

(e) *Entitlement date.* The entitlement to the Part B-ID benefit will start as follows:

(1) For enrollments provided under paragraph (a) of this section, entitlement is effective the month Part A benefits are terminated.

(2) For enrollments provided under paragraphs (b) and (c) of this section, the Part B-ID benefit is effective the month following the month in which the individual provides the attestation required in § 407.59.

(3) *Exception.* Enrollments submitted October 1, 2022 through December 31, 2022, are effective January 1, 2023.

#### § 407.59 Attestation.

As a condition of enrollment, an individual must attest to SSA in either a verbal attestation, signed paper form provided by SSA, by electronic submission, or fax, using procedures determined by SSA, that—

(a) The individual is not enrolled and does not expect to enroll in other coverage described in § 407.55(b); and

(b) If the individual does enroll in other coverage described in § 407.55(b), the individual will notify SSA within 60 days of enrollment in such other coverage.

#### § 407.62 Termination of coverage.

(a) *Other coverage.* An individual who enrolls in other coverage as described in § 407.55(b) will have his or her enrollment in the Part B-ID benefit terminated on either of the following bases:

(1) If the individual notifies SSA of such coverage consistent with § 407.59(b), their enrollment in the Part B-ID benefit will be terminated effective the first day of the month after the month of notification unless the individual requests a different, prospective termination date that is not after the effective date of enrollment in other health insurance coverage, as described in § 407.55(b).

(2) If the individual does not notify SSA of this coverage consistent with § 407.59(b), their enrollment in the Part B-ID benefit will be terminated effective the first day of the month after the month in which there is a determination of the individual's enrollment in coverage described in § 407.55(b).

(b) *Death.* Enrollment in the Part B-ID benefit ends on the last day of the month in which the individual dies.

(c) *Nonpayment of premiums.* If an individual fails to pay the premiums, the Part B-ID benefit enrollment will end as provided in the rules for Part B premiums set forth in part 408 of this chapter.

(d) *Request by individual.* An individual may request disenrollment at any time by notifying SSA that he or she no longer wants to be enrolled in the Part B-ID benefit. Such individual's enrollment in the Part B-ID benefit ends with the last day of the month in which the individual provides the disenrollment request, except for an individual who loses coverage under a State buy-in agreement, as described in § 407.50(b)(2)(i).

(e) *Entitlement to Hospital Insurance benefits.* Enrollment in the Part B-ID benefit ends effective the last day of the month prior to the month that the individual becomes entitled to benefits under § 406.5, § 406.12, or § 406.13 of this subchapter.

(f) *Appeals.* An involuntary termination of the Part B-ID benefit for reasons described at § 407.62(a)(2), (b), or (c) of this subsection, will be considered an initial determination that is appealable under § 405.904(a)(1) of this subchapter. An individual can request to continue receiving Part B-ID benefits while waiting for an appeals decision.

## PART 408—PREMIUMS FOR SUPPLEMENTARY MEDICAL INSURANCE

### Subpart A—General Provisions

Sec.

408.1 Statutory basis.

408.2 Scope and purpose.

408.3 Definitions.

408.4 Payment obligations.

408.6 Methods and priorities for payment.

408.8 Grace period and termination date.

408.10 Claim for monthly benefits pending concurrently with request for SMI enrollment.

### Subpart B—Amount of Monthly Premium

408.20 Monthly premiums.

408.21 Reduction in Medicare Part B premium as an additional benefit under Medicare + Choice plans.

408.22 Increased premiums for late enrollment and for reenrollment.

## § 408.1

- 408.24 Individuals who enrolled or reenrolled before April 1, 1981 or after September 30, 1981.
- 408.25 Individuals who enrolled or reenrolled between April 1 and September 30, 1981.
- 408.26 Examples.
- 408.27 Rounding the monthly premium.
- 408.28 Increased premiums due to the income-related monthly adjustment amount (IRMAA).

### Subpart C—Deduction From Monthly Benefits

- 408.40 Deduction from monthly benefits: Basic rules.
- 408.42 Deduction from railroad retirement benefits.
- 408.43 Deduction from social security benefits.
- 408.44 Deduction from civil service annuities.
- 408.45 Deduction from age 72 special payments.
- 408.46 Effect of suspension of social security benefits.
- 408.47 [Reserved]
- 408.50 When premiums are considered paid.
- 408.52 Change from direct remittance to deduction.
- 408.53 Change from partial direct remittance to full deduction.

### Subpart D—Direct Remittance: Individual Payment

- 408.60 Direct remittance: Basic rules.
- 408.62 Initial and subsequent billings.
- 408.63 Billing procedures when monthly benefits are less than monthly premiums.
- 408.65 Payment options.
- 408.68 When premiums are considered paid.
- 408.70 Change from quarterly to monthly payments.
- 408.71 Change from deduction or State payment to direct remittance.

### Subpart E—Direct Remittance: Group Payment

- 408.80 Basic rules.
- 408.82 Conditions for group billing.
- 408.84 Billing and payment procedures.
- 408.86 Responsibilities under group billing arrangement.
- 408.88 Refund of group payments.
- 408.90 Termination of group billing arrangement.
- 408.92 Change from group payment to deduction or individual payment.

### Subpart F—Termination and Reinstatement of Coverage

- 408.100 Termination of coverage for non-payment of premiums.
- 408.102 Reconsideration of termination.

## 42 CFR Ch. IV (10–1–24 Edition)

- 408.104 Reinstatement procedures.

### Subpart G—Collection of Unpaid Premiums; Refund of Excess Premiums After the Death of the Enrollee

- 408.110 Collection of unpaid premiums.
- 408.112 Refund of excess premiums after the enrollee dies.

### Subpart H—Supplementary Medical Insurance Premium Surcharge Agreements

- 408.200 Statutory basis.
- 408.201 Definitions.
- 408.202 Conditions for participation.
- 408.205 Application procedures.
- 408.207 Billing and payment procedures.
- 408.210 Termination of SMI premium surcharge agreement.

AUTHORITY: 42 U.S.C. 1302 and 1395hh.

SOURCE: 52 FR 48115, Dec. 18, 1987, unless otherwise noted.

### Subpart A—General Provisions

#### § 408.1 Statutory basis.

(a) This part implements certain provisions of sections 1837 through 1840 and 1881(d) of the Social Security Act (the Act) and conforms to other regulations that implement section 1843 of the Act. Section 1838(b) requires regulations to establish when an individual's coverage ends because of non-payment of premiums. It also specifies that those regulations may provide a grace period for payment of overdue premiums without loss of coverage. Section 1839 sets forth the specific procedures for determining the amount of the monthly premium and section 1840 establishes the rules for payment of premiums. Section 1843 provides that a State may enter into a buy-in agreement to secure SMI coverage for certain individuals by enrolling them in the SMI program and paying the premiums on their behalf. Section 1881(d) provides that Medicare payment, for the reasonable charges incurred in connection with a kidney donation, shall be made (without regard to deductible, premium, or coinsurance provisions of title XVIII) as prescribed in regulations.

(b) The Federal Claims Collection Act (31 U.S.C. 3711), as implemented by 4 CFR parts 101–105, provides the basic authority for recovery of debts owed the United States government and