4120-01-U-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10463 and CMS-10492]

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 **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

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 web site 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.

Information Collection

ess *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges and State Partnership Exchanges; *Use:* Section 1311(i) of the ACA requires Exchanges to establish a Navigator program under which it awards grants to eligible individuals and entities, as described in Section 1311(i)(2) of the ACA and 45 CFR 155.210(a) and (c), to carry out certain Navigator duties in states with an FFE. Entities or individuals that receive a cooperative agreement award must be capable of carrying out, at a minimum, all Navigator duties required by the ACA and HHS regulations. The primary regulations that establish requirements for Navigator grant awardees are 45 CFR 155.210 and

155.215. Under the terms and conditions of the Navigator program cooperative agreements, awardees must provide progress reports on a weekly, monthly, and quarterly basis, and a final report at the end of the five-year period of performance. *Form Number:* CMS-10463 (OMB control number: 0938-1215); *Frequency:* Annually, Monthly, Quarterly, Weekly; *Affected Public:* Private Sector; Businesses or other for-profits, Not-for-profit institutions; *Number of Respondents:* 44; *Total Annual Responses:* 120,236; *Total Annual Hours:* 457,857. (For questions regarding this collection contact Gian Johnson at 301-492-4323.)

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Coverage of Certain Preventive Services Under the Affordable Care Act: Data Submission Requirements to Receive the Federally-facilitated Exchange User Fee Adjustment*; Use*: The Patient Protection and Affordable Care Act, Public Law 111-148, enacted on March 23, 2010, and the Health Care and Education Reconciliation Act, Public Law 111-152, enacted on March 30, 2010 [collectively, the "Affordable Care Act" (ACA)], provides the authority for the U.S. Department of Health and Human Services (HHS) to charge user fees to issuers participating in Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal platform (SBE-FPs). Additionally, section 2713 of the Public Health Service Act (PHS Act) requires coverage without cost sharing of certain preventive health services, including certain contraceptive services, in non-exempt, non-grandfathered group health plans and health insurance coverage, including issuers participating in the FFEs and SBE-FPs. The final rule "Coverage of Certain Preventive Services Under the Affordable Care Act" (78 FR 39870) set forth regulations regarding coverage for certain preventive services under section 2713 of the PHS Act. The final regulations (78 FR 39870) establish rules under which the third party administrator (TPA) of a self-insured group health plan will provide or arrange for a third party to provide separate contraceptive coverage to plan participants and beneficiaries without cost sharing, premium, fee, or other charge to plan participants or beneficiaries or to the eligible organization or its plan under a process to accommodate qualifying objections to

contraceptive coverage.

The final rules (78 FR 39870) also require the submission of certain information to HHS and the associated adjustment of user fees to issuers, as well as standards to fund the payments for the contraceptive services that are provided for participants and beneficiaries in self-insured plans of eligible organizations under the accommodation described previously, through an adjustment to the user fees payable by issuers. HHS requires this information to ensure that these FFE (or SBE-FP) user fee adjustments reflect payments for contraceptive services provided under this accommodation and that the adjustment is applied to the appropriate participating issuer.

This document describes the data collection requirements related to this adjustment, collected via a webform. This revision includes a decrease in burden, with the total estimated issuer and TPA burden and associated costs decreasing based on past years of experience with the program demonstrating a decreasing number of participants. *Form Number*: CMS-10492 (OMB Control Number: 0938-1285); *Frequency*: Annually; *Affected Public*: Private Sector, Business or other for-profit and not-for-profit institutions; *Number of Respondents*: 235; *Number of Responses*: 315; *Total Annual Hours*: 1,340. (For policy questions regarding this collection, contact Mohinee Mukherjee at 404-562-0151.)

William N. Parham, III

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026-10934 Filed: 6/1/2026 8:45 am; Publication Date: 6/2/2026]