Information Collection: Payment Collections Operations Contingency Plan: Enrollment and Payment Data Template*; Use:* The Patient Protection and Affordable Care Act, Public Law 111–148, enacted on March 23, 2010, and the Health Care and Education Reconciliation Act, Public Law 111–152, enacted on March 30, 2010 [collectively, the ''Affordable Care Act'' (ACA)], provides for consumers to receive subsidies based on income to purchase affordable health care on the Exchanges. The U.S. Department of Health and Human Services (HHS) uses a manual process to obtain enrollment and payment data from issuers in States transitioning from Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal platform (SBE–FPs) to State-based Exchanges (SBEs) to facilitate the payment of subsidies to issuers on behalf of eligible enrollees. This document describes the data collection requirements related to this manual process, known as the Enrollment and Payment Data template. This extension reduces burden compared to the currently approved collection based on recent program experience. *Form Number:* CMS–10515 (OMB Control Number: 0938–1217); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 25; *Number of Responses:* 300; *Total Annual Hours:* 1,525. (For policy questions regarding this collection, contact Mohinee Mukherjee at 404–562–0151.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2025–12983 Filed 7–10–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10637]

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 9, 2025.

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**).

CMS–10637 Marketplace Operations

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:* Extension of a currently approved collection; *Title of Information Collection:* Marketplace Operations; *Use:* On June 19, 2013, HHS published the proposed rule CMS–9957–P: Program Integrity: Exchanges, SHOP, Premium Stabilization Programs, and Market Standards (78 FR 37302) (Program Integrity Proposed Rule). Among other things, the Program Integrity Proposed Rule sets forth financial integrity provisions and protections against fraud and abuse. On January 30, 2013, CMS published Eligibility Appeals and Other Provisions Related to Eligibility and Enrollment for Exchanges under the Affordable Care Act (CMS–2334–P) (E&E II Proposed Rule). On August 30, 2013, HHS published the final rule CMS–9957–F: Program Integrity: Exchanges, SHOP, Eligibility Appeals (Program Integrity Final Rule), finalizing a number of the provisions from the Program Integrity and E&E II Proposed Rules. The third-party disclosure requirements and data collections in the Program Integrity Final Rule support the oversight of qualified health plan (QHP) issuers in Federally-facilitated Exchanges (FFEs) and other provisions.

This Information Collection Request (ICR) serves as the formal request for an extension without change of a currently approved clearance. The original approved ICR affiliated with the Program Integrity and Additional State Information Collections Final Rule (OMB control number: 0938–1213) was approved on November 21, 2013. This

ICR also includes some of the information collection requirements from the previously approved Final Rule. *Form Number:* CMS–10637 (OMB control number 0938–1353); *Frequency:* Annually; *Affected Public:* State, Local or Tribal Governments; Private Sector—Business or other for-profits and Not-for-profits Institutions; *Number of Respondents:* 503; *Number of Responses:* 503; *Total Annual Hours:* 2,325,320. (For questions regarding this collection, contact Nikolas Berkobien at 667–290–9903).

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2025–12982 Filed 7–10–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; System of Records

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

ACTION: Notice of a Modified System of Records.

SUMMARY: In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying an existing system of records maintained by the Centers for Medicare & Medicaid Services (CMS), titled ''Home Health Agency (HHA) Outcome and Assessment Information Set (OASIS),'' System No. 09–70–0522. This system of records covers information about patients receiving home health services from a Medicare and/or Medicaid approved HHA. Home health agencies required to comply with Medicare Conditions of Participation (CoP) are now mandated to collect OASIS on patients with any payer source, instead of just patients with Medicare/Medicaid pay sources. The amended System of Records Notice (SORN) includes other modifications which are explained in the Supplementary Information section, below.

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this notice is effective July 11, 2025, subject to a 30-day period in which to comment on the new and revised routine uses, described below. Please submit any comments by August 11, 2025.

ADDRESSES: The public should submit written comments on this notice, by mail or email, to Barbara Demopulos, CMS Privacy Act Officer,7500 Security Blvd., N1–14–56, Baltimore, MD 21244–1850, or *barbara.demopulos@cms.hhs.gov*. Comments will be available for public viewing at the same location. To review comments in person, please contact Barbara Demopulos.

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records may be submitted to the following: Jermama Keys, National Program Coordinator, Home Health Quality Reporting Program, Centers for Medicare & Medicaid Services by mail or email at 7500 Security Blvd., Baltimore MD, 21255, Mail Stop S3–02–01, Baltimore, MD 21244–1850. Office: 410–786–7778, or email *jermama.keys@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Reason for Modifying System of Records 09–70–0522

The primary reason for this modification is to provide notice that the system of records will now include all ''all-payer'' Outcome and Assessment Information Set (OASIS) records; specifically, it will include OASIS records for all patients receiving home health services from a Medicare and/or Medicaid approved HHA regardless of payer, instead of being limited to OASIS records of home health services paid only by Medicare or Medicaid. (''All-payer'' refers to the payment system that applies to home health services; in an ''all payer'' payment system, all payers—including state and federal health programs, private insurers, employers, and individuals—pay the same rate for the services.) Exemptions from OASIS data collection and submission requirements remain the same, *i.e.,* OASIS is not required for home health care patients receiving pre-partum or post-partum services, patients under 18 years of age, and patients receiving only personal care, housekeeping services, or chore services.

II. Modifications Made to the System of Records Notice (SORN)

The modified SORN published in this notice differs from the existing SORN in these respects.

- The System Manager(s) section has been updated to change the applicable office name in which the System Manager is located from the Center for Medicaid and State Operations (CMSO) to the Center for Clinical Standards and Quality (CCSQ) and to add contact information, *i.e.,* a telephone number.
- The Authority section has been updated to include U.S. Code citations for the sections of the Social Security Act cited, to add section 1895 of the Social Security Act (42 U.S.C. 1395fff) which established the framework for payment for home health services provided under Medicare, and to remove section 951 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108–173) which is no longer applicable.
- The Categories of Individuals section has been broadened to include patients with non-Medicare/non-Medicaid payers, except patients who are exempt from OASIS data collection and submission.
- The Categories of Records section has been expanded to include records of all payers and to remove a reference to ''patients with the payment sources of Medicare traditional fee for service, Medicaid traditional fee for service, Medicare Health Maintenance Organization (HMO)/managed care or Medicaid HMO/managed care.''
- The Sources section has been revised to state that the individual record subject and clinical data are the sources of the information in OASIS records, instead of stating that OASIS is the source.
- In the Routine Uses section, the following routine uses have been revised and added:
  - Routine use 5, which authorizes disclosures to national accrediting organizations, has been revised to refer to ''The Joint Commission on Accreditation of Healthcare Organizations'' as simply ''The Joint Commission.''
  - Routine use 6, which authorizes disclosures to the Department of Justice in litigation, has been expanded to include ''a court or other adjudicative body'' as disclosure recipients and to broaden ''litigation'' to include ''other adjudicative proceeding.'' In addition, a phrase requiring that the disclosures be compatible with the purpose for which the information was originally collected has been removed as redundant (it is redundant because a routine use is, by definition, a disclosure that is compatible with the original collection purpose).
  - Routine use 13 is new; it authorizes disclosures to a congressional office in the course of responding to its written inquiry about a written constituent request.
- At the end of the Routine Uses section, the note ''*Additional circumstances affecting all routine use disclosures*'' has been revised to change