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

**RPC Documentation Worksheet**

***Please use this document to provide information to the RPC on the details of this request.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | **Category 2 or 3:** | | | |  | | |
| **Transaction Type:** | Enrollment  Reinstatement  Disenrollment  PBP Change  Segment Change  Combination transaction | | | | | | | | | | |
| **Beneficiary Name:** | |  | | | | | | | | | |
| **Beneficiary ID (MBI):** | | | |  | | | | | | | |
| **POA or Legal Representative (if applicable):** | | | |  | | | | | | | |
| **Contract Number:** | |  | | **PBP Number:** | |  | | **Segment Number:** | | |  |
| **Plan Type:** | |  | | **Election Period:** | | |  | | | | |
| **SEP S Group Code** | |  | | **SEP S Reason Code** | | |  | | | | |
| **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, OEC, etc.):* *.*  *For Telephonic Enrollments, Date of call MUST be specified:      .*  *For OEC, Electronic, and Telephonic Enrollments, Confirmation # MUST be specified:      .*   |  |  |  | | --- | --- | --- | | **General Retroactive Documentation Guidelines for Transactions**  **(The following are some of the most common requirements for the transaction types)**  *See the “Required Documents” spreadsheet under the Toolkit section of the RPC’s website for a complete detailed list of requirements* | | | | **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 |  | | RDS waiver | RDS waiver |  | | **Reinstatement Transactions** | **Disenrollment Transactions** | **Plan Error** | | Reinstatement Request *(reinstatements only)* | RPC Documentation Worksheet with explanation | Explanation of Plan Error  *Per Chapter 2 - Section 60.4, 60.5*  *Chapter 3 – Section 60.3, 60.4*  *If the request for retroactive action is due to plan error, the organization must provide a clear and detailed explanation of the plan error including why the retroactive action is necessary to correct the error.* | | Continue to Use Notice *(reinstatements only)* | Disenrollment Request (showing the receipt date) | | | | | | | | | | | | |
| **Special Cases:**  **EGHP (Employer Subsidy Waiver)**  **Other (explain):** | | | | | | | | | | | |