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

**RPC Documentation Worksheet**

***This document is required for all retroactive State and County Code (SCC), and Medicaid status change* transactions*.***

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| --- | --- | --- | --- | --- | --- |
| **Date:** |       | **Contract Number:** |       | **Plan Type:** |       |
| **Transaction Type:** | [ ]  SCC [ ]  Medicaid [ ]  Medicaid Removal  |
| **Beneficiary Name:** |       |
| **Beneficiary ID (MBI):** |       |
| **POA or Legal Representative (if applicable):** |       |
| **Effective Date:** |       | **End Date:** |       |
| **SCC:** |       | **ZIP Code:** |       |
|  |
| **Reason for Request** *(Please be as detailed as possible)***:**       |
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| **General Retroactive Status Change Transaction Documentation Guidelines****(Please submit only copies of the documentation listed below)** |
| **SCC Change Transactions** | **Medicaid Status Change Transactions** |
| **[ ]**  A Residence Verification Form  | **[ ]**  A state document that confirms Medicaid entitlement for the requested period |
| **[ ]**  A Signed Enrollment Application Form |
| **[ ]**  A property tax statement | **[ ]**  Screen print from the state’s Medicaid system that shows the Medicaid status for the requested period. |
| **[ ]**  An utility bill |
| **[ ]**  A voter’s registration card |
| **[ ]**  A telephone call log verifying the beneficiary’s permanent residential address including:* + - * The date of verification call by the organization,
			* The identification of the beneficiary and caller (if different than beneficiary), and
			* The information provided during the call/verification.
 | **[ ]**  A Medicaid status report in which the organization has verified Medicaid eligibility with the state including:* + - * The date of verification call by the organization,
			* The phone number used to verify eligibility, and
			* The name of the staff person who verified the Medicaid period.
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