Complex Part A and B Enrollment Casework

ACL National OHIC Conference

August 2026

Presented by:

Melanie Lambert, Center for Medicare Advocacy

Center for Medicare Advocacy

MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

About the Center for Medicare Advocacy

The Center for Medicare Advocacy is a non-profit, non-partisan law organization founded in 1986 that works to advance health equity, access to comprehensive Medicare, and quality health care. Based in Connecticut and Washington DC with additional attorneys in California, Maryland, Massachusetts, and Wisconsin.

- Attorneys, advocates, communication and technical experts
- Education, legal analysis, writing, assistance, and advocacy
- Systemic Change - Policy and Litigation
  - Based on our experience with the problems of real people
- Medicare coverage and appeals expertise
- Medicare/Medicaid Third Party Liability Projects

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Agenda

- Complex Part A and B Entitlement and Enrollment Topics
- Complex Premium Payment and Termination Topics
- Questions and Discussion

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Complex Part A and B Enrollment Topics

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Social Security Administration and Medicare

- The Social Security Administration (SSA) handles:
  - Medicare eligibility (entitlement)
  - Medicare A and B enrollment and disenrollment
  - Some aspects of Medicare premium collections
  - IRMAA determinations and appeals
  - Extra Help eligibility and enrollment
  - Change of address/phone for benefits

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

POMS Overview

- SSA policies and procedures are documented in their Program Operations Manual System (POMS) which is searchable online
- All rules and processes in the POMS are based on federal law – they are the operationalization of Social Security and Medicare regulations and statutes
- Most POMS procedures cite the statute/regulation on which they are based at the top
- Each POMS has a numerical identifier as well as a descriptive title:
  - Ex: HI 00801.006 Requirements for Entitlement - Regular Insured Provision

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

POMS Intended Audience

- POMS is intended as instructions for SSA employees – not for the general public
- However, it can be helpful to be familiar with the POMS to advocate for beneficiaries to access SEPs and solve other issues by "speaking SSA's language"

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Examples of SSA/POMS Acronyms

- COM= Current Operating Month
- DAC = Disabled Adult Child
- DIB = Disability Insurance Benefits
- FO = Field Office
- HI = Hospital Insurance (Part A)
- MOET = Month of Entitlement
- PSC = Program Service Center (aka Payment Center)
- QCs = Quarters of Coverage
- RRB = Railroad Retirement Benefits
- RSI = Retirement and Survivors Insurance
- SMI = Supplementary Medical Insurance (Part B)
- Many, many more!

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Premium-free Part A Entitlement Review

- Part A (HI) entitlement is inextricably linked to certain categories of Social Security benefit eligibility
  - An application for retirement/disability insurance benefits is considered an application for Part A
  - You cannot voluntarily terminate premium-free HI (Part A) entitlement without agreeing to withdraw application for and/or pay back all the SSA/RRB cash benefits received.
  - Relevant POMS:
    - HI 00801.002 Waiver of HI Entitlement by Monthly Beneficiary
    - GN 00206.020 Hospital Insurance (HI) and Withdrawal (WD)
    - HI 00801.034 Withdrawal Considerations

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

ESRD Medicare Rules

- End Stage Renal Disease (ESRD) eligibility:
  - Entitled to SSA/RRB benefits AND:
    - 3rd month of dialysis, 1st month of self-dialysis training, month of kidney transplant, or 2 months before transplant if hospitalized
- Medicare is secondary to GHP coverage during first 30 months of eligibility (regardless of enrollment timing)
- Medicare coverage for ESRD entitlement may be retroactive up to 12 months if applying after eligibility begins
- ESRD beneficiaries do not have to enroll in Part B when first eligible if they have GHP coverage as primary, BUT they will not have an SEP to enroll in Part B later!

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

When does Premium-free Part A entitlement end?

- Age entitlement generally continues until death
- Disability entitlement continues indefinitely unless:
  - If returned to work and engaging in "Substantial Gainful Activity" (SGA), entitlement generally ends after extended period of Medicare coverage (EPMC) ends (at least 93 months after end of Trial Work Period)
  - Can purchase premium Part A or apply for MSP (QDWI group) after EPMC ends
  - If determined no longer disabled by SSA, entitlement ends the month after the month SSA notifies of disability determination (HI 00801.165; HI 00801.163)
- ESRD entitlement usually ends:
  - 12 months after the month dialysis ends (unless a new course starts in the interim)
  - 36 months after the month of kidney transplant

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Premium Part A Eligibility

- May enroll in Medicare with fewer than 40 quarters by paying premiums for Part A if:
  - Age 65+
  - U.S. Citizen or Lawful Permanent Resident (LPR) w/ 5 years of continuous residency immediately prior to application
  - Must also enroll in Part B

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

MSP Buy-in as an Enrollment Tool

MSP Level	Enroll in Premium Part A/ Eliminate Penalty?	Enroll in Part B/ Eliminate Penalty?	Enroll in Part D/ Eliminate Penalty?	Effective Date of MSP Enrollment
Qualified Medicare Beneficiary (QMB)	Yes	Yes	Yes	Month after month of approved application
Specified Low-Income Beneficiary (SLMB)	No	Yes	Yes	Up to 2 months retroactive*
Qualified Individual (QI)	No	Yes	Yes	Up to 2 months retroactive*

*Currently 3 months; changing to 2 months eff. 1/1/2027 per H.R. 1

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Conditional Part A Eligibility

- Conditional Part A enrollments are for beneficiaries who:
  - Do not qualify for premium-free Part A
  - Are not/never enrolled in Part B
  - 65 years of age or older
  - U.S citizen OR Lawful Permanent Resident for at least 5 continuous years
  - Eligible for QMB

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Conditional Part A Enrollment Process

- Apply for conditional Part A and Part B thru SSA first
- Then apply for QMB through state Medicaid agency
- As part of the process, the applicant must also apply for "regular" Part B.
  - Part B enrollments are NOT conditional. Part B coverage will begin regardless if the State approves the QMB application
  - Bene should know they may owe at least one month's Part B premium due to QMB program rules

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Part A Buy-in State vs. Group Payer State

- Part A Buy-in States:
  - Beneficiary may access conditional Part A enrollment process during any time of year
- Group Payer States:
  - Beneficiary who did not enroll in conditional Part A during IEP must wait for GEP to access conditional Part A enrollment

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Part B SEP for Group Health Plan (GHP) Coverage

- For those still working with employer/union large Group Health Plan (GHP) coverage when enrolling in Medicare, may defer Part B without penalty
- May enroll in Part B at any time after entitlement begins – don't need to wait for GHP coverage to end
- Accessing SEP through paper forms:
  - Employer completes CMS L564
    - Already have Part A: complete CMS 40B
    - Do not yet have Part A: complete the CMS 18-F-5
- Note: Forms can (and should whenever possible) be completed online through an SSA.gov account!

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Part B SEP for Group Health Plans – Case Scenario

Mr. A is 68 years old. He has been living in France for the last 10 years. He has been working throughout this time for a large international company but did not enroll in their heath insurance as he is enrolled in health coverage through France's national health plan. He is now returning to live in the United States. He has a long work history in the US and qualifies for premium-free Part A.

Can Mr. A qualify for an SEP to enroll in Part B?

> Yes – Mr. A should qualify for the 8-month "working aged" Part B SEP. Mr. A will need to provide evidence of his continuous employment and national health coverage to SSA when applying for Part B.

POMS references: HI 00805.266; HI 00805.295

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Part B Exceptional Conditions SEP

- CMS 10797 Application for Medicare Part A and Part B - Special Enrollment Period (Exceptional Conditions) (PDF)
  - Emergency or natural disaster
  - GHP or employer misrepresentation
  - Medicaid eligibility ending
  - Leaving incarceration
  - "Other exceptional conditions"

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Enrollment Forms List

- CMS L564 Request for Employment Information (PDF) Individuals who are applying for the SEP for the Working Aged and Working Disabled should complete the form CMS-L564 along with the applicable Part A or Part B enrollment form.
- CMS 10797 Application for Medicare Part A and Part B - Special Enrollment Period (Exceptional Conditions) (PDF) Individuals who qualify for a special enrollment period due to exceptional conditions should complete the CMS-10797 to enroll in premium Part A and Part B.
- CMS 4040 Request for Enrollment in Supplementary Medical Insurance (PDF) Individuals who are NOT entitled to social security or railroad retirement board benefits should complete form CMS-4040 to enroll in Part B.
- CMS 40B Application for Enrollment in Medicare Part B (Medical Insurance) (PDF) Individuals who have Part A, but not Part B, should complete form CMS-40B to enroll in Part B. If applying for the SEP for the Working aged and Working Disabled, also complete the form CMS-L564.
- CMS 18-F-5 Application for Part A (Hospital Insurance) (PDF) Individuals who do not have Part A and wish to enroll should complete the CMS-18-F-5 form or contact Social Security at 1-800-772-1213. This form can be used to enroll in Part B at the same time. If applying for the SEP for the Working aged and Working Disabled, also complete the form CMS-L564.
- Forms are updated periodically - visit https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b for newest downloads

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

IRMAA Troubleshooting

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 01101.030 IRMAA Determination Process

- SSA receives information electronically from IRS on MAGI reported on federal income tax returns
  - Data is either from 2 or 3 years prior to the premium year (most recent available)
- When beneficiary requests enrollment in Part B, SSA uses this data to make initial determination of whether/how much IRMAA is owed
- SSA does not check IRS data for IRMAA if someone is eligible for LIS or SSI – that automatically screens them out of IRMAA consideration

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 01101.035 Initial IRMAA Determination Notices

- For those already enrolled in Medicare:
  - SSA will send an annual Cost-of-Living Adjustment (COLA) notice explaining IRMAA and how to request a change if beneficiary believes it is inaccurate
- For those newly enrolling in Medicare:
  - SSA will send a Pre-determination Notice first
    - Gives instructions to contact SSA within 10 days if beneficiary believes IRMAA is wrong
    - If no response, New Initial Determination Notice will follow after 20+ days

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

IRMAA New Initial Determinations vs. Reconsiderations (Appeals)

- Potential reasons for New Initial Determination:
  - Life Changing Event that caused significant reduction in MAGI
  - Newer or corrected tax data is available
- Potential reasons for an IRMAA Reconsideration (Appeal)
  - Beneficiary disagrees with accuracy of IRMAA determination
  - Will still have to provide same proofs as with New Initial Determination
    - POMS references: HI 01101.050 ; HI 01140.005
- Either way, must pay IRMAA in interim to avoid Medicare termination
  - Favorable IRMAA decisions will include retroactive refunds for overpayments

Copyright © Center for Medicare Advocacy

Process for Requesting a New Initial Determination

- Complete SSA-44 Life Changing Event Form
- New Initial Determination is effective the year the LCE occurred or any year after
  - If beneficiary already had Part B, NID eff. Jan 1
  - If beneficiary enrolls in Part B during year, NID effective first month of entitlement
  - Same timeline applies for Part D IRMAA
- Can request New Initial Determination any time after LCE has occurred, but
- Retroactive premium reduction will not generally apply if filing long after LCE has occurred, so should file timely!

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

List of Life Changing Events for IRMAA

1. Death of spouse (HI 01120.010);
2. Marriage (HI 01120.015);
3. Divorce or annulment (HI 01120.020);
4. Work reduction (HI 01120.025;)
5. Work stoppage (HI 01120.030);
6. Loss of income-producing property (HI 01120.035);
7. Loss of employer pension (HI 01120.040)
8. Receipt of settlement payment from a current or former employer (HI 01120.043).

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 01101.033 IRMAA and Equitable Relief

- If a beneficiary meets qualifications for Equitable Relief found in POMS HI 00805.170 through HI 00805.240 (broadly: issue caused by the error, misrepresentation or inaction of a federal employee)

  AND

  – The IRMAA-B arrearage is >5 times the current Part B standard premium plus the current IRMAA-B

  OR

  – The IRMAA-D arrearage if the amount of the arrearage is >5 times the current base beneficiary premium plus the current IRMAA-D.

- Notices to beneficiaries of owed IRMAA include information on applying for equitable relief, including payment plans and waivers of arrearage for severe financial hardship (see HI 00805.220H and HI 00805.220I.)

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Complex Premium Payment and Termination Topics

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Premium Payment Methods

SMI (Part B) premiums can be paid in 4 ways:

- Deducted from SSA, RRB or Federal Civil Service Retirement (CSR) annuity
  - Not optional
- Direct bill to beneficiary
- Through a state buy-in (i.e. MSP)
- Group payments made by an employer, union, government, or other organization

Reference: HI 01001.020 Collection of Premiums

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Direct Billing for Part B Premiums

- For beneficiaries not collecting SSA/RRB cash benefits, Part B premiums are billed quarterly (unless otherwise requested)
- SSA groups beneficiaries into 3 different quarterly billing cycles to stagger collections
- When initially placed in a billing cycle, may owe more than 3 months for the first cycle depending on timing.
  - Example: Enroll in August, premiums start August, first bill sent in September
  - September 25 bill is for Aug, Sept, Oct and Nov (4 months)
- Notices are mailed in the month preceding the quarter for which they are due
  - Example: Bill mailed for January would include premiums for Feb, March, April

Copyright © Center for Medicare Advocacy

Due Date and Grace Period

- All premium payments are due by the 25th of the month of billing.
- The grace period for the quarterly first/initial premium billing notice will end (effective termination date) with the last day of the third month after the month of billing.
  - Example: Nov 25th bill for Dec, Jan, Feb
    - Last day of Grace Period: Feb 28 (or Feb 29)
- The grace period for subsequent quarterly premium payments will end on the last day of each subsequent 3-month period.
- For monthly billing, the grace period ends the month after the month of billing.
  - POMS ref: HI 01001.095 Due Date and Grace Period

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 01001.100 Delinquent Notices for Quarterly Billing

- First delinquent notice sent ~60 days after first billing notice
  - Partial payments do not prevent termination – must be paid in full
- Second delinquent notice is sent in 3rd month of grace period, ~90 days after initial bill
- Ex timeline:
  - Jan 1 bill for Feb, March and April, due Jan 25
  - Delinquent notice 1: March 1 (60 days after first bill, marked “second notice)
  - Delinquent notice 2: April 1 (90 days after first bill, marked "delinquent notice”)
    - This notice notifies of termination date if not paid in full by billing due date, along with limitations on re-enrollment after termination
    - Will include past due amount and premiums for next 3 months

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Premiums Deemed Timely and Extension of Grace Period

- SSA can extend the initial grace period by up to 90 days for good cause
- Beneficiary must pay all premiums due through end of extended grace period within 30 days
- Beneficiary must request this relief (extension to the grace period) no later than the end of the month after the month of the termination notice
- If the beneficiary is in the FO, they will be asked to pay the premiums in-person, despite in-person premium payments being generally discouraged (HI 01001.090)
- The termination is not actually prevented/reversed until the payment and request is processed by the PSC

- POMS References:
  - HI 01001.355 Extension of Grace Period for Good Cause
  - HI 01001.295 When Premiums May Be Deemed Paid Timely
  - HI 01001.365 DO Action When Enrollee Requests Relief
  - HI 01001.370 Reviewing Office Action on Request for Relief

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 01001.360 Good Cause Defined

- Good cause is established when the beneficiary makes a credible statement that the failure to pay premiums resulted from either conditions outside their control, or due to other extenuating circumstances at the discretion of the SSA staffer. Examples include:
  - A reasonable basis for believing that the payment had been made already
  - Billing notices mis-addressed
  - Disability that prevented the beneficiary from making the payment
  - In some circumstances, SSA will consider a temporary inability to pay such as a financial emergency as good cause, but financial hardship is generally not considered good cause
  - Basically, at discretion of the worker
- Supposed to take any reasonable, credible statement as true as long as there is nothing in their file contradicting their claims

Copyright © Center for Medicare Advocacy

HI 01001.310 Billing for Premiums after an Incorrect Termination

"In some cases, although premiums were paid timely they may not be recorded timely and the enrollee may be notified erroneously that their Supplementary Medical Insurance (SMI) coverage has been terminated (e.g., premiums were paid just before the end of the grace period, etc.). In most cases, the error will be detected promptly, entitlement reinstated, and they will subsequently receive a premium billing notice."

However, in some cases, the error may not be caught and corrected in time (e.g., the enrollee's premium payment was credited to some other person). In these cases, a premium payment adjustment will be made to their record, the enrollee's entitlement will be reinstated and they will be billed for all premiums due in accordance with HI 01001.085."

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Potential consequences of termination for beneficiaries

- Termination of Part B and difficulty/delay with reinstatement
- Termination of MA plan or Medigap plan
  - Note – if MAPD is terminated, encourage them to enroll in a PDP in interim! They will have an SEP to do so.
- Potential lifetime Part B Late Enrollment Penalty for gap in coverage
- Potential lifetime Part D Late Enrollment Penalty for gap in coverage (if terminated from MAPD)

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

What Beneficiaries Should Know

- Late/missed premium payments put Medicare benefits at risk
- Late/missed IRMAA payments will also result in Medicare termination
- May end up having immense difficulty with reinstatement of benefits once terminated
- May end up with LEPs and/or gaps in coverage
- Late payments should be made as soon as possible and prior to termination!
- If not yet terminated, payment should be made ASAP!

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

What Beneficiaries should do if terminated

- Ask whether they qualify for an extension of the grace period for good cause
- Ask the timeline for processing the payment and/or reinstatement of benefits
- Once the timeline for follow-up has elapsed, follow up with the Field Office promptly
- Ask for a "manager-to-manager" request if possible to expedite the reinstatement
- If asked to pay additional premiums before being reinstated, note that per POMS HI 01001.310, "if the beneficiary has already been found to meet Good Cause criteria, SMI (Part B) should be reinstated without having to wait for the additional premiums to credit to their account first"
  - Beneficiary should still pay the additional premiums as instructed that are now due, but should request the reinstatement be processed right away, rather than wait on another payment being credited to their account

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

HI 00801.135 HI Premium Reduction to Zero for Certain Public Retirees

1. Must be age 65+
2. Must be currently entitled to and have been entitled to premium-HI for all months in the previous 7-year period (84 months);
3. Have not had the HI premium subsidized (in whole or in part) by a State (including payment under a Medicaid State buy-in agreement), a political subdivision of a State, or an agency or instrumentality of one or more States or political subdivisions, for any month in the previous 7-year period.
4. Must have received cash payments in the last month of the 7-year period under a qualified State or local government retirement system based on their own earnings record; and
5. Must be in a retirement system which does not adjust cash retirement benefits due to eligibility for a reduction in the HI premium; and
6. Would have 40 quarters of coverage (QCs) under title II if State and local government employment were considered Medicare qualified government employment (MQGE) or would have 40 QCs based on a combination of State and local government employment considered to be MQGE and non-government employment (i.e., MQGE and regular SSQCs).

Former employer completes CMS-R285 attesting to these items

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Public Retiree Premium Elimination Case Study

Ms. G contacted CMA after multiple failed attempts to have her Part A premium reduced to zero. With her permission, CMA wrote a letter to SSA on her behalf outlining her qualification for the premium reduction. She was subsequently awarded the premium reduction retroactively to her original date of eligibility in accordance with POMs HI 00801.135, resulting in an immediate refund of over $4,000 in Part A premiums paid since eligible, and many thousands of dollars going forward.

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

A and B Eligibility and Enrollment Resources

- Useful POMS Pages:
  - POMS Table of Contents
  - POMS Recent Changes
  - POMS Help
  - POMS Chapters on Health Insurance
- CMS Resources
  - CMS Webpage on A and B Enrollment
  - Medicare General Information, Eligibility and Entitlement Manual
    - Chapter 2 - Hospital Insurance and Supplementary Medical Insurance

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Questions and Discussion

Center for Medicare Advocacy
MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy

Thank you!

For further information, to receive the

CMA's free weekly electronic newsletter, the CMA Alert,

for Medicare news, and CMA webinar announcements, contact:

Communications@MedicareAdvocacy.org

Or visit

MedicareAdvocacy.org

Follow us on X and Facebook!

Center for Medicare Advocacy

MedicareAdvocacy.org

Copyright © Center for Medicare Advocacy