



CMS – RETROACTIVE ENROLLMENT & PAYMENT VALIDATION

RETROACTIVE PROCESSING CONTRACTOR (RPC)

RETROACTIVE SUBMISSION

STANDARD OPERATING PROCEDURE

(FOR ENROLLMENTS, REINSTATEMENTS, DISENROLLMENTS,

PBP CHANGES & SEGMENT CHANGES)

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Retroactive Processing Contractor (RPC) – 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 transactions including those covered by this SOP. All transactions 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

The information provided in this SOP should not be interpreted as CMS policy, nor shall it supersede official CMS enrollment guidance including but not limited to the Medicare Managed Care Manual (MMCM), Chapter 17-D, CMS Enrollment and Disenrollment Guidance for PDP Sponsors, and all published HPMS memos. Account Managers and/or CMS Central Office may, at any time, apply additional requirements on plans when submitting retroactive transactions to the RPC. Please refer to these appropriate CMS guidance resources for policy/regulatory questions and additional details. Each of these guidance documents is available on the RPC's website (<http://www.reedassociates.org/>) in the **CMS Guidelines** section.

Cost-Based plans – Special Note

In general, retroactive enrollment and disenrollment transactions are not accepted for Cost-based plans, per the guidance provided in Chapter 17-D of the Medicare Managed Care Manual. There are limited exceptions to this guidance, including but not limited to the following scenarios:

- Retroactive transactions that involve a Cost plan that includes an optional supplemental Part D benefit;
- Retroactive transactions that fall under the limited exceptions provided in 60.1.2, i.e. erroneous death indicator, erroneous loss of entitlement, or Beneficiary ID change;
- Retroactive Enrollment transactions into a MA-only Cost plan when a member was disenrolled from the same organization's MA-PD Cost plan after enrolling in another stand-alone PDP (March 24, 2006 HPMS Memo);
- Retroactive Reinstatement transactions into a MA-only Cost plan due to erroneous disenrollment at the time of enrollment in another stand-alone PDP;
- Retroactive Disenrollments, including but not limited to:
 - a) Disenrollment due to plan error;
 - b) Disenrollment due to CMS system or RPC error;
 - c) Disenrollment due to the beneficiary's lack of intent to enroll;
 - d) Disenrollment due to loss of Medicare eligibility;
 - e) Disenrollment due to death of the beneficiary;
 - f) Disenrollment due to move outside the plan's service area where the date of the move is retroactive and the plan received information of the move after the effective date;

For these and other limited exceptions not listed here, Cost-based plans must follow the instructions provided here regarding transactions for retroactivity. For a complete list of acceptable retroactive enrollment and disenrollment transactions for Cost-based plans, please refer to Chapter 17-D. If your case is not covered in the latest enrollment guidance please contact your CMS Regional Office Account Manager for further assistance.

PACE plans – Special Note

For background and guidance Pace Organizations should refer to the HHS/CMS Memos:

- December 24, 2009 – Retroactive Enrollment/Disenrollment Implementation Guidance for PACE Organizations – CORRECTED
- October 19, 2012 – Medicare Enrollment for PACE Participants with Prospective or Retroactive Medicare Entitlement

When making submissions to the RPC for PACE Organizations, please follow the guidance as described in this SOP.

Compliance with Standard Operating Procedures (SOPs)

In order to process retroactive transactions, formal procedures have been developed by the RPC in accordance with our CMS contract. Any retroactive transactions 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 transactions submitted to the RPC will be processed timely and accurately.

Transaction 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 Transactions

PBP Change transactions are defined as a move within a given contract number to another PBP number. Per CMS guidance, PBP Changes are considered as new enrollments 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 transactions into another plan within the same organization.

E. Segment Change Transactions

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

F. Combination Transactions

Combination transactions 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 identifies a full-benefit dual or other LIS eligible member and processes an auto- or facilitated enrollment into a certain PDP 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/Union Group Health Plan (EGHP) enrollments – plans may accept voluntary enrollment requests directly from the employer or union without obtaining a paper enrollment request from the beneficiary. MA organizations may specify the employers and/or unions, if any, from which they will accept this enrollment transaction format and may choose to accept enrollment and/or voluntary disenrollment transactions. For purposes of Retroactive Processing a record of an individual's choice of health plan submitted by the employer or union effectively replacing an otherwise acceptable enrollment mechanism is required to process;
- Enrollment Date Change – when a beneficiary's effective date needs to be retroactively moved forward or backward

- If the effective date needs to be moved forward, do not send a disenrollment transaction for the existing enrollment with the incorrect date and a new enrollment transaction for the correct date. Also, if the effective date needs to be moved backwards, do not send a disenrollment transaction for the months the effective date should be adjusted. An enrollment change transaction or “correction” is all that is needed for either situation.

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 transaction 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 transaction 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 or when the plan contacts the beneficiary during a valid outbound verification process and the beneficiary states their intent to cancel the enrollment transaction;
- 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 transaction should be submitted as a PBP Change transaction instead of a Disenrollment transaction followed up by an Enrollment transaction.
- Disenrollment date change – when a beneficiary's disenrollment effective date is needed to be retroactively moved backwards;

- Involuntary disenrollment – when an organization is required to disenroll members for change in residence, loss of Medicare entitlement, loss of Special Needs Status, death of member or contract termination;
- Optional involuntary disenrollment – when an organization may, but is not required to, disenroll a beneficiary for failure to pay premiums, fraud and abuse, or disruptive behavior by the beneficiary;

NOTE: A retroactive Disenrollment transaction does not include Enrollment date changes. As mentioned in the Retroactive Enrollments section, do not submit enrollment date changes as a combo transaction with a disenrollment and an enrollment transaction. They are simply a Retroactive Enrollment “correction” transaction.

* When submitting a Disenrollment transaction, enter the first day of the month following the date of disenrollment as the Effective Date on the spreadsheet. This date is the first day that the beneficiary does not have coverage under the listed contract number.

D. Retroactive PBP Change Transactions

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 in 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 – occur when a plan passes a member onto a different plan (PBP) for limited circumstances associated with a plans renewal or *Service Area Reductions (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 transaction does not include:

- 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
- Changes made from one contract number to another contract number within the same organization – these are regarded as new enrollments and require a new enrollment form

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

E. Retroactive Segment Change Transactions

Segment Change transactions 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" Transactions

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

- Enter each transaction on the appropriate worksheet (tab) on the RPC Submission Spreadsheet
- Thoroughly explain on the RPC Documentation Worksheet that a combination of transactions are needed for a specific beneficiary and the reason for retroactivity for each transaction
- Assemble the required documentation for each transaction into **one** packet or PDF with a RPC Documentation Worksheet between each transaction's documentation set. However, for combination transactions that involve **multiple contract numbers**, please submit a separate documentation packet or PDF for each contract number involved in the transaction

An example of a combination of transactions would be an Enrollment transaction with a 2012 effective date that must be completed before a subsequent PBP rollover with a 2013 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 transaction 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 transactions?

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

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

A. Category 2 Transactions (RO Approval is NOT Required) – Definition of “Within 3 months”

Effective dates including the current calendar month (CCM) 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).

For RPC purposes the definition for Category 2 Transactions is still defined as transactions with an effective date including the CCM and the 2 previous calendar months. However, plans are encouraged to follow the new CCM Schedule in the MARx R&M Handbook for submitting Category 2 Retroactive transactions directly to CMS' systems. The new CCM processing schedule for plans to submit Enrollment/Disenrollment/Cancellation transactions is CCM -1 month through CCM + 3. Therefore plans are responsible for submitting valid, complete transactions with effective 5 effective dates. Example: CCM is May 2017 – plans may submit the following effective dates directly to CMS:

- April 2017
- May 2017
- June 2017
- July 2017
- August 2017

Note: For Employer Group Health Plans (EGHPs) the processing schedule is CCM – 3 through CCM + 3, giving plans 7 months to submit directly to CMS.

For more information on the new CCM Schedule in MARx R&M please refer to page 5 of the MARx R&M Handbook published on December 2, 2010 in HPMS.

Examples of timely Category 2 Submissions with an Effective Date more than 3 months:

- 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 transactions. For simplicity, the 45 day period is rounded up to “the last 3 months” and is included in this category.

Note: Plans are encouraged to review their Daily Transaction Reply Reports (TRR) to identify and resolve discrepancies as soon as possible.

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

If the organization submits the retroactive transaction 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 purposes, 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 2011 must be submitted within 3 months (in March, April or May 2011).

iii. CTM (Complaint Tracking Module) cases

A CTM case should be considered as a timely Category 2 if it is **either** approved by a Regional Office Caseworker or involves an effective date within 3 months of the RPC receipt date. If the CTM case does not reflect RO casework action and the Effective Date of the transaction is untimely (4 months of greater), the transaction must be considered a Category 3 and must be approved by a Regional Office Account Manager. The submission timeliness of a CTM complaint is based off the Effective Date of the transaction, not the date the complaint was filed.

iv. Recent event

If a recent event in MARx or recent action taken by the member/plan triggers a retroactive transaction, it may be considered a Category 2 transaction if supporting documentation is provided. The recent event or action must be directly related to the transaction and have occurred within 3 months of the receipt of the transaction by the RPC.

v. EGHPs

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

B. Category 3 Transactions – 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 transactions and require an approval from the RO Account Manager. This includes, actions reported by CMS to the plan via TRR/MMR more than 3 months ago but not submitted timely for processing and therefore are a Category 3 issue.

Special Note: *Category 3 transactions 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.

Involvement of the CMS Regional Office Account Manager (AM)

Plans must contact their Regional Office Account Manager prior to submitting various types of transactions to the RPC. Although the RPC works on behalf of CMS, we are not permitted to make any exceptions to CMS Guidance up to and including our SOPs. The types of transactions that require prior approval from your AM before submitting to us for processing are:

1. Category 3 transactions;
2. Grievances;
3. **And** any transaction that does not fully comply with the RPC Processing guidelines (i.e. transaction is missing documentation or documentation does not support the requested change per CMS guidance)

Organizations should have a close working relationship with the AM so that they understand how and when to bring exception cases to their attention for further assistance. When it has been determined that a retroactive transaction cannot be processed by the organization or the RPC without a RO Approval, the organizations should notify their AM of the transaction(s) immediately. 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 must create a Category 3 "Submission Package" in the Electronic Retroactive Processing Transmission (eRPT) system (<https://portal.cms.gov/>).

The AM will review the eRPT Submission Package and discuss with the organization the appropriate remedial steps and actions necessary to ensure future compliance and improved performance. In order to grant approval for RPC Processing on any of the transactions attached to the eRPT Category 3 Submission Package, the AM will upload an approval notice to the Submission Package.

Please only include transactions that require Account Manager approval on the RPC Submission Spreadsheet that is uploaded to eRPT "Category 3" and "Special" Submission Package. Including transactions not needing AM approval may result in the Account Manager rejecting the Submission Package in the eRPT system, or will unnecessarily overinflate the number of transactions needing approval that is reported by the RPC back to CMS each month.

The RPC will unfavorably process retroactive transactions if an organization uploads transactions in need of AM approval to an eRPT Submission Package not categorized as a Category 3, or if the AM's approval does not provide special processing instructions, guidance waivers, and/or documentation waivers, when necessary.

Instructions for Submission to the RPC (Reed & Associates)

Organizations must submit all valid retroactive transactions to the RPC following the specific guidance contained in this SOP. Included with this SOP release, the RPC has included a separate Documentation Requirements Matrix with supplemental information on specific documentation to include with various retroactive transactions. The Documentation Requirements Matrix can be found at our website under the RPC toolkit. If organizations have questions regarding a submission, they should contact the RPC's Client Services Department.

Overall, organizations should expect that transactions are processed and reported in the order received. 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 transactions*
 - iv. *RO approval letter (if applicable)*
- B. *The RPC will update the status of the Submission Package in eRPT to "In Process", import the transactions into the tracking system and add error reports to eRPT within five (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), Daily TRRs (Transaction Reply Reports) and MMRs (Monthly Membership Reports) to ensure that all transactions are processed.*
- D. *Organizations must resubmit transactions to the RPC within 45 days of the issuance of the FDR if the original transactions were not processed as requested.*
- E. *If an organization does not believe that a transaction has been processed within the 35 day timeframe, they may contact the RPC's Client Services department to make a Transaction Inquiry. See Section E on how to submit **Transaction Inquiries** to the RPC.*

A. Organizations Submitting Transactions to the RPC

Submissions that meet all of the requirements explained in this SOP should be sent via a "Submission Package" in the Electronic Retroactive Processing Transmission (eRPT) system (<https://portal.cms.gov>).

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.

Submission Packaging Instructions:

i. Cover Letter

A cover letter must accompany all retroactive transactions 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. A copy of the supporting documentation is being maintained at the organization for each transaction.”

Organizations must retain the original supporting documentation for the requested transactions 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 transactions timely and accurately. For example, if the submission contains RO Approval transactions or special handling instructions from an Account Manager, the RPC should be able to determine this immediately by reviewing the cover letter.

ii. Submission Spreadsheet

Retroactive transactions must be gathered by the organization on the Excel submission spreadsheet template. The completed spreadsheet must be saved in an “xls” or an “xlsx” file format and sent via a “Submission Package” in the eRPT system (<https://portal.cms.gov/>). The submission spreadsheet template is available on the RPC's website (<http://www.reedassociates.org/>) in the **RPC Submission 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 import transactions that do not meet the standards of the submission spreadsheet.**

NOTE: The completed submission spreadsheet must be saved in an “xls” or an “xlsx” file format in order to upload it to the eRPT system. This can be accomplished on the “Save As” window in the “Save as Type” field.

Specific instructions for how to complete each column of the spreadsheet are included on the spreadsheet itself. Basic instructions are also listed below the column headers. If you have questions on how to complete the spreadsheet, please contact the RPC's Client Services Department.

iii. Documentation Required

Retroactive transactions covered by this SOP are not subject to Enrollment Data Verification. All organizations must electronically submit their supporting documentation for each transaction covered by this SOP to the RPC as PDF files via a “Submission Package” in the eRPT system (<https://portal.cms.gov/>).

Documentation which has not been approved by CMS will not facilitate processing. Organizations should only submit documentation that is required for processing. See the Documentation Requirements Matrix 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 transactions listed on your submission spreadsheet, you must submit the documentation in a single PDF file for each transaction. Each transaction 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 transaction and related documentation submitted to the Retroactive Processing Contractor as part of the record for each beneficiary.

The transaction will not import properly if it is not named in the following format (note the dash): [Contract number]-[Beneficiary ID] (i.e. H1234-1EG4TE5MK73). Any additional characters or missing information could negatively impact the RPC's review of the requested change.

IMPORTANT: As outlined above, the exact syntax must be used when naming the supporting documentation file to ensure it is imported into our system and correctly matched to the transaction listed on the accompanying Submission Spreadsheet. The standard process for submitting retroactive processing transactions electronically is to create a “Submission Package” in eRPT (<https://portal.cms.gov/>) and upload the supporting documentation to that package.

NOTE: There is no need to encrypt files uploaded to eRPT as it is a secure system.

General Retroactive Documentation Guidelines For Transactions (Please submit only copies of the documentation listed below)		
Enrollments Transactions	Disenrollments Transactions	Segment Change Transactions
<input type="checkbox"/> RPC Documentation Worksheet with explanation	<input type="checkbox"/> RPC Documentation Worksheet with explanation	<input type="checkbox"/> RPC Documentation Worksheet with explanation
<input type="checkbox"/> Enrollment Form (signed & dated showing the receipt date)	<input type="checkbox"/> Disenrollment Transaction (showing the receipt date)	
<input type="checkbox"/> RDS waiver	PBP Change Transactions	<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 Transactions	<input type="checkbox"/> RPC Documentation Worksheet with explanation	
<input type="checkbox"/> Reinstatement Transaction (<i>reinstatements only</i>)	<input type="checkbox"/> Enrollment Form or Short Enrollment Form	
<input type="checkbox"/> Continue to Use Notice (<i>reinstatements only</i>)	<input type="checkbox"/> RDS waiver	

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 transactions** 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 transaction, if one is available*.**

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

iv. RO Approval Letter

All transactions (both Category 2 and 3) requiring CMS Regional Office Account Manager (AM) approval should be submitted separately as a Submission Package with a category type of “Category 3” via the eRPT. Organizations should not include any transactions not requiring an AM approval in these eRPT Submission Packages.

Upon approving the cases on the submission spreadsheet, the AM will upload an approval notice to eRPT Submission Package, and the eRPT will route the package directly to the RPC.

B. RPC Importing Transactions & Error Reports

The RPC will import the transactions into the tracking system and update the status of the Submission Package in eRPT to "In Process" within five (5) calendar days. Any errors that are noted during the importation process will also be communicated to organizations via eRPT as a "Response Document" at that time.

The status of the Submission Package in eRPT and the error report(s) uploaded to the Submission Package should be carefully monitored by organizations to ensure that all of the transactions are 1) received by the RPC, and 2) imported properly. A final disposition report (FDR) will not be issued for the records that receive an error message during the importation process. Transactions that cause an error message and are subsequently resubmitted to the RPC are not considered to be resubmissions because they were never processed due to importation errors.

C. RPC Issuance of Final Disposition Reports (FDRs)

Valid transactions for retroactive transactions 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 according to established policy once 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 eRPT. The FDR communicates the disposition of the transactions to the organization. The disposition codes used by the RPC are available on the RPC's website (<http://www.reedassociates.org/>) in the **RPC Submission Toolkit** section.

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 transaction 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 transaction can be properly resubmitted and processed by the RPC. (See Section D for resubmissions.)

If an organization has concerns or questions regarding the determination made by the RPC, they should first contact the RPC's Client Services department by using the Transaction Inquiry form described in Section E. If a transaction is found to have been processed incorrectly by the RPC, then Reed's Quality Assurance department will work with the RPC Processing team to correct the transaction. For transactions or other matters that cannot be resolved by the RPC, organizations should contact their Regional Office Account Manager for further assistance.

D. Resubmissions

Following the issuance of the Final Disposition Report (FDR), organizations may determine (by reviewing the disposition codes provided on the FDRs) that transactions were not processed by the Retroactive Processing Contractor (RPC). Organizations may file a resubmission request for previously denied retroactive transactions, once the issues has been identified and resolved.

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

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

1. Resubmission transactions must be sent to the RPC within 45 days of receiving the original FDR for the transaction. It is highly recommended that organizations reconcile the FDRs to CMS' Systems prior to resubmitting transactions. Organizations can then submit one master submission for all discrepant retroactive transactions.
2. **Resubmissions of Category 3 transactions will not be accepted without a new approval letter from a Regional Office Account Manager.** The RPC will only process Category 3 transactions that were originally denied erroneously without a new RO approval letter. Those transactions are considered a RPC Corrected Submission and not a Resubmission.
3. Resubmission transactions must be listed on the Excel submission spreadsheet template following the standard submission process described in Section A.
4. On the documentation worksheet, organizations should clearly state that the transaction is a resubmission and that it is not a duplicate transaction. Not stating this in the documentation worksheet could negatively impact the RPC's review of the requested transaction.
5. Documentation requirements for resubmissions are identical to the documentation requirements detailed above; however, if a transaction was not processed due to a missing document, organizations must submit the documentation from the first transaction *plus* the requested documentation to ensure that the transaction is processed.

If your resubmission has been denied multiple times, it is strongly recommended that you contact your AM for additional direction and/or a case-specific approval.

E. Transaction Inquiries

To follow up on specific previously-submitted adjustment transactions, an inquiry may be made via “Transaction Inquiry” in eRPT or telephone to our Client Services Department. For inquiries sent via eRPT, organizations are advised to complete the RPC Transaction Inquiry Excel template as instructed below.

Completing the RPC Transaction Inquiry Excel Template:

1. Input the following information associated with the submitted transaction:
 - a. Inquiry Type (select the type of inquiry for this transaction)
 - b. Explanation (If you selected “Question on Rejection” or “Other”, please include a brief explanation on your inquiry)
 - c. Beneficiary ID (beneficiary's Beneficiary ID)
 - d. First Name (beneficiary's first name)
 - e. Last Name (beneficiary's last name)
 - f. Contract Number (contract number associated with the transaction)
 - g. PBP Number (if appropriate)
 - h. Transaction type (e.g. Enrollment, LIS, Reinstatement, etc.)
 - i. Effective Date
 - j. RPC Receipt Date (the day eRPT provided the notification the RPC downloaded the package)
 - k. The eRPT Package ID for the Submission Package
2. Create a Transaction Inquiry package in eRPT, upload the completed RPC Transaction Inquiry, and select “Submit” to send it to the RPC for review.

The RPC Transaction Inquiry is available on the RPC's website (<http://www.reedassociates.org/>) in the **RPC Client Services** section.

Note: Organizations should not submit duplicate transactions unless the Retroactive Processing Contractor specifically requests that duplicate information be submitted. All other general processing inquiries that are not case specific can be made via e-mail or by phone.

RPC's Client Services Department:

Reed & Associates, CPAs – CMS RPC
Attn: Client Services Department
1010 South 120th Street, Suite 300
Omaha, Nebraska 68154

Phone: (402) 315-3660
E-mail: clientservices@reedassociates.org

Furthermore, all system issues and questions regarding the eRPT application should be forwarded to the MAPD Help Desk (email: MAPDHelp@cms.lhs.gov; phone: 1-800-927-8069). Although the RPC relies heavily on the eRPT application, its development and maintenance is managed by another CMS contractor. Therefore, the RPC can only provide limited support regarding the application.