*SSA State/County Code	*Name of Physician or Mid-Level Practitioner	*National Provider Identifier (NPI) Number	Specialty	*Specialty Code	Contract Type	*Street Address	*City	*State	*ZIP Code	If PCP, Accepts New Patients? (Y/N)	Name of Medical Group Affiliation or "DC"	Uses CMS MA Contract Amendment? (Y/N)	RPPO-Specific Exception to Written Agreements? (Y/N)	Letter of Intent? (Y/N)

OMB Control Number: 0938-1346 (Expires: TBD)

Action

Number Date Time Who Change Sheet

1 9/6/2022 6:20 AM Amber Casserly Cell Change Providers Table

The history ends with the changes saved on 09/06/2022 at 6:20 AM.

New Old Action Losing
Range Value Value Type Action
O1 Letter of Intent? (Y/N)

Old Action Losing
Value Type Action