

OMB-DOL/ESA
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OMB Question:

OMB has some questions about this collection (Report of Changes That May Affect You Black Lung Benefits). What is the reason for switching to annual reporting for beneficiaries? Given that the program has been running for many years, why make this change now? Does ESA have a reason to suspect that biennial reporting is insufficient?

DOL/ESA Response:

One of the best tools that DCMWC has to reduce erroneous payments is the CM-929, because it gives us the opportunity to ensure that benefits are being properly paid on behalf of each beneficiary, and it gives the beneficiaries the opportunity to report changes. This includes changes that are reported on the form, but not completed by the beneficiary, which alerts DCMWC that additional action is necessary. Such changes may include a temporary hospitalization, a death, or a change in the beneficiary's health status that requires a move to long-term care. Because of the ageing of the beneficiary population, especially Part B beneficiaries, we believe that closer monitoring of their benefits will help ensure that benefits are paid accurately. An increasing proportion of beneficiaries requires a representative payee, which is one reason for combining the CM-929 and the representative payee questionnaire into a single form for most purposes. The payee will only need to report once annually, not three times every two years as under the previous schedule.

Until 1995, the CM-929 was an annual reporting form. It was changed to a biennial form at that time in part because of the demands on the DOL staff, as the FY 1994 Part C beneficiary population was almost 100,000. Even though Part B beneficiaries began to receive the CM-929 in FY 2004, as the population has decreased and aged in both Parts B and C, we believe that annual reporting by these elderly beneficiaries will ensure accurate and timely benefits.