



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

RETROACTIVE ENROLLMENT & PAYMENT VALIDATION

RETROACTIVE PROCESSING CONTRACTOR (RPC)

STATE & ENROLLMENT BROKER

RETROACTIVE SUBMISSION

STANDARD OPERATING PROCEDURE

**(FOR STATES PARTICIPATING IN THE FINANCIAL ALIGNMENT
DEMONSTRATION/MMP DEMONSTRATION)**

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

Effective August 3, 2007, Reed & Associates, CPAs (Reed) was designated by Centers for Medicare & Medicaid Services (CMS) as the national contractor responsible for processing retroactive transactions for all Medicare Advantage Organizations, Part D Sponsors, Cost-based Plans, Programs of All-Inclusive Care for the Elderly (PACE) Organizations, and Medicare-Medicaid Plans (MMPs). Under the terms of this contract, Reed validates, and processes retroactive transactions as covered by this Standard Operating Procedure SOP. All transactions submitted by the State users (including their Enrollment Broker) must be in accordance with the processes developed by CMS as outlined in this (SOP) as well as the latest CMS Guidance.

CMS Guidance/Regulations

The information provided in this SOP should not be interpreted as CMS policy, nor shall it supersede official CMS enrollment guidance including but not limited to:

- Medicare Managed Care Manual Chapter 2 – Medicare Advantage Enrollment and Disenrollment Instructions
- Medicare Prescription Drug Benefit Manual Chapter 3 – Eligibility, Enrollment and Disenrollment
- Medicare Managed Care Manual Chapter 17d – Medicare Cost Plan Enrollment and Disenrollment Instructions
- Programs of All-Inclusive Care for the Elderly (PACE) Manual Chapter 4 – Enrollment and Disenrollment
- Medicare-Medicaid Plan Enrollment and Disenrollment Guidance
- CMS published Health Plan Management System (HPMS) memos

The Medicare Managed Care Manual (Publication # 100-16) is available on the web at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326>

CMS Regional Office Account Managers (AM) and/or CMS Central Office may, at any time, apply additional requirements on organizations when submitting retroactive transactions to the RPC. Please refer to these appropriate CMS guidance resources for policy/regulatory questions and additional details.

Compliance with Standard Operating Procedures (SOPs)

To process retroactive transactions, formal procedures have been developed by the RPC in accordance with the CMS Retroactive Processing and Payment Validation (RPC) contract. The RPC has developed guidelines to assist State & Enrollment Brokers in their compliance with CMS' formal procedures. Any retroactive transactions that are submitted by State & Enrollment Brokers that do not comply with the guidelines may not be accepted. Careful adherence to these guidelines will ensure that retroactive transactions submitted to the RPC will be processed timely and accurately.

MMP Enrollment-Based Transaction Types Processed by the RPC

Enrollment Transactions

Enrollment transactions (Transaction Code [TC] 61) are defined as an action that enrolls a beneficiary into a certain MMP contract and PBP numbers.

Enrollment transactions may include:

- Beneficiary Elections – when an eligible beneficiary permanently residing in the MMPs service area completes an enrollment request.
- Passive Enrollments – when CMS and a State identifies a full-benefit dual or other LIS eligible member and processes enrollment into a certain MMP.
- Contract number correction– when the beneficiary's enrollment is corrected to a different MMP.
- Enrollment Date Change – when a beneficiary's effective date needs to be retroactively corrected forward or backward.

NOTE: Do not submit a disenrollment transaction for the existing enrollment with the incorrect date in conjunction with a new enrollment transaction for the correct date. An enrollment transaction with a Justification value of "Due to enrollment effective date error", is all that is required.

Disenrollment Transactions

Disenrollment transactions (TC 51) are defined as an action that terminates a beneficiary's enrollment in a certain MMP.

Disenrollment transactions may include:

- Voluntary request – when a beneficiary would like to voluntarily end their enrollment in an MMP.
- Involuntary disenrollment – when a State & Enrollment Broker is required to disenroll members for change in residence (including incarceration), loss of Medicare entitlement, loss of Medicaid eligibility, death of member, or MMP contract termination.

NOTE: When submitting a Disenrollment transaction, enter the first day of the month following the date of disenrollment in the Effective Date field on the Medicare Medicaid Coordination Office (MMCO) Retroactive Submission Spreadsheet. This date is the first day that the beneficiary no longer has coverage under the listed contract number. For example, if the individual disenrolls or loses eligibility on 4/24/2021, the effective date field is 5/1/2021.

Enrollment Cancellation Transactions

Enrollment Cancellation transactions (TC 82) are defined as an action that retroactively cancels the beneficiary's enrollment into a certain MMP contract number and PBP number as if it never happened.

Reinstatement Transactions

Reinstatement transactions are defined as an action that is taken to correct an erroneous disenrollment initiated by the beneficiary, the State, Enrollment Broker, or CMS. A Reinstatement reflects no gap in coverage or changes to the MMP contract and PBP numbers.

Reinstatement transactions may include:

- Voluntary Reinstatement – A beneficiary may request to be reinstated into a MMP (same contract and PBP number) that they were mistakenly disenrollment from. The mistaken disenrollment often occurs as a result of an action that was initiated by the beneficiary.
- Involuntary Reinstatement – A State & Enrollment Broker may determine that a beneficiary was erroneously disenrolled from a MMP because of an action taken by the MMP, State, or CMS. The State/MMP will request a reinstatement on behalf of the beneficiary to correct the erroneous disenrollment. The most common situations include, but are not limited to the following:
 - a) Erroneous Death Indicator
 - b) Erroneous Loss of Medicare Entitlement
 - c) Erroneous Out of Area Status
 - d) State, or Enrollment Broker error

Plan Benefit Package (PBP) Correction Transactions

PBP correction transactions are defined as a move to another PBP number within a given MMP contract number to correct an error made with the initial enrollment transaction.

Definitions of Transaction Categories

CMS has three distinct processes by which State & Enrollment Brokers will submit retroactive enrollment and disenrollment activity (including PBP corrections, and Reinstatement requests, and Enrollment Cancellation transactions). Each of these processes corresponds to one of the three categories of retroactivity as defined in the February 24, 2009, HPMS memo "Instructions for Submitting Retroactive Enrollment and Disenrollment Activity":

- Category 1** Transactions represent normal business processes that State & Enrollment Brokers may address through the MMA Help Desk.
- Category 2** Transactions represent normal business processes that State & Enrollment Brokers may address through the RPC
- Category 3** Transactions require State & Enrollment Brokers to receive approval from their CMT counterpart, CMS AM prior to submitting transactions to the RPC.

Please refer to the February 24, 2009, HPMS memo, on the Reed & Associates website, for expanded descriptions for Category 2 and 3 transactions.

All transactions (both Category 2 and 3) requiring AM approval should be submitted separately as a Submission Package with an appropriate category type via the Electronic Retroactive Processing Transmission (eRPT) system. State & Enrollment Brokers should not include any transactions not requiring an AM approval within the same submission spreadsheet as those transactions requiring AM approval.

A. Category 2 Transactions (RO Approval is NOT Required) – Definition of "Within 3 months"

Effective dates including the current calendar month (CCM) and the 2 previous calendar months

If today is any day in November, allowable retroactive effective dates are November 1, October 1, and September 1. Effective dates of August 1 or earlier are considered to be 4 months or older and therefore are Category 3 (below).

The CCM processing schedule for State & Enrollment Brokers to submit Enrollment/Disenrollment/Cancellation transactions is CCM -1 month through CCM + 3. State & Enrollment Brokers are responsible for submitting valid, complete transactions with effective dates within the 5-month period. Example: CCM is May 2021 – State & Enrollment Brokers may submit the following effective dates directly to CMS:

- April 2021
- May 2021
- June 2021
- July 2021
- August 2021

Examples of timely Category 2 Submissions with an Effective Date more than 3 months:

- i. Actions reported by CMS to the plan via Transaction Reply Report (TRR) / Monthly Membership Report (MMR) within the last 3 months
- ii. State & Enrollment Brokers are encouraged to review their Daily TRR to identify and resolve discrepancies as soon as possible.
- iii. Any effective dates due to automatic actions taken by CMS systems
- iv. CTM (Complaint Tracking Module) cases
A CTM case should be considered as a timely Category 2 if it is **either** approved by a Regional Office Caseworker or involves an effective date within 3 months of the RPC receipt date. If the CTM case does not reflect RO casework action and the Effective Date of the transaction is untimely (4 months or greater), the transaction must be considered a Category 3 and must be approved by a AM. The submission timeliness of a CTM complaint is based off the Effective Date of the transaction, not the date the complaint was filed.
- v. Recent event
If a recent event in MARx or recent action taken by the member/plan triggers a retroactive transaction, it may be considered a Category 2 transaction if supporting documentation is provided. The recent event or action must be directly related to the transaction and have occurred within 3 months (CCM – 2) of the receipt of the transaction by the RPC.

B. Category 3 Transactions – Definition of “4 Months or older”

Effective dates of the current calendar month minus 3 months or more

If today is any day in November, effective dates of August 1 or earlier are 4 months or older and therefore are Category 3 transactions and require an approval from the AM. This includes, actions reported by CMS to the organization via TRR/MMR more than 3 months ago but not submitted timely for processing and therefore are a Category 3 issue.

Involvement of the CMS Regional Office Account Manager (AM)

State & Enrollment Brokers must contact their CMS AM prior to submitting various types of transactions to the RPC. Although the RPC works on behalf of CMS, we are not permitted to make any exceptions to CMS Guidance up to and including this SOP.

State & Enrollment Brokers should have a close working relationship with the AM, so they understand how and when to bring exception cases to their attention for further assistance. When it has been determined a retroactive transaction cannot be processed by the State & Enrollment Broker or the RPC without an AM's approval, the State & Enrollment Broker should notify their AM of the transaction(s) immediately. This may include providing a detailed analysis of the issue identifying responsible areas/parties, current policies and procedures, the scope of the issue with exact numbers, beneficiary impact, and any other relevant information. Upon contact with an AM, the State & Enrollment Broker should create a Category 3 "Submission Package" for untimely requests in the Electronic Retroactive Processing Transmission (eRPT) system (<https://portal.cms.gov/>).

The AM will review the eRPT Submission Package and discuss with the State & Enrollment Broker the appropriate remedial steps and actions necessary to ensure future compliance and improved performance. To grant approval for RPC Processing on any of the transactions attached to the eRPT Category 3 Submission Package, the AM will upload an approval letter to the Submission Package.

Please only include transactions that require AM approval on the MMCO Retroactive Submission Spreadsheet that is uploaded to eRPT Category 3 Submission Package. Including transactions not needing AM approval may result in the AM rejecting the Submission Package in the eRPT system or will unnecessarily overinflate the number of transactions needing approval that is reported on the RPC Monthly Status Report.

The RPC will unfavorably process retroactive transactions if a State & Enrollment Broker uploads transactions in need of AM approval to an eRPT Submission Package not categorized as a Category 3, or if the AM's approval does not provide special processing instructions, guidance waivers, and/or documentation waivers, when necessary.

Instructions for Submission to the RPC (Reed & Associates)

State & Enrollment Broker should ensure all packages sent to the RPC have been reviewed very carefully noting all elements described below are included.

A. Download MMP Submission Toolkit Documents

- a. MMCO Retroactive Submission Spreadsheet – An Excel file used to input data for each transaction requested for RPC processing.
- b. MMCO Required Documentation – A template used to satisfy the “Cover Letter” and “Supporting Documentation” requirements in the eRPT application.
- c. Definition of Codes on FDRs – A listing of the disposition codes and descriptions used on FDRs to report results of requested transactions.
- d. RPC Transaction Inquiry Template – an Excel file used to submit questions and comments to the RPC Client Services.

B. Complete a MMCO Retroactive Submission Spreadsheet

Retroactive transactions must be submitted by the State & Enrollment Broker on the Excel submission spreadsheet template. State & Enrollment Brokers may submit multiple transactions and transaction types on a single spreadsheet, using the appropriate transaction tabs. The completed spreadsheet must be saved in an “.xls” or an “.xlsx” file format and sent via a “Submission Package” in the eRPT system (<https://portal.cms.gov/>). The submission spreadsheet template is available on the Reed & Associates website (<http://www.reedassociates.org/>) in the **State & Enrollment Broker Retroactive Submission Toolkit** section.

The formatting of the MMCO Submission Spreadsheet template, including tab names, column headers, column order, cell placement and cell formatting, should not be changed or altered in any way. State & Enrollment Brokers should note that there are drop-down menus for several of the columns which require very specific responses. **The RPC cannot import transactions that do not meet the formatting requirements of the MMCO Submission Spreadsheet.**

NOTE: The completed spreadsheet must be saved in an “.xls” or an “.xlsx” file format to upload to the eRPT system. This can be accomplished on the “Save As” window in the “Save as Type” field.

Specific instructions for how to complete each column of the spreadsheet are included on the spreadsheet itself. Basic instructions are listed below the column headers.

Please contact the RPC's Client Services Department with questions on how to complete the spreadsheet.

NOTE *There is no need to encrypt files prior to uploading to eRPT as it is a secure system.*

C. Regional Office (RO) Approval Letter

All transactions (both Category 2 and 3) requiring RO Approval should be submitted separately as a Submission Package with a category type of "Category 3" via the eRPT. State & Enrollment Brokers should not include any transactions not requiring an RO Approval in these eRPT Submission Packages.

Upon approving the cases on the submission spreadsheet, the AM will upload an approval notice to eRPT Submission Package, and the eRPT will route the package directly to the RPC.

D. RPC Importing Transactions & Error Reports

The RPC will import the transactions into the tracking system and update the status of the Submission Package in eRPT to "In Process." Any errors that are noted during the importation process will also be communicated to State & Enrollment Brokers via eRPT as a "Response Document" at that time.

The status of the Submission Package in eRPT and the error report(s) uploaded to the Submission Package should be carefully monitored by State & Enrollment Brokers to ensure the transactions are received and imported properly. Transactions that cause an error message and are subsequently resubmitted to the RPC are not considered to be resubmissions because they were never processed due to importation errors.

E. RPC Issuance of Final Disposition Reports (FDRs)

If the RPC determines that it should and can make the requested changes, the retroactive change will be made in CMS' systems.

After processing transactions, the RPC will provide the State & Enrollment Brokers with an FDR via eRPT. The FDR communicates the disposition of the transactions to the State & Enrollment Broker. The disposition codes are available on the Reed & Associates website (<http://www.reedassociates.org/>) in the **State & Enrollment Broker Retroactive Submission Toolkit** section.

State & Enrollment Brokers must have ongoing membership reconciliation processes that include data comparisons of organization information to all relevant CMS/RPC files and reports including FDRs, TRRs, and MMRs.

If the transaction cannot be processed for any reason, the materials submitted to the RPC will not be returned to the State & Enrollment Broker; however, the disposition code provided by the RPC

on the FDR will indicate why the submission, in whole or in part, could not be completed. The disposition code descriptions should be read very carefully to ensure that each transaction can be properly resubmitted and processed by the RPC. (See Resubmissions.)

All questions and concerns regarding Final Disposition Reports can be submitted to the RPC's Client Services Department. For transactions or other matters that cannot be resolved by the RPC, State & Enrollment Brokers should contact their AM for assistance.

Resubmissions

State & Enrollment Brokers may file a resubmission request for previously denied retroactive transactions.

All of the steps outlined in the "Instructions for Submission to the RPC" must be followed for a resubmission (including all documentation which supports the transaction). Requirements for resubmissions to be uploaded and processed are listed below.

1. Resubmission transactions must be sent to the RPC within 45 days of receiving the original FDR. It is highly recommended that State & Enrollment Brokers reconcile the FDRs to CMS' Systems prior to resubmitting transactions.
2. State & Enrollment Brokers can submit one master submission for all discrepant retroactive transactions.
3. Resubmission transactions must be listed on the Excel submission spreadsheet template following the standard submission process described in "Instructions for Submissions to the RPC".
4. Resubmissions of Category 3 transactions will not be accepted without a new approval letter from a CMS AM.

If the resubmission has been denied multiple times, it is recommended that the organization contact the AM for additional guidance and/or a case-specific approval.

Transaction Inquiries

To follow up on previously submitted adjustment transactions, an inquiry may be made via "Transaction Inquiry" in eRPT, telephone, or e-mailing the RPC Client Services Department. For inquiries sent via eRPT, State & Enrollment Brokers are advised to complete the RPC Transaction Inquiry Excel template, available on the Reed & Associates website (<http://www.reedassociates.org/>) in the **State & Enrollment Broker Retroactive Submission Toolkit** section, as instructed below.

Completing the RPC Transaction Inquiry Excel Template

1. Input the following information associated with the submitted transaction:
 - a. Inquiry Type (select the type of inquiry for this transaction)
 - b. Explanation (If you selected "Question on Rejection" or "Other", please include a brief explanation on your inquiry)
 - c. Beneficiary ID (beneficiary's MBI#)
 - d. First Name (beneficiary's first name)
 - e. Last Name (beneficiary's last name)
 - f. Contract Number (contract number associated with the transaction)
 - g. PBP Number (if appropriate)
 - h. Transaction type (select the Transaction Type from the drop-down list)
 - i. Effective Date
 - j. RPC Receipt Date (the day eRPT provided the notification the RPC downloaded the package)
 - k. The eRPT Package ID for the Submission Package

2. Create a Transaction Inquiry package in eRPT, upload the completed RPC Transaction Inquiry, and select "Submit" to send it to the RPC for review.

The RPC Transaction Inquiry Template is available on the Reed and Associates website (<http://www.reedassociates.org>) in the RPC Client Services section.

Note: State & Enrollment Brokers should not submit duplicate transactions unless the Retroactive Processing Contractor specifically requests that duplicate information be submitted. All other general processing inquiries that are not case specific can be made via e-mail or by phone.

RPC's Client Services Department

Phone: (402) 315-3660

E-mail: clientservices@reedassociates.org

All system issues and questions regarding the eRPT application should be forwarded to the MAPD Help Desk (email: MAPDHelp@cms.hhs.gov; phone: 1-800-927-8069). Although the RPC relies heavily on the eRPT application, its development and maintenance is managed by another CMS contractor. Therefore, the RPC can only provide limited support regarding the application.

Acronyms and Abbreviations

<i>Acronyms & Abbreviations</i>	<i>Definitions</i>
AM	Account Manager
BAE	Best Available Evidence
CCM	Current Calendar Month
CMS	Centers for Medicare and Medicaid Services
CMS ART	CMS - Analysis, Reporting and Tracking (ART) system.
CTM	Complaint Tracking Module
DMEC	Division of Medicare Enrollment Coordination
EDI	Electronic Data Interchange
EDV	Enrollment Data Validation
EGHP	Employer Group Health Plan
ELMO	Eligibility Enrollment Medicare Online
eRPT	Electronic Retroactive Processing Transmission
FBDE	Full Benefit Dual Eligible Individual
FDR	Final Disposition Report
HCC	Hierarchical Condition Categories - CMS-HCC
HHS	Health & Human Services
HPMS	Health Plan Management System
IOM	Institute of Medicine
LIS	Low Income Subsidy
MA	Medicare Advantage
MAO	Medicare Advantage Organizations
MAPD	Medicare Advantage Prescription Drug
MA-PD	Medicare Advantage Prescription Drug Plan
MARx	Medicare Advantage Prescription Drug System
MBD	Medicare Beneficiary Database
MBDSS	Medicare Beneficiary Database Suite of Systems
MBI	Medicare Beneficiary Identifier
MCO	Managed Care Organization
MMA	Medicare Modernization Act (of 1999)
MMCO	Medicare Medicaid Coordination Office
MMP	Medicare/Medicaid Plan
MMR	Monthly Membership Reports
PACE	Program of All-Inclusive Care for the Elderly
PBP	Plan Benefit Package
PCUG	Plan Communication User Guide
PDF	Portable Document Format

<i>Acronyms & Abbreviations</i>	<i>Definitions</i>
PDP	Prescription Drug Plan
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
RO	Regional Office
RPC	Retroactive Processing Contractor (Reed)
SAA	State Administering Agency
SAR	Service Area Reductions
SCC	State & County Code
SOP	Standard Operating Procedure
SSA	Social Security Administration
TC	Transaction Code
TRC	Transaction Reply Code
TRR	Transaction Reply Report
TTC	Transaction Type Code
UI	User Interface