

**Revisions to Form CMS-43 (OMB 0938-0080) Application for Part A (Hospital Insurance) and Part B (Medical Insurance)  
For People with End-Stage Renal Disease**

The current form is called *Application for Hospital Insurance for Individuals with End-Stage Renal Disease*. The new title, *Application for Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease*, has been updated to clarify that people with ESRD can use the form to apply for both Parts A and B. Additionally, there are changes to the collection instrument—the prior form had 17 questions, and the new form has 7 sections. Each section has approximately 2-13 questions, but not every section will be applicable to each applicant. There were no statutory changes, and the burden was not impacted.

<b>Page Number</b>	<b>Original Form</b>	<b>Updated Form</b>	<b>Reason for Change</b>	<b>Burden Effect</b>
Page 1	<p><b>Questions 1-4-</b> Gather basic enrollment information (Name, sex, DOB, citizenship status)</p> <p><b>Questions 5-7-</b> Gather End-Stage renal disease information (Dialysis/kidney transplant information)</p> <p><b>Question 8-</b> Provides information on Medicare Part B premium deductions from Social Security, Railroad Benefits, or Office of Personal management benefits, and the alternative option for paying the premium if a beneficiary</p>	<p><b>Introduction Page</b></p> <p>Explains who can use the application, when it can be used, evidence needed to prove ESRD diagnosis, how to submit the application, where to get help completing the application, and information on how to get the application in another format (i.e., large print, braille, or audio).</p>	<p>The CMS-43 is being redesigned to follow the format of the newer Medicare Part A and B enrollment forms, including the CMS- 18-F-5 (OMB 0938-0251).</p> <p>The current form does not explain the form’s purpose and who can use it.</p>	N/A

	does not receive such benefits.			
Page 2	<p><b>Questions 8a-8b-</b> Gathers information on the applicant wants to enroll in Medicare Part B, and when they want coverage to start.</p> <p><b>Questions 9-12</b> Gather information needed to determine insured status for Medicare entitlement.</p>	<p><b>When you can apply for Part A (Hospital Insurance) and Part B (Medical Insurance)</b> Provide information to applicant about when they're first eligible. Lists special messages with important information about enrolling in original Medicare based on ESRD and when coverage will end.</p>	This change is due to the redesign. Newer enrollment forms highlight when an applicant can apply for Medicare Parts A and B.	N/A
Page 3	<p><b>Questions 13-17</b> Gather information needed to determine insured status for Medicare entitlement, including employment information, and marital status.</p>	<p><b>Section 1. Tell Us About Yourself</b> Gather basic enrollment information.</p> <p><b>Section 2. Tell Us About Your Earnings and Work History</b> Gather basic work and earnings information.</p> <p><b>Section 3. Tell Us About Your Citizenship</b></p>	<p>The current form asks the applicant to list all employers for the last year, self-employment, and if it's ok to contact the employer for wage information needed to process the claim. This information is not necessary for determining eligibility or processing the claim.</p> <p>It is sufficient to ask the applicant what their earnings were last year and what they anticipate earning in the current year.</p>	N/A

		Gather basic citizenship information.		
Page 4	<p><b>Remarks</b> – 14 lines of space for applicant to add remarks.</p> <p><b>Important Information</b> - Explains when Medicare coverage based on ESRD will end.</p> <p><b>Signature</b></p>	<p><b>Section 4. Tell Us About Your Marital Status</b> Gather information only if the applicant is using their spouse or former spouse’s work record or Social Security/Railroad Retirement Board insured status to qualify for Medicare.</p> <p><b>Section 5: Tell Us About Your Medical History</b> Gather information about dialysis and transplant(s).</p> <p><b>Section 6: Enrollment in Part B</b> Gather information on whether applicant wants to enroll in Medicare Part B and allows applicant to chose from three options for the first month of entitlement.</p>	<p>The current form provides 14 lines for the applicant to add remarks. The new form offers space for remarks on Page 5 in Section 7.</p> <p>On the new form, information about when coverage will end has been moved to Page 2 as a special message.</p>	N/A

Page 5	Privacy Notice PRA Disclosure	<b>Section 7: Remarks</b> <b>Section 8: Signature</b>	The redesigned form is one page longer than the current form. The signature section and remarks have been moved to page 5.	N/A
Page 6	N/A	Privacy Notice PRA Disclosure	The Privacy Notice/ PRA Disclosure is the last page of the form. Page 6 is the last page of the form on the redesigned CMS-43.	N/A