**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)***:**       |
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| **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 yearHCBS 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 |

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