| Number | Form     | Change   | Current Location | Reason             |
|--------|----------|--|------------------|--------------------|
|        |          |  |                  |                    |
| 1      | HPMS NMM |  | N/A              | CMS-4205-F         |
| 2      | HPMS NMM | Add outpatient behvaioral health to the list of telehealth 10% point credit eligibility on the Network Submission page         | N/A              | CMS-4205-F         |
| 3      | HPMS NMM | MAOs are no longer required to upload LOI, or the LOI to Group NPI Matrix. There is no upload page for these forms in HPMS NMM | HPMS- NMM        | Operational Change |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  |                    |
|        |          |  |                  | 1                  |
|        |          |  |                  | 1                  |
|        |          |  |                  | 1                  |
|        |          |  |                  | 1                  |
|        |          |  |                  | 1                  |
|        |          |  |                  |                    |