Supporting Statement Part A
Application For Medicare Part A and Part B Special Enrollment Period
(Exceptional Conditions)
CMS-10797, OMB 0938-1426

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

Background

Medicare is a federal program that provides health insurance for people age 65 and older, and those under 65 with certain disabilities or end-stage renal disease (ESRD). Together, Medicare Parts A and B comprise Original Medicare.

The first opportunity individuals have to enroll in Part A and Part B is during their initial enrollment period (IEP). The IEP is a 7-month period that usually begins three months before the month in which an eligible individual turns 65 and ends three months after the first month of eligibility. The next opportunity for eligible individuals who do not enroll in premium Part A or Part B during their IEP, if they choose to do so, is in the general enrollment period (GEP) which runs from January 1st through March 31st each year. Individuals who do not enroll during their IEP or the following GEP may be subject to a late enrollment penalty (LEP), unless they qualify for a special enrollment period (SEP).

The Centers for Medicare & Medicaid Services (CMS) provides SEPs for individuals experiencing an exceptional condition to enroll in Medicare premium Part A and Part B. To utilize these SEPs, an individual would have to submit an enrollment request via the form CMS-10797. Individuals who missed an enrollment period to enroll in Part A and/or Part B due to an exceptional circumstance must complete form CMS-10797 and submit it to the Social Security Administration (SSA) for processing.

On July 4, 2025, Public Law 119-21, which CMS refers to as the "Working Families Tax Cut" legislation (WFTC) legislation, was enacted. Section 71201 of the WFTC legislation amended Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (the Act) to add a new section 1899C, which provides that, subject to section 1899C(b) of the Act, an individual may be entitled to, or enrolled for, Medicare benefits only if the individual is in one of the following four groups: (1) a citizen or national of the United States (U.S.); (2) an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act; (3) an alien who has been granted the status of Cuban and Haitian entrant (CHE); or (4) an individual who lawfully resides in the U.S. in accordance with a Compact of Free Association (COFA migrant).

The changes proposed in this 2026 collection of information request are associated with our July 16, 2026 (91 FR 43842) CY 2027 Physician Fee Schedule NPRM (CMS-1848-P, RIN 0938-AV82) and with section 1899C of the Act.

While neither of the two have any impact on our currently approved (active) burden estimates, we are proposing to update our Medicare initial enrollment forms to expand the response options

to include specific types of citizenship and immigration status data elements to support Medicare Part A enrollment eligibility determinations. See section 15 for details.

A. Justification

1. Need and Legal Basis

Section 1837(m) of the Act provides authority for the Secretary of the Department of Health and Human Services to establish SEPs for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide.

Federal regulation at §§ 406.27 and 407.23 establishes the exceptional conditions SEPs for Medicare parts A and B, respectively.

2. Information Users

The CMS-10797 provides the necessary information to determine eligibility and to process the beneficiary's request for enrollment in premium Part A or Part B due to an exceptional circumstance. The form is only used for enrollment by beneficiaries who could not enroll during another enrollment period due to an exceptional condition.

The CMS-10797 is completed by the individual or by an SSA representative using information provided by the Medicare enrollee during an in-person interview. While the form is owned by CMS, it is not completed by CMS staff. SSA processes Medicare enrollments on behalf of CMS.

3. Use of Information Technology

The paper application form is available on the internet at (https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms). Individuals complete the form and submit it to SSA, either via U.S. mail or in person at a local field office, for processing. The information completed on the form is reviewed manually by SSA and will be entered into their IT systems by an SSA representative.

Internet Claim (iClaim) Application:

Individuals can access the electronic version of the application and file an online claim via SSA's website (https://secure.ssa.gov/iClaim/rib). The responses applicants input into iClaim determines the screens/questions they will receive, ensuring they only respond to relevant questions. After completing the online application, claimants or their third-party representatives can submit it electronically to SSA, avoiding the need to visit an SSA office.

Interview/SSA Claim System (MCS/POS/MACADE):

The SSA claim system is an electronic system that technicians use to input data collected from the applicant during an in-person interview. All data, whether collected on paper or online, is stored electronically and transferred to the SSA and CMS master records upon adjudication. The electronic data is retained by both CMS and SSA.

4. Duplication of Efforts

Generally, there is no duplication of effort associated with this information collection, as use of this form represents the individual's initial request for Medicare benefits. Even in cases where an individual previously applied and entitlement was denied or later terminated; the information must be resubmitted and updated to ensure proper adjudication of the new application. If no prior filing has occurred, the information cannot be obtained from any other source and does not duplicate any existing data collection.

The application is necessary because the individual must actively initiate enrollment into Part A and/or Part B, either by submitting the form or contacting the SSA telephonically, making this the first request for enrollment. As such, the information collected is not available from any other source and cannot be obtained without direct action from the individual.

5. Small Businesses

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

6. Less Frequent Collection

The information is collected only as needed, and only when an individual requests to enroll in Part A and/or Part B. Each individual respondent uses the form one time when they submit the request to enroll in Part A and/or Part B.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- 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 secrets, 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

Serving as the 60-day notice, the CY 2027 PFS proposed rule (CMS-1848-P, RIN 0938-AV82) filed for public inspection on July 14 and published in the Federal Register on July 16, 2026 (91 FR 43842). Comments must be received by September 14, 2026.

9. Payment/Gift to Respondents

There are no payments or gifts provided to respondents.

10. Confidentiality

This collection is used solely by SSA for the purpose of enrolling a beneficiary into Medicare Part A or Part B. Both CMS and SSA are responsible for ensuring that all personally identifiable information (PII) remains confidential.

The completed form is not provided to CMS, rather it is stored with SSA Under Privacy Act System of Records Notice (SORN) 60-0090, entitled Master Beneficiary Record, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1826.

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 Estimates

Wage Data

We believe that the cost for beneficiaries undertaking administrative and other tasks on their own time is a post-tax wage of $24.05/hr.

The Valuing Time in U.S. Department of Health and Human Services Regulatory Impact Analyses: Conceptual Framework and Best Practices[1] identifies the approach for valuing time when individuals undertake activities on their own time. To derive the costs for beneficiaries, we used a measurement of the usual weekly earnings of wage and salary workers of $1,159[2] for 2024 and then divided by 40 hours to calculate an hourly pre-tax wage rate of $28.98/hr. This rate is adjusted downwards by an estimate of the effective tax rate for median income households of about 17 percent or $4.93/hr ($28.98/hr x 0.17), resulting in the post-tax hourly wage rate of $24.05/hr ($28.98/hr - $4.93/hr).

[1] https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//176806/VOT.pdf.
[2] https://fred.stlouisfed.org/series/LEU0252881500A.

We are not adjusting this figure for fringe benefits and other indirect costs since the individuals' activities would occur outside the scope of their employment.

Collection of Information Requirements and Associated Burden Estimates

The average completion time for the application and interview is 15 minutes (0.25). We add 39 minutes (0.65 hr) to the interview to account for the time to wait in an SSA field office. In this regard we estimate a total of 0.9 hours (0.25 hr for the interview + 0.65 hr of wait time) for the interview. As demonstrated in the following table, in aggregate we estimate an annual burden of 19,901 hours ([8,653 applications x 0.25 hr/application] + [8,653 applications x 0.25 hr/application] + [17,306 applications x 0.9 hr/application]) at a cost of $478,619 ($24.05/hr x 19,901) or $13.83 per respondent ($478,619/34,612 respondents).

Although technology is used in the collection, processing, and storage of the data, the burden is not reduced by the use of technology. The burden is in the interview to solicit and clarify information that is collected for the application.

Method of Completion	Number of Respondents/Responses	Time Per Response (hours)	Total Annual Time (hours)	Individual 's Wage ($/hr)	Total Annual Cost ($)
Paper Form	8,653	0.25	2,163	24.05	52,020
iClaim	8,653	0.25	2,163	24.05	52,020
Interview	17,306	0.9	15,575	24.05	374,579
TOTAL	34,612	Varies	19,901	24.05	478,619

Note: SSA is unable to share 2025 enrollment numbers with CMS in 2026. As a result, the projection approach is limited due to available data. The CMS-10797 is a new data collection instrument established in 2022, and only one year of enrollment data has been provided by SSA (34,612). Because there are not multiple years of data to calculate a reliable percentage trend, this most recent enrollment figure is used as a proxy in place of a projected 2025 estimate.

Collection of Information Instruments and Instruction/Guidance Documents

- **Application For Medicare Part A and Part B Special Enrollment Period (Exceptional Circumstances) (Revised)**

The form consists of 6 sections including Attachment 1 (Special Enrollment Period for Exceptional Conditions Attestation) that must be completed to determine an individual's eligibility for enrollment in Part A and Part B using an SEP for exceptional conditions.

Section 1: Basic information

- Social Security number is requested to allow SSA to access their earnings system to determine if the applicant is eligible for or entitled to premium-free Part A. The Medicare number is requested if the applicant is already a Medicare recipient.
- Name
- Sex
- Date of birth
- Place of birth and record of birth
- Phone number
- Email address (optional)

Section 2: Citizenship

- Select one of five statuses: U.S. citizen or national, lawful permanent resident, Cuban/ Haitian entrant, Compact of Free Association, or Other
- Alien registration number
- Citizenship status effective date
- Current U.S. residence status
- U.S. residency start date
- Residency status for the past 5 years
- Addresses for the past 5 years

Section 3: Remarks

- Space provided for more room to answer questions in Section 2: Citizenship if needed.

Section 4: Special Enrollment Period for Exceptional Conditions

Individuals will select from 1 of 5 SEPs, based on their exceptional condition. For certain SEPs, the individual must provide dates in which events happened to trigger the enrollment. Information related to the dates in which an event happened is collected to determine eligibility for an SEP. Without these dates, the technician would not be able to determine if the condition falls within the parameters of the SEP.

The SEPs are SEP for Individuals Impacted by an Emergency or Natural Disaster – The individual must provide the month and year in which the declared emergency or natural disaster started and ended.

SEP for Group Health Plan (GHP) or Employer Misrepresentation – The individual must provide proof that the GHP or employer provided misinformation. If proof is not available, the individual may submit an attestation. The attestation helps technicians determine eligibility when tangible evidence is not available.

SEP to Coordinate with Termination of Medicaid Coverage – The individual must be eligible for

Medicare and either have lost or will lose Medicaid eligibility on or after January 1, 2023. The individual does not need to provide proof, as the agency will be able to verify. They must select whether they want their coverage to start retroactively or prospectively.

SEP for Formerly Incarcerated Individuals – The individual must provide the month and year in which they were incarcerated and released. Information related to the dates in which an event happened is collected to determine eligibility for an SEP. Without these dates, the technician would not be able to determine if the condition falls within the parameters of the SEP. They must select whether they want their coverage retroactively or prospectively.

SEP for Other Exceptional Conditions – Individuals must provide documentation that shows that an exceptional condition outside of the ones in statute, prevented them from enrolling during another enrollment period. If proof is not available, the individual may submit an attestation. The attestation helps technicians determine eligibility when tangible evidence is not available.

Section 5: Signature(s)

- Signature, date signed, and current address
- Witness name, signature, and date signed

Attachment 1: Special Enrollment Period for Exceptional Conditions Attestation

Used by individuals who are applying for the SEP for Other Exceptional Conditions. The attestation helps technicians determine eligibility when tangible evidence is not available.

- **iClaim**

iClaim is the online version of the above application used by beneficiaries.

- **SEP User Interface (UI) Mockups**

The UI is what SSA technicians use to input the data from an in-person interview.

- SSA Program Operations Manual System (POMS)

  - HI 00805.382 Special Enrollment Period (SEP) for Exceptional Conditions
  - HI 00805.383 Individuals Impacted by an Emergency or Disaster
  - HI 00805.384 Misrepresentation by Group Health Plan (GHP) or Employer
  - HI 00805.385 Termination of Medicaid Coverage
  - HI 00805.386 Formerly Incarcerated Individuals
  - HI 00805.387 Other Exceptional Conditions

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 2026 General Schedule (GS) Locality Pay Table for all salary estimates https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/26Tables/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 5, which we believe is the most appropriate level for an SSA field office representative.

MCS/POS/MACADE technicians use the SEP UI to input data collected from the applicant during an in-person interview.

Based on the information collected on the form, we estimate it will take 15 minutes (0.25) for a federal government employee to review and record the collected data (process the enrollment), either by paper form, electronic submission or in person interview.

As the processing of this form occurs at the national level and not just one geographic location, we estimate the salary using the national base general schedule. Such an hourly wage is $34.64/hr or $72,051 annually. Therefore, the total cost to the government to complete the annual volume of responses is $299,740 (8,653 hr x $34.64).

Number of applications	Time required	Total time (hr)	Wage costs	Total cost
34,612	0.25 hr	8,653	$34.64/hr	$299,740

15. Changes to Burden

The changes proposed in this 2026 collection of information request are associated with our July 16, 2026 (91 FR 43842) CY 2027 Physician Fee Schedule NPRM (CMS-1848-P, RIN 0938-AV82) and with section 1899C of the Act.

While neither of the two have any impact on our currently approved (active) burden estimates, we are proposing to update our Medicare initial enrollment forms to expand the response options to include specific types of citizenship and alien status data elements to support Medicare Part A enrollment eligibility determinations.

The citizenship section asks applicants to identify their citizenship or immigration status by selecting the category that best applies to them: U.S. citizen or national, lawful permanent resident, Cuban/Haitian entrant, Compact of Free Association resident (Marshall Islands, Micronesia, or Palau), or other. Applicants who indicate they are U.S. citizens or nationals skip the remaining questions in the section. Those who select one of the non-citizen statuses must provide additional information to verify eligibility, including their Alien Registration Number (if applicable), confirmation of lawful presence in the U.S., the date they became lawfully present, current U.S. residency status, the date they became a U.S. resident, whether they have lived in

the U.S. continuously for the past five years, and the addresses where they lived during that period. Applicants who select “Other” may not be eligible for Medicare under current federal law.

The WFTC legislation narrows the categories of non-citizens eligible for Medicare, which is expected to result in a smaller overall pool of applicants who are not U.S. citizens or nationals. For the majority of respondents who are U.S. citizens or nationals, selecting their status and proceeding to the next section is estimated to take less than one minute and is therefore considered negligible. For the remaining applicants who select a non-citizen status, SSA already collects documentation related to immigration and residency status as part of its existing enrollment processes, which should minimize any additional burden. CMS anticipates only a small number of applicants to indicate they may be ineligible under current federal law and that number is expected to be negligible. Accordingly, no change to the overall burden estimate is warranted at this time.

New section headings will be added to the form to better organize the content and align with other Medicare Part A and Part B enrollment forms.

16. Publication/Tabulation Dates

This information is not published or tabulated.

17. Expiration Date

The form displays the expiration date next to the OMB control number.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collection of Information Employing Statistical Methods

Not applicable. There are no statistical methods.