

Submit Network

An asterisk (*) indicates a required field.

[Templates](#)

Event Type: Ad-Hoc

Event: MAD00225 - Sample Event [Change Event](#)

*Contract:

Effective Date: 01/01/2020

Contract Status: Active

Contract Type: MA

*Does your network offer
Telehealth Benefits?: Yes No

- *Telehealth Specialties:
- Primary Care (S03)
 - Allergy and Immunology (007)
 - Cardiology (008)
 - Dermatology (011)
 - Endocrinology (012)
 - ENT / Otolaryngology (013)
 - Gynecology, OB / GYN (016)
 - Infectious Diseases (017)
 - Nephrology (018)
 - Neurology (019)
 - Ophthalmology (023)
 - Psychiatry (029)

Note: Outpatient Behavioral Health
(0XX): added to the Telehealth
Specialties list 1/1/24

- Notes):
- File names cannot contain the following characters: # % + ; & ..
 - File type must be in .zip format and must only contain a single tab delimited .txt file.
 - Maximum file size of 200MB

Provider Table: No file chosen

Facility Table: No file chosen