

Applicants include anyone who may be eligible for coverage through any of these programs. The Exchanges verify the information provided on the application, communicate with the applicant or his/her authorized representative and subsequently provide the information to the health plan selected by the applicant so that it can enroll him/her in a QHP. The Exchanges also use the information provided in support of its ongoing operations, including activities such as verifying continued eligibility for all programs, processing appeals, reporting on and managing the insurance affordability programs for eligible individuals, performing oversight and quality control activities, combating fraud, and responding to any concerns about the security or confidentiality of the information. *Form Number:* CMS–10468 (OMB control number: 0938–1207); *Frequency:* Annually; *Affected Public:* Individuals, Households and Private Sector; *Number of Respondents:* 20; *Total Annual Responses:* 20; *Total Annual Hours:* 25,614. (For policy questions regarding this collection contact Angela Meadows at Angela.Meadows@cms.hhs.gov.)

4. Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Affordable Care Act Internal Claims and Appeals and External Review Procedures for Non-grandfathered Group Health Plans and Issuers and Individual Market Issuers; *Use:* PHS Act section 2719 and paragraph (b)(2)(i) of the Appeals regulation provide that group health plans and health insurance issuers offering group health insurance coverage must comply with the internal claims and appeals processes set forth in 29 CFR 2560.503–1 of the Department of Labor (DOL) claims procedure regulation, and update such processes in accordance with standards established by the Secretary of Labor in paragraph (b)(2)(ii) of the regulation. Paragraph (b)(3)(i) requires issuers offering coverage in the individual health insurance market to also comply with the DOL claims procedure regulation as updated by the Secretary of Health and Human Services (HHS) in paragraph (b)(3)(ii) of the Appeals regulation for their internal claims and appeals processes.

The information collection requirements included in the DOL claims procedure regulation and the Appeals regulation ensure that claimants receive clear and adequate information regarding the plan's claims procedures and the plan's handling of specific benefit claims. This

transparency enables claimants to understand plan procedures and decisions, allowing them to effectively request benefits and appeal denied claims when necessary. The information collected in connection with the HHS-administered federal external review process is collected by HHS and is used to provide claimants with an independent external review, ensuring a fair and impartial assessment of denied health benefit claims. *Form Number:* CMS–10338 (OMB control number: 0938–1099); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 91,355; *Total Annual Responses:* 375,202; *Total Annual Hours:* 861,785. (For policy questions regarding this collection contact Daniel Kidane at Daniel.Kidane@cms.hhs.gov.)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–906 and CMS–10371]

Agency Information Collection Activities: Submission for OMB Review; 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 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 June 20, 2025.

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. 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:

1. Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Fiscal Soundness Reporting Requirements (FSRR); *Use:* Title 18, section 1857(d)(4)(A)(i) requires that contracting organizations such as Medicare Health Plans (including Medicare Advantage (MA) organizations, Medicare-Medicaid

Capitated Financial Alignment Demonstrations (MMPs)) and 1876 Cost Plans, Prescription Drug Plan sponsors (PDPs), and Programs of All-Inclusive Care for the Elderly (PACE) organizations report financial information demonstrating the organization has a fiscally sound operation. The FSRR is designed to capture financial data of these contracting entities. The Division of Finance and Benefits (DFB) within the Medicare Advantage Contract Administration Group (MCAG) of CMS is assigned the responsibility of reviewing ongoing financial performance of the contracting entities.

All contracting organizations must submit audited annual financial statements once per year. In addition to the annual submission audited, Health Plans with a negative net worth and/or a net loss and the amount of that loss is greater than one-half of the organization's total net worth submit quarterly financial statements for fiscal soundness monitoring. Part D organizations are required to submit three (3) quarterly financial statements. Lastly, PACE organizations are required to file four (4) quarterly financial statements for the first three (3) years in the program. After the first three (3) years, PACE organizations with a negative net worth and/or a net loss and the amount of that loss is greater than one-half of the organization's total net worth must submit quarterly financial statements for fiscal soundness monitoring. *Form Number:* CMS-906 (OMB control number: 0938-0496); *Frequency:* Quarterly and Yearly; *Affected Public:* Private Sector (Business or other for-profits, Not-for-Profit Institutions); *Number of Respondents:* 251; *Total Annual Responses:* 1,004; *Total Annual Hours:* 335. (For policy questions regarding this collection contact Christa M. Zalewski at (410) 786-1971.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State-based Exchange, SBE, SBE Budget Template, SBE Enrollment Metrics, Open Enrollment; *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, "Affordable Care Act", expanded access to health insurance for individuals and employees of small businesses through the establishment of new Affordable Insurance Exchanges (Exchanges), including the Small Business Health Options Program

(SHOP). Beginning January 1, 2014, the Exchanges became operational. The Exchanges enhance competition in the health insurance market, expand access to affordable health insurance for millions of Americans, and provide consumers with a place to easily compare and shop for health insurance coverage.

States can choose to establish and operate a State-based Exchange (SBE) or a State-based Exchange on the Federal Platform (SBE-FP). States electing to operate as an SBE-FP rely on the Federal Healthcare.gov platform to carry out eligibility and enrollment functions. For states that do not elect to operate either an SBE or SBE-FP, the Secretary of the U.S. Department of Health and Human Services (HHS) will establish and operate a Federally-facilitated Exchange (FFE) in those states. *Form Number:* CMS-10371 (OMB control number: 0938-1119; *Frequency:* Occasionally; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 23; *Total Annual Responses:* 343; *Total Annual Hours:* 7,317. (For policy questions regarding this collection contact Tiffany Y. Animashaun at Tiffany.Animashaun@cms.hhs.gov).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB #: 0970-0531]

Proposed Information Collection and Submission for Office of Management and Budget Review; Fiscal Responsibility Act TANF Pilot Program 2025 Information Collection

AGENCY: Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is proposing to reissue an information collection to request information from interested states for the Fiscal Responsibility Act of 2023 (FRA) Temporary Assistance for Needy Families (TANF) pilot program. This request is proposed under Office of Management and Budget (OMB) #:

0970-0531 and is a reissuing of a previously approved information collection to select states for the FRA pilot program.

DATES: *Comments due June 20, 2025.* OMB will make a decision about the collection of information after this public comment period ends and comments have been considered.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The FRA authorized a new opportunity for states to pilot program performance and accountability measures in TANF. Under the pilot, the U.S. Department of Health and Human Services (HHS) may select up to five state TANF grantees to negotiate performance benchmarks for work and family stability outcomes instead of adhering to the standard TANF Work Participation Rate. The ACF Office of Family Assistance (OFA) administers federal grant programs that foster family economic stability and independence, including the TANF program. As such, OFA is responsible for designing and carrying out the FRA TANF Pilot Program, including selecting the five states to participate in the pilot, working with the states to identify performance benchmarks and associated targets, and monitoring performance of the pilot states throughout the duration of the pilot.

ACF received approval for a previous information collection (Title: Fiscal Responsibility Act TANF Pilot Program; OMB #: 0970-0531) on July 17, 2024. Twenty-three states and territories responded to the information collection from July through September 2024. In November 2024, ACF announced the selection of five states to participate in the FRA TANF Pilot Program. In March 2025, the Trump Administration announced a new direction for the FRA TANF Pilot Program, ending pilot participation for the states selected in November of 2024 and communicating plans to issue a new request for pilot proposals aligned with the Administration's focus on promoting work and reducing dependency and the key measures of success related to those priorities. This new request to OMB is to collect information from states about their interest and suitability for participation in the new direction being taken for the FRA TANF Pilot Program.

OFA also intends to provide programmatic technical assistance (TA) to the pilot states. ACF's Office of