

Problem Cases and Resources

Chapter 6

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(Rev.4, 08-21-20)

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6.0 - Introduction

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

This chapter identifies key federal components that administer the state buy-in program, as well as resources and procedures for states to address problems with buy-in for specific individuals or transactions.

NOTE: *The Centers for Medicare & Medicaid Services (CMS) will only accept electronic communications containing Personally Identifiable Information (PII) that are encrypted or sent through a secure data exchange.*

6.1 - Federal and State Components That Administer the State Buy-in Program

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

6.1.1 - CMS Central Office (CO) Baltimore, MD

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

6.1.1.1 - The Office of Financial Management (OFM)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

OFM, Accounting Management Group (AMG), Division of Premium Billing and Collections (DPBC) has overall responsibility for the administration of the state buy-in program including billing, collections, and general program policy.

States may submit inquiries by email to the DPBC resource mailbox at DPBCStateBuy-in@cms.hhs.gov.

DPBC's mailing address is:

*CMS, OFM, AMG
Division of Premium Billing and Collections
Mailstop C3-18-08
7500 Security Blvd.
Baltimore, Maryland 21244-1850*

DPBC's responsibilities include:

- *Serving as a primary point of contact for general state buy-in policy and operational related questions;*
- *Planning, developing, analyzing, and issuing operational policy and systems business requirements to administer third party premium collection programs;*
- *Working closely with Social Security Administration (SSA) operational and policy components, state Medicaid agencies, the Railroad Retirement Board (RRB), and CMS Regional Offices (ROs); and*
- *Analyzing proposed and new legislation to determine their impact on the state*

buy-in program.

6.1.1.2 - The Office of Information Technology (OIT)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

OIT, Enterprise Systems Solutions Group (ESSG), Division of Medicare Systems Support (DMSS) has overall responsibility for the data processing of the state buy-in files.

States may submit inquiries by email to the OIT resource mailbox at MepbsEDBSSstaff@cms.hhs.gov.

DMSS' mailing address is:

*CMS, OIT, ESSG
Division of Medicare Systems Support
Mailstop N3-17-07
7500 Security Blvd.
Baltimore, MD 21244-1850*

DMSS' responsibilities include:

- *Serving as a primary point of contact for general Third Party System (TPS) systems-related questions;*
- *Managing the daily and monthly operations of TPS;*
- *Coordinating the maintenance and analysis of TPS system operations with the assistance of contractor support staff;*
- *Coordinating TPS, state Medicaid agency, and Third Party Formal Group daily and monthly data exchanges; and*
- *Coordinating the distribution of TPS monthly billing statements and related data and statistics.*

6.1.1.3 - The Offices of Hearings and Inquiries (OHI)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

OHI, Medicare Ombudsman Group (MOG), Division of Medicare Systems Exceptions and Inquiries (DMSEI) (formerly Division of Ombudsman Exceptions (DOE)) has overall responsibility for the resolution of processing exceptions that states cannot correct through the data exchange process. See section 6.2 for information on how to submit a state buy-in problem resolution inquiry.

States may submit inquiries by email to the DMSEI resource mailbox at statebuy-in@cms.hhs.gov.

DMSEI's mailing address is:

*CMS, OHI, MOG
Division of Medicare Systems Exceptions and Inquiries*

*State Buy-in
P.O. Box 11977
Baltimore, MD 21207*

Contact the CMS buy-in analyst assigned to your region. Please restrict phone contact to cases that need to be expedited (e.g., congressional and other urgent matters). Please send an email to the DMSEI resource mailbox at statebuy-in@cms.hhs.gov to request a copy of the current state contacts list.

***6.1.1.4 - The Center for Medicaid and CHIP Services (CMCS)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)***

CMCS, Children and Adults Health Programs Group (CAHPG), Division of Medicaid Eligibility Policy (DMEP) has overall responsibility for Medicaid eligibility policy.

DMEP's mailing address is:

*CMS, CMCS, CAHPG
Division of Medicaid Eligibility Policy
Mailstop S2-01-16
7500 Security Blvd.
Baltimore, MD 21244-1855*

CMCS, Financial Management Group (FMG), Division of Financial Operations (DFO) has overall responsibility for the offsets against the Medicaid Grant Award and the Quarterly Expenditure Report for Medical Assistance Payments (Form CMS-64).

DFO's mailing address is:

*CMS, CMCS, FMG
Division of Financial Operations
Mailstop S3-13-15
7500 Security Blvd.
Baltimore, MD 21244-1850*

***6.1.1.5 - The Medicare-Medicaid Coordination Office (MMCO)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)***

MMCO, Program Alignment Group (PAG), works to coordinate components within CMS on issues affecting individuals dually eligible for both Medicare and Medicaid.

States interested in entering into a Part A buy-in agreement with CMS should contact the MMCO resource mailbox at ModernizetheMSPs@cms.hhs.gov.

6.1.2 - Social Security Administration (SSA) Field Office (FO) or District Office (DO)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The responsibilities of the SSA Field Office (FO) or District Office (DO) include accepting Medicare applications, initiating buy-in for certain low-income beneficiaries, and assisting beneficiaries and states agencies with buy-in problems.

The responsibilities of the parallel FO/DO, the lead SSA FO/DO servicing the state Medicaid agency, include liaising with Medicaid buy-in operations personnel, providing technical assistance to other SSA FOs/DOs within the state, and overseeing the resolution of problem cases forwarded to servicing FOs/DOs.

6.1.3 - CMS Office of Program Operations and Local Engagement (OPOLE)/CMCS Medicaid and CHIP Operations Group (MCOG)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Responsibilities for the state buy-in program may reside with either the Medicare (OPOLE) or Medicaid (CMCS/MCOG) component of the regional office. Each regional office determines where the program can be most effectively administered and is responsible for liaising with the states, assessing state buy-in operations, and coordinating and implementing procedures within the region (<https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices>).

6.1.4 - Social Security Administration (SSA) Central Office (CO), Baltimore, MD

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The responsibilities of the SSA CO include the establishment and maintenance of the Master Beneficiary Record (MBR) and the Supplemental Security Income Record (SSR), and the daily exchange of new and updated Medicare entitlement and buy-in data with CMS. For more information about the exchange of buy-in data between CMS and SSA, see chapter 2, section 2.3.

6.1.5 - Social Security Administration (SSA) Program Service Centers (PSCs)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The SSA PSCs resolve problems pertaining to Medicare entitlement that impact state buy-in and annotate the MBR for state buy-in transactions that generate errors in automated systems and require manual processing.

6.1.6 - Railroad Retirement Board (RRB)

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The RRB annotates its master eligibility file with state buy-in data processed by CMS for RRB annuitants and assists with the resolution of problems pertaining to Medicare entitlement that may impact state buy-in.

6.1.7 - The State Medicaid Agency

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The responsibilities of the state Medicaid agency include:

- Conducting Medicaid eligibility determinations and redeterminations;*
- Establishing internal procedures and systems to identify individuals who are eligible for state buy-in;*
- Communicating these data to CMS;*
- Responding to buy-in actions taken by CMS for beneficiaries;*
- Making timely payments of Medicare premiums on behalf of state residents; and*
- Assisting the SSA FOs in resolving inquiries on behalf of individuals who are, or may be, eligible for state buy-in.*

6.2 - Problem Cases - General

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

If a state receives a processing error through the data exchange and the problem persists after two attempts by the state to resolve it, the state should send a problem resolution request to DMSEI via email, or, if expedited resolution is required, by phone. For DMSEI's contact information, see section 6.1.1.3.

Only individuals approved by their state Medicaid director may submit inquiries to or communicate with DMSEI about buy-in records. DPBC maintains a list of approved individuals; states may add additional individuals by sending documentation of the state Medicaid director approval to DPBC. For DPBC's contact information, see section 6.1.1.1.

CMS will take all necessary steps to investigate and resolve state problem resolution requests, including working collaboratively with SSA to correct issues that require SSA action to address.

DMSEI can assist states with:

- Corrections to Medicare Part A and Part B entitlements;*
- Billing adjustments to correct duplicate billing and other beneficiary-level billing items;*
- Buy-in updates including accretions, deletions, and change record updates when the state is unable to clear the exception;*

- *Technical assistance and guidance to states on submitting accurate buy-in transactions;*
- *Identification and corrections of systems-related processing errors; and*
- *Other issues as they arise.*

NOTE: *CMS will only accept electronic communications containing PII that are encrypted or sent through a secure data exchange. The following information is required to identify and process a case:*

- *Beneficiary's name;*
- *Beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI);*
- *Beneficiary's own SSN;*
- *Rejection code and alphabetic sub-code, if applicable;*
- *Relief and/or assistance requested; and*
- *Requestor's name, title, organization, address, and telephone number.*

To submit a buy-in problem resolution inquiry via email, follow the steps below:

1. *Email the DMSEI resource mailbox at statebuy-in@cms.hhs.gov.*
2. *Indicate "buy-in inquiry - <name of the state>" (e.g., buy-in inquiry - Oregon), in the subject line. The name of the state should be spelled out; please do not abbreviate.*
3. *Include the information indicated under NOTE above in the email cover.*

Please allow 30 business days for processing.

If after 30 business days the problem/issue remains, submit a 'follow-up inquiry' to the DMSEI division director.

To submit a "follow-up inquiry," follow the steps below:

1. *Email the DMSEI resource mailbox at statebuy-in@cms.hhs.gov.*
2. *Indicate "follow-up inquiry" and <name of the state> in the email subject line. The name of the state should be spelled out; please do not abbreviate.*
3. *Also include "DMSEI Director" in the subject line of the email.*
4. *Attach a copy of the original email inquiry.*

6.3 - Refund of Medicare Premiums to Individuals

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Once TPS accepts a state accretion request for an individual who is already enrolled in Medicare, CMS will notify SSA to update its records to show the state as the responsible party for premium billing (instead of the individual) effective with the buy-in start date. The federal government generally stops billing the individual upon notification from

CMS. Individuals will receive a refund of any premiums deducted or paid for any month they were enrolled in buy-in.

See SSA POMS HI 00815.039 at <https://secure.ssa.gov/poms.nsf/lnx/0600815039>.

On rare occasions, federal systems may experience delays in updating SSA's billing record, resulting in the federal government simultaneously billing both the beneficiary and the state for premiums after the buy-in effective date. States should refer these cases to the DMSEI resource mailbox at statebuy-in@cms.hhs.gov. DMSEI can work with SSA to resolve these issues.

SSA has access to CMS' third party billing master record through the MBR Health Insurance Query Response (HIQR). The HIQR provides current and prior state buy-in coverage periods and the state agency code(s) for each period. If individuals claims they did not receive a premium refund owed to them, SSA can verify the beneficiary's buy-in status on the HIQR, correct the beneficiary record in the MBR and issue outstanding refunds to the individual.

6.4 - Cases Involving Duplicate Billing

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

A beneficiary should have only one active Medicare entitlement record, but beneficiaries may have more than one record in rare instances (see chapter 4, section 4.6). If a state detects this error in the billing file, it should not attempt to resolve it since CMS will automatically consolidate the duplicate master records in the next billing month. If automated processes do not resolve issue, CMS may need to take manual action. Submit an inquiry regarding the duplicate billing records to the DMSEI resource mailbox at statebuy-in@cms.hhs.gov. CMS has no time limit on accepting or granting state requests for duplicate billing adjustments. When resolving duplicate billing cases requires changing the individual's Medicare entitlement data, CMS will refer the case to the federal entity with jurisdiction over the individual's Medicare entitlement record (i.e., SSA or RRB.)

6.5 - Correction of Demographic Data on the Third Party Master Record

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

All demographic data in TPS derives from the CMS Enrollment Database (EDB), which originates from SSA. If the name or any other demographic information appears to be incorrect, send a buy-in resolution request to DMSEI. Submit documentation to substantiate a request for a name change or a change to any other demographic field. When the correction requires adjustment of the individual's Medicare entitlement status, CMS will refer the case to the federal entity with jurisdiction over the individual's Medicare entitlement (i.e., SSA or RRB.)

6.6 - Resolution of State Buy-in Problems Received by the SSA Field Office (FO) Using Form CMS-1957

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The SSO Report of State Buy-in Problem (Form CMS-1957) facilitates the resolution of problem buy-in cases received by the FO. In most instances, the local FO will learn about a problem through a beneficiary complaint. A sample of the form is in appendix 6.A.

Form CMS-1957 is designed to collect the information needed to resolve the problem case. SSA will route the completed form to the state Medicaid agency, the local eligibility office, or to DMSEI for resolution of the problem.

The FO completes Part 1 (Report of Problem by SSO) and Part 2 (SSI status at FO), if applicable. The FO may need to contact the local eligibility office in order to complete the identification block on the upper right hand side of the form. Subsequent processing of the form will depend upon arrangements negotiated among SSA, CMS ROs, and each state, including whether the local eligibility office or the state Medicaid agency will verify the beneficiary's buy-in status.

6.6.1 - State Eligibility Office Verification Required

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The state takes the following actions when it receives Form CMS-1957:

- Completes Part 3 (Report of Buy-in Status by Welfare Department) or reviews Part 3 for accuracy if the parties arranged for the FO to complete this section from information obtained from the local eligibility office;*
- Reviews the accuracy of the information in the identification block on the upper right hand side of the form;*
- Completes Part 4 (Information from State's records and/or actions being taken by State) based upon information contained in the state's records and the latest billing record received from CMS; and*
- Signs, dates, and returns the completed form to the parallel FO.*

If the state receives an inquiry on an item that requires an adjustment of the accretion or deletion date, for example, the state may explain the problem in Part 4 and request a correction or adjustment.

The parallel FO will forward Form CMS-1957 to DMSEI for necessary action.

6.6.2 - Local Eligibility Office Verification Required - State Verification Not Required

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The FO contacts the local eligibility office for assistance in completing the following

items on

Form CMS-1957:

- The identification block in the upper right hand side of the form; and
- Part 3 (Report of Buy-in Status by Welfare Department).

Please leave Part 4 blank.

If Part 3 shows that the beneficiary currently or previously had state buy-in coverage, the FO will route the Form CMS-1957 to DMSEI for resolution.

6.7 - Report of State Buy-in Problem Case by RRB (Form RL-380F) (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

States have the responsibility to submit buy-in transactions to CMS for RRB beneficiaries who are enrolled in buy-in. On occasion, the RRB receives complaints from Medicare beneficiaries (through its system of field offices), claiming that they are paying the Part B Medicare premium through deductions from their RRB annuity even though they are enrolled in Part B buy-in.

The RRB Report of State Buy-in Problem (Form RL-380F) helps to facilitate direct communication between the RRB and the state Medicaid agencies to resolve state buy-in problems for RRB Medicare beneficiaries. A sample of the form is included in appendix 6.B. The RRB will neither begin nor terminate Medicare premium deductions from the beneficiary's benefit check **unless** the state's response shows that the state is liable for the Medicare premiums and the RRB can locate the record on TPS.

The Form RL-380-F provides state Medicaid agencies the individual's correct identifying information (from RRB's Medicare Information Recorded, Transmitted, Edited, and Logged (MIRTEL) Online Inquiry (MOLI)) for the state to investigate the case. When the state Medicaid agency or local eligibility office receives the Form RL-380-F, it should:

- Use the identifying information to investigate and verify the individual's buy-in status;
- Verify the beneficiary data, correct any errors and reprocess the record; and
- Advise RRB of the appropriate buy-in action.

If the local RRB field office cannot resolve an issue regarding the beneficiary's Medicare entitlement, the state may contact the RRB in Chicago at (877) 772-5772 or (312) 751-3376.

Appendix 6.A - SSO Report of State Buy-in Problem (Form CMS-1957)
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0035

SSO REPORT OF STATE BUY-IN PROBLEM	IDENTIFICATION	
To: CMS P.O. Box 11977 Baltimore, Maryland 21207-0977	Name _____	
	Medicare Beneficiary Identifier _____	
From:	Railroad Retirement Board (RRB) Number _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Welfare ID Number _____	Social Security Number (BOAN) _____
	State and County of Residence _____	
	Claimant's Mailing Address _____	

PART 1 Report of Problem by SSO

<input type="checkbox"/> A. Part B Claim Denied Carrier Name _____	<input type="checkbox"/> B. Premium being deducted from beneficiary check	<input type="checkbox"/> C. Being billed for premiums	<input type="checkbox"/> D. Individual received Part B Termination Notice
<input type="checkbox"/> E. Other (Explain—Give Form numbers if applicable)			

PART 2 SSI Status at SSO

Receiving:		Start Date	Stop Date
Federal SSI Check <input type="checkbox"/>			
Federal Admin. State Supp. <input type="checkbox"/>			
(Attach SSR & HMQ Printouts)			
Signature of SSO Representative _____	Title _____	Date _____	

PART 3 Report of Buy-in Status by Welfare Department (Check and Complete Applicable Items)

ACCORDING TO _____ WELFARE OFFICE, THE INDIVIDUAL IDENTIFIED ABOVE,

<input type="checkbox"/> 1. Has never been eligible for State buy-in.	
<input type="checkbox"/> 2. Has been continuously eligible for State buy-in beginning (Mo., Yr.) _____	
<input type="checkbox"/> 3. Has been eligible for State buy-in only for months of _____ through _____ (Inclusive)	If eligibility ended because of death, give date of death.

PART 4 Information from State's records and/or actions being taken by State

<input type="checkbox"/> 1. Individual is shown on State's bill as Code 41 continuing item beginning (Mo., Yr.) _____
<input type="checkbox"/> 2. Individual is shown on State's bill as other code. (Show code) _____
<input type="checkbox"/> 3. State will submit (Show code) _____ in the monthly data exchange (Show month) _____
Accretion Effective (Mo., Yr.) _____ Deletion Effective (Mo., Yr.) _____
<input type="checkbox"/> 4. Other _____

CONTINUED ON REVERSE

Dept. of Public Welfare Signature _____	Title _____	Date _____
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0035. The time required to complete this information collection is estimated to average 17.5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.
Form CMS-1957 (04/2018)

PRIVACY ACT STATEMENT

Section 1320.6 of title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is to process changes to Hospital Insurance (HI)/Supplemental Medical Insurance (SMI) premium payments by third parties (such as State agencies, or private groups) on behalf of Medicare beneficiaries; for billing third parties; and for enrolling individuals for SMI coverage under State buy-in agreements.

Disclosure of the information may be made to State welfare departments pursuant to agreements with the Department of Health and Human Services for enrollment of welfare recipients for medical insurance under section 1843 of the Social Security Act or a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

Furnishing the information on this form including your Social Security Number, is voluntary but failure to do so may result in disapproval of this request.

Appendix 6.B - RRB Report of State Buy-in Problem (Form RL-380F)
 (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
 OFFICE OF PROGRAMS/POLICY & SYSTEMS
 844 NORTH RUSH STREET
 CHICAGO, IL 60611-1275
 WWW.RRB.GOV

Form Approved
 OMB No. 3220-0185

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM
 WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

Send reply to: U.S. RAILROAD RETIREMENT BOARD Office of Programs/Policy & Systems 844 North Rush Street Chicago, IL 60611-1275	RRB Claim Number	
	Medicare Number	
	Part A Effective Date	Part B Effective Date
	Beneficiary's Own Social Security Number	
	Beneficiary's DOB	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Report of Problem: <input type="checkbox"/> Buy-in Accretion Alleged <input type="checkbox"/> Buy-in Deletion Alleged <input type="checkbox"/> Other: _____	Social Security Claim Number	
	Medicaid Number	
	Beneficiary's Name	
	Beneficiary's Address:	
Signature of RRB Employee	Title	
Telephone Number	Date	

Information from State Records or Action Being Taken by State
 Read the important notice on the next page.

To be completed by State Representative

- State has been paying Medicare premium since _____ (Month/Year)
- State paid Medicare premium from _____ (Month/Year) through _____ (Month/Year)
- Beneficiary died _____ (Month/Year)

4. Medicare number under which state paid premium (if different from RRB Medicare claim number)
_____.
5. State will submit a buy-in accretion effective _____ in the _____ data
exchange with CMS. (Month/Year) (Month/Year)
6. State will submit a buy-in deletion effective _____ in the _____ data
exchange with CMS. (Month/Year) (Month/Year)
7. Buy-in problem case on this beneficiary was submitted to CMS on _____ Allow
_____ days for resolution. (Month/Year)
8. Beneficiary never eligible for buy-in.
9. State has no record of this beneficiary. Beneficiary should contact the following office and file
a Medicaid application.

10. RRB inquiry has been referred to the office listed in item 9 above.
11. Other:

Signature of State Representative	Title	
Printed Name	Telephone Number	Date

Return this form to the Railroad Retirement Board at the address shown on the first page.

Paperwork Reduction Act Notice

This notice is given under the Paperwork Reduction Act of 1995. Under Section 7(d) of the Railroad Retirement Act (RRA), the Railroad Retirement Board (RRB) is authorized to collect the information requested on this form. The information is needed by the RRB to determine the eligibility of an individual receiving benefits under the RRA for the payment of his or her Medicare medical insurance (Part B) premiums by the State. The information is also used by the RRB to determine if we should stop premium deductions for Medicare medical insurance from the benefits paid to the individual. Your obligation to provide us with this information is required under the law.

We estimate this form takes an average of 10 minutes to complete, including the time for getting the needed data and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
R4SPMP	08/21/2020	New State Payment of Medicare Premiums, (SPMP)	09/08/2020	N/A