EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS—Continued

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total	10,900	N/A	N/A	3,383

* May include telephone non-response follow-up in which case the burden will not change.

EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate *	Adjusted average hourly wage rate **	Total cost burden (total burden hours × adjusted average hourly wage rate)
Mail/email	5,000	1,250	$33.54	$67.08	$83,850
Telephone	200	133	33.54	67.08	8,922
Web-based	5,000	833	33.54	67.08	55,878
Focus Groups	500	1,000	33.54	67.08	67,080
In-person	200	167	33.54	67.08	11,202
Total	10,900	3,383	33.54	67.08	226,932

* Bureau of Labor & Statistics on ''Occupational Employment and Wages, May 2025'' *for all occupations found at the following URL:* National Occupational Employment and Wage Estimates (*bls.gov*) for the respondents.

** Adjusted Average Hourly Wage Rate is 200% of the average hourly rate. It is a fully loaded rate that includes the benefit costs of respondents.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 27, 2026.

Jeffrey Toven,

Executive Officer.

[FR Doc. 2026–15326 Filed 7–29–26; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Information collection notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the extension with change of the currently approved information collection ''AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Health Plans'' (OMB Control number 0935–0165, last approved on December 31, 2023).

DATES: Comments on this notice must be received by September 28, 2026.

ADDRESSES: Written comments should be submitted to: Margie Shofer, Reports Clearance Officer, AHRQ, by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Margie Shofer, AHRQ Reports Clearance Officer, (301) 427–1696, or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The CAHPS Health Plan Database consists of data from the AHRQ CAHPS Health Plan Survey. Health plans in the U.S. are asked to voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The development of the CAHPS Health Plan Survey began in 1995 in response to requests from health plans, purchasers, and the Centers for Medicare and Medicaid Services (CMS) to provide comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement. Since that time, the survey has been refined and updated to reflect field feedback from industry experts; reports from health plan participants, data collection vendors (the organization that helps carry out the technical and operational parts of a survey and database submission), and other users; evidence from cognitive testing and focus groups; and extensive psychometric data analysis. Version 5.0 of the Health Plan Survey was released in 2012. The National Quality Forum endorsed the 5.0 version of the Health Plan Survey in 2015. Version 5.1 was released in 2020 to acknowledge the various ways in which enrollees may

receive care: in person, by phone, or by video.

The collection of information for the CAHPS Health Plan Database is being conducted through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on health care and systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services, quality measurement and development, and database development. See 42 U.S.C. 299a(a)(1), (2), and (8).

Rationale for the Information Collection

The CAHPS Health Plan Database uses data from AHRQ's standardized CAHPS Health plan survey to provide results to health care purchasers, consumers, regulators and policy makers across the country. Voluntary participants include public and private employers, State Medicaid agencies, Children's Health Insurance Programs (CHIP), CMS, and individual health plans.

This research seeks to answer the following questions:

1. What are the key drivers of member experience in health plans?

2. How do member experiences with health plans vary across the West, Midwest, South and Northeast regions?

3. What are the highest and lowest scoring measures in specific areas of care for health plans?

This research has the following goals:

1. To maintain the CAHPS Health Plan database using data from AHRQ's standardized CAHPS Health Plan survey to provide results to health care purchasers, consumers, regulators and policy makers across the country.

2. To offer several products and services, including aggregated results presented through summary chartbooks, custom analyses, and data for research purposes.

3. To provide state-level data to CMS for public reporting on *Medicaid.gov* and *Data.Medicaid.gov* that does not display the name of the health plans.

Key Project Components

Each year State Medicaid agencies, and individual health plans decide whether to participate in the database and prepare their materials and dataset for submission to the CAHPS Health Plan Database. Participating organizations are typically State Medicaid agencies with multiple health plans. However, individual health plans are also encouraged to submit their data to the CAHPS Database. The number of data submissions per registrant varies from participant to participant and year to year because some participants submit data for multiple health plans, while others may only submit survey data for one plan.

Each organization that decides to participate in the database must have their point-of-contact (POC) complete a registration form providing their contact information for access to the online data submission system, sign and submit a Data Use Agreement (DUA), and provide health plan characteristics such as health plan name, product type, type of population surveyed, health plan state, and plan name to appear in the reporting of their results.

Each vendor that submits files on behalf of a Medicaid agency or individual health plan must also complete the registration form in order to obtain access to the online submission system. The vendor, on behalf of their client, may also complete additional information about survey administration, submit a copy of the questionnaire used, and submit one data file per health plan.

Proposed Revisions

The only change to the data collection is a small increase in burden, which is based on an increase in data file submissions in 2025, the most recent reported data available. The individual data submission process did not have an increased burden but there was an increase in the total volume of data file submissions.

Method of Collection

To achieve the goals of this project the following activities and data collections will be implemented:

1. Program Recruitment. Outreach will be conducted with the CAHPS Health Plan user community (including state agencies, independent health plans, survey vendors, etc.) to promote the database and its benefits, and to encourage voluntary contributions of survey data. A variety of communications will be used (*e.g.,* GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.

2. Data Submission Platform. AHRQ's contractor currently provides a web-based user-friendly submission platform including data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and DUA to protect the confidentiality of the participating organizations and their data.

3. Submission Notifications and Instructions. Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, state programs, or other submitters. Procedures for data submission through the data submission platform will include the following:

a. Registration Form—The point-of-contact (POC), which is the sponsor from Medicaid agencies and health plans, and vendors complete a number of data submission steps and forms, beginning with the completion of the online registration form. The purpose of this form is to collect basic contact information about the organization and initiate the registration process.

b. Health Plan Information Form—The purpose of this form, completed by the participating sponsor organization, is to collect background characteristics of the health plan, such as the name of the plan, the product type (*e.g.,* HMO, PPO), the population surveyed (*e.g.,* adult Medicaid or child Medicaid). Each year, the prior year's plan data are preloaded in the plan table to lessen burden on the Sponsor. The Sponsor is responsible for updating the plan table to reflect the current year's plan information.

c. DUA—The purpose of the DUA, completed by the participating sponsor organization, is to state how data submitted by health plans will be used and provide confidentiality assurances.

d. Data Files Submission—POCs upload their data file using the Health Plan data file specifications to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted. Each submitter will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the CAHPS Database. Submitters will upload one data file per health plan. Once a data file is uploaded the file will be checked automatically to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to fix any errors in their data file and resubmit them if necessary.

4. Data Cleaning and Preparation. Thorough data cleaning and data preparation are extremely important in maintaining the integrity of the data and for analyzing the data in a valid and reliable way. During data submission,

submitters and AHRQ's contractor's database team will review survey response frequencies to identify out-of-range values, missing variables, or other data anomalies such as when unexpected responses are detected (*e.g.,* an unusually large proportion of ''0'' responses on a 0–10 response scale). A submission status report will inform submitters of such errors so that the file can be corrected and resubmitted. Once the data submission period closes, SAS® software will be used for data cleaning, analysis, and reporting.

5. Data Analysis and Reporting. Using reporting systems, the contractor will develop reporting products with appropriate data visualization techniques to present results that are meaningful and useful.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours for the respondent to participate in the database. The 129 POCs in Exhibit 1 are a combination of an estimated 114 State Medicaid agencies and individual health plans (sponsors), and 15 vendor organizations.

Each sponsor (made up of state Medicaid agencies and health plans) and vendor will register online for submission. The Registration Form will require about 5 minutes to complete. Each sponsor will also complete a Health Plan Information Form which takes on average 30 minutes to complete per health plan with each POC completing the form for four plans on average. The DUA will be completed by the 114 participating State Medicaid agencies or individual health plans. Vendors do not sign or submit DUAs. The DUA requires about 5 minutes to sign and upload. Data File Submissions will be completed by either sponsors or vendors for the 114 participating submitters and will take about 1 hour to submit the data for each plan, and each POC will submit data for four plans on average. The total burden is estimated to be 893 hours annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Registration Form	129	1	5/60	11
Health Plan Information Form	114	4	30/60	228
Data Use Agreement	114	1	5/60	10
Data Files Submission	114	5.65	1	644
Total	471	NA	NA	893

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one submission process. The cost burden is estimated to be $100,115 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Total burden hours	Average hourly wage rate *	Adjusted hourly wage rate **	Total cost burden
Registration Form	11	[a] 67.77	$135.54	1,491
Health Plan Information Form	228	[a] 67.77	135.54	$30,903
Data Use Agreement	10	[b] 129.63	259.26	2,593
Data Files Submission	644	[c] 50.56	101.12	65,128
Total	893	NA	NA	100,115

* National Compensation Survey: Occupational wages in the United States May 2025, ''U.S. Department of Labor, Bureau of Labor Statistics.''
** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.
(a) Based on the mean hourly wage for Medical and Health Services Managers (11–9111).
(b) Based on the mean hourly wage for Chief Executives (11–1011).
(c) Based on the mean hourly wages for Computer Programmers (15–1251).

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 27, 2026.

Jeffrey Toven,

Executive Officer.

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