2026 OHIC National Conference

CMS Offices of Hearings and Inquiries

Medicare Beneficiary Ombudsman & Medicare Ombudsman Group Session

Agenda

- CMS Ombudsmen
- Medicare Ombudsman Group (MOG)
- Casework Scenarios
  - Premium Billing
  - State Buy-In
- Roundtable Discussion/Listening Session
- Resources

CMS Ombudsmen

- Medicare Beneficiary Ombudsman (MBO) – Catherine Rippey
- Competitive Acquisition Ombudsman (CAO) – Anthony Sutphin (Acting)
- Pharmaceutical and Technology Ombudsman (PTO) – Anthony Sutphin

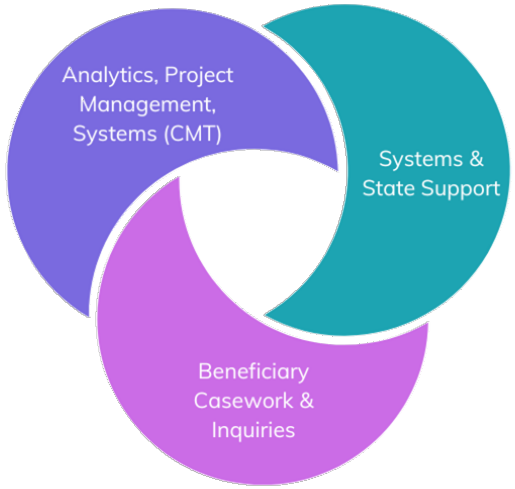
The CMS Ombudsmen collectively:

- Engage with individuals, DME suppliers and other groups,
- Gather and provide feedback for agency awareness,
- Manage processes to address high-touch inquiries,
- Help innovators navigate Medicare coverage processes.

Medicare Ombudsman Group

Division of Medicare Data Analysis & Project Management (DAPM)

- Data Analysis & Reporting
- Project Management for Special Initiatives
- Contracts & Budget Oversight
- Ombudsman Program Support



Division of Medicare System Exceptions & Interfaces (DMSEI)

- Systems Exceptions
- System Issues and Anomalies
- State Buy-In/Third Party
- Contract PM Support for DMSEI

Division of Medicare Inquires & Customer Support (DMICS)

- Priority Casework
- Direct Bill Casework
- OPM Casework
- Contract PM Support for DMICS

CMS vs. Social Security Premium Billing

- If someone is receiving Social Security benefits, their Medicare premium must be paid from those benefits. Contact Social Security directly for any Medicare premium issues involving Social Security benefit deductions.
- CMS bills for Medicare premiums with a CMS-500 if a person on Medicare isn't receiving Social Security benefits or Railroad Retirement benefits.
- Social Security bills for Medicare premiums with a CMS-500A if the Social Security benefit is less than the Medicare premium amount.
  - Check the Medicare Number printed on the CMS-500A by Social Security for accuracy
- CMS uses the address on file with Social Security to mail the Medicare Premium Bill and any change of address needs to be filed with Social Security.

Ways to Directly Pay Medicare Premiums to CMS

- Fastest way to pay is online through a secure Medicare account using our free service: Log into (or create) a secure Medicare account. Then, select “Pay my premium” to make a payment by credit card, debit card, Health Savings Account (HSA) card, or from a checking or savings account.
- Other ways to pay:

  Common payment methods: checks/money orders, credit cards, online bill payments (OLBP), and Medicare Easy Pay.

  Payments may be delayed: Check or Money Orders mailed to CMS Headquarters & Payments made at SSA field offices.
- Third Party Payers – Office of Personnel Management (OPM), Medicare Savings Programs, Employer or Union Groups.
- Payments aren’t accepted by telephone due to sensitive nature of financial information.

Check or Money Order Payments

- Mail all check or money order payments with a CMS-500 payment coupon and/or the 11-character Medicare Number directly to:

  Medicare Premium Collection Center
  P.O. Box 790355
  St. Louis, MO 63179-0355

The letters B, I, L, O, S, and Z aren't used in Medicare Numbers. If you see a "0" in a Medicare Number, enter it as a zero, not the letter "O."

- Checks are honored for the legal, written amount and not the numerical amount.
- The Medicare Premium Collection Center isn't able to respond to letters or questions sent with payments. Questions or feedback should be provided to 1-800-MEDICARE.

Missing Payments

Common Payment Processing Issues:

- No Medicare Number or CMS-500 coupon – requires research by CMS to locate a beneficiary record, or a letter requesting more information is sent and payment is uncredited until a response is received.
- Multiple payments sent with one CMS-500 coupon.
- Payment made at Social Security Field Office (FO) and cashed by Social Security OR Social Security doesn't mail it to the Medicare Premium Collection Center in a timely manner.
  - Payments received in the FO could delay the payment process by at least 5-7 days if it is mailed to the Medicare Premium Collection Center.
  - Mailing the payment to the Medicare Premium Collection Center saves the time and expense of visiting the FO. It also helps hold down administrative costs, which affects the cost of premiums each year.
  - Field Offices cannot accept credit card payments in the office or over the phone.
- Payments are applied based on a pre-programmed hierarchy to credit payments to the oldest balance first, then Part B, Part A, and then Part D-IRMAA. Payments can't be "directed."
- Processing error.

Refunds

- Any overpaid amount will be applied to future premiums owed. Medicare Premium Bills aren't sent unless a balance of $10 or more is owed.
- If someone was billed directly by CMS for Medicare premiums and switched to withholding from Social Security or Railroad Retirement benefit check or OPM, they may have paid their premium amount twice. Any overpayment should be refunded during the next quarterly refund cycle.
- If the person on Medicare is deceased, their legal representative or survivor can request a refund by completing Form SSA-1724, Claim for Amounts Due in the Case of Deceased Beneficiary. Send the completed form to SSA.

Troubleshooting Missing Check or Money Order Payments

To confirm a payment was received by CMS, partners can ask the beneficiary for:

- A copy of the front and back of the payment and determine whether it was cashed by CMS or Social Security.

Or

- A copy of a bank or credit card statement showing the payment to CMS

Example payment endorsement by CMS, contact 1-800-MEDICARE for assistance:



Example payment endorsement by Social Security, contact Social Security and ask them to “IPAC” the funds to CMS:



(To transfer funds between Trust Funds, CMS and SSA use the Intra-governmental Payment and Collection (IPAC) process).

Case Example 1

Case Example 1

A payment of $202.90 was made on 2/14/2026 with check #569. The payment cleared the bank on 3/5/2026 but didn’t post to the Medicare record. A second billing notice was sent.

- **Question**

What important information should the Medicare recipient have sent with their payment if they don’t have the payment coupon from their Medicare Premium Bill (CMS-500), or someone else is paying on their behalf to ensure their payment is credited correctly and in a timely manner?

Knowledge Check 1 Answer

- **Question**

What important information should the Medicare recipient have sent with their payment if they don't have the payment coupon from their Medicare Premium Bill (CMS-500), or someone else is paying on their behalf to ensure their payment is credited correctly and in a timely manner?

Answer

A. Their original Medicare card.
B. Their entire Medicare number.
C. A request for a receipt.

Case Resolution 1

Resolution: The check was received without a CMS-500 payment coupon or Medicare Number, so the Medicare Premium Collection Center looked up the payer listed first on the check with the personal information printed on the check. Our team reviewed both the payer and beneficiary records and manually transferred the payment to the beneficiary who reported the issue by calling 1-800-MEDICARE.

Case Example 2

Case Example 2

A payment of $14.50 intended for the Part D-IRMAA posted to the Part B premiums on 1/27/2026. A request was made to move $14.50 from Part B and apply it to the Part D-IRMAA. A second billing notice was sent.

- **Question**

Why was the $14.50 Part D-IRMAA payment credited to Part B?

Knowledge Check 2 Answer

- **Question**

Why was the $14.50 Part D-IRMAA payment credited to Part B?

Answer

A. The payment was sent too early.
B. The Direct Billing system credited the oldest balance first.
C. Part D-IRMAA payments can’t be made by check.
D. Payments under $20 are always credited to Part B.

Case Resolution 2

Resolution: Since the Direct Billing system is pre-programmed to credit payments to the oldest balance, our team transferred the funds to Part D-IRMAA after reviewing the beneficiary's record and establishing proof of payment.

Case Example 3

Case Example 3

A payment of $17.90 was made on 1/23/2026 with check #1154. The payment cleared Chase Bank on 1/29/2026 but didn’t post to the Medicare record.

- **Question**

What might explain why the $17.90 payment appears to be missing?

Knowledge Check 3 Answer

- **Question**

What might explain why the $17.90 payment appears to be missing?

Answer

A. The check was illegible.
B. The beneficiary wrote the wrong Medicare Number.
C. It was mailed together with another check and only one CMS-500 coupon.
D. Payments under $20 take longer to process.

Case Resolution 3

Resolution: Our team discovered the $17.90 check was mailed with a second check for $185.00 to the Medicare Premium Collection Center with just one CMS-500 coupon. After reviewing both check payments in our processing system and confirming they were cashed on 1/28/2026, it was determined the checks were credited as one payment of $202.90 on 1/29/26 to the beneficiary's record because the two checks were mailed together and processed together.

Ice Breaker: What is State Buy-in?

State Buy-in promotes access to Medicare coverage for low-income older adults and people with disabilities. The State Buy-in program ensures that Medicare is the first and primary payer for Medicare-covered services for dually-eligible beneficiaries.

Questions

1) Dually-eligible beneficiaries are those who are entitled to both Medicare and Medicaid.

True or False?

2) States pay Medicare Part B premiums for roughly how many individuals each month?

Ice Breaker: What is State Buy-in? (Answers)

Questions

1) Dually-eligible beneficiaries are those who are entitled to both Medicare and Medicaid. True or False?

2) States pay Medicare Part B premiums for roughly how many individuals each month?

Answers

A. True
B. False

A. 10 million individuals
B. 700,000 individuals
C. 1 million individuals

State Buy-in Case Scenario #1

A Medicare beneficiary has a letter from the State of Arizona stating that he is eligible for state buy-in effective January 1, 2026. In addition, the state will be paying his Part B premiums. The beneficiary expressed concern that SSA has also deducted Part B premiums from his benefits through March 2026, and he should receive a refund.

Question: When presented with this scenario, an SMP Complex Interaction Specialist may:

A. Obtain the beneficiary's information and a copy of the letter, if available, and contact CMS on behalf of the beneficiary.

B. Have the beneficiary contact 1-800-MEDICARE

C. Have the beneficiary contact the state

D. All of the above

State Buy-in Case Scenario #1 Answer

The Answer is: “D, all of the above”.

All these options are contacts who can help with this scenario. In assisting the beneficiary, the SMP Complex Interaction Specialist should gather information from the beneficiary, such as a Medicare card and the letter from the State, to verify the beneficiary’s information and the issue.

In most cases, the most efficient way to resolve this scenario is to contact 1-800-MEDICARE, but they may also contact the State Medicaid Program; the specialist can also contact their CMS Regional Office on behalf of the beneficiary.

State Buy-in Case Scenario #2

A beneficiary reports to the SHIP Counselor that the state is paying their Medicare premiums under one Medicare number, and they are receiving bills directly with a different Medicare number.

Question: Should the Counselor direct the beneficiary to contact:

a. The state
b. CMS
c. SSA

State Buy-in Case Scenario #2 Answer

The Answer is: c. SSA

Contacting any of the three can be done. However, if the beneficiary contacts the state, the inquiry will be sent to CMS, and CMS will send it to SSA for resolution.

Therefore, the most efficient path is for the beneficiary to contact SSA directly at their 1-800 number or visit their local field office.

State Buy-in Case Scenario #3

A dually eligible individual reports that they are receiving multiple state buy-in eligibility notices, from SSA, for two different states.

Question: Should the Counselor direct the beneficiary to contact:

a) The state
b) CMS; or
c) SSA

State Buy-in Case Scenario #3 Answer

The Answer is: c. SSA

The most efficient path is to have the individual contact SSA to have their mailing, residence, and SSI (if applicable) addresses updated.

State Buy-in Case Scenario #4

An individual expresses concern that their buy-in eligibility has ended, and they would like equitable relief for Part B premium liability.

Question: Should the Counselor direct the beneficiary to contact:

a) The state
b) CMS; or
c) SSA

State Buy-in Case Scenario #4 Answer

The Answer is: c. SSA

Only SSA can grant equitable/financial relief.

Feedback & Listening Session



Resources

How to pay Medicare Premium (if it isn't withheld from SSA Check)

CMS 500 (Medicare Premium Bill)

Understanding your Medicare Premium Bill

State Buy-In

State Buy-In Policy-Related Inquiries

SSA Field Office Locator

SSA Call Center: 1-800-772-1213