**Form No. 40-274: For Reporting Year (RY) 2024**

Third-Party Corporate Telehealth Provider (CTP) Data Report Tab

Form No. 40-274: Third-Party CTP Data Report Tab, columns A through K of report form field name headings.


**Summary of Changes:**

Third-Party CTP Data Report Tab

| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| --- | --- | --- |
| K | Total Number of Services Delivered | Updated Field Instructions |

**Form No. 40-274: For Reporting Year (RY) 2024**

Third-Party CTP Utilization Report Tab

Form No. 40-274: Third-Party CTP Utilization Report Tab, columns A through N of report form field name headings.


**Summary of Changes:**

Third-Party CTP Utilization Report Tab

| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| --- | --- | --- |
| B | Specialty | Updated Field Instructions |
| D | Enrollee County | Updated Field Instructions |
| E | Enrollees: Ages 0-18 | Updated Field Instructions |
| F | Enrollees: Ages 19-44 | Updated Field Instructions |
| G | Enrollees: Ages 45-64 | Updated Field Instructions |
| H | Enrollees: Ages 65+ | Updated Field Instructions |
| I | Enrollee Gender: Identified as Male | Updated Field Instructions |
| J | Enrollee Gender: Identified as Female | Updated Field Instructions |
| K | Enrollee Gender: Identified as Something Else Other than Male or Female | Updated Field Instructions |
| L | Enrollee Gender: Unspecified | Updated Field Instructions |
| M | Count of Enrollees | Updated Field Instructions |
| N | Frequency of Use | Updated Field Instructions |