

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 June 5, 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 Collection

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Physician Certifications/Recertifications in Skilled Nursing Facilities Manual Instruction; *Use:* Section 1814(a) of the Social Security Act (the Act) requires specific certifications in order for Medicare payments to be made for certain services. Before the enactment of the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989, Pub. L. 101-239), section 1814(a)(2) of the Act required that, in the case of posthospital extended care services, a physician certify that the services are or were required to be given because the individual needs or needed, on a daily basis, skilled nursing care (provided directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter, can only be provided in a SNF on an inpatient basis.

The Medicare program requires, as a condition for Medicare Part A payment for posthospital skilled nursing facility (SNF) services, that a physician or other authorized practitioner must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification and recertification is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. The documentation is a condition for Medicare Part A payment for post-hospital SNF care. *Form Number:* CMS-R-5 (OMB control number 0938-0454); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profits); *Number of Respondents:* 3,882,413; *Number of Responses:* 3,882,413; *Total Annual Hours:* 480,957. (For policy questions regarding this collection contact Patricia Taft at 410-786-4561).

William N. Parham, III,

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

[FR Doc. 2026-06573 Filed 4-3-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Public Data Asset Release Under the Open, Public, Electronic, and Necessary (OPEN) Government Data Act

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

ACTION: Notice.

SUMMARY: In accordance with Title II of the Foundations for Evidence-Based Policymaking Act of 2018, known as the Open, Public, Electronic, and Necessary (OPEN) Government Data Act, CMS announces the forthcoming release of public data assets in open, machine-readable formats under an open license. These data are intended to support public engagement in identifying and preventing fraud, waste, and abuse, and to promote transparency and accountability. CMS has taken steps to ensure that the release of these data appropriately furthers transparency objectives consistent with the protection of sensitive information.

FOR FURTHER INFORMATION CONTACT: For questions regarding the data release, please send an email to data.support@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: The OPEN Government Data Act requires Federal agencies to make public data assets available in open formats and under open licenses, consistent with applicable law. CMS has advanced the release of provider prices and negotiated rates through its positions on provider price transparency, most recently promulgated through the Calendar Year 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Final Rule (CMS-1834-FC). CMS is committed to advancing transparency while ensuring compliance with all applicable legal requirements and privacy considerations governing the disclosure of Federal data.

CMS has made available the following public data assets with utilization and payment data aggregated by provider and service:

- Original Medicare Physician & Other Practitioners—By Provider and Service
- Original Medicare Inpatient Hospitals—By Provider and Service
- Original Medicare Outpatient Hospitals—By Provider and Service
- Medicare Part D Prescribers—By Provider and Drug

- Original Medicare Durable Medical Equipment, Devices and Supplies (DMEPOS)—By Referring Provider and Service
- Original Medicare Durable Medical Equipment, Devices and Supplies (DMEPOS)—By Supplier and Service
- Medicaid Provider Spending—By Provider and Service (including aggregated managed care payment data elements, with disclosure avoidance techniques applied)

CMS has evaluated prior Agency statements and the disclosure of the datasets included in this notice consistent with applicable legal requirements. CMS considered applicable privacy protections under the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, and relevant provisions of the 21st Century Cures Act. Where applicable, CMS also considered confidentiality requirements for substance use disorder information under 42 CFR part 2. Based on this assessment, CMS has determined that the datasets have been de-identified and appropriately limited to mitigate the risk of re-identification, do not disclose protected trade secret or confidential commercial information and are appropriate for public release.

CMS will continue to evaluate additional datasets, as well as applicable governing laws and regulations, as it prepares future data releases.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Vanessa Garcia,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–06618 Filed 4–2–26; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5056–N2]

Medicare Program; Delayed Implementation of Certain Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model

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

ACTION: Notice.

SUMMARY: This notice announces a delay in the implementation of two services from the list of Wasteful and Inappropriate Services Reduction (WISeR) model items and services.

DATES: The notice is effective April 6, 2026.

FOR FURTHER INFORMATION CONTACT: Kate Blackwell (844) 711–2664, Option 8 or WISeR@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

In the July 1, 2025, **Federal Register** (90 FR 28749), we published a notice titled “Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model”. The notice announced a 6-year model focused on reducing fraud, waste (including low-value care), and abuse in Medicare fee-for-service (FFS) via the implementation of technology-enabled prior authorization processes for select services. For more detailed information regarding the WISeR Model, see the July 2025 notice (90 FR 28749).

II. Delayed Implementation of Select Services

In the July 2025 notice (90 FR 28751), we specified that the prior authorization process under the model will be implemented in the selected states for the listed items and services with affiliated national coverage decisions (NCDs) or local coverage decisions (LCDs) beginning January 1, 2026. We are delaying implementation of two of the services announced in the July 2025 notice to allow additional time for operational readiness. Implementation of the prior authorization or pre-payment review process for these two services is delayed until a future date that will be announced in a subsequent **Federal Register** notice. Until the future implementation date is announced,

neither the prior authorization nor the pre-payment review processes described in our earlier notice will be available for these services. The two services for which we are delaying implementation of the prior authorization or pre-payment review process are as follows:

- Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease (NCD 160.24).
- Percutaneous Image-Guided Lumbar Decompression for Spinal Stenosis (NCD 150.13).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Chyana Woodyard,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–06616 Filed 4–3–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5056–CN]

Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model; Correction

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

ACTION: Notice; correction.

SUMMARY: This document corrects typographical and technical errors in the notice that appeared in the July 1, 2025, **Federal Register** titled “Medicare Program; Implementation of Prior Authorization for Select Services for the Wasteful and Inappropriate Services Reduction (WISeR) Model”.

DATES: The corrections in this notice are effective April 6, 2026.

Applicability date: The corrections in section II.1.a. of this notice are applicable to the list of WISeR items and services and their affiliated local coverage determinations (LCDs) for which prior authorization and pre-payment review processes were implemented on January 1, 2026.

FOR FURTHER INFORMATION CONTACT: Kate Blackwell (844) 711–2664, Option 8 or WISeR@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: