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

**RPC Documentation Worksheet**

***Please use this document for all retroactive Low-Income Subsidy (LIS) status change transactions.***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | **Contract Number:** |  | **Plan Type:** | |  |
| **Beneficiary Name:** | |  | | | | | |
| **Beneficiary ID (MBI):** | | |  | **Effective Date:** | |  | | |
| **Dual Eligible Status**  **(Medicaid Status Level):** | | | Partial (also *SSI-only recipients &* *Full Duals with income > 100% FPL)*  Full | | | | | |
| **Institutional or Home and Community-Based Services (HCBS) Status Level:** | | | | No  Yes  HCBS  Unknown | | | | |
| **Reason for Request** *(Please be as detailed as possible)***:** | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **General Retroactive LIS Documentation Guidelines**  **(Please submit only copies of the documentation listed below)** *See the “Documentation Required” section of the LIS Deeming Update SOP for additional documentation requirements* | | | | **Acceptable BAE (CMS Chapter 13 Section 70.5.2) LIS** *Level 1 Partial/No & Level 2 Full/No* ***To support LIS Level 1 Partial/No***  BAE Documentation must reflect one or all of items a-c (below) during a month after June of the previous calendar year. a) Indicates Medicaid benefits as Limited; and/or b) beneficiary is eligible for SSI; and/or; c) Medicare Savings Program (QMB, SLMB, QI/QI1, QDWI) ***To support LIS Level 2 Full/No***  BAE Documentation must reflect Full Comprehensive Medicaid Eligibility during a month after June of the previous calendar. (QMB PLUS and SLMB PLUS are Full Comprehensive Medicaid) | | | | A copy of the beneficiary’s Medicaid card which includes the beneficiary’s name, eligibility date, and status level | A copy of a state document that confirms active Medicaid status | A printout from the State electronic enrollment file showing Medicaid status | | A screen print from the State’s Medicaid systems showing Medicaid status | Other documentation provided by the State showing Medicaid status | Supplemental Security Income (SSI) Notice of Award with an effective date | | A screenshot of an RO completed beneficiary assistance request CTM | SA publication HI 03094.605 confirming that the beneficiary is “…automatically eligible for extra help…” |  | | A Report of Contact call log as evidence of beneficiary’s status as full benefit duel eligible; including the date a verification call was made to the State Medicaid Agency and the name, title, and telephone number of the state staff person who verified the Medicaid status | | | | **Acceptable BAE (CMS Chapter 13 Section 70.5.2) LIS** *Level 3 Full/Yes*  Institutional Status - BAE must reflect - Institutionalized for a full calendar month after June of the previous calendar year  HCBS Status – BAE must reflect – effective date during a month after June of the previous calendar year | | | | A remittance from the facility showing Medicaid Payment on behalf of the beneficiary | Copy of a state document that confirms Medicaid payment on behalf of the beneficiary to the facility | A screen print from the State’s Medicaid systems showing the beneficiary’s institutional status based on at least a full calendar month stay for Medicaid payment purpose | | State-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary’s name and HCBS eligibility | State -approved HCBS Service Plan that includes the beneficiary’s name and effective date | State-issued prior authorization approval letter for HCBS that includes the beneficiary’s name and effective date | | A state-issued document, such as remittance advice, confirming payment for HCBS, including the beneficiary’s name and the dates of HCBS. | Other documentation provided by the State showing HCBS eligibility status | A screenshot of an RO completed beneficiary assistance request CTM | | A report of contact as evidence of a beneficiary's status as a full benefit dual eligible beneficiary, institutionalized beneficiary, and/or HCBS recipient; including: the date a verification call was made to the State Medicaid Agency and the name, title, and telephone number of the state staff person who verified the Medicaid status | | | | | | | | | | | |