and is essential in capturing information not otherwise collected through operational or administrative data on the Medicare program. The MCBS is a nationally representative, longitudinal survey of Medicare beneficiaries that is sponsored by CMS and is directed by the Office of Enterprise Data and Analytics (OEDA). MCBS data collection is primarily conducted by phone and is supplemented with limited video interviewing or in-person visits. The survey captures beneficiary information whether aged or disabled, living in the community or facility, or serviced by managed care or fee-for-service. Data produced as part of the MCBS are enhanced with administrative data (*e.g.,* fee-for-service claims, prescription drug event data, enrollment, etc.) to provide users with more accurate and complete estimates of total health care costs and utilization. The MCBS has been continuously fielded for more than 30 years, encompassing over 1.2 million interviews and more than 140,000 survey participants. Respondents participate in up to 11 interviews over a four-year period. The MCBS provides a holistic view of Medicare beneficiaries' social and medical risk factors and rich information on the relationship between these risk factors, healthcare utilization, and health outcomes, at a point in time and over time.

The MCBS continues to provide unique insight into the Medicare program and helps CMS and its external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives. MCBS data are used to assess potential changes to the Medicare program. For example, MCBS data were instrumental in supporting the initial implementation of the Medicare prescription drug benefit and continue providing a means to evaluate prescription drug costs and out-of-pocket burden for these drugs to Medicare beneficiaries. Beginning in Winter 2027, this proposed revision to the clearance will result in a net decrease to respondent burden by removing multiple questionnaire items and only adding a limited number of new items most relevant to the current health care landscape. *Form Number:* CMS–P–0015A (OMB control number: 0938–0568); Frequency: Occasionally; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 13,568; *Total Annual Responses:* 35,015; *Total Annual Hours:* 31,917 (For policy questions regarding this collection contact William Long at 410–786–7927.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Beneficiary and Family Centered Data Collection; *Use:* To ensure the QIOs are effectively meeting their goals, CMS collects information about beneficiary experience receiving support from the QIOs. This is a revision package. We are revising the postal survey mail letter with a new help desk mailbox, and a toll-free number.

The information collection uses both qualitative and quantitative strategies to ensure CMS and the QIOs understand beneficiary experiences through all interactions with the QIO including initial contact, interim interactions, and case closure. Information collection instruments are tailored to reflect the steps in each type of process, as well as the average time it takes to complete each process. The previously approved information collection instruments are included with this submission.

The information collection will:

- Allow beneficiaries to directly provide feedback about the services they receive under the QIO program;
- Provide quality improvement data for QIOs to improve the quality of service delivered to Medicare beneficiaries; and
- Provide evaluation metrics for CMS to use in assessing performance of QIO contractors.

To achieve the above goals, information collection will include the Experience Survey which will be administered via telephone and mail to beneficiaries/representatives after the Quality of Care (Medical Record Review) complaint/Immediate Advocacy/appeal case has been closed. The goal of the Experience Survey is to assess beneficiary overall and specific experiences with the BFCC QIOs. There are no changes to the survey. *Form Number:* CMS–10393 (OMB control number: 0938–1177); *Frequency:* Once; *Affected Public:* Individuals or households; *Number of Respondents:* 9,000; *Number of Responses:* 9,000; *Total Annual Hours:* 2,250. (For policy questions regarding this collection, contact Kaysha Meredith at 410–786–2449.)

Evell J. Barco Holland,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–15046 Filed 7–23–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10912 and CMS–10174]

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 September 22, 2026.

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 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 Collections

1. *Type of Information Collection Request:* Revision with change of currently approved collection; *Title of Information Collection:* Medicare Transaction Facilitator under Sections 11001 and 11002 of the Inflation Reduction Act (IRA); *Use:* The MTF consists of two key functionalities: (1) the MTF DM and (2) the MTF PM. Participation in the MTF PM is voluntary for Primary Manufacturers and no information will be collected by the MTF PM; the MTF PM is structured exclusively as a pass through mechanism to assist affected parties in the transfer of Primary Manufacturer funds. In accordance with sections 1193(a)(5) and 1196 of the Act, for the purposes of administering and monitoring compliance with the Negotiation Program, Primary Manufacturer participation in the MTF DM is mandatory. Because the Primary Manufacturer's participation in the MTF DM is mandatory and Primary Manufacturers with an active Medicare Drug Price Negotiation Program Agreement (''Agreement'') are already engaged in the Negotiation Program, CMS will leverage existing information to establish Primary Manufacturer access the MTF DM platform. The MTF DM will establish accounts for each Primary Manufacturer that is participating in the Negotiation Program and will provide information to each participating Primary Manufacturer to facilitate access to the MTF DM platform.

Under the authority of sections 1193 and 1196 of the Act, CMS is authorized to collect data and information required for negotiation, as well as any information necessary for administration and oversight of the program. The information collected by CMS will be used to operate the MTF which is a key facet in administering the Negotiation Program and facilitating MFP effectuation; MTF will also play a key role in CMS' oversight efforts as a central repository for monitoring access to the MFP and processing complaints and disputes. The MTF is an IT platform that enables the transmission of certain claims data and payment data, between the MTF DM, MTF PM, Primary Manufacturers, Part B providers, and dispensing entities to facilitate MFP effectuation for Medicare beneficiaries via dispensing entities and/or Part B providers. *Form Number:* CMS–10912 (OMB control number: 0938–1483); *Frequency:* Yearly; *Affected Public:* Private sector, Business or other for-profits; *Number of Respondents:* 73,925; *Total Annual Responses:* 73,925; *Total Annual Hours:* 274,980. (For policy questions regarding this collection contact Brennan Folsom at 667–414–0014 or *Brennan.folsom@cms.hhs.gov*.)

2. *Type of Information Collection Request:* Revision with change of currently approved collection; *Title of Information Collection:* Collection of Prescription Drug Event Data from Contracted Part D Providers for Payment; *Use:* CMS fundamental goal is to have the least burdensome data submission requirements necessary to acquire the data needed for accurate Medicare Part D payment and appropriate program oversight. CMS believes that claims data provide the most reliable approach to ensuring that payment calculations are accurate. Without claims-level data, we cannot verify the accuracy of payments related to reinsurance, risk corridors, low-income subsidies, CGDP reconciliation, MDP reconciliation, IRASA, and Selected Drug Subsidy.

This claims-level information is reported by Part D sponsors to CMS on the PDE record. CMS limits there data collection to only those critical data elements necessary for accurate payment-related calculations, along with other elements required for validation of the PDE record, quality monitoring, and program integrity and oversight.

The information users will be pharmacy benefit managers (PBMs), third party administrators and pharmacies, PDPs, MA–PDs, Fallbacks, and other plans that offer coverage of outpatient prescription drugs under the Medicare Part D benefit to Medicare beneficiaries. The statutorily required data is used primarily for payment and is used for claim validation as well as for other legislated functions such as quality monitoring, program integrity and oversight. In addition, the PDE data are used to support operations and program development *Form Number:* CMS–10174 (OMB control number: 0938–0982); *Frequency:* Yearly; *Affected Public:* Private sector, Federal Government profits; *Number of Respondents:* 994; *Total Annual Responses:* 1,627,799,680; *Total Annual Hours:* 11,208. (For policy questions regarding this collection contact Shelly Winston at (443) 934–3621.)

Evell J. Barco Holland,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–15048 Filed 7–23–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0171]

Proposed Information Collection Activity; Voluntary Acknowledgment of Paternity and Required Data Elements for Paternity Establishment Affidavits

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

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is requesting a 3-year extension of the Voluntary Acknowledgment of Paternity and