

Premium Billing

Chapter 5

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5.0 - Introduction

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The Centers for Medicare & Medicaid Services (CMS) administers Medicare premium billing and collections related to the state payment of Medicare premiums for individuals dually eligible for Medicare and Medicaid (also known as state buy-in). Federal law authorizes CMS to establish due dates for premiums owed by state Medicaid agencies and to assess interest on outstanding balances. See the Federal Claims Collection Act of 1966, Pub. L. 104-134, codified at Title 31 USC 3711; 42 CFR § 401(f). CMS can recover amounts due from states, including interest, by direct collection or through offsets against Medicaid payments to states (specifically, State Medicaid Grants). See 42 CFR §§ 401.607 and 408.6(c)(4).

This chapter describes state buy-in billing and collections procedures for states.

5.1 - State Billing for Medicare Part A and Part B Premiums

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

On or before the 10th of each month, CMS sends (via US Postal Service and email) each state a bill called the Summary Accounting Statement (SAS) that CMS produces at the end of the prior month (update month). See appendix 5.C for a sample SAS and a detailed explanation of the SAS.

The SAS reflects the state's Medicare premium liability for the upcoming month (billing month). The SAS gives the first of the billing month as the "payable by" date (due date), but CMS grants states a "grace period" up to the 25th day of that month.¹

For example, on or before June 10th, CMS mails the state its SAS created after the end of the update month of May. The SAS contains the state's Medicare Part A or Part B premium liability for the month of July. The SAS gives July 1st as the due date and the grace period lasts up to July 25.

CMS considers a state's Medicare premium liability to be satisfied once CMS receives the full amount due. If outstanding balances remain after the grace period, they are assessed interest and subject to collection through offset against the state's Medicaid Grant Award.

A state Medicaid agency may appeal if it disagrees with the amount of their Medicare premium liability, the amount of interest assessed, or the amount of the offset against the Medicaid Grant Award. CMS must receive the appeal within 90 days of the billing date on the disputed SAS billing notice. The state can submit a written request for review along with supporting documentation to the Director of the Division of Premium Billing and Collections (DPBC) through:

¹ If the 25th day of the month falls on a federal holiday or weekend, states must pay their premium liability no later than close of business on the last business day prior to the 25th.

Mail:
CMS, OFM, AMG
Division of Premium Billing and Collections
Mailstop C3-13-08
7500 Security Boulevard
Baltimore, Maryland 21244-1850

*Email: DPBCStateBuy-in@cms.hhs.gov
Type 'Appeal Request' and <state's name> in the subject line of the email.*

Within 30 days of receipt of the state's appeal request, the Director of DPBC will send the state a written acknowledgement confirming receipt. Pending the appeal, the state should pay the disputed amount to avoid further interest charges and a possible offset.

CMS will send a written response to the state to communicate its decision. If CMS determines that it owes the state a credit, the credit will appear as an adjustment in a subsequent SAS.

***NOTE:** If a state disagrees with the premium amount billed for a specific Health Insurance Claim Number (HICN), the state should submit the record directly to the CMS Division of Medicare Systems Exceptions and Inquiries (DMSEI) in accordance with procedures in chapter 6. To avoid interest assessment and possible offset, the state should pay the disputed amount while CMS reviews the state's request.*

5.2 - Listed Agency Billing (LAB) - Summary Sheet **(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)**

*A LAB summary sheet is enclosed with each monthly SAS. The LAB summary sheet will **only** reflect items included in the monthly billing file (RIC-B). For states that receive daily buy-in response files, reply records (RIC-D) are **not** be reflected on the LAB summary sheet. For states that do not receive daily reply files, all records processed in the update month are reflected on the LAB summary sheet.*

More specifically, the LAB summary sheet provides a breakdown of the number of records and the credits and debits associated with each transaction code. See appendix 5.D for a sample Agency LAB summary sheet.

5.3 - Crediting of State Payments for Medicare Part A and Part B Premiums **(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)**

CMS applies Medicare premium payments to the most current unpaid Medicare premium liability.

CMS may collect past due premiums through offset against the state's Medicaid Grant Award during the following update month. For example: for the June billing month, the Medicare premium payment due date is June 1st, with the grace period through June 25th. If, after June 25th, a balance remains unpaid, CMS considers the unpaid balance as past due and collects it through offset within the update month of July. CMS will credit the collection to the

corresponding billing month of September and the collection will be on the September SAS.

5.4 - Interest Assessment

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

CMS assesses interest on past due Medicare premium amounts when the month's premium liability is not paid in full by the end of the grace period.

CMS assesses interest in 30-day increments. *Interest assessment on Medicare premiums that remain unpaid by the end of the grace period in which they were due begins with the first day of the billing month and is calculated on a 30-day basis.*

The interest rate for past due Part A and Part B Medicare premiums is the Federal Supplementary Medical Insurance (SMI) Trust fund rate as computed for new investments in accordance with section 1841(c) of the Social Security Act ("the Act"). This rate approximates the actual loss to the SMI trust fund and derives from the average yield on all marketable obligations to the U.S. Department of the Treasury as of the last day of the month.

5.5 - Offset Against Medicaid Grant Award

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

CMS will offset the state's Medicaid Grant Award for the interest assessed on amounts not paid by the end of the grace period and past due Medicare premiums (i.e., premiums not paid by the end of the month).

A subsequent SAS will show the amount of past due premiums collected through offset. The state's Medicaid Grant Award will reflect the amount of the offset.

The offset does not constitute a disallowance of FFP. The offset is an accounting adjustment that reduces the amount owed by CMS to the state.

5.6 - Methods States May Use to Pay Medicare Premiums

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

States can use either of the following electronic funds transfer methods to pay the Medicare premiums on behalf of dually eligible beneficiaries:

- *The U.S. Department of the Treasury ("the Treasury") Internet Collections Application (Pay.gov); or*
- *The Treasury's electronic funds transfer service system, the Fedwire.*

5.6.1 - Pay.gov

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

5.6.1.1 - Pay.gov Background

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The Treasury developed Pay.gov to meet its commitment to process collections electronically using internet technologies. Pay.gov is a secure, web-based collection portal and states can use it to make Medicare premium payments to CMS. Users can access the portal from any computer with internet access.

When states pay their Medicare premiums using Pay.gov, the transactions are processed as an Automated Clearing House (ACH) direct payment debit. ACH collections are processed by the Federal Reserve Bank of Cleveland with settlement usually occurring the next business day.

5.6.1.2 - Pay.gov Instructions

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Pay.gov requires a user ID and password to access the CMS Medicare Part A and Part B Payment forms on the portal. States electing to use Pay.gov must first enroll through CMS. As part of the enrollment process, CMS will facilitate and authorize the Treasury to issue each state a user ID and password. To set up a user ID and password, send an email to DPBC resource mailbox at DPBCStateBuy-in@cms.hhs.gov.

Pay.gov provides customer service to states concerning use of the portal, payment processing, and other topics. States can contact a Pay.gov customer service representative at <https://www.pay.gov> or by using the contact information provided below.

Phone: 1 (800) 624-1373 Option #2

Fax: 1 (216) 579-2813

Email: pay.gov.clev@clev.frb.org

Hours (ET): 7:00 a.m. – 7:00 p.m.

5.6.2 - Fedwire

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

5.6.2.1 - Fedwire Background

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Fedwire (formally known as the Fedwire Funds Service) is a real-time funds transfer system operated by the United States Federal Reserve Banks that allows financial institutions to electronically transfer funds between its participants.

When states pay their Medicare premiums using Fedwire, the settlement of funds is immediate, final, and irrevocable.

5.6.2.2 - Fedwire Instructions

(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

The information below is required to successfully transmit a Medicare premium payments to CMS via Fedwire:

Fedwire Field Name	Information Needed
Amount: (Format must be properly punctuated with a dollar sign, comma(s), and decimal point - (e.g., \$999,999.99).)	Enter payment amount.
Sending Bank Routing Number:	Enter sending bank's routing number
Receiver ABA Number:	021030004
Receiver ABA Short Name:	TREAS NYC
Beneficiary Account Number: (CMS Agency Location Code (ALC))	875050080000
U.S. Agency Name:	CMS
Originator:	Input state name
Originator to Beneficiary information:	<ul style="list-style-type: none">• Enter the three-character agency code that CMS assigned to the state• Enter corresponding Medicare Program:<ul style="list-style-type: none">○ if agency code starts with "S", corresponding Medicare Program is Medicare Part A;○ if agency code is all numbers, corresponding Medicare Program is Medicare Part B <p><u>IMPORTANT:</u> If the state combines the Medicare Part A and Part B premiums into one payment, the electronic funds transfer transmission must specify the amount that applies to the Part A premium liability and the amount that applies to the Part B premium liability. If no designation appears, CMS will apply the total premium payment to the Part B premium payment which could result in an offset of</p>

<i>Fedwire Field Name</i>	<i>Information Needed</i>
	<i>the Part A premium liability amount.</i>

***Appendix 5.A - Medicare Part A Premium Amount
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)***

Section 1818 of the Act specifies that the Secretary of Health and Human Services shall determine the amount of the monthly Medicare Part A premium to be paid on behalf of each individual who is entitled to Premium-Part A. See 42 CFR § 406.32(d). Surcharges for late enrollment do not apply to the payment of Medicare Part A premiums on behalf of QMBs in Part A buy-in states. A ten percent surcharge for late enrollment, if applicable, applies to Medicare Part A premiums paid on behalf of QMBs in group payer states and on behalf of QDWIs in all states as they must use the group payer arrangement to pay QDWI premiums. For a description of the Part A premium surcharge, see chapter 1, section 1.1.

Monthly Medicare Part A Premium Amounts

<i>Effective Date</i>	<i>Part A Premium Base Rate</i>	<i>10% Surcharge</i>
<i>01/89 - 12/89</i>	<i>\$156.00</i>	<i>\$171.60</i>
<i>01/90 - 12/90</i>	<i>\$175.00</i>	<i>\$192.50</i>
<i>01/91 - 12/91</i>	<i>\$177.00</i>	<i>\$194.70</i>
<i>01/92 - 12/92</i>	<i>\$192.00</i>	<i>\$211.20</i>
<i>01/93 - 12/93</i>	<i>\$221.00</i>	<i>\$243.10</i>
<i>01/94 - 12/94</i>	<i>\$245.00</i>	<i>\$269.50</i>
<i>01/95 - 12/95</i>	<i>\$261.00</i>	<i>\$287.10</i>
<i>01/96 - 12/96</i>	<i>\$289.00</i>	<i>\$317.90</i>
<i>01/97 - 12/97</i>	<i>\$311.00</i>	<i>\$342.10</i>
<i>01/98 - 12/99</i>	<i>\$309.00</i>	<i>\$339.90</i>
<i>01/00 - 12/00</i>	<i>\$301.00</i>	<i>\$331.10</i>
<i>01/01 - 12/01</i>	<i>\$300.00</i>	<i>\$330.00</i>

<i>Effective Date</i>	<i>Part A Premium Base Rate</i>	<i>10% Surcharge</i>
<i>01/02 - 12/02</i>	<i>\$319.00</i>	<i>\$350.90</i>
<i>01/03 - 12/03</i>	<i>\$316.00</i>	<i>\$347.60</i>
<i>01/04 - 12/04</i>	<i>\$343.00</i>	<i>\$377.30</i>
<i>01/05 - 12/05</i>	<i>\$375.00</i>	<i>\$412.50</i>
<i>01/06 - 12/06</i>	<i>\$393.00</i>	<i>\$432.30</i>
<i>01/07 - 12/07</i>	<i>\$410.00</i>	<i>\$451.00</i>
<i>01/08 - 12/08</i>	<i>\$423.00</i>	<i>\$465.30</i>
<i>01/09 - 12/09</i>	<i>\$443.00</i>	<i>\$487.30</i>
<i>01/10 - 12/10</i>	<i>\$461.00</i>	<i>\$507.10</i>
<i>01/11 - 12/11</i>	<i>\$450.00</i>	<i>\$495.00</i>
<i>01/12 - 12/12</i>	<i>\$451.00</i>	<i>\$496.10</i>
<i>01/13 - 12/13</i>	<i>\$441.00</i>	<i>\$485.10</i>
<i>01/14 - 12/14</i>	<i>\$426.00</i>	<i>\$468.60</i>
<i>01/15 - 12/15</i>	<i>\$407.00</i>	<i>\$447.70</i>
<i>01/16 - 12/16</i>	<i>\$411.00</i>	<i>\$452.10</i>
<i>01/17 - 12/17</i>	<i>\$413.00</i>	<i>\$454.30</i>
<i>01/18 - 12/18</i>	<i>\$422.00</i>	<i>\$464.20</i>
<i>01/19 - 12/19</i>	<i>\$437.00</i>	<i>\$480.70</i>
<i>01/20 - 12/20</i>	<i>\$458.00</i>	<i>\$503.80</i>

Section 1818(d) of the Act provides for reduced Medicare Part A premiums for individuals who have at least 30 Social Security work credits.

Monthly Reduced Medicare Part A Premium Amounts

<i>Effective Date</i>	<i>Part A Premium Reduced Rate</i>	<i>10% Surcharge</i>
<i>01/94 - 12/94</i>	<i>\$184.00</i>	<i>\$202.40</i>
<i>01/95 - 12/95</i>	<i>\$183.00</i>	<i>\$201.30</i>
<i>01/96 - 12/96</i>	<i>\$188.00</i>	<i>\$206.80</i>
<i>01/97 - 12/97</i>	<i>\$187.00</i>	<i>\$205.70</i>
<i>01/98 - 12/99</i>	<i>\$170.00</i>	<i>\$187.00</i>
<i>01/00 - 12/00</i>	<i>\$166.00</i>	<i>\$182.60</i>
<i>01/01 - 12/01</i>	<i>\$165.00</i>	<i>\$181.50</i>
<i>01/02 - 12/02</i>	<i>\$175.00</i>	<i>\$192.50</i>
<i>01/03 - 12/03</i>	<i>\$174.00</i>	<i>\$191.40</i>
<i>01/04 - 12/04</i>	<i>\$189.00</i>	<i>\$207.90</i>
<i>01/05 - 12/05</i>	<i>\$206.00</i>	<i>\$226.60</i>
<i>01/06 - 12/06</i>	<i>\$216.00</i>	<i>\$237.60</i>
<i>01/07 - 12/07</i>	<i>\$226.00</i>	<i>\$248.00</i>
<i>01/08 - 12/08</i>	<i>\$233.00</i>	<i>\$256.30</i>
<i>01/09 - 12/09</i>	<i>\$244.00</i>	<i>\$268.40</i>
<i>01/10 - 12/10</i>	<i>\$254.00</i>	<i>\$279.40</i>
<i>01/11 - 12/11</i>	<i>\$248.00</i>	<i>\$272.80</i>
<i>01/12 - 12/12</i>	<i>\$248.00</i>	<i>\$272.80</i>
<i>01/13 - 12/13</i>	<i>\$243.00</i>	<i>\$267.30</i>
<i>01/14 - 12/14</i>	<i>\$234.00</i>	<i>\$257.40</i>
<i>01/15 - 12/15</i>	<i>\$224.00</i>	<i>\$246.40</i>
<i>01/16 - 12/16</i>	<i>\$226.00</i>	<i>\$246.40</i>

<i>Effective Date</i>	<i>Part A Premium Reduced Rate</i>	<i>10% Surcharge</i>
<i>01/17 - 12/17</i>	<i>\$227.00</i>	<i>\$249.70</i>
<i>01/18 - 12/18</i>	<i>\$232.00</i>	<i>\$255.20</i>
<i>01/19 - 12/19</i>	<i>\$240.00</i>	<i>\$264.00</i>
<i>01/20 - 12/20</i>	<i>\$252.00</i>	<i>\$277.20</i>

Appendix 5.B - Medicare Part B Premium Amount
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

Section 1839 of the Act specifies that the Secretary of Health and Human Services shall determine the amount of the standard monthly Medicare Part B premium to be paid by or on behalf of each individual who is enrolled in Medicare Part B. From July 1966 through December 1983, the premium period usually spanned July through the following June. Beginning in January 1984, the premium period became January through December. Medicare Part B premiums paid on behalf of individuals enrolled in Part B buy-in are not subject to a surcharge for late enrollment. The following table reflects the premium amounts in effect since the beginning of the Medicare program.

Monthly Medicare Part B Premium Rates

<i>Effective Date</i>	<i>Part B Premium Base Rate</i>
<i>7/66 - 3/68</i>	<i>\$3.00</i>
<i>4/68 - 6/70</i>	<i>\$4.00</i>
<i>7/70 - 6/71</i>	<i>\$5.30</i>
<i>7/71 - 6/72</i>	<i>\$5.60</i>
<i>7/72 - 7/73</i>	<i>\$5.80</i>
<i>8/73 - Only*</i>	<i>\$6.10</i>
<i>9/73 - 6/74</i>	<i>\$6.30</i>
<i>7/74 - 6/76</i>	<i>\$6.70</i>
<i>7/76 - 6/77</i>	<i>\$7.20</i>
<i>7/77 - 6/78</i>	<i>\$7.70</i>
<i>7/78 - 6/79</i>	<i>\$8.20</i>
<i>7/79 - 6/80</i>	<i>\$8.70</i>
<i>7/80 - 6/81</i>	<i>\$9.60</i>
<i>7/81 - 6/82</i>	<i>\$11.00</i>
<i>7/82 - 12/83</i>	<i>\$12.20</i>
<i>1/84 - 12/84</i>	<i>\$14.60</i>
<i>1/85 - 12/86</i>	<i>\$15.50</i>
<i>1/87 - 12/87</i>	<i>\$17.90</i>
<i>1/88 - 12/88</i>	<i>\$24.80</i>
<i>1/89 - 12/89</i>	<i>\$31.90</i>
<i>1/89 - 12/89**</i>	<i>\$27.90</i>
<i>1/90 - 12/90</i>	<i>\$28.60</i>

<i>Effective Date</i>	<i>Part B Premium Base Rate</i>
<i>1/91 - 12/91***</i>	<i>\$29.90</i>
<i>1/92 - 12/92</i>	<i>\$31.80</i>
<i>1/93 - 12/93</i>	<i>\$36.60</i>
<i>1/94 - 12/94</i>	<i>\$41.10</i>
<i>1/95 - 12/95</i>	<i>\$46.10</i>
<i>1/96 - 12/96</i>	<i>\$42.50</i>
<i>1/97 - 12/97</i>	<i>\$43.80</i>
<i>1/98 - 12/98</i>	<i>\$43.80</i>
<i>1/99 - 12/99</i>	<i>\$45.50</i>
<i>1/00 - 12/00</i>	<i>\$45.50</i>
<i>1/01 - 12/01</i>	<i>\$50.00</i>
<i>1/02 - 12/02</i>	<i>\$54.00</i>
<i>1/03 - 12/03</i>	<i>\$58.70</i>
<i>1/04 - 12/04</i>	<i>\$66.60</i>
<i>1/05 - 12/05</i>	<i>\$78.20</i>
<i>1/06 - 12/06</i>	<i>\$88.50</i>
<i>1/07 - 12/07</i>	<i>\$93.50</i>
<i>1/08 - 12/08</i>	<i>\$96.40</i>
<i>1/09 - 12/09</i>	<i>\$96.40</i>
<i>1/10 - 12/10</i>	<i>\$110.50</i>
<i>1/11 - 12/11</i>	<i>\$115.40</i>
<i>1/12 - 12/12</i>	<i>\$99.90</i>
<i>1/13 - 12/13</i>	<i>\$104.90</i>

<i>Effective Date</i>	<i>Part B Premium Base Rate</i>
<i>1/14 – 12/14</i>	<i>\$104.90</i>
<i>1/15 – 12/15</i>	<i>\$104.90</i>
<i>1/16 – 12/16</i>	<i>\$121.80</i>
<i>1/17 – 12/17</i>	<i>\$134.00</i>
<i>1/18 – 12/18</i>	<i>\$134.00</i>
<i>1/19 – 12/19</i>	<i>\$135.50</i>
<i>1/20 – 12/20</i>	<i>\$144.60</i>


**Due to Presidential price freeze*

***Applicable to beneficiaries who have "Medicare Part B only" under a provision of the Medicare Catastrophic Coverage Act (MCCA) and was applicable only during 1989.*

****Section 103 of P.L. 100-360 set the Medicare Part B premium rate through 1995.*

Appendix 5.C - Summary Accounting Statement
 (Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

State Buy-in (SBI)—Explanation of the Summary Accounting Statement (SAS)



CENTERS FOR MEDICARE & MEDICAID SERVICES
 SUMMARY ACCOUNTING STATEMENT
 BILLING NOTICE

A SUPPLEMENTARY MEDICAL INSURANCE PREMIUMS

NAME OF ORGANIZATION B	AGENCY CODE C	BILLING PERIOD D JUN 2020	DATE OF BILL E 05/15/2020
This statement contains billing for items processed through this period only. It does not include remittances or billing for items received too late for processing, or items under investigation. Such items will be included in a later billing.			
1. PREVIOUS BALANCE		1	\$63,003,916.70
2. ADJUSTMENTS		2	\$0.00
3. CURRENT MONTH'S LIABILITY-PAYABLE BY	06/01/2020	3	\$31,931,308.20 *
4. PAYMENTS RECEIVED RECEIVED 04/23/2020 \$31,576,990.40		4	\$31,576,990.40 CR
5.		5	
6. TOTAL BALANCE		6	\$63,258,234.50

SEE ATTACHMENT (S)
 * \$30,834,163.00 REPORT ON FORM CMS-64.9 CASH/DEEMED CASH

ENTRIES ON THIS FORM ARE EXPLAINED IN THE STATE BUYIN MANUAL. FOLLOWING ARE THE ELECTRONIC FUNDS TRANSFER METHODS AGENCIES SHOULD USE TO PAY THE MEDICARE PREMIUMS AND/OR STATE PHASED-DOWN CONTRIBUTIONS:

1. THE U.S. DEPARTMENT OF THE TREASURY'S INTERNET COLLECTIONS APPLICATION KNOWN AS PAY.GOV
2. THE U.S. DEPARTMENT OF THE TREASURY'S ELECTRONIC TRANSFER OF MONIES SYSTEM KNOWN AS THE TREASURY FINANCIAL COMMUNICATIONS SYSTEM (TFCS) OR FEDWIRE

SEE THE MANUAL NAMED ABOVE FOR COMPLETE INSTRUCTIONS.
 FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD DELAY THE PROPER CREDITING OF YOUR PAYMENT.

CENTERS FOR MEDICARE & MEDICAID SERVICES
 7500 SECURITY BOULEVARD
 BALTIMORE, MD 21244-1850

A Medicare Program
Name of Medicare program

B Name of Organization
The state name

C Agency Code
Three-character organization identifier assigned by CMS

D Billing Period
The month and year of premium coverage. Also, month and year in which premiums are due.

E Date of Bill
The date the SAS was created

1 Previous Balance
This amount is carried forward from the Total Balance (Line 6) on the previous month's SAS. "CR" denotes a credit balance.

2 Adjustments
This entry reflects a debit or credit adjustment to the total balance (Line 6) on the prior month's bill. It may also reflect a debit or credit adjustment to correct a payment amount recorded as payments received (Line 4) on a prior month's bill. "CR" denotes a credit balance. If the adjustment reflects a debit amount that resulted from a billing adjustment, the state must pay the debit amount in addition to the current month's premium liability (Line 3).

3 Current Month's Liability— Payable by (MM/DD/YYYY)
This entry contains the due date for payments (see section 5.1 of the Manual for State Payment of Medicare Premiums for an explanation of the due date) and the net premium liability (debit or credit) for all items processed for the billing month, including ongoing items, accretions, deletions, and adjustments. It **does not** include the debit or credit adjustments (Line 2).

If the state's buy-in agreement includes all individuals eligible for Medicaid under the state plan (including the categories also known as Medical Assistance Only), an asterisk (*) appears to the right of the current month's premium liability. This asterisk also appears next to the current month's premium liability which appears to qualify for Federal Financial Participation (FFP) under the Medicaid program in the row below Line 6. It is used to compute the allowable Part B premiums claimed on line 17.B of Form CMS 64.9 or 64.9P.

4 Payments Received
This entry reflects the receipt date and payment amount for each payment received from the state that had not previously posted to the state's account.

5 Premiums Collected through Offset
This entry reflects the amount of unpaid premiums that CMS has offset against the state's Award. If the line is blank, CMS did not recover premiums through offset.

6 Total Balance
This entry reflects the cumulative net billing and collection activity at the end of the billing period. "CR" denotes a credit balance.

Appendix 5.D - Listed Agency Billing (LAB) - Summary Sheet
(Rev. 4, Issued: 08-21-20, Effective: 09-08-20, Implementation: 09-08-20)

LAB LISTING FOR AGENCY CODE 000 (state name)

mm/03/yyyy

TOTAL ITEMS PROCESSED –

DEBIT		CREDIT		MISC.	
ITEMS	MONEY	ITEMS	MONEY	ITEMS	MONEY
CODE		CODE		CODE	
11		14		20	
CODE		CODE		CODE	
41		15		21	
CODE		CODE		CODE	
43		16		22	
CODE		CODE		CODE	
45		17		23	
TOTAL		CODE		CODE	
		42		24	
		CODE		CODE	
		44		25	
		TOTAL		CODE	
				26	
				CODE	
				27	
				CODE	
				28	
				CODE	
				29	
				CODE	
				30	

CODE
49

CODE
86

CODE
87

TOTAL

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
R4SPMP	08/21/2020	New State Payment of Medicare Premiums, (SPMP)	09/08/2020	N/A
R1SBI5	10/01/2003	Initial Release of Chapter	N/A	N/A