4169-69-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-284 and CMS-10105]

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 **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

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 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 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 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 provides 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.

Section 71109 of the Working Families Tax Cut legislation (WFTC) (Pub. L. 119-21) amended sections 1903(v) and 2107(e)(1) of the Social Security Act (the Act) by restricting, with limited exceptions, Federal Financial Participation (FFP) for medical assistance (Medicaid) and child or pregnancy-related health assistance (CHIP) to the following groups beginning October 1, 2026: (1) U.S. citizens and U.S. nationals; (2) Lawful Permanent Residents (LPRs); (3) Cuban/Haitian entrants; and (4) Compact of Free Association (COFA) migrants (collectively referred to as "FFP-eligible noncitizens").

The statutory amendments necessitate an update to the valid value set for the IMMIGRATION-STATUS data element reported to CMS through T-MSIS to accurately reflect updates to state eligibility determination processes and support compliance, program oversight, and proper FFP claiming. To support oversight of the implementation of changes to IMMIGRATION-STATUS, two valid values are being added to the ELIGIBILITY-

TERMINATION-REASON data element to identify disenrollment reasons related to changes in immigration status or immigration verifications.

The TRANSACTION-TYPE (FTX388) data element will be updated to include a new valid value with an effective date of October 1, 2026, for per-member-per-month home health service payments. These payments are already expected to be reported as part of state T-MSIS submissions but are not currently uniquely identifiable as states typically report these data in the "other" valid value. Implementation of this data element will support oversight of home health programs.

We also propose three non-substantive changes that would not impact current state T-MSIS reporting. The purpose of these updates is to eliminate ambiguity and potentially reduce both CMS and state burden by reducing the need for technical assistance to address any questions on these topics.

Form Number: CMS-R-284 (OMB control number: 0938-0345)*; Frequency:* Quarterly, monthly, and once*; Affected Public:* State, Local, or Tribal Governments*; Number of Respondents:* 54*; Total Annual Responses:* 648*; Total Annual Hours:* 15,390. (For policy questions regarding this collection contact Brian Johnston at 410-786-0143.)

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey Mode Experiment; *Use*: The national implementation of the ICH CAHPS Survey is designed to allow third-party, CMS-approved survey vendors to administer the ICH CAHPS Survey using mail-only, telephone-only, or mixed (mail with telephone follow-up) modes of survey administration. Experience from previous CAHPS surveys shows that mail, telephone, and mail with telephone follow-up data collection modes work well for respondents, vendors, and health care providers. Any additional forms of information technology, such as web surveys, is under investigation as a potential survey option in this population.

Data collected in the national implementation of the ICH CAHPS Survey are used for the following purposes:

To provide a source of information from which selected measures can be publicly reported to beneficiaries as a decision aid for dialysis facility selection.

To aid facilities with their internal quality improvement efforts and external benchmarking with other facilities.

To provide CMS with information for monitoring and public reporting purposes.

To support the ESRD Quality Improvement Program. To determine if and by how much patient characteristics affect the patients' rating of the care they receive and adjust results based on those factors. *Form Number*: CMS-10105 (OMB control number: 0938-0926); *Frequency*: Yearly; *Affected Public*: Individuals and Households; *Number of Respondents*: 211,770; *Total Annual Responses*: 211,770; *Total Annual Hours*: 42,267. (For policy questions regarding this collection contact Lauren Popham at 410-786-8568.)

William N. Parham, III

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

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