

Common Submission Form

New Contract Or Am	endment			
● N/A	○ This Is A New Contract	○ This Is An Amendment	Tracking #	# 87487
CSF Purpose: To	ermination		☐ Priority	Handling Requested
A) Business Inter	nt:	mmenten menembanan menemban kelan dian penembanan menembangan penembanan penembanan penembanan kelanggan penemb	Tax ID: 5821	145629
Discuss Business Inter		Demogra	aphic Change Only?	○ YES ● NO
Please terminate provipreviously. He is remainded	ider from Medical contracts only aining active at the locations as N	at location, 182 Jefferson Pkwy, Ste NON PAR (load as IDNP) on the Me	e A, Newnan, GA 30263. The	e other locations have been complete
B) Retroactivity:		The following the second of th	dical side. Correspondence	attached
	retroactivity? (REQUIRED)	YES O NO		
	Contract or an Amendment, is it	Ab 14 - 5	Contract or Amendment	O.N
		- Not Result of	Contract or Amendment	O Negotiation O Quality Iss
* Responsible Party / I	Market Network Management	* Ret	roactivity Reason NI	M-Retro Changes due to Network anagement Submission Error <1k cl
Responsible Party / Po		* Reti	roactivity Effective Date:	3/10/2016
Retro Adjustments	Requested?	Retroactivity Comme		
Estimated Dollar Amo	ount of Adjustment:	csi # 12606 Retro ID	D 16206	
Interest Owed?	,	Prompt Pay Interest	Comments:	ana ang kanan-ana agam-katar-ana kalangan a sa ang ang ang ang ang ang ang ang ang an
Date Issue Identifie	ed:	N/A		
			\$	ente entre en en entre en en en entre en entre en en entre
C) PDO Updates:				
Are PDO Updates Req	uired?	Number of Individual Provi	iders =	
• YES	○ NO	Number of QCare Records		
D) Completed By I	nformation:		-	
Name: Sonia Ferris		Start Date: 10/10/2016	Actual Date Rec'd: 2/26/2016	Phone: (404) 842-8703
E) Provider Inform	ation:			
QCare ID:	Sta	ate License #:	NPI :	#: 1912929878
First Name: Vincent	Middle Initial:	Last Name/ Facility/Ancillary:	Perciaccante	
Suffix: Titl	le: DDS Contact Nam		Contact #:	Ext.
Contact E-mail:				Gender:
DEA Number:	DEA	Expiration Date:	Medicare Nur	**************************************
				Tracking # 87487

F) Group Information:

	ne transition de la company			Tracking #	87487
Attention:		Provider Gro	up Name:		
Group Agreement Applies	PHO Designation:				that it is the first of the other than a transfer and a consideration of the other and
Blanket Agreement				Requires New	Pricing Grid
Are the Mid-Level Providers	ncluded in this Agreement			☐ Not Eligible T	o Reapply
G) Tax Information:				and the contract of the contra	en rijaken kommen en e
Tax ID: 582145629	Tax Name:	South OMS		ND 4. [4.70007.476	
TAX 1D. 1002 143029	anakanakanaka ka perinapan pengangan pengan		man was da mashiri wa sa wa wanayana ya masha wa shi wa shi wa shi ka w	NPI #: 172027479	10
2nd Tax ID:	2nd Tax Name:			2nd NPI #:	
H) ProviderType:					
Specialist					
Provider Type Comments:				1886 NEW SALT SALES A A SALS SALES S	and Anderson on the Control of the C
) Location Information:					
Address Type: Physical	Address1: 406 Steven	ns Entry	Address2:		
City Peachtree City	State: GA Zi	p: 30269 Market:	AND THE CONTRACT OF THE CONTRA	County:	
Phone:	Fax:		Primary	***************************************	
Address Type: Physical	Address1: 600 West L	anier Avve	Address2: So	uite 201	
City Fayetteville	State: GA Zi	p: 30214 Market:		County:	
Phone:	Fax:		Primary	Anneste and the second	Steven and recover and the second
Address Type: Physical	Address1: 288 Hwy 3	14	Address2:		
City Fayetteville	State: GA Zi	p: 30214 Market:	,	County:	
Phone:	Fax:		Primary	Provide Anna Anna	
Address Type: Physical	Address1: 182 Jeffers	on Pkwy	Address2: Si	uite A	
City Newnan	State: GA Zi	p: 30263 Market:	nanana di James	County:	
Phone:	Fax:		Primary		
l) Covering Physician:					
K) Specialty:					
Specialty: ORAL SURGERY	Board Sta	atus: Age	- Low:	Age - High:	
	Panel Si	ze Accept	ing New Patients		
				£	
Waiver Indicator			W	aiver Update:	YES • NO

				Tracking #	87487
L) Hospital Privilege:					
M) Language:					
Staff Language:		Practictioner Language:			
N) Contract Status:					
Credentialed Application Date Sent to Andover	CAQH Curl Date Returned from And	rent Panel Size:	Credentialing	Date Approved	
O) Member Move: Indicate where to move members if it is re	equired				
P) Billing/Contract Information					
Billing Format: CMS1500	ens entre et a cons e contrarer e e e del del del del del del del del d	Existing Contract ID:			
Contract Status:	100 a. 100 ft. 100 a. 100 ft.				
Affiliated With An Existing Contract?					
Type Network Professional PPO Regardless Of Billed Lesser Of Charges Site Of Service	I/Facility/Ancillary) ID Type ID SPEC 2842	Use Current Date>>	Effective 3/10/2016	Contract Dates Termination Is Contract E	
☐ Drugs Reimbursed at Corporate Me	ethodology			Effective 1	ermination
If Capitated, Over & Above				Date	Date
☐ Medicare Based Fee ☐ Update With Medicare	Year A1 % A2	RBRVS Timeli	ness Of Filing	180 Days	
Termination Reason:					•
Type Network Professional Traditional (PAR) Regardless Of Billed Lesser Of Charges	ID Type ID SPEC 3400	Use Current Date>>	Effective 3/10/2016	Contract Dates Termination Is Contract E	Expire Evergreen
Site Of Service Drugs Reimbursed at Corporate Mo	ethodology			Blanket Agr Effective Date	eement Fermination Date
☐ Medicare Based Fee ☐ Update With Medicare	Year A2	RBRVS % Timeli	ness Of Filing	365 Days	
Termination Reason:					Tr.

Contract Other Comments 2) Contract Language: Contract Language Standard Contract Language 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	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			
Contract Language Standard	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			
Contract Language Standard	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			
Contract Language Standard	Medicare Advantage-HMO-Facility-2 Medicare Advantage-HMO-Professional-2 Medicare Advantage-PPO-Facility-2 Medicare Advantage-PPO-Professional-2			
Contract Language Standard	Medicare Advantage-HMO-Professional-2 Medicare Advantage-PPO-Facility-2 Medicare Advantage-PPO-Professional-2			
Contract Language Standard	Medicare Advantage-HMO-Professional-2 Medicare Advantage-PPO-Facility-2 Medicare Advantage-PPO-Professional-2		-	
Contract Language Standard	Medicare Advantage-PPO-Professional-2			
Contract Language Standard				
Beauty surprise property and the second surprise surprise surprise and the second surprise surprise and the second surprise surpr	Red Line Attached		<u> </u>	
Contract Language Comments	Titod Ellie / Ittabriod			
3 3	Specify contract intent if Non-Standard:			
) Contract Reimbursement:				
Date Fee Schedule Requested From HCA				
Discuss intent of reimbursement structure if Non-Standard:	Chargemaster Adjustment Comments			
				ocondomento e e e e e e e e e e e e e e e e e e e
Automatic Rate Increase Cus Index Adjustment Ten Chargemaster Adjustment Fee Change in Capitation Reporting Requirements Non Includes withhold on risk pool	es this contract qualify as an INC under the terms of the stom Reimbursement (higher than region standard) mination Not For Cause (Other than 120 days) a Schedule can be reduced more than once per year in-Standard reimbursement for Vaccines/Injectibles	he Manage	d Care Settle	ement
Default Pricing	PA Exceptions			
			oo keesaaaaakassa kiigas siinaan	
Add Provider				
Add Tax ID	Tax Effective Date		***************************************	
Reason for Additional Tax ID				
Change Tax ID	од материя на под под мерения на			
Reason for Tax ID change				
Should the CURRENT Tax Affiliation be terminated? (A	pplies only if the Tax info is changing)			
Add Other				
Change Other				
Special Instructions:				y e terreta esta de la compansión de la co

Tracking #	87487
	*

✓ 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

	# Question Response		Additional Instructions		tion# Question		Response			Additional Instructions	
1	Did you include the CSF Purpose?	YES	N/A			Did you indicate all applicable Networks and the	111	Т		T	
	Did you include the CSF Pulphse!	TES	N/A		#29	Contract ID for each Network?	1	4	N/A	4	
				If this update applies to multiple tax id's, please			1				
			1	indicate multiple and use the special instructions	1 1			Je	1	- 13	
		ا ما		field to indicate what documentation is provided to]			10	1		
2	Did you include the applicable Tax id(s)?	205	N/A	indicate the tax ids; i.e. a spreadsheet or roster.	#30	Did you indicate effective date?	Ac.	- 12	N/A	- 10	4
13	Has the Business Intent been completed?	Siegen .	N/A		#31	Is this an individually Negotiated Contract?	YES	+	N/A	1	If N/A, skip to #46
4	Is this a retro?	-	N/A	If N/A, skip to Question #11	#32	Does Lesser of Language Apply?	YES	+	-	-6	17 19/A, SKIP 10 946
					1 1 22	Does Lesser of Language Approx	11.52	+0	N/A	+	2
15	Do you have a signed LOA?	YES	MA		#33	Does Site of Service Language Apply?	YES		N/A		
	Does the end date on your LOA meet the processing time					Total Control (Control Control	111.5	+	19//	-10	
16	requirements?	YES	N/A		#34	Are Drugs reimbursed at Corporate Methodology?	YES		N/A	- 16	
7	Down your setup service art as a 2	_	1							1	
,	Does your retro require adjustments?	36 5	N/A		#35	Is this a Medicare Based Fee? What Year?	YES		N/A	- 18	
8	Did you include the retro # and copy of approval?	المسيدا	N/A			If not priced by Medicare, is the fee based on RBRVS		T		T	
×	and the mendale rife rections and copy or approval?	MCO I	INVA		#36	(Resource Based Relative Value Schedule)?	YES		N/A		
9	Did you include the retro reason?	-	N/A	lii l			1	100		- 10	
***************************************			1.00		#37	Did you include the Medicare Rate Sheet?	YES	لبل	N/A	4	
10	Did you include the prompt pay form?	YES	MA		#38	Did you include the Moderne Advance of Commit	lure.			- 10	
				92	1430	Did you include the Medicare Advantage GNT(s)	YES	+	N/A	+	
11	Did you include the Image/File Net Number?	YES	NA		#39	Did you include the Medicare Advantage (RF(s)	YES		N/A		4
		/				The street of the street will be street of the street of t	1,53	+	13/14	+	1
12	Did you indicate if PDO updates are required?	5 ES	N/A		#40	Does Lab Pricing apply (applies only to HMOJ?	YES		N/A		
	Did you indicate the number of individual providers and		1			Does the Statewide in office lab list apply (applies only		11		+	
13	records to be updated?	YES	N/A		#41	to HMO)?	YES	10	N/A		
	Have you included the name of the Provider (First and							T			
14	Last) or the name of the Group/Facility?		N/A			Did you include the Reimbursement Attachment/Rate				- 18	
	The state of the country active:		119/A		#42	Sheet?	YES		N/A		
						Did you include a Fee Schedule (for new contract or					
15	Did you include the NPI?	YES !	N/A		#43	newly negotiated contract; if there are more than 20 codes;				- 10	4
			1		h.43	COGES :	YES	-	N/A	-	
			1		1 1	Did you include the QHIP Scorecard (only for QHIP rate	1			100	
16	is this a group agreement?	YSS	N/A			increases	YES		N/A	- 18	
		1				If the Contract has to be built, is the effective date	1	11	13/2	+	
17	D BUG 4				1 1	more than 25 days from current date? (if not it is a	i			- 16	
4/	Does PHO designation apply? Does your Agreement/Amendment include mid-level	YES	MA		#45	retro)	YES		N/A	- 10	1
18	providers?	YES	مر. ا				1	m		T	
	promoto	153	INTA	20		Did you indicate TOF for all Networks?	255		N/A	10.	
19	Should a center record be created?	YES	Aye			Does this request include Medicare? Did you provide	i		•	- 10	
			1-15			the Medicare Advantage Contract Code?	YES	إحلا	MA	4	
20	Did you include the provider's telephone number?	TES	N/A			Do you have Special Instructions? If so, they should be aligned to the Business Intent.	luce		A/A		1
	Have you included the Tax name of the Provider, Group or	_			340	angured to one Business Intent.	YES.	1	A/A	#	
21	Facility?	YPS I	N/A		#49	Is Network Management Director Signature Required?	165		N/A		1
	Have you included the Tax NPI for the Provider, Group or	-				- reaction prescor organisme negaried	153	H	3/14	+	
22	Facility?	Y56	N/A		#50	is Healthcare Analytics Signature required?	YE5		MA		1
23		_	1				(T	-25-	4	<u> </u>
. 3	Did you indicate the Provider type?	3	N/A		#51	ls Legal's Signature required?	YES		MA.	18	d
	Old you include all applicable physical and mailing	ار	1					П		T	
24	locations?		N/A				į		/		
		3	1377		#52	Did you include the signed Contract or Amendment?	YES		M/A	_12	
		1	1				1			P	
			1			Did you include the PCS [Plan Compensation Schedule]			_	. [1]	
25	Did you include the Specialty?	YES	N/A	S. Control of the con	#53	and PCS Attachment?	YES	М	NA.	10	
			T	(4)	1	A CONTRACTOR OF THE STATE OF TH	163	++	₩/A	44	
	Did you include the Credentialing sheet or Non-Cred	1	1								
6	application (applies to new providers)?	YES .	N/A	N I	#54	Should this CSF go to Contract Compliance?			14/4	10	
8	Did you indicate the Contract type?		N/A	X .	<u> </u>		#C>	أننا	¥/A	انتك	1
~~~~		F	1777	[4							
	SONIA FERRIS										