

and the development of standards for the definitions of terms used in health insurance coverage.

This information collection will ensure that over 30 million consumers shopping for or enrolled in private, individually purchased, or non-federal governmental group health plan coverage receive the consumer protections of the Affordable Care Act. Employers, employees, and individuals will use this information to compare coverage options prior to selecting coverage and to understand the terms of, and extent of medical benefits offered by, their coverage (or exceptions to such coverage or benefits) once they have coverage. *Form Number:* CMS-10407 (OMB control number 0938-1146); *Frequency:* Annually; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 90,805; *Number of Responses:* 10,507,165; *Total Annual Hours:* 204,140. (For policy questions regarding this collection contact Daniel Kidane at daniel.kidane@cms.hhs.gov.)

4. Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Transformed—Medicaid Statistical Information System (T-MSIS); *Use:* The data reported in T-MSIS are used by federal, state, and local officials, as well as by private researchers and corporations to monitor past and projected future trends in the Medicaid and CHIP programs. The data provide the only national level information available on enrollees, beneficiaries, and expenditures. It also provides the only national level information available on Medicaid utilization. The information is the basis for analyses and for cost savings estimates for the Department's cost sharing legislative initiatives to Congress. The collected data are also crucial to our actuarial forecasts.

This iteration proposes to: (1) add a new valid value that will enable CMS to obtain A-Number, I-94 Number, SEVIS ID, and I-797 Receipt Number for Medicaid and CHIP beneficiaries, (2) add a new valid value to identify state-specific managed care program codes, (3) remove the collection of SOGI data, (4) remove the active Records Layouts file, and (5) update certain T-MSIS Data Dictionary documents. We are not proposing any burden changes.

Form Number: CMS-R-284 (OMB control number: 0938-0345); *Frequency:* Quarterly and monthly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 54; *Total Annual Responses:* 648; *Total Annual Hours:* 7,290. (For policy questions

regarding this collection contact Connie Gibson at 410-786-0755.)

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10945]

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 also required to publish notice in the **Federal Register** concerning each proposed collection of information before the agency's request is submitted to OMB for approval.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by April 14, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 60 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 60-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>.

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

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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.

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.

Information Collection

1. Type of Information Collection Request: New collection (Request for a new OMB control number); *Title of Information Collection:* Administrative Procedures for Chronic and Post-Acute Care Quality Programs; *Use:* This is a request for a new information collection for certain procedural requirements associated with the Centers for Medicare & Medicaid Services' (CMS') quality reporting programs (QRPs) and value-based purchasing (VBP) programs. CMS' QRPs and VBP programs promote higher quality, more efficient healthcare for Medicare beneficiaries by collecting and reporting on quality-of-care metrics. This information is made available to consumers, both to empower Medicare beneficiaries and inform decision-making, as well as to incentivize providers to make continued quality improvements.

Specifically, CMS has implemented QRPs for multiple settings, including for the home health (HH), hospice, inpatient rehabilitation facility (IRF), long-term acute care hospital (LTCH), and skilled nursing facility (SNF) settings, to achieve its overarching priorities and initiatives. Any Hospice, HH Agency (HHA), IRF, LTCH, or SNF—collectively referred to as providers—that does not meet the reporting requirements for their respective program may be subject to a payment reduction in its annual payment update (APU).

CMS has also implemented value-based purchasing (VBP) programs to provide incentive payments to providers who deliver high quality care to patients, as measured by their performance on specific quality metrics.

These QRPs and SNF VBP Program include quality measures calculated using data collected through claims,

staffing data, standardized assessment tools, patient surveys, and the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). SNFs participating in the SNF QRP and VBP Program are also required to participate in a MDS data validation process.

Quality measures calculated using data collected through claims are referred to as claims-based measures. Claims data are reported to Medicare for payment purposes, and there is no additional burden required from providers. Quality measures calculated from staffing data use the data submitted by SNFs to the Payroll-based Journal as required by Section 6106 of the Affordable Care Act (ACA), and there is no additional burden required from providers.

These QRPs, as pay-for-reporting programs, strive to have a streamlined measure set that provides meaningful measurement and differentiates providers by quality of care while limiting burden to the fullest extent possible. CMS provides confidential feedback reports that providers may use to assess their performance and operationalize quality improvement activities throughout the quality reporting period. These reports include the data that CMS has collected from the provider and the provider's claims, and some also include information about how the provider's data compares relative to the performance of other providers.

CMS also uses SNF quality reporting information to set payment adjustments for the SNF VBP program. For example, the SNF VBP Interim (Partial-Year) Workbook and Full-Year Workbooks allow SNFs to assess their current performance in each measure. The SNF VBP Performance Score Report allows SNFs to assess how the SNF VBP Program scored their current measure performance and determine the SNF VBP Program's incentive payment adjustments for the coming fiscal year. *Form Number:* CMS-10945 (OMB control number: 0938-NEW); *Frequency:* Annually; *Affected Public:* Private Sector—Not-for-profit institutions and Business or other for-profits and State, Local or Tribal Governments; *Number of Respondents:* 33,340; *Total Annual Responses:* 72; *Total Annual Hours:* 18. (For policy questions regarding this collection

contact Heidi Magladry at (410)786-6034.)

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10260, CMS-10500 and CMS-10344]

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 March 16, 2026.

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>.

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

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment.

1. *Type of Information Collection Request:* Revision with of a currently approved collection; *Title of Information Collection:* Medicare Advantage and Prescription Drug Program; *Use:* CMS requires MA organizations and Part D sponsors to use the standardized documents being submitted for OMB approval to satisfy disclosure requirements mandated by section 1851 (d)(3)(A) of the Act and § 422.111 for MA organizations and section 1860D-1(c) of the Act and § 423.128(a)(3) for Part D sponsors.

The regulatory provisions at §§ 422.111(b) and 423.128(b) require MA organizations and Part D sponsors to disclose plan information, including: service area, benefits, access, grievance and appeals procedures, and quality improvement/assurance requirements. MA organizations and sponsors may send the ANOC separately from the EOC but must send the ANOC for enrollee receipt by September 30. The required due date for the EOC is 15 days prior to the start of the AEP. *Form Number:* CMS-10260 (OMB control number 0938-1051); *Frequency:* Annually; *Affected Public:* Private sector and