

Request For Proposal

FOR MAIL ROOM SERVICES

JANUARY 7, 2022

This solicitation should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.



201 West First Street




Greenville, NC 27858-1132

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EXECUTIVE SUMMARY



-  Trillium Health Resources is a Medicaid/State Funded health plan serving members who experience severe Behavioral Health, Intellectual and/or Developmental Disability or Traumatic Brain Injury covering 28 counties in Eastern North Carolina. The purpose of this RFP is to identify a vendor to perform print and mail room services for Trillium to support Tailored Plan operations.
-  Applicants must be able to meet all prescribed timelines and requirements within the RFP. Trillium is seeking an aggressive implementation timeline to ensure compliance with Tailored Plan go live on December 1, 2022. Mail room vendors must be able to print member and provider welcome packets and other outbound member and provider materials, receive and track returned and/or undeliverable mail, process and upload inbound mail, process/prepare electronic submission of paper claims received, and meet reporting requirements and timeframes.
-  All submissions will be reviewed by a cross functional team for both cost effectiveness and ability to meet requirements. Trillium will select the proposal most beneficial for its Tailored Plan operations.

GENERAL/BACKGROUND INFORMATION

-  Trillium's business needs related to print and mailing services are changing as a result of Medicaid Transformation. Trillium will need to provide member Medicaid ID cards within six (6) days of plan enrollment. Additionally Trillium will need returned mail to be received, tracked, and processed according to reason codes provided by NC DHHS for reporting purposes back to the state. Trillium will provide a project manager to work with the selected vendor for project planning and implementation.

SCOPE OF WORK

All print materials for members and providers must be tracked for report submission to NC DHHS. Below is a list of required mailing with identified timeframe (if known).

-  **Member ID card and Welcome Packet** must be mailed within six (6) days of a member's enrollment in the plan, including Special Enrollment Periods (SEP).
-  **Tailored Care Management Enrollment Packet** must be mailed to each Member within 14 days of enrollment describing the process to complete the Care Management Comprehensive Assessment (CMCA).

- Provider Welcome Packet and Enrollment Notice** must be mailed to new providers upon contract execution for State and Medicaid contracts within five days.
- Trillium also accommodates providers' needs by offering language interpretation services, accepting grievances and appeals hand-delivered or received in the mail. Vendor would need to process and scan inbound mail to Trillium in a timely manner to ensure compliance with timeframes for grievances.
- Member Notification of Value Added Services (VAS) Availability** for approved changes in the availability of a VAS, Members will be notified by mail and updates to all marketing and educational materials are required at least 30 calendar days prior to effectuation of the change.
- Member and Recipient Handbook:** Upon enrollment, Member and Recipient Handbooks are sent with information regarding the Member's Non-Emergency Medical Transportation (NEMT) benefits.
- Provider Directory:** To connect Members and Recipients with providers and services, anyone can access our Provider Directory at any time on our website. Trillium updates our online Provider Directory on a daily basis. Users may also download the Provider Directory in English or Spanish from our website, or contact our Member and Recipient Services Line to request a paper copy of the directory to be mailed to them within five (5) days.
- Member Notification of Provider Termination from Trillium Network:** sending of a written notice of provider terminations to all Members receiving services from the provider as soon as possible, but no later than 15 calendar days. Expectation is Member notification would occur within four days, exceeding NCDHHS requirements. Over the past six months, 100% of termination letters were mailed to Members within 15 days.
- Grievances & Appeals**

 - Grievances & Appeals Resolution** Notification utilizing a standardized grievances and appeals template with Member-specific information and grievance/appeal resolution information. The resolution is mailed to the Member and an electronic file is required to upload into Trillium's claim system to create a permanent digital record.
 - Acknowledgement letters** generated and mailed, with oversight from our coordinators, the next business day.
 - Member** Mailing of Recipient Explanation of Medical Benefits (REOMB) surveys as a fraud detection method to verify services provided.

REOMB Surveys

- Sending REOMB surveys via U.S. mail to a Trillium-provided random sampling of Medicaid Members monthly or at the Member's request, to verify receipt of services billed by our providers. All REOMB surveys are sent with a self-addressed, stamped return envelope.




Member Education Materials, including but not limited to:

- EPSDT Education Materials
- Member Educational Materials
- Member Handbook and change notifications
- Member ID Card
- Member Appeals and Grievance Policy
- Welcome Packet
- Marketing Materials
- Member Engagement Materials
- EB Enrollment Packet
- EB Educational Materials
- Health Promotion Materials
- Member Rights Materials
- Tobacco Cessation Materials
- Condition or Disease Specific Materials

Paper Claim Receipt, Digitization and Routing, including but not limited to:

- Acceptance of paper claims including stamping with date of receipt, scanning of claim via OCR, and transforming of paper claims into 837 files (within 1 day)
- Generation of index file based on identified data elements of a claim
- Development and provision of image for scanned documents (claims, appeals)
- Image repository and workflow capabilities to route transactions to appropriate organizations / teams.

COMPLIANCE

-  Vendor will have Service Level Agreements (SLAs) related to all requirements and timelines identified.
-  Reporting for return mail tracking will be due on a weekly basis for submission to Trillium and NC DHHS.
-  Vendor must maintain compliance with all regulation associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Privacy Rule for the use and disclosure of Protected Health Information (PHI).

The vendor agrees to not use or disclose PHI other than as permitted or required by Contract or as Required by Law.

- 🌱 If the selected vendor is not compliant with the term of the contract, Trillium can cancel the contract for default and hold the vendor liable dollars spent and for the increased costs of obtaining substitute goods or services elsewhere, if applicable.

TIMELINE/SCHEDULE REQUIREMENTS

RFP release date	January 7, 2022
Q&A 1 hour Session Registration Link on the website	February 10, 2022
Proposal application deadline	March 4, 2022
Projected award date	March 18, 2022
Final implementation date (on or before)	June 30, 2022

ELIGIBILITY REQUIREMENTS

Guidelines for Trillium Input:

- 🌱 Vendor must operate within the United States.
- 🌱 Vendor must not have any limitations at the local, state or federal level that would prohibit work with Medicaid health plans. The vendor must be free of Medicaid contract sanctions, fraud investigations and/or current or previous IRS liens.

FORMATTING REQUIREMENTS

Trillium's goal is to review all proposals. However, this goal must be balanced against Trillium's obligation to ensure equitable treatment of the received proposals. **For this reason Trillium has established the following formatting requirements. If you do not adhere to these requirements, your proposal will be screened out and returned to you without review.**

- 🌱 All proposals must be submitted electronically by email.
- 🌱 Any attachment pages must be typed in black, double-spaced, using a font of Times New Roman 12, with 1" margins.
- 🌱 Any specified page limits cannot be exceeded.
- 🌱 Applicants must use the sections/headings listed under Required Proposal and place the required information in the correct section.
- 🌱 Black print should be used throughout your application, including any charts and graphs.
- 🌱 Materials with printing on both sides will be excluded from review.

- ▲ Attached pages should be clearly labeled and numbered consecutively from beginning to end so that information can be located easily.



REQUIRED PROPOSAL COMPONENTS

- ▲ **Fact Sheet (provided as part of the electronic application)** - organizational information such as legal name, ownership information, employer/taxpayer number, address, contact information for leadership, etc.
 - ▲ **Cover Letter (Attachment A)**
 - Summary of proposed project and intent to submit proposal
 - Summary description of strategy/plan and how it meets project goals and measurable objectives
 - Letter must be signed by an **officer** of the company
 - ▲ **Project Narrative**, including all 5 sections listed below and supporting documentation, as needed:
 - **Section A: Company/Organizational Information (5 page limit)**
 - ▲ Description of the company and its professional history as it relates to the services sought under this RFP
 - ▲ Three external references from clients who have received similar services that have occurred within the past five years. Offers proposing to use Subcontractors for portions of the scope of work must also include three external references for each Subcontractor. {Attachments B(1) – B(6)}
 - ▲ Licensing and/or bonding information
 - **Section B: Project Plan (10 page limit)**
 - ▲ Description of what is being proposed and how it will be accomplished, as related to the intent of the RFP and performance measures identified in Section E.
 - ▲ Schedule/timeline for the implementation of the service or project, which will serve as the basis for monitoring progress and adjusting activities as necessary, including:
 - All activities required to accomplish the key objectives of the project.
 - Target dates for the proposed activities, where appropriate.
 - Information on the proposed start and completion dates of the key objectives and activities.
- The timeline form should be completed within this section.
- Technical Specification: Include any equipment, software, facility impact, etc., if applicable.
 - Installation and Maintenance plans, if applicable.

- Project Management, including Performance Management and Security/Fault Management, if applicable.
- Education/Training and Supervision.
- **Section C: Cost Proposal**
 - Provide detailed line item cost proposal including volume adjustments in pricing and delineation between claim related materials and member related materials.
 - Include all costs associated with each identified requirement listed in the Scope of Work.
 - List any subcontractor costs associated to meet the requirements outlined in the Scope of Work.
- **Section E: Data Collection and Performance Measurement (5 page limit)**
 - Documentation of the vendor’s ability to collect and report on the required performance measures as specified in this RFP.
 - Description of the plan for any required data collection, management, analysis and reporting, if applicable.
- **Section F: Digital Examples**
 - Digital examples of (identifying information may be redacted) of membership/ID cards printed for other customers
 - Include document specifications (formatting paper weight and finish, etc) on file


PROPOSAL EVALUATION INFORMATION

- All proposals will be reviewed for compliance with the mandatory requirements stated within the RFP. Proposals deemed non-responsive will be eliminated from further review.
- The (Trillium Contract Manager or appointed person) may contact the Vendor for clarification of any response.
- Responsive proposals will be evaluated on the factors that have been assigned a point value. The proposal will be reviewed and scored according to the quality of your response to the requirements in Sections A-E. The responsible Vendor(s) with the highest score(s) will be selected as a finalist or the finalist based upon the proposals submitted.
- Finalist Vendors may be asked to submit revised proposals or make a presentation for the purpose of obtaining best and final offers. If so, points will be recalculated accordingly, and points awarded will be added to the previously assigned points to attain final scores.



-  The responsible Vendor whose proposal is most advantageous to Trillium, taking into consideration the evaluation factors, will be recommended for contract award. Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score.
-  Recommendations are made to Executive Management who has the final decision-making authority.

ADMINISTRATIVE INFORMATION

Award Notices

-  All organizations will receive notification from Trillium when awards are determined.

Administrative Requirements

-  The organization awarded the RFP must comply with all terms and conditions of the awarded contract. These terms and conditions will be provided in the award contract for signature. Please submit your contract template/terms and conditions with your RFP submission to expedite timelines.
-  The awardee will be held accountable for the information provided in the proposal relating to performance targets. Trillium will consider the organization's progress in meeting goals, objectives and schedules based on the contracted criteria. Failure to meet stated goals, objectives and schedules may result in suspension or termination of the contract, or in reduction, withholding and/or repayment of funding. Trillium will assess liquated damaged for any financial penalties incurred due to the awardee not satisfying contract requirements.

TRILLIUM CONTACT INFORMATION

For questions about and/or submission of this RFP contact:

Name: Christie Edwards
Position: VP of Member Solutions and Innovative Development
Address: 201 W First St, Greenville, NC 27858
Phone Number: 1-866-998-2597
Email Address: Christie.Edwards@TrilliumNC.org

ADDENDA – TEMPLATES PROVIDED

- 📌 Reporting specifications

ATTACHMENTS

All attachments should be labeled and all pages should be consecutively numbered in order to avoid confusion.

ADDENDUM A

Copy of MEM010-J Non-Verifiable Member Addresses and Returned Mail Report
Version as of January 7, 2022

Instructions:

Report Name: Non-Verifiable Member Addresses and Returned Mail Report

Report Description: Weekly report of non-verifiable Member addresses and returned mail.

Report ID: MEM010-J

Frequency: Weekly (For report submission due dates please refer to the NC PHP Report Guide)

Please review the following instructions prior to creating report:

(For detailed instructions refer to the NC PHP Report Guide)

- 1) File format: MS Excel.
- 2) File naming convention: SERVICECENTERID_MEM010-J_##_Non_Verif_Mbr_Add_Returned_Mail_v10_YYYYMMDD
- 3) Report file must be submitted electronically via MFT.
- 4) Complete each record per the field definitions on the Definitions tab.
- 5) Refer to the County Code Reference Guide tab and Return Code Definition tab to determine acceptable entries for certain fields.
- 6) Do not alter/tamper the format and columns of the report in any way.
- 7) Any instructions or definitions not followed will result in rejected reports.
- 8) The Return Description field should be hard-coded to match the return code. Return code field definitions can be found on the "Return Code Definition" Tab.
- 9) PHPs are only expected to send the DATA tab to NC FAST

Original Submission or Revision

Indicate if this is the initial submission or a revised report. If revision, include the revision number.

Header:

Report Name:	Non-Verifiable Member Addresses and Returned Mail Report
Report Description:	Weekly report of non-verifiable Member addresses and returned mail.
Report Number:	MEM010-J
Business ID:	Member
Report Frequency:	Weekly
Report Due Date:	For report submission due dates please refer to the NCPHP Report Guide
Report Type:	Excel
Service Center ID:	
PHP Name:	
PHP Contact:	
Contact Email:	
Report Period Start Date:	
Report Period End Date:	
Submission Date of Report:	

Data:

Admin County Number	Admin County Name	Head of Household CNDS ID/Member CNDS ID	Head of Household Name/Member Name	Auth Rep Address?
51	Johnston	962785432S	TestFirstNine TestLastNine	N
51	Johnston	962772308S	TestFirstFive TestLastFive	N
51	Johnston	962785296L	TestFirstSix TestLastSix	N
51	Johnston	999999999X	XXXXXXXXXX	N
51	Johnston	962802066S	TestFirstThirteen TestLastThirteen	N
51	Johnston	962772308Y	TestFirstFive TestLastFive	N

Auth Rep Name	Old Address Street 1	Old Address Street 2	Old Address City	Old Address State	Old Address ZIP
	123 Main Street		Raleigh	NC	27603
	123 Main Street		Raleigh	NC	27603
	123 Main Street		Raleigh	NC	27603
	123 Main Street		Raleigh	NC	27603
	123 Main Street		Raleigh	NC	27603

New Address Street 1	New Address Street 2	New Address City	New Address State	New Address ZIP
1239 Main Street		Raleigh	NC	27603
1235 Main Street		Raleigh	NC	27603
1230 Main Street		Raleigh	NC	27603
12313 Main Street		Raleigh	NC	27603
1235 Main Street		Raleigh	NC	27603

Date Non-Verifiable Address Identified	Vendor Name	Regenerated Document (Y/N)	Return Code	Return Description	Response Code	Response Description
7/20/2020	Maximus	N	7	No Mail Receptacle	NFRMRS0000	Record Created
7/20/2020	Maximus	N	7	No Mail Receptacle	NFRMRS0000	Record Created
7/20/2020	Maximus	N	7	No Mail Receptacle	NFRMRE0002	No valid address provided in the file
7/20/2020	Maximus	N	7	No Mail Receptacle	NFRMRE0003	CNDS ID not found
7/20/2020	Maximus	N	7	No Mail Receptacle	NFRMRE0005	Case not found in NCFASST for beneficiary
7/20/2020	Maximus	N	7	No Mail Receptacle	DHSES002	Call to backend service failed

County Code Reference Guide:

COUNTY CODES							
Alamance	1		Graham	38		Polk	75
Alexander	2		Granville	39		Randolph	76
Alleghany	3		Greene	40		Richmond	77
Anson	4		Guilford	41		Robeson	78
Ashe	5		Halifax	42		Rockingham	79
Avery	6		Harnett	43		Rowan	80
Beaufort	7		Haywood	44		Rutherford	81
Bertie	8		Henderson	45		Sampson	82
Bladen	9		Hertford	46		Scotland	83
Brunswick	10		Hoke	47		Stanly	84
Buncombe	11		Hyde	48		Stokes	85
Burke	12		Iredell	49		Surry	86
Cabarrus	13		Jackson	50		Swain	87
Caldwell	14		Johnston	51		Transylvania	88
Camden	15		Jones	52		Tyrrell	89
Carteret	16		Lee	53		Union	90
Caswell	17		Lenoir	54		Vance	91
Catawba	18		Lincoln	55		Wake	92
Chatham	19		Macon	56		Warren	93
Cherokee	20		Madison	57		Washington	94
Chowan	21		Martin	58		Watauga	95
Clay	22		McDowell	59		Wayne	96
Cleveland	23		Mecklenburg	60		Wilkes	97
Columbus	24		Mitchel	61		Wilson	98
Craven	25		Montgomery	62		Yadkin	99
Cumberland	26		Moore	63		Yancey	100
Currituck	27		Nash	64		Out of State	102
Dare	28		New Hanover	65		Qualla State Office	200
Davidson	29		Northampton	66			
Davie	30		Onslow	67			
Duplin	31		Orange	68			
Durham	32		Pamlico	69			
Edgecombe	33		Pasquotank	70			
Forsyth	34		Pender	71			
Franklin	35		Perquimans	72			
Gaston	36		Person	73			
Gates	37		Pitt	74			

Marketing Code Guide:

Code	Description/Material
MCMM001	EPSDT Educational Materials
MCMM002	Member Educational Materials
MCMM003	Member Handbook
MCMM004	Member ID Card
MCMM005	Member Appeals and Grievance Policy
MCMM006	Welcome Packet
MCMM007	Marketing Materials
MCMM008	Member Engagement Materials
MCMM009	EB Enrollment Packet
MCMM010	EB Educational Materials
MCMM011	Health Promotion Materials
MCMM012	Member Rights Materials
MCMM013	Tobacco Cessation Materials
MCMM014	Condition or Disease Specific Materials
MCMM015	OTHER

Definitions:

Report Definitions

Field name	Definition	Format	Length
Admin County Number:	Every county has been assigned a code number for easy reference. See the County Code Reference Guide for the full list of County Codes.	Numeric	3
Admin County Name:	Name of the county that corresponds with the county number.	Alphanumeric	30
CNDS ID/Member ID	This would be the CNDS/ID of the Head of Household or Recipient CNDS ID if the record is for Authorized Representative	Alphanumeric(9numeric+1)	10
Head of Household Name/ Recipient name	Head of Household name or the recipient name that corresponds to the CNDS ID.	Alphanumeric	50
Auth Rep Address?	(Y/N) to indicate if the address pertains to the Authorized Representative on the case. If yes, the CNDS ID of the head of household should be used in the CNDS ID/Member ID field.	Alphanumeric	1
Auth Rep Name	First Name and Last Name of the Authorized Rep on the case, if the address pertains to the Authorized Representative.	Alphanumeric	50
Old Address Street 1	Street line 1 of address the correspondence/documents were originally mailed.	Alphanumeric	55
Old Address Street 2	Street line 2 of address the correspondence/documents were originally mailed.	Alphanumeric	55
Old Address City	City of address the correspondence/documents were originally mailed.	Alphanumeric	30
Old Address State	State of address the correspondence/documents were originally mailed.	Alphanumeric	2
Old Address ZIP	ZIP code of address the correspondence/documents were originally mailed.	Numeric	9
New Address Street 1	Street 1 of Updated Address if available – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	55
New Address Street 2	Street 2 of Updated Address if available – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	55
New Address City	City of Updated Address if available – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	30
New Address State	State of Updated Address if available – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	2
New Address ZIP	ZIP code of Updated Address if available – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	9
Document Name (Marketing Code):	The Marketing Code of the document mailed to the beneficiary, as found on the "Marketing Code Guide" tab.	Alphanumeric	7
Date Non-Verifiable Address Identified	Date the Non-Verifiable address was identified by the vendor.	Date format MM/DD/YYYY	10
Vendor Name:	Name of the PHP submitting the report.	Alphanumeric	50
Regenerated Document (Y/N):	Indicates if PHP regenerated the correspondence/documents due to updated address info – ex. if the USPS posted a forwarding address on the returned mail.	Alphanumeric	1
Return Code	Return code field definitions can be found on the "Return Code Definition" Tab	Numeric	2
Return Description	Return description field definitions can be found on the "Return Code Definition" Tab. The Return Description field should be hard-coded to match the return code.	Alphanumeric	100
Number of Members Grand Total:	Page break at the end of the Data Tab to indicate how many Members had mail returned in total - necessary for tracking purposes for quality and compliance.	Numeric	10

Response Code:

Response Code	Response Text	Response description	EB, PHPs and Tribe Next Step
NFRMRS0000	Success	Record Created	N/A
NFRMRE0001	Invalid record format	The format or length of the field ' <i>%name of the field%</i> ' is not in expected. (Populate the <i>name of the field</i> which is failed for the validation in the response description dynamically)	Resend the record with all fields in the correct format.
NFRMRE0002	No Valid address provided in the file	Both old address and new address are blank for the record. No processing required in NC FAST.	Resend the record with either the old or new address populated to NC FAST.
NFRMRE0003	Record_ Not Found	CNDS ID not found	Check with NC Tracks to confirm if the beneficiary has a different CNDS ID.
NFRMRE0004	Processing Error	Error during processing update	Resend the record
NFRMRE0005	Case not found in NC FAST for beneficiary	Beneficiary does not have case in NC FAST	Verify that the correct case was sent for the beneficiary.
NFRMRE0006	Invalid Return Code received in the file	Invalid Return Code received in the file	Resend the record with a valid Return Code
NFRMRE0007	Auth rep Indicator, CNDS ID and Return Code are mandatory fields.	Auth rep Indicator, CNDS ID and Return Code are mandatory fields.	Resend the record with all these fields populated.
DHHSESB002	Call to backend service failed	Error during processing update	Resend the record

ADDENDUM B

Copy of Mem001-J PHP Enrollment Extract

Version as of January 7, 2022

Instructions:

Version

Document version number	v05	
Date of most recent update	September 2020	
Version Notes		
Date	Section updated	Change
1/30/2019	Initial Document Draft	Original
6/5/2019	Finalized: v02	Revisions
8/29/2019	Finalized: v03, DATA_PHP_Enrollment Tab, Valid Values - Added County ID 102	Revisions
4/14/2020	Added Incident data field	Revisions
9/30/2020	Finalized v05 <ul style="list-style-type: none"> Updated Report Description in the Instructions worksheet Renamed "PHP ID" to "Service Center ID". Revised corresponding data field attribute name and description and added valid values Renamed "834_DATE_SENT" to "834_DATE_RECEIVED" and updated corresponding data field null option to NULL Standardized data type and format Removed Incident data field 	Revisions

Header:

Report Name:	PHP Enrollment Extract
Report Description:	with 42 C.F.R. § 438.66(c)(1) - (2) and including enrollment and disenrollment by managed care eligibility category, number of welcome packets and ID cards sent, and time to distribute
Report ID:	MEM001-J
Business Unit:	Member
Report Frequency:	Weekly (For extract submission due dates please refer to the NCPHP Report Guide)
Report Type:	Flat File
Service Center ID:	
PHP Name:	
PHP Contact:	
Contact Email:	
Report Period Start Date:	
Report Period End Date:	
Submission Date of Report:	

Data:

Data Field Name	Data Field Type	Data Field Null Option	Data Field Condition / Business Rule	Data Field Attribute Name
SERVICE_CENTER_ID	TEXT	NOT NULL		Service Center Identifier
MEDICAID_ID	TEXT	NOT NULL		Beneficiary's Medicaid ID
834_DATE_RECEIVED	DATE	NULL		Date 834 is received
AUTHORIZED_ENROLLMENT_BEGIN_DATE	DATE	NOT NULL		Authorized Enrollment Begin Date
ENROLLMENT_END_DATE	DATE	NOT NULL		Enrollment End Date
DATE_ENROLLMENT_PACKAGE_SENT	DATE	NULL		Date Enrollment Package Sent
DATE_ID_CARD_SENT	DATE	NULL		Date ID Card Sent
DATE_HANDBOOK_SENT	DATE	NULL		Date Handbook Sent
COUNTY_ID	TEXT	NULL		County Code
AUTO_ASSIGNED	TEXT	NULL		Auto-Assigned
COST_SHARING	NUMBER	NULL		Cost Sharing
DATE_PROVIDER_DIRECTORY_REQUESTED	DATE	NULL		Date Provider Directory Requested
DATE_PROVIDER_DIRECTORY_SENT	DATE	NULL		Date Provider Directory Sent

Data Field Description	Valid Values	Data Field Maximum Length
4-character identifier from the Service Center Identifier Table	AHCS BLUS	10
NC Medicaid assigned beneficiary identifier, referring specifically to Medicaid ID. All submitted values should be validated against State MEDICAID_ID.		10
Date of the 834 that corresponds to PCP assignment YYYY-MM-DD		10
Date the Medicaid authorized enrollment begins. YYYY-MM-DD		10
Date the Medicaid enrollment ends. YYYY-MM-DD		10
Date the enrollment package was sent to the member. YYYY-MM-DD		10
Date the ID Card was sent. YYYY-MM-DD		10
Date the Handbook was sent. YYYY-MM-DD		10
County Code Number tied to the first enrollment for the Member to the Plan	001 - 100, 102	3
Member Auto Assigned to a PCP/AMH	Y - Yes N - No	1
Amount of cost sharing paid by the member for the fiscal YTD		20
Date the member requested a hard copy of the Provider Directory. YYYY-MM-DD		10
Date hard copy of the Provider Directory was sent to member. YYYY-MM-DD		10