

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 November 30, 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 Collections

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Outpatient Physical Therapy/Outpatient Speech Pathology (OPT/OSP) Providers Certification Requirements; *Use:* This is a request for revision of Form CMS-381, which is approved for collection under OMB Control Number (0938-0273). CMS has provided greater clarity in the "Instructions for Completing Form CMS-381" and updated CMS website information. The changes included submitting the form during recertification through an attestation process in lieu of an on-site survey by state survey agencies. After the 60-day **Federal Register** notice, which was published May 18, 2026 (91 FR 28596), CMS determined that we would not pursue attestation through recertification. Instead, we will continue recertification through an onsite survey, and CMS removed the attestation instructions. Additionally, a small change in burden resulted from an omission in the calculation.

Form CMS-381 was developed to ensure that each OPT/OSP extension location at which OPT/OSP providers furnish services must be reported by the providers to the State Survey Agencies (SAs). CMS currently requires the CMS-381 form for initial certification, during recertification surveys, and when the OPT/OSP requests changes to its locations. CMS issued guidance consistent with this change via policy memorandum QSO-24-18-OPT.

The OPT/OSP providers may render services on their already approved premises and the premises of other institutions (e.g., skilled nursing facilities) or on a premise owned/leased/rented by the OPT/OSP. If the OPT/OSP bills the Medicare program for these services and renders these services in an area within the institution set aside for rehabilitation care, these premises are considered extension locations of the OPT/OSP. However, a patient's home is not considered an extension location.

Extension locations are considered part of the OPT/OSP provider's primary location and are subject to the same approval policy as is applicable to the OPT/OSP primary site. In addition to meeting applicable sections of the conditions of participation for all outpatient physical therapy/speech pathology providers, these extension

locations fall under the OPT/OSP provider agreement and are identified under the OPT/OSP provider number.

*Form CMS-381 is completed when:* (1) new OPT/OSP providers enter the Medicare program (initial certification); (2) when existing OPT/OSP providers delete or add a service, or close or add an extension location; or, (3) when existing OPT/OSP providers are recertified by the State Survey Agency (SA) through survey. Note, for deemed OPT/OSP providers under a CMS-approved Accrediting Organization (AO), the CMS-381 will continue to voluntarily be part of the reaccreditation surveys at least every 36 months. Form CMS-381 is used by the SA, AO, and by the CMS Survey Operations Group to identify extension locations where services are furnished by providers of outpatient physical therapy and speech-language pathology services. These locations must be known to surveyors to ensure the appropriate monitoring of providers' compliance with the Federal requirements. *Form Number:* CMS-381 (OMB control number: 0938-0273); *Frequency:* Occasionally; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 501; *Total Annual Responses:* 501; *Total Annual Hours:* 251. (For policy questions regarding this collection contact Megan Hayden at 410-786-6029.)

**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

#### Privacy Act of 1974; Matching Program

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), The Department of Health and Human Services (HHS).

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), is providing notice of a computer matching program between CMS and participating State-Based Administering Entities (AEs), titled "Determining Eligibility for Enrollment in Applicable

State Health Subsidy Programs Under the Patient Protection and Affordable Care Act''. The matching program supports eligibility determinations for enrollment in applicable State health subsidy programs under the Patient Protection and Affordable Care Act (PPACA), including Qualified Health Plans (QHPs), Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Programs (BHPs). The matching program also supports implementation of statutory requirements concerning Medicaid community engagement and the prevention of concurrent Medicaid enrollment in more than one State through the Multi-State Enrollment Prevention (MSEP) system.

**DATES:** The deadline for comments on this notice is November 30, 2026. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately October 2025 to March 2027) and, within three months of expiration, may be renewed for up to one additional year if the parties make no changes to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Interested parties may submit written comments on this notice, by mail or email, to the CMS Privacy Officer, Division of Security, Privacy Policy & Oversight, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1-14-56, 7500 Security Blvd., Baltimore, MD 21244-1850, to [barbara.dempulos@cms.hhs.gov](mailto:barbara.dempulos@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Terence Kane, Director, Division of Automated Verifications and SEP Policy, Marketplace Eligibility and Enrollment Group, Center for Consumer Information & Insurance Oversight, Centers for Medicare & Medicaid Services, CMS, at (410) 218-6687 or by email: [Terence.Kane@cms.hhs.gov](mailto:Terence.Kane@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits under federal benefit programs. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal

agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

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 Office of Management and Budget (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 satisfies these requirements. It re-establishes the matching that has been in place since 2013 and was most recently re-established in 2025, as described in 90 FR 51764.

#### **Barbara Dempulos,**

*CMS Privacy Act Officer, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.*

#### **Participating Agencies**

The agencies participating in the matching program are the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and State-Based Administering Entities (AEs). Currently, each of the 50 states, the District of Columbia, and Puerto Rico has one or more AE(s) participating in this matching program. Other U.S. territories may eventually participate.

AEs administer insurance affordability programs and include Medicaid/Children's Health Insurance Program (CHIP) agencies, state-based exchanges (SBEs), and basic health programs (BHPs). In states that operate a SBE, the AE would include the Medicaid/CHIP agency. Additionally,

there are two states—Minnesota and New York—where the AE operates as both a SBE and BHP. In states that have elected to utilize the federally-facilitated exchange (FFE), the AE would include only the Medicaid/CHIP agency.

#### **Authority for Conducting the Matching Program**

The principal authority for conducting the matching program is 42 U.S.C. 18001, et seq.

#### **Purpose(s)**

The matching program will enable CMS to provide information (including information CMS receives from other federal agencies under related matching agreements) to AEs, to assist AEs in verifying applicant information as required by the Patient Protection and Affordable Care Act of 2010 (PPACA) to determine applicants' eligibility for enrollment in applicable state health subsidy programs, including exemption from the requirement to maintain minimum essential coverage (MEC) or from the individual responsibility payment. In addition, to avoid dual enrollment, information will be shared between CMS and AEs, and among AEs, for the purpose of verifying whether applicants and enrollees are currently eligible for or enrolled in a Medicaid/CHIP program. All information will be shared through a data services hub (Hub) established by CMS to support the federally-facilitated health insurance exchange (which CMS operates) and state-based exchanges.

#### **Categories of Individuals**

The individuals whose information will be used in the matching program are (1) applicants, meaning individuals who apply for eligibility to enroll in applicable state health subsidy programs through an Exchange established under the PPACA or through a state Medicaid, CHIP, or BHP agency; (2) enrollees, meaning individuals currently enrolled in those programs whose eligibility is being redetermined, renewed, or periodically verified, including verification of Medicaid community engagement and of concurrent Medicaid enrollment in more than one state; and (3) non-applicant members of the applicant's household who are listed on the application by name and date of birth or SSN and whose information bears on the applicant's eligibility, such as the tax filer, the tax filer's spouse, tax dependents, and other household members whose income is counted in determining household income.

## Categories of Records

The categories of records that will be used in the matching program are identifying records; minimum essential coverage period records; return information (household income and family size information); citizenship status records; birth and death information; disability coverage and income information; postsecondary educational enrollment records and imprisonment status records.

The data elements CMS will receive from AEs may include: Social Security Number (if applicable), Last Name, First Name, and Date of Birth, and, from state Medicaid and CHIP agencies, Medicaid and CHIP eligibility and enrollment information (such as program type, eligibility dates, state, and state beneficiary identifier).

The data elements the AEs will receive from CMS may include: Validation of SSN; Verification of citizenship or immigration status; Incarceration status; Eligibility and/or enrollment in certain types of MEC; Income, based on Federal Tax Information (FTI), Veteran's disability rating data; educational enrollment data; Social Security Title II benefits (retirement, survivors, and disability insurance) and current income sources; Quarters of Coverage; and Death Indicator.

## System(s) of Records

The records used in this matching program will be disclosed from the following systems of records, consistent with the routine uses identified in the applicable System of Records Notices (SORNs):

CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (October 23, 2013), as amended at 83 FR 6591 (February 14, 2018).

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0421]

### Agency Information Collection Request. 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, U.S. Department of Health and Human Services.

**ACTION:** Notice of request for public comments.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services (HHS), the Assistant Secretary for Planning and Evaluation (ASPE) is inviting public comment on an extension request for an approved information collection request: ASPE Umbrella Generic Clearance for the Collection of Qualitative Research and Assessment (OMB #0990–0421). No changes are proposed to the purpose and use described within this generic, but burden estimates have been adjusted to reflect estimated use over the next three years.

**DATES:** Comments on the ICR must be received on or before December 28, 2026.

**ADDRESSES:** Submit your comments to [Danielle.Berman@hhs.gov](mailto:Danielle.Berman@hhs.gov).

#### FOR FURTHER INFORMATION CONTACT:

When submitting comments or requesting information, please include the document identifier 0990–0421 and project title for reference, to Danielle Berman, email: [Danielle.Berman@hhs.gov](mailto:Danielle.Berman@hhs.gov).

#### SUPPLEMENTARY INFORMATION:

*Title of the Collection:* ASPE Umbrella Generic Clearance for the Collection of Qualitative Research and Assessment.

*Type of Collection:* Extension of an Umbrella Generic Clearance.

OMB No. 0990–0421.

#### Abstract

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting an extension without changes for their umbrella generic clearance for purposes of conducting qualitative research. ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research, and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts qualitative research to gain a better understanding of emerging health policy issues, develop future intramural and

extramural research projects, and to ensure HHS leadership and agencies have relevant data for evidence-based program and policy decision-making. These efforts often require quick planning and implementation to ensure timely data collection and information around emergent areas of interest. ASPE is requesting approval for at least four types of qualitative research: (a) interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods. Data collection will take place through a variety of activities—both in-person and virtual—dependent on the specific project. ASPE will submit individual requests under this clearance, as they are planned.

The goal of developing these activities is to gather timely information and first-hand perspectives on priority policy-relevant topics and identify emerging issues and research gaps to ensure the successful implementation of HHS programs. Qualitative data and information collected from activities carried out under this generic clearance will inform internal analyses, surface areas for further research, and provide opportunities for engagement and collaboration with key stakeholders. Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance.

ASPE is requesting comments on the burden for qualitative research aimed at understanding emerging health and human services policy issues.

*Respondents:* Participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; representatives of other health or human services organizations, and people with lived experience.

*Annual Burden Estimates:* The anticipated annualized burden is expected to increase slightly from what is currently approved to account for additional research efforts to be responsive to emerging leadership priorities and interest in broad-based input.