**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)***:**

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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 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.
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| **[ ]**  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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