Since 2007, Reed & Associates, CPA’s has been the CMS Retroactive Processing Contractor (RPC) to process retroactive enrollment transactions for all Medicare Part C & D Organizations, States, and Enrollment Brokers, and to conduct the Enrollment Data Validation (EDV) review process. In order for the RPC to exchange PHI found in the transactions, it is necessary for all Organization, State, and Enrollment Broker users to complete a valid “Point of Contact” (POC) Agreement.

A Point of Contact is to be designated for each transaction type listed on the following pages. All Organizations must complete this POC Agreement to designate those individuals who may receive PHI. When any change in contact(s) is made, an updated form should be submitted to the RPC immediately with all sections completed.

Completion of this form does not provide access to CMS’ Electronic Retroactive Processing Transmission (eRPT) application. All users must register for and maintain eRPT access in CMS’ Enterprise Identity Data Management (EIDM) access management portal (<https://portal.cms.gov/>). The eRPT application provides Organization, State, and Enrollment Broker users the capability to securely send the RPC retroactive transactions in Submission Packages, and receive and respond to EDV sample requests through Review Packages. All RPC result reports/response documents are also transmitted through the eRPT application. Be sure to register each CMS contract number when registering for eRPT application access. If there are problems or questions regarding the eRPT registration process, please contact the MAPD Help Desk at: 1-800-927-8069 or [mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov).

It is highly recommended to list the contact(s) with eRPT access on this form.

|  |  |
| --- | --- |
| **Organization or State Information** | |
| **Parent Organization Name or**  **State Medicaid Office:** |  |
| **Contract Number(s):** |  |
| **Street Address 1:** |  |
| **Street Address 2:** |  |
| **City, State, Zip Code:** |  |

**Enrollment Data Validation (EDV) Information:**

**Note:** Only one POC is allowed for each EDV Transaction Group listed below. The contacts designated below will receive the RPC’s courtesy email with the notification EDV Review Packages will be uploaded to the eRPT application soon. These individuals should be responsible for downloading all EDV materials and expected to respond timely to each EDV Review Request.

|  |  |
| --- | --- |
| **EDV Contact for Enrollment/Disenrollment Activity – Transaction Types: 51, 61, 80, and 81** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| **EDV Contact for Resident Address Change Activity – Transaction Type: 76** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |

**Retroactive Processing Information:**

|  |  |
| --- | --- |
| **Primary Contact for Retroactive Processing** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| ***Check the applicable transaction type(s) responsibility for Primary Contact:***  **Enrollments/Disenrollments/Reinstatements/PBP & Segment Changes**  **State and County Code (SCC) Updates and Medicaid Status Updates**  **LIS Deeming Updates** | |
| **Contact #2** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| ***Check the applicable transaction type(s) responsibility for Contact #1:***  **Enrollments/Disenrollments/Reinstatements/PBP & Segment Changes**  **State and County Code (SCC) Updates and Medicaid Status Updates**  **LIS Deeming Updates** | |
| **Contact #3** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| ***Check the applicable transaction type(s) responsibility for Contact #2:***  **Enrollments/Disenrollments/Reinstatements/PBP & Segment Changes**  **State and County Code (SCC) Updates and Medicaid Status Updates**  **LIS Deeming Updates** | |

|  |  |
| --- | --- |
| **Contact #4** | |
| **Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| ***Check the applicable transaction type(s) responsibility for Contact #3:***  **Enrollments/Disenrollments/Reinstatements/PBP & Segment Changes**  **State and County Code (SCC) Updates and Medicaid Status Updates**  **LIS Deeming Updates** | |

**Third Party Contractor (optional):**

If you wish to assign any of the above responsibilities to a Third Party Contractor (TPC), including Enrollment Brokers, please complete the section below and initial here:       **\***

**\****By initialing here, you are authorizing the RPC to disclose PHI to the entity below for purposes strictly related to the work performed on behalf of CMS and related to retroactive processing.*

|  |  |
| --- | --- |
| **Name of TPC Organization:** |  |
| **Street Address 1:** |  |
| **Street Address 2:** |  |
| **City, State, Zip Code** |  |
| **Contact Name:** |  |
| **E-mail Address:** |  |
| **Phone Number:** |  |
| ***Check the applicable transaction type(s) responsibility for the TPC/Enrollment Broker:***  **Enrollments/Disenrollments/Reinstatements/PBP & Segment Changes**  **State and County Code (SCC) Updates and Medicaid Status Updates**  **LIS Deeming Updates** | |

By signing this document, you agree to allow Reed & Associates, CPA’s, the RPC, to disclose PHI to those contact persons listed above. When changes are necessary, a new form should be completed in its entirety and submitted to the RPC immediately.

**Please Note:** The POC form must be signed and dated by a designated member of the Organization or State Medicaid office responsible for CMS Enrollment Operations. A Third Party Contractor representative is not considered a designated member of the Organization or State Medicaid office.

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name of Designated: Personnel** |  | **Title of Designated: Personnel** |  |
| **Signature:** |  | **Date Signed:** |  |

**Please return this agreement to our office by e-mail, fax or mail:**

|  |  |  |
| --- | --- | --- |
| **Reed & Associates, CPAs – CMS RPC** | **Email:** | [**clientservices@reedassociates.org**](mailto:clientservices@reedassociatescpas.com) |
| **Attn: Client Services** | **Phone:** | **402-315-3660** |
| **11717 Burt Street, Suite 103** | **Fax:** | **402-315-3700** |
| **Omaha, NE 68154** |  |  |