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

**RPC Documentation Worksheet**

***Please use this document 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:** |  | **County:** | |  | |
|  | | | | | | | | | |
| **Reason for Request** *(Please be as detailed as possible)***:**     |  |  | | --- | --- | | **General Retroactive Status Change Transaction Documentation Guidelines**  **(Please submit only copies of the documentation listed below)** | | | **SCC Change Transactions** | **Medicaid Status Change Transactions** | | A Residential Address Verification Form | A state document that confirms Medicaid entitlement for the requested period | | An Enrollment Application Form | | A property tax statement | Screen print from the state’s Medicaid system that shows the Medicaid status for the requested period. | | A utility bill | | A voter’s registration card | | Verbal/Electronic communication in which the organization verified the beneficiary's permanent residential address including:   * + - * The date of the communication by the organization,       * The identification of the beneficiary and caller       * Verification that the person providing the information has the authority to speak on behalf of the 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. | | CMS letter - SCC MARx Data Clean Up | For Medicaid Removal - explanation of erroneous Medicaid status | | Explanation of CMS System Cleanup |  | | Screenshot from the MAPD Help Desk |  | | | | | | | | | | |
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