**To:** Jamie Wilson

Office of Information and Regulatory Affairs (OIRA)

 Office of Management and Budget (OMB)

**From:** XXX

Centers for Medicare Services (CMS)

 Medicare Enrollment and Appeals Group (MEAG/Division of Eligibility and Enrollment (DEEP))

**Date:** May 30, 2025

**Subject:** Non-substantive Change Request – Application for Medicare Part A (Hospital Insurance), Form CMS 18-F-5 (OMB #0938-0251) OMB-Approved November 2024

This memo requests approval of non-substantive changes to the approved information collection, Application for Medicare Part A (Hospital Insurance), Form CMS 18-F-5 (OMB #0938-0251).

**Background**

Medicare is a federal program that provides health insurance for people aged 65 and older, and those under 65 with certain disabilities or end-stage renal disease (ESRD). The CMS-18-F-5 form is used to apply for enrollment in Medicare Part A (Hospital Insurance). It is designed to gather the necessary information to determine an individual’s eligibility for Part A benefits, particularly those not automatically enrolled under the Social Security Act. The form also allows individuals to simultaneously apply for Medicare Part B (Medical Insurance).

Individuals complete the form and submit it to SSA to process the enrollment. As an alternative, individuals can apply using the following electronic mechanisms:

* Online at [SSA.gov](https://secure.ssa.gov/iClaim/rib) via SSA’s internet Claim System (iClaim)
* Phone or in-office interview where responses are stored in the Consolidated Claim Experience (CCE)

The electronic collection instruments are currently OMB approved under this package through 2027. CMS has ownership of this collection only as it relates to Medicare, for the purposes of Information Collection Request (ICR) review, PRA-compliance responsibilities, and ownership of the burden associated with the information collection. The operation of the information collection, including both electronic submission via iClaim as well as interview-based submission at field offices (which are ultimately recorded in MCS or the CCE), continues to be controlled by SSA. The changes described in this memo are related to Medicare only.

**Overview of Requested Changes**

*Email Collection Field*

CMS proposes eliminating both the checkbox and its associated authorization statement from Page 1 of the Application for Medicare Part A (Hospital Insurance), Form CMS 18-F-5 (OMB #0938-0251). The authorization language reads, “I authorize Social Security and Medicare to send me emails about my benefits and coverage and I consent to the Privacy Act Statement on the previous page.”

During OMB’s review of other Medicare enrollment form renewal requests, OMB directed CMS to standardize email address collection across all enrollment forms. Under this standardization, email addresses will be collected in the same manner as physical addresses and telephone numbers, without requiring separate authorization from the beneficiaries.

*Electronic Collection Instrument*

Enrollment data elements are captured both on paper forms and through SSA's electronic mechanism, CCE, which is currently approved under this package. SSA has continuously improved their electronic systems to enhance the beneficiary enrollment experience. In their latest update, SSA has revised the instruction language to better guide technicians through the enrollment data input process.

The proposed changes are non-substantive in nature as they:

1. Do not alter the purpose or intent of the form
2. Do not increase respondent burden
3. Enhance the agency's ability to communicate efficiently with beneficiaries
4. Comply with federal directives to improve digital service delivery

**Time Sensitivities**

The implementation of this change is time-sensitive to ensure compliance with OMB’s request. Timely approval will allow CMS to improve communication efficiency with beneficiaries and enhance service delivery through digital channels. Individuals seeking to enroll in Medicare likely have an urgent need to obtain health insurance, making timely processing essential. The recent system changes will enable technicians to better serve beneficiaries by accurately collecting and inputting data into the CCE system, resulting in fewer errors and faster enrollment times. If the package is not cleared, the agency risks delaying respondent enrollment, which could impact vulnerable individuals awaiting coverage.