	E Comment	
11	(Λ
177000	Last si	CV
	4	manage Market Control

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.

COI	NTRACTOR/NETWORK	MANAGEMENT CONSU	LTANT/REPRESENTATIVE	
Signature:	TX.	Date:	10-10-10	
(), 2,	410 Alde Alex be - be - be	DIRECTOR	and an in the control of the control of the	
Signature:		n reviewed, and the information Date:	nation is accurate and complete.	
ingriature.			D to Carry	
l h	nave reviewed and approv	LEGAL DEPARTMENT ved the non-standard lang	juage used in this contract.	
ignature:		Date:		
	H	EALTHCARE ANALYTIC	S	
	I have receive	ed and approved the fee so	chedule/rates.	
Signature:		Date:		
	RE	GIONAL VICE PRESIDE	NT	
ignature:		Date:		
	MEDIC	CAL DIRECTOR (as nece	ssary)	
ignature:		Date:		
	PRO	OVIDER OPERATIONS (F	PO)	
te Routed to PO: Octo	4 14,3016	Date Received:		
ignature:	N. T.	Date:		
etroactive Effective Date? Y/N	Approved?	M	R	
ffective Date:		Date Returne	ed to CC	
	PROV	IDER REIMBURSEMENT	(PR)	
		Date Received:		
ignature:				
		Date Routed	to PDO	
ate Returned to CC:				
	PROVIDER	R DATABASE OPERATIO	` ,	
ate Loaded:		Date Routed	to PDO	
	CON	ITRACT COMPLIANCE (
e Routed to CC:		Date Received:		
Signature:		Date:		



Common Submission Form

Responsible Party / Market	
A) Business Intent: Demographic Change Only? YES N Necuse Business Intent: Demographic Change Only? YES N Necuses Business Intent: Demographic Change Only? YES N No Necuses Business Intent: Necuses Business Intent: Necuses Business Intent: Demographic Change Only? YES N No No Not Result of Contract or Amendment Negotiation Outliness Intents Inten	
Demographic Change Only?	Minimum.
This provider has left the hospital and should be removed from our registry. 3) Retroactivity: Will this CSF result in retroactivity? (REQUIRED) If this CSF is a New Contract or an Amendment, is it the result of a: ONOT Result of Contract or Amendment Pretroactivity Reason Responsible Party / Market Retroactivity Reason Responsible Party / PO Network Management Retroactivity Comments: Retroactivity Effective Date: Retroactivity Comments: Retroactivity Comments: Retroactivity Effective Date: Retroactivity Comments: Retroactivity Comments: Retroactivity Comments: Retroactivity Comments: Retroactivity Comments: Retroactivity Productive Date: Retroactivity Comments: Retroactivity Comments: Retroactivity Comments: Retroactivity Comments: Retroactivity Productive Date: Retroactivity Comments: Retroactivity Productive Date: Retroactivity Comments: Retroactivity Productive Date: Retroactivity Comments: Retroactivity Productive Date: Retroactivity Reason Prompt Pay Interest Comments: Number of Individual Providers = 1 Number of Ocare Records To Be Updated = 1 Number of Ocare Records To Be Updated = 1 Ocare ID: Start Date: Actual Date Rec'd: 9/1/2017 Phone: 398-23 Provider Information: Core ID: State License #: NPI #: 8935893789 Last Name/ FacilityAncillary: Bailev Title: IDDS Contact Name: Thomas Reade Contact #: 398-607-3586 Ext. Sontact E-mail:	10
3) Retroactivity: Will this CSF result in retroactivity? (REQUIRED) If this CSF is a New Contract or an Amendment, is it the result of a: O Not Result of Contract or Amendment Responsible Party / Market Network Management Retroactivity Reason Responsible Party / PO Network Management Retroactivity Comments: Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Responsible Party Indicate Date: Retroactivity Reason Retroact	
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: Note Result of Contract or Amendment Responsible Party / Market Nest Patro Adjustments Requested? Retro Adjustments Requested? Retro Adjustments Requested? Retro Adjustments Requested? Prompt Pay Interest Comments: Interest Owed? Prompt Pay Interest Comments: Image Number 2332998936 Prompt Pay Interest Comments: Image Number 2332998936 Number of Individual Providers = 1 Number of Ocare Records To Be Updated = 1 Ocare ID: Start Date: Actual Date Rec'd: Norwider Information: Name: Thomas Reade Norwider Information: Start Date: Last Name/ Facility/Ancillary: Bailey Thomas Reade Contact #: 398-607-3586 Ext. Tomast E-mail: Sbailey@massgeneral.org Cender: F	
*If this CSF is a New Contract or an Amendment, is it the result of a: *Responsible Party / Market *Retroactivity Reason *Responsible Party / Market *Retroactivity Effective Date: *Retr	en e
*Responsible Party / Market nent	
Responsible Party / PO	ality Issue
Retro Adjustments Requested? Estimated Dollar Amount of Adjustment: Interest Owed? Date Issue Identified: Image Number 2332998936 Prompt Pay Interest Comments: Image Number of Individual Providers = 1 1	
Retro Adjustments Requested? Estimated Dollar Amount of Adjustment: Interest Owed?	
Estimated Dollar Amount of Adjustment: Interest Owed?	
Image Number 2332998936 Image Number of Individual Providers = 1	
Image Number 2332998936 Image Number 2332998936	
Are PDO Updates: Are PDO Updates Required? Number of Individual Providers = 1 Number of QCare Records To Be Updated = 1 D) Completed By Information: Name: Thomas Reade Start Date: Actual Date Rec'd: Phone: 398-23 Phone: 398-23 Phone: 398-23 Phone: Start Date: Actual Date Rec'd: Phone: 398-23 Phone: 398-23 Phone: 398-23 Actual Date Rec'd: Phone: 398-23	
Name: Thomas Reade Start Date:	
O) Completed By Information: Start Date:	
Start Date: Actual Date Rec'd: 9/1/2017 Phone: 398-23 Provider Information: Care ID: State License #: NPI #: 8935893789 Middle Initial: M. Facility/Ancillary: Bailey Suffix: Title: DDS Contact Name: Thomas Reade Contact #: 398-607-3586 Ext. Contact E-mail: sbailey@massgeneral.org Gender: F	
Name: Thomas Reade 12/1/2017 9/1/2017 Phone: 398-23 Phone: 398-23 Core ID: State License #: NPI #: 8935893789 Middle Initial: M. Facility/Ancillary: Bailev First Name: Samantha Contact Name: Thomas Reade Contact E-mail: sbailey@massgeneral.org Gender: F	«В-к-кой-конско-комильско-комильду», сой
Core ID: State License #: NPI #: 8935893789 Middle Initial: M. Facility/Ancillary: Bailey Full India Reade Contact F-mail: Sbailey@massgeneral.org Gender: F	
State License #: NPI #: 8935893789 Middle Last Name/ First Name: Samantha Suffix: Title: DDS Contact Name: Thomas Reade Contact E-mail: sbailey@massgeneral.org Gender: F	31-4376
First Name: Samantha Middle Initial: M. Facility/Ancillary: Bailev Suffix: Title: DDS Contact Name: Thomas Reade Contact #: 398-607-3586 Ext. Contact E-mail: sbailey@massgeneral.org Gender: F	and the state of t
First Name: Samantha Initial: M. Facility/Ancillary: Bailey Suffix: Title: DDS Contact Name: Thomas Reade Contact #: 398-607-3586 Ext. Contact E-mail: sbailey@massgeneral.org Gender: F	
Contact E-mail: Title: DDS	
Contact E-mail: sbailey@massgeneral.org Gender: F	
TANK L	4370
Tracking #	2
, Group information.	

				Trac	cking #
Attention:		Provider Gro	ıp Name:		
Group Agreement Applies	PHO Designation:			nahimboli muusa ka muu	
Blanket Agreement				Requir	es New Pricing Grid
Are the Mid-Level Providers	Included in this Agreement			☐ Not El	ligible To Reapply
G) Tax Information:	en feler General (1966) er stansk fra til sen med sekke år i kan år i om ford og skapp og en et en skap år på e	i armenen en armen en armen en armen armen armen en armen en armen en armen en armen en armen armen armen arme	emprendistrion from the State of the State o	na kita ana aka ana ayu ng nghini neopondo ay nghini na ana ana ana ana ana ana ana ana a	nin menden med den med den sie den sieden der
Tax ID: 7653452869	Tax Name: S	righam and Women's Hos	spital	NPI #: 893	35893789
2nd Tax ID:	2nd Tax Name:			2nd NPI #:	
H) ProviderType:	nthritisminereuromenenenenenenenenen (onertionistiski suosukeeniski sisteksiettyvistooni (EET suoristankii Siskustusia sisteksi	MANATHAN ACTION TO CONTRACT ACTION AND ACTION AND ACTION A	ere kontrologische Statische der Statische der Statische Statische Statische Statische Statische Statische Aus	where decreases a retrieval of the second section of the second	rino fan di and Contillato d'Ora di Origina de Associación per seno, seno cue di control de contillato de Cont
Endocrinologist					
Provider Type Comments:					Salanikansi karangan
l) Location Information:					
Address Type: Physical	Address1: 500 Memoria	I Drive -	Address2:	!	
City Cambridge	State: MA Zip:	02139 Market :		County:	NA:-I-II
Phone: 301-273-4100 ext. 1022	2 Fax : 301-289-4103		Primary	and the second s	Middlesex
Address Type: Physical	Address1: 75 Francis St	reet	Address2:	Suite 500	
City Boston	State: MA Zip:	02107 Market :		County:	Suffolk
Phone: 301-274-4325 ext. 73	Fax:			w	Guiloik
Address Type: Physical	Address1: 33 Tremont S	St	Address2:	Suite 387	
City Boston	State: MA Zip:	703108 Market:		County:	C#-III-
Phone:	Fax:			v	Suffolk
Address Type: Satellite	Address1: 96 Sydney Pa	acific Drive	Address2:	Suite 987	
City Cambridge	State: MA Zip:	02139-2243 Market:		County:	Cook
Phone: 617-788-4326	Fax:				Cook
J) Covering Physician:			J		
Specialty:	Board Status	6: Age -	Low:	Age - High:	
Endocrinology	Panel Size	Acception	ng New Patients		
				goo	
Waiver Indicator				Waiver Update:	OYES ON

1)				Tracking #
L) Hospital Privilege: M) Language:				
w) Language.				
Staff Language:		Practictic	oner Language:	
N) Contract Status:		wa na matanga paminingah di nasa sa ina maka na kanada pala kanada pala kanada na matanga na matanga na managa	от в нежения в н	
Credentialed Application	CAQH	Current Panel Siz	2e:	
Date Sent to Andover	Date Returne	ed from Andover	Credential	ing Date Approved
O) Member Move: Indicate where to move members if it is a	equired			
P) Billing/Contract Information				
Billing Format: CMS1500		Existing Contra	act ID:	wide-wide-state initiation and the control of the c
Contract Status:				
Affiliated With An Existing Contract?				
Q) Contract Type: (Professional Type Network Professional PPO Regardless Of Billed Lesser Of Charges Site Of Service	ID Type SPEC	ID 3874	Effective ent Date>> 1/1/2018	Contract Dates Termination Expire Is Contract Evergreen Blanket Agreement
✓ Drugs Reimbursed at Corporate M✓ If Capitated, Over & Above	ethodology			Effective Termination Date Date
✓ Medicare Based Fee Update With Medicare	Year 2010	RBRVS		
Termination Reason:			Timeliness Of Filing	100 days
Type Network	ID Type	ID .		
Professional Traditional (PAR) Regardless Of Billed Lesser Of Charges	SPEC	3403	Effective	Termination Expire Is Contract Evergreen
Site Of Service Drugs Reimbursed at Corporate Mo If Capitated, Over & Above	ethodology			Blanket Agreement Effective Termination Date Date
✓ Medicare Based Fee	Year	✓ RBRVS		, <u>, , , , , , , , , , , , , , , , , , </u>
Update With Medicare	A1 %	A2 %	Timeliness Of Filing	365 Days
Termination Reason:				

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

		Trackin	g#	
Contract Other Comments		IRF	NST / GNT	Pricing Code
	Medicare Advantage-HMO-Facility			
No. of the control of	Medicare Advantage-HMO-Professional			
	Medicare Advantage-PPO-Facility			
ROBINION AND AND AND AND AND AND AND AND AND AN	Medicare Advantage-PPO-Professional		1	<u> </u>
VARIANCE CONTROL OF THE PROPERTY OF THE PROPER	Medicare Advantage-HMO-Facility-2 Medicare Advantage-HMO-Professional-2			
p	Medicare Advantage-PPO-Facility-2			
R) Contract Language:	Medicare Advantage-PPO-Professional-2			
Contract Language English	Red Line Attached			
Contract Language Comments	Specify contract intent if Non-Standard:			
				annicht meinigt erzeit.
		NO 5, MARIE SALVANIES AND SALVE SA		en januario en esta de la companya d
S) Contract Reimbursement:		a personal and constructed and		ENNESS STEELS ON THE STEELS OF THE STEEL
Date Fee Schedule Requested From HCA Standard				
Discuss intent of reimbursement structure if Non-Standard	d: Chargemaster Adjustment Comments			
Do reimbursement terms change mid-contract	Does this contract qualify as an INC under the terms of the	e Managed	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			
				Andrew Control
mission of the state of the sta	Taxandon Contractor Co			
			***************************************	***************************************
Add Provider				
Add Tax ID	Tax Effective Date		*	
Reason for				(C.)
Additional Tax ID				
Change Tax ID				
Reason for Tax ID change				
Should the CURRENT Tax Affiliation be termin	nated? (Applies only if the Tay info is changing)			
Orload the Ooth Livi Tax Annahor be termin	ateu: (Applies offiny if the Fax fillo is changing)			
Add Other			,	
Change Other		And the second of the second o		
) Special Instructions:				
comments				

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	M	П	Г	-	
		1(5)	++	74		#29	Contract ID for each Network?	ALS:	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	-	
	Do you have a signed LOA?	YE5	Ши	PK.		#33	Does Site of Service Language Apply?	YES	186	N/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		
1	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?		М.				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 10			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		
	Facility?	1	N/	A		#49	National Manager of the Control of t	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?	W.	N/	Α		#51	s Legal's Signature required?	YES		A.		
			Т						-	757	-	
	Did you include all applicable physical and mailing	April 1								1	-	
	locations?	385	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 monage the Specially!	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 I	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