February 4, 2003

The Honorable Charles E. Grassley
Chairman
The Honorable Max Baucus
Ranking Minority Member
Committee on Finance
United States Senate

The Honorable William M. Thomas
Chairman
The Honorable Charles B. Rangel
Ranking Minority Member
Committee on Ways and Means
House of Representatives

Subject: Department of Health and Human Services, Centers for Medicare and Medicaid Services: Medicare Program; Part A Premium for 2004 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement

Pursuant to section 801(a)(2)(A) of title 5, United States Code, this is our report on a major rule promulgated by the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), entitled “Medicare Program; Part A Premium for 2004 for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement” (RIN: 0938-AM33). We received the rule on November 20, 2003. It was published in the Federal Register as a notice on October 24, 2003. 68 Fed. Reg. 61002.

The notice announces the Hospital Insurance premium for calendar year 2004 under Medicare’s Hospital Insurance program (Part A) for the uninsured, not otherwise eligible aged and for certain disabled individuals who have exhausted other entitlements.

The monthly Medicare Part A premium for the 12 months beginning January 1, 2004, for these individuals is $343. The reduced premium for certain other individuals described in the notice is $189.
Enclosed is our assessment of the CMS’s compliance with the procedural steps required by section 801(a)(1)(B)(i) through (iv) of title 5 with respect to the rule. Our review indicates that the CMS complied with the applicable requirements.

If you have any questions about this report, please contact James W. Vickers, Assistant General Counsel, at (202) 512-8210. The official responsible for GAO evaluation work relating to the subject matter of the rule is William Scanlon, Managing Director, Health Care. Mr. Scanlon can be reached at (202) 512-7114.

signed

Kathleen E. Wannisky
Managing Associate General Counsel

Enclosure

cc: Ann Stallion
   Regulations Coordinator
   Department of Health and Human Services
(i) Cost-benefit analysis

CMS estimates that 425,000 enrollees will voluntarily enroll in Medicare Part A by paying the full premium, and an additional 1,000 enrollees will pay the reduced premium. CMS estimates that the 2004 aggregate cost to enrollees will be $138 million over the 2003 aggregate cost.

(ii) Agency actions relevant to the Regulatory Flexibility Act, 5 U.S.C. §§ 603-605, 607, and 609

CMS has certified that the notice will not have a significant economic impact on a substantial number of small entities.

(iii) Agency actions relevant to sections 202-205 of the Unfunded Mandates Reform Act of 1995, 2 U.S.C. §§ 1532-1535

As defined in title II, the notice does not contain either an intergovernmental or private sector mandate of more than $110 million in any one year.

(iv) Other relevant information or requirements under acts and executive orders

Administrative Procedure Act, 5 U.S.C. §§ 551 et seq.

CMS states that since the premiums are calculated based on a statutory formula and CMS has no discretion, the waivers of proposed rulemaking and public comment are proper.

Paperwork Reduction Act, 44 U.S.C. §§ 3501-3520

The notice does not contain any information collections that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.
Statutory authorization for the rule

The notice is issued under the authority contained in sections 1818(d)(2) and 1818A(d)(2) of the Social Security Act (42 U.S.C. 1395i-2(d)(2) and 1395i-2a(d)(2)).

Executive Order No. 12866

The notice was reviewed by OMB and found to be an “economically significant” regulatory action under the order.

Executive Order No. 13132 (Federalism)

CMS has determined that the notice does not have federalism implications.