

the Patient Protection and Affordable Care Act.” The notice failed to include a plain-language description of the matching program in the Summary, stated incorrect dates, and mistakenly used the term “return information” instead of “Federal Tax Information (FTI)” consistently throughout.

FOR FURTHER INFORMATION CONTACT: If you have questions about the matching program, you may contact: Robert Yates, Deputy Director, Division of State and Grant Operations, State Marketplace and Insurance Programs Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21224, or by email to Robert.Yates@cms.hhs.gov, or Jenny Chen, Director, Division of State Technical Assistance, State Marketplace and Insurance Programs Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, 7501 Wisconsin Ave., Bethesda, MD 20814, or by email to Jenny.Chen@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of November 18, 2025, in FR Doc. 2025–20058, on page 51764, in the first column, correct the “Summary” caption to read: In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a matching program between CMS and State-Based Administering Entities (AEs), titled “Determining Eligibility for Enrollment in Applicable State Health Subsidy Programs Under the Patient Protection and Affordable Care Act (PPACA).” The matching program provides AEs with data CMS receives from federal agencies under other matching programs to use in determining individuals’ eligibility for enrollment in state health subsidy programs under the Patient Protection and Affordable Care Act and to avoid dual enrollments.

In the **Federal Register** of November 18, 2025, in FR Doc. 2025–20058, on page 51764, in the first and second columns, correct the “Dates” caption to read: The deadline for comments on this notice is December 29, 2025. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately

January 2026 to July 2027) and, within three months of expiration, may be renewed for up to one additional year if the parties make no changes to the matching program and certify that the program has been conducted in compliance with the matching agreement.

In the **Federal Register** of November 18, 2025, in FR Doc. 2025–20058, on page 51765, in the first column, correct the “Categories of Records” caption to read: The categories of records that will be used in the matching program are identifying records; minimum essential coverage period records; Federal Tax Information (FTI) (household income and family size information); citizenship status records; birth and death information; disability coverage and income information; and imprisonment status records. The data elements CMS will receive from AEs may include: Social Security Number (if applicable), Last Name, First Name, and Date of Birth. The data elements the AEs will receive from CMS may include: Validation of SSN; Verification of citizenship or immigration status; Incarceration status; Eligibility and/or enrollment in certain types of MEC; Income, based on FTI, Title II benefits, and current income sources; Quarters of Coverage; and Death Indicator.

Barbara Demopoulos,

Privacy Act Officer, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.

[FR Doc. 2025–21394 Filed 11–26–25; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10500 and CMS–10344]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of

information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by January 27, 2026.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier: __/OMB Control Number: __, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see **ADDRESSES**).

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management

and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. Type of Information Collection Request: Revision with change of a currently approved collection; **Title of Information Collection:** National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS); **Use:** The Agency for Healthcare Research and Quality (AHRQ) and its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Consortium, in conjunction with the Centers for Medicare & Medicaid Services (CMS), have developed standardized CAHPS Surveys and tools for a variety of patient populations, including commercially insured ambulatory patients, patients whose care is covered by Medicare and Medicaid, dialysis patients, home health patients, hospital inpatients, dental patients, and patients who receive behavioral health care and services. The purpose of the CAHPS family of surveys is to collect data about patients’ assessment and rating of the care they receive from their health care provider or health care system.

The national implementation of OAS CAHPS is designed to allow third-party, CMS-approved survey vendors to administer OAS CAHPS using mail-only, telephone-only, mixed mode (mail with telephone follow-up), mixed-mode (web with mail follow-up), or mixed-mode (web with telephone follow-up). The CMS-approved survey vendors who administer the survey use an electronic data collection system if they administer a telephone-only or mixed-mode survey using web. **Form Number:** CMS–10500 (OMB control number: 0938–1240); **Frequency:** Once; **Affected Public:** Business or other for-profits and Not-for-profits institutions; **Number of Respondents:** 2,045,727; **Total Annual Responses:** 2,045,727; **Total Annual Hours:** 500,805. (For policy questions

regarding this collection contact Memuna Ifedirah 410–786–6849.)

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Elimination of Cost-Sharing for Full Benefit Dual-Eligible Individuals Receiving Home and Community-Based Services; **Use:** Section 1860 D–14 of the Social Security Act (the Act) sets forth requirements for premium and cost-sharing subsidies for low-income beneficiaries enrolled in Medicare Part D. Based on this statute, 42 CFR 423.771, provides guidance concerning limitations for payments made by and on behalf of low-income Medicare beneficiaries who enroll in Part D plans. 42 CFR 423.771(b) establishes requirements for determining a beneficiary’s eligibility for full subsidy under the Part D program. Regulations set forth in §§ 423.780 and 423.782 outline premium and cost sharing subsidies to which full subsidy eligible are entitled under the Part D program.

Each month CMS deems individuals automatically eligible for the full subsidy, based on data from State Medicaid Agencies and the Social Security Administration (SSA). The SSA sends a monthly file of Supplementary Security Income-eligible beneficiaries to CMS. Similarly, the State Medicaid agencies submit Medicare Modernization Act files to CMS that identify full subsidy beneficiaries. CMS deems the beneficiaries as having full subsidy and auto-assigns these beneficiaries to benchmark Part D plans. Part D plans to receive premium amounts based on the monthly assessments. **Form Number:** CMS–10344 (OMB control number: 0938–1127); **Frequency:** Monthly; **Affected Public:** State, Local, or Tribal Governments and Not-for-profits institutions; **Number of Respondents:** 51; **Total Annual Responses:** 51; **Total Annual Hours:** 612. (For policy questions regarding this collection contact Roland Herrera 410–786–0668.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2025–21435 Filed 11–26–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10410 and CMS–10137]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by December 29, 2025.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.