**Form No. 40-271: For Reporting Year (RY) 2024**

Telehealth Report Tab



Continuation:



**Summary of Changes:**

Telehealth Report Tab

| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| --- | --- | --- |
| H | Entity Name | Updated Field Instructions |
| J | Network Tier ID | Added Field and Field Instructions |
| N | Provider Type Category | Updated Field Instructions |