



BILLING CODE 4169-69-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10450 and CMS-643]

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

1. *Type of Information Collection Request:* Revision of a currently approved Information Collection; *Title of Information Collection:* Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Merit-based Incentive Payment Systems (MIPS); *Use:* This is a request to revise the information collection for the CAHPS for MIPS Survey. The CAHPS for MIPS survey is used in the Quality Payment Program (QPP) to collect data on fee-for-service Medicare beneficiaries' experiences of care with eligible clinicians participating in MIPS and is designed to gather only the necessary data that CMS needs for assessing physician quality performance, and related public reporting on physician performance, and should complement other data collection efforts. The survey consists of the core Agency for Healthcare Research and Quality (AHRQ) CAHPS Clinician & Group Survey, version 3.0, plus additional survey questions to meet CMS's information and program needs. The survey information is used for quality reporting, the compare tool on the Medicare.gov website, and annual statistical experience reports describing MIPS data for all MIPS eligible clinicians.

This 2026 information collection request addresses the requirements related to the statutorily required quality measurement. The CAHPS for MIPS survey results in burden to three different types of entities: groups, virtual groups, and subgroups; vendors; and beneficiaries associated with administering the survey. Virtual groups are subject to the

same requirements as groups and subgroups; therefore, we will refer only to “groups” as an inclusive term for all entities unless otherwise noted.

The revision consists of a change to the vendor participation form to collect cost information from survey vendors. The collection of this cost information was proposed in the CY 2025 PFS final rule ([89 FR 62010](#)) and ([89 FR 62123](#)). The revision also includes changes to the vendor participation form to collect information related to the addition of web to the existing mail-phone administration protocol. The addition of web as the first mode of administration was proposed in the CY 2026 PFS final rule ([90 FR 49266](#)) and ([90 FR 49760](#)). The changes to the vendor participation form consist of:

- 2 new items to collect information on cost
- 1 new item to collect information related to web administration of the survey
- 12 items revised to collect information related to web administration of the survey

The cost information is readily available to survey vendors, as a result adding it to the vendor participation form does not affect burden. The web survey requires vendors to collect additional information to complete the vendor participation form. We estimate an additional hour of burden for a total of 11 hours per application, an increase to the 10 hours per application first established in the CY 2018 Quality Payment Program final rule ([82 FR 30216](#)). We also assume this change would not affect survey vendor participation.

Form Number: CMS-10450 (OMB control number: 0938–1222); Frequency: Yearly;

Affected Public: Business or other for-profits and Not-for-profit institutions and

Individuals and Households; *Number of Respondents:* 26,976; *Total Annual Responses:*

26,976; *Total Annual Hours:* 6,139 (For policy questions regarding this collection contact Julie Johnson at 410-786-1507.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Hospice Survey and Deficiencies Report Form and Supporting Regulations; *Use:* A hospice is a health care entity that provides palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care, to terminally ill individuals. In addition to meeting the patient's medical needs, hospice care addresses the physical, psychosocial, and spiritual needs of the patient, as well as psychosocial needs of the patient's family/caregiver related to the terminal illness. The emphasis of the hospice program is on keeping the hospice patient at home with family and friends as long as possible.

The CMS-643 form is primarily a coding worksheet designed to facilitate data collection during a hospice survey for Medicare participation. It is used to collect several data elements related to patient health and safety, record reviews and data about the specific hospice's operations, staffing and demographics. CMS has made several revisions to this form based on duplication of collected information from the CMS-643 and the CMS-417 form titled "Hospice Request for Certification in the Medicare Program" (OMB Control number: 0938-0313). The CMS-643 is completed by surveyors during onsite survey activity and poses minimal to no burden on the hospice provider.

The data collected on the CMS-643 form is entered into the Internet Quality Improvement and Evaluation System (iQIES) surveyor database during the course of an initial, recertification or complaint survey. Hospice surveyors that have access to the electronic iQIES system while onsite at a hospice, can enter the CMS-643 form data directly into the system. If this access is not available to the surveyor, they can record

their finding directly onto the CMS-643 form and input the data into the system later. We removed the requirement for the surveyors to sign CMS-643 to certify their findings as this process has been automated once information is entered into the iQIES database.

Form Number: CMS-643 (OMB control number: 0938-0379); *Frequency:* Yearly;
Affected Public: State, Local, or Tribal Governments; *Number of Respondents:* 7,029;
Total Annual Responses: 2,343; *Total Annual Hours:* 1,172. (For policy questions regarding this collection contact Caecilia Andrews at 410-786-2190.)

William N. Parham, III,

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026-14364 Filed: 7/15/2026 8:45 am; Publication Date: 7/16/2026]