



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

RETROACTIVE ENROLLMENT & PAYMENT VALIDATION

RETROACTIVE PROCESSING CONTRACTOR (RPC)

RETROACTIVE SUBMISSION

STANDARD OPERATING PROCEDURE

(FOR ENROLLMENTS, REINSTATEMENTS, DISENROLLMENTS,

PBP CHANGES & SEGMENT CHANGES)

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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 SOP. All transactions submitted by organizations must be in accordance with the processes outlined in these Standard Operating Procedures (SOPs) 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 Guidance including but not limited to:

- Medicare Advantage and Part D Enrollment and Disenrollment Guidance
- 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
- Chapter 13 - Premium and Cost-Sharing Subsidies for Low-Income Individuals.
- CMS published Health Plan Management System (HPMS) memos

The Medicare Managed Care Eligibility and Enrollment publications are available on the web at:
https://www.cms.gov/medicare/enrollment-renewal/managed-care-eligibility-enrollment?redirect=/MedicareMangCareEligEnrol/01_Overview.asp

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.

Cost-Based plans – Special Note

Retroactive enrollment and disenrollment transactions are not accepted for Cost-based plans, per the guidance provided in Chapter 17-D of the Medicare Managed Care Manual. There are limited exceptions to this guidance, including but not limited to the following scenarios:

- Retroactive transactions that involve a Cost plan that includes an optional supplemental Part D benefit.
- Retroactive transactions that fall under the limited exceptions provided in 60.1.2, i.e., erroneous death indicator, erroneous loss of entitlement, or Beneficiary ID change.
- Retroactive Enrollment transactions into a MA-only Cost plan when a member was disenrolled from the same organization's MA-PD Cost plan after enrolling in another stand-alone Prescription Drug Plan (PDP) - March 24, 2006, HPMS Memo.
- Retroactive Reinstatement transactions into a MA-only Cost plan due to erroneous disenrollment at the time of enrollment in another stand-alone PDP.
- Retroactive Disenrollments, including but not limited to:
 - a) Disenrollment due to plan error.
 - b) Disenrollment due to CMS system or RPC error.
 - c) Disenrollment due to the beneficiary's lack of intent to enroll.
 - d) Disenrollment due to loss of Medicare eligibility.
 - e) Disenrollment due to death of the beneficiary.
 - f) Disenrollment due to move outside the plan's service area where the date of the move is retroactive and the plan received information of the move after the effective date.

For these and other limited exceptions not listed here, Cost-based plans must follow the instructions provided here regarding transactions for retroactivity. For a complete list of acceptable retroactive enrollment and disenrollment transactions for Cost-based plans, please refer to Chapter 17-D. If your case is not covered in the latest enrollment guidance, please contact your AM for further assistance.

PACE plans – Special Note

For background and guidance, Pace Organizations should refer to the HHS/CMS Memos:

- December 24, 2009 – Retroactive Enrollment/Disenrollment Implementation Guidance for PACE Organizations – CORRECTED
- August 28, 2025 – Clarification of Enrollment of PACE Participants for Medicare Payment

When making submissions to the RPC for PACE Organizations, please follow the guidelines described in this SOP.

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 Organizations in their compliance with CMS' formal procedures. Any retroactive transactions that are submitted by organizations 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.

Transaction Types Covered by this SOP – Brief Descriptions**Retroactive Enrollments**

Retroactive Enrollments are defined as an action that initially enrolls a beneficiary into a certain plan contract number and PBP number.

Enrollment submissions may include:

- Beneficiary Elections – when a beneficiary uses a valid election period to choose their desired plan.
- Auto-Facilitated Enrollments – an enrollment where an organization identifies a full-benefit dual or other LIS eligible member and processes an auto- or facilitated enrollment into a certain PDP or MA-PDP.
- Moving the beneficiary from one contract to another within the same organization – this is different than a PBP Change because it involves a different contract number.
- Employer/Union Group Health Plan (EGHP) enrollments – plans may accept voluntary enrollment requests directly from the employer or union without obtaining a paper enrollment request from the beneficiary. MA organizations may specify the employers and/or unions, if any, from which they will accept this enrollment transaction format and may choose to accept enrollment and/or voluntary disenrollment transactions. For purposes of Retroactive Processing a record of an individual's choice of health plan submitted by the employer or union effectively replacing an otherwise acceptable enrollment mechanism is required to process.
- Enrollment Date Change – when a beneficiary's effective date needs to be retroactively moved forward or backward. If the effective date needs to be moved forward, do not send a disenrollment transaction for the existing enrollment with the incorrect date and a new enrollment transaction for the correct date. Also, if the effective date needs to be moved backwards, do not send a disenrollment transaction for the months the effective date should be adjusted. An enrollment change transaction or "correction" is all that is needed for either situation.

Reinstatements

Reinstatements are defined as an action that is taken to correct an erroneous disenrollment that may be the fault of the beneficiary, the plan, or CMS. A Reinstatement reflects no gap in coverage or changes to plan contract and PBP number.

Reinstatement submissions may include:

- Voluntary Reinstatement – A beneficiary may request to be reinstated into a plan (same contract and PBP number) that they were mistakenly disenrolled from. The mistaken disenrollment often occurs as a result of a request that was initiated by the beneficiary.
- Involuntary Reinstatement – A plan may determine that a beneficiary was erroneously disenrolled from a plan because of an action taken by the plan or CMS. The plan will request a reinstatement on behalf of the beneficiary to correct the erroneous disenrollment.
- Reinstatement due to Change in Disenrollment Date - If the beneficiary's disenrollment effective date is to be moved forward, this transaction is to be submitted as a Reinstatement for the months the beneficiary is to remain in the plan. For example, Beneficiary A is disenrolled from Plan 1 as of March 1. However, Beneficiary A should be disenrolled as of April 1. The plan may submit this as a Reinstatement with an effective date of March 1 and an end date of March 31. The reason for the transaction should be clearly explained on the RPC Documentation Worksheet.

Retroactive Disenrollments

Retroactive Disenrollments are defined as an action that terminates a beneficiary's enrollment in a given plan.

Disenrollment submissions may include:

- Beneficiary Election – when a beneficiary uses a valid election period to voluntarily end their enrollment in a plan.
- Cancellation of enrollment – when a beneficiary contacts the plan prior to the enrollment effective date or when the plan contacts the beneficiary during a valid outbound verification process and the beneficiary states their intent to cancel the enrollment transaction.
- EGHP – when an employer or group contacts the plan and requests cancellation or disenrollment of the beneficiary from the group's coverage. Occasionally the beneficiary may be disenrolled from the EGHP's PBP only to be rolled over into an individual PBP within the same contract. This transaction should be submitted as a PBP Change transaction instead of a Disenrollment transaction followed up by an Enrollment transaction.
- Disenrollment date change – when a beneficiary's disenrollment effective date is needed to be retroactively moved backwards.

- Involuntary disenrollment – when an organization is required to disenroll members for change in residence, loss of Medicare entitlement, loss of Special Needs Status, death of member or contract termination.
- Optional involuntary disenrollment – when an organization may, but is not required to, disenroll a beneficiary for failure to pay premiums, fraud and abuse, or disruptive behavior by the beneficiary.

NOTE: A retroactive Disenrollment transaction does not include Enrollment date changes. As mentioned in the Retroactive Enrollments section, do not submit enrollment date changes as a combo transaction with a disenrollment and an enrollment transaction. They are simply a Retroactive Enrollment “correction” transaction.

When submitting a Disenrollment transaction, enter the first day of the month following the date of disenrollment as the Effective Date on the spreadsheet. This date is the first day that the beneficiary does not have coverage under the listed contract number.

Plan Benefit Package (PBP) Change Transactions

PBP Change transactions are defined as a move within a given contract number to another PBP number. Per CMS guidance, PBP Changes are considered as new enrollments and are therefore subject to the same requirements as a new enrollment. CMS has developed and made available a model short enrollment form to allow for enrollment transactions into another plan within the same organization.

PBP Change submissions may include:

- Beneficiary elections – when a beneficiary uses a valid election period to choose a new PBP within the same contract.
- Auto-Facilitated enrollment – when a beneficiary is already enrolled in a contract and the plan identifies a member that should be auto- or facilitated enrolled into a different PBP due to changes in eligibility of LIS or Medicaid.
- Passive Rollovers – occur when a plan passes a member onto a different plan PBP for limited circumstances associated with a plan's renewal or Service Area Reductions (SAR) process.
- EGHP – when a beneficiary moves from an individual plan to an EGHP plan (or vice versa) within the same contract.

A retroactive PBP Change transaction does **not** include:

- Changes made prior to the beneficiary's enrollment in the requested contract – the beneficiary must be enrolled in the contract for the PBP to be changed.
- Changes made from one contract number to another contract number within the same organization – these are regarded as new enrollments and require a new enrollment form.

When submitting a PBP Change transaction, do not send the transaction as a combo (i.e., a Disenrollment from the incorrect PBP and then a PBP Change or Enrollment transaction into the correct PBP). **Only one PBP Change transaction is required with an explanation on the RPC Documentation Worksheet that the transaction is for a PBP Change.** If the PBP Change is a correction, please note that on the Documentation Worksheet as well.

Segment Change Transactions

Segment Change transactions are defined as any action that moves a beneficiary from one Segment to another Segment within the same contract number and PBP.

Combination Transactions

Combination transactions are defined as any action that requires more than one submission for a single beneficiary.

Combination transactions occur when more than one transaction must be submitted for a single beneficiary. When submitting a combination transaction, please follow the instructions below:

- Enter each transaction on the appropriate worksheet (tab) on the RPC Submission Spreadsheet.
- Thoroughly explain on the RPC Documentation Worksheet that a combination of transactions pertaining to a specific beneficiary and the retroactive reason for each transaction.
- Assemble the required documentation for each transaction into **one** packet or PDF with an RPC Documentation Worksheet between each transaction's documentation set. However, for combination transactions that involve **multiple contract numbers**, please submit a separate documentation packet or PDF for each contract number involved in the transaction.

An example of a combination of transactions would be an Enrollment transaction with a 2012 effective date that must be completed before a subsequent PBP rollover with a 2013 effective date can be completed.

In complicated cases it is acceptable to include multiple RPC Documentation Worksheets to separate the documentation for each transaction; however, all the documents and RPC Documentation Worksheets should be combined into one documentation packet or PDF. Please keep in mind that documentation packets are unique to contract number and beneficiary. Each contract number involved in the transaction requires a separate documentation packet. The packets may contain the same information but must be labeled for each contract number.

Definitions of Transaction Categories

CMS has three distinct processes by which organizations will submit retroactive enrollment and disenrollment activity (including PBP and Segment changes). Each of these processes corresponds to one of the 3 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 organizations may address through the MMA Help Desk.
- Category 2** Transactions represent normal business processes that organizations may address through the RPC
- Category 3** Transactions require organizations to obtain approval from their AM prior to submitting transactions to the RPC

Please refer to the February 24, 2009, HPMS memo "Instructions for Submitting Retroactive Enrollment and Disenrollment Activity" for additional clarification and/or examples of distinguishing Category 2 and 3 transactions.

Category 2 Transactions (Regional Office [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 plans to submit Enrollment/Disenrollment/Cancellation transactions is CCM -1 month through CCM + 3. Plans are responsible for submitting valid, complete transactions with effective dates within the 5-month period. Example: CCM is May 2021 – plans may submit the following effective dates directly to CMS:

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

Note: For EGHPs the processing schedule is CCM – 3 through CCM + 3, giving plans 7 months to submit directly to CMS.

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. Plans are encouraged to review their 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 an AM. The submission timeliness of a CTM complaint is based off the Effective Date of the transaction, not the date the complaint was filed. A CTM complaint that includes approval notes from the AM not only waives the submission timeliness but also waives the need for additional documentation to be included to support the transaction.
- v. Recent event
If a recent event in Medicare Advantage Prescription Drug System (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 of the receipt of the transaction by the RPC.
- vi. EGHPs
Employers are required to submit information regarding EGHP plans to the plan within 90 days. Plans are then required to submit transactions within 90 days from the date of receipt of the information from the employer to be considered “timely”.

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 RO. This includes actions reported by CMS to the plan 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)

Plans must contact their 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 our SOPs. The types of transactions that require prior approval from your AM before submitting to us for processing are:

1. Category 3 transactions;
2. Grievances;
3. **And** any transaction that does not fully comply with the RPC Processing guidelines (i.e., transaction is missing documentation or documentation does not support the requested change per CMS guidance)

Organizations should have a close working relationship with their Regional Office Account Manager so that they understand how and when to bring exception cases to their attention for further assistance. When it has been determined that a retroactive transaction cannot be processed by the organization or the RPC without a RO Approval, the organizations 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, organizations must create a Category 3 “Submission Package” in the Electronic Retroactive Processing Transmission (eRPT) system (<https://portal.cms.gov/>).

The AM will review the eRPT Submission Package and discuss with the organization the appropriate remedial steps and actions necessary to ensure future compliance and improved performance. In order 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 notice to the Submission Package.

Please only include transactions that require RO approval on the RPC Submission Spreadsheet that is uploaded to eRPT Category 3 and “Special” Submission Package. Including transactions not needing RO 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 an organization uploads transactions in need of RO approval to an eRPT Submission Package not categorized as a Category 3, or if the RO Approval does not provide special processing instructions, guidance waivers, and/or documentation waivers, when necessary.

Instructions for Submission to the RPC (Reed & Associates)

Organizations must submit all valid retroactive transactions to the RPC following the specific guidelines contained in this SOP. The Documentation Requirements Matrix with supplemental information on specific documentation to include with various retroactive transactions can be found on the Reed & Associates website under the RPC toolkit. If organizations have questions regarding a submission, they should contact the RPC's Client Services Department.

Transactions are processed and reported in the order received. While the detailed submission instructions are noted in sections A-D, the general overall process is noted below:

- A. *Organizations submit the following to the RPC:*
 - i. *A cover letter from the organization*
 - ii. *The RPC submission spreadsheet*
 - iii. *Supporting documentation for each beneficiary supporting the retroactive transactions*
 - iv. *RO approval letter (if applicable)*
- B. *The RPC will import the transactions from the eRPT system into the RPC tracking system and, if necessary, issue Error Reports to organizations.*
- C. *The RPC will review the transactions and, if applicable, make changes in CMS' systems. An FDR will be issued to the organizations communicating the results of the RPC's review. Organizations should carefully monitor CMS' systems, RPC FDRs, TRRs, and MMRs to ensure that all transactions are processed.*
- D. *Organizations must resubmit transactions to the RPC within 45 days of the issuance of the FDR if the original transactions were not processed as requested.*

Organizations Submitting Transactions to the RPC

Submissions that meet all the requirements explained in this SOP should be sent via a "Submission Package" in the eRPT system (<https://portal.cms.gov/>).

Organizations should ensure that all packages sent to the RPC have been reviewed very carefully noting that all elements described below are included. Any packages received by the RPC that do not meet the requirements in this could negatively impact the RPC's review of the requested transaction.

Submission Packaging Instructions

A. Cover Letter

A cover letter must accompany all retroactive transactions to the RPC. This letter should, at a minimum, contain the applicable plan number(s) (i.e., H#, S#, R#, E#) and a certification statement which is signed by a member of the Organization. An example of appropriate language for the certification is as follows:

"This signature verifies that the information submitted to the Retroactive Processing Contractor on <date> is accurate and complete. A copy of the supporting documentation is being maintained at the organization for each transaction."

Organizations should retain the original Supporting Documentation for the requested transactions.

The cover letter should also include any special circumstances or instructions to assist the RPC in processing transactions timely and accurately. For example, if the submission contains transactions that required RO Approval or special handling instructions from an AM, this information should be stated in the Cover Letter for the RPC to immediately identify.

B. Submission Spreadsheet

Retroactive transactions must be submitted by the organization on the Excel submission spreadsheet template. Organizations 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 **RPC Submission Toolkit** section.

Formatting of the RPC Submission Spreadsheet template, including tab names, column headers, column order, cell placement and cell formatting, should not be changed or altered in any way. Organizations should note that there are drop-down menus for several of the columns which require very specific responses. If your organization automates the spreadsheet completion process, it is suggested that you review all spreadsheet components carefully (especially the required responses for the drop-down boxes) to avoid upload errors. **The RPC cannot import transactions that do not meet the formatting requirements of the RPC Submission Spreadsheet.**

NOTE: The completed spreadsheet must be saved in an ".xls" or an ".xlsx" file format to upload it 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.

C. Documentation Required

Organizations must electronically submit their supporting documentation for each transaction covered by this SOP to the RPC as PDF files via a "Submission Package" in the eRPT system (<https://portal.cms.gov/>).

Organizations should only submit documentation that is required for processing. Documentation which has not been approved by CMS will not facilitate processing. See the Documentation Requirements Matrix under the Toolkit Section of the Reed & Associates website for more detailed information.

For the supporting documentation to be accurately matched to the transaction listed on the RPC Submission Spreadsheet, documentation for each transaction must be sent in individual PDF files. Each transaction should include the RPC Documentation Worksheet (found on the Reed & Associates website) along with the specific documents required for the type of transaction and situation (detail to follow).

The documentation will not import properly if it is not named in the following format (note the dash): **[Contract number]-[Beneficiary ID]** (i.e., H1234-1EG4TE5MK73) and could negatively impact the RPC's review of the requested transaction.

IMPORTANT: As outlined above, the exact syntax must be used when naming the supporting documentation file to ensure it is imported into our system and correctly matched to the transaction listed on the accompanying Submission Spreadsheet. The standard process for submitting retroactive processing transactions electronically is to create a "Submission Package" in eRPT (<https://portal.cms.gov/>) and upload the supporting documentation to that package.

NOTE: There is no need to encrypt files uploaded to eRPT as it is a secure system.

D. 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. Organizations 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.

E. 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 organizations 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 organizations to ensure all the transactions are received and imported properly. Transactions that cause an Error Report and are subsequently resubmitted to the RPC are not considered to be resubmissions because they were never processed due to importation errors.

F. 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 the adjustments, the RPC will provide the organization with an FDR via eRPT. The FDR communicates the disposition of the transactions to the organization. The disposition codes used by the RPC are available on the Reed & Associates website (<http://www.reedassociates.org/>) in the **RPC Submission Toolkit** section.

Organizations 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 organization; 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. 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, organizations should contact their AM for assistance.

Resubmissions

Organizations may submit a resubmission request for previously denied retroactive transactions.

An FDR is not issued for records that are not successfully imported by the RPC. Therefore, the second submission of those transactions to the RPC **would not** be considered a resubmission transaction.

Organizations should submit those transactions following the normal procedures since they were never originally entered into the system as a valid transaction.

All steps outlined in “Instructions for Submission to the RPC” must be followed for a resubmission (including all documentation which supports the transaction). Requirements for resubmissions 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 Organizations reconcile the FDRs to CMS' Systems prior to resubmitting transactions.
2. Organizations can then submit a master submission for all discrepant retroactive transactions.
3. Resubmission transactions must be listed on the Excel RPC Submission Spreadsheet template following the standard submission process described in “Instructions for Submissions to the RPC”.
4. On the RPC Documentation Worksheet, Organizations should clearly state that the transaction is a resubmission and that it is not a duplicate transaction. Not stating this in the documentation worksheet could negatively impact the RPC's review of the transaction.
5. Resubmissions are subject to documentation requirements detailed above.
6. 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, organizations are advised to complete the RPC Transaction Inquiry Excel template, available on the Reed & Associates website (<http://www.reedassociates.org/>) in the **RPC Submission Toolkit** or the **RPC Client Services** 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 that 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".

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

Note: Organizations 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 (e-mail: 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

*Acronyms &
Abbreviations**Definitions*

PDF	Portable Document Format
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