

EOHHS Provider Termination/Network Change Template

MCO Name	
Date of Submission to EOHHS	

V2-20201204

INSTRUCTIONS FOR COMPLETING:
MCOs are required to notify EOHHS of any changes to the network composition that materially impact the MCO's ability to provide all capitated services in a timely manner. This includes, but is not limited to, provider termination for cause and termination of plan/provider contracts.

MCOs must complete all columns in the template. In Column F, *High-Risk/Have Critical Health Needs is defined as members in Care Management/Disease Management or receiving LTSS.

EOHHS Notification of Termination/Change

Name of Provider/Provider Group Terminating	Provider TIN	Date of Termination	Total # of Members Impacted	Medicaid Program	Total # of Members who are High-Risk/Have Critical Health Needs*	Written Notification Sent	Date Notification Sent to Members