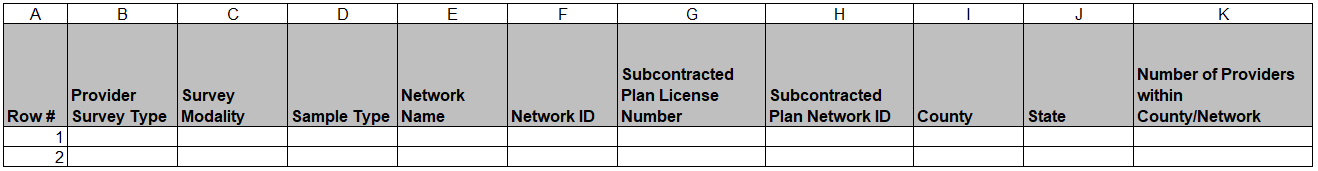
**Form No. 40-264: For Reporting Year (RY) 2025**

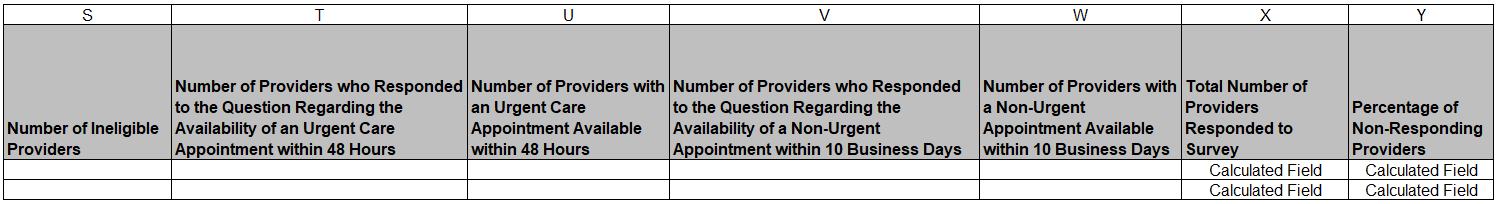
Results – PCP Tab



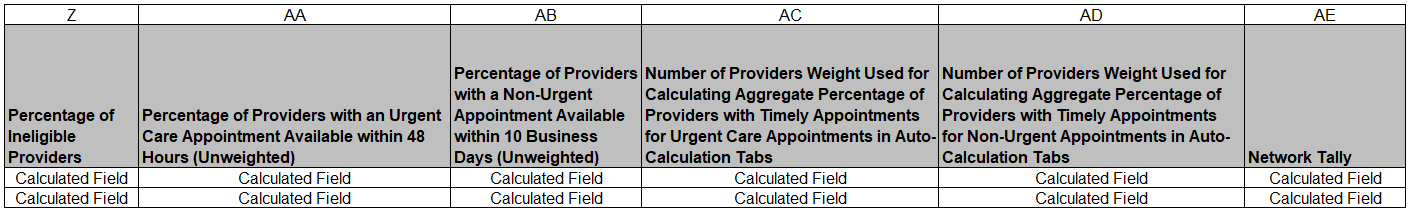
Continuation:



Continuation:



Continuation:



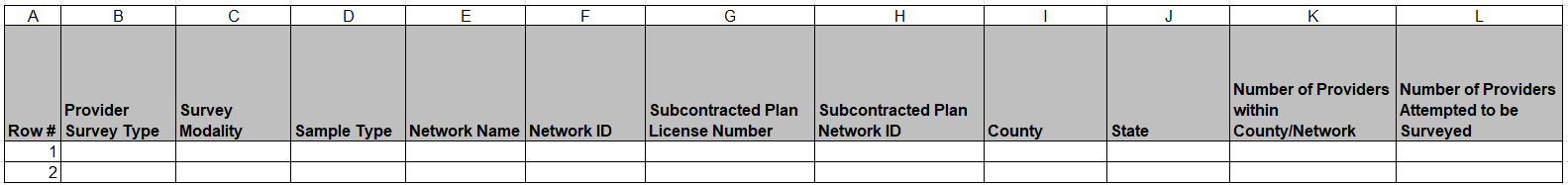
**Summary of Changes:**

Results – PCP Tab

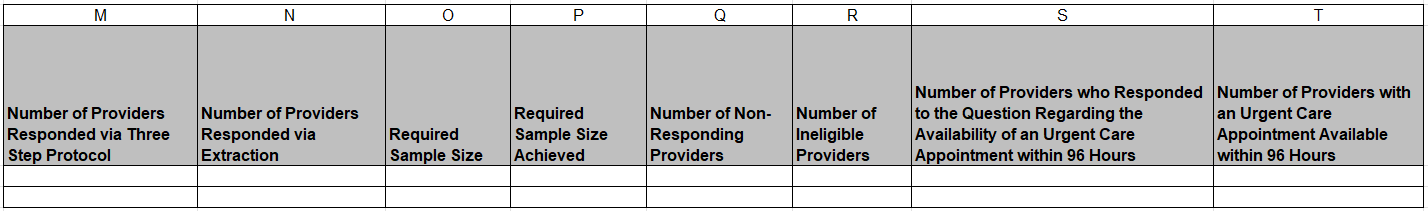
| **Excel Column and Tab Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| G Results - PCP | Subcontracted Plan License Number | Updated Field Instructions |
| H Results - PCP | Subcontracted Plan Network ID | Updated Field Instructions |

**Form No. 40-264: For Reporting Year (RY) 2025**

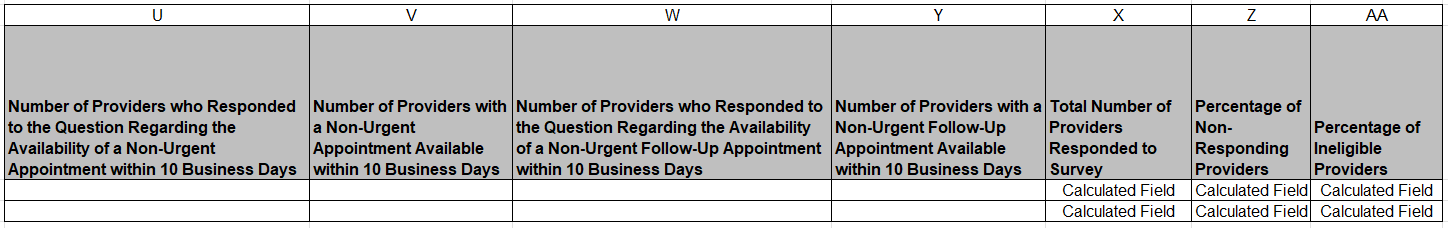
Results – NPMH Tab



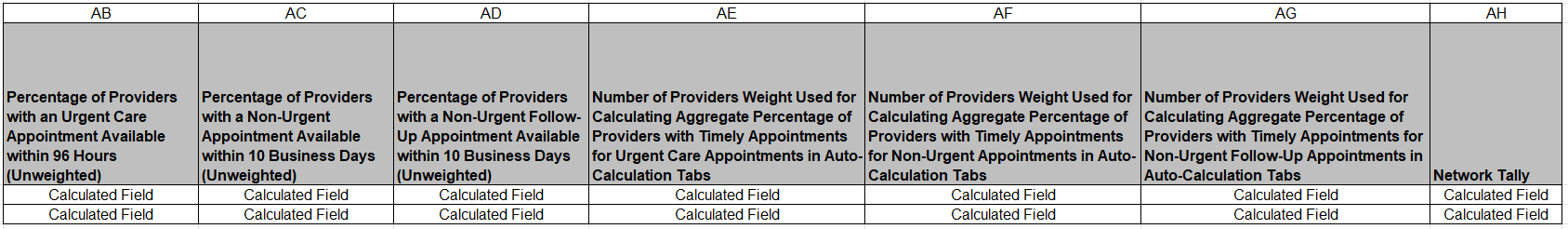
Continuation:



Continuation:



Continuation:



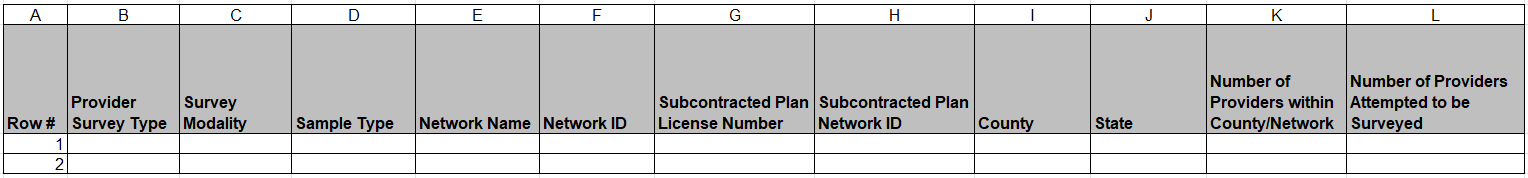
**Summary of Changes:**

Results – NPMH Tab

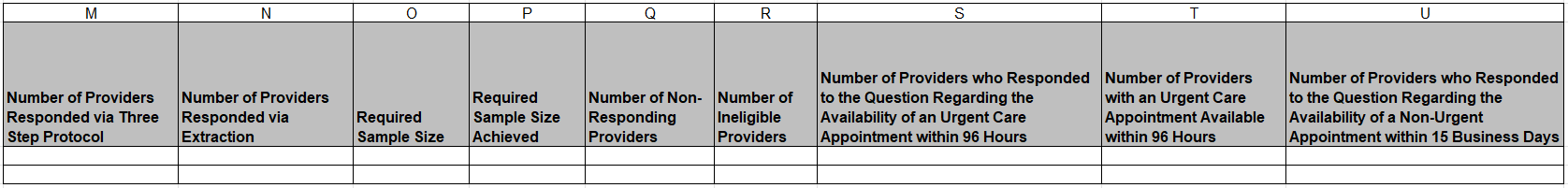
| **Excel Column and Tab Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| G Results – NPHM | Subcontracted Plan License Number | Updated Field Instructions |
| H Results – NPMH | Subcontracted Plan Network ID | Updated Field Instructions |

**Form No. 40-264: For Reporting Year (RY) 2025**

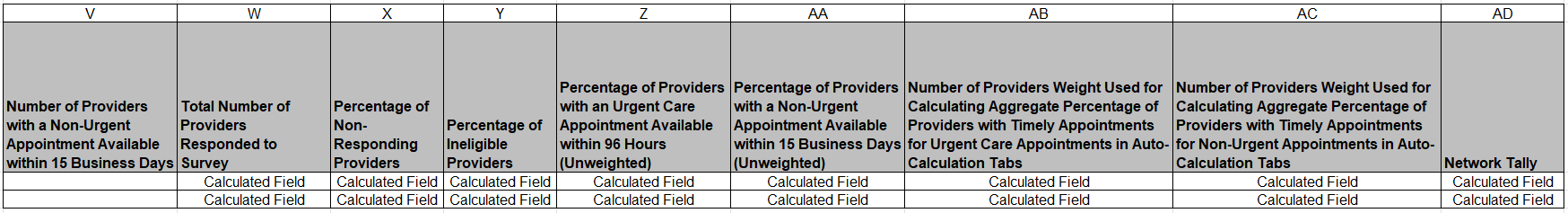
Results - Specialist Physician Tab



Continuation:



Continuation:



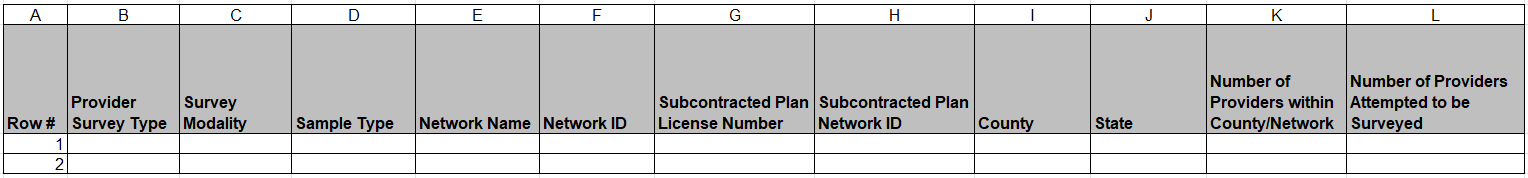
**Summary of Changes:**

Results - Specialist Physician Tab

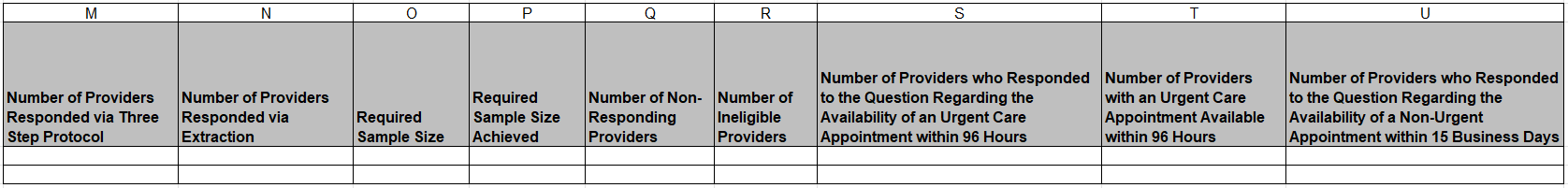
| **Excel Column and Tab Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| G Results – Specialist Physician | Subcontracted Plan License Number | Updated Field Instructions |
| H Results – Specialist Physician | Subcontracted Plan Network ID | Updated Field Instructions |

**Form No. 40-264: For Reporting Year (RY) 2025**

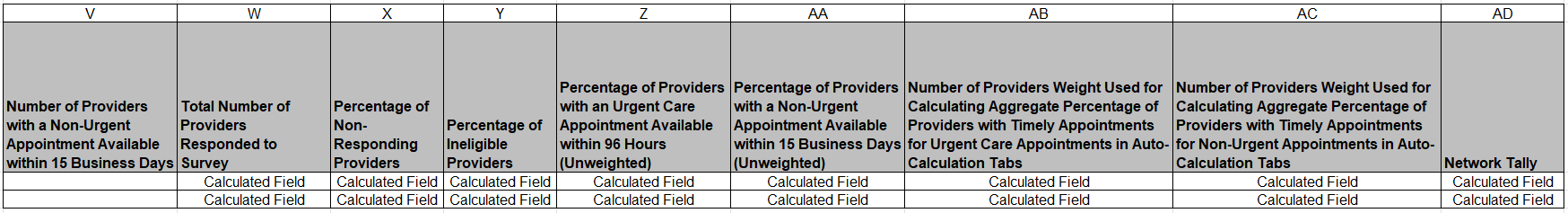
Results – Psychiatrist Tab



Continuation:



Continuation:



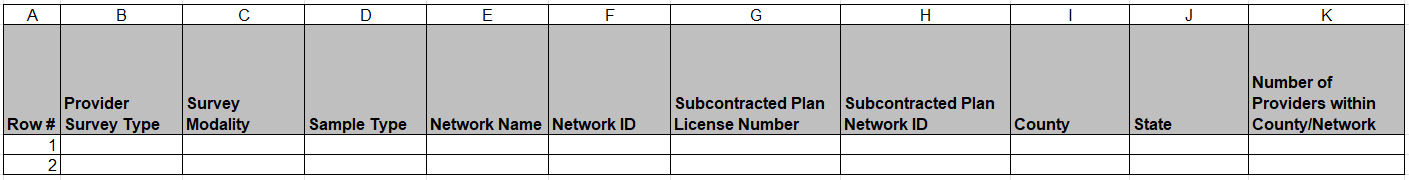
**Summary of Changes:**

Results – Psychiatrist Tab

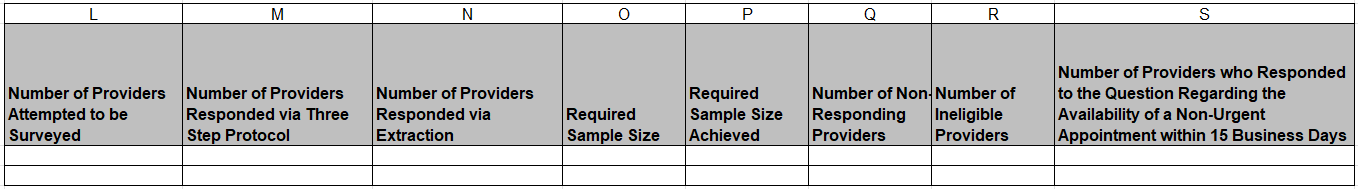
| **Excel Column and Tab Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| G Results – Psychiatrist | Subcontracted Plan License Number | Updated Field Instructions |
| H Results – Psychiatrist | Subcontracted Plan Network ID | Updated Field Instructions |

**Form No. 40-264: For Reporting Year (RY) 2025**

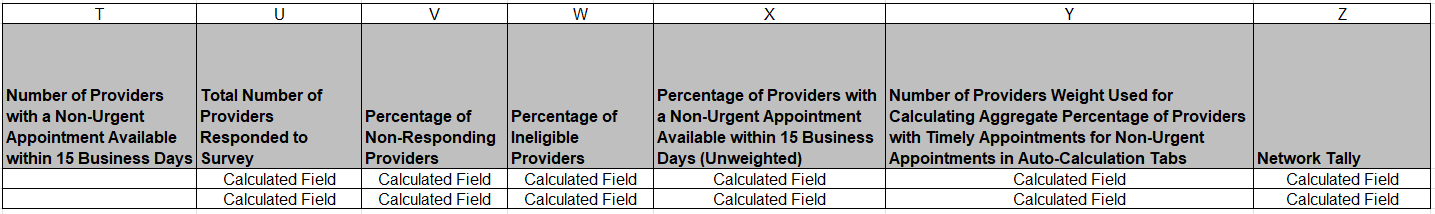
Results – Ancillary Tab



Continuation:



Continuation:



**Summary of Changes:**

Results – Ancillary Tab

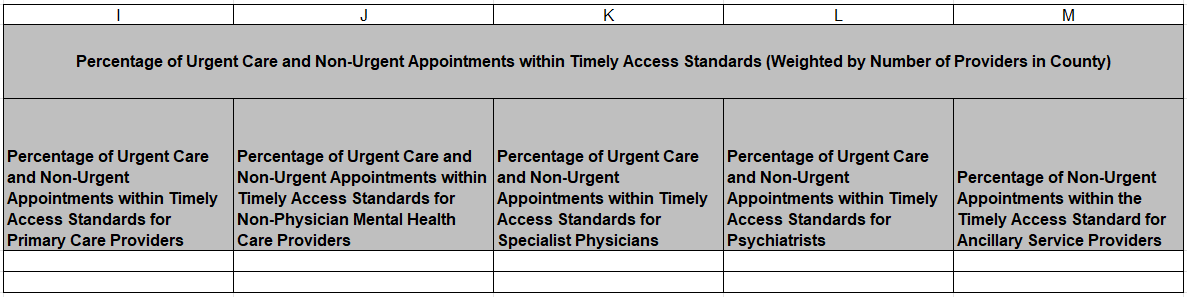
| **Excel Column and Tab Reference** | **RY 2025 TA Report Form Heading** | **Action** |
| --- | --- | --- |
| G Results – Ancillary | Subcontracted Plan License Number | Updated Field Instructions |
| H Results – Ancillary | Subcontracted Plan Network ID | Updated Field Instructions |

**Form No. 40-264: For Reporting Year (RY) 2025**

Results – Summary of Rates of Compliance Tab



Continuation:



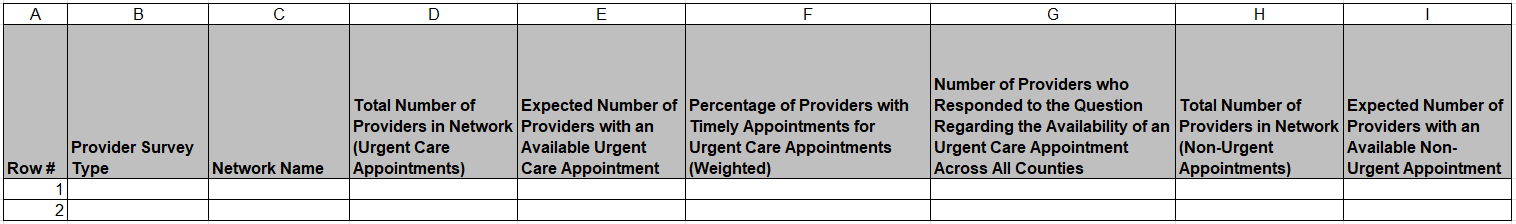
**Summary of Changes:**

Results – Summary of Rates of Compliance Tab

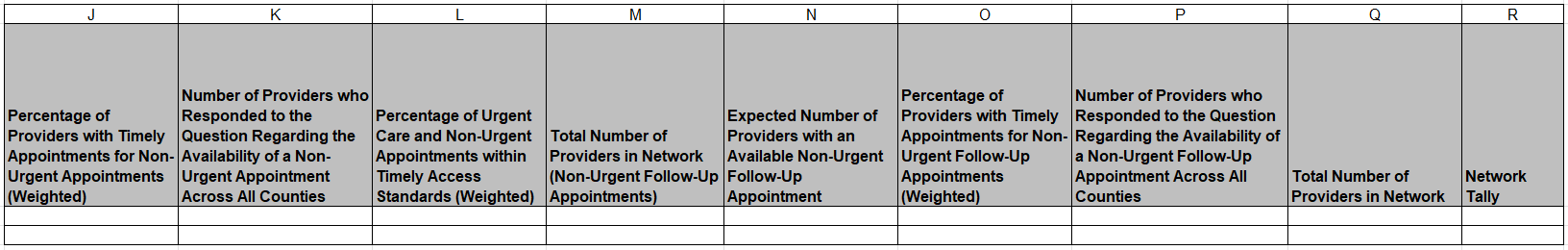
No Changes.

**Form No. 40-264: For Reporting Year (RY) 2025**

Results – Network by Provider Survey Type Tab



Continuation:



**Summary of Changes:**

Results – Network by Provider Survey Type Tab

No Changes.