Non-Network Provider Arrangements Report Form Non-Network Requests Report Tab Form No. 40-287

Row#	Network Name	Network ID	<u>Network</u>	Component Network ID		Date of Request	Reason for Request	Date of Determination	Determination
1									
2									
3									
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18									
19 20									
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22									
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24									
25									+

Non-Network Provider Arrangements Report Form Non-Network Requests Report Tab Form No. 40-287

Row#	Reason for Denial or Partial Approval	Date of Referral	Request ID	County	Provider Group	Provider Type Category	Specialty	Type of License / Certificate
1								
2							ļ	
3								
4							-	
5							-	
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23								
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25								

Non-Network Provider Arrangements Report Form Limited Plan Provider Report Tab Form No. 40-287

Row#	Network Name	Network ID	Network	Component Network ID	Plan License	Subcontracted Plan Network ID	Last Name	First Name	Entity Name	NPI	CA License / Certificate
1											
2											
3											
4											
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25											

Non-Network Provider Arrangements Report Form Limited Plan Provider Report Tab Form No. 40-287

	Non-CA License / Certificate	Non-CA License / Certificate State	Provider Type	Type of License / Certificate	Specialty	Board Certified / Eligible	Provider Group	Provider Language 1	Provider Language 2	Provider Language 3	Practice Address (In-Person)
1											
2											
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14 15											
<u>16</u> 17							+			+	
17 18											
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21											
22											
23											
24											
25							1			†	1

Non-Network Provider Arrangements Report Form Limited Plan Provider Report Tab Form No. 40-287

	Practice Address 2 (In-Person)	City	County	State		<u>Secondary</u>	Number of Limited Plan Providers at Entity	In-Person Appointments
1								
2								
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21			1					
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23								
24								
25								

Non-Network Provider Arrangements Report Form
Past Network Clinical Encounter Report Tab
Form No. 40-287

<u>Row #</u>	Network Name		Subcontracted Plan Network ID	<u>Last Name</u>	First Name	<u>NPI</u>	<u>Facility</u>	Facility NPI	HCAI ID	<u>Telehealth</u> <u>Only</u>
<u>1</u>										
2										
<u>3</u>										
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<u>24</u>										
<u>25</u>										

Non-Network Provider Arrangements Report Form
Past Network Clinical Encounter Report Tab
Form No. 40-287

	Provider Type Category	CA License /	Non-CA License /	<u>Certificate</u>	Type of License / Certificate	<u>Provider</u> <u>Group</u>	Clinical Encounters By Past Network Provider		<u>Full-Time /</u> <u>Part-Time</u>
1									
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<u>25</u>									

Non-Network Provider Arrangements Report Form
Past Network Clinical Encounter Report Tab
Form No. 40-287

<u>Row #</u>	Practice Address (In-Person)	Practice Address 2 (In-Person)	City	County	<u>State</u>	ZIP Code	<u>Practice</u>	In-Person Appointments
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2								
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<u>25</u>	I							