*SSA State/County Code	Facility or Service Type	*Specialty Code	*National Provider Identifier (NPI) Number	*# of Staffed, Medicare- Certified Beds	Facility Name	*Street Address	*City	*State	*ZIP Code	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 Range 9/6/2022 6:20 AM Amber CasCell Change 1 Facility Table M1

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

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

Slank>