Justification
Report of Medicaid State Office on Beneficiary's Buy-In Status
RRB Form RL-380-F

1. Circumstances of the collection - Under Section 7(d) (45 U.S.C. 231) of the Railroad Retirement Act, the Railroad Retirement Board (RRB) administers the Medicare program for persons covered by the railroad retirement system. Under Section 1843 of the Social Security Act, States may enter into "buy-in agreements" with the Secretary of Health and Human Services for the purpose of enrolling certain groups of low-income individuals under the Medicare medical insurance (Part B) program and paying the premiums for their insurance coverage. Generally, these individuals are categorically needy under Medicaid and meet the eligibility requirements for Medicare Part B. States can also include in their buy-in agreements, individuals who are eligible for medical assistance only.

    The regulations pertaining to State buy-in (SBI) agreements, and the various categories of individuals covered under such agreements are contained in 42 CFR 407.

2. Purposes of collecting/consequences of not collecting the information - In some cases, railroad retirement beneficiaries are entitled to receive Part B coverage under an SBI agreement entered into by the State in which they reside. In these cases, the particular State that is a party to such an agreement is responsible for the payment of the Medicare medical insurance (Part B) premium, rather that the beneficiary. In the absence of any buy-in agreement, beneficiaries in any of the needy group categories are required to pay for their own Part B premiums through direct premium remittance or through deductions taken from their monthly RRB payments.

    Although a particular State may enter into a SBI agreement, no actual "buy-in" occurs until that State pays the premium for a beneficiary and establishes a record for that individual on the Centers for Medicare & Medicaid Services (CMS) Third Party Master Record System.

    RRB offices occasionally receive reports of a buy-in problem for a beneficiary. In most instances, those offices learn of the problem through a verbal or written beneficiary complaint. However, reports of buy-in problems can also be received from other sources, including State Medicaid offices, CMS, and the insurance carrier responsible for administering the Part B program.

    The RRB utilizes **Form RL-380-F, Report of Medicaid State Office on Beneficiary's Buy-In Status**, to resolve a beneficiary's complaint or problem reported by State Medicaid offices, CMS, or other sources regarding a SBI situation. The top portion of the form showing the beneficiary's identifying information is completed by an RRB office representative, who also enters his or her signature, title, office phone number and date in the spaces provided. The form is then mailed from that RRB office to the State Medicaid office, which completes the bottom portion of the form by checking one or more of the 11 items provided on the form. After the form is completed, it is signed by the state Medicaid representative who completed the form. The representative also enters his or her title, date, and telephone number. The completed form is returned to the RRB office that initiated the request. If the RRB office receives **no** response from the State Medicaid office within 60 days after release of Form RL-380-F, they release a second form stamped

"second request" to the same State Medicaid office. Upon receipt of a completed Form RL-380-F, the RRB office advises the beneficiary or the other source of the State's response relating to the buy-in status of the beneficiary.

The Form RL-380-F provides the RRB with an efficient method for investigating and resolving SBI problems within a 3-month time period because of the direct contact involved between the RRB offices and the State Medicaid offices. Consequently, the beneficiary or other source that initiated the SBI inquiry receives a response in a timely manner, which may prevent multiple monthly premiums being due.

The RRB proposes the following changes to Form RL-380-F:

- **Change 'Medicare Number' box on righthand side of form to 'Medicare Beneficiary Identifier.'**

- **Remove box 6 on righthand side of form 'Social Security Number' as it is a duplicate of box 4 'Beneficiary's Own Social Security Number'.**

- **In Question 4, change 'Medicare number under which state paid premium (if different from RRB Medicare claim number' to 'Medicare Beneficiary Identifier Number (MBI) in which state paid premium'.**

These changes were made pursuant to Public Law 114-10, Medicare Access, and CHIP Reauthorization Act of 2015 (MACRA), which mandated the removal of the social security number from Medicare cards and replace with a Medicare Beneficiary Identification number.

3. Planned use of improved information technology or technical/legal impediments to further burden reduction -. Due to agency technology limitations, this information collection does not allow for electronic submission as described in the Government Paperwork Elimination Act (GPEA). However, we will reevaluate electronic signatures after the completion of our IT Modernization project.

4. Efforts to identify duplication and other improvements – To our knowledge, this information collection does not duplicate any other information collection. Though Form CMS-1957 obtains similar information to Form RL-380-F, the RRB needs additional information to comply with the RRA while administering the Medicare program for persons covered by the railroad retirement system.

5. Small business respondents - N.A.

6. Consequences of less frequent collection - Not applicable since the information is obtained only once for each case.

7. Special circumstances - None.

8. Consultations outside the agency - In accordance with 5 CFR 1320.8(d), comments were invited from the public regarding the information collection. The notice to the public was

published on page 66068 of the September 26, 2023, <u>Federal Register</u>. No comments or requests for additional information were received.

9.   <u>Payments or gifts to respondents</u> - None.

10.   <u>Confidentiality</u> - Privacy Act System of Records, RRB-20, Health Insurance and Supplementary Medical Insurance Enrollment and Premium Payment System (Medicare). In accordance with OMB Circular M-03-22, a Privacy Impact Assessment for this information collection was completed and can be found at https://www.rrb.gov/sites/default/files/2017-06/PIA-BPO.pdf.

11.   <u>Sensitive questions</u> - None.

12.   <u>Estimate of respondent burden</u> - We estimate that an average of 50 Forms RL-380-F are released on a monthly basis (or approximately 600 forms per year) by RRB offices to the State office that handles Medicaid benefits. Past experience indicates that on average, one or two boxes require completion by the State office. We estimate an average completion time of 10 minutes for the form, resulting in an estimated reporting burden of 100 hours annually.

13.   <u>Estimated annual cost to respondents or record keepers</u> - N.A.

14.   <u>Estimate of cost to Federal Government</u> - N.A.

15.   <u>Explanation for changes in burden</u> - N.A.

16.   <u>Time schedule for data collections and publications</u> - The results of this collection will not be published.

17.   <u>Request not to display OMB expiration date</u> - The RRB started an extensive multi-year IT Modernization Initiative at the beginning of Fiscal Year 2019 to transform our operations into the 21st Century using multiple contractor services to improve mission performance, expand service capabilities, and strengthen cybersecurity. We provided OMB with a consolidated project timeline.

      Given that the forms in this collection are seldom revised; the costs associated with redrafting, reprinting, and distributing forms to keep the appropriate OMB expiration date in place; and our desire to reevaluate after the completion of the modernization project, **the RRB requests the authority to not display the expiration date on the forms**.

18.   <u>Exceptions to Certification Statement</u> - None