

Contract Compliance: Waggoner**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/REPRESENTATIVESignature: WaggonerDate: 10-10-16**DIRECTOR**

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

Signature: Paul TurnerDate: 10/10/2016**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: October 14, 2016

Date Received: _____

Signature: Waggoner

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: October 14, 2016

Date Received: _____

Signature: Waggoner

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 <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:

☐ Interest Owed?

Prompt Pay Interest Comments:

Date Issue Identified:

N/A

Image Number 1912929878

C) PDO Updates:

Are PDO Updates Required?

☒ YES ☐ NO

Number of Individual Providers =

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:

Tracking # 87487

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

Credentialed 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	PPO	SPEC	2842

☐ Regardless Of Billed☐ Lesser Of Charges☐ Site Of Service☐ Drugs Reimbursed at Corporate Methodology☐ If Capitated, Over & Above☐ Medicare Based Fee

Year

☐ RBRVS☐ Update With Medicare

A1 %

A2 %

Timeliness Of Filing

180 Days

Termination Reason:

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

☐ Regardless Of Billed☐ Lesser Of Charges☐ Site Of Service☐ Drugs Reimbursed at Corporate Methodology☐ If Capitated, Over & Above☐ Medicare Based Fee

Year

☐ RBRVS☐ Update With Medicare

A1 %

A2 %

Timeliness Of Filing

365 Days

Termination Reason:

Contract Dates

Effective

Termination

Expire

3/10/2016

☐ Is Contract Evergreen

Blanket Agreement

Effective
DateTermination
Date

Contract Dates

Effective

Termination

Expire

3/10/2016

☐ Is Contract Evergreen

Blanket Agreement

Effective
DateTermination
Date

Tracking # 87487

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 ☐ 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/Injectibles

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

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 #

87487

Georgia Provider Solutions CSF Verification List

Question #	Question	Response	Additional Instructions	Question #	Question	Response	Additional Instructions
#1	Did you include the CSF Purpose?	YES	N/A	#29	Did you indicate all applicable Networks and the Contract ID for each Network?	YES	N/A
#2	Did you include the applicable Tax id's?	YES	N/A	#30	Did you indicate effective date?	YES	N/A
#3	Has the Business Intent been completed?	YES	N/A	#31	Is this an Individually Negotiated Contract?	YES	N/A
#4	Is this a retro?	YES	N/A	#32	Does Lessor of Language Apply?	YES	N/A
#5	Do you have a signed LOA?	YES	N/A	#33	Does Site of Service Language Apply?	YES	N/A
#6	Does the end date on your LOA meet the processing time requirements?	YES	N/A	#34	Are there reimbursements at Corporate Methodology?	YES	N/A
#7	Does your retro include adjustments?	YES	N/A	#35	Is this a Medicare Based Fee? What Year?	YES	N/A
#8	Did you include the retro # and copy of approval?	YES	N/A	#36	Reimbursement Rate: Relative Value Schedule?	YES	N/A
#9	Did you include the retro reason?	YES	N/A	#37	Did you include the Medicare Rate Sheet?	YES	N/A
#10	Did you include the prompt pay form?	YES	N/A	#38	Did you include the Medicare Advantage GRITs?	YES	N/A
#11	Did you include the Image/ID Net Number?	YES	N/A	#39	Did you include the Medicare Advantage DRGs?	YES	N/A
#12	Did you indicate if POC updates are required?	YES	N/A	#40	Does Lab Pricing apply? Applies only to HMO?	YES	N/A
#13	Did you indicate the number of individual providers and records to be updated?	YES	N/A	#41	Does the Statewide in office lab list apply? Applies only to HMO?	YES	N/A
#14	Have you included the name of the Provider (First and Last) or the name of the Group/Facility?	YES	N/A	#42	Did you include the Reimbursement Attachment/Rate Sheet?	YES	N/A
#15	Did you include the NPI?	YES	N/A	#43	Did you include a Fee Schedule (for new contract or newly negotiated contract; if there are more than 20 codes)	YES	N/A
#16	Is this a group agreement?	YES	N/A	#44	Did you include the CHIP Scorecard (only for CHIP rate increases)	YES	N/A
#17	Does PHD designation apply?	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
#18	Does your Agreement/Amendment include medical event provisions?	YES	N/A	#46	Did you indicate PDF for all Networks?	YES	N/A
#19	Should a center record be created?	YES	N/A	#47	Does the request include Medicare? Did you provide the Medicare Advantage Contract Code?	YES	N/A
#20	Did you include the provider's telephone number?	YES	N/A	#48	Do you have Special Instructions? If so, they should be aligned to the Business Intent.	YES	N/A
#21	Have you included the Tax name of the Provider, Group or Facility?	YES	N/A	#49	Is Network Management Director Signature Required?	YES	N/A
#22	Have you included the Tax NPI for the Provider, Group or Facility?	YES	N/A	#50	Is Healthcare Analytics Signature Required?	YES	N/A
#23	Did you indicate the Provider type?	YES	N/A	#51	Is Legal's Signature required?	YES	N/A
#24	Did you include all applicable physical and mailing locations?	YES	N/A	#52	Did you include the signed Contract or Amendment?	YES	N/A
#25	Did you include the Specialty?	YES	N/A	#53	Did you include the PCS (Plan Compensation Schedule) and PCS Attachment?	YES	N/A
#26	Did you include the Credentialing sheet or Non-Cred application (applies to new providers)?	YES	N/A	#54	Should the CSF go to Contract Completion?	YES	N/A
#28	Did you indicate the Contract type?	YES	N/A				

Completed By: SONIA FERRIS