3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements. It re-establishes matching begun in 2020 to address improper payments using the Do Not Pay Working System, as described in 85 FR 58062.

Barbara Demopulos,

CMS Privacy Act Officer, Division of Security, Privacy Policy & Oversight, Information Security and Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid.

Participating Agencies

The U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, and the U.S. Department of the Treasury, Bureau of Fiscal Service (Fiscal Service).

Authority for Conducting the Matching Program

The Payment Integrity Information Act of 2019 (31 U.S.C. 3351 *et seq.*) establishes the DNP Initiative and requires, for the purposes of identifying and preventing improper payments, each executive agency to have access to, and use of, the relevant databases in DNP to verify payment or award eligibility. Additional authorities for this matching program include Executive Order 13520, *Reducing Improper Payments* (74 FR 62201); Executive Order 14249, *Protecting America's Bank Account Against Fraud, Waste, and Abuse* (90 FR 14011); and OMB Memorandum M–25–32, *Preventing Improper Payments and Protecting Privacy Through Do Not Pay.* Additional information regarding the authorities for the collection and maintenance of information is contained within the system of records notices listed below.

Purpose(s)

The purpose of the matching program is to provide CMS with information from the Treasury's Do Not Pay Working System, which CMS will use to identify providers and suppliers who are ineligible for Medicare enrollment; to promptly suspend or revoke the Medicare billing privileges of the identified disqualified providers and suppliers; to enable recoupment of past payments made to those providers and suppliers; to assist CMS in detecting and preventing fraud, waste, abuse and avoid making future improper payments to disqualified providers and suppliers; and to enhance patient safety for beneficiaries in CMS programs.

Categories of Individuals

The categories of individuals involved in the matching program are individual providers and suppliers who bill Medicare for payment.

Categories of Records

The categories of records used in the matching program are identifying data and payment eligibility status data. To request information from Treasury's Do Not Pay Working System, CMS will provide Fiscal Service with the following information about a Medicare provider or supplier: Tax Identification Number (TIN), Business Name, Person First Name, Person Middle Name, Person Last Name, Address, City Name, State Code, Person Date of Birth, Person Sex, Vendor/Payee Phone Number, Vendor/Payee Email Address.

When Fiscal Service is able to match the TIN and other identifying data provided by CMS, Fiscal Service will disclose to CMS the following information with respect to that provider or supplier:

Record Code
Payee Identifier
Agency Location Code
Tax Identification Type
Tax Identification Number
Whether a Record Belongs to a Business or Individual or Government
Data Universal Numbering System (DUNS) Number
Payee Business Name
Payee Business DBA Name
Person Full Name
Person First Name
Person Middle Name
Person Last Name
Address
Person Date of Birth
Person Sex
Vendor/Payee Status
Phone Type
Vendor/Payee Phone Number
Vendor/Payee Fax Number
Vendor/Payee Email Address
Vendor/Payee Active Date
Vendor/Payee Expiration Date
Agency Record Grouping
Match Type
Match Source
Match Level
Match Date/Time
Matched Party Type
Matched Tax ID Number
Matched Tax ID Type Code (alternate)
Matched Tax ID Number (alternate)
Match DUNS Number
Matched Full Name
Matched First Name
Matched Middle Name
Matched Last Name
Matched Business Name
Matched DBA Business Name
Matched Birth Date
Matched Death Date
Matched List Status Code
Matched List Status Code Description
Matched List Effective Date
Matched Address
Matched City
Matched State Code
Matched Zip Code
Matched Country Code

System(s) of Records

The records used in this matching program will be disclosed from the following systems of records, as authorized by routine uses published in the System of Records Notices (SORNs) cited below:

A. System of Records Maintained by CMS

- The Provider Enrollment, Chain, and Ownership System (PECOS), System No. 09–70–0532, 71 FR 60536 (Oct. 13, 2006), 78 FR 32257 (May 29, 2013) and 83 FR 6591 (Feb. 14, 2018).

B. System of Records Maintained by Fiscal Service

- The Department of the Treasury, Bureau of the Fiscal Service .017—Do Not Pay Payment Verification Records, 85 FR 11776 at 11803 (Feb. 27, 2020)

[FR Doc. 2026–19643 Filed 9–24–26; 8:45 am]

BILLING CODE 4120–03–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 October 9, 2026.

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.

[FR Doc. 2026–19707 Filed 9–24–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2025–N–7395]

Naveed Aslam: Final Debarment Order

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or the Agency) is issuing an order under the Federal Food, Drug, and Cosmetic Act (FD&C Act) permanently debarring Naveed Aslam from providing services in any capacity to a person that has an approved or pending drug product application. FDA bases this order on a finding that Dr. Aslam was convicted of a felony under Federal law for conduct that relates to the regulation of a drug product under the FD&C Act. Dr. Aslam was given notice of the proposed debarment and an opportunity to request a hearing within the timeframe prescribed by regulation. As of July 9, 2026 (30 days after receipt of the notice), Dr. Aslam has not responded. Dr. Aslam's failure to respond and request a hearing constitutes a waiver of Dr. Aslam's right to a hearing concerning this matter.

DATES: This order is applicable September 25, 2026.

ADDRESSES: Any application by Dr. Aslam for special termination of debarment under section 306(d)(4) of the FD&C Act (21 U.S.C. 335a(d)(4)) may be submitted at any time as follows:

Electronic Submissions

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. An application submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your application will be made public, you are solely responsible for ensuring that your application does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your application, that information will be posted on *https://www.regulations.gov.*
- If you want to submit an application with confidential information that you do not wish to be made available to the public, submit the application as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For a written/paper application submitted to the Dockets Management Staff, FDA will post your application, as well as any attachments, except for information submitted, marked, and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All applications must include the Docket No. FDA–2025–N–7395. Received applications will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit an application with confidential information that you do not wish to be made publicly available, submit your application only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of your application. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852 between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500. Publicly available submissions may be seen in the docket.

FOR FURTHER INFORMATION CONTACT: Jaime Espinosa, Division of Field Enforcement, Office of Field Regulatory Operations, Office of Inspections and Investigations, Food and Drug Administration, 240–402–8743, or *debarments@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 306(a)(2)(B) of the FD&C Act requires debarment of an individual from providing services in any capacity to a person that has an approved or pending drug product application if FDA finds that the individual has been convicted of a felony under Federal law