



SD Columns
Name
Category
Current Status
Agreement Number
Sponsor Name
Provider Number
SD Letter
Facility ID/License #
License/Registration
Transfer Eligibility
First Name
Last Name
Other Name Used
DOB
CAP Due
Temporarily Deferred
Proposed Termination
Termination
Appeal Request
Appeal Decision
No. of Providers at SD Notice
Termination Effective Date
Added to NDL
Fiscal Year End
Audit Due Date
Extension Approval Date
Extension Due Date
CAP Receipt Date

SD Columns
Name
Address
Address 2
City
State/Province
ZIP/Postal Code
Comments