

Supporting Statement – Part A
Social Security Administration Office (SSO) Reporting of State Buy-in Problems
CMS-1957, OMB 0938-0035

Notes: This 2026 iteration proposes to revise our active collection of information request.

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

Under Section 1843 of the Social Security Act (hereafter, “of the Act”), States may enter into an agreement with the Department of Health and Human Services to enroll eligible individuals in Medicare and pay their premiums. The purpose of the State Buy-in’ program is to ensure that Medicaid is the payer of last resort by permitting a State to provide Medicare protection to certain groups of needy individuals, as part of the State’s total assistance plan. State Buy-in also has the effect of transferring some medical costs for this population from the Medicaid program, which is partially State funded to the Medicare program, which is funded by the federal government and individual premiums.

Generally, the States Buy-in for individuals who meet the eligibility requirements for Medicare and are cash recipients or deemed cash recipients or categorically needy under Medicaid. In some cases, States may also include individuals who are not cash assistance recipients under the Medical Assistance Only group.

This 2026 iteration proposes to discontinue our paper-based form (SSO Report of State Buy-in Problem) and replace the form with an email-based reporting process. The email-based submission process will retain all essential data elements previously captured on the paper-based form.

This action supports CMS’s commitment to streamlining operations and improving efficiency through digital transformation. The transition from a paper form to an email-only submission process is intended to reduce administrative burden while consolidating all state buy-in problem reports from SSA into a single, standardized electronic format. This modernization will improve processing efficiency and enable quicker turnaround times for case resolution, allowing CMS to provide faster responses to SSA colleagues and better serve beneficiaries.

By switching from a physical paper form to an email-only submission process, CMS aims to reduce administrative burden by enabling the instant submission and receipt of requests via email, eliminating delays associated with mail delivery. Additionally, the email process will help protect sensitive beneficiary information in ways that mailing paper forms does not. The email-only submission process will retain all essential data elements previously captured on the CMS-1957 form while providing a more efficient and accessible method for SSA staff to report state buy-in problems to CMS.

While our active time estimates are unchanged, we have adjusted our cost estimate based on more recent wage data. Overall, our cost estimate has increased by \$4,716 (see section 15 for details).

A. Justification

1. Need and Legal Basis

The statutory authority for the State Buy-in program is Section 1843 of the Act, amended through 1989. Under Section 1843, a State can enter into an agreement to provide Medicare protection to individuals who are members of a Buy-in coverage group, as specified in the State's Buy-in agreement.

42 CFR 407.40 provides for States to enroll in Medicare and pay the premiums for all eligible members covered under a Buy-in coverage group. Individuals enrolled in Medicare through the Buy-in program must be eligible for Medicare and be an eligible member of a Buy-in coverage group.

2. Information Users

In most instances, the SSO becomes aware of a problem through a beneficiary complaint. Such problems are typically associated with one or more of the following:

1. A request to accrete or delete an individual from a State's Buy-in rolls.
2. A request to adjust the enrollment (accretion) and/or deletion (dis-enrollment) date(s) annotated to CMS' Medicare record.
3. A complaint of duplicate billing occurs when State is paying the Medicare Part B premiums while the premiums are being deducted from a beneficiary's social security check.
4. A complaint that an individual enrolled in the State Buy-in program is also being directly billed for the Medicare premiums.
5. A request to refund Medicare premiums paid by the individual, while the individual was an eligible member of a covered group.
6. A complaint that a Medicare claim was denied due to no Medicare coverage while the individual was an eligible member of a covered group.
7. A complaint that an individual received a Medicare termination notice while being an eligible member of a State Buy-in coverage group.
8. Individual is no longer eligible for State Buy-in.
9. Medicare entitlement is voided due to fraud or no longer meets Medicare residency requirement.
10. Individual moved out of the country.
11. Establishing State Buy-in Eligibility for Railroad Retirement Board (RRB) Annuity

The day-to-day operations of the State Buy-in program is accomplished through an automated data exchange process between the Social Security District Offices, State Medicaid Agencies, and the Centers for Medicare & Medicaid Services (CMS).

When problems arise that cannot be resolved through the normal data exchange process, clerical actions are required. The collected information is e-mailed to CMS to report Buy-in problem cases and to resolve beneficiary complaints and inquiries regarding State Buy-in eligibility.

3. Use of Information Technology

This iteration's transition from a paper form to an email-based submission process is intended to reduce administrative burden while consolidating all State Buy-in problem reports from SSA into a single, standardized electronic format. As noted, the change is intended to improve processing efficiency and enable quicker turnaround times for case resolution, allowing CMS to provide faster responses to SSA colleagues and better serve beneficiaries.

There are also no costs associated with submitting requests through the electronic platform. State Medicaid Agencies (SMAs) are not required to update their systems, as CMS and the SMAs operate under an existing data exchange agreement that is already incorporated into the State Plan Agreement (SPA) and the Section 1634 Agreement. No SPA amendments are required, and there are no system update costs associated with this change.

The centralized email inbox (statebuy-in@cms.hhs.gov) and structured email template will ensure consistent data capture and enhance tracking and case management, contributing to expedited processing and more timely communication with requestors.

4. Duplication of Efforts

There is no duplication of work when reporting a State Buy-in problem.

5. Small Businesses

The information is not collected or reported by small businesses.

6. Less Frequent Collection

The information is collected/reported as-needed when a beneficiary experiences a problem related to the State Buy-in program.

7. Special Circumstances

The information is collected/reported as-needed when a beneficiary experiences a problem related to the State Buy-in program. Otherwise, there are no special circumstances as this information collection request does not do any of the following:

- Require respondents to report information to the agency more often than quarterly;
- Require respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Require respondents to submit more than an original and two copies of any document;
- Require respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Make use of a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Require the use of a statistical data classification that has not been reviewed and approved by OMB;
- Includes 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
- Require respondents to 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/Outside Consultation

The 60-day notice published in the Federal Register on March 27, 2026 (91 FR 14858). Although one comment was received, the comment is not germane to this collection of information request.

The 30-day notice published in the Federal Register on May 29, 2026 (91 FR 32055).

9. Payments/Gifts to Respondents

There are no payments/gifts to respondents

10. Confidentiality

There are no assurances of confidentiality provided; however, the information is used only within the Medicare program.

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

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' (BLS) May 2025 National Occupational Employment and Wages Estimates for all salary estimates (www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (consisting of a 100 percent increase), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Benefits Compensation Analyst	13-1141	40.54	40.54	81.08

As noted, 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 other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. We believe that doubling the hourly wage to estimate the total cost for the form is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

Consistent with our active reporting data, we continue to estimate that there will be approximately 1,400 reports completed and submitted to CMS for resolution annually. It is assumed that each report represents a beneficiary submitting a complaint to their local SSO District Office.

We continue to estimate that it will take approximately 20 minutes (0.3333 hr) for a Benefits Compensation Analyst to collect the required information (e.g., beneficiary identifying information, issue description, and the request to CMS) and email the information to CMS. SSA Field Office technicians should email their state buy-in issues to the state buy-in mailbox

(statebuy-in@cms.hhs.gov).

In aggregate, we estimate an annual burden of 467 hours (1,400 beneficiaries x 0.3333 hr/submission) at a cost of \$37,864 (467 hr x \$81.08/hr).

Annual Burden Summary

	Respondents	Total Annual Responses	Burden per Response (hr)	Total Time (hr)	Labor Cost (\$/hr)	Total Annual Cost (\$)
SSO Report of State Buy-in Problems	SSO Beneficiary Interviews	1,400 reports	0.3333	467	81.08	37,864

Information Collection/Reporting Instruments and Instruction/Guidance Documents

- CMS-1957 (E-mail Template) (New Instrument)
- CMS-1957 (SSO Report of State Buy-in Problems) (Discontinued Instrument)

13. Capital Costs

There is no capital costs associated with this collection request.

14. Cost to Federal Government

All costs to the Federal government are incurred as part of normal business operations. It should be noted that there are no costs to CMS for this collection of information. CMS does not record the Social Security Administration's costs.

15. Changes to Burden

As noted, this iteration proposes to discontinue our paper-based form (SSO Report of State Buy-in Problem) and replace the form with an email-based reporting process. The email-based submission process will retain all essential data elements previously captured on the paper-based form.

While our active time estimates are unchanged, we have adjusted our cost estimate based on more recent wage data. Using BLS' May 2021 wage data, our active collection of information request sets out an adjusted wage of \$70.98/hr and a cost of \$33,148 (467 hr x \$70.98/hr). This 2026 iteration uses BLS' May 2025 wage data and an adjusted wage of \$81.08/hr to estimate a cost of \$37,864 (467 hr x \$81.08/hr). This is an increase of \$4,716.

16. Publication/Tabulation Dates

This information is not published or tabulated.

17. Expiration Date

The expiration date will be displayed.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collection of Information Employing Statistical Methods

The use of statistical methods for collection does not apply.