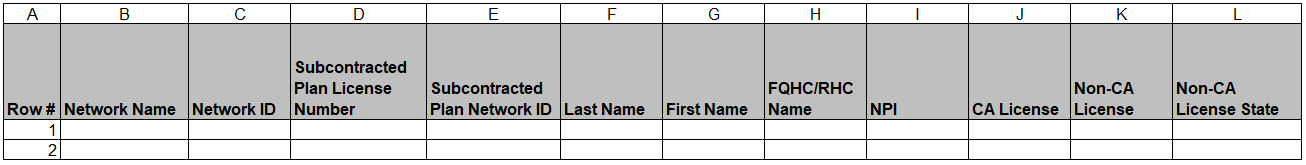
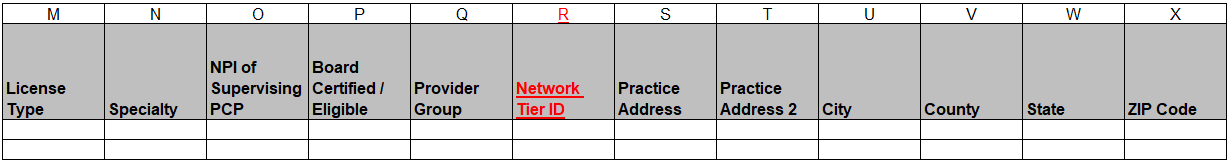
**Form No. 40-259: For Reporting Year (RY) 2025**

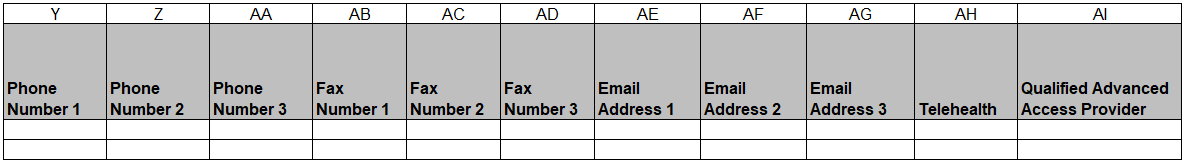
Raw Data – PCP Report Tab



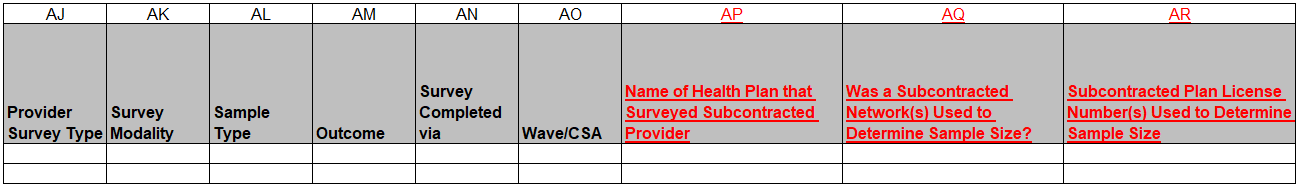
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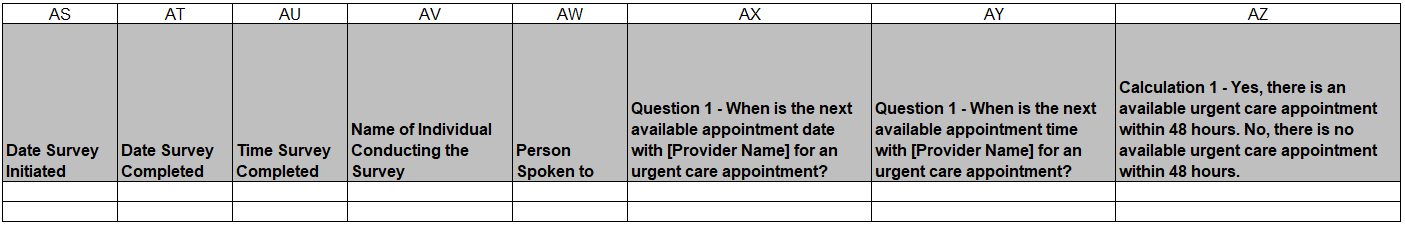
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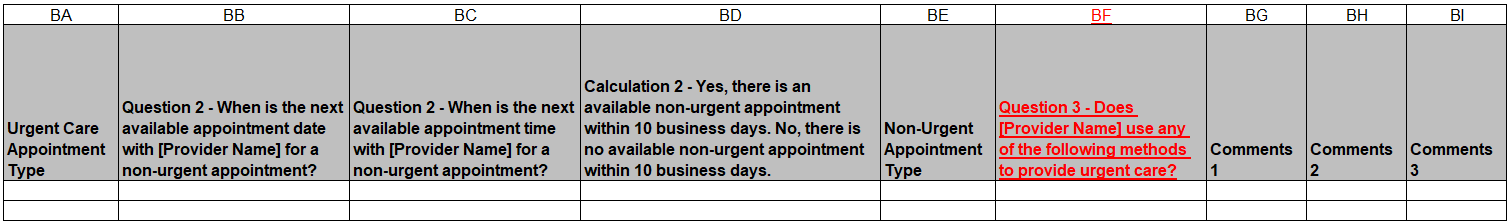
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Continuation:



**Summary of Changes:**

Raw Data – PCP Report Tab

| **Excel Column Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| R | Network Tier ID | Added Field and Field Instructions |
| S | Practice Address | Updated Field Instructions |
| AP | Name of Health Plan that Surveyed Subcontracted Provider | Added Field and Field Instructions |
| AQ | Was a Subcontracted Network(s) Used to Determine Sample Size? | Added Field and Field Instructions |
| AR | Subcontracted Plan License Number(s) Used to Determine Sample Size | Added Field and Field Instructions |
| BA | Urgent Care Appointment Type | Updated Field Instructions |
| BE | Non-Urgent Appointment Type | Updated Field Instructions |
| BF | Question 3 – Does [Provider Name] use any of the following methods to provide urgent care? | Added Field and Field Instructions |