alternatives and, if regulation is necessary, to select those regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; and distributive impacts). Section 3(f) of Executive Order 12866 defines a ''significant regulatory action'' as any regulatory action that is likely to result in a rule that may: (1) have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the Executive Order itself.

An RIA must be prepared for a regulatory action that is significant under section 3(f)(1) of Executive Order 12866. Based on our analysis, the Office of Information and Regulatory Affairs (OIRA) has determined that this notice is not significant pursuant to section 3(f)(1) of Executive Order 12866. Accordingly, we have not prepared a regulatory impact analysis. In accordance with Subtitle E of the Small Business Regulatory Enforcement Fairness Act of 1996 (also known as the Congressional Review Act), OIRA has also determined that this notice does not meet the criteria for a major rule as defined in 5 U.S.C. 804(2).

In addition, section 1102(b) of the Act requires us to prepare an RIA if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the RFA provisions at 5 U.S.C. 604. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a metropolitan statistical area and has fewer than 100 beds. This notice is primarily applicable to hospices, not rural hospitals. Therefore, the Secretary has certified that this notice will not have a significant economic impact on the operations of small rural hospitals.

We continue to expect savings for the Medicare program from the reduction in the number of newly enrolled hospices. However, we do not yet have data upon which to base an estimate of the amount of savings.

C. Regulatory Flexibility Analysis (RFA)

1. Small Business Impact

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions. Most entities and most other providers and suppliers are small entities, either by nonprofit status or by having revenue less than $19 million to $41 million in any 1 year. Individuals and States are not included in the definition of a small entity. For reasons stated in the May 15, 2026, notice, we do not believe that our hospice moratorium has a significant economic impact on a substantial number of small businesses. Even conceding the impact on newly enrolled hospices, we believe that the risk that hospice fraud, waste, and abuse poses to the Trust Funds, Medicare beneficiaries, and the taxpayers far exceeds this and thus justifies our measure.

2. Alternatives Considered

There are two principal alternatives we considered in preparing this notice. First, we contemplated allowing the May 15, 2026, moratorium to expire without extension. Yet as already mentioned—and as highlighted by the previously noted FBI alert—fraud schemes remain a significant problem. We believe that permitting new hospices—some of which may, after enrollment, engage in fraud, waste, or abuse—to begin enrolling again without limitation would only exacerbate the dilemma. Second, we contemplated limiting the moratorium to southern California. We believe, though, that the problems the moratorium seeks to address are nationwide—again, as indicated in the FBI alert—rather than restricted to particular geographic areas.

D. Unfunded Mandates Reform Act (UMRA)

Section 202 of the UMRA of 1995 UMRA also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2026, that threshold is approximately $193 million. This notice will not impose a mandate that will result in the expenditure by State, local, and Tribal governments, in the aggregate, or by the private sector, of more than $193 million in any 1 year. UMRA only applies in situations where an agency engages in notice-and-comment rulemaking. It does not apply to this notice.

E. State and Local Costs

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed regulatory action (and subsequent final action) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. Since this notice does not impose any costs on State or local governments, the requirements of Executive Order 13132 are not applicable.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Vanessa Garcia,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–23242 Filed 11–12–26; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services.

Privacy Act of 1974; Matching Program

AGENCY: The Department of Health and Human Services, Centers for Medicare and Medicaid Services.

ACTION: Notice of a new matching program.

SUMMARY: In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), is providing notice of a new matching program between CMS and the U.S. Department of Education (ED), Federal Student Aid. 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 December 16, 2026. The new 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 and the advance reporting requirements applicable to the matching program have been satisfied. The matching program will be conducted for an initial term of 18 months and, within 3 months prior to expiration, may be renewed for a period not to exceed one year if the parties certify that the matching program will be conducted without change and has been conducted in compliance with the matching agreement.

ADDRESSES: Interested parties may submit written comments on this notice to the CMS Privacy Act Officer by mail at: Division of Security, Privacy Policy and Governance, Information Security and Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1–14–56, 7500 Security Boulevard, Baltimore, MD 21244–1849, or by email at *Barbara.Demopulos@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, at (301) 492–4449, by email at *Terence.Kane@cms.hhs.gov,* or by mail at 7501 Wisconsin Avenue, Bethesda, MD 20814.

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. 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 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 and establishes a new matching program through which ED will provide student enrollment match results to CMS for eligibility verification purposes described below.

Barbara Demopulos,

CMS Privacy Act Officer, Division of Security, Privacy Policy and Governance, Information Security and Privacy Group, 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, Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Education (ED), Federal Student Aid.

Authority for Conducting the Matching Program: Authorities governing the eligibility determinations and uses of data under the matching agreement include section 1902(xx) of the Social Security Act, as added by section 71119 of Public Law 119–21; sections 1331, 1401, 1402, 1411, and 1412 of the Patient Protection and Affordable Care Act, as applicable; 26 U.S.C. 36B and 5000A(f); and implementing regulations, including 45 CFR 155.302 and 155.305. Section 1902(xx) requires applicable individuals to demonstrate community engagement as a condition of Medicaid eligibility and requires States to use reliable information available to determine whether individuals have fulfilled community engagement requirements.

Purpose(s): The purpose of the matching program is to assist CMS and State-based Administering Entities (AEs) in determining eligibility for Insurance Affordability Programs, specifically Medicaid, by verifying whether an applicant or enrollee is enrolled in a postsecondary educational institution. CMS and State AEs will use ED match results to verify educational enrollment for purposes of determining Medicaid eligibility based on satisfaction of community engagement requirements, if applicable. CMS may make ED match results available to State-based AEs through the CMS Federal Data Services Hub or a similar platform.

Categories of Individuals: The individuals whose information will be used in the matching program are individuals who apply for eligibility determinations for Medicaid or another Insurance Affordability Program for whom CMS or a State-based AE needs to verify enrollment in a postsecondary educational institution.

Categories of Records: The categories of records that will be used in the matching program are identifying records which includes: Social Security number (required); first name (required); middle name or initial, if provided; surname/last name (required); date of birth (required); and transaction ID (required).

When ED is authorized to disclose information and a matching request is made, ED will provide a response to the Hub containing current and historical enrollment data for the two years prior to the request date, including: OPEID; school name; enrollment status (including, but not limited to, full-time, half-time, less than half-time, graduated, and withdrawn); enrollment start date; enrollment end date; certification date; anticipated graduation date; and transaction ID. An error or coded response will be returned when there is no match on the student or no enrollment record for the relevant period.

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 Health Insurance Exchanges (HIX) Program, System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), and partially amended at 83 FR 6591 (Feb. 14, 2018).

B. System of Records Maintained by ED

The National Student Loan Data System (NSLDS), System No. 18–11–06, last fully published at 91 FR 21480 (Apr. 22, 2026).

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