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Retroactive Processing Contractor – Reed & Associates, CPAs

Effective August 3, 2009, Reed & Associates, CPAs (Reed) was designated by CMS as the national contractor responsible for processing retroactive transactions for all Medicare Advantage Organizations, Part D Sponsors, Cost-based Plans and PACE Organizations. Under the terms of this contract, Reed validates and processes a number of retroactive requests including those covered by this SOP. All requests submitted by organizations must be in accordance with the processes outlined in these Standard Operating Procedures (SOPs) as well as the latest CMS Enrollment Guidance.

CMS Guidance/Regulations

Please refer to the appropriate CMS guidance resource for policy questions and additional details. These include Chapter 2 of the Medicare Managed Care Manual for the MA program, Chapter 17-D for Cost-based Plans, the CMS Enrollment and Disenrollment Guidance for PDP Sponsors, and the PACE Enrollment/Disenrollment Guidance for PACE plans.

Each of these guidance documents is available on the web at: <http://www.cms.hhs.gov/home/medicare.asp>. Scroll down the page to the heading "Eligibility and Enrollment" and select the appropriate link for the specific plan type.

Cost-Based plans – Special Note

In general, retroactive enrollment and disenrollment requests are not accepted for Cost-based plans, per the guidance provided in Chapter 17-D of the Medicare Managed Care Manual. For the limited exceptions provided in that guidance, as well as for enrollments into a Cost-based Plan (PBP) that include an optional supplemental Part D benefit and reinstatements into MA-only Cost plan due to enrollment into a standalone PDP plan, Cost-based plans must follow the instructions provided here regarding requests for retroactivity.

PACE plans – Special Note

PACE organizations should refer to the December 24, 2009 memo for Enrollment/Disenrollment Guidance and follow this SOP for submission to the RPC purposes only. (Beginning on Page 7)

Compliance with Standard Operating Procedures (SOPs)

In order to process retroactive requests, formal procedures have been developed by the RPC in accordance with the contract. Any retroactive requests that are submitted by organizations that do not comply with the guidelines may not be accepted. Careful adherence to these guidelines will ensure that retroactive requests submitted to the RPC will be processed timely and accurately.

Request Types Covered by this SOP – Brief Descriptions

A. Retroactive Enrollments

Retroactive enrollments are defined as an action that initially enrolls a beneficiary into a certain plan contract number and PBP number.

B. Reinstatements

Reinstatements are defined as an action that is taken to correct an erroneous disenrollment that may be the fault of the beneficiary, the plan, or CMS. A reinstatement reflects no gap in coverage or changes to plan contract and PBP number.

C. Retroactive Disenrollments

Retroactive disenrollments are defined as an action that terminates a beneficiary's enrollment in a given plan.

D. Plan PBP Change Requests

PBP change requests are defined as a move within a given contract number to another PBP number. Per CMS guidance, PBP changes are considered a new enrollment and are therefore subject to the same requirements as a new enrollment. CMS has developed and made available a model short enrollment form to allow for enrollment requests into another plan within the same organization.

E. Segment Change Requests

Segment change requests are defined as any action that moves a beneficiary from one Segment to another Segment within the same contract number and PBP.

F. Combination Requests

Combination requests are defined as any action that requires more than one submission for a single beneficiary.

A. Retroactive Enrollments

Enrollment submissions may include:

- ❖ Beneficiary Elections – when a beneficiary uses a valid election period to choose their desired plan
- ❖ Auto-Facilitated Enrollments – an enrollment where an organization identified a full-benefit dual or other LIS eligible member and processes an auto- or facilitated enrollment into a certain MA or MA-PDP.
- ❖ Moving the beneficiary from one contract to another within the same organization – this is different than a PBP change because it involves a different contract number
- ❖ Employer Group Health Plan (EGHP) enrollments – these requests may be submitted to the plan by the group or directly from the beneficiary
- ❖ Enrollment Date Change – when a beneficiary's effective date needs to be retroactively moved forward
 - If the effective date needs to be moved forward, do not send a disenrollment request for the existing incorrect date and an enrollment request for the correct date. Also, if the effective date needs to be moved backward, do not send a disenrollment request for the months the effective date is to be adjusted. An enrollment change request or "correction" is all that is needed for both situations.

A retroactive enrollment request does not include:

1. PBP changes within the same contract number

B. Reinstatements

Reinstatement submissions may include:

- ❖ Voluntary Reinstatement – A beneficiary may request to be reinstated into a plan (same contract and PBP number) that they were mistakenly disenrolled from. The mistaken disenrollment often occurs as a result of a request that was initiated by the beneficiary.
- ❖ Involuntary Reinstatement – A plan may determine that a beneficiary was erroneously disenrolled from a plan because of an action taken by the plan or CMS. The plan will request a reinstatement on behalf of the beneficiary to correct the erroneous disenrollment.

- ❖ Reinstatement due to Change in Disenrollment Date - If the beneficiary's disenrollment effective date is to be moved forward, this request is to be submitted as a reinstatement for the months the beneficiary is to remain in the plan. For example, Beneficiary A is disenrolled from Plan 1 as of March 1. However, Beneficiary A should be disenrolled as of April 1. The plan may submit this as a reinstatement with an effective date of March 1 and an end date of March 31. The reason for the request should be clearly explained on the RPC Documentation Worksheet.

C. Retroactive Disenrollments

Disenrollment submissions may include:

- ❖ Beneficiary election – when a beneficiary uses a valid election period to voluntarily end their enrollment in a plan
- ❖ Cancellation of enrollment – when a beneficiary contacts the plan prior to the enrollment effective date and wishes to cancel the enrollment request (EGHP and PFFS plans have different cancellation guidelines)
- ❖ EGHP – when an employer or group contacts the plan and requests cancellation or disenrollment of the beneficiary from the group's coverage.
 - Occasionally the beneficiary may be disenrolled from the EGHP's PBP only to be rolled over into an individual PBP within the same contract. This request can be submitted as a PBP change request instead of a disenrollment request.
- ❖ Disenrollment date change – when a beneficiary's disenrollment effective date is needed to be retroactively moved backward
- ❖ Involuntary disenrollment – when an organization is required to disenroll members for change in residence, loss of Medicare entitlement, death of member or contract termination

A retroactive disenrollment request does not include:

- Enrollment date changes – as mentioned above, do not submit enrollment date changes as a combo request with a disenrollment and an enrollment request. They are simply a Retroactive Enrollment "correction" transaction.

* When submitting a disenrollment request, use the requested effective date as the Start Date on the spreadsheet. Do not enter the beneficiary's original enrollment effective date as the Start Date and the disenrollment effective date as the End Date.

For example, a beneficiary was originally enrolled effective 1/1/2008. Now, the beneficiary needs to be disenrolled effective 8/31/2009.

- **CORRECT REQUEST: Start Date = 9/1/09** (day following disenrollment date)
- **INCORRECT REQUEST: Start Date = 1/1/08; End Date = 8/31/09** (an end date is not needed for a disenrollment request)

D. Retroactive PBP Change Requests

PBP Change submissions may include:

- ❖ Beneficiary elections – when a beneficiary uses a valid election period to choose a new PBP within the same contract
- ❖ Auto-Facilitated enrollment – when a beneficiary is already enrolled into a contract and the plan identifies a member that should be auto- or facilitated enrolled into a different PBP due to changes in eligibility of LIS or Medicaid
- ❖ Passive Rollovers – occurs when a plan passes a member onto a different plan (PBP) for limited circumstances associated with a plans renewal or SAR process.
- ❖ EGHP – when a beneficiary moves from an individual plan to an EGHP plan (or vice versa) within the same contract.

A retroactive PBP change request does not include:

1. Changes made prior to the beneficiary's enrollment in the requested contract – the beneficiary must be enrolled in the contract in order for the PBP to be changed.
2. Changes made from one contract number to another contract number within the same organization – these are regarded as new enrollments.

* When submitting a PBP change request, do not send the request as a combo (i.e. a disenrollment from the incorrect PBP and then a PBP change or enrollment request into the correct PBP). **Only one PBP change request is required with an explanation on the RPC Documentation Worksheet that the request is for a PBP Change.** If the PBP Change is a correction please note that on that Documentation Worksheet as well.

E. Retroactive Segment Change Requests

Segment change requests are defined as any action that moves a beneficiary from one Segment to another Segment within the same contract number and PBP.

F. Combination or "Combo" Requests

Combination requests occur when more than one transaction must be submitted for a single beneficiary. When submitting a combination request, please follow the instructions below:

- ❖ Enter each transaction on the associated worksheet (tab) on the RPC Submission Spreadsheet
- ❖ Thoroughly explain on the RPC Documentation Worksheet that a combination of transactions are needed for that beneficiary and reasons for retroactivity for each transaction
- ❖ Assemble the required documentation for each transaction in one packet or PDF with a lead RPC Documentation Worksheet
- ❖ Submit a documentation packet for each contract number involved in the request.

An example of a combination of requests would be an enrollment request with a 2009 effective date that must be completed before a subsequent PBP rollover with a 2010 effective date can be completed.

In complicated cases it is acceptable to include multiple RPC Documentation Worksheets to separate the documentation for each transaction; however, all of the documents and RPC Documentation Worksheets should be combined into one documentation packet or PDF. Please keep in mind that documentation packets are unique to contract number and beneficiary. Each contract number involved in the request requires a separate documentation packet. The packets may contain the same information, but must be labeled for each contract number.

Where and how do I send my retroactive requests?

CMS has three distinct processes by which organizations will submit retroactive enrollment and disenrollment activity (including PBP and Segment changes). Each of these processes corresponds to one of the 3 categories of retroactivity as defined in the February 24, 2009 HPMS memo:

- **Category 1** requests represent normal business processes that organizations may address through the MMA Help Desk.
- **Category 2** requests represent normal business processes that organizations may address through the RPC.
- **Category 3** requests require organizations to obtain approval from their CMS Regional Office Account Manager (AM) prior to submitting requests to the RPC.

Please refer to the HPMS memo for additional clarification and/or examples of distinguishing Category 2 and 3 requests.

A. Category 2 Requests – Definition of “Within 3 months”

Effective dates including the current calendar month and the 2 previous calendar months

If today is any day in November, allowable retroactive effective dates are November 1, October 1 and September 1. Effective dates of August 1 or earlier are considered to be 4 months or older and therefore are category 3 (below). This includes transactions that failed or rejected due to plan error that could not be directly resubmitted by the plan within the processing month.

Other exceptions:

i. Actions reported by CMS to the plan via TRR/MMR within the last 3 months

Corrections identified by the plan within the 45 day period that begins with the availability of the CMS Monthly Membership Report and ends on the attestation submission due date are category 2 requests. For simplicity, the 45 day period is rounded up to “the last 3 months” and is included in this category.

ii. Any effective dates due to automatic actions taken by CMS systems

If the organization submits the retroactive request to the RPC within the 45 day period that begins with the availability of the CMS Monthly Membership Report and ends with the attestation submission due date, it is considered timely. For simplicity, the 45 day review period is rounded up to “within 3 months” and included in this category. For example, a discrepancy due to erroneous CMS action identified by reconciliation with a CMS report received in March 2009 must be submitted within 3 months (in March, April or May 2009).

iii. CTM (Complaint Tracking Module) cases

Plans and the Account Managers should consider an approved or current CTM case as a Category 2 request. If the CTM is not over 3 months then it is a Category 2 request. In the same respect, an untimely (greater than 4 months) CTM that has been approved by a Regional Office AM may not need RO approval unless special conditions exist. All CTM requests should be considered as Category 2 requests since RO Casework Action should be considered timely per the updated Chapter 2 and PDP Guidance.

iv. Recent event

If a recent event in MARx or recent action taken by the member/plan triggers a retroactive request, it may be considered a Category 2 request if supporting documentation is provided.

v. EGHP's

Employers are required to submit information regarding EGHP plans to the plan within 90 days. Plans are then required to submit requests within 90 days from the date of receipt of the information from the employer to be considered “timely”.

B. Category 3 Requests – Definition of “4 Months or older”

Effective dates of the current calendar month minus 3 months or more

If today is any day in November, effective dates of August 1 or earlier are 4 months or older and therefore are Category 3 request and require an approval from the RO Account Manager.

Other exceptions:

- i. Actions reported by CMS to the plan via TRR/MMR more than 3 months ago
Corrections identified after 3 months from when the TRR/MMR was available are considered 4 months or older and are therefore a Category 3 issue.

Special Note: *Category 3 requests are generally not permitted and are considered to be exceptions. All plans are expected to have ongoing data reconciliation processes that support the required monthly attestation of data accuracy for payment. Completing this important work on an ongoing basis should virtually eliminate the need for enrollment and disenrollment retroactivity that is 4 months or older.*

Category 3 Requests – Involvement of the CMS Regional Office Account Manager (AM)

When an issue cannot be submitted to the Retroactive Processing Contractor because it is outside the timeframes allowed for Category 2 requests, organizations must contact their Regional Office Account Manager (AM) and obtain approval to submit these requests to the RPC. These requests may indicate potential organizational compliance concerns and/or other weaknesses in enrollment and reconciliation processing which should be corrected.

Organizations should have a close working relationship with the AM so that they understand how and when to bring identified Category 3 requests to their attention. When it has been determined that a retroactive request meets the guidelines of a Category 3 request, organizations should notify their AM of the Category 3 request(s). This may include providing a detailed analysis of the issue identifying responsible areas/parties, current policies and procedures, the scope of the issue with exact numbers, beneficiary impact, and any other relevant information. Upon contact with an AM, organizations will receive specific instructions on how to submit their Category 3 requests for approval.

The AM will review the issue and discuss with the organization the appropriate remedial steps and actions necessary to ensure future compliance and improved performance. In order to grant approval of the requests to the RPC, the AM will provide an approval e-mail or letter to the organization with a copy to the RPC Mailbox, along with support of which beneficiaries are impacted. The approval message will state which specific requests can be submitted to the RPC and may have a submission due date. Only those requests that are timely and approved by the AM will be accepted by the RPC for processing.

In general, all of the steps outlined in this SOP must be followed for a Category 3 request. There are a few additional requirements for Category 3 requests to be uploaded and processed.

1. Organizations should submit **one** submission spreadsheet for all requests approved by the RO AM. Requests that are not submitted to the RPC in the one submission will not be considered for processing at a later time. Organizations would then be required to obtain a second RO AM approval for the straggling requests. Category 2 requests or Category 3 requests from a *different* RO AM approval must be submitted on a completely separate spreadsheet. Intermingling these requests on one submission spreadsheet could cause them all to be denied and returned to the organization.
2. On the cover letter submitted with the submission spreadsheet, organizations should clearly state that the request has been approved by the RO AM. If the cover letter does not clearly state that the requests have been approved by the RO AM, the system may automatically code them as untimely requests, and the organization would be required to resubmit the requests.
3. A copy of the RO AM's approval letter or e-mail should also be submitted with the cover letter so that the requests are properly uploaded as "RO Approved" requests. If the copy is not readily available, the requests may be denied as untimely requests. Additionally, the RPC recommends that organizations additionally include a copy of the approval letter or email within each beneficiary's documentation (i.e. the PDF file). This will ensure that the processor is aware of the approval and should increase processing time.
4. Documentation requirements for Category 3 requests are the same as Category 2 requests, unless otherwise noted by the Account Manager in their approval.

If an organization submits Category 3 retroactive requests to the CMS Retroactive Processing Contractor **without** the required AM approval, required documentation, or if an organization does not follow the AM's instructions on the approval, the submission will **not** be accepted by the RPC. The entire submission/file that was sent to the RPC will be securely discarded, with a notification to the plan and the AM.

Additionally, if the approval does not **exactly match** the submission, or is not received by the AM approved due date, the AM will be alerted for additional instruction, which may result in a rejection of the entire submission.

Instructions for Submission to the RPC (Reed & Associates)

Organizations should submit all valid Category 2 and 3 retroactive requests to the RPC following the specific guidance contained in this SOP. If organizations have questions regarding the submission, they should contact the RPC's Client Services Department.

Overall, organizations should expect that transactions are received, processed and reported in the same fashion. The following sections provide detailed submission instructions, however the general process is noted below:

- A. *Organizations submit the following to the RPC:*
 - i. *A cover letter from the organization.*
 - ii. *The RPC submission spreadsheet.*
 - iii. *Documentation for each beneficiary supporting the retroactive requests.*
 - iv. *RO approval letter (Category 3 requests only).*

- B. *The RPC will upload the requests into the tracking system and issue acknowledgement e-mails and error reports to the Organizations within 5 calendar days.*

- C. *The RPC will make changes in CMS' systems within 35 days of the receipt date. A final disposition report (FDR) will be issued to the organizations communicating the results of the RPC's review. Organizations should carefully monitor CMS' systems, RPC FDRs (Final Disposition Reports), TRRs (Transaction Reply Reports) and MMRs (Monthly Membership Reports) to ensure that all requested transactions are processed.*

- D. *Organizations should resubmit requests to the RPC within 45 days of the issuance of the FDR if the original request was not processed as requested. Steps A - E should be repeated for all resubmissions.*

- E. *If an organization does not believe that a request has been processed within the 35 day timeframe, they may contact the RPC's Client Services department to request a status update.*

A. Organizations Submitting Requests to the RPC

Submissions that meet all of the requirements explained in this SOP should be sent via traceable mail carrier to:

Reed & Associates, CPAs – CMS RPC
Attn: Support Services
14301 FNB Parkway, Suite 211
Omaha, Nebraska 68154
Phone: (402) 315-3660

Organizations should ensure that all packages sent to the RPC have been reviewed very carefully noting that all elements described below are included. Any packages received by the RPC that do not meet the requirements in this SOP will not be processed.

i. Cover Letter

A cover letter should accompany all retroactive requests to the RPC. This letter should, at a minimum, contain the applicable plan number(s) (i.e., H#, S#, R#, E#) and a certification statement which is signed by a member of the Organization. An example of appropriate language for the certification is as follows:

"This signature verifies that the information submitted to the Retroactive Processing Contractor on <date> is accurate and complete. Supporting documentation is being maintained at the organization for each request."

Organizations must retain the original supporting documentation for the requested changes as they may be required to produce it during a CMS audit.

The cover letter should also include any special circumstances or instructions to assist the RPC in processing requests timely and accurately. For example, if the submission contains Category 3 requests or resubmissions, the RPC should be able to determine this immediately by reviewing the cover letter.

ii. Submission Spreadsheet

Retroactive requests should be gathered by the organization on the Excel submission spreadsheet template. It should be password-protected and saved to a CD (*preferred*), flash drive or diskette to be submitted to the RPC. The submission spreadsheet template is available on the RPC's website (<http://www.reedassociates.org/payvalMMCPV.php>) in the **RPC Toolkit** section.

The formatting of the submission spreadsheet template should not be changed, or the spreadsheet may not upload properly. Components (including tab names, column headers, column order, cell placement and cell formatting) must be in a proper format to facilitate the upload process. Additionally, there are drop-down boxes for several of the columns which require very specific responses.

If your organization automates the spreadsheet completion process, it is suggested that you review all spreadsheet components carefully (especially the required responses for

the drop-down boxes) to avoid upload errors. **The RPC will not upload records that do not meet the standards of the submission spreadsheet.**

In order to assist you in completing the submission spreadsheet, the RPC has developed a Validation Tool for the spreadsheet. It is essential that you take advantage of this tool to avoid common upload errors. Please note that this tool will not catch all upload errors, however it may significantly reduce the number of errors.

In order to take advantage of this helpful tool, it is necessary to click on the “**Enable Macros**” button when opening the spreadsheet. If, when opening the form, you are not prompted to select this option, you may need to lower your Macro Security setting in Excel from “High” to something lower (Tools>Security>Macro Security).

If you elect to “Enable Macros”, you will be able to use the Validate button. Once pressed, this button runs a program to verify the data in the current tab of the spreadsheet you are working on. If errors are noted, please correct prior to submitting the requests to the RPC.

If you elect to “Disable Macros”, you will still be able to utilize the spreadsheet to submit your requests; however, **if your spreadsheet is not formatted correctly, the likelihood that your submission results in upload errors is increased.**

Specific instructions for how to complete each column of the spreadsheet are included on the spreadsheet itself. Some instructions are listed below the column header and others are included as comments which can be viewed when the mouse pointer is placed on the header. If you have questions on how to complete the spreadsheet, please contact the RPC's Client Services Department.

iii. Documentation Required

Supporting documentation for each retroactive request covered by this SOP must be submitted to the RPC as these transactions are not subject to probe studies. Documentation supporting each request should be submitted electronically via PDF file (*preferred*) or in paper format. Please note that paper documentation may increase processing time.

Documentation which has not been approved by CMS will not facilitate processing. Organizations should only submit documentation that is required for processing. See the Required Documents spreadsheet under the Toolkit section of the RPC's website for more detailed information.

In order for your electronic documentation to be accurately matched to the request listed on your submission spreadsheet, you must submit the documentation in a single PDF file for each request. Each request should include the RPC Documentation Worksheet (found on the RPC’s website) along with the specific documents required for the type of transaction and situation (detail to follow). Organizations should also retain a copy of the request and related documentation submitted to the Retroactive Processing Contractor as part of the record for each beneficiary.

The request will not upload properly if it is not named in the following format (note the dash): **[Contract number]-[HIC number]** (i.e. H1234-999887777A). Any additional characters or missing information will significantly delay the RPC’s upload process.

General Retroactive Documentation Guidelines

Enrollments	Disenrollments	PBP Change Requests
✓ RPC Documentation Worksheet with explanation	✓ RPC Documentation Worksheet with explanation	✓ RPC Documentation Worksheet with explanation
✓ Enrollment Form (signed & dated showing the receipt date)	✓ Disenrollment Request	✓ Enrollment Form or Short Enrollment Form
Reinstatements	Segment Change Requests	<i>See the “Required Documents” spreadsheet under the Toolkit section of the RPC’s website for additional documentation requirements based on transaction type & reason.</i>
✓ Reinstatement Request (<i>reinstatements only</i>)	✓ RPC Documentation Worksheet with explanation	
✓ Continue to Use Notice (<i>reinstatements only</i>)		

CTM Cases – A Special Note Regarding Casework

CTM cases that are considered “timely” under the Category 2 requirements (less than 3 months) and are otherwise valid can be submitted to the RPC as **Category 2 requests** and Regional Office approval is not necessary.

CTM cases which meet the “untimely” requirements (4 months or greater) or are otherwise invalid will require Regional Office approval (see below) and should be submitted to the RPC as instructed. In these cases, the Organization must provide the RPC with:

1. A screen print from the Complaint Tracking Module (CTM) showing the Regional Office’s approval in the “Complaint Resolution Summary” section, *and*
2. A copy of the enrollment or disenrollment request, if one is available*.

**Due to the nature of casework, a copy of the enrollment/disenrollment request may not be available. When that occurs, organizations should submit a brief explanation for the missing documentation.*

iv. RO Approval Letter (Category 3 requests only)

All records from a submission approved by CMS' Regional Office Account Managers (RO AM) should be submitted to the RPC in one submission (i.e. one spreadsheet). Organizations should not include any Category 2 requests, or Category 3 requests from a separate RO AM approval, with the submission. Any Category 3 requests that are not submitted with the original submission will not be accepted at a later time. In these instances, Organizations must obtain a subsequent RO AM approval in order to submit the request to the RPC.

A copy of the RO AM's approval (usually a PDF copy of their e-mail or letter) should be included in the submission so that when the RPC receives the package, it is easy to identify as a Category 3 request and can be easily reconciled by the RPC.

B. RPC Uploading Requests & Issuing Acknowledgement E-mails (and Error Reports)

The RPC will upload the requests into the tracking system and issue acknowledgement e-mails to the Organizations within 5 calendar days via e-mail to the organization's designated point of contact (POC). Any errors that are noted during the upload process will also be communicated to organizations at that time.

These acknowledgement and error report e-mails should be carefully monitored by organizations to ensure that all of the requests are 1) received by the RPC, and 2) uploaded properly. A final disposition report (FDR) will not be issued when the records error out during the upload process. Records that error out and are resubmitted to the RPC are not considered to be resubmissions because they were never processed due to upload errors. Therefore, they must comply with the standard Category 2 and 3 submission requirements.

C. RPC Issuance of Final Disposition Reports (FDRs)

Valid requests for retroactive adjustments will be processed by the contractor within **35 days** of receipt. If the RPC determines that it *should* and *can* make the requested changes, the retroactive change will be made in CMS' systems. Payment adjustments will be made accordingly as CMS processes the changes. Note that payment adjustments are not directly handled by the RPC.

After processing the adjustments, the RPC will provide the organization with a Final Disposition Report (FDR) via e-mail to the organization. The e-mail will be sent to the contact we have on file for all Enrollment/Disenrollment activity (which also includes PBP and Segment changes). The FDR communicates the disposition of the requests to the organization. The disposition codes used by the RPC can be found on our website at www.reedassociates.org/payvalMMCPV.php.

Organizations must have ongoing membership reconciliation processes that include data comparisons of organization information to all relevant CMS/RPC files and reports including Final Disposition Reports (FDRs), Transaction Reply Reports (TRRs) and Monthly Membership Reports (MMRs).

If the request cannot be processed for any reason, the materials submitted to the RPC will not be returned to the organization; however, the disposition code provided by the RPC on the FDR will indicate why the submission, in whole or in part, could not be completed. The disposition code descriptions should be read very carefully to ensure that each request can be properly resubmitted and processed by the RPC. (See Section D for resubmissions.)

D. Resubmissions

Following the issuance of the Final Disposition Report (FDR), organizations may determine (by reviewing the disposition codes provided on the FDRs) that requests were not processed by the Retroactive Processing Contractor (RPC). Once identified and resolved, organizations may file a resubmission request for previously denied retroactive adjustments. There are specific procedures that must be followed so the system does not reject the submission as a duplicate record and the request can be processed by the RPC.

Please note that records that are not uploaded by the RPC are not issued a FDR. Therefore, the second submission of those records to the RPC **would not** be considered a resubmission request. Organizations should submit those records following the normal procedures since they were never originally entered into the system as a valid request.

In general, all of the steps outlined in sections A through B of the "Instructions for Submission to the RPC" must be followed for a resubmission (including all documentation which supports the request). There are a few additional requirements for resubmissions to be uploaded and processed.

1. Resubmission requests must be sent to the RPC within 45 days of receiving the original FDR for the request. It is highly recommended that organizations reconcile the FDRs to CMS' Systems prior to resubmitting requests. Organizations can then submit one master submission for all discrepant retroactive requests.
2. **Resubmission Category 3 requests will not be accepted without a new approval letter from a Regional Office Account Manager.** The RPC will only process Category 3 requests that were originally denied erroneously without a new RO approval letter. Those requests are considered a RPC Corrected Submission not a Resubmission.

3. Requests for resubmission should be listed on a completely separate spreadsheet file following the standard spreadsheet submission process described above. Intermingling new requests and resubmitted requests on the submission spreadsheet may delay processing.
4. On the cover letter, organizations should clearly state that the request is a resubmission and that it is not a duplicate request. The system may automatically code records as duplicates unless the upload specialist knows that it is a resubmission. Again, stating this in the cover letter will ensure timely processing.
5. Documentation requirements for resubmissions are identical to the documentation requirements detailed above; however, if a request was not processed due to a missing document, organizations must submit the documentation from the first request *plus* the requested documentation to ensure that the request is processed.

If your resubmission has been denied multiple times, it is strongly recommended that you contact the responsible AM for additional direction and/or for their approval.

E. Status Requests

To follow up on specific previously-submitted adjustment requests, a letter (or e-mail) of inquiry must be sent **separately** from retroactive adjustment requests. The correspondence must be sent to the RPC's Client Services Department. It should clearly state that it is a status request for a record that was previously submitted to the RPC.

The request must include following items to conduct research of the request:

- last name, first initial of the beneficiary,
- last 4 digits of the HIC number plus alpha character,
- the plan contract number,
- the PBP number (if appropriate),
- the dates involved, and
- the date the original request was submitted to the RPC.

The organization must never submit duplicate requests unless the Retroactive Processing Contractor specifically requests that duplicate information be submitted. Inquiries on previously-submitted requests can be made in writing, via e-mail, or by phone.

RPC's Client Services Department

Phone: (402) 315-3660

E-mail: clientservices@reedassociates.org

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