V2-20191001

Health Plan Name:

Report Date:

Date Reported to EOHHS	Date DHS Received Report	Member Name	SSN	DOB	New Address	How was new address received (Through RX data or Address update with member service, etc..)	Date Investigation Began by DHS	Outreach to member from DHS: Is member still a RI resident? Yes/No	Date Investigation Completed

DRAFT - Final templates to be provided to awarded Contractors.

Date Reported to EOHHS	Date DHS Received Report	Member Name	SSN	DOB	New Address	How was new address received (Through RX data or Address update with member service, etc..)	Date Investigation Began by DHS	Outreach to member from DHS: Is member still a RI resident? Yes/No	Date Investigation Completed

DRAFT - Final templates to be provided to awarded Contractors.

Date Reported to EOHHS	Date DHS Received Report	Member Name	SSN	DOB	New Address	How was new address received (Through RX data or Address update with member service, etc..)	Date Investigation Began by DHS	Outreach to member from DHS: Is member still a RI resident? Yes/No	Date Investigation Completed

DRAFT - Final templates to be provided to awarded Contractors.

Date Reported to EOHHS	Date DHS Received Report	Member Name	SSN	DOB	New Address	How was new address received (Through RX data or Address update with member service, etc..)	Date Investigation Began by DHS	Outreach to member from DHS: Is member still a RI resident? Yes/No	Date Investigation Completed

DRAFT - Final templates to be provided to awarded Contractors.