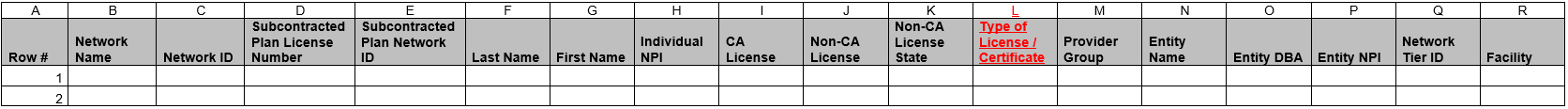
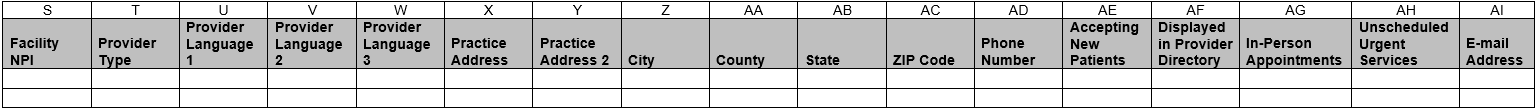
**Form No. 40-269: For Reporting Year (RY) 2024**

Other Outpatient Provider Tab



Continuation:



**Summary of Changes:**

Other Outpatient Provider Tab

| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| --- | --- | --- |
| L | Type of License / Certificate | Added Field and Field Instructions |
| N | Entity Name | Updated Field Instructions |
| Q | Network Tier ID | Updated Field Instructions |
| AG | In-Person Appointments | Updated Field Instructions |