

Supporting Statement Part A
Request for Retirement Benefit Information
CMS-R-285, OMB 0938-0769

Background

Premium-Part A is a voluntary program that is financed from premium payments by enrollees together with contributions from funds appropriated by the Federal government.

Form CMS-R-285, "Request for Retirement Benefit Information," is used to obtain information regarding whether a beneficiary currently purchasing Medicare premium Part A coverage, is receiving retirement payments based on State or local government employment, how long the claimant worked for the State or local government employer, and whether the former employer or pension plan is subsidizing the individual's Part A premium.

In this 2017 iteration we have revised the Form by adding a placeholder for the expiration date. Otherwise there are no changes to the Form or to any of our time estimates. We adjusted our respondent cost estimate by using current United States Bureau of Labor and Statistics (BLS) wage figures.

A. Justification

1. Need and Legal Basis

Section 1818(d)(5) of the Social Security Act (the Act) provides that certain former State and local government employees (and their current or former spouses) may have the Part A premium reduced to zero. To be eligible for the premium adjustment, individuals must:

- be age 65 or older;
- have been enrolled in Medicare premium Part A for at least 7 years;
- did not have the premium paid for by a State, a political subdivision of a State, or an agency or instrumentality of one or more States or political subdivisions; and
- have 10 years of employment with the State or local government employer or a combination of 10 years of employment with a State or local government employer and a non-government employer.

Form CMS-R-285 elicits the information that the Social Security Administration (SSA) -- CMS' agent for processing Medicare enrollments and premium amount determinations/adjustments -- needs to properly determine whether the premium for Part A coverage can be reduced. The Form is an essential part of the process of determining whether an individual qualifies for the premium reduction.

2. Information Users

Form CMS-R-285 provides the necessary information regarding the prior state or local government employment to process the individual's request for premium Part A reduction based on their employment by a state or local government. The form is completed by the state or local

government employer on behalf of the individual seeking the Medicare premium reduction. The SSA – CMS’ agent for processing Medicare enrollments and premium amount determinations -- will use this information to help determine whether a beneficiary meets the requirements for reduction of the Part A premium. The form is owned by CMS but not completed by CMS staff.

3. Use of Information Technology

The form is available on the internet (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms-r-285.pdf>). Data is collected through receipt of the form at one of SSA’s field offices. The information on the completed form is reviewed manually by SSA. Thus, the collection of this information does not involve the use of information technology.

4. Duplication of Efforts

This information does not duplicate any other effort.

5. Small Businesses

Small businesses are not affected by the collection of this collection.

6. Less Frequent Collection

This information is collected only as needed. If this information is not collected, the enrollee cannot have his or her Medicare Part A premium reduced as permitted by law. Since the statute outlines parameters of criteria that must be met to be eligible for the premium reduction, the information solicited in this form cannot be minimized.

7. Special Circumstances

This information is collected only as needed. Otherwise, there are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the

extent permitted by law.

8. Federal Register Notice/Outside Consultation

The 60-day notice published in the Federal Register on March 21, 2017 (82 FR 14517). No comments were received.

9. Payment/Gift To Respondents

This form provides the evidence necessary to determine eligibility for the Part A premium reduction, as permitted by law. Once an individual's premium is reduced to zero, premiums for future Part A coverage are no longer required. The individual will be refunded for any premiums paid in advance for months of coverage that occur after the premium reduction is effective, as permitted by law. There are no payments or gifts provided to respondents.

10. Confidentiality

The information will be used solely by SSA for the express purpose of determining a beneficiary's eligibility for the reduction of the Medicare Part A premium.

The Social Security number is collected so that SSA can properly identify the individual and determine if the relationship between the Medicare enrollee and the employee meets the eligibility criteria as outlined in law. The beneficiary's Medicare number is not used because the employer is searching its employment records, which are tracked by Social Security number, not the Medicare number. None of the information is collected or stored electronically.

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimate (Hours & Wages)

Wage Estimates

The form is completed by a certifying official at a local or state government agency. Based upon the nature of the questions asked, it is estimated that a "Compensation, Benefits, and Job Analysis Specialist" working for the state or local agency would be most qualified to complete this form accurately. According to the United States Bureau of Labor and Statistics (BLS) a "Compensation, Benefits, and Job Analysis Specialist" may specialize in specific areas, including pension programs. We believe this is the most appropriate category.

To derive average employer costs, we used data from the U.S. BLS National Occupational Employment and Wage Estimates (<https://www.bls.gov/oes/current/oes131141.htm>). According to the most recent BLS wage data (May 2015), the median hourly wage for the category

“Compensation, Benefits, and Job Analysis Specialist” is \$31.97/hr. The following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage for such an employed individual.

Bureau of Labor Statistics (BLS) Occupation Title	BLS Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefit (\$/hr)	Adjusted Hourly Wage (\$/hr)
Compensation, Benefits, and Job Analysis Specialist	13-1141	31.97	31.97	63.94

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Annually, there are approximately 500 employers (respondents) who complete the requested information on Form CMS-R-285. We estimate it will take 15 minutes (0.25 hr) for the employer to complete the form. In aggregate, the annual burden for 500 employer respondents to complete the form is 125 hours (500 x 0.25 hr) at a cost of \$7,992.50 (125 hours x \$63.94/hr).

Information Collection Instruments and Supporting Documents

- Request for Retirement Benefit Information

The form consists of items that are necessary to identify the enrollee and obtain the information required to determine eligibility for the reduction of the Part A premium. This collection includes the employer’s contact information, the employee’s information, the employer’s records regarding the employee’s dates of service and benefits, and the Medicare enrollee’s information. The Social Security number is collected so that SSA can properly identify the individual and determine if the relationship between the Medicare enrollee and the employee meets the eligibility criteria as outlined in law.

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

To derive average costs, we used data from the Office of Personnel Management 2017 General Schedule (GS) Locality Pay Table for all salary estimates (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/17Tables/html/GS_h.aspx). We estimate that the average government employee at SSA to receive and record the collected data to be a Grade 11, Step 1, which we believe is the most appropriate level for a SSA field office representative.

As the processing of this form occurs at the national level and not just one geographic location, we estimated the salary using the national base general schedule. Such an hourly wage is \$25.07/hr.

We estimate it will take a federal government employee 5 minutes (0.0833 hr) to review and record the collected data. For 500 responses, we estimate an annual burden of 41.65 hours (500 x 0.0833 hr) at a cost of \$1,044.17 (41.65 hr x \$25.07/hr).

15. Changes to Burden

The form has been revised by adding a placeholder for the expiration date next to the OMB control number in the upper right corner of the form. Otherwise there are no changes to the Form or to any of our time estimates. We adjusted our respondent cost estimate by using current BLS wage figures.

16. Publication/Tabulation Dates

None

17. Expiration Date

CMS would like to display the expiration date next to the OMB control number in the upper right corner of the form.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collection of Information Employing Statistical Methods

Not applicable. Requirements for this data collection do not employ statistical methods.