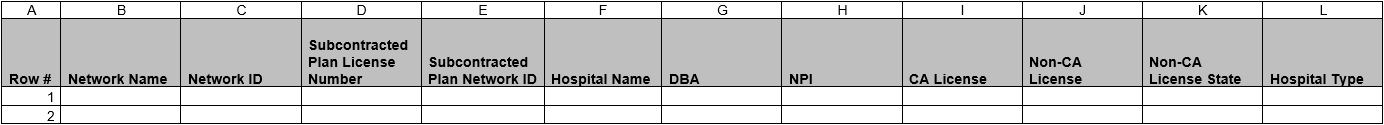
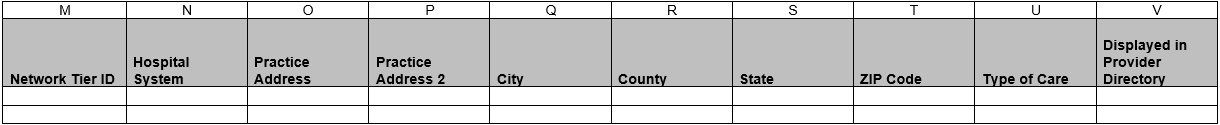
**Form No. 40-270: For Reporting Year (RY) 2024**

Hospital Report Tab



Continuation:



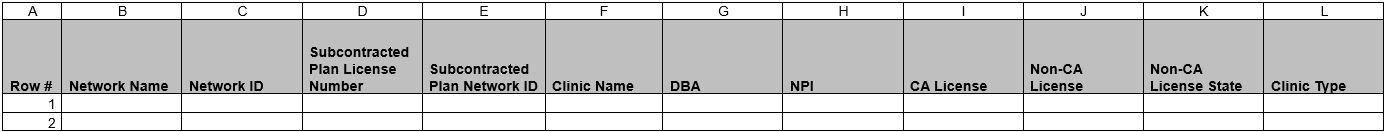
**Summary of Changes:**

Hospital Report Tab

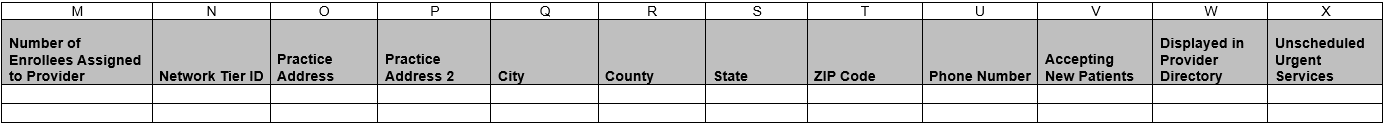
| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| --- | --- | --- |
| M | Network Tier ID | Updated Field Instructions |
| U | Type of Care | Updated Field Instructions |

**Form No. 40-270: For Reporting Year (RY) 2024**

Clinic Report Tab



Continuation:

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**Summary of Changes:**

Clinic Report Tab

|  |  |  |
| --- | --- | --- |
| **Excel Column Reference** | **RY 2024 ANR Report Form Heading** | **Action** |
| N | Network Tier ID | Updated Field Instructions |