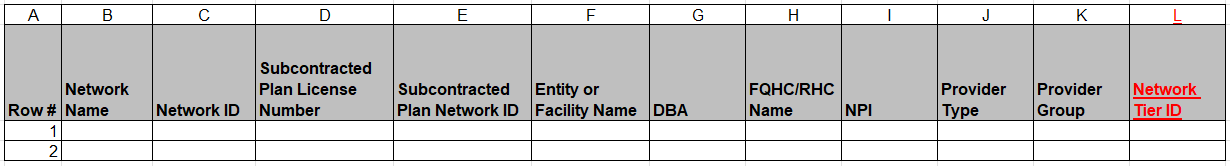
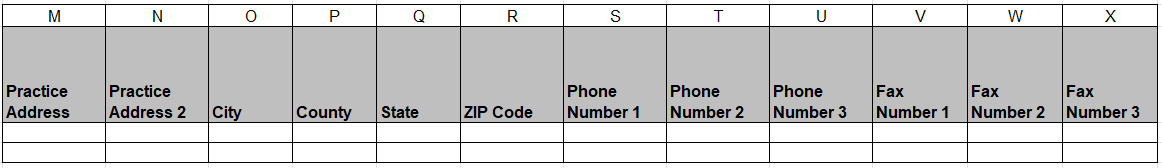
**Form No. 40-263: For Reporting Year (RY) 2025**

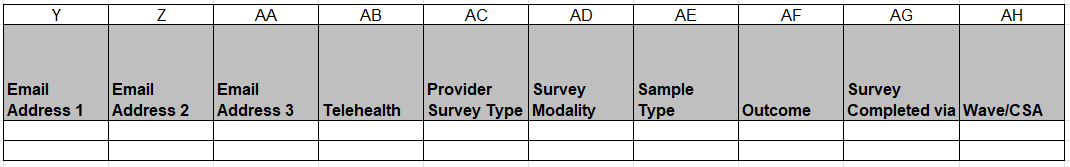
Raw Data – Ancillary Report Tab



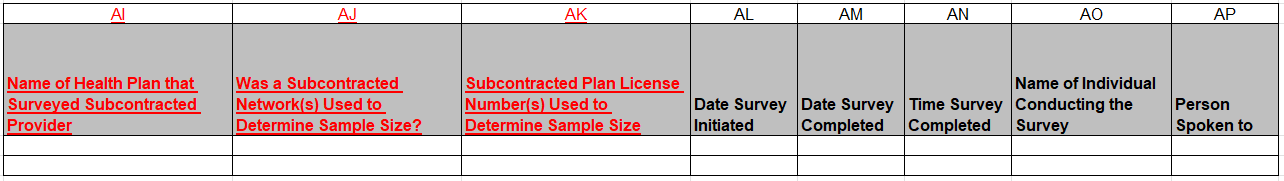
Continuation:



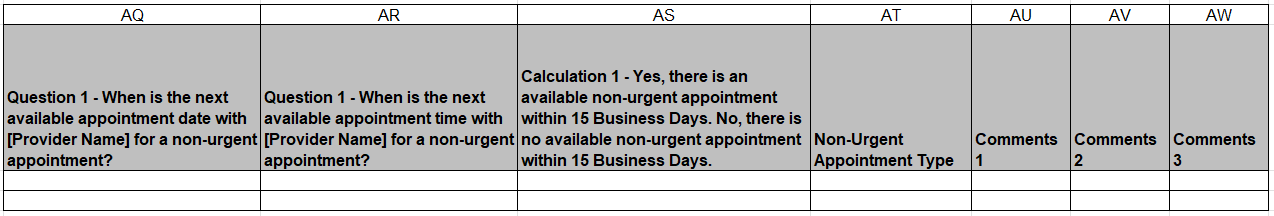
Continuation:



Continuation:



Continuation:



**Summary of Changes:**

Raw Data – Ancillary Report Tab

| **Excel Column Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| L | Network Tier ID | Added Field and Field Instructions |
| M | Practice Address | Updated Field Instructions |
| AI | Name of Health Plan that Surveyed Subcontracted Provider | Added Field and Field Instructions |
| AJ | Was a Subcontracted Network(s) Used to Determine Sample Size? | Added Field and Field Instructions |
| AK | Subcontracted Plan License Number(s) Used to Determine Sample Size | Added Field and Field Instructions |
| T | Non-Urgent Appointment Type | Updated Field Instructions |