR)	SPEC	3400

 Use Current Date -->Effective  
3/10/2016

Contract Dates

Termination

Expire

 Is Contract Evergreen

- Regardless Of Billed
- Lesser Of Charges
- Site Of Service
- Drugs Reimbursed at Corporate Methodology
- If Capitated, Over & Above

 Blanket Agreement

Effective Date	Termination Date
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Medicare Based Fee	Year <input type="text"/>	<input type="checkbox"/> RBRVS
<input type="checkbox"/> Update With Medicare	A1 <input type="text"/> %	A2 <input type="text"/> %

Timeliness Of Filing

365 Days

Termination Reason:

## Contract Other Comments

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  
 Medicare Advantage-PPO-Professional-2

IRF	NST / GNT	Pricing Code

## R) Contract Language:

Contract Language Standard

 Red Line Attached

Contract Language Comments

Specify contract intent if Non-Standard:

## S) Contract Reimbursement:

Date Fee Schedule Requested From HCA

Discuss intent of reimbursement structure if Non-Standard:

Chargemaster Adjustment Comments

- Do reimbursement terms change mid-contract
- Automatic Rate Increase
- Index Adjustment
- Chargemaster Adjustment
- Change in Capitation Reporting Requirements
- Includes withhold on risk pool

- Does this contract qualify as an INC under the terms of the Managed Care Settlement
- Custom Reimbursement (higher than region standard)
- Termination Not For Cause (Other than 120 days)
- Fee Schedule can be reduced more than once per year
- Non-Standard reimbursement for Vaccines/Injectables

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

Should the CURRENT Tax Affiliation be terminated? (Applies only if the Tax info is changing)

Add Other

Change Other

## T) Special Instructions:

Comments

Tracking #

87487

Submitted

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

## Ferris, Sonia

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**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](#)

Question #	Question	Response	Additional Instructions	Question #	Question	Response	Additional Instructions
#1	Did you include the CSF Purpose?	YES	N/A				
#2	Did you include the applicable Tax id(s)?	<input checked="" type="checkbox"/>	N/A				
#3	Has the Business Intent been completed?	<input checked="" type="checkbox"/>	N/A				
#4	Is this a retro?	<input checked="" type="checkbox"/>	N/A	If N/A, skip to Question #11			
#5	Do you have a signed LOA?	YES	<input checked="" type="checkbox"/>				
#6	Does the end date on your LOA meet the processing time requirements?	YES	N/A				
#7	Does your retro require adjustments?	<input checked="" type="checkbox"/>	N/A				
#8	Did you include the retro # and copy of approval?	<input checked="" type="checkbox"/>	N/A				
#9	Did you include the retro reason?	<input checked="" type="checkbox"/>	N/A				
#10	Did you include the prompt pay form?	YES	<input checked="" type="checkbox"/>				
#11	Did you include the Image/ file Net Number?	YES	<input checked="" type="checkbox"/>				
#12	Did you indicate if PPO updates are required?	<input checked="" type="checkbox"/>	N/A				
#13	Did you indicate the number of individual providers and records to be updated?	YES	N/A				
#14	Have you included the name of the Provider (First and Last) or the name of the Group/Facility?	<input checked="" type="checkbox"/>	N/A				
#15	Did you include the NPI?	YES	<input checked="" type="checkbox"/>				
#16	Is this a group agreement?	YES	<input checked="" type="checkbox"/>	N/A			
#17	Does 'HCO designation' apply?	YES	<input checked="" type="checkbox"/>				
#18	Does your Agreement/Amendment include mid-level providers?	YES	<input checked="" type="checkbox"/>				
#19	Should a center record be created?	YES	<input checked="" type="checkbox"/>				
#20	Did you include the provider's telephone number?	<input checked="" type="checkbox"/>	N/A				
#21	Have you included the Tax name of the Provider, Group or Facility?	<input checked="" type="checkbox"/>	N/A				
#22	Have you included the Tax NPI for the Provider, Group or Facility?	<input checked="" type="checkbox"/>	N/A				
#23	Did you indicate the Provider type?	<input checked="" type="checkbox"/>	N/A				
#24	Did you include all applicable physical and mailing indicators?	<input checked="" type="checkbox"/>	N/A				
#25	Did you include the Specialty?	YES	<input checked="" type="checkbox"/>	N/A			
#26	Did you include the Credentialing sheet or Non-Cred application (Copies to new providers)?	<input checked="" type="checkbox"/>	N/A				
#27	Did you indicate the Contract type?	<input checked="" type="checkbox"/>	N/A				
#28							
#29	Did you indicate all applicable Networks and the Contract ID for each Network?					N/A	
#30	Did you indicate effective date?					YES	
#31	Is this an individually Negotiated Contract?					YES	<input checked="" type="checkbox"/> If N/A, skip to step 38
#32	Does Lessor of Language Apply?					YES	N/A
#33	Does Site of Service Language Apply?					YES	N/A
#34	Are DRGs reimbursed at Corporate Methodology?					YES	N/A
#35	Is this a Medicare Based Fee / What Year?					YES	N/A
#36	If not priced by Medicare, is the fee based on RBRVS (Resource Based Relative Value Schedule)?					YES	N/A
#37	Did you include the Medicare Rate Sheet?					YES	N/A
#38	Did you include the Medicare Advantage GRT(s)?					YES	N/A
#39	Did you include the Medicare Advantage GRT(s)?					YES	N/A
#40	Does Lab Pricing apply (applies only to HMO)?					YES	N/A
#41	Does the Starwise In office visit list apply (applies only to HMO)?					YES	N/A
#42	Did you include the Reimbursement Attachment/Rate Sheet?					YES	N/A
#43	Did you include a Fee Schedule [for new contract or newly negotiated contract; if there are more than 70 codes]					YES	N/A
#44	Did you include the QHP Scorscard [only for QHP rate increases]					YES	N/A
#45	If the Contract has to be built, is the effective date more than 25 days from current date? (If not it is a retro)					YES	N/A
#46	Did you indicate TOE for all Networks?					YES	N/A
#47	Does this request include Medicare? Did you provide the Medicare Advantage Contract Code?					YES	<input checked="" type="checkbox"/>
#48	Do you have special instructions? If so, they should be aligned to the Business Intent.					YES	<input checked="" type="checkbox"/>
#49	Is Network Management Director Signature Required?					YES	N/A
#50	Is Healthcare Analytics signature required?					YES	<input checked="" type="checkbox"/>
#51	Is Legal's Signature required?					YES	<input checked="" type="checkbox"/>
#52	Did you include the Signed Contract or Amendment?					YES	<input checked="" type="checkbox"/>
#53	Did you include the PCS (Plan Compensation Schedule) and PCS Attachment?					YES	<input checked="" type="checkbox"/>
#54	Should this CSF go to Contract Compliance?					YES	N/A

Completed By SONIA FERRIS