

The primary users of this information are State Medicaid (and where applicable CHIP) agencies and CMS. State agencies are expected to use the information collected for continuous quality improvement purposes. They will identify patterns of error in their eligibility processing operations and systems and take corrective actions to address issues and improve the eligibility determination process. CMS will use the data collected to identify and help those States that are most in need of technical assistance. CMS will also use the data set to identify potential weaknesses in Federal regulations. It will propose regulatory modifications designed to ensure that there are more effective quality controls in the eligibility determination process.; *Form Number:* CMS-319 (OMB control number: 0938-0147); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 35; *Number of Responses:* 647; *Total Annual Hours:* 9,840. (For policy questions regarding this collection contact Camiel Rowe at 410-786-0069.)

**2. Type of Information Collection Request:** Extension of a currently approved collection; *Title of Information Collection:* Community Mental Health Center Cost Report *Use:* CMS requires the Form CMS-2088-17 to determine a provider's reasonable cost incurred in furnishing medical services to Medicare beneficiaries and reimbursement due to or from a provider. In addition, CMHCs may receive reimbursement through the cost report for Medicare reimbursable bad debts. CMS uses the Form CMS-2088-17 for rate setting; payment refinement activities, including market basket analysis; Medicare Trust Fund projections; and to support program operations. The primary function of the cost report is to determine provider reimbursement for services rendered to Medicare beneficiaries. Each CMHC submits the cost report to its contractor for reimbursement determination. Section 1874A of the Act describes the functions of the contractor. CMHCs must follow the principles of cost reimbursement, which require they maintain sufficient financial records and statistical data for proper determination of costs. The S series of worksheets collects the provider's location, CBSA, date of certification, operations, and unduplicated census days. The A series of worksheets collects the provider's trial balance of expenses for overhead costs, direct patient care services, and non-revenue generating cost centers. The B series of

worksheets allocates the overhead costs to the direct patient care and non-revenue generating cost centers using functional statistical bases. The Worksheet C computes the apportionment of costs between Medicare beneficiaries and other patients. The D series of worksheets are Medicare specific and calculate the reimbursement settlement for services rendered to Medicare beneficiaries. The Worksheet F collects the provider's revenues and expenses data from the provider's income statement. *Form Number:* CMS-2088-17 (OMB control number: 0938-0378); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profits, Not-for-profits institutions; *Number of Respondents:* 191; *Total Annual Responses:* 191; *Total Annual Hours:* 17,190. (For policy questions regarding this collection contact Jill Keplinger at 410-786-4550.)

**3. Type of Information Collection Request:** Extension of a previously approved collection; *Title of Information Collection:* Federally Qualified Health Center Cost Report Form; *Use:* The Form CMS-224-14 cost report is needed to determine a provider's reasonable cost incurred in furnishing medical services to Medicare beneficiaries and to calculate the FQHC settlement amount. These providers, paid under the FQHC prospective payment system (PPS), may receive reimbursement outside of the PPS for Medicare reimbursable bad debts, pneumococcal, influenza, and COVID-19 vaccines, and monoclonal antibody products. CMS uses the Form CMS-224-14 for rate setting; payment refinement activities, including developing a FQHC market basket; Medicare Trust Fund projections; and to support program operations. Additionally, the Medicare Payment Advisory Commission (MedPAC) uses the FQHC Medicare cost report data to calculate Medicare margins; to formulate recommendations to Congress regarding the FQHC PPS; and to conduct additional analysis of the FQHC PPS. *Form Number:* CMS-224-14 (OMB control number: 0938-1298); *Frequency:* Yearly; *Affected Public:* Private Sector, State, Local, or Tribal Governments, Federal Government, Business or other for-profits, Not-for-Profit Institutions; *Number of Respondents:* 2,967; *Total Annual Responses:* 2,967; *Total Annual Hours:* 172,086. (For policy questions regarding this collection contact LuAnn Piccione at 410-786-5423.)

**4. Type of Information Collection Request:** Extension of a currently approved information collection; *Title*

*of Information Collection:* Medicare Request for Employment Information; *Use:* Section 1837(i) of the Social Security Act (the Act) provides for a SEP for individuals who delay enrolling in Medicare Part B because they are covered by a group health plan based on their own or a spouse's current employment status. Disabled individuals with Medicare may also delay enrollment because they have large group health plan coverage based on their own or a family member's current employment status. When these individuals apply for Medicare Part B, they must provide proof that the group health plan coverage is (or was) based on current employment status. Form CMS L564 provides this proof so that SSA can determine eligibility for the SEP. Individuals eligible for the SEP can enroll in Part B without incurring a late enrollment penalty (LEP). Individuals may also use this form to prove that their group health plan coverage is based on current employment status and to have the assessed Medicare LEP reduced. *Form Number:* CMS-R-297/CMS-L564 (OMB control number: 0938-0787); *Frequency:* Annually; *Affected Public:* Individuals or households, Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 594,998; *Total Annual Responses:* 594,998; *Total Annual Hours:* 243,949. (For policy questions regarding this collection contact Candace Carter at 410-786-8466 or [Candace.Carter@cms.hhs.gov](mailto:Candace.Carter@cms.hhs.gov)).

**William N. Parham, III,**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for Office of Management and Budget for Review and Approval; "State SNAP Agency NDNH Matching Program Performance Report" (Office of Management Budget #: 0970-0464)

**AGENCY:** Office of Child Support Services, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** OCSS is requesting the Office of Management and Budget (OMB) to approve the "State SNAP Agency NDNH Matching Program Performance Report,"

with minor revisions, for an additional three years. State agencies administering their Supplemental Nutrition Assistance Program (SNAP) provide the annual performance report to OCSS in accordance with the computer matching agreement between state SNAP agencies and OCSS. The current OMB approval expires on February 28, 2025.

**DATES:** Comments due January 8, 2025. The Office of Management and Budget (OMB) must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**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](http://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. You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**  
*Description:* State agencies administering SNAP are mandated to participate in a computer matching program with OCSS. The matching program compares SNAP applicant and recipient information with employment and wage information maintained in the National Directory of New Hires (NDNH). The outcomes of the compared information help State SNAP agencies verify an individual’s identity and determine a benefit eligibility. To receive NDNH information, state agencies enter into a computer matching

agreement and adhere to its terms and conditions, including providing OCSS with annual performance outcomes attributable to the use of NDNH information. To fulfill OMB requirements, OCSS periodically reports performance measurements demonstrating how the use of information in the NDNH supports the OCSS strategic mission, goals, and objectives. These periodic reports include information derived from state SNAP agency annual NDNH performance reports. OCSS provides states with required performance report template and instructions, which OCSS revised to update the submission contacts and formatting, improve grammar, and to change “Office of Child Support Enforcement (OCSE)” to “Office of Child Support Services (OCSS).”

*Respondents:* State SNAP Agencies.

**ANNUAL BURDEN ESTIMATES**

Information collection instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Total annual burden hours
SNAP Agency Performance Reporting Tool and Instructions .....	53	1	0.83	43.99

*Authority:* 42 U.S.C. 653(j)(10); 5 U.S.C. 552a; and Pub. L. 111–352.

**Mary C. Jones,**  
*ACF/OPRE Certifying Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Electronic Document Exchange (Office of Management and Budget #: 0970–0435)**

**AGENCY:** Office of Child Support Services, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Office of Child Support Services (OCSS), Administration for Children and Families (ACF), is requesting the Office of Management and Budget (OMB) to approve the Electronic Document Exchange (EDE), with minor revisions, for an additional three years. State child support agencies (CSAs) use the EDE to improve case processing. The current OMB approval expires on June 30, 2025.

**DATES:** Comments due February 7, 2025. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* The EDE provides a centralized, secure system for authorized users in state CSAs to electronically exchange child support and spousal support case information with other state CSAs. EDE benefits state CSAs by reducing delays, costs, and barriers associated with interstate case processing. It increases state collections, improves document security, standardizes data sharing, increases state participation, and improves case processing, resulting in better overall child and spousal support outcomes. OCSS made minor updates to the Portal screens to enhance functionality and changed “Office of Child Support Enforcement (OCSE)” to “Office of Child Support Services (OCSS).”

*Respondents:* State CSAs

**ANNUAL BURDEN ESTIMATES**

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
EDE Screens .....	49	7,383	0.017	6,150