**Reed & Associates, CPAs – CMS Retroactive Processing Contractor (RPC)**

**RPC Documentation Worksheet**

***This document is required for all retroactive enrollment, reinstatement, disenrollment, PBP change and Segment change transactions.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |       | **Category 2 or 3:** |       |
| **Transaction Type:** | [ ]  Enrollment [ ]  Reinstatement [ ]  Disenrollment [ ]  PBP Change [ ]  Segment Change [ ]  Combination transaction  |
| **Beneficiary Name:** |       |
| **Beneficiary ID (MBI or HICN):** |       |
| **POA or Legal Representative (if applicable):** |       |
| **Contract Number:** |       | **PBP Number:** |       | **Segment Number:** |       |
| **Plan Type:** |       | **Election Period:** |       |
| **Effective Date of Retroactive Transaction:** |       | **Application Date (Date Enrollment Transaction Received by Organization):** |       |
| **Reason for Request** *(Please be as detailed as possible)***:**       |
| ***For Enrollments*, please specify form of Enrollment** (i.e., paper, telephonic, online, etc.):      .***For Telephonic Enrollments*, Date of call MUST be specified:**       .

|  |
| --- |
| **General Retroactive Documentation Guidelines For Transactions****(Please submit only copies of the documentation listed below)** |
| **Enrollment Transactions**  | **PBP Change Transactions** | **Segment Change Transactions** |
| **[ ]**  RPC Documentation Worksheet with explanation | **[ ]**  RPC Documentation Worksheet with explanation | **[ ]**  RPC Documentation Worksheet with explanation |
| **[ ]**  Enrollment Form  (signed & dated showing the receipt date) | **[ ]**  Enrollment Form or Short Enrollment Form | *See the “Required Documents” spreadsheet under the Toolkit section of the RPC’s website for additional documentation requirements based on transaction type & reason.* |
| **[ ]** RDS waiver | **[ ]** RDS waiver |
| **Reinstatement Transactions** | **Disenrollment Transactions** |
| **[ ]**  Reinstatement Request *(reinstatements only)* | **[ ]**  RPC Documentation Worksheet with explanation |
| **[ ]**  Continue to Use Notice *(reinstatements only)* | **[ ]**  Disenrollment Request (showing the receipt date) |

 |
| **Special Cases:** **[ ]  EGHP (Employer Subsidy Waiver)** **[ ]  Other (explain):**       |