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.

	and the information is accurate and complete.	
	CONTRACTOR/NETWORK MANAGEMENT CONSULTANT/REPRESENTATIVE	
Signature:	Date: 10,10,10	
	DIRECTOR	
lati	est that the contract has been reviewed, and the information is accurate and complete.	
Signature:	Cf Januar Date: 10/13/2014	
	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:	who It dele Date Received:	
Signature:		
Retroactive Effective Date?		31
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:	1
Signature	Date:	j



# **Common Submission Form**

New Contract Or	Amendment				particular and the second	Management of the State of the
● N/A	○ This Is A New Contract	○ This Is	An Amendment	Tracking #	87487	
CSF Purpose:	Termination		entre destructiva de la constantida de	☐ Priority I	Handling Reque	ested
	C TO STOREST ST. S. C. C. CONSTRUCTION OF TRANSPORT TO THE SECTION OF		AMBERTALIST CO. C.	Tax ID: 5821	45629	
A) Business In			Demographic	Change Only?	T C YES	● NO
Discuss Business I						
	provider from Medical contracts only a remaining active at the locations as N					ve been completed
B) Retroactivit	iy:	an painting and care to the first of the following		The transformation of the second of the seco	SATERATE STREET, STREE	October 1984 September 1985 September 1987 Septembe
Will this CSF resu	ult in retroactivity? (REQUIRED)	( ) Y	ES ONO			notina, trivita tra e comunici sud amus con un persuatura un persuatura escribebasia peri
	New Contract or an Amendment, is it	the result of a:	Not Result of Contra	set or Amondmost	O Negotiation	O Quality Issue
			S Not Result of Contra	act of Amendment	O Negotiation	O Quality issue
* Responsible Par	ty / Market Network Management	***************************************	* Retroactiv	rity Reason NI	M-Retro Changes d anagement Submis	ue to Network sion Error <1k claim
Responsible Party	1/P0	ATTICLE TO THE STATE OF THE STA	* Retroactiv	rity Effective Date:	3/10/2016	
✓ Retro Adjustme	ents Requested?		Retroactivity Comments:			
	Amount of Adjustment:	eurousonamentes S	csi # 12606 Retro ID 1620	6		All Allerance
Interest Owed?		**************************************	Dramat Bay Interest Comm		Species of the second property of State	Andrew Commence of the Commenc
Date Issue Ide			Prompt Pay Interest Comm N/A	TETRS.	Anni province accommodificación é victoria des	and the second s
	A CONTRACTOR CONTRACTO					j.
C) PDO Update	es:					
Are PDO Updates	Required?	Num	ber of Individual Providers	= [1		
● YES	○ NO	Num	ber of QCare Records To B	Se Updated =		
D) Completed	By Information:		halada garan kan kan kan memberi beran kenan kenan kenan di kenan di kenan kenan kenan kenan kenan kenan kenan	hallandella and hallandella della		y the little and the fine remover is a copy of a copy of a copy of the section of the little distribution in the little distribution is a copy of the little distribution in the little distri
The same of the sa		- September - Sept	Start Date:	Actual Date Rec'd:		
Name: Sonia Fe	BINS	A America	0/10/2016	2/26/2016	Phone	: (404) 842-8703
E) Provider Inf	ormation:					
QCare ID:	St	tate License #		NP	#: 1912929878	
First Name: Vinc	middle Initial:	J	Last Name/ Facility/Ancillary: Perc	ciaccante		
Suffix:	Title: DDS Contact Nam	me:		Contact #:		Ext.
Contact E-mail:					Gender:	
DEA Number:	DE.	A Expiration [	Date:	Medicare No	umber:	
					Tracking #	87487
						Service description of the section of

F) Group Information:

Requires New Pricing Grid Not Eligible To Reapply #: 1720274798
Not Eligible To Reapply #: 1720274798
Not Eligible To Reapply #: 1720274798
Not Eligible To Reapply #: 1720274798
#: 1720274798
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county:
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county:

		Tracking # 87487
L) Hospital Privilege:		
M) Language:		
Staff Language:	Practictioner Language:	
N) Contract Status:		i da
Credentialed Application CAQH	Current Panel Size:	n, d. s. (15 May Art M. (16 May Art S) (15 May May 40 May
Date Sent to Andover Date Returned from	n Andover Credentialing	Date Approved
O) Member Move:		овторина и под под под под на под него потори и чето и чето не чето под под соворено под под под обще со 1 до в С
Indicate where to move members if it is required		
		TO POST TO STREET THE PROPERTY OF THE PROPERTY OF THE POST OF THE
P) Billing/Contract Information :		
Billing Format: CMS1500	Existing Contract ID:	oministration of the money of the control of money and state and the control of t
Contract Status:	Browners common time come consistent or comment	related in the members' testing.
(Planette planette agencies and a proposed		
Affiliated With An Existing Contract?		
Q) Contract Type: (Professional/Facility/Ancillary)		
	-	
A CONTROL OF THE PROPERTY OF T	0.40	Contract Dates
t transference of the second of the second of the community of the second of the secon	Use Current Date ->> 3/10/2016	Termination Expire
Regardless Of Billed	Bassassan et sa et et et et en en et	Is Contract Evergreen
Lesser Of Charges Site Of Service		A CONTRACTOR OF CONTRACTOR AND
Drugs Reimbursed at Corporate Methodology		Blanket Agreement Effective Termination
If Capitated, Over & Above		Date Date
and application, over a roote		Annual management and an annual and an annual and an annual and an
Medicare Based Fee Year	RBRVS	
Update With Medicare A1 %	A2 % Timeliness Of Filing	180 Days
Termination Reason:		An execution for the form of the contract of t
Type Network ID Type	ID	Contract Dates
Professional Traditional (PAR) SPEC	8400 Effective	Termination Expire
Regardless Of Billed	Use Current Date> 3/10/2016	☐ le Contract Evergroon
Lesser Of Charges		Is Contract Evergreen
Site Of Service		Blanket Agreement
Drugs Reimbursed at Corporate Methodology		Effective Termination Date Date
If Capitated, Over & Above		Annual management of the Control of
Medicare Based Fee Year	RBRVS	Frankling and Market Ma
Update With Medicare A1 %	A2 % Timeliness Of Filing	365 Days
Termination Reason:	essaan van talan en	39 Translate fundamental media seria mendamental di Sagr

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				-1
				one contract
Default Pricing	PA Exceptions			
Includes withhold on risk pool				
	Non-Standard reimbursement for Vaccines/Injectibles			
Chargemaster Adjustment	Fee Schedule can be reduced more than once per year			
The second secon	Termination Not For Cause (Other than 120 days)			
	Custom Reimbursement (higher than region standard)			
Do reimbursement terms change mid-contract	Does this contract qualify as an INC under the terms of the	e Managed	Care Settle	ment
		perference of the second	distribution and a	
	Accepted and design of the control o			NAME OF THE PERSON OF THE PERS
Discuss intent of reimbursement structure if Non-Standard:	Chargemaster Adjustment Comments			
Date Fee Schedule Requested From HCA				
) Contract Reimbursement:		nation yell at the about the section of the other		
Language several in the entire of the control of the entire several several several control of the control of t		**************************************		
				2 2 2 3 3
	CONTRACTOR AND		DEPARTMENT OF THE PERSON NAMED IN	CANCOMPANIE.
Contract Language Comments	Specify contract intent if Non-Standard:			
Contract Language Standard	Medicare Advantage-PPO-Professional-2			L
t) Contract Language:	Medicare Advantage-PPO-Facility-2			
	Medicare Advantage-HMO-Facility-2 Medicare Advantage-HMO-Professional-2			
	-			<u> </u>
	Medicare Advantage-PPO-Facility  Medicare Advantage-PPO-Professional			
	Medicare Advantage-HMO-Professional			
	Medicare Advantage-HMO-Facility			
	- I I I I I I I I I I I I I I I I I I I		GNT	Code

	Tracking #	87487
the term of the second second second second second	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

#### Georgia Provider Solutions CSF Verification List

ettion#	Question	Best	T T	Additional Instructions	Costions	Did you indicate all applicable Networks and the	11	-81	- 1	A.
	710	YES !	N/a		479	Contract ID for each Natwork?	H.	N/A	A 1	
_	Did you neluda the CSF Purpose?			If this update applies to multiple tax id's, please indicate multiple and use the special instructions flight in inflicate what documentation is provided to			/		- Constitution	
	Did you or fode the applicable Tax M(s)?	2	N/A	indicate the tax ids i.e. a prevadsheet or rotter.	810	Dip you indicate effective data?	VE5	N/		1
	Has the Business Intent been crampleteu?	اسمين	5/8	4	131	Is this an individually Negotiated Contract?	442	H		if N/A, skip to \$46
	is this a retro?	-	N/A	if N/A, skip to Question #11	212	Does Lessar of Language Apply?	YES	N/	4	4
			1				YES	N/	. 1	6
	Do you have a signed LOA?	YES	WA	The second secon	233	Does site of Service Language Analy?	YES	1965 PW	2	
	Does the end date on your LOA must the processing time	1		9	234	Are Orago reimbursed at Corporate Methodology?	YES	N/	A .	a a a a a a a a a a a a a a a a a a a
	ryguirements?	VES	NIA		4.54	ANY CHI (SEP TRIMES SEED AN CONSERVATION OF THE PROPERTY OF	1	121	-	
	Does your retro require adjustments?	1	N/A	4	135	ts this a Medicare Based Fee? What Year?	YES	14/	4	
,110,110,110	Does total technique adjustines as	-				If not priced by Medicare, is the fee based on RBHV5		H.		1
	Did you include the retre # and copy of approval?	4.	N/A		#36	(Resource Reser) Relative Value Schodula)?	AEZ	3: N/	A	
		,	8		1		YES	100	. 1	9
	Gid you include the retra ressan?	185	N/A	7	#37	Did you include the Medicare Rate Sheet?	125	1		3
			MA		#38	Did you include the Middigare Advantage GNT(s)	YES	N.	A	8
	Old you include the prompt pay form?	YES	MA		1					77
	Gid you include the Imagin/file Net Number?	YES	1.1	3	#39	Did you include the Medicare Advantage (EF(s)	YES	N,	12	8
	THE YOUR COMPLETE STREET, 100 July 1400 1400 1400 1400 1400 1400 1400 140	-		24				11		ER.
	Did you indicate if PDO updates are required?	165	N/A	4	F40	Does Lab Pricing apoly (apolise rary to HMO)?	YES	i N	0	19
	Did you and cate the number of individual providers and					Does the Statewise in office (ap list apply (applies only	YES	I III	. 1	
	records to be updated?	YES	N/A	8	#41	I/O HMÓI?	1 AES	- N	-	
			3			Did you include the Kormbursement Attachment/Rate		18	1	2
	Have you included the name of the Provides (First and	1	N/A		1447	Shoet?	YES	N	A	
	Last) or the name of the Group/Facility?		Tre/m.	1	-	Old you include a Fee Schedule (for new medicact or		I		
		/	7			newly negotiated contract; if there are more than 20				24
Same	Dig you include the NPI?	100	N/A	8	443	codes	YES	04	A	A
			S	3			1	13		
		/	3		1	Uid you include the QHIP Scorecard (only for QHIP rate increases)	YES	13.	(A	P. Company
	is this a aroup agreement?	Y25	N/A	97	844	If the Contract has to be limit, is the effective date	111.0	100	4	
						more than 25 days from current date? (if not it is a		131		(5)
	0. u. 710 tu ma ta mah )	VES	100		145	retro)	YES	100	/A	(8)
	Does 1910 des enat en spely?  Does your Agreement/Amenament include mid-level	1	-		100000000000000000000000000000000000000		1			[3]
8	onwiders?	YES	1		346	Did you indicate YOF for all Networks?	VES	N.	A	
100	A CONTRACTOR OF THE PROPERTY O	Towns 1	11		347	Does this request include Medicare? Did you provide the Medicare Advantage Contract Code?	YES	131.	1	
	Should a center record be created?	YES	MA		347	Do you have Special Instructors? If so, they should be	1100		,	7
		1	N/A	Maria de la companya della companya	ang	argened to the Business Intent.	VES	1	in	3
-	Bid you include the provider's selephone number? Have you included the Tax name of the Provider, Group is	Tes	1	11			1	30		À
	Facility?	100	N/A	6	442	Is Network Management Director Signature Recurred?	res	25 N	I/A	<u> </u>
	Have you included the Lax NPI for the Provider, Group or	1 -						E.	1	3
	Facility?	146	N/A	H	450	is Hankhopre Analytics Stanature required?	YES	133	MA.	
		-				Is Legal's Signature required?	VES	Til.	1	-0
	C-cl you indicate the Provider type?	100	N/A		#51	19 FEERI 2 NEWALTH LEADINGS.	1	1.1	-	
	Did you include all applicable physical and marking			19			1	13	/	XA
	End you include an applicable physical and maining locations?	1	NA		#52	Did you include she signed Contract or Greendment?	YES	1500	64	[5]
-	1	1	11				1	133		
	1	1	H	Ø.		L	1	24		
		1				Did you include the PCS (Plan Compensation School (let) and PCS Attachment?	VF5	100	/	[2]
	Uld you include the Specialty?	HES	N/A	1	353	1300 P.C.S ARTSCHITTERS	1.13	100	9.7	
		1					1			
	Tid you include the Credentialing sheet or Non-Gred	1		[3]	1	Should this CSF go to Contract Compliance?	1	15	O/A	
	application (applies to new providers)?	YES	N/A	11	#54	Trucken rung cas, 60 to contract continues and 64.	-	11111	477	
	Old you indicate the Contract type?	100	HNIA	F1						