Tracking # 10002

Contract Compliance: Maggie Sal

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: [signature] Date: 10-10-16

DIRECTOR

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

Signature: [signature] Date: 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: Maggie Sal 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 # 10002

☐ Priority Handling Requested

CSF Purpose: Remove Provider From Hospital

Tax ID: 7653452869

A) Business Intent:

Discuss Business Intent

Demographic Change Only? ( ) YES (•) NO

This provider has left the hospital and should be removed from our registry.

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: nent

* Retroactivity Reason:

Responsible Party / PO: Network Management

* Retroactivity Effective Date:

Retro Adjustments Requested?

Retroactivity Comments:

Estimated Dollar Amount of Adjustment:

☐ Interest Owed?

Prompt Pay Interest Comments:

Date Issue Identified:

Image Number 2332998936

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: Thomas Reade **Start Date:** 12/1/2017 **Actual Date Rec'd:** 9/1/2017 **Phone:** 398-231-4376

E) Provider Information:

QCare ID: **State License #:** **NPI #:** 8935893789

First Name: Samantha **Middle Initial:** M. **Last Name/ Facility/Ancillary:** Bailey

Suffix: **Title:** DDS **Contact Name:** Thomas Reade **Contact #:** 398-607-3586 **Ext.** 4378

Contact E-mail: sbailey@massgeneral.org **Gender:** F

DEA Number: **DEA Expiration Date:** **Medicare Number:**

Tracking # 10002

F) Group Information:

Tracking #

Attention: | Provider Group Name:

☐ Group Agreement Applies | PHO Designation:

Blanket Agreement

☐ Requires New Pricing Grid

☐ Are the Mid-Level Providers Included in this Agreement

☐ Not Eligible To Reapply

G) Tax Information:

Tax ID:	7653452869	Tax Name:	Brigham and Women's Hospital	NPI #:	8935893789
2nd Tax ID:		2nd Tax Name:		2nd NPI #:	

H) ProviderType:

Endocrinologist

Provider Type Comments:

I) Location Information:

Address Type:	Physical	Address1:	500 Memorial Drive	Address2:			
City	Cambridge	State:	MA	Zip:	02139	Market:	County: Middlesex
Phone:	301-273-4100 ext. 1022	Fax:	301-289-4103	☑	Primary		
Address Type:	Physical	Address1:	75 Francis Street	Address2:	Suite 500		
City	Boston	State:	MA	Zip:	02107	Market:	County: Suffolk
Phone:	301-274-4325 ext. 73	Fax:		☐			
Address Type:	Physical	Address1:	33 Tremont St	Address2:	Suite 387		
City	Boston	State:	MA	Zip:	03108	Market:	County: Suffolk
Phone:		Fax:		☐			
Address Type:	Satellite	Address1:	96 Sydney Pacific Drive	Address2:	Suite 987		
City	Cambridge	State:	MA	Zip:	02139-2243	Market:	County: Cook
Phone:	617-788-4326	Fax:		☐			

J) Covering Physician:

K) Specialty:

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

Waiver Indicator | Waiver Update: ○ YES ◉ NO

Tracking # _ _ _ _ _

L) Hospital Privilege:

M) Language:

Staff Language:

Practictioner 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	PPO	SPEC	3874

Contract Dates: Effective 1/1/2018 | Termination | Expire

☐ Use Current Date -->>

☐ 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

☑ Medicare Based Fee Year 2010 ☐ RBRVS
☐ Update With Medicare A1 4 % A2 10 %

Timeliness Of Filing: 100 days

Termination Reason:

Type	Network	ID Type	ID
Professional	Traditional (PAR)	SPEC	3403

Contract Dates: Effective | Termination | Expire

☑ Use Current Date -->>

☑ 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

☑ Medicare Based Fee Year ☑ RBRVS
☑ Update With Medicare A1 % A2 %

Timeliness Of Filing: 365 Days

Termination Reason:

Tracking #

Contract Other Comments

	IRF	NST / GNT	Pricing Code
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			

R) Contract Language:

Contract Language: English

☑ Red Line Attached

Contract Language Comments

Specify contract intent if Non-Standard:

S) Contract Reimbursement:

Date Fee Schedule Requested From HCA: Standard

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 # 10002

☑ Submitted Date Submitted: 8/31/2017

CSF # 87489

Georgia Provider Solutions CSF Verification List

Question #	Question	Response		Additional Instructions
#1	Did you include the CSF Purpose?	YES	N/A	
#2	Did you include the applicable Tax id(s)?	YES	N/A	If this update applies to multiple tax id's, please indicate multiple and use the special instructions field to indicate what documentation is provided to indicate the tax ids; i.e. a spreadsheet or roster.
#3	Has the Business Intent been completed?	YES	N/A	
#4	Is this a retro?	YES	N/A	**If N/A, skip to Question #11**
#5	Do you have a signed LOA?	YES	N/A	
#6	Does the end date on your LOA meet the processing time requirements?	YES	N/A	
#7	Does your retro require adjustments?	YES	N/A	
#8	Did you include the retro # and copy of approval?	YES	N/A	
#9	Did you include the retro reason?	YES	N/A	
#10	Did you include the prompt pay form?	YES	N/A	
#11	Did you include the Image/File Net Number?	YES	N/A	
#12	Did you indicate if PDO updates are required?	YES	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?	YES	N/A	
#15	Did you include the NPI?	YES	N/A	
#16	Is this a group agreement?	YES	N/A	
#17	Does PHO designation apply?	YES	N/A	
#18	Does your Agreement/Amendment include mid-level providers?	YES	N/A	
#19	Should a center record be created?	YES	N/A	
#20	Did you include the provider's telephone number?	YES	N/A	
#21	Have you included the Tax name of the Provider, Group or Facility?	YES	N/A	
#22	Have you included the Tax NPI for the Provider, Group or Facility?	YES	N/A	
#23	Did you indicate the Provider type?	YES	N/A	
#24	Did you include all applicable physical and mailing locations?	YES	N/A	
#25	Did you include the Specialty?	YES	N/A	
#26	Did you include the Credentialing sheet or Non-Cred application (applies to new providers)?	YES	N/A	
#28	Did you indicate the Contract type?	YES	N/A	

Question #	Question	Response		Additional Instructions
#29	Did you indicate all applicable Networks and the Contract ID for each Network?	YES	N/A	
#30	Did you indicate effective date?	YES	N/A	
#31	Is this an Individually Negotiated Contract?	YES	N/A	**If N/A, skip to #46**
#32	Does Lesser of Language Apply?	YES	N/A	
#33	Does Site of Service Language Apply?	YES	N/A	
#34	Are Drugs 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 GNT(s)	YES	N/A	
#39	Did you include the Medicare Advantage IRF(s)	YES	N/A	
#40	Does Lab Pricing apply (applies only to HMO)?	YES	N/A	
#41	Does the Statewide In office lab 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 20 codes)	YES	N/A	
#44	Did you include the QHIP Scorecard (only for QHIP 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 TOF for all Networks?	YES	N/A	
#47	Does this request include Medicare? Did you provide the Medicare Advantage Contract Code?	YES	N/A	
#48	Do you have Special Instructions? If so, they should be aligned to the Business Intent.	YES	N/A	
#49	Is Network Management Director Signature Required?	YES	N/A	
#50	Is Healthcare Analytics Signature required?	YES	N/A	
#51	Is Legal's Signature required?	YES	N/A	
#52	Did you include the signed Contract or Amendment?	YES	N/A	
#53	Did you include the PCS (Plan Compensation Schedule) and PCS Attachment?	YES	N/A	
#54	Should this CSF go to Contract Compliance?	YES	N/A	

Completed By: 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