Leginning date of service for care rendered by the provider that the Tribal lealth Facility referred was referred to, and who the Tribal was referred to, and who the Tribal Health Facility has a Care columns & & B. Insert N' if your facility does not have a provider of three care, or a managed care plan such member. The member's ID least the active CC agreement referenced in column F with member's ID least the active CC agreement referenced in column F with member's ID least the active CC agreement referenced in column F with member's ID least the active CC agreement with. The least the Care greement with. The least the Care greement with the provider that the Tribal least the Tribal least the active CC agreement referenced in column F with member's ID least the active CC agreement with The least the Care greement		Date of Service End	Covered Facility	CC Provider	CC Provider Tax ID	CC Agreement Active? (Y/N)	Type of CC Agreement	Client ID	Client Name
	Beginning date of service for care rendered by the Provider that the Tribal Health Facility referred the member to	Ending date of service for care rendered by the Provider that the Tribal Health Facility referred		was referred to, and who the Tribal Health Facility has a Care	Tax ID of the Provider the member was referred to, and who the Tribal Health Facility has a Care Coordination Agreement with. The	Insert 'Y' if your facility has an active CC agreement with the provider, for all of the dates of service shown in columns A & B. Insert 'N' if your facility does not have the active CC agreement in place for those dates of	Is the active CC agreement referenced in column F with a provider of direct care, or a managed care plan such as a CCO, dental care organization, or mental health	member. The member's ID is also referred to as a	
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