**Form No. 40-260: For Reporting Year (RY) 2025**

Raw Data – NPMH Report Tab



Continuation:



Continuation:



Continuation:



Continuation:



Continuation:



**Summary of Changes:**

Raw Data – NPMH Report Tab

| **Excel Column Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| P | Network Tier ID | Added Field and Field Instructions |
| Q | Practice Address | Updated Field Instructions |
| AM | Name of Health Plan that Surveyed Subcontracted Provider | Added Field and Field Instructions |
| AN | Was a Subcontracted Network(s) Used to Determine Sample Size? | Added Field and Field Instructions |
| AO | Subcontracted Plan License Number(s) Used to Determine Sample Size | Added Field and Field Instructions |
| AX | Urgent Care Appointment Type | Updated Field Instructions |
| BB | Non-Urgent Appointment Type | Updated Field Instructions |
| BF | Non-Urgent Follow-Up Appointment Type | Updated Field Instructions |
| BG | Question 4 – Does [Provider Name] use any of the following methods to provide urgent care? | Added Field and Field Instructions |