

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 website 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 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.)

**William N. Parham, III,**

*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-10945]

**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 May 27, 2026.

**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.

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/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:* New collection (Request for a new OMB control number); *Title of Information Collection:* Administrative Procedures for Chronic and Post-Acute Care Quality Programs; *Use:* This is a request for a new information collection for certain procedural requirements associated with the Centers for Medicare & Medicaid Services’ (CMS’) quality reporting programs (QRPs) and value-based purchasing (VBP) programs. CMS’ QRPs and VBP programs promote higher quality, more efficient healthcare for Medicare beneficiaries by collecting and

reporting on quality-of-care metrics. This information is made available to consumers, both to empower Medicare beneficiaries and inform decision-making, as well as to incentivize providers to make continued quality improvements.

Specifically, CMS has implemented QRPs for multiple settings, including for the home health (HH), hospice, inpatient rehabilitation facility (IRF), long-term acute care hospital (LTCH), and skilled nursing facility (SNF) settings, to achieve its overarching priorities and initiatives. Any Hospice, HH Agency (HHA), IRF, LTCH, or SNF—collectively referred to as providers—that does not meet the reporting requirements for their respective program may be subject to a payment reduction in its annual payment update (APU).

CMS has also implemented value-based purchasing (VBP) programs to provide incentive payments to providers who deliver high quality care to patients, as measured by their performance on specific quality metrics.

These QRPs and SNF VBP Program include quality measures calculated using data collected through claims, staffing data, standardized assessment tools, patient surveys, and the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN). SNFs participating in the SNF QRP and VBP Program are also required to participate in a MDS data validation process.

Quality measures calculated using data collected through claims are referred to as claims-based measures. Claims data are reported to Medicare for payment purposes, and there is no additional burden required from providers. Quality measures calculated from staffing data use the data submitted by SNFs to the Payroll-based Journal as required by Section 6106 of the Affordable Care Act (ACA), and there is no additional burden required from providers.

These QRPs, as pay-for-reporting programs, strive to have a streamlined measure set that provides meaningful measurement and differentiates providers by quality of care while limiting burden to the fullest extent possible. CMS provides confidential feedback reports that providers may use to assess their performance and operationalize quality improvement activities throughout the quality reporting period. These reports include the data that CMS has collected from the provider and the provider’s claims, and some also include information about how the provider’s data compares

relative to the performance of other providers.

CMS also uses SNF quality reporting information to set payment adjustments for the SNF VBP program. For example, the SNF VBP Interim (Partial-Year) Workbook and Full-Year Workbooks allow SNFs to assess their current performance in each measure. The SNF VBP Performance Score Report allows SNFs to assess how the SNF VBP Program scored their current measure performance and determine the SNF VBP Program’s incentive payment adjustments for the coming fiscal year. *Form Number:* CMS–10945 (OMB control number: 0938–NEW); *Frequency:* Annually; *Affected Public:* Private Sector—Not-for-profit institutions and Business or other for-profits and State, Local or Tribal Governments; *Number of Respondents:* 33,340; *Total Annual Responses:* 72; *Total Annual Hours:* 18. (For policy questions regarding this collection contact Heidi Magladry at (410) 786–6034.)

**William N. Parham, III,**

*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2026–08156 Filed 4–24–26; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[Office of Management and Budget #: 0970–0610]

### Proposed Information Collection Activity; National Communication System for Runaway and Homeless Youth, Currently Operated by the National Runaway Safeline Data Collection

**AGENCY:** Family and Youth Services Bureau, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Family and Youth Services Bureau’s (FYSB) Runaway and Homeless Youth Division has a legislative requirement to fund a National Communication System, which is currently operated by the National Runaway Safeline (NRS). The NRS provides information, referral services, crisis intervention, and prevention resources to vulnerable youth at risk of running away and/or becoming homeless and their families or legal guardians at no cost. When necessary,