e: 4169-69-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10398 #34, #37, #97, #98, and #102]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

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

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the "generic" clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are "usually voluntary, low-burden, and uncontroversial collections," do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. On October 23, 2011, OMB approved our initial request to use the generic clearance process under control number 0938–1148 (CMS-10398). It was last approved on April 26, 2021, via the standard PRA process which included the publication of 60- and 30-day **Federal Register** notices. The scope of the April 2021 umbrella accounts for Medicaid and CHIP State plan amendments, waivers, demonstrations, and reporting. This **Federal Register** notice seeks public comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit 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 14 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: When commenting, please reference the applicable form number (CMS-10398 #___) and the OMB control number (0938-1148). 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: CMS-10398 #___/OMB control number: 0938-1148

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/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing.

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

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collections

1. *Title of Information Collection:* Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* The collected information is used by CMS to review State compliance with Federal statutory and regulatory requirements, approve State plan submissions and SPAs, document required assurances and descriptions, and support oversight of State administration of CHIP. The revised SPA template adds an assurance to the CHIP state plan indicating that the state Medicaid agency does not make payment under the plan for sex-rejecting procedures for children under the age of 19; *Form Number:* CMS-10398 #34 (OMB control number: 0938-1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 41; *Total Annual Responses:* 112; *Total Annual Hours:* 448. (For policy questions regarding this collection contact Abagail Walsh at 410-786-0746.)

2. *Title of Information Collection:* Medicaid Managed Care Rate Development Guide; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* The Guide outlines the rate development standards and CMS' expectations for documentation included in rate certifications such as descriptions of base data used, trend factors to base data, projected benefit and non-benefit costs, and any other considerations or adjustments used when setting capitation rates. The information must be included within the rate certification in adequate detail to allow CMS to determine compliance with applicable provisions of part 438, including that the data, assumptions, and methodologies used for rate development are consistent with generally accepted actuarial principles and practices and that the capitation rates are appropriate for the populations and services to be covered. . CMS is required to annually publish the Medicaid Managed Care Rate Development Guide; *Form Number:* CMS-10398 #37 (OMB control number: 0938-1148); *Frequency:* Annually and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 47; *Total Annual Responses:* 137; *Total*

Annual Hours: 1,233. (For policy questions regarding this collection contact Rebecca Burch Mack at 303-844-7355.)

3. *Title of Information Collection:* Sex-Rejecting Procedures Medicaid State Plan Amendment Template; *Type of Information Collection Request:* New collection of information request; *Use:* The provisions are associated with our August 13, 2026, final rule (CMS-2451-F) which provides the authority for State plan amendments (SPAs) to collect assurances from states regarding the operation of state Medicaid programs. The template has been developed to simplify state SPA submissions to add an assurance to their state plan indicating that the Medicaid agency does not claim Federal financial participation (FFP) under the plan for sex-rejecting procedures for children under the age of 18; *Form Number:* CMS-10398 #97 (OMB control number: 0938-1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 168. (For policy questions regarding this collection contact Marlana Thieler at 410-786-6274.)

4. *Title of Information Collection:* Medicaid Emergency Response Templates; *Type of Information Collection Request:* New collection of information request; *Use:* In March 2020, CMS created a Medicaid Disaster Relief SPA template that combined multiple, time-limited State Plan options into a single document and included flexibilities specific to the COVID-19 PHE passed in the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act which are no longer in effect. This iteration's 2026 templates do not include any flexibilities related to a specific PHE, thereby making them usable for all future PHEs; *Form Number:* CMS-10398 #98 (OMB control number: 0938-1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 33; *Total Annual Responses:* 33; *Total Annual Hours:* 62. (For policy questions regarding this collection contact Michala Walker at 816-426-6503.)

5. *Title of Information Collection:* Medicaid Prior Authorization Assurances State Plan Amendment Template; *Type of Information Collection Request:* New collection of

information request; *Use:* On January 17, 2024, CMS published its Interoperability and Prior Authorization final rule (CMS-0057-F) to improve health information exchange and streamline prior authorization processes that involve state Medicaid fee-for-service (FFS) programs. The rule introduced decision timeframes for prior authorization requests and how State Medicaid agencies must notify providers of those decisions. This 2026 iteration's template has been developed to simplify the SPA submission to add these assurances to their state plan; *Form Number:* CMS-10398 #102 (OMB control number: 0938-1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 280. (For policy questions regarding this collection contact Marlana Thieler at 410-786-6274.)

William N. Parham, III

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

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