**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):** | | | | | | | | | | | |